

National CAMHS Support Service

National Workforce Programme

EVALUATION OF THE EFFECTIVENESS OF LEADERSHIP DEVELOPMENT PROGRAMMES FOR THE CAMHS WORKFORCE



CONTENTS

	Page
1. Executive Summary	4
2. Introduction	9
3. Context	11
4. Programme Background	17
5. Thematic Analysis	22
6. Competency Development	68
7. Summary of Findings and Recommendations	74
8. Implications for the Future of Leadership Development	80
APPENDIX A1. Evaluation Framework	83
APPENDIX A2. Programme Selection Long-list	90
APPENDIX A3. Research Questions	107
APPENDIX B. Outcomes Based Accountability Workshop Summary Report	114
APPENDIX C1. CAMHS Leadership Programme Participants	122
APPENDIX C2. CAMHS Service Manager Survey Responses	133
APPENDIX C3. CAMHS Commissioners Survey Responses	148

Acknowledgements

GVA and OUK would like to acknowledge a number of organisations for their assistance and support in the production of this evaluation report.

Firstly, we offer grateful acknowledgement to the National CAMHS Support Service for its consistent support and dedicated input into the design, delivery and reporting of the evaluation. Our thanks extend to all members of the Steering Group who have provided invaluable strategic direction throughout.

We are also most grateful for the time, energy and wisdom contributed by the Expert Reference Group throughout the delivery of the evaluation, which has powerfully shaped the final report and subsequent Leadership Guidance.

We would also like to extend our thanks to representatives of the seven programmes evaluated in this report. The contribution of programme managers has been invaluable and we thank you all for providing us with information and taking the time to think about your experiences.

Finally, we must thank all those programme participants, CAMHS Service Managers and CAMHS Commissioners for the completion of online surveys. This feedback on personal experience has proved invaluable in the production of the evaluation report.

1. EXECUTIVE SUMMARY

Why is leadership important?

Effective Leadership Development initiatives must be aligned to a strategic vision, reinforcing relevant objectives and values. The CAMHS Review recognises the need to create a workforce capable of managing the present more effectively, whilst also driving strategic change.

CAMHS and Children's Services face many challenges both now and in the future. Leadership is essential if system and organisational change is to be carried through successfully. Effective leadership is crucial to delivering excellent services to children and their families and ensuring end users are at the heart of service delivery.

What were the objectives of the Leadership Development Programmes evaluation?

The evaluation was commissioned to review the current provision of leadership development programmes provided for the CAMHS workforce, assessing their effectiveness, and establishing if intended outcomes are being achieved. The specific objectives of the evaluation were to:

- Deliver a mapping and scoping exercise to identify the relevant programmes for inclusion in the evaluation through desk-based research and initial consultation.
- Establish an Outcomes Based Accountability (OBA) model through the delivery of a half-day workshop. OBA is a disciplined way of thinking and taking action that can be used to improve the quality and performance of services and systems.
- Produce a full Evaluation Framework to guide the evaluation process and the sampling of programmes for inclusion within this.
- Complete programme evaluations through primary and secondary methodologies.
- Synthesise the findings of the individual programme-level evaluations to identify their comparative performance and characteristics including key competencies developed.
- Produce an Evaluation Report to inform the subsequent phases of the project.

How was the evaluation delivered?

The specific research tools and evaluation activities used by GVA and Outcomes UK during the evaluation of Leadership Development Programmes for the CAMHS workforce are set out in the Evaluation Framework document included at Appendix A.

The evaluation was structured thematically with twelve primary themes examined through a number of research questions. A range of evaluation techniques were used during the project including face-to-face/telephone interviews, focus groups and online surveys; document and data review; and case studies.

Which programmes were selected for evaluation?

Following consultation with the project steering group and other key stakeholders, a total of seven programmes were identified for evaluation. These represented a mix of national and regional programmes and included a variety of subject matter and target attendees. The programmes selected were: CAMHS Leadership Course – NHS West Midlands Regional Development Centre; CAMHS Leadership Development Programme – Yorkshire and Humber Improvement Partnership; CAMHS Fellowship Programme – NHS East Midlands Regional Development Centre; Leadership in CAMHS – University College London/Evidence Based Practice Unit; Action Learning Sets for CAMHS Managers – NHS South West Regional Development Centre/ University of West England; CAMHS Leadership Programme – Tees Esk and Wear Valley Mental Health Foundation Trust; National Programme for Specialist Leaders in Behaviour and Attendance – National Strategies.

What were the evaluation's key findings and recommendations?

Key findings and associated recommendations are presented below:

Key findings for the **need, rationale and evidence** theme included:

- Leadership development programmes for CAMHS are highly responsive to these localised needs and are therefore flexible in approach.
- There is significant evidence of need and demand for leadership programmes for the CAMHS workforce illustrated by the responses received to surveys of learners, commissioners and Service Managers.

Recommendations in relation to this thematic area include:

- To effectively address the research's findings that the competencies required of CAMHS leaders have changed and continue to change, future leadership programmes should adopt a more formal approach to identifying the most pertinent learning needs.
- A key strength of the local and regional leadership programmes was their bespoke and flexible approach to learning. This approach should be retained.

Key findings for the **targeting and gaps** theme included:

- The process of selection by course providers has generally been appropriate to context of the individual programme.
- Service managers prioritise service benefits when selecting individuals to attend programmes – but time and cost remain key considerations.

Recommendations in relation to this thematic area include:

- Consideration needs to be given from where information will be sourced and who will be the lead agency to facilitate this in the future.
- Clarity of rationale for targeting both course content and attendees should be built into the programme logic during its inception stages.

Key findings for the **course design** theme included:

- The majority of the local and regional courses are bespoke and have been designed to meet specific local CAMHS needs.
- There has been a partnership approach in design between specialist external leadership providers and those with knowledge of CAMHS.

Recommendations in relation to this thematic area include:

- Ongoing evaluation of attendees is good practice and should be built into delivery across programmes.
- Partnership working with individuals with CAMHS specific knowledge in course design has proven effective and should be adopted as good practice.
- Establishing an online resource to enable pan-Programme sharing of good practice should be considered in the context of improving efficiency and overall service performance.

Key findings for the **course delivery** theme included:

- There is a clear preference for practical and self-reflective courses that enable participants to apply their learning to the workplace context.
- Action learning is an important approach to leadership development and is popular with learners.

Recommendations in relation to this thematic area include:

- Standardisation of approach should be considered although it must not be achieved at the expense of flexibility and addressing localised need where it exists.
- There is a preference for delivery techniques that enable learners to relate this to day-to-day experience and practical examples. This learning method should be replicated in programme design and delivery where appropriate.
- Local CAMHS partnerships, Foundation Trusts and Children's Trusts should address the need for leadership development in their planning and commissioning structures

Key findings for the **throughput and output** theme included:

- Equality and diversity considerations must be incorporated into programme monitoring to ensure a diverse leadership workforce.
- Tracking of participants post-completion is not formalised but this would enhance the evidence available and case for sustainability.

Recommendations in relation to this thematic area include:

- Monitoring and formal tracking of participants over a short to medium term should be considered as it will inform both the impact of the Programme on individual learners, their colleagues and service users.
- It is critically important that the Programme collects sufficient equality and diversity monitoring data to ensure that the future workforce and its leadership is reflective of the wider population.

Key findings for the **assessment and accreditation** theme included:

- There is inconclusive evidence on the value of accreditation and a conflict in learner, service manager, and commissioner views about this.
- For learners, accreditation is clearly an individual preference and optional status may be the most appropriate in future courses.

Recommendations in relation to this thematic area include:

- Accreditation should only be pursued where it clearly adds value and does not impede on the ability of the learners to complete the programme or impact on the specificity of the course content.
- Optional accreditation maybe an appropriate mechanism to ensure that where desirable for learners, service managers or commissioners such a route is available.

Key findings for the learner **impacts and outcomes** theme included:

- The CAMHS specific programmes were a key factor in encouraging learners to participate.
- Significant evidence exists that programmes have led to the career progression of leaders within CAMHS.

A summary of findings for **organisational impact and outcomes** included:

- It is clear that significant organisational benefits are generated by leadership programmes in terms of service improvements.
- Innovation and knowledge transfer are important outcomes of the networking opportunities that leadership programmes provide.
- Leaders within CAMHS need to become more accountable for service outcomes to ensure skills developed are practically applied.
- The time commitment required can have a negative organisational impact and there is a limited budget for participation.

Key findings for the **service user impacts and outcomes** theme included:

- CAMHS leadership programmes generate indirect outcomes for service users as they are the ultimate beneficiaries of any improvements to services.

Recommendations in relation to this thematic area include:

- There is a clear need to establish further development of tracking, monitoring and impact measurement processes in the future.

Key findings for the **complementarity** theme included:

- CAMHS specific courses are highly valued by Service Managers and participants but there is a danger that this leads to working as an individual service rather than developing effective partnerships. Course participants highlighted the fact that they wanted to complete the programme to meet leaders and managers from CAMHS partner programmes but rated programmes relatively poorly in terms of actually facilitating those relationships.
- The design of generic programmes may reduce costs and improve cross-disciplinary working amongst CAMHS leaders.

Recommendations in relation to this thematic area include:

- There is demonstrable evidence of the value placed on CAMHS specific courses and its benefits for workforce and leadership development. Whilst this would be the preferred route, participation of CAMHS leaders in more generic programmes for the children and young people's workforce may be preferable to commissioners due to the cost savings this could generate.

Key findings for the **value for money assessment** theme included:

- 67% of learners stated that they had taken on an increased leadership role since completing their leadership development programme and over half directly attributing this progression to the programme they attended.

Recommendations in relation to this thematic area include:

- There is an urgent need to identify who will prioritise the development of leaders in this field in the future, and to establish the extent to which funding will be available for leadership development programmes.
- The resolution of this issue will facilitate a clear strategic direction and responsible body driving leadership objectives forward for the CAMHS Workforce.
- Future course design should employ innovative approaches to maximise value.

Key findings for the **sustainability** theme included:

- There is need and demand for leadership provision for the CAMHS workforce and longer-term tracking of the outcomes for participants would be beneficial in future programme delivery
- Commissioner priorities will be the ultimate driver of future activity in this area and robust evidence will be required to attract funding in a climate of austerity and uncertainty – however, effective leadership is required to ensure the outcomes-driven services and activity required for the ultimate benefit of children and young people.

Recommendations in relation to this thematic area include:

- Consideration of sustainability should be assessed at strategic and delivery levels and should be built in to the development of programme design.
- A clear evidence base is required to drive further funding for this type of activity in the current climate and this will be supported by the latent need and demand for leadership development identified through this evaluation.

2. INTRODUCTION

Effective Leadership Development initiatives need to be aligned to a strategic vision, reinforcing relevant objectives and values. The recent CAMHS Review recognises the need to create a workforce capable of managing the present more effectively, whilst also driving strategic change.

CAMHS and Children's Services face many challenges both now and in the future. Leadership is essential if system and organisational change is to be carried through successfully. Effective leadership is crucial to delivering excellent services to children and their families and ensuring these end users are at the heart of service delivery.

There is a need to ensure whole systems work more effectively and consider how leadership and accountability can be clarified and articulated so that children, young people, parents and professionals all understand who is responsible for what, when children need help.

This evaluation has been commissioned to review the current provision of leadership development programmes provided for the CAMHS workforce, assessing their effectiveness, and establishing if intended outcomes are being achieved. The outputs of the study will inform the future direction of leadership training provision required of a modern multi-disciplinary workforce.

The brief for this project involves understanding the broad range of issues affecting local service delivery and the level of strategic planning being undertaken to support the delivery of a comprehensive approach to leadership development of the CAMHS workforce. This leadership must support the delivery of effective services to promote psychological well-being; across early years, school-age children and young people.

The objectives of this evaluation are to:

- Deliver a mapping and scoping exercise to identify the relevant programmes for inclusion in the evaluation through desk-based research and initial consultation.
- Establish an Outcomes Based Accountability (OBA) model through the delivery of a half-day workshop. OBA is a disciplined way of thinking and taking action that can be used to improve the quality and performance of services and systems.
- Produce a full Evaluation Framework to guide the evaluation process and the sampling of programmes for inclusion within this.
- Complete a maximum of ten programme evaluations through primary and secondary methodologies.
- Synthesise the findings of the individual programme-level evaluations to identify their comparative performance and characteristics including key competencies developed.
- Produce an Evaluation Report to inform the subsequent phase of the project.

Our Approach

Appendix A contains a copy of the full Evaluation Framework that was developed at the outset of the commission. This document sets out the following key areas, which have underpinned our approach to the study:

- The selection of the leadership programmes that have been included in the evaluation and the rationale for their inclusion.
- The development of the evaluation framework which clarifies the links between the aims and objectives, thematic areas to be explored, and the outputs and outcomes.
- The research questions to be answered for each thematic area of the evaluation.
- The methods to be employed in the delivery of the evaluation and how these relate to the individual programmes and overall evaluation objectives.

Appendix B contains a summary of an OBA Workshop delivered as an integral contributor to the development of the Evaluation Framework.

Appendix C presents the full results of the three surveys delivered, covering:

- Service Managers;
- Commissioners; and
- Leadership Programme Participants.

3. CONTEXT

The term “CAMHS” (Child and Adolescent Mental Health Services) should be taken to mean any service provision whose aim is to meet the mental health and emotional well being of children and young people. A distinction can be drawn between CAMHS in its broadest sense, which includes services for whom this is an aspect of their work but whose primary role may be other, such as education or primary care services, and “specialist CAMHS” which refers to all those services for whom this is their prime role.¹

Workforce planning and workforce development are fundamental issues for child and adolescent mental health services which historically have been small, under-funded and fragmented. This evaluation has focused primarily on courses designed for and accessed by those employed within specialist CAMHS services (most commonly Tiers 2 and 3) due to a need to ensure that these services are properly resourced with appropriately skilled and qualified professionals and practitioners.

WHAT DOES THE CAMHS WORKFORCE LOOK LIKE?

As identified by the CAMHS Review, CAMHS means different things to different people due to the plethora of services that have an impact on children’s mental health and psychological well-being. Although used by some to describe the broadest spectrum of services, many universal and targeted interventions do not include themselves within this definition or consider CAMHS policy as applicable to them.

In recent years CAMHS services have been delivered in line with a four-tier strategic framework, which is widely accepted as the basis for planning, commissioning and delivering services. Although this framework may be subject to change it is useful to reference it at this point to ensure an understanding of the workforce mapping that has been undertaken to date. The four tiers of CAMHS are typically defined as follows²:

TIER ONE – CAMHS at this level are provided by practitioners who are not mental health specialists working in universal services; this includes GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies.

TIER TWO – practitioners at this level tend to be CAMHS specialists working in community and primary care settings in a uni-disciplinary way (although many will also work as part of Tier 3 services). This can include primary mental health workers, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. Practitioners offer consultation to families and other practitioners, outreach to identify severe or complex needs which require more specialist interventions and training to practitioners at Tier 1.

¹*Delivering workforce capacity, capability and sustainability in Child and Adolescent Mental Health Services, CSIP, Nixon.B, June 2006.*

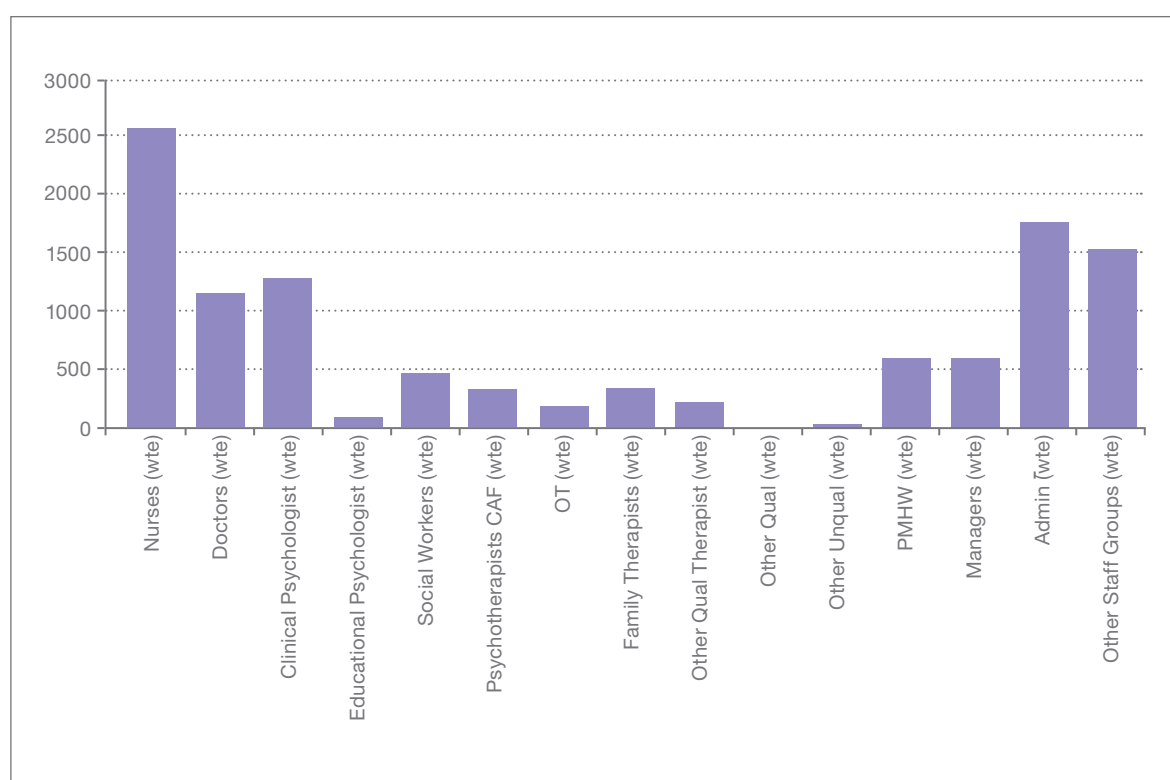
²<http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/mentalhealthissues/camhs/fourtierstrategicframework/fourtierstrategicframework/>

TIER THREE – This is usually a multi-disciplinary team or service working in a community mental health clinic or child psychiatry outpatient service providing a specialised service for children and young people with more severe, complex and persistent disorders. Team members are likely to include child and adolescent psychiatrist, social workers, clinical psychologist, community psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists.

TIER FOUR – These are essential tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units. These can include secure forensic adolescent units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams, usually serving more than one district or region.

The total CAMHS workforce in England, reported in the 2009/10 mapping exercise is 11,067.41 whole time equivalents (WTE). Nationally, this represents a staffing level range of 9.3 to 17.1 clinical staff per 100,000 population. Where information on tier of operation was provided, Tier 4 CAMHS working accounted for approximately 22% of the workforce, approximately 2,283 WTE. The breakdown of the CAMHS workforce by profession is demonstrated in Figure 3.1, below.

Figure 3.1: CAMHS Workforce by Profession



Source: NCSS National Workforce Programme

Although the total CAMHS workforce reported for 2009/10 represents an increase in staffing from the previous year (and is considerably higher than the 7,761 reported in 2003/4), by breaking down the number of WTE staff members and removing Tier 4 services it is evident that staffing levels do not meet the recommended number required to deliver adequate community CAMH Services. This is further compounded by the fact that a high proportion of the CAMHS Workforce is currently comprised of trainees, assistants and a large number of temporary posts.

With many services not at the level of resource required to meet need, commissioners and Service Managers are having to consider how best to cope with a current high demand in the face of existing low capacity. With limited finance available to increase capacity and the only other alternative being a restriction of services, there is an increasing focus on attempts to improve the quality and effectiveness of the services provided by maximising existing resources and streamlining existing processes.

This analysis highlights the challenging context within which individuals currently leading CAMHS are required to operate and reinforces the need to ensure that those in leadership positions have the necessary skills, competencies and capabilities to develop suitable responses that enable the continued delivery of effective services.

LEADERSHIP AS A CONCEPT

The concept of leadership and the importance of leadership development is not a new phenomenon. A variety of leadership models and approaches to leadership development have emerged over a number of years, though none has become the univocally accepted model of what constitutes leadership. As a consequence, any analysis of leadership and what constitutes an effective leader remains a challenge.

Despite the fact that leadership theories are often ambiguous, an established consensus is that a distinction exists between leadership and management. Primarily this relates to a belief that leadership is executable by any individual, regardless of their hierarchical position within an organisation. This view is important within the context of this study as it seeks to explore who are the leaders within CAMHS services and how these individuals are identified and supported to develop the skills required to lead effectively.

Overall it is argued that, no matter which leadership theory is adopted, leaders and leadership are important as it is about influencing "...in an organisation setting or situation, the effects of which are meaningful and have a distinct impact on, and facilitate the achievement of, challenging organisationally relevant goals." (Ivancevich and Matteson 1996)³

³*Organizational behaviour and management, Ivancevich and Matteson, 4th ed. Chicago: Irwin 1996*

LEADERSHIP DEVELOPMENT AND ORGANISATIONAL PERFORMANCE

Historically there has been limited evidence on the relationship between leadership development training and organisational performance, specifically in terms of learning transfer. Where evidence is available it is often considered to be patchy and at times conflicting.

A number of previous research studies have claimed that leadership development programmes often do not result in the application of new skills, knowledge, or learned behaviour within the workplace. This has primarily been attributed to the failure to connect training with real-life situations in organisations .

In recent years various sectors have attempted to address this issue through the development of an increasing number of bespoke leadership development programmes, typically based on a set of tailored leadership competencies and delivered through a combination of classroom based, self-directed and e-learning.

Within the context of health services, approaches to leadership development have been spearheaded by the NHS Institute for Innovation and Improvement and, more specifically, the National Leadership Council. From this, five key areas of work have emerged, focusing on the priority areas of Top Leaders, Clinical Leadership, Board Development, Emerging Leaders and Inclusion.

A key element of the NHS Institute for Innovation and Improvement's work on leadership has been the development of the NHS Leadership Qualities Framework (LQF). The LQF is recommended as the framework of choice for the NHS and comprises 15 leadership qualities arranged in three clusters: Personal Qualities; Setting Direction; and Delivering the Service.

However, despite the overarching direction provided by the LQF, approaches to leadership development are still ad hoc and a number of other frameworks exist within the NHS including the Medical Leadership Framework, the Knowledge and Skills Framework, World Class Commissioning Competencies and Foundation Trust Competencies. As a consequence of this disparity, it is common for a plethora of leadership development programmes to be commissioned at a variety of spatial levels and delivered to a range of target audiences.

Similarly, bespoke approaches to developing effective leaders have also been established across the broader children and young people's workforce. This includes separate management and leadership development programmes commissioned by the Children's Workforce Development Council and the Leadership Academy Programme delivered by the National College for School Leadership.

The need to ensure learning transfer from individuals and organisations highlights the importance of developing leadership course that are highly relevant to the operational context of learners and perhaps strengthens the argument for subject specific as opposed to generic leadership development programmes.

LEADERSHIP IN CAMHS

This study has been delivered against a backdrop of significant political and economic change. The policy objectives underpinning the study have altered and details of the new strategic and operational context within which CAMHS will be delivered, continue to emerge on a daily basis.

The profile of leadership and the need to develop effective leaders within services that support children, young people and families was gradually established through documents that include the Children's Plan, the National Services Framework for Children, Young People and Maternity Services, Healthy lives brighter futures: the strategy for children and young people's health and the CAMHS Review.

In each of these documents, while leadership was not the primary focus or an objective in itself, the development and retention of effective leaders was identified as a key enabling mechanism and crucial to the development and delivery of world class services that support the achievement of the best possible outcomes for children, young people and families.

Although it is important to understand how and why the approaches that are subject to evaluation were developed, it is more essential that this report retains relevance and that its findings and recommendations have the potential to be applied to the new landscape.

The health White Paper, Equity and excellence: Liberating the NHS, published in July 2010, makes it clear that the NHS will need to achieve unprecedented efficiency gains (including a 45% reduction in management costs), with savings reinvested in front-line services. It also sets out a vision to "put clinicians in the driving seat" and recognises that "embedding change takes time and requires adaptation."

Although the full details of how this will be achieved are still unknown, there are likely to be a range of implications in relation to developing leaders in CAMHS. This may include a greater focus on identifying clinical staff with leadership potential, as opposed to those in traditional management roles. In addition, the White Paper also states that:

"It is time to give employers greater autonomy and accountability for planning and developing the workforce, alongside greater professional ownership of the quality of education and training."

Again, while it is not clear how this will work in practice, the overall intention is that the Department of Health will have a progressively reducing role in overseeing education and training, with the system designed to ensure that education and training commissioning is aligned locally and nationally with the commissioning of patient care. The specific vision is that:

- Healthcare employers and their staff will agree plans and funding for workforce development and training; their decisions will determine education commissioning plans.
- Education commissioning will be led locally and nationally by the healthcare professions, through Medical Education England for doctors, dentists, healthcare scientists and pharmacists. Similar mechanisms will be put in place for nurses and midwives and the allied health professions. They will work with employers to ensure a multi-disciplinary approach that meets their local needs.
- The professions will have a leading role in deciding the structure and content of training and quality standards.
- All providers of healthcare services will pay to meet the costs of education and training. Transparent funding flows for education and training will support the level playing field between providers.
- The NHS Commissioning Board will provide national patient and public oversight of healthcare providers' funding plans for training and education, checking that these reflect its strategic commissioning intentions. GP consortia will provide this oversight at a local level.
- The Centre for Workforce Intelligence will act as a consistent source of information and analysis, informing and informed by all levels of the system.

As policy is rewritten, it is vital that the importance of leadership development is extrapolated from the policy objectives of the previous government and assessed on its own merits. The White Paper states that “In the next five years, the NHS will only be able to increase quality through implementing best practice approaches and increasing productivity” – effective leadership will play a crucial role in achieving this. In addition, given the scale of change and transformation that will occur within both health services and education in the coming months and years, the need to invest in the development of effective leaders with the skills and capabilities to lead individuals, teams and organisations through a radical process of change has, arguably, never been greater.

4. PROGRAMME BACKGROUND

This section provides background information on each of the leadership programmes evaluated and a summary of the key headline findings of the evaluation activities delivered.

WEST MIDLANDS

The West Midlands CAMHS Leadership Course is a bespoke course commissioned by the CAMHS Regional Development Worker, through the West Midlands Regional Development Centre now part of NHS West Midlands). The course was originally developed in 2007 in response to the advent of various proxy-targets and the need to continue to embed Standard 9 of the National Service Framework for Children, Young People and Families.

The course is delivered by Touchstone Associates, an external training provider specialising in leadership and management training. It consists of six one-day sessions delivered over a six month period. Although the programme covers some of the theoretical elements of leadership and the development of core skills, applying them to a CAMHS context, it does not seek to develop a specific style of leadership. Its emphasis is on encouraging individuals to become authentic leaders by developing an understanding of the methods by which they learn best, and an ability to identify and respond effectively to a range of core personality types.

Each course is typically delivered to groups of 14 over a six month period. The course is promoted through the CAMHS Regional Network and is open to all those working within Tiers 1-4 CAMHS. Participants have come from a range of professional backgrounds and have included commissioners, psychologists and psychiatrists.

50% of the course is delivered through a taught programme and 50% consists of action learning sets during which participants are invited to discuss the challenges they face within their own service. The course is not accredited but participants must commit to attending at least five of the six sessions. Telephone coaching and support via email are offered outside of the six classroom-based sessions.

Three courses have been delivered to date and a total of 32 participants have completed it, with a fourth programme due to commence in the autumn of 2010. The new programme will consist of eight sessions instead of six to allow for a service improvement project to be incorporated. It will no longer be CAMHS specific as a necessary condition of funding was expanding the target audience to include the broader children and young people's workforce.

EAST MIDLANDS

The East Midlands CAMHS Fellowship Programme emerged as a concept in 2004. The original aim of the programme was to encourage those in senior management positions and/or responsible for leading or championing the development of CAMHS services to work with the NCSS in the region for one day per week, in the role of a CAMHS Development Manager. The programme has evolved over time with the original model based upon the recruitment of five CAMHS Fellows – one per sub-region.

Those undertaking fellowships were offered the opportunity to shadow those in regional and national development roles and establish their own service improvement projects that matched their own areas of interest and expertise, and supported professional development objectives.

In recent years the model has shifted so that Fellows are recruited to carry out specific research or service improvement projects that align with the objectives of the East Midlands NCSS Business Plan. All CAMHS Fellows are assigned a mentor who works with them to set objectives and plan. A key aspect of the Fellowship Programme involves establishing links with a range of CAMHS services, providing support, promoting the outcomes of research activity and disseminating good practice.

Each Fellowship is for a minimum duration of six months with the option to extend depending on the availability of funding, the willingness of the Fellow to continue in the role and there being a mutually agreed role for them. 14 individuals have participated in the Fellowship Programme, with lengths of Fellowships varying from six months to six years. The funding for the Fellowship Programme will end in March 2011. There are currently no plans in place to continue the programme.

YORKSHIRE AND HUMBER

This programme, commissioned by the Yorkshire and Humber Improvement Partnership (YHIP) and delivered by the Tees, Esk and Wear Valley NHS Foundation Trust, is specifically targeted at CAMHS managers and commissioners in the Yorkshire and Humber region. The programme has the dual aim of improving leadership and networking arrangements amongst CAMHS managers and clinical leads and improvement of service development issues, particularly in relation to managing change in commissioning, delivery and organisation of future CAMHS services.

The bespoke programme has been designed around adult learning theory including action learning to enable participants to translate their learning within the working environment. It was structured to provide space and time to reflect on leadership learning, with specific emphasis on the acquisition of skills and knowledge required to improve commissioning effectiveness and future service delivery improvement within CAMHS. There was also a focus on developing potential for multi-agency working across partnerships.

There are four key components to the programme; relationship management including team development; understanding cross boundary organisational context; development of whole system modernisation; individual leadership behaviours for success and leadership improvement techniques.

Three accredited programmes have been delivered which include monthly topic based skills workshops and master classes and half day action learning sets to support the development of work based improvement projects, many of which were focused around the mental health 10 High Impact Changes.

CAMHS LEADERSHIP PROGRAMME NORTH EAST

The leadership development programme is a bespoke course specifically commissioned and funded by the Tees, Esk Wear Valley Mental Health Trust to address specific organisational changes and commissioning arrangements arising from a move to Foundation Trust Status. This involved an amalgamation of two separate Trusts and with it a workforce with significantly varying levels of experience and skill base.

The overarching programme aims were to address issues relating to service changes, standardisation, improved information sharing and joint working. A further objective was to explore means of addressing lengthy waiting times issues within the Children's Services Directorate. The target group was managers/ team leaders within Tiers 3 and 4 CAMHS services.

The course, which comprised themed workshops and a three day residential input, was structured to provide participants with an opportunity to understand leadership within the organisational context and reflect on individual leadership roles and styles. The themed workshops were facilitated by in-house tutors and specialists covering a range of topics in order to specifically address the issues identified around extended waiting times.

The programme is accredited at Masters Level, which is optional; however to date, two participants have opted for the Masters route.

Although the programme was designed for a specific purpose, the course structure has now been adapted in order to make it accessible to a wider audience. There is also the prospect for other organisations to purchase the programme. Nine participants completed the programme.

ACTION LEARNING SETS FOR CAMHS MANAGERS – SOUTH WEST

The South West Regional Development Centre leads this programme. It comprises a series of learning sets co-facilitated by Dr Steve Onyett, who is a Visiting Professor at the University of West England, although there is no direct academic link to UWE. Information has been derived from secondary data provided by the programme in its completion of a local-level evaluation.

The programme was established in response to a need expressed by CAMHS managers for a regional support mechanism to be put in place. Each set is a one day event with delivery occurring once every three months. The programme is based around Solution Focused Action Learning and involves input from a facilitator or trainer for the morning session followed by a peer facilitated discussion in the afternoon.

The maximum number of participants is ten although the numbers involved in the action learning set on a consistent basis has now fallen to a maximum of four. All participants work within the CAMHS services and are recruited via the CAMHS managers' mailbase. There are no additional eligibility requirements. The programme lead completed an internal evaluation process in order to specifically address issues around inconsistency and high drop-out rates and concluded that a wider focus on strategic and policy-based discussions may have been more appropriate.

NATIONAL PROGRAMME FOR SPECIALIST LEADERS OF BEHAVIOUR AND ATTENDANCE

The NPSBLA Programme was incorporated into the National Strategies' behaviour, attendance and social and emotional aspects of learning programme in May 2007. It is a large-scale national programme with over 6,000 participants to date and is not CAMHS specific – 18 participants of the programme work in CAMHS services according to the available data.

Information regarding this programme is derived from the existing evaluation of the programme published in March 2010 and no primary research has been undertaken to date in respect of the NCSS commissioned evaluation task. The programme is open to all practitioners with an interest in improving behaviour and attendance and the online study materials are freely available for downloading.

NPSLBA is based on a model of effective learning. It is a national programme with a team of Local Leads responsible for maintaining and developing the programme at a local level. The programme offers an opportunity for professionals at all levels to develop and enhance their leadership skills through a choice of study topics. There is also an opportunity to extend learning from the programme into formal accreditation routes. This is in addition to the (formerly) DCSF certificate that is awarded to all participants completing the course.

The programme comprises three compulsory study days over the course of one year; ten cluster group sessions with 8-12 participants (twilight); three work-based activities; and the production of a portfolio of evidence. Funding for National Strategies will cease in March 2011 and its sustainability will depend on the capacity and capability of Local Leads, despite a clear business case for its continuation.

The costs to learners and their workplace are limited to accreditation beyond the DCSF certification and running costs, which are minimal. However, the cost to transfer the current NPSLBA database to enable it to function independently of National Strategies systems will be £35,000.

LEADERSHIP IN CAMHS PROGRAMME

The Leadership in CAMHS programme was delivered by the CAMHS Evidence-Based Practice Unit, University College London (UCL) and the Anna Freud Centre; with additional input provided by Young Minds, the National CAMHS Support Service and the Health and Social Care Advisory Service. The programme was targeted at senior clinicians and managers of CAMHS services nominated by their CAMHS Regional Development Worker as a current and/or future leader of services. The course consisted of one residential four-day module a term for three terms and ran on three separate occasions in 2006-07; 2007-08; and 2008-09.

The programme provided attendees with the opportunity to develop their skills in relation to service improvement and leadership in CAMHS. It contained three modules, specifically:

- Understanding and working with models of mental health and emotional wellbeing in service development.
- Developing outcomes-based, evidence supported and user-informed services.
- Understanding and developing leadership and change management capacity.

Attendees gained skills in the following key areas: presenting complex information in a concise way both orally and in writing; leading organisations through times of change; and inspiring and motivating others. The course was taught through a mixture of lectures, workshops, seminars and group supervision. Exchanging ideas was a crucial element of the programme and time was specifically allocated to allow learners to interact, present to and learn from each other. Participants were also encouraged to contribute to a web-based discussion forum. Course attendees completed a detailed project which focused on an issue or challenge relating to their day-to-day practice.

A total of 26 participants completed the course over the three years.

The programme was not officially accredited but was classified as a short course by UCL. An internal evaluation of each programme was carried out following the completion of each course and was used to inform the following year's curriculum and approach.

5. THEMATIC ANALYSIS

The Evaluation Framework at Appendix A is structured around twelve key themes, each of which has a number of associated research questions. These have been explored in detail during our intelligence gathering activities at a micro-level with the individual programmes. This structural framework is replicated in the presentation of our findings in this section at a macro-level, covering the findings across all evaluation activity.

NEED, RATIONALE AND EVIDENCE

Key Research Questions

- What was the specific need(s) that led to the commissioning of the programme and how was this need identified?
- What was the evidence for it?
- Are the requirements for leadership in developing emotional wellbeing and/or mental health services reviewed on a rolling basis? If so, how?
- Had any similar activity been delivered previously?
- Were any difficulties experienced during the commissioning process?
- How were these overcome?

Headline Findings

The rationale and drivers that resulted in the delivery of the leadership development programmes have varied significantly. In the majority of the cases, the emergence of strategic policy and research on CAMHS and the wider Children's Workforce has been the primary influence and this has enabled access to funding and a process of commissioning these programmes, primarily via the NCSS.

The introduction of CAMHS performance indicators, specific policies and the development of more integrated approaches across agencies for commissioning and delivery were key drivers for a number of CAMHS leadership programmes, for example the course delivered in Yorkshire and Humberside. The NCSS, and the availability of funding, has supported delivery and the introduction of alternative delivery models in other areas, for example in the West Midlands and East Midlands.

Across all programmes, despite the clear strategic policy drivers, very limited needs assessment or demand analysis was undertaken at the time of introducing the programme. Programme development, according to the evaluation findings, appears to have been ad hoc, yet responsive to local need and resulted in the development of bespoke programmes at regional level. For example, the North East programme was designed to address highly localised issues associated with the CAMHS service and the South West programme responded to local demand for a support mechanism from CAMHS managers.

A lack of evidence of need does not however result in a conclusion that the requirement for leadership development did not exist. In fact, an analysis of survey responses indicates the opposite, with evidence to show that there was a clear need for the delivery of these programmes, and that this need continues to persist. When CAMHS Service Managers were asked about the main skills gaps that exist in relation to leadership, responses included: lack of effective training, more availability of leadership/CAMHS specific training and time out for leaders to develop.

“For some people becoming a leader has come about accidentally and not everyone has had training on what leadership and being a good leader entails. Being a good practitioner does not always equate with being a good leader.”
(CAMHS Service Manager)

It is inevitable that a change in government will result in a change in strategic policy drivers. However, a change of administration will have no impact on the fact that successful change management requires effective leadership.

Of the Service Managers that responded to the survey:

- 71% (74) manage 15 or more staff, yet of these, 68% (64) have only managed the service for less than 3 years;
- 53% (50) worked in the service prior to managing it, 73% (37) of these for over five years;
- 79% (68) believe that they have clear understanding of competencies required to lead effectively within CAMHS;
- 70% (60) believe that the skills required for CAMHS leaders have changed within the last five years;
- The most common changes required in terms of skills include financial management, outcome measurement, presenting evidence; partnership working, flexibility and strategic awareness;
- 91% (76) are confident in their ability to lead but a lack of training and support is a key constraint for those that are not;
- 83% (70) believe that staff in leadership positions within their service (excluding themselves), do not have the necessary competencies to lead effectively and that gaps include people skills, project management, strategic thinking and decision-making; and
- Development of leadership skills is a priority for 64% (46) but only 36% (27 respondents) have a process for identifying individuals with leadership potential.

These findings are important and highlight a belief that the development of leadership skills within the CAMHS workforce has failed to keep pace with the perceived changes in the competencies required of CAMHS leaders over the last five years. The nature of these changes includes greater strategic thinking, the ability to lead change management processes, collaborative working, and an understanding of commissioning practices.

This view was reflected in the survey of CAMHS commissioners which indicated that 60.6% of respondents felt the skills requirements had changed in the last five years. The nature of the changes identified closely resemble those outlined above.

The future of CAMHS services will rely on leaders possessing these skills as illustrated by additional findings from the survey of commissioners, of which:

- 60% (21) have previous experience of working within CAMHS;
- 77% (27) believe that they have a comprehensive understanding of what is required to deliver an effective CAMHS service due to their experience;
- Of those without a comprehensive understanding, this is due to a lack of experience and the number of areas in which they commission;
- 79% (26) believe they understand the leadership competencies required for CAMHS, referencing generic clinical leadership competencies, leadership and management programmes and close working with CAMHS teams as the basis for this, suggesting significant variations may exist; and
- 71% believe that they are CAMHS leaders due to their role in providing strategic direction for the service.

The skills and knowledge of commissioners take on greater significance as 82% (27) identified the leadership skills of CAMHS Service Managers and other team members as a key consideration during the commissioning process for services.

It is likely that effective leadership will continue to be a priority for Commissioners due to continued efforts to achieve World Class Commissioning with relevant headline competencies including:

- Lead continuous and meaningful engagement with clinicians to inform strategy, and drive quality, service design and resource utilisations;
- Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration; and
- Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes.

75% (21) of commissioners responding to the survey also consider leadership skills in the performance management of the service and almost 40% take action in respect of managers that are deemed ineffective including raising training and development needs at monthly meetings.

76% (25) do not believe that staff in leadership positions have the skills to lead effectively in comparison to 83.3% (70) of CAMHS Service Managers who also held this view. In contrast however, 90.5% (76) of CAMHS Service Managers feel confident in their ability to lead. This may suggest a lack of awareness and/or limited self assessment amongst Service Managers.

Key skills identified by commissioners include lack of business acumen, the ability to change, or to drive innovation. However, a number of commissioners suggested that while they have a performance management role, providing support to address failing performance is not within their remit. This is strong evidence to support the future delivery of a systematic approach to leadership development and to enable the development of leadership competencies required to deliver CAMHS outcomes.

The importance of meeting this need is further reinforced when the demand for improved leadership skills is considered in the context of the NHS Clinical Governance Framework and specifically the pillar that relates to education and training.

Summary

- The approach to the development of leadership programmes has been ad hoc and not based on robust needs assessment.
- This resulted in the development of highly bespoke local and regional courses with more generic national programmes.
- Leadership development programmes for CAMHS are highly responsive to these localised needs and are therefore flexible in approach.
- There is significant evidence of need and demand for leadership programmes for the CAMHS workforce illustrated by the responses received to surveys of learner, commissioners and Service Managers.

TARGETING AND GAPS

Key Research Questions

- Who is the programme aimed at? Why?
- Was it designed to address identified challenges within an individual service or cluster of CAMHS/BESD services?
- What are the strengths and weaknesses of adopting a bespoke approach?
- What were the eligibility criteria for participation? How was this assessed? What role did the employer play?
- How was the programme advertised?
- What process was used to recruit and assess participants? How successful was this? Have/should any changes be made to this process?
- Are there any individuals/professions excluded from the course that should be included?

Headline Findings

The majority of the programmes were specifically targeted and delivered to address particular local issues within the service, a cluster of services or specific learner needs. There is no consistent pattern and the programmes are highly individualised in what was targeted with the exception of the NPSLBA programme, which was targeted at professionals of all levels nationally and secured the engagement of 141 local authorities.

This is reflected in patterns of awareness of the individual courses – Service Managers and commissioners report greater knowledge of the national programmes as opposed to those being delivered at local and regional levels. However, 81% (55) of Service Managers know where to obtain information and support to develop leadership skills and, alongside learners, report that the most common sources of information are the NCSS, RDWs and their local Mental Health Foundation Trust.

Key examples of different targeted approaches include the North East, where the programme targeted issues affecting an individual service and therefore supported a small number of staff working within it. In the East Midlands, a sub-regional approach was taken to selection, with one leader from each of the five sub-regions participating as a Fellow. For the UCL programme, a number of learners were selected on a regional basis to allow representative geographical coverage.

The process of selecting learners for programmes relates to both line management and programme selection. Key selection criteria for managers include the benefits of the programme to the service, its fit with CPD objectives for the individual, its cost and the time required away from the workplace to complete it. There is also a perception that where staff members are located in close proximity to the Regional Development Worker, there has been a danger of selection bias.

At programme level, selection is appropriate to the need that existed and its individual characteristics although eligibility criteria were not stringent. Almost exclusively, learners reported that an application form was completed and that there were very few barriers in the application process. 80% of learners (32 respondents) found it easy or very easy to find out information about the programme. However, it is evident that more competition for national course entries existed due to their perceived status and kudos as a highly regarded national programme.

There is some evidence of duplication of access to programmes. 61% of participants (22) had completed other leadership training prior to this programme and this may indicate a need for more comprehensive and effective provision or better coordination of leadership development courses. Some CAMHS leaders have attended both the local and national programmes. However, this is not necessarily a negative finding – individuals attending multiple programmes have been exposed to different learning theories and networks to improve their leadership skills.

“Three years into my Fellowship (East Midlands Programme) I also attended the national Leadership in CAMHS programme. I felt this was useful in terms of consolidating my knowledge and placed my learning in an academic framework and also developed my project management skills. However, I tend to be an experiential learner and the national programme did not provide opportunities for this.”

“The previous trainings were important, especially the trust leadership training, but this came at a time when basic skills had been consolidated and I needed CAMHS specific information and application.” (Participant of Leadership in CAMHS, UCL Programme)

“Different programmes have different emphasis, hence difficult to compare” (Participant of West Midlands Programme)

A key gap has been identified in relation to the lack of regional programmes for London and the East of England and this may be a core requirement for the future commissioning of leadership development programmes.

Summary

- There has been a good balance between the national and local programmes and their respective scope and targeting.
- The individual nature of the programmes is positive in terms of targeting but results in inconsistency in terms of content.
- This raises the issue that consistency may have been driven by expansion of the national programmes – but localised programmes may be more relevant to the context in which specific services operate.
- The process of selection by course providers has generally been appropriate to context of the individual programme.
- Service managers prioritise service benefits when selecting individuals to attend programmes – but time and cost remain key considerations.
- The promotion and awareness of programmes available is good, largely facilitated by the work of the NCSS and RDWs.

COURSE DESIGN

Key Research Questions

- Who was responsible for designing the course? Were people with experience of developing emotional wellbeing/specialist CAMHS included?
- How were the course materials developed and by who?
- Who was responsible for approving the course and any materials?
- What process was used to design the course? Is it based on existing models or is it bespoke?
- Is the course based upon a specific set of leadership competencies? If so, what are they and how were they selected?
- Does the programme focus on specialist CAMHS or does it explore leadership in the broader context of emotional health and wellbeing?

Headline Findings

The majority of the programmes, with the exception of the NPSLBA, are CAMHS specific and highly bespoke in their provision, which has resulted in a localised pattern of course design. While all are based on a number of core standards or key content, design approaches have varied between the programmes.

For example, the programme in the West Midlands was designed with the specific input of a CAMHS Worker who has over 20 years experience but in partnership with a specialist external training provider. The specialist nature and locally targeted model used in the North East meant that a Myers Briggs /LEA 22 competency leadership behaviours diagnostic tool was used to support design and delivery.

In contrast, the national NPSLBA programme operates in a broader context of behaviour, attendance and emotional health and well-being of children and young people. It is a well-established long-term programme, which has evolved over time and has been designed with a readily available choice of internal study topics and links to external sources.

With the exception of NPSLBA, all programmes were designed for, and targeted at, members of the CAMHS workforce, although most included a mixture of occupations and roles. 92% of learners (33) responding to the online survey felt that the composition of programme participants was appropriate and most found value in attending a CAMHS specific, as opposed to a generic leadership programme.

There was a good mix of various professionals working in CAMHS all of who brought their experience into the sessions” (Participant of West Midlands CAMHS Leadership Programme)

“I can’t recall a course so tailored to the needs of the students, it was great to hear management theory applied to our CAMHS specialism” (Participant of Leadership in CAMHS, UCL)

“My primary reason for applying for the course was the fact that it was CAMHS specific. I had just started a new role within CAMHS coming from a background of delivering training within adult social care. I wanted something that would help me develop my knowledge of CAMHS as well as my leadership skills” (Participant of the West Midlands CAMHS Leadership Programme)

Although programme participants appreciated the CAMHS specific nature of the training, the changes required of leaders in CAMHS and skills deficits identified by CAMHS Service Managers and CAMHS Commissioners provide an interesting contrast.

“It seems that a number of staff have restricted their leadership and management experience to CAMHS only and not widened their knowledge across a larger footprint of services and skills. Staff can be excellent clinical practitioners but need to be able to have a range of leadership and management experience to develop CAMHS in the current political and practical environment,” (CAMHS Service Manager)

“Leadership is very inward focused and does not engage with wider networks or see that CAMHS has much of a role to support other services through meaningful consultation rather than simple to provide a very specialist service for some children. (CAMHS Commissioner)

“Some leaders don’t look outside of their small world and see how their team offer needs to develop as part of a network of services that all promote well-being of children and families – they continue to think in an insular manner – this cannot fit in the current context.” (CAMHS Service Manager)

This may suggest that when developing future leadership programmes for the CAMHS workforce consideration should be given to the following options:

- Ensuring more explicit coverage of approaches to multi-agency working when developing the course content and accompanying materials.
- Developing courses that are not CAMHS specific and are instead targeted at the broader children and young people's workforce to facilitate a broader understanding of multi-agency working and its practical application.
- Develop blended courses for the children and young people's workforce that includes modules or elements that are service specific.

Summary

- The majority of the local and regional courses are bespoke and have been designed to meet specific local CAMHS needs.
- There has been a partnership approach in design between specialist external leadership providers and those with knowledge of CAMHS.
- All courses are based on the development of individual core standards that have been produced specifically for their delivery but not based on any set of common standards at regional or national level.
- All the courses, with the exception of the NPSLBA programme focus on CAMHS specific rather than generic leadership provision with evidence both for and against this approach.

COURSE DELIVERY

Key Research Questions

- What are the course objectives? Are these set out clearly at the start and used as a method for assessing progress?
- Over what time period is the programme delivered?
- What are the primary delivery methods? e.g. action learning sets, taught classes, e-learning etc.
- How many tutors/trainers/facilitators are involved in delivery of the programme?
- To what extent are employers involved in action-learning/work-based projects and the evaluation of their success?
- What are the key strengths and weaknesses of the method of delivery?
- What are the key strengths and weaknesses of the materials and activities used in the delivery of the course?
- Has the format of delivery or methods changed over time? If so, how and why?

Headline Findings

Figures 5.1 – 5.3, below, provides a comparison of course content for each of the programmes subject to evaluation. It illustrates the core objectives for each programme, delivery methods and formats, timescales, levels of employer involvement and changes that have occurred over time. The key conclusion to draw from this is the highly bespoke nature of each programme and variability of approach, but also to emphasise the commonalities that exist, including the use of practical work-based learning tool, action learning, and mentoring techniques.

The most popular delivery methods for leadership programmes, according to Service Managers and programme participants, are mentoring, coaching, action learning, competency framework linked to appraisal and 360 degree feedback. However, despite the inclusion of these methods across the programmes, there is a perception that the availability of these delivery methods within leadership courses is limited

Delivery format is an important consideration – especially given that a key decision-making factor for Service Managers supporting staff to attend a leadership programme is the availability of sufficient time. However, there is no consensus on the preferred location of delivery and a balance of classroom, residential and work-based learning is important to learners. Minimal and optional approaches to programme delivery are therefore attractive to learners, for example the quantum of outside reading to be completed.

83% (30) of learners reported that the length of their programme was appropriate and 86% (31) found the dates and times of classroom sessions convenient. A minority of learners stated that a lack of manager involvement and work pressure can negatively impact on their ability to complete this type of course. In the East Midlands, the course was not held on the same day each week and this can cause difficulties for participants both professionally and personally.

The majority of programme participants (92%, 33 respondents) found that the mixture of occupations and management levels appropriate. Learning materials were mainly rated good or very good in terms of their quality, usefulness and relevance and 89% (32) rated the quality of facilitation as good or very good. However, 47% of participants (17) stated that improvements could be made to programme content including:

“More support in the workplace to be able to use learning as it was happening.”

“More challenge about our own leadership style and how to improve.”

“Clarity at the outset regarding the academic requirements”

“More time to spend learning about and understanding the service improvement tools and more time to support projects.”

Action learning is a highly beneficial approach for course participants there is strong evidence to incorporate this approach in future leadership development programmes. There is a clear preference for practical activities and those which stimulate self-reflection.

Action learning is a technique that has been increasingly adopted in the delivery of leadership programmes due to various evaluation studies highlighting the success and benefits derived from this approach.⁶ However, the success of the approach can be dependent upon the composition of the group and its dynamics. For instance, in the South West, attendance rates gradually declined and it was considered that there was a lack of strategic focus and senior management support. Evidence from evaluation undertaken in relation to the National Primary Care Trust and Development Programme Action Learning Sets Programme shows that:

“a small group of members (all from the same organisation) clearly decided in advance to “torpedo” the life of the set and make it impossible for other members from other organisations to draw anything from the experience. This may argue for greater attention in the future to such matters as the processes of application/ nomination/selection for sets and to the notion of “learning contracts” which quite specifically set out the rights and responsibilities of set members, facilitator and direct line managers”⁷

Participants also value ongoing support and mentoring as an integral and important aspect of this type of programme. 67% (24) stated that they found it easy or very easy to access support from the course provider and 94% (34) rated the quality of this support as good or very good. Support external to the programme is also important– key sources include regional service improvement leads, fellow learners, service managers and line managers and colleagues.

It is also evident that in the case of a number of programmes, responsiveness to feedback is an important and positive attribute. In the West Midlands, this included the incorporation of new aspects within the course and the delivery of specific casework projects. The introduction of accreditation within one programme also demonstrated responsiveness to participant evaluation.

Flexibility to address issues throughout is important but structure and formality is also important – for some courses participants felt too informal and that this could be disruptive to outcomes and their individual learning.

⁶ Stewart, Jean-Anne 'Evaluation of an action learning programme for leadership development of SME leaders in the UK', *Action Learning: Research and Practice*, 6:2, 131 – 148

⁷ http://www.natpact.info/uploads/2005_Feb/Facilitator_Evaluation_ALS.doc

Figure 5.1: Summary of Course Delivery

Programme	Course Objectives	Programme Delivery Period	Primary Delivery Methods	Employer Involvement	Temporal Changes
West Midlands	<p>To develop “authentic leaders” in CAMHS by focusing not only on core leadership skills but also the ability to understand how</p> <p>Individuals learn, recognise core personality types and respond appropriately to them.</p>	Six one day sessions delivered over a six month period.	<p>50% taught learning including leadership theory and core skills.</p> <p>50% facilitated action learning sets, focusing on real-life issues and challenges encountered by programme participants in their day-to-day work.</p> <p>Telephone coaching and an email support and Q&A facility are made available outside of the classroom-based sessions.</p> <p>Participants are provided with an extensive list of optional reading.</p>	Limited involvement. The employer must consent to the individual taking part in the programme and agree to release them to attend the six one –day sessions. Employers may also be engaged in the 360 degree appraisal process that takes place at the start of the course.	The course will introduce a service improvement project as a compulsory element for the first time this year. It will also no longer be CAMHS specific and will instead be available to the broader children and young people’s workforce.
East Midlands	<p>Develop leadership skills by playing a key role in regional service improvement activity.</p> <p>The areas in which service improvement occur vary depending on areas of interest/ specialism and need identified.</p>	Flexible depending on funding and projects to be delivered. Each secondment is a minimum of six months, with the option to extend in some cases.	<p>Job shadowing, attending NCSS team meetings and meetings of the CAMHS Regional Forum.</p> <p>Develop and delivering strategic research projects in accordance with the objectives of the NCSS</p> <p>East Midlands Business Plan, culminating in the production and dissemination of a final report with recommendations to improve service delivery.</p> <p>All of the five original CAMHS Fellows were also put forward to complete the UCL leadership programme.</p>	Where an individual is employed full-time, the employer must consent to the individual participating in the programme. The extent of employer involvement varies for each Fellow and may be influenced by the subject of specific service improvement projects and/or the nature of specific activities undertaken as part of the Fellowship.	<p>Original model was based upon recruiting one Fellow within each of the five sub-regions to lead service improvement. The model subsequently evolved and is now focused on recruiting Fellows on a thematic as opposed to geographical basis.</p>

Source: GVA 2010

Programme	Course Objectives	Programme Delivery Period	Primary Delivery Methods	Employer Involvement	Temporal Changes
Yorkshire & Humber	Develop CAMHS leadership capability and to strengthen networking amongst managers and clinical leads in the region. The aim was to provide locality managers with an opportunity to co-work on their leadership and service development issues, particularly in relation to managing change in the planning, commissioning, delivery and organisation of future CAMHS services.	One workshop per month, including three master classes, within an 11 month timeframe.	<p>Part 1 of the programme involved participants in the completion of 360 degree Leadership Effectiveness Analysis (LEA360™ – a management Research Group (MRG) product, WWW.MRG.COM). The Myers Briggs Interpretive Report for Organisations is also utilised during this stage to examine participants work and communication styles and problem solving preferences.</p> <p>A series of monthly topic based skills workshops or Master class sessions were also included in this phase – topics covered included: Teams and Emotional Intelligence; Inspirational Leadership and Policy and Reform in the NHS.</p> <p>Part 2 comprised of Skill based Workshops on: Leadership and Management Change; MBTI; Managing Change; Dealing with Conflict; Service Improvement Techniques; and Motivational skills. Half-day action learning sets were also delivered to support participants in designing and carrying out work-based service improvement projects.</p>	Participants were required to seek line manager approval prior to course acceptance. Mentoring support was provided through internal resources.	None significant

Programme	Course Objectives	Programme Delivery Period	Primary Delivery Methods	Employer Involvement	Temporal Changes
South West	<p>Offer protected space for managers to explore service issues through Action Learning Set methodology</p> <p>Offer tools and techniques for the group to be able to take back and use within their own organisations.</p> <p>The content of the course is flexible and has no set curriculum. It is defined by the discussions to emerge from the action learning set and the development needs of practitioners.</p>	<p>Oct 09 – Jan 11</p> <p>There has been one cohort of learners involved in the programme.</p>	<p>Solution-focused action learning set.</p> <p>Each set is a one day event with delivery occurring once every three months.</p> <p>The programme is based around Solution Focused Action Learning and involves input from a facilitator or trainer for the morning session followed by a peer facilitated discussion in the afternoon.</p> <p>This is supported by reflective practice, a focus on positive personal and organisational strengths and consideration of the 10 High Impact Changes. A 'video addressing tool' was also used as a resource for discussing specific issues.</p>	<p>None – the lack of backing from high-level managers was identified in the local evaluation.</p>	<p>Changes to the programme have been limited although the number of participants has reduced significantly during the delivery period from 10 to 4 individuals.</p>
North East	<p>Programme was structured around a mixture of classroom based learning (residential stay plus facilitated tutorials) and work-based project. The project was identified by senior management (as opposed to participants selecting the topic dependant on role, perceived service need).</p>	<p>6 workshop sessions and 3 day Residential delivered over a nine month period.</p>	<p>3 day residential to understand leadership and management, in the context of different roles and styles. Analysis of own leadership behaviours. Series of thematic workshop sessions facilitated by in-house and specialist tutors.</p> <p>The programme was delivered as three distinct phases to address: Where are we now? (current skill mix and activity variation); Implementing and Managing Change and Evaluation</p>	<p>The Service manager identified the need for the programme to be delivered and provided full funding for its delivery. As such there was total support for the programme.</p>	<p>Original model was designed in accordance with the specific needs of the team to address the identified waiting times issues. The model has now been modified to make it more generic and appropriate for a wider audience</p> <p>The option for other organisations to 'purchase' the programme is currently being considered.</p>

Programme	Course Objectives	Programme Delivery Period	Primary Delivery Methods	Employer Involvement	Temporal Changes
Leadership in CAMHS	The course provided attendees with the opportunity to develop their skills in relation to service development and leadership in CAMHS.	The course involved 12 contact days comprised of three 4-day residential modules (one per term) held in central London.	The programme was taught through a mixture of lectures, workshops seminars and group supervision. Attendees were encouraged to share ideas at all times and time was allocated for participants to interact and present to each other. An online forum was also established to facilitate web-based discussion. Ongoing support was provided by the Course Directors and participants from previous courses volunteered to act as mentors.	<p>Organisation support was requested to enable participants the following:</p> <ul style="list-style-type: none"> • Time to attend the course; • Regular review meetings with individual's line manager; and • Provision of travel expenses. 	The way the course was delivered changed during the three years. It began with two 6-day residential modules but changed to three 4-day residential modules following attendee feedback.
NPSLBA	Opportunity for professionals at all levels of responsibility to enhance their leadership skills within the context of behaviour and attendance, building on a distributed leadership model.	<p>One year with a five stage process:</p> <ol style="list-style-type: none"> 1. Acquisition of knowledge 2. Modelling of good practice 3. Practice application 4. Feedback and reflection 5. Embedding the experience 	<p>Three compulsory study days over the course of one year; ten cluster group sessions with 8-12 participants (twilight); three work-based activities; and the production of a portfolio of evidence.</p>	<p>There is significant demand within local authorities for the delivery of this programme.</p> <p>The significant majority of local authorities are positively engaged with the programme with 141 having participant staff.</p> <p>There are nominated Local Leads for the programme who attend Regional Network meetings.</p> <p>A number of local authorities have developed their own internal approach to its accreditation. Half include it within their CPD offer.</p> <p>Some local authorities have used the programme to help develop their school's behaviour and attendance partnerships.</p>	<p>Original model was based upon recruiting one Fellow within each of the five sub-regions to lead service improvement. The model subsequently evolved and is now focused on recruiting Fellows on a thematic as opposed to geographical basis.</p>

Figure 5.2: Comparison of Content

1.	CONTENT									
Programme	Personal Influence	Self Awareness	Service Design/ Improvement	Workforce Planning	New Ways of Working	Outcomes and Evidence Based Practice	Developing Networks	Managing Change	Developing Teams	Leadership Styles
West Midlands	✓	✓	✓	✓	✓			✓	✓	
East Midlands	✓		✓	✓		✓	✓			✓
Yorkshire & Humber			✓	✓	✓		✓	✓	✓	
South West	✓	✓			✓				✓	✓
North East		✓	✓	✓	✓	✓			✓	✓
Leadership in CAMHS			✓					✓		✓
NPSLBA	✓	✓	✓		✓		✓		✓	✓

2.	CONTENT							
	Models of Mental Health	Financial Management	Governance	Commissioning	Leadership Theory	Emotional Intelligence	Service Mapping	Organisational Life and Dynamics
West Midlands					✓	✓	✓	✓
East Midlands			✓				✓	✓
Yorkshire & Humber				✓	✓	✓		✓
South West	✓				✓			✓
North East		✓	✓	✓	✓		✓	✓
Leadership in CAMHS	✓				✓			
NPSLBA					✓			✓

Figure 5.3: Comparison of Teaching Techniques

	TECHNIQUES									
Programme	360° Degree Appraisal	Psychometric Testing	Action Learning Sets	Service Improvement Project	Mentoring	Coaching	Classroom Based Theory	E-Learning	Guest Speakers	Job Shadowing
West Midlands	✓		✓			✓	✓			
East Midlands				✓	✓					✓
Yorkshire & Humber	✓	✓	✓	✓			✓			
South West			✓							
North East	✓		✓	✓	✓		✓		✓	
Leadership in CAMHS				✓			✓			
NPSLBA				✓			✓			

Summary

The review of course delivery provides a series of useful learning that can be used to inform the design and delivery of any future courses, including:

- A balance of delivery methods and formats is a common approach and one that works for course participants and Service Managers.
- There is a clear preference for practical and self-reflective courses that enable participants to apply their learning to the workplace context.
- Action learning is an important approach to leadership development and is popular with learners.
- Flexibility is a positive aspect of programme delivery but if it is too informal and unstructured this can be a disruptive influence.
- Responsiveness to the needs of learners is important and the provision of ongoing support and mentoring enhances learning outcomes.

THROUGHPUT AND OUTPUT

Key Research Questions

- What programme monitoring information do you collect?
- How many people have completed the programme?
- Do you collect information on attendance rates? If so, could you please provide us with this data?
- How many people have failed to complete the programme?
- What are the primary reasons for drop-out/failure?
- Can you provide a breakdown of the occupations and grade/bands of programme participants?
- Can you provide detailed information on the management roles of participants?
- Can you provide a breakdown of the age, gender and ethnicity of participants?

Headline Findings

Figure 5.4, below, illustrates the data available against key variables for each of the programmes. There is a considerable limitation in the available data at this interim stage but it shows that the majority of programmes are small scale in terms of the number of participants.

Monitoring processes are highly variable between the different programmes and this requires standardisation to enable effective comparison. For example, in the West Midlands, data is only available from application forms and in the South West, the nature of the programme meant that very little monitoring data was collected. Similarly, in the North East, monitoring is very limited, but the programme plans to introduce processes as a result of learning from the evaluation. This is further evidence of the flexibility and responsiveness of these programmes.

According to the survey, 92% of programme participants (36) completed the programme. This is broadly in line with completion rates obtained from available programme data which ranged from 88% to 92%, excluding the South West programme, where the completion rate for one cohort was just 30%.

Where drop-outs have occurred from programmes, the reasons vary significantly. The most common relate to work pressures and the time commitment required to complete an intensive leadership development programme. Such a finding resonates with the considerations of Service Managers in allowing staff to complete this type of programme. However, additional reasons relate to medical problems, individuals moving to new jobs, conflicts in opinion or personality with tutors, and in one case, the, theoretical nature of the course. In the South West, there was a lack of support from higher level management tiers and insufficient strategic direction, which resulted in drop-outs.

Equality and diversity is an important consideration in relation to leadership and management in any professional role and has been highlighted within the NHS. 50% of survey respondents are in the 45-54 age range. 32.5% are aged below 45 and 12.5% are over 55.

In September 2008, 37% of non-medical managers and senior managers were aged between 45 and 54, 34% were aged 45 and under and the remaining 29% over 54⁸. It has not been possible to obtain data for medical staff in management positions and the survey sample is too small to draw robust conclusions. However, anecdotal evidence from consultation with programme participants suggests that many CAMHS staff in clinical roles are reluctant to progress into management positions and there is still a lack of recognition of the need to train those in clinical leadership roles.

To some extent this may explain the older demographic of programme participants and illustrate a need to develop leaders within CAMHS services at a younger age. However, as was previously stated, the size of the survey sample does not allow for definitive conclusions and the survey data cannot be compared with programme data as this is highly limited, evidencing a clear need to collect this information if future courses are delivered.

83% of survey respondents describe themselves as White British. This again cannot be compared with the limited availability of programme data. While this may be broadly reflective of the workforce profile⁹, there may be a case for positive action to address this and ensure that programmes collect data on the participation of BME groups.

There is a lack of formal tracking or quantifiable evidence of post-programme impacts for participants. While some informal work has been undertaken, this needs to be developed to provide more robust impact data and provide evidence of the market failure and the need to commission these programmes. This would provide the case for national bodies commissioning these types of programme the risks presented if this does not happen.

⁸NHS Hospital and Community Health Services: Non-medical workforce census (<http://www.ic.nhs.uk/webfiles/publications/nhsstaff2008/nonmed/Non-Medical%20Detailed%20Results%202008.xls>)

⁹In 2007 8.3% of Senior Managers within the NHS in England were from BME backgrounds. (NHS Information Centre (2007). NHS hospital and community health services: Administrative managers in England)

Figure 5.4: Programme Throughput

Programme	No of Participants	No of Completers	% Drop-Out	Participant Occupation Breakdown	Gender Breakdown	Age Breakdown	Ethnicity Breakdown
West Midlands	32	32	12%	Practitioner – 8 Psychiatrist – 8 Nurse – 10 Commissioner – 7 Psychologist – 4 Project Manager – 1 Family Therapist – 1	7 Male 32 Female	Not available	Not available
East Midlands	14	14	0%	CAMHS Consultant Psychologist – 3 CAMHS Nurse Consultant – 2 Joint Commissioner – 2 CAMHS Service Manager – 2 Senior Nurse – 2 CAMHS Nurse – 1 Senior Occupational Therapist – 1 Senior Speech & Language Therapist – 1	5 Male 9 Female	Not available	Not available
Yorkshire & Humber	48	TBC	12%	Primary Mental Health Worker Head of Service Family Therapist Team Lead/Clinical Nurse Specialist Lead Commissioner (CAMHS) Chartered Clinical Psychologist Senior Commissioning Manager Commissioning Manager for Children Deputy Assistant Director for CAMHS CAMHS In Reach Manager Consultant Clinical Psychologist (x2) CAMHS Service Manager Assistant Regional Development Worker Senior CAMH Manager Lead Art Therapist/C.T.L.D Team Leader	2 Male 15 Female (Year 3)	Not available	Not available
South West	10	4	70%	All CAMHS Service Managers	3 Male 7 Female	Not available	Not available
North East	9	8	N/A	Service Managers Team Leaders	8 Male 1 Female	40 – 53	White British

Programme	No of Participants	No of Completers	% Drop-Out	Participant Occupation Breakdown	Gender Breakdown	Age Breakdown	Ethnicity Breakdown
Leadership in CAMHS	29	26	10%	Local Authority Managers (Children and Young Peoples' Services) – 4 CAMHS Development manager – 10 CAMHS Regional Development Worker – 3 Clinical Manager – 2 Local Authority Assistant Director – 1 Consultant Psychiatrist – 1	10 Male 18 Female	Not available	Not available
NPSLBA	4,064	3,740	8%	Education Psychology – 49 Connexions – 39 Behaviour Support Service – 1,135 CAMHS – 18 Primary Health Care – 11 Youth Service – 84 Social/Children's Service – 327 Advisory Services – 124 Voluntary Sector – 62 Education Welfare – 431 Police – 19 Other LA – 586 N/A – 2,027 Not Given – 2,857	Male – 1,390 (18.6%) Female – 5,846 (78.2%) NOT GIVEN – 240 (3.2%)	18 to 25 – 511 (7%) 26 to 35 – 1,760 (24%) 36 to 45 – 2,707 (36%) 46 to 55 – 1,821 (24%) 56 to 65 – 285 (4%) 65+ – 1 (0%) Unknown/Refused – 391 (5%)	White British – 6,387 (85%) White Other – 216 (3%) Black British – 162 (2%) Asian Indian – 63 (1%) Asian Pakistani – 47 (1%) Asian Bangladeshi – 21 (0%) Mixed – 48 (1%) Other Asian – 17 (0%) Black Caribbean – 112 (1%) Other Black – 48 (1%) Chinese – 1 (0%) Other Ethnic Group – 49 (1%) Asian British – 12 (0%) Unknown/Refused – 12 (0%)

Figure 5.5: Programme Outputs

Programme	Outputs
West Midlands	There were no specific outputs for this programme. This has been amended for the fourth cohort that recently enrolled on the programme. This group will now be required to complete a service improvement project and present the outcomes of this at the final one-day session.
East Midlands	<p>Each participant was required to lead on at least one area of service improvement, completing a specific research project and disseminating this through appropriate channels. Projects were focused on the following areas: Promoting the use of the CAMHS Cultural Competence Self Assessment Tool; Developing and Facilitating the East Midlands Tier 4 Clinical Providers Network; Workforce Development including the development of a regional CAMHS workforce group, facilitation of the National Continuous Quality Improvement Framework for CAMHS Education and Training, and Support and Challenge for Targeted Mental Health in Schools; Early Intervention and Prevention including support to partnerships and the facilitation of study sessions to disseminate good practice and facilitate networking; Mapping and Reporting on the Regional Provision of Comprehensive Mental Health Provision for Children with Learning Disabilities and their Families; Mapping Transitions from CAMHS to Adult Mental Health Services; Mapping Existing Early Intervention Provision for Young People (16-18) and their Families; Scoping Regional Participation in CAMHS; Scoping Mental Health Input into Youth Offending Teams and Secure Settings; and Tackling Stigma.</p> <p>The methods of dissemination and the audiences varied for each project.</p>
Yorkshire & Humber	<p>Participants from each cohort were required to undertake individual service improvement projects. Participants used PowerPoint presentations as a means of show-casing their projects and disseminating the key outcomes. These were also posted on the YHIP website as case studies. The primary focus for projects was based on local change around the 10 High Impact Changes which included the following: Parenting Programme –Incredible Years; Reduce Waiting Times of Autistic Clinics Tier 3;Local Protocol to Manage Tier 4 Admissions; Infant Mental Health Project; Improve the Journey of Children and Families with Mental Health Problems; Redesign of the PMHW and Specialist Core CAMHS Referral Process; Development of a Referral Pathway for Children and Young People Demonstrating Externalising Behaviour; Develop a Mechanism between Tier 4 Day Services and Social Care; Redesign and Redefinition of the CAMHS Primary Practitioner Role; Develop Children and Young Peoples Participation within CAMHS; ADHD Multi-agency Referral Pathway; Case Management Processes; Implementation of CAPA; Improving the Reliability and Validity of data; Service Redesign to Reduce Administration Processes; Development of Operational Guidelines for Multi-disciplinary Assessment of ASD.</p>
South West	There were no specific outputs from the Action Learning Set, which was primarily designed as a support mechanism for CAMHS Managers to respond to demand for this. The focus of the programme was developing peer support networks to consider new ways of working, issues of concern in relation to CAMHS, and using reflective practice to identify potential solutions.
North East	<p>The North East Programme was primarily designed to address specific service issues associated with waiting times within the Children's Services Directorate. As such the service improvement project was structured to address the issues that impacted on this. The overarching focus of the project was based around the development of a Workforce Development Plan. Within this each participant was allocated a specific (work-related) area to lead on. The outputs from this process resulted in five 'Product' reports namely: Local Need and Prevalence; Current Staffing Levels and Skills Analysis; Evidenced Based Assessments and Interventions; Teams Population Size and Needs Assessment and Rapid Process Improvement Workshop.</p> <p>A complete analysis report was produced and presented to the DMT and Chief Executive as part of the dissemination process.</p>

Programme	Outputs
Leadership in CAMHS	<p>The Leadership in CAMHS course was designed to focus on improving participant's skills in three specific areas: 1. presenting complex information in a concise way both orally and in written form; 2. leading organisations through times of change; and 3. inspiring and motivating others. By focusing on a particular project of relevance to each individual attendee the course outputs involved participants being better equipped to lead the development of services by being able to: describe the evidence base underpinning child and adolescent mental health, including an ability to outline its limitations; formulate ways of evaluating outcomes in relation to service developments; and analyse a range of leadership styles in relation to a particular project.</p>
NPSLBA	<p>Participants consider leadership styles and understanding of the qualities and skills required for B&A leadership in range of contexts, reflect on own leadership styles, skills, behaviours and values, reflect on the conditions that impact on the learning process, evaluate and evidence the outcomes of work-based activities; develop a theoretical understanding and knowledge of leadership in B&A and how it influences practice and reflect on how the application of the ideas explored in the programme can act as a driver for change. The output from this process is a Portfolio of Evidence illustrating the completion of all study topics selected, its application to cluster group sessions and the application of theory through work-based activities. This results in DCSF Accreditation.</p>

Summary

- The majority of the programmes are small scale and monitoring data collected is therefore limited in scope.
- The data suggests that completion rates are approximately 85-90% indicating a high retention level. This in part, may be due to the delivery methods as previous studies have provided evidence that completion rates are higher for programmes that provide opportunities to interact and share experiences with peers.¹⁰
- The primary reasons for drop-out from programmes are related to the time commitment required and consequent work pressures.
- Equality and diversity considerations must be incorporated into programme monitoring to ensure a diverse leadership workforce.
- Tracking of participants post-completion is not formalised but this would enhance the evidence available and case for sustainability.

ASSESSMENT AND ACCREDITATION

Key Research Questions

- Is the programme accredited? Why/why not?
- If accredited, who is the accrediting body?
- What accreditation do participants receive and what is required to achieve this?
- Are participants assessed against a set of leadership competencies?
If so, how does this assessment occur?
- If non-accredited, does any form of assessment take place?
If so, please provide details?
- What are the strengths and weaknesses of accredited courses?
- What are the strengths and weaknesses of non-accredited courses?
- How successful is the current approach to accreditation? Have any changes been made during the lifetime of the programme? Are there any plans to change the approach in the future?
- Are any mechanisms in place to monitor progress, achievement or areas for further development following completion of the course? If so, please provide details.

¹⁰Singh, H., Reed, C., 2001. *A white paper: achieving success with blended learning* Centra Software.; Kearney, N., 2003. *A model of reasonable costs for e-learning*, Elearningeuropa.info.

Headline Findings

Figure 5.6 provides a comparison between the accreditation status for each of the programmes. Overall, three of the seven programmes are accredited or have this option for learners. Alternatively, they provide recognised certification of completion or have alternative links to an ongoing credit and learning framework through universities.

There is a clear dichotomy between the views of course participants and Service Managers and commissioners in relation to accreditation. 85% of Service Managers (55 respondents) and 86% of commissioners state that it is important or very important that staff attending a leadership course should attend an accredited programme.

Accreditation is considered to be important for a variety of reasons, although most commonly, this relates to credibility, consistency, minimum standards and the internal and external recognition generated by such programmes. It is also perceived that accreditation encourages staff to participate although such a view is not necessarily replicated by learners.

Similarly, 56% of Service Managers (38 respondents) and 50% of commissioners (12) also believe that the development of a single CAMHS competency framework would be useful for the service. However, there was concern about the extent to which such a framework would be adopted and others would require more information before making a judgement. Those that disagreed also suggested that such a framework would further distance CAMHS from other Children's Services when more integration is currently required.

Where accreditation was available for programmes few participants followed this route, mainly due to the time commitment it would require. In contrast, where no accreditation was available, more than half of respondents would have preferred it and wanted the programme to count towards such a learning outcome. Such a finding is consistent with the national evaluation of NPSLBA, which showed that 'participants varied significantly in the importance they attached to accreditation.'

This conflicting data makes it difficult to draw reliable conclusions regarding accreditation – however, it is clearly an important decision-making factor for current leaders within CAMHS services when considering programmes for their staff.

Figure 5.6 Assessment and Accreditation

Programme	Accredited Programme	Optional or Compulsory	Accrediting Body	Accreditation Level	Competency Assessment	Other Assessment
West Midlands	N	Not applicable	Not applicable	Not applicable	360* appraisal conducted prior to commencing the programme but not repeated upon completion.	None to date although the next programme which commences on 12 October will involve a service improvement project the outcomes of which will be presented but not formally assessed
East Midlands	N	N/A	N/A	N/A	N	Research/service improvement projects
Yorkshire & Humber	Y	Optional for cohort 1 and 2 and made compulsory for cohort 3	Teeside University	Masters Level	360* appraisal	Ongoing internal assessment undertaken post training via CPD
South West	N	N/A	N/A	N/A	N	None – programme was a support network and not intended to be accredited formally.
North East	Y	Optional	Teeside University	Masters Level	360* appraisal	N
Leadership in CAMHS	N	Not applicable	UCL	Programme is not accredited but is classed as a UCL short course. These are developed and organised by individual departments and are designed to support continuing professional development and/or recreation and personal development	N	Coursework Project
NPSLBA	This programme is not accredited but does lead to a dcsl certificate which is increasingly recognised by employers and moderation of participant portfolios has increased its credibility. As a localised programme, a number of local authorities have developed alternative approaches to accreditation including city and guilds, the negotiation of an accreditation route with local HEIs to contribute to an applied management degree, and positioning within a leaders for tomorrow pathway.					

Source: GVA, 2010

Summary

- There is inconclusive evidence on the value of accreditation and a conflict in learner, service manager, and commissioner views about this.
- For learners, accreditation is clearly an individual preference and optional status may be the most appropriate in future courses.
- For commissioners and service managers, higher value is placed on accreditation, due to the benefits for service improvements.
- Accreditation or a learning pathway consolidates practice and facilitates service improvements.
- Accreditation may place additional demands on the structure, flexibility, and cost of leadership programmes.

LEARNER IMPACTS AND OUTCOMES

Key Research Questions

- What do you feel you gained from attending? Did you achieve your objectives?
- Do you feel more or less confident in your ability to lead?
- Has your leadership style changed? If so, how?
- What value do you feel has been added to the service you work in?
- Can you provide any tangible examples of where improvements have occurred directly as a consequence participating in the programme?
- Have you received any feedback from your manager(s) or colleagues?
- Have you provided any formal feedback to you manager/colleagues?
- Do you feel equipped to respond effectively to the new and emerging challenges within CAMHS, the emotional health and wellbeing, and broader children, young people and families' agenda?
- Have you undertaken any further leadership development activities or do you plan to in the future?
- Would you recommend the programme to others?

Headline Findings

Course participants report that the main reasons for wanting to complete the programme included: 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.

At the outset the general theme was that participants felt under some pressure' and expressed uncertainty with regards to how to fit in the demands of the programme with workload/personal commitments:

"I was 'home grown' in the service and had been in the team since 1991. For me, joining the programme was about getting more 'external challenge'."

"I felt isolated and uncertain. In effect I had three jobs, and didn't feel capable of doing them well. In particular I was uncomfortable with myself in the role of manager"

"I couldn't see the wood for the trees when I started – so I felt quite stressed and overloaded"

Participant A is a Registered Mental Health Nurse who has worked within specialist CAMHS services for more than 15 years. They have participated in the East Midlands Fellowship Programme since it commenced in 2005 and have delivered a range of service improvement projects during this time.

Service improvement projects were initially focused on supporting CAMHS Commissioners to develop a greater understanding of CAMHS and therefore enable them to commission more effective and appropriate services. Additional pieces of work have focused upon the Choice and Partnership Approach, delivering equality and reducing waiting lists.

Participant A progressed in their role as a Fellow from supporting services within one sub-region, to supporting services across the East Midlands. By leading on key areas of national service improvement, including New Ways of Working, Workforce Planning Tool and Core Functions in Specialist CAMHS, Participant B has ensured that service users in the East Midlands are gaining benefit from a series of new and emerging areas of service improvement.

In terms of personal and professional development, Participant A believes that the Fellowship Programme has provided them with opportunities that would not have otherwise been created, specifically the opportunity to lead the development of CAMHS services at a regional and national level, without taking on senior level management responsibility.

A number of programme participants referenced the difficulties of progressing from clinical roles into management positions and the lack of support that existed to facilitate this process. Anecdotal evidence from one-to-one interviews suggest that while a number had been offered basic management training relating to practical issues such as HR, very few had been offered specific support to understand and address the leadership requirements that accompanied their new role.

In addition, a number of those interviewed also highlighted the difficulties associated with career progressions and structured pathways within CAMHS, with one participant stating that “getting a job in CAMHS or progressing to a more senior role is always a case of filling a dead man’s shoes.” This was supported by several service managers who stated that they often try to create new positions within their teams in order to retain talented members of staff.

A related theme amongst interviewees was the desire to progress into a leadership role whilst retaining clinical responsibilities. It was suggested that further recognition of the leadership role played by senior clinicians is required and that the composition and structure of CAMHS services may need to alter to reflect this.

The reasons for completing the programme are therefore key motivational factors and the majority of learners report that they had achieved these objectives. However, the impact on confidence, aspirations and career development are often very personalised stories of progression and it is difficult to generalise regarding the overall impacts.

Consultation with programme participants reinforced the value of leadership development programmes in terms of reinforcing their career choice as a leader or manager within a CAMHS service. Programmes support improved confidence to lead effectively and improve services through the practical tools and methodologies developed.

“I have learnt leadership skills I can use on a daily basis. It has increased my confidence to have a go, and given me a good sense of emotional intelligence”

“I have enhanced my technical skills. We have also worked on service flow, benchmarking. I got good insights from the MBTI”

“The 360 degree assessment told me about my style I have also learned so much about CAMHS and the things that are going on in the service through the networking. It is not just interesting – it gives you perspective and understanding too!”

Leadership programmes develop the skills to enable leaders to motivate other staff within the service. However, these programmes clearly delineate the boundaries between the clinical and management competencies required and may contribute to a problem of working in silos and tensions between these two areas of a service.

The focus of CAMHS specific programmes also generates improved awareness of strategic policy, how it can be implemented, and good practice delivery models from elsewhere through the networking opportunities that arise. While there is positive feedback on CAMHS specific courses, there is also a danger that this intensifies protectionism of the service and working as an individual service rather than in partnership to improve delivery of outcomes for children and young people.

The leadership programmes have generated clear professional progression outcomes for participants. 81% (29 respondents) of those completing the survey of participants had management responsibilities at the time of applying for the programme and this involved an element of leadership. Of these:

- 8 respondents have progressed into a more senior role since involvement;
- 4 of these stated that the programme had a reasonable or significant impact in supporting them to attain this more senior role;
- 24 have taken on increased leadership responsibilities since participating;
- 19 of these stated that the programme had a reasonable or significant impact on this; and
- 30 (84%) are more or significantly more confident in their ability to lead, with the remainder reporting no change.

This demonstrates the significant impacts of these programmes and how staff progression can be attributed to developing participants' abilities as leaders. More than half of learners believe the programme had an impact on their progression, as illustrated above. The fact that 94% would recommend the programme to others further reinforces the success of all programmes.

However, Service Managers report that their assessment of impact of leadership development methods on staff is very limited. This is supported by the lack of available monitoring data and is evidence for the further development of such processes in the future. While course participants are positive about their participation, translating the learning back into the workplace is clearly more problematic. This also provides rationale for the development of a framework against which staff can be assessed on an ongoing basis and the impact of this type of programme more effectively measured.

Summary

- The CAMHS specific programmes were a key factor in encouraging learners to participate.
- There is a commitment to the delivery of service improvements for the benefit of service users amongst leaders.
- Significant evidence exists that programmes have led to the career progression of leaders within CAMHS.
- Hard and soft outcomes are generated for programme participants and these are often very personalised stories of progress.
- Assessment of the impact of programmes on leaders within a service following participation is a key gap.

ORGANISATIONAL IMPACTS AND OUTCOMES

Key Research Questions

- What are the primary ways in which organisations benefit from an individual participating in the programme?
- What aspects or elements of the organisation/service have improved following participation in the programme?
- How has participation in the programme affected relationships both within the service and with external partners?
- Can you provide any tangible examples of where improvements have occurred directly as a consequence of participating in the programme?

Headline Findings

Commissioners and Service Managers when asked about significant barriers to developing effective leaders in CAMHS Services identified a number of factors including: a lack of time to devote to specific leadership training, staff reluctance to take on leadership roles, a lack of funding, lack of awareness of leadership skills required, lack of parity between management and those with advanced clinical skills and the respective effects on children and young people.

Commissioners also state that a lack of accountability for delivering outputs and outcomes is a barrier to developing effective leaders with the skills to drive the CAMHS service forward. However, commissioners must also be responsible for understanding the outcomes they require delivery of and undertake regular review to ensure that this is effective and being achieved. This is significant when it is considered that commissioner confidence will be increasingly important to the future of CAMHS services and highlights a need to incorporate this level of accountability and competency in reporting outputs and outcomes within services.

These barriers to developing effective leaders can create negative effects for the services they represent. The time taken to complete a leadership programme reduces the resources available for frontline service delivery and can impact upon the achievement of targets and outcomes. Similarly, budgetary requirements are a key concern and can only intensify in the future given the current fiscal position.

However, the positive outcomes of leadership development for learners' organisations clearly outweigh these largely practical and logistical impacts with 81% of learners stating that completing the leadership development programme has created benefits for their service.

Improved dialogue between the workforce and organisational teams is a key outcome and enables the delivery of improved services. Innovation and transfer of best practice are also important and leaders report increased confidence in piloting and implementing new approaches to service delivery.

"I believe that my involvement within the fellowship programme put my CAMHS on the map within the region, as well as us learning from other services and contributing to their development. There have been so many improvements within the service due to me being a conduit of information."

"It raised confidence to demonstrate the value of patient participation."

"The service improvement project undertaken as part of the programme is still underway. It has raised the profile of the service we offer to eating disorder clients and as a consequence it has already developed significantly."

Participant B is the manager of a targeted mental health project. They secured their current role as a consequence of project management skills and had no prior experience of working in mental health. Participant B applied for a place on the West Midlands Leadership Development Programme in the hope that it would provide them with a greater understanding of working within, and leading, the CAMHS workforce.

Having previously facilitated leadership and management training for those working in the adult care sector Participant B did not expect to learn significant amounts about leadership but was proven wrong. In addition to developing a greater understanding of CAMHS, Participant B felt that their leadership skills were enhanced by attending the course as it adopted a different approach to previous programmes

A key outcome for Participant B was a better understanding of the attitudes and approaches of those delivering frontline services, particularly in terms of attitudes to monitoring and achieving targets.

Since completing the programme Participant B has been tasked with implementing a range of service improvement projects, most notably the Creating Capable Teams Approach. They believe that completing the leadership development programme has played a key role in being selected as a pilot site and has enabled the effective delivery of these improvements, thereby generating improved outcomes and experiences for service users.

Service improvements, and specific projects designed to facilitate them, are a key outcome. Leaders are able to design and deliver these projects and are confident in doing so, with clear objectives for the teams that they lead. In one case, a leader was able to reduce the waiting time for consultation and diagnosis through the application of specific techniques developed during participation in the programme.

“I am more confident, and I assert more on behalf of the team. LEA has helped to increase my focus – more production and more direction.”

“It’s about clarity of expectations – and doing more collaborative working. We have upskilled the team through the project and run a smoother project.”

“Benefits have come from the project. We have better service definition; it is more streamlined. Everyone works differently, but have learnt how we can work together.”

“The service I manage is now more efficient and business focussed. I also put more time into planning than I did before. I can fight my corner better now!”

“The programme has been instrumental in bringing together the skill base of individuals, building ‘team skills’, developing commitment, transparency and honesty between senior management and operational staff. Teams are now better prepared and more confident in addressing the issues surrounding service transformation and standardisation.”

Summary

- It is clear that significant organisational benefits are generated by leadership programmes in terms of service improvements.
- Innovation and knowledge transfer are important outcomes of the networking opportunities that leadership programmes provide.
- Leaders within CAMHS need to become more accountable for service outcomes to ensure skills developed are practically applied.
- The time commitment required can have a negative organisational impact and there is a limited budget for participation.

SERVICE USER IMPACTS AND OUTCOMES

Key Research Questions

- What are the primary ways in which service users benefit from an individual participating in the programme?
- Can you provide any tangible examples of where service users have benefited directly as a consequence of an individual participating in the programme?

Headline Findings

Service improvement projects developed by potential leaders underpin the outcomes for service users. Improved leadership bring benefits to the organisational and management of the service and the positive impacts highlighted in these areas cascade to service users.

81% of programme participants believe that their involvement and completion of the course has brought about benefits for the service in which they work. The most significant benefits, according to learners, are for service users, and this is important evidence of the motivation for leaders to complete programmes and improve service users' experiences of the service that they deliver.

Tangible evidence of service user impacts provides real life insights into how CAMHS leaders have driven improvements in delivery. Therefore, this has been illustrated through the short case studies below, which provide a snapshot of what can be achieved through leadership development.

One Service Manager reported that through the programme, team managers have been better able to focus and respond to service needs and priorities. The benefits to service users have therefore been improved service efficiency and access. There has been a notable decrease in waiting times from an average of 26 weeks to 4-6 weeks. Whilst it is acknowledged that other factors may be involved, it is believed that the programme has had a substantial impact in reducing waiting time periods.

"We supported the development of Infant Mental Health Worker in Sure Start in Leicester, when other staff in specialist CAMHS did not see this as a priority, based on my confidence that this new way of working had precedents in other services, and did fulfil a need, this post in turn liaised with adult mental health, allowing us to educate staff in the adult service about the Think Family initiatives."

"Groupwork provision, linked with joint working with the youth service allowed us to develop treatment options for teens in age appropriate venues, and moved CAMHS away from its traditional clinic based practice."

"The primary objective of being on the fellowship for me was always to improve provisions for service users and their families. Some of the areas that I have mentioned were all developed to improve the quality of provision. Also service users and their families are more of an integral part of any service developments within the region."

“Implementing the Choice and Partnership approach benefited everyone. Waiting times moved from 2 years to 8 weeks... 95% of clients were seen in the community. The team moved from a clinic sector to a community schools. A community service was set up where clients self-referred. Young people were involved in all staff interviews.”

Summary

- CAMHS leadership programmes generate indirect outcomes for service users as they are the ultimate beneficiaries of any improvements to services.

COMPLEMENTARITY

Key Research Questions

- How do you ensure that the focus of the course and materials used complement and are relevant to the daily experience of leaders within CAMHS/BESD?
- Does the programme fit within/complement existing CPD approaches within the CAMHS/BESD workforce?

Headline Findings

The evaluation has shown that the delivery of CAMHS specific courses, especially those that are localised or regionalised, is extremely important and valued by both programme participants and Service Managers.

The NPSLBA programme is the only programme that is more generic, yet has significant qualities and large numbers of participants from cross-disciplinary backgrounds. This may encourage partnership working and knowledge transfer. Alternatively, while the UCL course is specific to CAMHS, as a national programme, its content is more generic and not specific to particular services. Nonetheless, this course can play an important role in standardisation of approach and competencies.

50% (34 respondents) of Service Managers preferred CAMHS specific leadership course compared to other types of leadership programmes including those that are generic or targeted at the children and young people's workforce. Service Managers believe that this ensures skills and techniques are directly applied to the service and day-to-day activities.

56% (38) of Service Managers also stated that development of a single CAMHS specific leadership course would be useful for their service and staff working within it. This was due to the fact that it would generate specific rather than generic leadership skills and therefore enhance service delivery. Managers would wish to see further detail before making a judgement on the benefits of a specific singular course.

CAMHS specific leadership programmes enable a focus of activities on the daily experience of CAMHS leaders and the delivery of appropriate subject matter that adds significant value to existing CPD approaches. Team-based activities are popular as they are highly relevant to the team-based approach and daily experience of a CAMHS service. Action learning is also important as it allows a focus on learners' own experiences and issues.

Commissioners report a different view in relation to CAMHS specific courses – while 46% (11) believe that the development of a single CAMHS leadership programme would be useful, 59% (14) prefer generic leadership courses for the children and young people's workforce. This may be related to the fact that it is rare for a commissioner to focus solely on CAMHS, which forms a small part of their portfolio.

In the West Midlands, the programme has had to broaden to provide services for the children's and young people's workforce to secure further funding. This is a valid approach by commissioners as it highlights the potential benefits that may accrue from cross-working between different professional groups. It would also improve partnership delivery by providers and may reduce the costs associated with leadership development through economies of scale and scope.

Summary

- CAMHS specific courses are highly valued by Service Managers and participants but there is a danger that this leads to working as an individual service rather than developing effective partnerships. Course participants highlighted the fact that they wanted to complete the programme to meet leaders and managers from CAMHS partner programmes but rated programmes relatively poorly in terms of actually facilitating those relationships.
- There are clear benefits to the development of a single CAMHS leadership course to standardise competencies and outcomes.
- Commissioners do not demonstrate a preference for specific courses and this may be a key consideration for future funding.
- The design of generic programmes may reduce costs and improve cross-disciplinary working amongst CAMHS leaders.

VALUE FOR MONEY AND FINANCIAL ASSESSMENT

Key Research Questions

- Can you provide either a full or partial breakdown of costs associated with delivering the programme?
- How is the course funded?
- Do learners make a contribution? If so, is this a personal contribution or funded by their employer?
- Do you have a single unit cost for the programme or unit cost per module or learner?
- What factors were taken into account when establishing the budget for this programme?
- Do you have any systems in place to measure or assess the value generated by the programme?
- Do you feel the programme offers good value for money, particularly in the context of reduced public sector spending? Why/why not?
- Are there any opportunities for reducing the costs associated with delivery of this programme e.g. through scaling up delivery, using alternative delivery formats etc?

Headline Findings

Learners are not liable for the costs of programmes and in the majority of cases, the NCSS national and regional funding available has enabled them to participate. This is an important finding as funding would present a barrier to the participation of many leaders. 48% considered that the costs of the programme were reasonable however 48% were unable to make an assessment. Participants who stated that the course offered value for money did so for the following reasons:

- “I made some really good changes in the service I commissioned”
- “The experience I gained whilst on the fellowship programme was invaluable to our local CAMHS and to myself professionally. I do not believe that I would have been exposed to such learning had I not been a member of the fellowship”
- “Content and delivery of the course was such that it had an immediate impact on practice within a short time scale”
- For those who were unable to make an assessment of value for money, this mainly related to the fact that the course was funded by NCSS or their employer and they were unaware of the extent of the costs incurred.

In terms of employer contribution, this was only required for two programmes – however, the opportunity costs of releasing staff to participate are significant and must not be overlooked. 43% (31) of Service Managers have a training budget compared to 42% (30) that do not; however, this is generally 3% or less of the service’s annual budget where available.

Commitment to the development of leadership skills is therefore clearly present amongst CAMHS services. However, the extent to which the costs can be absorbed in a climate of austerity is a significant unknown and may affect the ability for delivery of future courses. The closure of NCSS is the strongest evidence of this and its role in providing funding for this type of activity will need to be accepted by other bodies to ensure that leadership development can continue and meet the need and demand that evidently exists.

Assessing this from a value for money perspective is challenging. Comparing costs of the CAMHS Programmes under evaluation with mainstream leadership courses is sub-optimal as their cost structures differ greatly. This issue is underlined by academic research which consistently highlights the difficulty in collating detailed or comprehensive information about leadership development interventions to inform benchmarking analysis due to the proprietary nature of this information and the reluctance of providers to share it.

Another issue is the fact that pricing and the detail of what is being offered varies greatly between providers, types of provision or product, and is also subject to rapid change. This is certainly true of the programmes that have been subject to evaluation in this study but this must be considered in the context of what the programme is delivering and the fact that this money is being directly reinvested in services to provide clinical cover for the time that participants are out of the workplace.

For this reason it is very difficult to make a direct comparison of costs and an estimation of value for money. However, as a proxy, our research indicates that the costs are broadly considered to represent good value for money by learners and Service Managers. In one instance a Service Manager who attended a leadership development programme claimed that, if necessary, they would be happy to make a contribution from their own service budget to enable other members of the team to attend.

It is difficult to place a monetary value on the outputs generated as a consequence of commissioning leadership development programmes using the data available. However, a stand-out feature of several programmes is the number of service improvement projects that have been delivered. While it cannot be definitively claimed that these service improvement projects would not have occurred without the leadership development programme to which they were linked, it is reasonable to assume that due to limited capacity and pressures in the workplace that an equivalent number of service improvement projects would not have occurred in the absence of such programmes.

This therefore suggests that the greatest value is likely to be generated (and the amount of deadweight minimised) when leadership development programmes are designed to address specific challenges identified within local service delivery.

In terms of personal development, the cost is typically less than the cost of funding participants to complete diplomas, degrees or post-graduate leadership courses that may last for one or more years and involve the employee spending a significant period of time out of the workplace, often with no guarantees of organisational benefit. In addition, the programmes can be considered to have proven effectiveness with 67% of learners claiming to have taken on an increased leadership role since completing the leadership development programme and over half directly attributing this progression to the programme they attended.

In the development of future provision, the economies of scale and scope that can be generated by CAMHS specific as opposed to generic leadership courses, and their respective outcomes, must therefore be a consideration. It will also be important to introduce more robust measures of the outcomes generated by leadership development programmes and, where possible, seek to attribute a financial value to these.

Participant C attended the Leadership in CAMHS course in 2008-09. His place was paid for by his Foundation Trust. He was keen to attend as it was a management programme which was specifically relevant to CAMHS and it was particularly pertinent as he was working with an eating disorder project at the time of his attendance. The application process was straightforward and he could identify no barriers to his attending the course. He had previously attended a general leadership course whilst a specialist registrar.

Participant C hoped that the Leadership Programme would enable him to become more aware of how to achieve things in a CAMHS network and improve his understanding of how he could achieve positive objectives and outcomes for young people he worked with; particularly in relation to the eating disorder project he was working on at the time of his attendance. He believed the course met those objectives.

Participant C enjoyed the course. He felt it was well delivered with useful and effective course delivery techniques and materials. He particularly enjoyed learning about how to use and translate evidence-based approaches to deliver outcomes that were effective and linked to objectives. The participant felt that accreditation would have been nice but it was a prerequisite for his attendance and he didn't consider it massively important.

Participant C felt that the course had impacted positively on his style of leadership. He stated that he had learned a lot from the mixture of people on the course from different agencies and backgrounds. For example, this interaction has enabled him to relate to other agencies and organisations. He has stayed in touch with some of the network that he established during the course; for example, one of the Programme Directors has since given a presentation to a multi-agency audience about the benefits of cross-working and how to make this happen using an evidence-based approach.

Participant C would definitely recommend the programme to others.

Figure 5.7: Financial Information

Programme	Funding Source	Learner/Employer Contribution
West Midlands	Years 1 and 2 funded by CSIP. Year 3 funded by West Midlands Regional Development Centre	No direct financial contribution but employer must absorb the costs of releasing the participant for six days, in the form of reduced capacity within the team. There are also nominal costs linked to travel
East Midlands	East Midlands NCSS	None. Where an individual is in full time employment the honorarium payment is paid to the employer to enable cover to be provided
Yorkshire & Humber	Yr 1 – NIMHE and NCSS. Yr 2 – NIMHE. Yr 3 – YHIP bid for programme funding.	No direct financial contribution
South West	NCSS Programme funding	No
North East	Internal Corporate funding	Entirely employer funded
Leadership in CAMHS	Internal Corporate funding	Entirely employer funded
NPSLBA	DCSF	TBC

Source: GVA, 2010

Summary

- The availability of funding from NCSS and the provision of employer contribution in terms of opportunity cost is an important facilitator.
- The availability of funding and staff release demonstrates the commitment to developing leadership skills for the CAMHS workforce.
- Austerity may limit the extent to which this type of programme can be delivered in the future and the design of future leadership programmes will need to respond to this through innovative approaches.

SUSTAINABILITY

Key Research Questions

- To what extent are the impacts of the programme sustained in the long-term? How is this impact assessed and by what mechanisms?
- Is there anything in place to support the continued development of individual leaders following the completion of the programme?
- Are there plans for the programme to continue? Why/why not?
- If the programme is due to continue who is the primary funder and for how long is funding secure?
- How would you like the programme to develop?
- Are there any opportunities for integrating the programme with other programmes and/or existing mainstream provision?
- Headline Findings

Generally, amongst the programmes that have been evaluated, there is no clear strategy for their sustainability or ongoing delivery. This partially relates to the ad hoc and localised nature of the programmes – if developed in a short timescale or to address an immediate or very localised need, sustainability may not be at the forefront of deliverers' thinking.

A one-off approach to generating sustainability of programmes is particularly apparent amongst the localised and regional programmes as compared to those delivered at national level. NCSS funded programmes are unlikely to be sustainable post-March 2011 when the organisation is closed and funding ends. Therefore, where success has been demonstrated by this evaluation, immediate attention must turn to the development of robust forward strategies.

Examples of existing approaches to sustainability are limited. The North East programme was designed to meet a very specific local need but consideration is currently being given to explore the potential for 'selling out' the programme to other services, in order to meet identified needs and fund its expansion and further delivery. In the West Midlands, one of the Action Learning Sets has continued on an informal basis with the support of individual participants' Service Managers and the South West is considering the development of a 'virtual' support function to enable continuation of the Action Learning Set. This is an excellent example of the value of leadership programmes in generating new networks and bringing about knowledge transfer.

The NPSBLA Programme is a specific example where sustainability is fragmented by its very nature as a national programme reliant on regional and local delivery models. Withdrawal of the National Strategies contract in March 2011 means that it will rely on Local Leads to sustain the programme and the extent of its sustainability will therefore vary by area. While there is commitment to do so, capacity may be constrained and School Partnerships will play a key role in its commissioning. Therefore, as a more generic leadership programme, this will require compelling evidence of value for money to convince local commissioners of its merits.

Despite the issues faced by programmes in relation to their sustainability, the evaluation has demonstrated an ongoing and significant need and demand for further leadership development for the CAMHS workforce. However, there is limited tracking of participants and their pathways and this limits the evidence of the ongoing impacts and the case for sustainability – informal tracking as delivered is far less reliable.

Commissioners will be central to the future of leadership training for CAMHS services. 75% are taking action to address skills gaps in leadership, which mainly involves monthly action-focused meetings. However, currently 89% (24) have not been involved in commissioning any leadership training and only 54% (15) state that this is a priority for them as a commissioner.

More positively, 46% (11) believe development of single CAMHS leadership programme would be useful but there is no consensus on whether funding would be provided. Demonstrating the impacts of these programmes to commissioners and other funders will therefore be crucial to their future sustainability.

It will be important to distinguish between the two roles that Commissioners have as considering the leadership capabilities of CAMHS staff within the services they are commissioning and their own leadership role within the delivery of CAMHS services.

Summary

- There is a lack of strategic direction regarding the sustainability of leadership programmes and this is a key gap in activity.
- NCSS has provided significant leadership and funding and the announcement of its closure requires a change in thinking in localities as to how it will promote and develop CAMHS leaders in the future.
- There is need and demand for leadership provision for the CAMHS workforce and longer-term tracking of the outcomes for participants would be beneficial in future programme delivery
- Commissioner priorities will be the ultimate driver of future activity in this area and robust evidence will be required to attract funding in a climate of austerity and uncertainty – however, effective leadership is required to ensure the outcomes-driven services and activity required for the ultimate benefit of children and young people.

Figure 5.8: Programme Sustainability

Programme	Participant Tracking	Sustainability Strategy	Future Delivery Plan	Future Funding
West Midlands	None	No formal sustainability strategy in place.	Funding for 2010/2011 programme has been secured and delivery is due to commence shortly. Delivery plans beyond 2010/2011 are uncertain.	Uncertain. The funding for 2010/2011 was secured only by broadening the target group to encompass all of the children and young people's workforce. It is therefore no longer a CAMHS specific programme.
East Midlands	No formal participant tracking but programme team have awareness of participant destinations as most of those that have completed the programme have remained working within the region. The majority have progressed into more senior management and leadership positions.	No sustainability strategy in place and no plans to develop one	No plans for future delivery following the end of NCSS programme funding in March 2011.	The programme is an integral element of the East Midlands NCSS Programme. It is therefore not simply a question of sourcing alternative funding but of finding appropriate host organisations with the ability to offer participants opportunities to work in a similar role with the necessary exposure, provide them with support from appropriately skilled individuals and coordinate the overarching process.
Yorkshire & Humber	None	No formal plan, but sustainability is derived from continued relevance to participants work role, progression to Tier 2 leadership courses of full masters course. On individual basis availability of mentor and regional support.	Deemed still to be valid for managing talent, promoting clinical engagement and mentoring of existing leaders, but no formal plan established due to lack of funding.	No funding available.
South West	None	No formal strategy in place due to current uncertainties regarding the future of CAMHS.	The last Action Learning Set is scheduled for January 2011. There is interest in some form of support mechanism to continue and initial ideas have been discussed such as a 'virtual' support function through a chat room or electronic discussion forum.	No funding available.

Programme	Participant Tracking	Sustainability Strategy	Future Delivery Plan	Future Funding
North East	None	No formal strategy, but sustainability is being addressed internally, as part of the approach to meet service objectives and continued team development arrangements.	Programme modified to appeal to wider audience with option to 'sell' programme to other organisations.	No funding available.
Leadership in CAMHS	No formal tracking procedure in place, however, course participants have remained in contact with the Course leaders and a number of participants cited the networking and professional contacts made as a key success factor of the course.	No formal sustainability strategy in place.	No future delivery plans in place although Course Directors would be keen to run another programme if funding became available. Courses were over subscribed so demand wouldn't be a problem.	No funding available.
NPSLBA	None	Limited	Limited	Reliant on localised commissioner priorities.

Source: GVA, 2010

6. COMPETENCY DEVELOPMENT

The evaluation has shown that the development of a single CAMHS competency framework and/or specific leadership course could be a potential outcome of this work. We have therefore undertaken specific analysis in relation to competencies to inform thinking regarding this.

If a CAMHS Competency Framework is considered to be appropriate, it will be important for the lead agency to establish responsibilities for the ownership and assessment against the competencies it contains. While this will be the responsibility of course providers and services, there will be a need for a centralised system of moderation and quality assurance.

In the surveys, Service Managers and Commissioners were asked what specific competencies are required of CAMHS leaders from a list provided. The results of this exercise are illustrated in Figures 6.1 and 6.2. This shows that the majority of competencies provided were considered to be important by more than 80% of respondents. It should be noted that though some of the competencies listed are additional, the majority appear within the NHS Leadership Qualities Framework¹². The level of importance placed upon these competencies by Service Managers and Commissioners therefore demonstrates the relevance of this framework to the CAMHS workforce

Where a competency is considered to be required by more than 90% of respondents we have highlighted these. This shows that Service Managers believe a greater number of key competencies are required, compared to commissioners. It also enables the commonalities to be identified between Service Managers and Commissioners in terms of key competencies.

A significant number of additional competencies identified included: developing and sustaining partnerships; working in a multi-disciplinary context with conflicting demands and targets; engaging communities and service users; emotional intelligence and resilience; risk management; time management; resources versus demand management; and gearing to a child and family rather than an adult model of service provision.

This initial analysis of key competencies for leaders within the CAMHS workforce will be an important driver in informing the next steps for this commission. The importance placed upon the NHS LQF competencies demonstrates that the requirements of leaders within CAMHS are similar to those in other fields. However, the range of additional competencies identified, including working in a multi-disciplinary context, emotional intelligence and resilience, and working in a child and family context, provides evidence to support the assertion that there are unique requirements for leaders in CAMHS. This therefore lends weight to the argument for CAMHS specific leadership development programmes, albeit one's that build on existing NHS leadership theory and competencies.

¹² <http://www.nhsleadershipqualities.nhs.uk/>

Figure 6.1: Leadership Competencies Required: Service Managers

Competency	% Response
Ability to think and plan at a strategic level	97.0%
Make decisions	97.0%
Develop and empower others	93.9%
Act with integrity	93.9%
Develop networks	93.9%
Ability to articulate organisational vision and values to team members	93.9%
Manage resources	93.9%
Manage performance	93.9%
Critical evaluation of the outcomes generated by CAMHS services	93.9%
Evaluate impact	93.9%
Political astuteness	90.9%
Continue your personal development	87.9%
Intellectual flexibility	87.9%
Build and maintain relationships	87.9%
Critical evaluation of the outcome generated by service improvements	87.9%
Critical evaluation of value for money offered by approaches to service delivery and service improvements	87.9%
Apply knowledge and evidence	87.9%
Manage yourself	84.8%
Implement effective safeguarding measures	84.8%
Encourage improvement and innovation	84.8%
Leading people through change	84.8%
Work within teams	81.8%
Ability to develop effective models of evidence based practice	81.8%
Effective and strategic influencing	81.8%
Facilitate transformation	81.8%
Encourage contribution	78.8%
Manage people	78.8%
Identify the contexts for change	78.8%

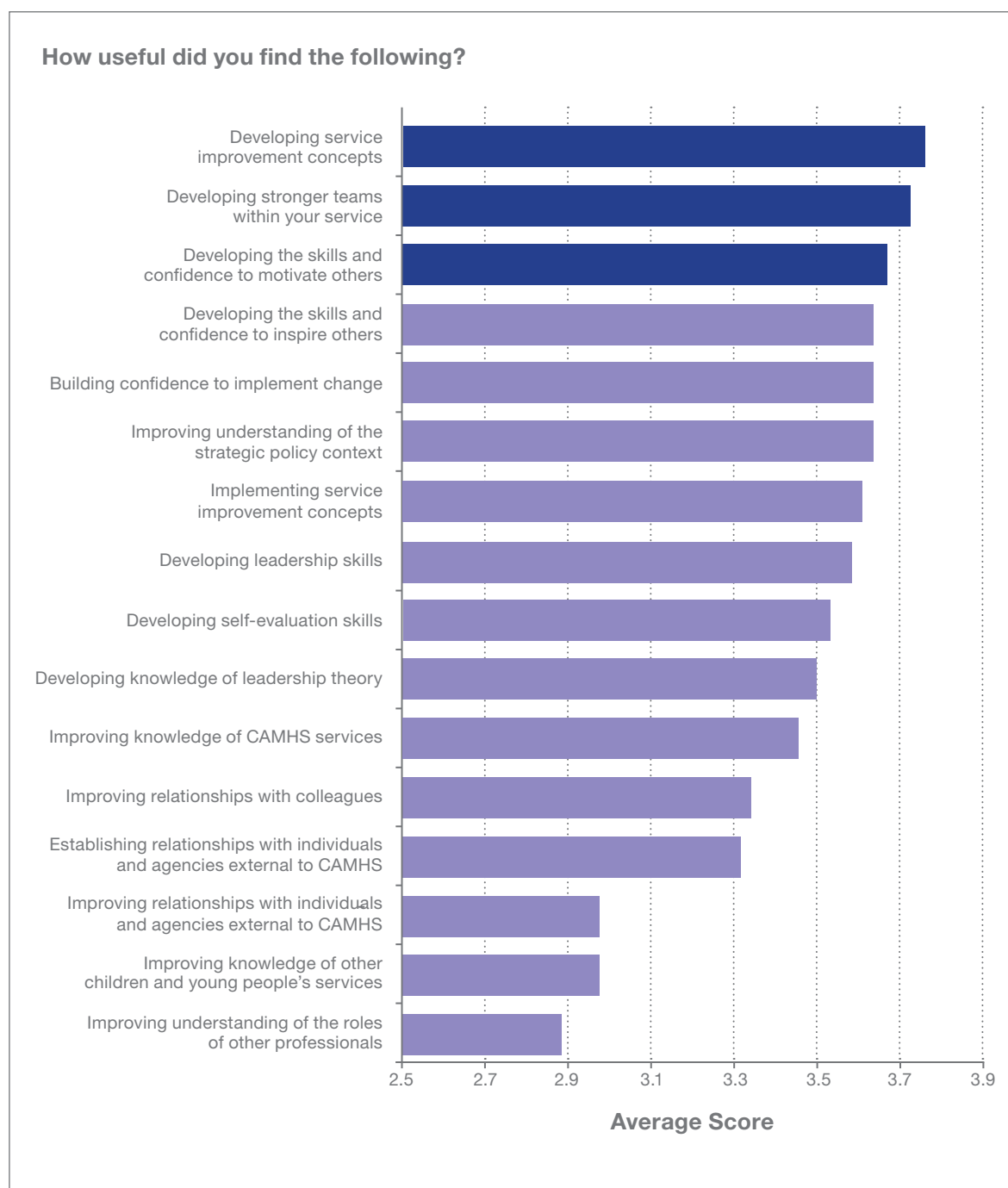
Source: GVA, 2010

Figure 6.2: Leadership Competencies Required: Commissioners

Competency	% Response
Develop and empower others	100.0%
Manage yourself	97.5%
Act with integrity	97.5%
Ability to articulate organisational vision and values to team members	97.5%
Make decisions	97.5%
Develop networks	96.3%
Build and maintain relationships	96.3%
Encourage improvement and innovation	96.3%
Encourage contribution	95.1%
Manage people	95.1%
Manage resources	93.8%
Leading people through change	93.8%
Continue your personal development	92.6%
Ability to think and plan at a strategic level	92.6%
Manage performance	92.6%
Implement effective safeguarding measures	91.4%
Apply knowledge and evidence	91.4%
Critical evaluation of the outcomes generated by CAMHS services	90.1%
Intellectual flexibility	88.9%
Work within teams	88.9%
Facilitate transformation	88.9%
Evaluate impact	88.9%
Effective and strategic influencing	87.7%
Political astuteness	86.4%
Ability to develop effective models of evidence based practice	86.4%
Identify the contexts for change	86.4%
Critical evaluation of the outcome generated by service improvements	85.2%
Critical evaluation of value for money offered by approaches to service delivery and service improvements	85.2%

Source: GVA Grimley, 2010

Figure 6.3: Learners: Usefulness of the Programme



Source: GVA, 2010




Figure 6.3 illustrates how useful learners found leadership programmes in terms of a number of key areas that relate significantly to competency development. Learners were asked to rate how useful they found the programme in terms of developing specific competencies on a 1-5 scale where 1 was not at all useful and 5 was very useful. An analysis of the average scores highlights that key areas leadership programmes supported include: developing and implementing service improvements; team development skills; and developing skills and confidence to motivate and inspire others. If leadership programmes can be considered strong in these areas, then their implementation within a competency framework will be of importance.

Figure 6.4 illustrates how confident individual participants were in particular competencies following their participation in a leadership development programme. While the programmes improved confidence in a number of competencies, there were also a significant number of areas where participants reported no significant change. It will be important in the development of any competency framework to both build on the areas that programmes are currently delivering well against, but to also develop areas of competency where no change is currently reported to ensure these skills are present within the workforce.

Figure 6.4: Learners: Confidence in Competencies Post-Programme

Answer Options	More Confident	Less Confident	No Change
Manage yourself	78%	0%	22%
Continue your personal development	78%	0%	22%
Develop and empower others	94%	0%	6%
Act with integrity	53%	0%	47%
Intellectual flexibility	61%	3%	36%
Political astuteness	69%	3%	28%
Develop networks	50%	0%	50%
Build and maintain relationships	47%	0%	53%
Encourage contribution	64%	3%	33%
Work within teams	53%	0%	47%
Think and plan at a strategic level	75%	3%	22%
Articulate organisational vision and values to team members	86%	3%	11%
Manage resources	61%	0%	39%
Manage people	53%	0%	47%
Manage performance	50%	3%	47%
Implement effective safeguarding measures	31%	0%	69%
Gather data and critically evaluate	58%	0%	42%
Encourage improvement and innovation	81%	3%	17%
Effective and strategic influencing	75%	3%	22%
Facilitate transformation	81%	3%	17%
Leading people through change	75%	3%	22%
Identify the contexts for change	69%	3%	28%
Apply knowledge and evidence	53%	6%	42%
Make decisions	50%	3%	47%
Improve services	75%	0%	25%
Evaluate impact	58%	3%	39%

Source: GVA, 2010

7. SUMMARY OF FINDINGS AND RECOMMENDATIONS

This section summarises our evaluation findings and presents recommendations against each of the key themes of the evaluation.

NEED, RATIONALE AND EVIDENCE

We would make the following observations in relation to this thematic area:

- 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; for example, the introduction of the CAMHS national targets and the National Service Framework.
- Survey findings have provided strong evidence of need for the programmes curriculum post programme delivery.
- Recommendations in relation to this thematic area include:
- To effectively address the research's findings that the competencies required of CAMHS leaders have changed and continue to change, future leadership programmes should adopt a more formal approach to identifying the most pertinent learning needs.
- A key strength of the local and regional leadership programmes was their bespoke and flexible approach to learning. This approach should be retained.

TARGETING AND GAPS

We would make the following observations in relation to this thematic area:

- 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 most common sources of information were identified as NCSS, RDWs and the local Mental Health Foundation Trust.
- The process for selecting learners was not uniform across the programmes and selection bias was highlighted as a concern where staff were located in close proximity to their RDW.
- Recommendations in relation to this thematic area include:
- Consideration needs to be given from where information will be sourced and who will be the lead agency to facilitate this in the future.
- Clarity of rationale for targeting both course content and attendees should be built into the programme logic during its inception stages.

COURSE DESIGN

We would make the following observations in relation to this thematic area:

- 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.
- Recommendations in relation to this thematic area include:
- Ongoing evaluation of attendees is good practice and should be built into delivery across programmes.
- Partnership working with individuals with CAMHS specific knowledge in course design has proven effective and should be adopted as good practice.
- Establishing an online resource to enable pan-Programme sharing of good practice should be considered in the context of improving efficiency and overall service performance.

COURSE DELIVERY

- We would make the following observations in relation to this thematic area:
- 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

We would make the following observations in relation to this thematic area:

- 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 their 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; lack of management support; and in one case a theoretical difference with the course.
- Currently there is inadequate collection of equality and diversity indicators for existing leadership programmes.
- Recommendations in relation to this thematic area include:
- Monitoring and formal tracking of participants over a short to medium term should be considered as it will inform both the impact of the Programme on individual learners, their colleagues and service users.
- It is critically important that the Programme collects sufficient equality and diversity monitoring data to ensure that the future workforce and its leadership is reflective of the wider population.

ASSESSMENT AND ACCREDITATION

We would make the following observations in relation to this thematic area:

- 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.
- Recommendations in relation to this thematic area include:
- Accreditation should only be pursued where it clearly adds value and does not impede on the ability of the learners to complete the programme or impact on the specificity of the course content.
- Optional accreditation maybe an appropriate mechanism to ensure that where desirable for learners, service managers or commissioners such a route is available.

LEARNER IMPACTS AND OUTCOMES

We would make the following observations in relation to this thematic area:

- 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 factors 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.
- Recommendations in relation to this thematic area include:
- There is a clear need to establish further development of tracking, monitoring and impact measurement processes in the future.

ORGANISATIONAL IMPACTS AND OUTCOMES

We would make the following observations in relation to this thematic area:

- 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.
- Recommendations in relation to this thematic area include:
- The focus of the leadership development programmes must demonstrate synergy with outputs and outcomes of individual services to ensure that leaders and future leaders are more accountable for their delivery and decision making.
- Service improvement projects should underpin the future course content to maximise the outcomes and impacts of skills development amongst leaders.
- Management support for participants in leadership development courses should be implemented to ensure that the impact of their learning is maximised in the workplace.

SERVICE USER IMPACTS AND OUTCOMES

We would make the following observation in relation to this thematic area:

- 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 for service users and this is a key motivating factor that demonstrates their commitment to improved service delivery.

Recommendations in relation to this thematic area include:

- There is potential for leadership development programmes to measure the changes in service performance for users following the implementation of service improvement projects.
- Innovation could be generated by the inclusion of service user perspectives in the design of future leadership programmes.

COMPLEMENTARITY

We would make the following observations in relation to this thematic area:

- 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 advantages and disadvantages of CAMHS specific leadership programmes and those that cater for the wider children and young people's workforce.

Recommendations in relation to this thematic area include:

- There is demonstrable evidence of the value placed on CAMHS specific courses and its benefits for workforce and leadership development. Whilst this would be the preferred route, participation of CAMHS leaders in more generic programmes for the children and young people's workforce may be preferable to commissioners due to the cost savings this could generate.

VALUE FOR MONEY AND FINANCIAL ASSESSMENT

We would make the following observations in relation to this thematic area:

- 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.
- Recommendations in relation to this thematic area include:
- There is an urgent need to identify who will prioritise the development of leaders in this field in the future, and to establish the extent to which funding will be available for leadership development programmes.
- The resolution of this issue will facilitate a clear strategic direction and responsible body for the CAMHS Workforce.
- Future course design should employ innovative approaches to maximise value.

SUSTAINABILITY

We would make the following observations in relation to this thematic area:

- No clear strategy for achieving sustainable programme delivery across the Leadership programmes reviewed, this area must be reviewed in the future.
- 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.

Recommendations in relation to this thematic area include:

- Consideration of sustainability should be assessed at strategic and delivery levels and should be built in to the development of programme design.
- A clear evidence base is required to drive further funding for this type of activity in the current climate and this will be supported by the latent need and demand for leadership development identified through this evaluation.

8. IMPLICATIONS FOR THE FUTURE OF LEADERSHIP DEVELOPMENT

OVERVIEW

A clear outcome of the evaluation is the value placed upon CAMHS specific leadership development programmes, both by previous programme participants and CAMHS Service Managers¹³. Courses of this type are considered to generate greater benefits for both individuals and their service as the skills and techniques learnt are directly applicable to the workplace and the day-to-day activities undertaken.

This is therefore strong evidence for the need to continue to develop CAMHS specific programmes. However, there are a number of factors that impact on the ability of such approaches to progress and suggest further consideration of the optimal mechanisms for delivering improved leadership within CAMHS is required.

WHO WILL LEAD ON LEADERSHIP?

At present, the majority of CAMHS Service Managers and Commissioners seek guidance on leadership development from NCSS, their Regional Development Worker or the local Mental Health Foundation Trust. With the scale of restructuring and change that is currently underway, it is unclear where responsibility for the promotion and strategic oversight of leadership development within the CAMHS workforce will lie. **As a priority, it is therefore essential that an individual, organisation or department takes ownership of this agenda to ensure that leaders within CAMHS services have the skills and capabilities required to successfully lead colleagues through a significant process of change.**

GEOGRAPHICAL CONSIDERATIONS

The government's overarching policy of localism and the introduction of GP Commissioning Consortia raises a series of questions for the future delivery of leadership programmes within CAMHS, particularly in terms of who will be responsible for commissioning such programmes and how they will be targeted.

The evaluation has demonstrated the benefits of developing bespoke courses that reflect local conditions and the specific needs of those attending, as learning is relevant to the context in which participants operate and can therefore be directly applied to service delivery.

The importance of tailoring approaches to the local context is reflected within the White Paper Equity and Excellence: Liberating the NHS *which states that "in future the Department will have a progressively reducing role in overseeing education and training...education commissioning will be led locally and nationally by the healthcare professions... they will work with employers to ensure a multi-disciplinary approach that meets their local needs."*

¹³ 50% of CAMHS Service Managers completing GVA's online survey expressed a preference for CAMHS specific Leadership Development Programmes

LEADERSHIP IN CAMHS IN THE CONTEXT OF MULTI-AGENCY WORKING

Although the benefits of CAMHS specific courses have been identified and this model of delivery generally favoured by both leadership programme participants and CAMHS Service Managers, to achieve optimal outcomes for service users, CAMHS service must operate effectively within a multi-agency and multi-disciplinary context.

For this to occur, CAMHS staff, and specifically CAMHS leaders, must possess an inherent understanding of the broader landscape of children's health and social care, and the skills necessary to provide and develop a service that operates successfully within this context.

A key finding from the evaluation 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 lead multi-disciplinary teams more effectively. From this it could reasonably be inferred that the same outcome could be achieved by delivering courses where the composition is more broadly reflective of the children's health and social care workforce.

There is a risk that in continuing to develop CAMHS specific leadership programmes, an opportunity to develop the necessary awareness and understanding of multi-agency working is missed. Indeed, a number of CAMHS Service Managers have highlighted the importance of leaders adopting an outward-looking perspective and the need for greater exposure to other services. However, this is also matched by a concern that broadening the scope of leadership development programmes will dilute the impact and limit the relevance of course content.

In exploring future approaches to leadership development within CAMHS it will therefore be important to consider the extent to which the value of CAMHS specific courses can be balanced against the need for greater exposure to, and consideration of, the multi-agency context within which CAMHS operates. This may include developing leadership programmes for the wider children and young people's health and social care workforce that involve a combination of generic and service specific modules.

PERSONAL DEVELOPMENT VERSUS SERVICE DEVELOPMENT

90% of CAMHS Service Managers responding to the online survey suggested that when selecting a leadership development programme for themselves or their staff, the most important criteria is whether or not the programme results in clearly identifiable benefits for the service. The need for the programme to fit the professional development objectives of the individuals was also a consideration but to a much lesser extent

A key finding from the evaluation is that currently, due to the way in which programmes are designed and their outputs and outcomes monitored, it is not always clear who receives the greatest benefit – the individual, the service or both. Where programmes have incorporated a service improvement project this has provided a more tangible method of demonstrating the outcomes of leadership development programmes, evidencing clear impacts on the service.

This should therefore be an important consideration in the design and development of future programmes as **evidence of the impact on services will be vital to securing the buy-in of Service Managers and influence their willingness to release staff to participate in leadership development training.** Similarly, a focus on service improvement may also support greater recognition of the leadership role carried out by clinical staff and the potential they have to use their influence and skills to make a strategic contribution to the development of the service without undertaking a traditional management role.

APPROACHES TO COMMISSIONING, DESIGNING AND DELIVERING LEADERSHIP DEVELOPMENT PROGRAMMES FOR THE CAMHS WORKFORCE

To have the greatest impact on the delivery of services and consequently service users, it is important that future approaches to commissioning leadership development programmes adopt an evidenced based approach. This will ensure that they achieve the greatest possible impact by being tailored to the needs and challenges of those attending.

However, despite a number of the programmes tailoring their approach to suit the needs of their learners there is still a need to shape programmes to more specifically fit the requirements of the workforce. For example, only one of the seven programmes included compulsory accreditation but the survey of CAMHS Service Managers indicated a clear preference for accredited courses with 85.3% considering accreditation to be either very important or important when selecting a leadership development course.

Once again the need to incorporate the views and demands of the workforce into the design of professional development programmes aligns with the vision for training and development set out in Equity and Excellence: Liberating the NHS which states that “The professions will have a leading role in deciding the structure and content of training, and quality standards.”

APPENDIX A1

Evaluation Framework

Introduction

- 1.1 This document details the specific research tools and exercises that will be adopted within the GVA and Outcomes UK Evaluation of Leadership Development Programmes for the CAMHS workforce. The development of this framework has been informed by the following activities:
- A literature review of existing policy, research and strategy documents;
 - Telephone interviews with key stakeholders;
 - A half-day Outcomes Based Accountability Workshop;
 - A series of short scoping interviews with those responsible for commissioning and delivering existing leadership development programmes;
 - The development of a long-list of leadership and development programmes and recommendations as to which should be evaluated (see Appendix A).
- 1.2 The information obtained from each of these activities has been used to set the study within the appropriate context, identify the key questions which the evaluation should seek to answer, clarify the scope of the evaluation and subsequently, which of the identified programmes should be subject to evaluation during the next phase of activity.
- 1.3 The final selection of programmes subject to evaluation are summarised in Figure 1 below:

Name of Programme	Lead Organisation	Geography
CAMHS Leadership Course	NHS West Midlands Regional Development Centre	West Midlands
CAMHS Leadership Development Programme	Yorkshire and Humber Improvement Partnership	Yorkshire and Humber
CAMHS Fellowship Programme	NHS East Midlands Regional Development Centre	East Midlands
Leadership in CAMHS	University College London/ Evidence Based Practice Unit	National
Action Learning Sets for CAMHS Managers	NHS South West Regional Development Centre/ University of West England	South West
CAMHS Leadership Programme	Tees Esk and Wear Valley Mental Health Foundation Trust	North East
National Programme for Specialist Leaders in Behaviour and Attendance	National Strategies	National

- 1.4 To ensure that the evaluation captures all of the necessary information it is essential to understand, from the outset, how activities conducted will seek to answer the primary evaluation objectives. The purpose of the evaluation framework is to map activities directly against evaluation questions to ensure a transparent approach. The final evaluation framework for this commission is set out below in Figure 2.
- 1.5 In recognition of the complexity of variables that must be examined, the evaluation framework is based on a thematic approach. As illustrated in Figure 2, twelve primary themes have been identified to guide the individual programme level evaluations. Evaluation activities have been mapped against each theme to illustrate which activities will be used to gather the information for each thematic area.
- 1.6 The macro level evaluation aim will be informed by the findings from individual programme evaluations at micro level. These must be compared and contrasted to provide a greater understanding of the discrete elements of programmes and specific approaches that contribute to successful outcomes. This will provide a clear strategic direction for the planning and delivery of future approaches to leadership development within the CAMHS workforce.
- 1.7 To provide further detail on the type of information that will be sought and assessed for each theme, a Research Questions document has been developed. It should be noted that these questions are not an exhaustive list and will be tailored and expanded to suit each specific audience. Following approval from the Steering Group, the Research Questions will form the basis for the development of the topic guides and questionnaires that will be used to deliver evaluation activities.

Evaluation Framework

Figure 2: Evaluation Framework Diagram

Macro Level Evaluation Aim

To undertake an evaluation of CAMHS Leadership Development Programmes and establish their effectiveness, value for money, and outcomes generated for learners.

Thematic Objectives*	Methods**	Link to Theme	Programmes	Outputs
1. Need, Rationale and Evidence	1. Review commissioning documents	1	Programme	1. Needs assessment and evidence base for future commissioning.
2. Targeting and Gaps	2. Consultation with commissioner	1, 2, 10	CAMHS Leadership Course (West Midlands)	2. Future leadership programme target cohort options
3. Course Design	3. Consultation with course provider	2, 3, 4, 5, 6		3. Optimal design processes and competencies developed
4. Course Delivery	4. Review of recruitment process	2, 3, 4, 5	CAMHS Leadership Development Programme (Yorkshire & Humber)	4. Comparative analysis of delivery mechanisms
5. Throughput and Output	5. Review of output data	5		5. Quantitative analysis of learner cohort size and demographics
6. Assessment and Accreditation	6. Review of financial information	11, 12		6. Assessment of the value and impact of accredited versus non accredited learning
7. Learner Impacts and Outcomes	7. Review of course materials	3, 4, 6	CAMHS Fellowship Programme (East Midlands)	7. Comparative analysis and assessment of learner impact and outcomes
8. Organisational Impacts and Outcomes	8. Observation of course delivery	4, 10	Leadership in CAMHS (National)	8. Comparative analysis of organisational impact and outcomes
9. Services User Impacts and Outcomes	9. Review of course evaluation forms	3, 4, 6, 7, 10, 11, 12		9. Comparative analysis of service user impact and outcomes
10. Complementarity	10. Focus groups with learners	2, 3, 4, 6, 7, 8, 10, 11, 12	Action Learning Sets for CAMHS Managers (South West)	10. Strengths and weaknesses of alignment with alternative approaches
11. Value for money and Financial Assessment	11. Telephone interviews with learners	2, 3, 4, 6, 7, 8, 10, 11, 12		11. Indicative value of money assessment
12. Sustainability	12. Online surveys	2, 3, 4, 6, 7, 8, 10, 11, 12	CAMHS Leadership Programmes (North East)	12. Sustainability options assessment to inform future commissioning
	13. 360 degree service consultation	7, 8		
	14. Service user consultation	9		
	15. Case study development	All	National Programme for Specialist Leaders of Behaviour and Attendance (National)	
	16. Review of forward planning	10, 11, 12		

* Further information on Thematic Areas can be found in Research Question bank (Appendix B) ** Please see overleaf for further detail on the methods listed above

Methods

Figure 3: Evaluation Methods

Evaluation Tool	Description
Review of Commissioning Documents	Copies of all relevant commissioning documents will be obtained from the commissioning body and/or programme lead. These documents will be reviewed to understand the processes adopted to: identify need for the programme; develop the rationale for commissioning; identify the primary source of funding; and appoint the delivery organisation or facilitator.
Consultation with Commissioner	Where detailed commissioning documents are not available or further information is required we will conduct an interview with the individual(s) responsible for commissioning the programme. The majority of these consultations will be conducted by telephone. Where face-to-face consultations are required efforts will be made to combine these with other activities to ensure efficient use of time.
Consultation with Course Provider	Detailed interviews will be undertaken with all those responsible for developing and delivering the content of each programme. This may include both internal workforce development posts i.e. within PCT's, SHA's or Mental Health Foundation Trusts, and external training providers. Consultation will be conducted via a combination of telephone and face-to-face interviews.
Review of Recruitment Process	The previous activities will facilitate an assessment of the process by which course participants were/are recruited to programmes. This will involve an examination of the eligibility criteria, methods of promotion, application and selection process and consultation with any individuals involved in the recruitment of participants.
Review of Output Data	This will involve a review of any programme monitoring information that has been collected which may include: number of learners starting and completing the course; any accreditation gained; occupation of participants; band or grade of participants; and any equality and diversity monitoring data.
Review of Financial Information	Copies of any available financial information will be obtained and analysed to provide a clear assessment of the costs associated with delivering each programme. This will play a key role in informing any value for money assessments made.
Review of Course Materials	Where copies of course materials are available these will be reviewed to support the development of an in-depth understanding of the design, delivery and content of each programme. This will include a review of the leadership competencies that form the basis of the course design and an assessment of the differing methods of delivery, e.g. taught sessions, practice based service improvement projects, action learning sets etc.
Observation of Course Delivery	Where leadership development programmes are ongoing and sessions delivered within the evaluation period, observations will be conducted to develop a more detailed understanding of the delivery process and the interaction between participants and facilitators. Observations will also provide an opportunity to conduct consultation with the course provider and participants.
Review of Course Evaluation Forms	The majority of programmes have conducted some form of internal evaluation, most frequently involving learners completing a course evaluation form at the end of the programme. Any internal evaluation information will therefore be reviewed to enhance the evidence base. This will also be used to understand if and how participants' views have changed since completing the course.

Focus Groups with Learners	If feasible and practical, course participants will be asked to take part in a focus group to discuss: their experience of the programme; their motivations for attending; the outcomes of the course; and .the impact of participation on the individual, their organisation and service users. Focus groups will be facilitated by GVA and OUK team members using a semi-structured discussion guide. The timing and location of any focus group will be agreed in conjunction with the course provider/commissioner who will support the process of engaging participants.
Telephone Interviews with Learners	For each programme attempts will be made to consult with a representative sample of learners. Where consulting with the group as a collective is unfeasible, or in instances where several cohorts have completed the programme, the views of learners will be sought through a series of telephone interviews. This will be dependent on contact details being made available and learners consenting to be contacted as part of the evaluation process.
Online Surveys	To support a comparative assessment between individual programmes and establish a quantitative evidence base, an online survey will be developed. The link to the survey site will be disseminated to all current and previous participants of the programmes subject to evaluation (where contact details are available). A second online survey will be developed and disseminated to service managers using the NCSS contact database. This will explore views on leadership development in a broader context, as previously discussed with the NCSS Project Lead. Finally, as required, online surveys will also be developed to facilitate more detailed, programme specific consultation with learners. This is likely to occur for those programmes with larger learner cohorts.
360 Degree Service Consultation	During consultation with programme participants, opportunities to conduct 360 degree consultations will be explored. This may include consultation with their line managers, the staff they manage and potentially staff in other services or organisations that are affected by the approach to leadership adopted by programme participants. This consultation may take the form of focus groups, one-to-one interviews or surveys. The specific approach will be agreed in conjunction with the programme lead and programme participants.
Service User Consultation	It may not be possible to conduct service user consultation in all programme evaluations but where feasible, the approach will be guided by programme participants. A variety of approaches may be used to facilitate this consultation including focus groups,
Case Study Development	For each programme between one and two case studies will be developed. Each case study will focus on one individual and provide a detailed qualitative analysis of their journey, plotting their personal and professional development from prior to enrolling on the programme to the present day. The case studies will be developed through in-depth interviews.
Review of Forward Planning	To understand the direction of travel and ensure that any future activities are aligned and set within the appropriate context, where individual programmes have plans to commission, deliver or terminate further activity these will also be reviewed.

Reporting

- 1.8 The final reporting format will be agreed in conjunction with the Project Steering Group however we envisage that each programme evaluation will be written up individually as either a separate chapter of the report or as an appendix. This will be accompanied by an overarching review of leadership development programmes for the CAMHS workforce, utilising the findings from the individual evaluations to compare, contrast.

Timetable and Resourcing

- 1.9 The timetable for delivery of evaluation activity will be agreed in conjunction with the Project Steering Group following sign-off of the evaluation framework. This will be accompanied by a resourcing schedule. 40 days have been allocated for programme evaluation activity within which there is scope to use resources flexibly to reflect the varying scales of each programme.

APPENDIX A2

Programme Selection Long-list

Introduction

- 1.1 Prior to the development of the evaluation framework it was agreed that further detail was required on the current leadership development programmes that have been identified as part of the preliminary scoping activities. This document therefore presents a summary of those programmes including:
- Programme name;
 - Organisation(s) responsible for commissioning and/or delivering the programme;
 - A brief description of the programme including delivery methods, number of participants and geographic coverage;
 - A summary of techniques that could be used to evaluate the programme; and
 - An assessment of whether the programme falls within the scope of this evaluation.
- 1.2 The assessment of scope follows a recommendation that programmes considered to be 'in scope' for this study were those focusing specifically on Tier 2 and 3 CAMHS. Although it is acknowledged that members of the CAMHS workforce may have accessed a range of generic leadership programmes, it is considered that a more targeted approach to evaluation will improve the quality of information generated and subsequently the ability of the evaluation findings to positively influence the future strategic direction of approaches to leadership development within CAMHS. In addition to Tiers 2 and 3 CAMHS, it has also been suggested that leadership programmes targeted at the Behavioural, Emotional and Social Difficulties (BESD) workforce be included within the scope of the evaluation.
- 1.3 The information in this document has been generated through a combination of literary research and extensive consultation with those involved in programme commissioning and/or delivery.

Programme Summary

Figure 1.1: Programme Detail

No.	Name	Programme Lead	Brief Description	Potential Evaluation Methods	In Scope	Recommendation
1.	CAMHS Leadership Course	NHS West Midlands Regional Development Centre (RDC)	Bespoke course commissioned by RDC. Each course is typically delivered to groups of 14 over a six month period (1 day per month). Participants come from a range of professional backgrounds and have included commissioners, psychologists, psychiatrists etc. 50% of the course is delivered through a taught programme and 50% consists of action learning. The course is open to Tiers 1-4 and the majority of participants are either in leadership roles or have recently recently taken on a leadership role. Three courses have been delivered with the possibility of a fourth commencing in September 2010	<ul style="list-style-type: none"> • Review of commissioning documentation including financial data. • Consultation with commissioner(s) • Consultation with course providers • Review of course materials • Review of any output/outcome data • Review of course evaluation forms • Telephone interviews/online survey with course participants • In depth case studies of course participants from different roles to understand impact on the individual • Consultation with staff that are led/managed by the individuals that are the subject of case studies • Potential for consultation with service users will also be explored • Review of any forward 	YES	<p>Recent delivery and potential for new activity within the evaluation period is likely to ensure easier access to participants. The combination of learning techniques and mixed groups also provides an interesting dimension and an opportunity for significant learning. To date the only evaluation conducted has involved obtaining brief qualitative feedback from participants at the end of each course</p> <p>Recommended for inclusion in the final selection of programmes.</p>

Programme Summary (Continued)

Figure 1.1: Programme Detail

No.	Name	Programme Lead	Brief Description	Potential Evaluation Methods	In Scope	Recommendation
2.	Yorkshire and Humber CAMHS Leadership Development Programme	Yorkshire and Humber Improvement Partnership (YHIP)	<p>This programme is specifically targeted at CAMHS managers and commissioners in the Yorkshire and Humber region. It is commissioned by the YHIP and delivered by the Tees, Esk and Wear Valley NHS Foundation Trust. The programme has the dual aim of improving leadership and networking amongst CAMHS managers and clinical leads and delivering team and service user benefits through service improvement projects.</p> <p>Three programmes have been delivered to date, the latest of which is scheduled to end in mid-July 2010. Each programme has approximately 15 participants. Programmes are typically delivered over a 7 month period involving monthly group sessions focusing on either a skills workshop or a masterclass. Action learning sets have also featured. Accreditation through Teeside University is now a compulsory element of the programme, worth 60 credits at a masters level.</p>	<ul style="list-style-type: none"> • Review of commissioning documentation including financial data. • Consultation with commissioner(s) • Consultation with course providers • Review of any output/outcome data • Review of course materials • Review of course evaluation forms • Attendance at final session of current programme (assuming sign-off of programmes by end of June 2010) • Telephone interviews/online survey with course participants • Consultation with staff that are led/managed by the individuals attending the programme • Potential for consultation with service users will also be explored • Review of any forward planning documentation 	YES	<p>Recent delivery and potential for new activity within evaluation period is likely to ensure easier access to participants. The combination of learning techniques and the use of accreditation offers an additional dimension to the evaluation.</p> <p>Recommended for inclusion in the final selection of programmes.</p>

Programme Summary (Continued)

Figure 1.1: Programme Detail

No.	Name	Programme Lead	Brief Description	Potential Evaluation Methods	In Scope	Recommendation
3.	CAMHS Development Manager Fellowship Programme	NHS East Midlands Regional Development Centre (RDC)	The Fellowship Programme has been running for approximately 5 years. Originally 5 individuals were recruited to work with the CAMHS Regional Development Worker within the RDC for one day per week. All worked within a CAMHS service. Each individual had responsibility for one locality within the region and also took on a specialist area e.g. early intervention. Fellows were tasked with building positive relationships within and between services in the region, offering guidance and support. Individuals in the role were integrated with NCSS structures and provided with the opportunity to learn about various aspects of CAMHS including strategy, policy, commissioning, event management etc. Individuals have also been recruited to the Fellowship Programme to deliver specific fixed term projects, for example service mapping. The process is described as experiential learning.	<ul style="list-style-type: none"> Documentary review including recruitment process, job descriptions, person specifications, project specific proposals and any personal development, appraisal or management information. Review of financial data In depth interview(s) with programme manager Consultation with those responsible for funding decisions In depth interviews with all Fellows (subject to availability and accurate contact details being provided) Interviews with staff from the services from which the Fellows were drawn. Interviews with staff from services supported by the Fellowship Programme Potential for consultation with service users will also be explored Review of any forward planning documentation 	YES	<p>Anecdotal evidence to suggest that fellowships support career progression to leadership positions and enable individuals to carry out their roles effectively due to the skills and insight gained. The ability to influence that is both required and developed through the Fellowship Programme. The projects and support delivered by individuals may also contribute to the development of the wider CAMHS workforce. This represents a non-traditional approach to leadership development. Benefit may be obtained from exploring the impact of this in further detail.</p> <p>Recommended for inclusion in the final selection of programmes.</p>

Programme Summary (Continued)

Figure 1.1: Programme Detail

No.	Name	Programme Lead	Brief Description	Potential Evaluation Methods	In Scope	Recommendation
4.	Leadership in CAMHS	University College London/Evidence Based Practice Unit.	The programme ran for 3 years 2007-2009 and was funded by the National CAMHS Support Service. Each course consisted of 12 days of learning, delivered over the course of 12 months in 2, 3 and 4 day blocks. Predominantly a taught course although individuals were required to incorporate a work based project into the course. The number of available places increased from 10-15 due to significant demand. Participants were either managers within CAMHS services or senior managers responsible for commissioning. Nine places were ring-fenced for regional representation and each Regional Development Worker was required to put forward one individual to participate. Second and third choices of RDW's were evaluated against set scoring criteria to fill the remaining places. The course was pitched at the level of a Postgraduate Certificate but was not accredited.	<ul style="list-style-type: none"> • Review of commissioning documentation including financial data • Review of course materials • Consultation with commissioner(s) • Consultation with course providers • Consultation with RDWs responsible for identifying candidates • Review of any output/outcome data • Review of annual internal evaluation reports • Review of module feedback from participants • Telephone interviews/online survey with course participants • In depth case studies of course participants from different roles to understand impact on the individual... > 	YES	<p>The course has not been delivered in the current academic/financial year due to the need for an external evaluation. This is required to understand the impact of the course, the success of its current format and potentially the need for any changes.</p> <p>As a national, non-accredited programme it also offers a different dimension to other programmes that have been identified through the scoping exercise.</p> <p>Recommended for inclusion in the final selection of programmes.</p>

Programme Summary (Continued)

Figure 1.1: Programme Detail



				<ul style="list-style-type: none">• Consultation with staff that are led/managed by the individuals that are the subject of case studies• Potential for consultation with service users will also be explored• Review of any forward planning documentation	

Programme Summary (Continued)

Figure 1.1: Programme Detail

No.	Name	Programme Lead	Brief Description	Potential Evaluation Methods	In Scope	Recommendation
5.	Action Learning Sets for CAMHS Managers	University College London/Evidence Based Practice Unit, South West Regional Development Centre/UWE	To date 3 Action Learning Sets have been delivered. Each Set is a one day event with delivery occurring once every three months. The maximum number of participants is typically 12. The programme is based around 'Solution Focused Action Learning' and involves an input from a facilitator/trainer during the morning and peer facilitated discussion in the afternoon. All participants work within CAMHS services with participants recruited via the CAMHS Managers Mailbase. Other than working within CAMHS there are no specific entry/eligibility requirements.	<ul style="list-style-type: none"> • Review of commissioning documentation including financial data • Consultation with commissioner(s) • Consultation with course provider • Review of any output/outcome data • Review of course materials • Review of course evaluation forms • Telephone interviews/online survey with course participants • Attendance at one Action Learning Set • In depth case studies of course participants • Consultation with staff that are led/managed by participants • Review of any forward planning documentation 	YES	<p>As an activity commissioned specifically for CAMHS managers there is value in attempting to understand in greater detail the impact and outcomes generated. In addition, the format of delivery differs from other programmes offering the opportunity for further learning and comparison of approaches.</p> <p>Recommended for inclusion in the final selection of programmes.</p>

Programme Summary (Continued)

Figure 1.1: Programme Detail

No.	Name	Programme Lead	Brief Description	Potential Evaluation Methods	In Scope	Recommendation
6.	CAMHS Leadership Programme	Tees Esk and Wear Valley Mental Health Foundation Trust	<p>Leadership development programme specifically commissioned for managers within Tiers 3 and 4 CAMHS services.</p> <p>Further information on the programme will be sought during w/c 7 June 2010. This document will be updated once this information has been obtained.</p> <p>UPDATE: The programme was devised “in house” to enable 9 key staff to develop the leadership skills required to address specific service improvement issues. The programme was theme based with each theme determined through discussion and group agreement.</p>	TBC	YES	<p>Despite its small scale, this programme is clearly within scope and compliments the approach of comparing and contrasting regional programmes. The programme represents a less formal approach to leadership programmes as the development of content and structure was very much an iterative process. This combined with the fact that the course was delivered to address specific issues within individual services introduces an additional interesting dimension.</p> <p>Recommended for inclusion within the final selection of programmes.</p> <p>UPDATE: Recommendation to include within the final selection of programmes is retained.</p>

Programme Summary (Continued)

Figure 1.1: Programme Detail

No.	Name	Programme Lead	Brief Description	Potential Evaluation Methods	In Scope	Recommendation
7.	TBC	NHS North West Leadership Academy(?)	<p>We have been unable to confirm the provider of the generic training accessed by the CAMHS workforce. Recommended that further detail on this is obtained during w/c 7 June 2010 when Julie Moss and Neil Mclauchlan return from annual leave. (Interview scheduled with Neil Mclauchlan Tuesday 8 June).</p> <p>This document will be updated following confirmation of course and course provider.</p> <p>UPDATE: Julie Moss has informed us that to the best of her knowledge no CAMHS managers have accessed generic leadership courses in the North West. She also confirmed that there has been no specifically commissioned leadership activities for CAMHS managers in the North West. Neil Mclauchlan (Assistant Director for Education and Commissioning, NHS North West) was also unable to provide details of any leadership courses that had been accessed by CAMHS managers. On this basis we are proposing to withdraw North West activities from the selection of programmes.</p>	TBC	YES	<p>Although not a specifically commissioned CAMHS programme, there is evidence to suggest that a significant number of the CAMHS workforce have accessed programmes delivered by the NHS Northwest Leadership Academy. In addition, there is an argument for the inclusion of one more general leadership programme to understand the benefits or drawbacks of the CAMHS workforce accessing these courses and, through comparison with other programmes, identifying the need for and value of specifically commissioned CAMHS programmes</p> <p>Based on the above this programme is not recommended for inclusion within this evaluation.</p>

Programme Summary (Continued)

Figure 1.1: Programme Detail

No.	Name	Programme Lead	Brief Description	Potential Evaluation Methods	In Scope	Recommendation
8.	MSc/PG Diploma Inter-professional Practice in Child and Adolescent Mental Health	City University London/Young Minds	<p>A part-time programme run in partnership with YoungMinds, designed to enhance participants knowledge, understanding and skills as a practitioner. Examines the current issues in child and family mental health and evaluates the evidence base for best practice, service development and meaningful therapeutic interventions. Graduates will have the ability to influence the mental health of children and young people at both a direct and indirect level through the development of services and the application of interprofessional practice and research.</p> <p>CAMHS is one of four programme routes available as part of the MSc, others include Mental Health; Society, Violence and Practice; and Civil Emergency Management. City University London are currently seeking to develop a Leadership and Management programme route that will focus on leadership and management as part of interprofessional practice. It is hoped that this will commence in January or April 2011.</p>	N/A	NO	<p>Although focused on professional development within the CAMHS workforce, the course does not specifically address leadership and management. Although this pathway is in the process of development, the timescales for this evaluation do not allow for its incorporation.</p> <p>Based on the above this programme is not recommended for inclusion within this evaluation.</p>

Programme Summary (Continued)

Figure 1.1: Programme Detail

No.	Name	Programme Lead	Brief Description	Potential Evaluation Methods	In Scope	Recommendation
9.	National Programme for Specialist Leaders of Behaviour and Attendance (NPSLBA)	National Strategies	<p>NPSLBA is based on a model of effective learning. It is a national programme with a team of Local Leads responsible for maintaining and developing the programme at a local level. The programme offers an opportunity for professionals at all levels to develop and enhance their leadership skills through a choice of study topics. There is also an opportunity to extend learning from the programme into formal accreditation routes. This is in addition to the (formerly) DCSF certificate that is awarded to all participants completing the course.</p> <p>The programme comprises: 3 compulsory study days over the course of one year; ten cluster group sessions with 8-12 participants (twilight); 3 work-based activities; and a portfolio of evidence</p> <p>The programme is open to all practitioners with an interest in improving behaviour and attendance and the online study materials are freely available for downloading;</p>	TBC	YES	<p>From the outset of this evaluation it has been suggested that NPSLBA should be included within this research, with the scope of the project broadened from CAMHS to include BESD, specifically for this purpose.</p> <p>The programme was evaluated prior to its incorporation in the National Strategies in 2007. It has not yet been possible to obtain a copy of this document.</p> <p>An evaluation of the programmes incorporation into the National Strategies was published in 2010.</p> <p>Mary Daly was listed as a named contact for National Strategies. Following consultation with Mary it was established that her role in leading the Inclusion Development Programme had minimal relevance to this evaluation. Although a BESD programme was recently delivered this did not focus on leadership and management. The alternative contact (John Hodgson) has not been contactable due to annual leave.</p> <p>...></p>

Programme Summary (Continued)

Figure 1.1: Programme Detail

Programme Summary (Continued)

Figure 1.1: Programme Detail

No.	Name	Programme Lead	Brief Description	Potential Evaluation Methods	In Scope	Recommendation
10.	Leadership and Management, Behavioural, Social and Emotional Difficulties	University of Northampton as a TDA Provider.	<p>The focus of this module is to develop students' knowledge and understanding of leadership and management approaches to BESD that incorporates a Children Services perspective. The module aligns itself closely with emergent thinking at national level regarding the implications of the Behaviour and Attendance initiatives (KS1-4) on the wider workforce, and, in particular, the impact of these on leadership in this field.</p> <p>Attendance is arranged to meet the employment needs of participants. The module is delivered as a 10 week course consisting of three hours per week(5pm-8pm) plus flexible tutorials. Other modes of attendance are being developed, including e-learning and school-based activities.</p> <p>UPDATE: The module forms part of the MA in Education. It is not currently delivered as a stand alone programme but could be in the future. In this format participants would receive a certificate of attendance as opposed to undertaking formal assessment. The module is delivered as a combination of teaching methods with assessment based on projects completed in/based on the individual's work place experience.</p>	TBC	YES	<p>It has been suggested that BESD leadership programmes be included within the scope of this evaluation. However, as the course forms part of the MA in Education</p> <p>As the module is currently accessible only to students studying the MA Education and only minimal number of CAMHS workers are said to have attended the course, it is not recommended for inclusion within the final selection of programmes.</p>

Programme Summary (Continued)

Figure 1.1: Programme Detail

No.	Name	Programme Lead	Brief Description	Potential Evaluation Methods	In Scope	Recommendation
11.	Management Development Programme	CWDC	The Management Development Programme is for frontline managers in all sectors. The programme is running from May 2009 – March 2011 with a capacity of 5000.	N/A	NO	Based on current information it is considered that this programme will not fall within the scope of the programme as it lacks a specific focus on the CAMHS or BESD workforce. However, if the number of participants can be extrapolated and is shown to be significant, consideration could be given to undertaking a CAMHS/BESD specific evaluation.
	Leadership Development Programme		<p>The Leadership Development Programme is for 300 emerging leaders in all sectors. Two courses are being delivered, the first from January–March 2010 and the second from March–June 2010.</p> <p>Catherine Williams from CWDC is exploring whether we can obtain information on the proportion of CAMHS workers accessing these programmes.</p> <p>The outcome of this is expected during the w/c 7 June 2010. This document will be updated following clarification.</p> <p>UPDATE: 16 CAMHS service managers have taken part across the programmes– c. 8% of the total cohort drawn from health services.</p>			<p>Not recommended for inclusion due to CWDC commissioning external evaluation of Leadership and Management programmes and a desire to avoid duplication of activity.</p> <p>UPDATE: Recommendation not to include CWDC programmes within this evaluation is retained.</p>

Programme Summary (Continued)

Figure 1.1: Programme Detail

No.	Name	Programme Lead	Brief Description	Potential Evaluation Methods	In Scope	Recommendation
12.	Leadership Academy Programme	National College for School Leadership	<p>Discussion with NCSL has suggested that the Leadership Academy Programme would be the programme most likely to have been accessed by CAMHS teams. A request has been submitted to NCSL for further information on the number of CAMHS staff that participated in the six programmes delivered last year.</p> <p>Final clarification is expected during w/c 7 June 2010. This document will be updated following this clarification.</p>	TBC	NO	<p>Based on the limited information available at present it is considered that this programme will not fall within the scope of the evaluation as it lacks a specific focus on the CAMHS workforce. If the number of individuals accessing the programme with from CAMHS services is found to be significant this view may be reversed.</p> <p>Based upon current information it is not recommended that this programme be included within the final selection.</p>

Source: GVA, 2010

- 1.4 The list of programmes in Figure 1.1 does not include regional representation from the East of England, London or the South East. Consultation with CAMHS Regional Development Workers in the East of England and London confirmed that no CAMHS specific leadership development programmes have been commissioned in either region. During one stakeholder interview it was suggested that the South East Coastal Strategic Health Authority may have commissioned the University of Canterbury and Christchurch to deliver a leadership and management course focused on acute mental health. Attempts have been made to confirm this however the individual responsible for delivering the South East Coast Academy for Leadership has not been contactable due to annual leave. She is due to return on Monday 7th June 2010.

Next Steps

- 1.5 Nine of the twelve programmes identified are considered to fall within the agreed scope of this research project, seven of which are currently recommended for inclusion within the evaluation. Further clarification is being sought on a number of programmes, as identified in Figure 1.1. It is anticipated that clarification on the majority of programmes will be obtained during the w/c 7th June 2010 at which point this document will be updated to reflect the additional information obtained. It is unlikely that any of these clarifications will impact upon the seven programmes recommended for inclusion, with the possible exception of the North West. The most pertinent issue relates to the inclusion of the NPSLBA programme and will require further liaison between the NCSS Project Lead, GVA Project Lead and other members of the Steering Group as appropriate.

APPENDIX A3

Research Questions

1. Need, Rationale and Evidence

- What was the specific need(s) that led to the commissioning of the programme?
- How was this need identified?
- What was the evidence for it? How was this documented? Can you provide this evidence?
- Are the requirements for leadership in developing emotional wellbeing and/or mental health services reviewed on a rolling basis? If so, how?
- Had any similar activity been delivered previously? If so, what format did this take? What were the strengths and weaknesses of the approach? How was this used to inform the development of this programme?
- Were any difficulties experienced during the commissioning process? How were these overcome?

2. Targeting and Gaps

- Who is the programme aimed at? Why?
- Was it designed to address identified challenges within an individual service or cluster of CAMHS/BESD services?
- What are the strengths and weaknesses of adopting a bespoke approach?
- What were the eligibility criteria for participation? How was this assessed? What role did the employer play?
- How was the programme advertised?
- What process was used to recruit and assess participants? How successful was this? Have/should any changes be made to this process?
- Are there any individuals/professions excluded from the course that should be included?

3. Course Design

- Who was responsible for designing the course? Were people with experience of developing emotional wellbeing/specialist CAMHS included?
- How were the course materials developed and by who?
- Who was responsible for approving the course and any materials?
- What process was used to design the course? Is it based on existing models or is it bespoke?
- Is the course based upon a specific set of leadership competencies? If so, what are they and how were they selected?

- Does the programme focus on specialist CAMHS or does it explore leadership in the broader context of emotional health and wellbeing?

4. Course Delivery

- What are the objectives of the course? Are these set out clearly at the start and used as a method for assessing progress?
- Over what time period is the programme delivered?
- What are the primary delivery methods? E.g. action learning sets, taught classes, e-learning etc.
- How many tutors/trainers/facilitators are involved in delivery of the programme?
- To what extent are employers involved in action-learning/work-based projects and the evaluation of their success?
- What are the key strengths and weaknesses of the method of delivery?
- What are the key strengths and weaknesses of the materials and activities used in the delivery of the course?
- Has the format of delivery or methods changed over time? If so, how and why?

5. Throughput and Output

- What programme monitoring information do you collect?
- How many people have completed the programme?
- Do you collect information on attendance rates? If so, could you please provide us with this data?
- How many people have failed to complete the programme?
- What are the primary reasons for drop-out/failure?
- Can you provide a breakdown of the occupations and grade/bands of programme participants?
- Can you provide detailed information on the management roles of participants?
- Can you provide a breakdown of the age, gender and ethnicity of participants?

6. Assessment and Accreditation

- Is the programme accredited? Why/why not?
- If accredited, who is the accrediting body?
- What accreditation do participants receive and what is required to achieve this?
- Are participants assessed against a set of leadership competencies? If so, how does this assessment occur?
- If non-accredited, does any form of assessment take place? If so, please provide details?
- What are the strengths and weaknesses of accredited courses?
- What are the strengths and weaknesses of non-accredited courses?
- How successful is the current approach to accreditation? Have any changes been made during the lifetime of the programme? Are there any plans to change the approach in the future?
- Are any mechanisms in place to monitor progress, achievement or areas for further development following completion of the course? If so, please provide details.

7. Learner Impacts and Outcomes

Prior to participating in the programme:

- What were your views on the leadership requirements for CAMHS/BESD?
- Did you consider yourself to be a leader? Why/why not?
- How would you describe your style of leadership?
- What were the main challenges you experienced in terms of leadership?
- How/why did you identify a need for leadership training?
- Had you previously undertaken any leadership development activities? If so, please provide details and a brief assessment of the strengths, weaknesses, impacts and outcomes of the activity from both a personal and organisational perspective.

During the programme:

- How did you become aware of the programme?
- Did you understand the aim of the programme and how it would be delivered?
- What were you hoping to achieve/gain from attending?
- What was the process involved in securing a place? Was this effective? Could any improvements be made?
- Were there any specific barriers or challenges in accessing the course? If so, how did you overcome them?

- Do you think the composition of the course was effective in terms of both the size of the group and occupations/grades of participants?
- Was the style of teaching/delivery effective and appropriate to the audience?
- Was the content of the programme and the course materials effective and appropriate to the audience?
- Did you have sufficient opportunity to reflect on your own abilities and development needs?
- What level and type of support was provided by the programme in terms of tutoring, mentoring etc? What was the impact of this?
- What level and type of support did you receive from your employer? What was the impact of this?
- Could you relate what you were learning to your own experiences in the workplace?
- What elements of the programme did you consider to be most valuable?
- Are there any elements of the programme you considered to be weak? What were they and how could they be improved?
- Are there any specific areas you hoped the programme would address but didn't?
- Did you have any concerns either prior to or during the programme? If so, what were they and was anything done to address them?
- Did you experience any specific challenges during the programme? If so, what were they and how did you overcome them?
- What are your views on accreditation?
- Did the programme meet your expectations?

As a consequence of completing the programme:

- What do you feel you gained from attending? Did you achieve your objectives? Please rate on a scale of 1-5 where 1 is 'Did not achieve any of my objectives' and 5 is 'Achieved all of my objectives'
- 'Do you feel more or less confident in your ability to lead? Please rate on a scale of 1-5 where 1 is 'Feel significantly less confident in my ability to lead' and 5 is 'Feel significantly more confident in my ability to lead.'
- Has your leadership style changed? If so, how?
- What value do you feel has been added to the service you work in ?
- Can you provide any tangible examples of where improvements have occurred directly as a consequence participating in the programme?
- Have you received any feedback from your manager(s) or colleagues?
- Have you provided any formal feedback to you manager/colleagues?

- Do you feel equipped to respond effectively to the new and emerging challenges within CAMHS, the emotional health and wellbeing, and broader children, young people and families agenda?
- Have you undertaken any further leadership development activities or do you plan to in the future?
- Would you recommend the programme to others?

8. Organisational Impacts and Outcomes

- What are the primary ways in which organisations benefit from an individual participating in the programme?
- What aspects or elements of the organisation/service have improved following participation in the programme?
- How has participation in the programme affected relationships both within the service and with external partners?
- Can you provide any tangible examples of where improvements have occurred directly as a consequence participating in the programme?

9. Service User Impacts and Outcomes

- What are the primary ways in which service users benefit from an individual participating in the programme?
- Can you provide any tangible examples of where service users have benefited directly as a consequence of an individual participating in the programme?

NB: This theme will also be informed, where possible, by consultation with service users. The questions posed to service users will involve more general consultation on their experiences of using the service and specifically whether their experience improved either during or after a leader within that service participated in the programme. (Service users will not be expected to identify this rather their experiences will be mapped against the appropriate timeframe.)

10. Complementarity

- How do you ensure that the focus of the course and materials used complement and are relevant to the daily experience of leaders within CAMHS/BESD?
- Does the programme fit within/complement existing CPD approaches within the CAMHS/BESD workforce?

11. Value for Money and Financial Assessment

NB: It is recognised that it may not be possible to obtain robust financial information for all programmes. Where financial information is not available the research questions associated with this theme will be used to develop proxy measures to support an assessment of value for money.

- Can you provide either a full or partial breakdown of costs associated with delivering the programme?
- How is the course funded?
- Do learners make a contribution? If so, is this a personal contribution or funded by their employer?
- Do you have a single unit cost for the programme or unit cost per module or learner?
- What factors were taken into account when establishing the budget for this programme?
- Do you have any systems in place to measure or assess the value generated by the programme?
- Do you feel the programme offers good value for money, particularly in the context of reduced public sector spending? Why/why not?
- Are there any opportunities for reducing the costs associated with delivery of this programme e.g. through scaling up delivery, using alternative delivery formats etc?

12. Sustainability

- To what extent are the impacts of the programme sustained in the long-term? How is this impact assessed and by what mechanisms?
- Is there anything in place to support the continued development of individual leaders following the completion of the programme?
- Are there plans for the programme to continue? Why/why not?
- If the programme is due to continue who is the primary funder and for how long is funding secure?
- How would you like the programme to develop?
- Are there any opportunities for integrating the programme with other programmes and/or existing mainstream provision?

APPENDIX B

Outcomes Based Accountability Workshop Summary Report

Introduction

- 1.1 As part of the Phase One methodology for the evaluation of the effectiveness of leadership development programmes for the CAMHS workforce a half-day Outcomes Based Accountability (OBA) workshop was delivered. This workshop took place on Friday 21 May at Wellington House, Waterloo Street, London. Attendees are outlined in Figure 1.1 below.

Figure 1.1: Workshop Attendance List

Name	Organisation
Jacqueline Naylor	Department of Health
Lesley Hewson	National Advisory Council
Pam Truman	Skills for Health
Fran Tummey	NCSS/NHS West Midlands Regional Development Centre
Ian McGonagle	University of Lincoln/NCSS
Tom Anthony	CWDC
Sue Berelowicz	Office of the Children's Commissioner
Angie Pullen	NCSS
Jon Jones	GVA
Laura Kennedy	GVA
Sarah Baker	Outcomes UK
Jacky Davies	Outcomes UK
Chris Wake	Outcomes UK
Margaret McArthur	Outcomes UK

- 1.2 This report provides a brief summary of the discussion that took place during the workshop and the key issues to emerge. It is intended as a reference document for internal use only.

What were the evaluation's key findings and recommendations?

- 1.3 Workshop participants were split into two groups and asked to discuss this question. Key points from the discussion were as follows:
- An outcomes focused organisation is not a targets organisation, it must have a much broader focus;
 - Effective knowledge management, data capture and feedback processes are in place;
 - Value based practice should be at the core;
 - Breaking out of a bureaucratic, standard way of doing things;
 - Staff are aligned to a common goal(s) i.e. the outcomes;

- An outcomes focused organisation is a learning organisation i.e. one which continually reflects on its activities and their outcomes;
- Putting users at the heart of the service and involving them in setting and evaluating the strategic direction;
- The ability to overcome perceived 'role restrictions' - staff must be strategic thinkers and understand how they fit into the broader context within which the organisation operates;
- Focusing on the positive and building on that e.g. when reviewing satisfaction ratings focus on the number of excellent ratings and how you will increase it; and
- Existence of organisational resilience that allows individual organisations to engage and recognise the contribution of other agencies, overcoming organisational pride.

Specific Issues/Difficulties in Developing an Outcomes Focused Organisation

- The higher the level of outcomes set, the more they straddle organisational boundaries. This leads to difficulties in ensuring accountability and the problem of no common language between the different organisations that contribute to the emotional health and wellbeing of children and young people;
- Staff must not only be trained in holistic thinking but must practice it. This can be difficult and raises the question of how an outcomes focused organisation moves from theory to practical application; and
- Professionals from different backgrounds have unique perspectives all of which hold value. However, to work towards a shared vision there is a need to develop an effective method of utilising these different opinions to reach a consensus.

Definitions and Scope

1.4 In relation to the specific objectives of the evaluation and linked to the concept of OBA, a series of pertinent issues were raised during a whole group discussion. A summary of these is as follows:

- What definition are we applying to the CAMHS workforce? Tiers 3 and 4 are often considered to represent the core CAMHS workforce however Tiers 1 and 2 are also relevant and make a significant contribution to the emotional health and wellbeing of children and young people. It was noted that individuals in the most closely defined CAMHS workforce must be able to negotiate and have influence over other individuals in related spheres of activity.
- Commissioners of health services are unlikely to consider themselves to be part of the CAMHS workforce, yet their actions and leadership have a significant impact on service provision and the outcomes that are ultimately achieved as a consequence.
- There is therefore a need to firstly identify the size of the workforce in question and secondly identify the key sections within this workforce and the different types of leadership required within them.

Turning the Curve Exercise

- 1.5 Workshop participants were divided into two groups of four and asked to complete a 'Turning the Curve' exercise. The outcomes of this exercise for each of the two groups are described below.

Group One

- 1.6 The performance measure baseline selected by group one was: 'There is good leadership in Tiers 2-4 CAMHS.' It was stated that it was difficult to predict the current trajectory of the curve due to the variable and often limited performance management information that is captured and stored by CAMHS services. During the CAMHS review it was found that leadership was a significant issue in a number of CAMHS services. It was therefore suggested that without action to address the leadership issues the situation would not improve and could actually worsen.
- 1.7 A number of issues were discussed in terms of the 'story behind the baseline', a summary of which is as follows:
- Relationships within CAMHS service can often be complex and there is a failure to (publicly) recognise as a collective that considerable improvements are needed.
 - Some CAMHS services still aren't 'young people friendly.' Young people are not involved in shaping services and consequently many are out of date.
 - Much of the performance indicators and monitoring information is unreliable due to varying quality and consistency in collection.
 - Budgets are stretched and leaders can experience difficulty if they do not have the necessary resources to deliver the service, or improvements to the service, effectively.
 - There needs to be a distinction between leadership and management. An individual can possess all of the competencies required of a leader but struggle with or get distracted by day-to-day management, particularly when staff are resistant to change. Consequently they do not have the time to progress their vision etc. It was suggested that a management framework and/or strategy may be required to underpin the leadership strategy.
 - As a senior leader/manager you must rely upon a number of middle managers. If these individuals do not have the necessary skills to lead/manage effectively it limits what can be achieved. In many cases middle managers have received no formal training or support in relation to leadership and management but have been promoted to these positions from clinical posts as a consequence of the 'standard' career development pathways/progression routes.
 - Do current leaders want to be leaders? Many want to achieve the next band but don't want the additional responsibility. However, if you bring in a leader/manager that hasn't been a clinician this can often create conflict. Suggests that all members of the CAMHS workforce need to have an appreciation of what the role of a leader actually is and the skills/competencies/qualities it requires.

- There is a question as to whether everyone has leadership potential – how can those who do have such potential be identified and brought on? What should the selection criteria for entry to leadership training look like and how can a common approach to this be embedded within the workforce?
- Does CAMHS have too many leaders? There may be a lot of competent leaders both within provider services and externally, but are they leading in the same direction? CAMHS services need a consistent steer from commissioners, Regional Development Workers and their own organisations.

1.8 Following the discussion of the ‘story behind the baseline’ the group focused on ‘how to turn the curve’ and the performance indicators that demonstrate you are achieving success. A summary of key points is as follows:

- Need to develop a robust definition of leadership before you can measure the performance of a leader;
- Ensuring all team members are working to a common goal is vital;
- Increased performance accountability is likely to be necessary but this can be a contentious issue – what is a valid measure of productivity?
- Establishing a common set of organisational values that are defined around outcomes rather than professions;
- Implementing those management structures for CAMHS services that have proven to be most effective, e.g. there was a suggestions that a matrix structure may be well suited to CAMHS;
- A good leader must have an awareness of the outcomes that their leadership is generating. Potential indicators may include
 - A service becoming more child-centred;
 - Increased service user satisfaction ratings;
 - Improved staff retention.
- The workforce must be willing to be managed;
- Commissioners are critical in exercising leadership, as identified within World Class Commissioning; they should develop a consensus on what is needed for the population, develop strategy, build service specifications and actively performance manage to ensure that these are delivered.

1.9 Ideas of methods to effect positive change and ‘turn the curve’ included:

- Increased cross-service working;
- Shadowing third sector organisations to learn about innovation and the closer scrutiny in terms of accountability and performance management;
- Re-badging and widening access to existing resources e.g. e-learning modules that are held on an individual SHA’s website but are not recognised by/accessible to practitioners/leaders/managers/commissioners in other regions. Rationalisation of what is available in an area to take out duplication;

- Development of leadership development programmes for an integrated workforce containing core cross-workforce modules, supported by service specific modules.

Group One

- 1.10 The consensus of the group was that the baseline performance indicator with regards to leadership within CAMHS was not as effective as it should be. On this basis it was agreed that the current trajectory of the performance curve was currently on a downward trend and therefore action was required to ensure performance across the service as a whole was improved. However, it was acknowledged that the variation in service provision and delivery resulted in a range of leadership roles. As such 'turning the curve' would be a complex process.
- 1.11 A number of key issues were identified that described the 'story behind the baseline'. These were as follows:
- The existence of conflicting and confusing agendas which was felt to influence the performance of leaders and impact on the effectiveness of service delivery.
 - The vision from the top was not always clear which resulted in a level of confusion with regards to 'who was at the centre'. As such CAMHS tended to be service led rather than needs led.
 - There was currently a general lack of understanding between providers and commissioners with regards to what the requirements of 'leadership' were and where leadership sits within the strategic framework for CAMHS.
 - Greater consideration needs to be placed on the qualities of leadership. The personal attributes required for effective leaders cannot be derived from training.
 - The 'hierarchical structure that traditionally exists within CAMHS needs to be flattened and a greater parity of esteem achieved. In order to achieve this leadership needs to be clearly defined and translated between the different professions within CAMHS. Strong leadership skills are required in order to challenge current attitudes and promote openness.
 - A common language between professionals needs to be established. To achieve these leaders need to understand the policy landscape and be able to speak the language of the policy maker in order to ensure views are heard and the right message is conveyed. This then needs to be de-coded, translated and disseminated to teams in an appropriate manner.
- 1.12 The causes and forces at work that needed to be addressed were described as follows:
- As a result of restructuring processes and reorganisation of roles, there has been a tendency for people to be moved into senior positions without the necessary skills and experience. A review is needed to ensure the right people with the right skills are placed in the right jobs.

- Current selection and recruitment processes do not look for appropriate evidence of leadership potential; hence the selection process needs to be re-modelled and more robust.
- Data collection and analysis processes are not sufficiently robust in order to clearly define what success looks like and to what extent impact is being achieved. Better skills and understanding in relation to data collection and interpretation amongst managers is required.

1.13 A number of ideas with regards to ‘how to turn the curve’ were discussed by the group. These are summarised as follows:

- Developing leaders within CAMHS that has a common understanding and the same basic core skills.
- Opportunities for ‘shadowing’ would provide opportunities for CAMHS practitioners, at all levels, to ‘learn’ from each other’s experiences and also ‘best-practice’ from organisations outside of CAMHS. An example organisation identified was the Voluntary and Community Sector.
- Re-badge and open up existing training resources in order to make them more accessible and appropriate to the diverse CAMHS workforce.
- The development of a shared training model. It was agreed that this approach would bring extra benefits, both from a cost effectiveness and developmental perspective, at no extra cost.
- Greater focus on problem solving – the theoretical knowledge and understanding is a valid component of leadership programmes, but the real-life practice issues need to be considered too... Prospective leaders need the opportunity to explore the professional dilemmas and difficulties associated with this in order to be able to effectively transfer learning into practice.

1.14 The group discussed who the key partners were. The following were identified:

- All services and departments forming Children’s Sector Service’s
- Children, families and carers
- External partners – with national and local influence

Turning the Curve Exercise

1.14 The key issues to emerge from the OBA workshop that are vital in terms of informing the progress of this project can be summarised as follows:

- There is a need to define the CAMHS workforce for the purpose of this project;
- There is a need to more clearly define the concept of leadership;
- It may be necessary to examine the extent to which any leadership competency framework and/or strategy should be underpinned by a management competency framework and/or strategy;

- Leaders and managers need to be grown through services; professional development practices should therefore focus on these skills (at least to a minimal extent) from entry level. This would make it easier to identify those with the willingness and ability to lead and support those individuals to progress into leadership roles in a structured manner.
- For leaders to be effective they must have the support of the teams and services they are leading and managing. For this to be most effective those being managed need to understand the perspective of their managers, the requirements and expectations placed upon them and the constraints within which they operate.

APPENDIX C1

CAMHS Leadership Programme Participants

National CAMHS Support Service

1. CAMHS LEADERSHIP PROGRAMME PARTICIPANT SURVEY

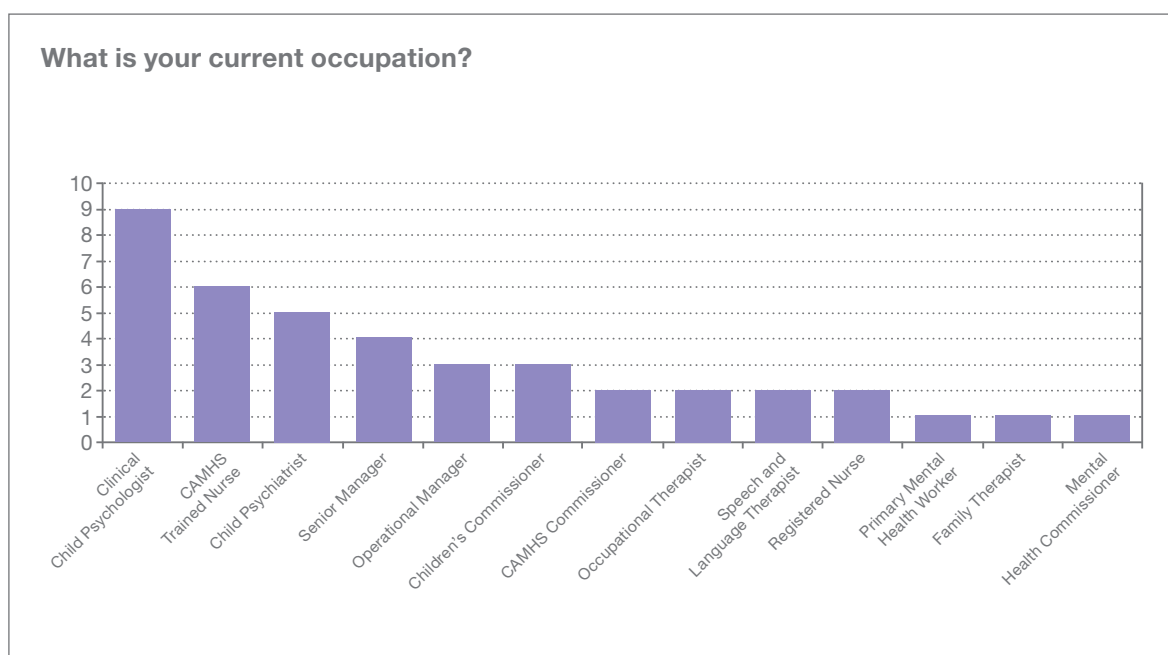
Introduction

- 1.1 To support the evaluation of Leadership Development Programmes delivered to members of the CAMHS workforce, participants of the Leadership Development Programmes were invited to take part in an online survey. The purpose of the survey was to obtain their views on:
- 1.2 The survey was available between July and September 2010 and 40 participants completed the survey.

Background Information

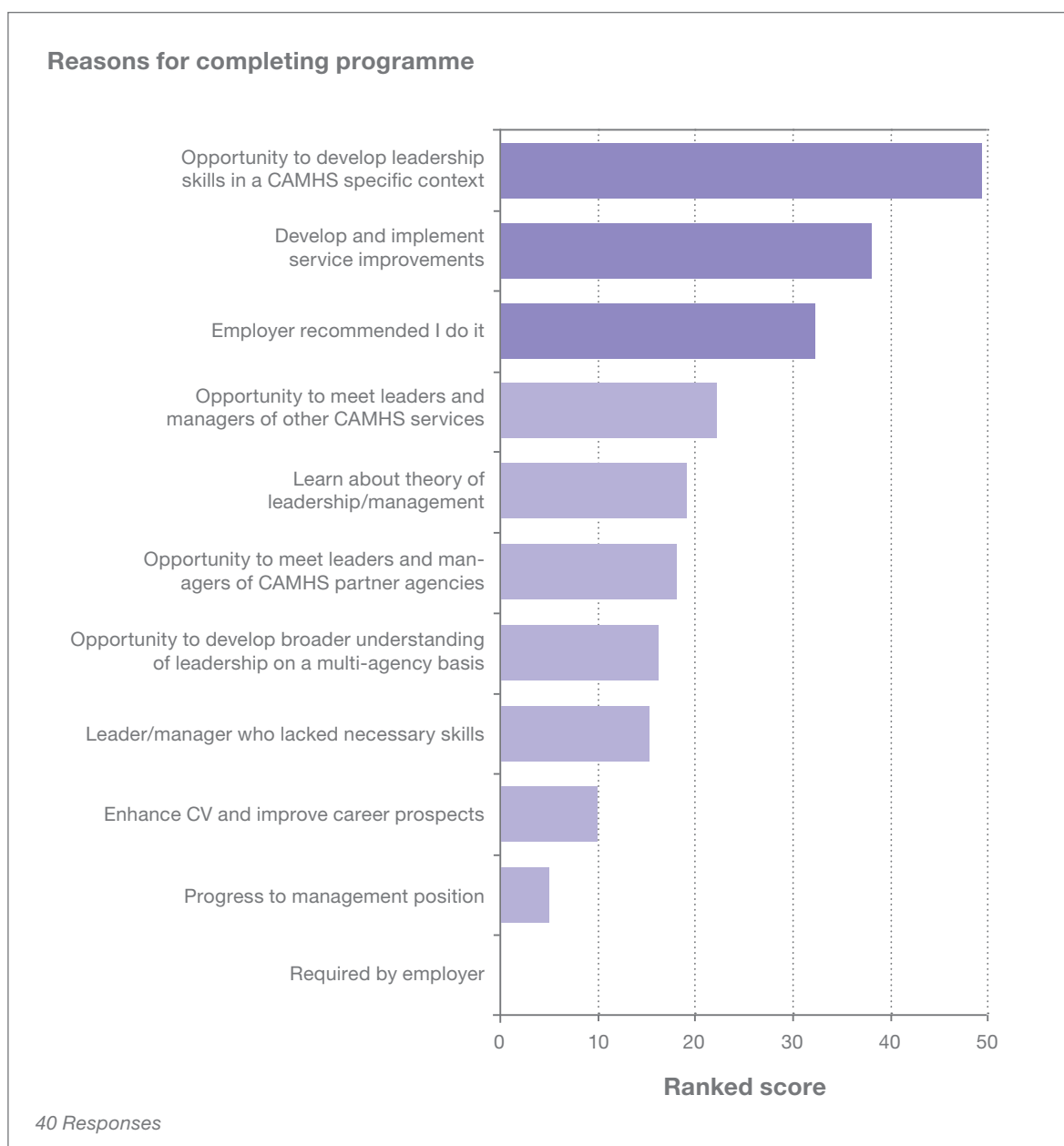
- 1.3 Of the 40 respondents, the most common age of participant was between 45 and 54 years old (55%). Participants aged 35 – 44 accounted for a further 22.5% of respondents, whilst 12.5% were 55-64 years old and the remaining 10% were aged 25 to 34. 31 (77.5%) of the 40 participants were female and 33 (82.5%) were White British. Two identified themselves as White Other, three as Indian one as Other Asian and one as Chinese, .
- 1.4 Figure 1.1 identifies that the majority of participants were Clinical Child Psychologists. Other occupations represented included Nurses, Occupational Therapists, Commissioners and Managers.

Figure 1.1. Current Occupation



- 1.5 The most popular reason for participants completing the programme was for the opportunity to develop leadership skills in a CAMHS specific context. The opportunity to develop and implement service improvements and because their employer recommended it were also popular reasons for participation.

Figure 1.2. Reason for Completing Programme



Background Information

- 1.6 The most common mechanism by which participants heard about the leadership development programme was either through an email newsletter from NCSS or CAMHS Regional Development Worker (35%, 14 responses) or from their manager (25%, 10 responses). Verbal information from NCSS or CAMHS Regional Development Worker (17.5%, 7 responses) and colleagues (15%, 6 responses). Obtaining information about the programme was generally not identified as a problem by participants – only one participant described it as difficult.
- 1.7 87.5% of participants (35 respondents) were required to complete an application to secure a place on the programme. Only four participants identified any barriers to the recruitment process. The barrier identified was concern from colleagues and the participant themselves that it could distract from their day to day work.
- 1.8 The cost of participation was predominantly borne by the NCSS or Regional Development Centre (64%, 25 responses). For 21% (8 respondents) there was no cost associated with the programme. For three participants their employer paid the full cost, whilst for another it was paid for between their employer and Regional Development Centre. Only one surveyed participant paid for it themselves.

Accreditation

- 1.9 Participants were asked if the programme they attended had the option for accreditation. Accreditation was compulsory for two respondents (5%), and for a further twelve (31%) it was an option. However for the remaining 25 (64%) of respondents who answered the question it was not an option.
- 1.10 However, of the twelve respondents for whom accreditation was optional, only four chose to take up accreditation. Participants decided not to because of the time commitment it would have required. However when participants of programmes without the option for accreditation were asked if they would have preferred an accredited course, of the 26 who answered the question, 17 said they would have preferred an accredited course. This compared to five who said no and a further four who didn't know. It appears those accredited courses are more popular because of the credibility they provide, however the additional work required acts as a disincentive.

Programme Delivery

- 1.11 Two-thirds of (67%, 24 respondents) considered the programme they attended to provide an appropriate balance between classroom-based and work-based learning. This compared to eight (22%) who said it wasn't and a further four (11%) who said it was not applicable. Only one respondent said that times and dates of classroom based discussions were inconvenient. In addition only three respondents stated the length of course was not appropriate. For two participants it was too short because of the amount of information to be absorbed in such a quick time frame. For one participant the four day residentials were considered too long.
- 1.12 Figure 1.3 identifies the responses of participants to the relevance, quality and usefulness of the learning materials they received. It is evident that the programmes were well received by participants.

Figure 1.2. Reason for Completing Programme

	Very Good	Good	Average	Poor	Very Poor
Relevance	16	17	3	0	0
Quality	16	16	4	0	0
Usefulness	16	13	6	1	0

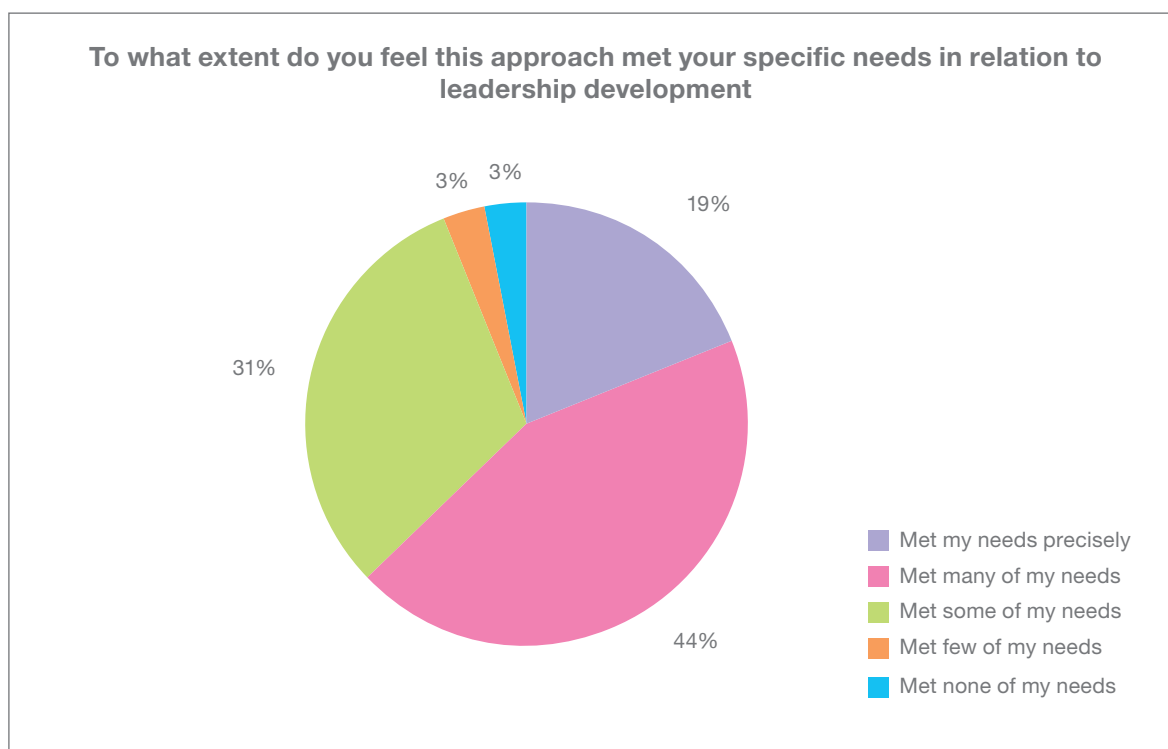
- 1.13 Participants identified a number of different activities they undertook during the programme. This included a service improvement project, leadership effectiveness analysis, classroom based learning, team based project, guest speakers, 360 degree appraisal and mentoring.
- 1.14 Figure 1.4 identifies how participants perceived the content of the programme they attended. The majority considered that the programme provided a combination of learning that comprised generic leadership skills, with specific leadership challenges within a CAMHS context and focused on service improvement through specific projects.

Figure 1.4. Content of the Programme

Answer Options	Response Percent
Predominantly focused on developing generic leadership skills e.g. leading a team, delegation	16.7%
Predominantly focused on addressing specific leadership challenges within CAMHS/BESD	22.2%
Predominantly focused on generating service improvement through specific projects and action learning	19.4%
A combination of all of the above	41.7%

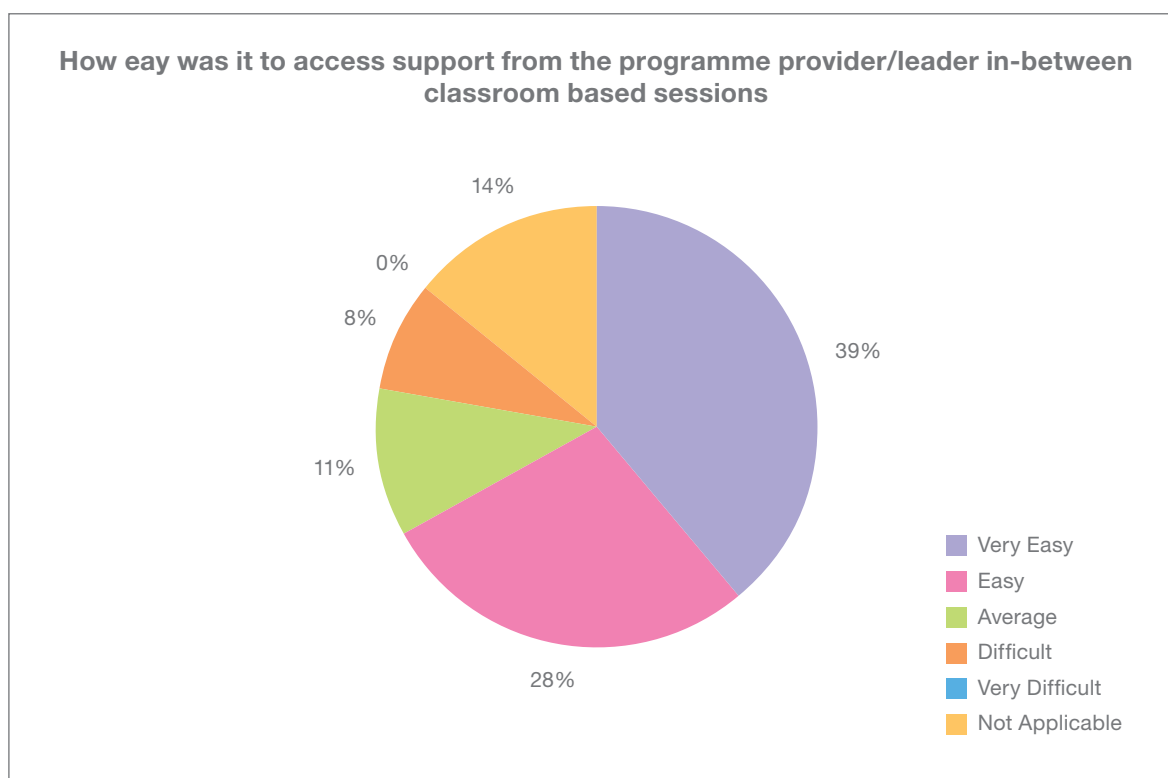
- 1.15 Figure 1.5 demonstrates that the leadership programmes adequately met the needs of the participants. The suggested improvements to the programme from the participants were diverse, representing the differing focus of participants. Some participants stated they would like more of a focus on the academic side of learning, whilst others stated that the practical and relevant elements were very useful and that it was too theory driven.

Figure 1.5. Meet Needs of Leadership Development



- 1.16 Quality of facilitation was considered to be high, with all but one respondent citing quality as very good, good or average. The majority of participants also found it easy to access support in between sessions. Only three people found it difficult, whilst 24 found it to be easy or very easy (Figure 1.6).

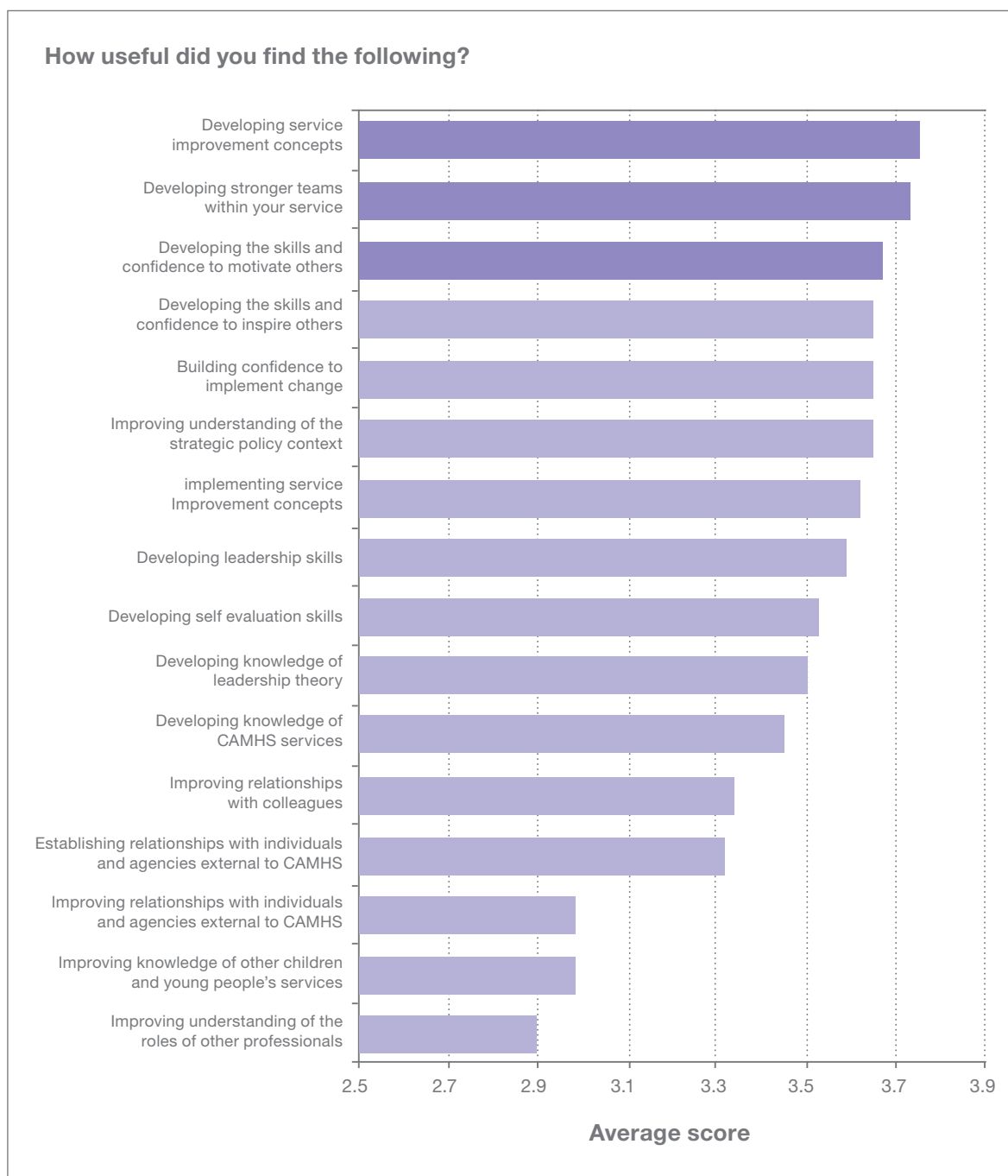
Figure 1.6. Ease of Accessing Support



- 1.17 The quality of the support provided was also rated highly. No participants rated it as poor, whilst 58% cited it as being very good, 36% as good and 6% as average.

Impacts and Outcomes

Figure 1.6. Ease of Accessing Support



- 1.18 Respondents were asked to rate the impact of the programme on the outcomes identified in Figure 1.7. A rating of five indicates that the programme was very useful and a rating of one indicates the programme was not useful. The leadership programmes attended were considered to be most useful to develop service improvement concepts, develop stronger teams and developing the skills and confidence to motivate others.

- 1.19 Since taking part in a leadership development programme eight participants (28%) had progressed into a more senior management role. Three said the programme had a reasonable impact in helping to secure their new position, three said it had a slight impact and one said it had no impact at all. In addition 24 of 36 respondents said they had taken on increased leadership responsibilities since participating in a leadership development programme. Of these 13, two said the programme had made a significant impact on their ability to take on these responsibilities, whilst seven said it had made a reasonable impact and the remaining four said it had made a slight impact.
- 1.20 Figure 1.8 demonstrates that following their participation 90% of respondents stated that they felt more confident developing and empowering others. They also felt more confident articulating organisational vision and values to team members (80%), encouraging improvement and innovation (75%), facilitate transformation (75%) and continue their personal development (75%).

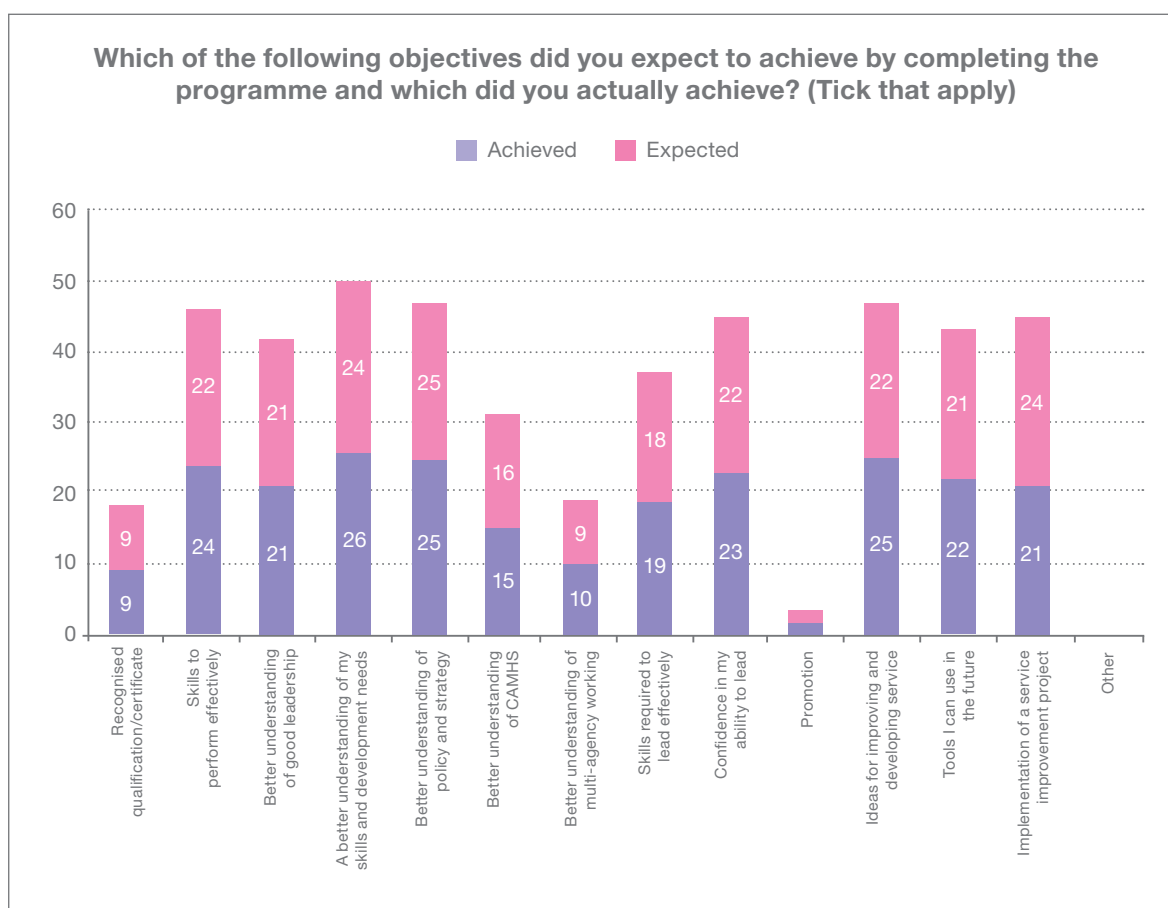
Figure 1.6. Ease of Accessing Support

Answer Options	More Confident	Less Confident	No Change
Manage yourself	78%	0%	22%
Continue your personal development	78%	0%	22%
Develop and empower others	94%	0%	6%
Act with integrity	53%	0%	47%
Intellectual flexibility	61%	3%	36%
Political astuteness	69%	3%	28%
Develop networks	50%	0%	50%
Build and maintain relationships	47%	0%	53%
Encourage contribution	64%	3%	33%
Work with teams	53%	0%	47%
Think and plan at a strategic level	75%	3%	22%
Articulate organisational vision and values to team members	86%	3%	11%
Manage resources	61%	0%	39%
Manage people	53%	0%	47%
Manage performance	50%	3%	47%
Implement effective safeguarding measures	31%	0%	69%
Gather data and critically evaluate	58%	0%	42%
Encourage improvement and innovation	81%	3%	17%
Effective and strategic influencing	75%	3%	22%
Facilitate transformation	81%	3%	17%
Leading people through change	75%	3%	22%
Identify the contexts for change	69%	3%	28%
Apply knowledge and evidence	53%	6%	42%



Make decisions	50%	3%	47%
Improve services	75%	0%	25%
Evaluate impact	58%	3%	39%


Figure 1.9. Expected and Achieved Objectives



1.21 Figure 1.9 identified the expected and achieved outcomes of the surveyed participants. The most frequent objectives they expected to achieve were:

- A better understanding of their own skill and development needs;
- Implementation of a service improvement project;
- Ideas for improving and developing services;
- The skills to perform effectively;
- Confidence in ability to lead; and
- A better understanding of policy and strategy.

1.21 Figure 1.9 identified the expected and achieved outcomes of the surveyed participants. The most frequent objectives they expected to achieve were:

- 
- 1.23 Overall, 83% of respondents felt more or significantly more confident in their ability to lead having completed the programme. The remainder said they felt no change. In total 56% said that their leadership style had changed as a result of the programme. This centred on being more confident, improved delegation and providing better direction to team members. 81% also felt that their participation had benefited their organisation. This centred on the ability to think strategically, implement change and general service improvement.

APPENDIX C2

CAMHS Service Manager Survey Responses

National CAMHS Support Service

1. CAMHS SERVICE MANAGER SURVEY

Introduction

- 1.1 To support the evaluation of Leadership Development Programmes delivered to members of the CAMHS workforce, current CAMHS Service Managers were invited to take part in an online survey. The purpose of the survey was to obtain their views on:
- The requirements of leaders in CAMHS,
 - The skills that must be developed;
 - The extent to which these skills are present in the current workforce;
 - The opportunities that exist to develop these skills; and
 - How skills can be improved.
- 1.2 The survey was available throughout July and August 2010 and 98 Service Managers completed the survey.

Service Information

Geography

- 1.3 Respondents of the survey were predominantly located in the North West (30.5%) and Yorkshire and Humber (18.1%). London (14.3%) and the North East (11.4%) were also strongly represented in the survey.

Figure 1.1. Current Occupation

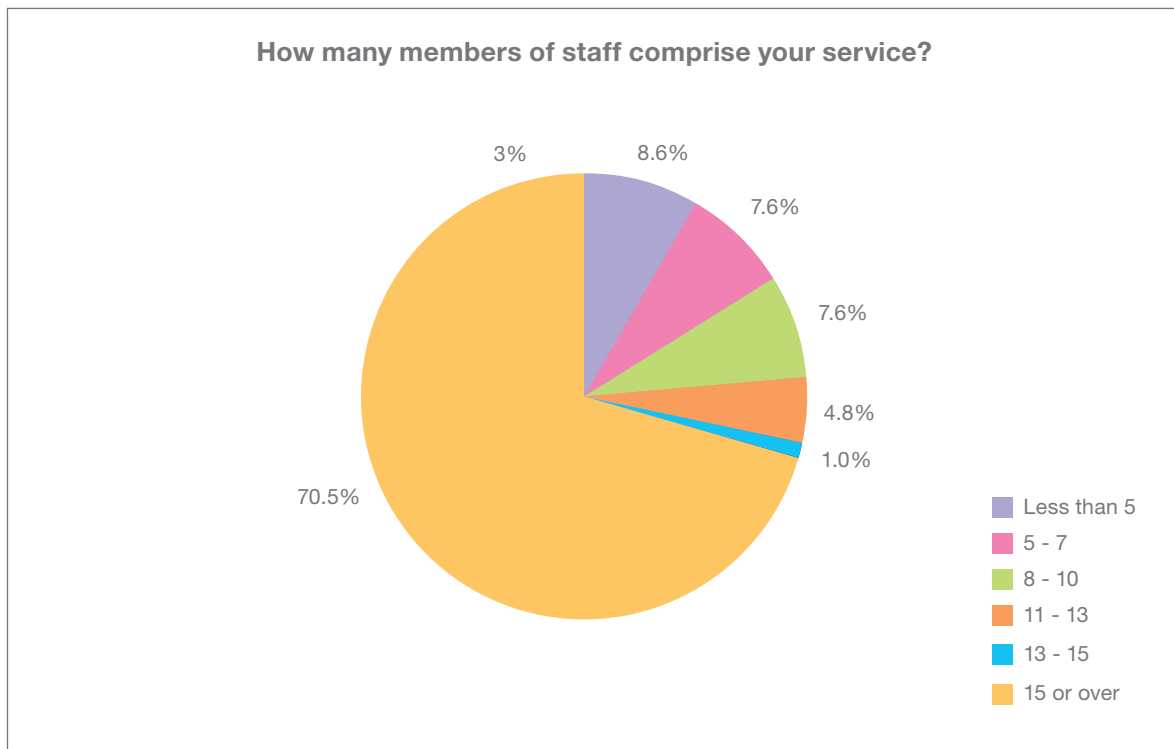
Geography	% Response
East Midlands	2.9%
East of England	4.8%
London	14.3%
North East	11.4%
North West	30.5%
South East	6.7%
South West	4.8%
West Midlands	6.7%
Yorkshire and Humber	18.1%

105 Responses

Staff

- 1.4 Of the Service Managers completing the service nearly three quarters had a service of over 15 members of staff (Figure 1.2). Only 8.6% had a service of less than five staff.

Figure 1.2. Number of Staff



- 1.5 The most common occupation within services was Clinical Child Psychologists, with 72.4% of service managers identifying this occupation within their service (Figure 1.3). Other common occupations included Operations Managers (66.7%), CAMHS Trained Nurses (65.73%) and Child Psychiatrists (65.3%). CAMHS Commissioners (13.3%) and Speech and Language Therapists (12.4%) were the least common occupations within the surveyed CAMHS Services.

Figure 1.3. Occupations within Service

Occupation	% Response
Clinical Child Psychologist	72.4%
Operational Manager	66.7%
CAMHS Trained Nurse	65.7%
Child Psychiatrist	63.8%
Family Therapist	60.0%
CAMHS Worker	53.3%
Social Worker	53.3%
Registered Nurse	46.7%
Child Psychotherapist	44.8%
Creative Therapist	26.7%
Occupational Therapist	24.8%
Specialist Teacher	20.0%
CAMHS Commissioner	13.3%
Speech and Language Therapist	12.4%

105 Responses. Note responses will not total 100% because of multiple answers

Professional History

- 1.6 Service Managers were asked their professional background, prior to becoming a Service Manager. Figure 1.4 identifies that the most common occupation was that of a Registered Nurse or CAMHS Trained Nurse whilst Operational and Senior Managers were also frequent.

Figure 1.4. Professional Background

Occupation	% Response
Registered Nurse	25.5%
CAMHS Trained Nurse	23.4%
Senior Manager	22.3%
Operational Manager	20.2%
Social Worker	11.7%
Family Therapist	10.6%
Clinical Child Psychologist	8.5%
Child Psychotherapist	3.2%
CAMHS Worker	3.2%
Occupational Therapist	3.2%
Creative Therapist	2.1%
Child Psychiatrist	1.1%
Specialist Teacher	1.1%
Speech and Language Therapist	1.1%
CAMHS Commissioner	1.1%

94 Responses. Note responses will not total 100% because of multiple answers

Programme Delivery

- 1.7 Nearly half of Service Managers surveyed had managed the service for between 1 and 3 years (45%). A further 21.6% had managed the service for less than a year, whilst the remaining 33% had managed the service for more than 3 years (Figure 1.5)

Figure 1.5. Duration of Management

Length of Time	% Response
Less than 1 year	20.2%
1-3 years	47.9%
3-5 years	9.6%
5-7 years	5.3%
7-9 years	8.5%
10 years or over	8.5%

88 Responses.

- 1.8 53.2% of Service Managers had worked in the service prior to becoming Service Manager, with 72.6% of those having worked in the service for over five years. Only 21.5% of respondents had previously managed another CAMHS service.

Leadership Competencies for CAMHS

- 1.9 Figure 1.5 identifies the competencies Service Managers consider most essential to provide effective leadership. Every respondent identified the importance of being able to develop and empower others. Several others were identified by over 90% of respondents including the ability to manage yourself (97.7%), act with integrity (97.7%) and articulate vision (97.7%). It is noteworthy that of all the competencies identified as important, the lowest; critical evaluation of value for money offered by approaches to service delivery, was still selected by 84.9% of service managers.

Figure 1.5. Competencies of Effective Leadership

Competency	% Response
Develop and empower others	100.0%
Manage yourself	97.7%
Act with integrity	97.7%
Ability to articulate organisational vision and values to team members	97.7%
Develop networks	96.5%
Build and maintain relationships	96.5%
Encourage improvement and innovation	96.5%
Make decisions	96.5%
Encourage contribution	95.3%



Manage people	95.3%
Manage resources	94.2%
Leading people through change	94.2%
Continue your personal development	93.0%
Ability to think and plan at a strategic level	93.0%
Manage performance	93.0%
Implement effective safeguarding measures	91.9%
Apply knowledge and evidence	91.9%
Intellectual flexibility	89.5%
Work within teams	89.5%
Critical evaluation of the outcomes generated by CAMHS services	89.5%
Facilitate transformation	89.5%
Evaluate impact	89.5%
Effective and strategic influencing	88.4%
Political astuteness	87.2%
Identify the contexts of change	87.2%
Ability to develop effective models of evidence based practice	86.0%
Critical evaluation of the outcome generated by service improvements	84.9%
Critical evaluation of value for money offered by approaches to service delivery and service improvements	84.9%

86 Responses. Note responses will not total 100% because of multiple answers

- 1.10 69.8% of respondents considered the skills required of leaders in CAMHS had changed within the last five years. The most common skills identified included the ability to effectively budget and manage finances. This was also linked to the ability to measure outcomes and performance and establish a robust evidence base. The importance of partnership working and being flexible in delivery was also regularly cited as a key change within the last five years. Lastly several Service Managers stated that they now have to be increasingly politically and strategically aware, as well as managing the operational aspects of the service.

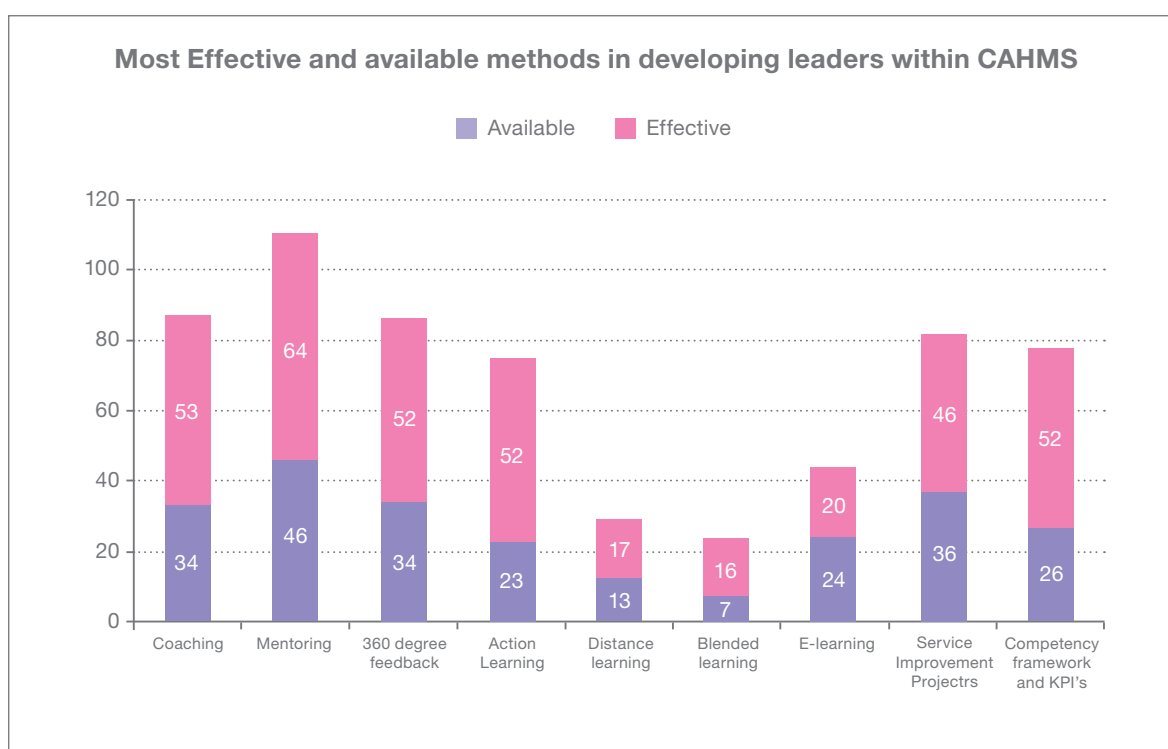
Existing Leaders

- 1.11 Service Managers were asked if they felt confident in their ability to lead. 910.5% stated that they were, whilst 9.5% said they were not. Of the few that said they were not, a lack of training and support was cited as the primary reason they lacked the confidence in their ability to lead.
- 1.12 Service Managers were then asked if they thought that all members of staff in leadership positions currently had the necessary skills and competencies to lead. Of the 84 who answered the question only 16.7% said yes, whilst the remaining 83.3% did not think all members of staff had the necessary competencies.
- 1.13 Many and varied skills gaps were identified by respondents including a lack of experience, lack of people skills, inability to project manage, poor understanding of strategic drivers, inability to make decisions and a lack of support.
- 1.14 Service managers were also asked if they measured the impact that their leaders have on their teams; 27 said that they did, whilst 51 said they did not. Impact was commonly measured through regular performance meetings, 360 degree evaluation and through supervision.

Developing Leaders

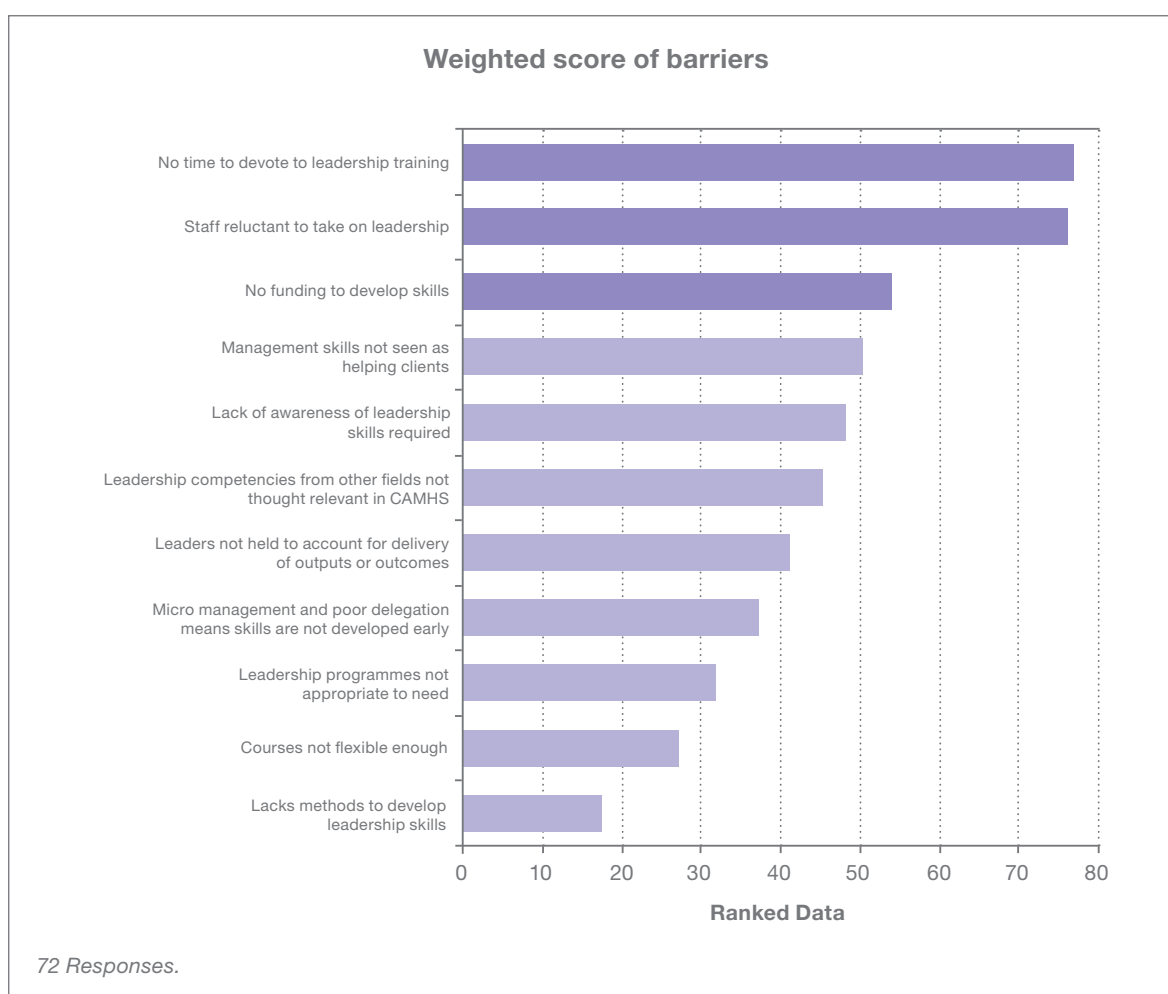
- 1.15 The development of leadership skills within their CAMHS workforce was identified as a priority by 46 respondents, compared to 26 who did not think it was. 27 Service Managers had a process to identify people with leadership potential, whilst 45 did not. The assessment criteria to identify people with leadership potential centred on personal development plans and 360 degree evaluation.
- 1.16 37 respondents stated that specific support was made available to individuals progressing from clinical roles to management positions, this compared to 22 who said there was none and 13 who did not know. Specific support included leadership courses, shadowing opportunities and peer mentoring.
- 1.17 Figure 1.6 demonstrates that the most effective methods in developing leaders within the CAMHS service was considered to be mentoring (64 responses), coaching (53 responses), 360 degree feedback, action learning, and competency framework (all 52 responses). The most available methods, were mentoring (46 responses), service improvement projects (36 responses) coaching (34 responses) and 360 degree feedback (34 responses).

Figure 1.6. Availability and Effectiveness of Methods to Develop Leaders



- 1.18 However when asked if these methods are used to assess the impact that they have on staff, only 29.2% of the 72 respondents said they were, whilst 33.3% said they were not and the remaining 37.7% did not know.
- 1.19 Respondents were also asked to identify the three main barriers to developing effective leaders within their service. Figure 1.7 shows the weighted scores for the barriers. The three most significant barriers were a lack of time specifically devoted to leadership training, staff reluctant to take on leadership roles and no funding available to develop these skills.

Figure 1.7. Barriers to Developing Effective Leaders



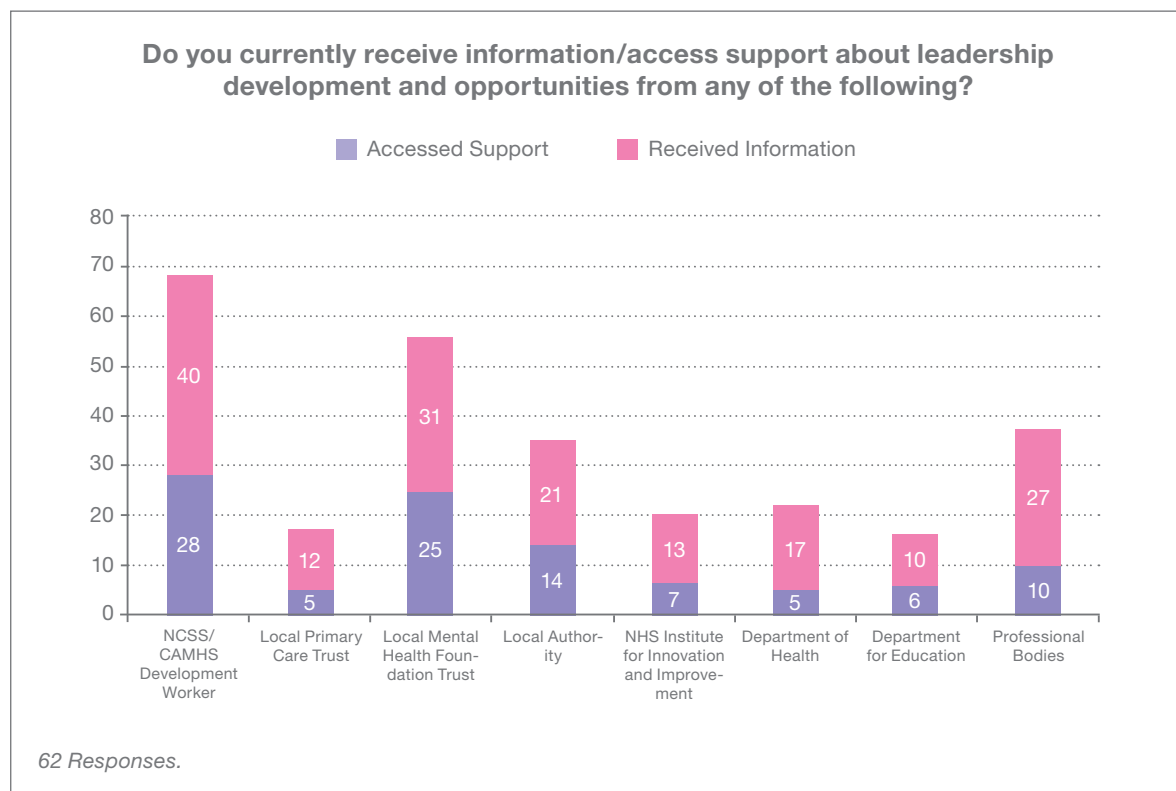
Resourcing Leadership Development

- 1.20 72 respondents answered the question as to whether they had a training budget. 43.1% stated they did, 41.7% did not and the remaining 15.3% didn't know. For the majority of respondents stating they had a training budget this was commonly below 3% of their total annual budget.

Support to Develop Leadership Skills

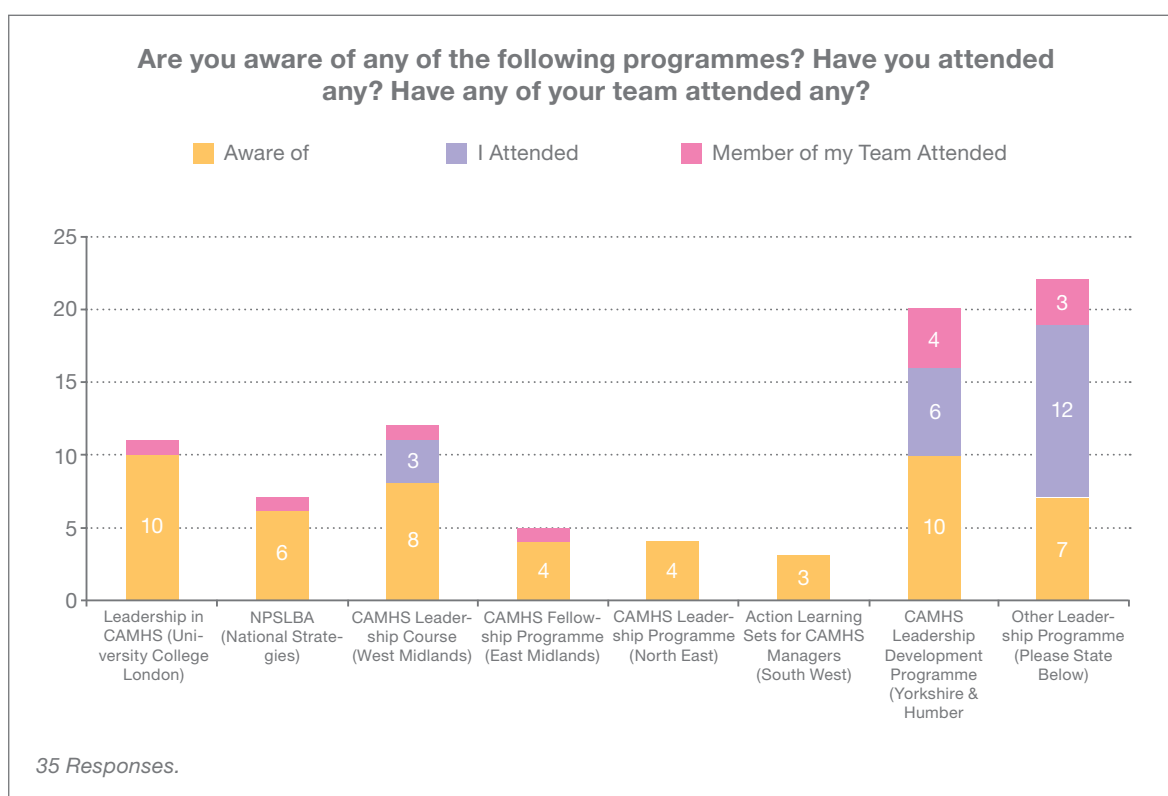
- 1.21 Service Managers were asked if they knew where to go to obtain information and support to develop leadership skills within their service. Of the 68 responses 80.9% of Service Managers said they did, whilst only 19.1% did not.
- 1.22 Leadership development opportunities were most commonly received from NCSS/CAHMS Regional Development Workers (40 responses) and Local Mental Health Foundation Trusts (31 Responses). These routes also account for the most common sources of accessing support (Figure 1.8).

Figure 1.8. Access Support and Information



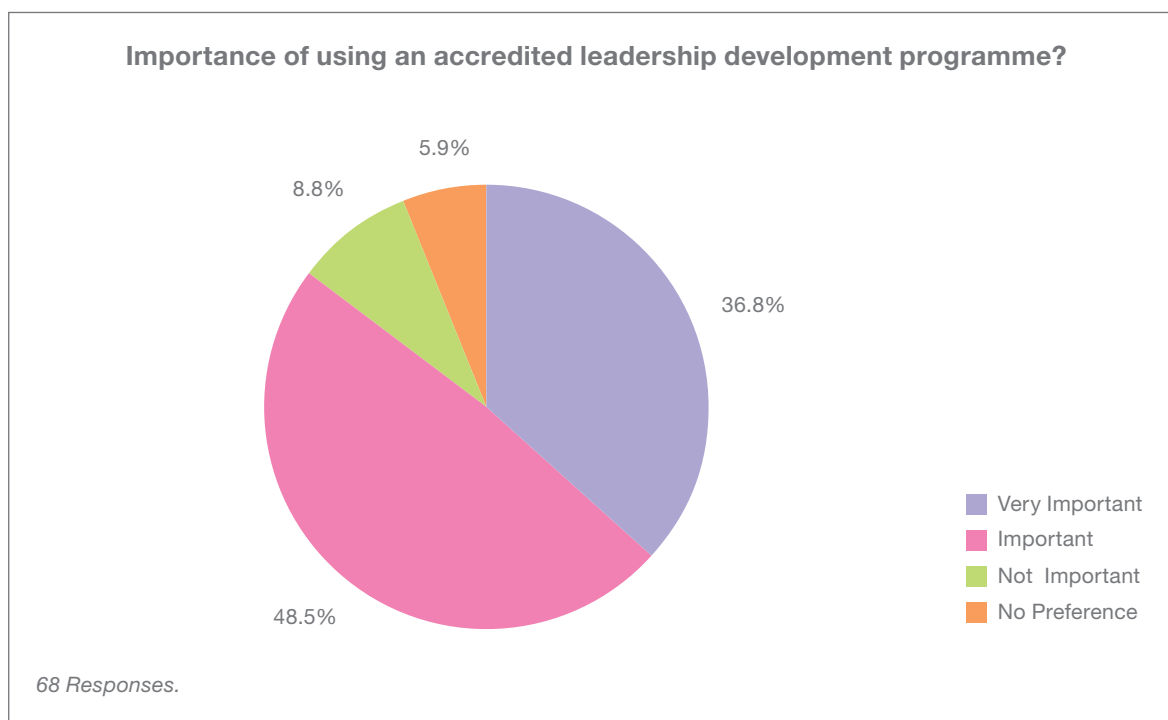
1.23 Service Managers were also asked what Leadership Programmes they were aware of. Figure 1.9 illustrates that the Leadership in CAMHS, provided by UCL and the CAMHS Leadership Development Programme in Yorkshire and Humber were the most well known. The most attended courses were the CAMHS Leadership Course in the West Midlands and the CAMHS Leadership Development Programme in Yorkshire and Humber. Other identified leadership programmes were commonly in-house courses or those provided by the NHS Trust. Other external courses identified were Staffordshire University, York University and the Open University.

Figure 1.9. Awareness and Attendance of Leadership Programmes



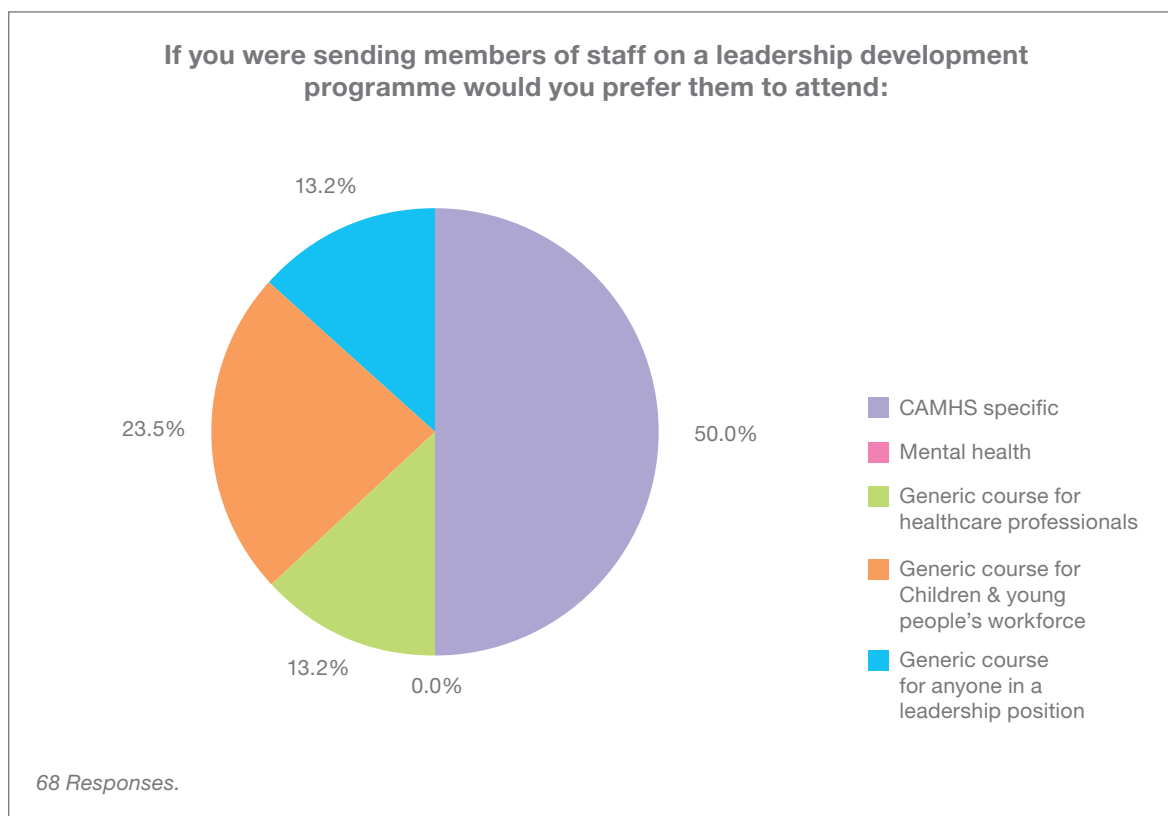
- 1.24 Figure 1.10 demonstrates that 85.3% of Service Managers consider it to be important or very important for leadership development programmes to be accredited, compared to only 9.2% who did not. The reasons why accreditation was viewed as important is varied, however this included the credibility, consistency and recognition that accredited courses provided. In addition it also seen to encourage staff to participate because it was a formal qualification.

Figure 1.10. Importance of Accredited Programme



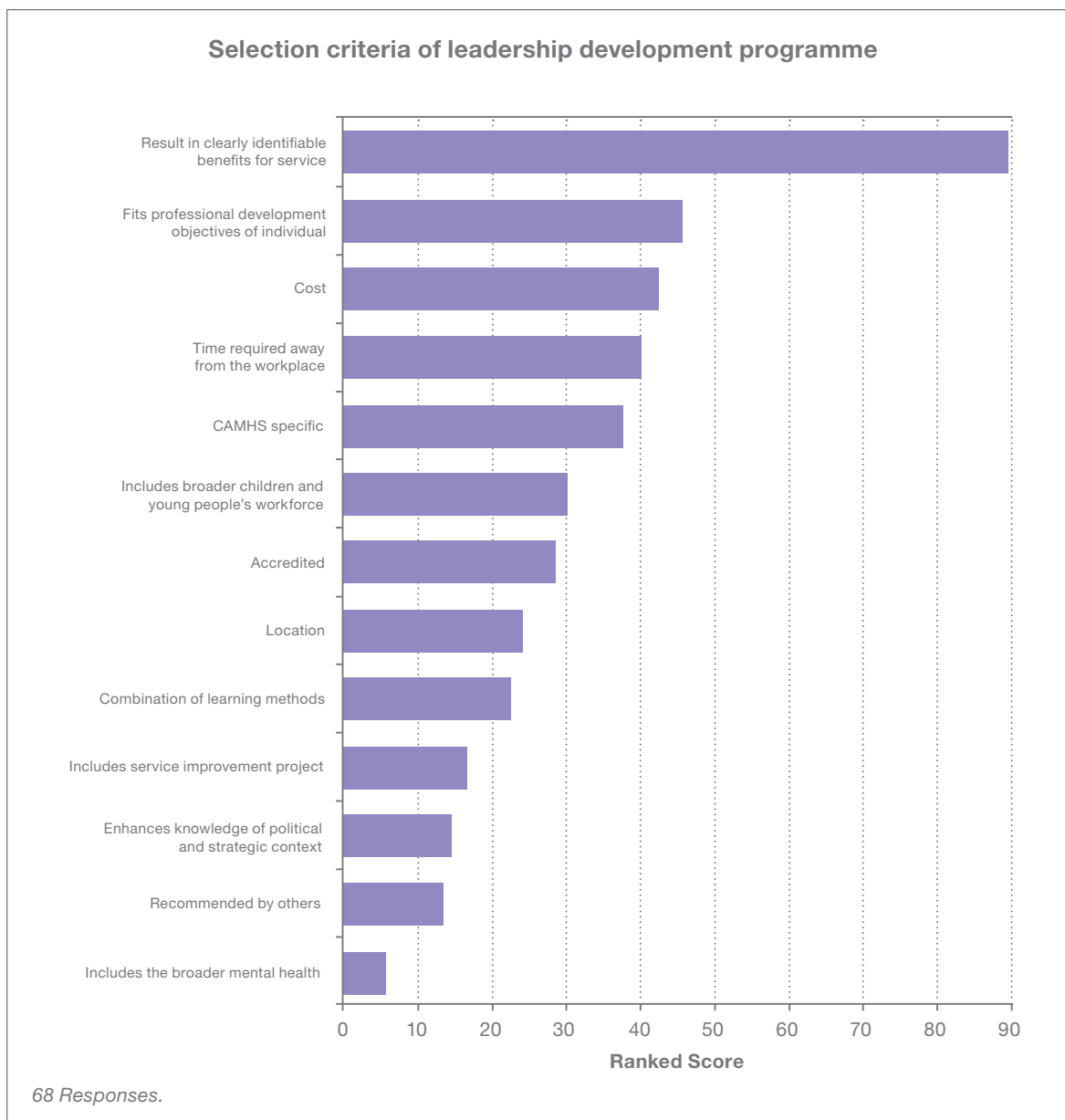
- 1.25 Service Managers were strongly in favour of sending staff on a CAMHS Specific leadership development programme rather than a generic leadership course (Figure 1.11). This was because it ensures the skills and techniques learnt are directly applicable to their workplace and day to day activities. A generic course would be less relevant and the skills learnt would need to be adapted to a CAMHS context.

Figure 1.11. Preferred Leadership Development Course



- 1.26 The three most important criteria when selecting a leadership development programme was cited as identifiable benefits to the service as a result of a member of staff completing the programme, fit with the professional development objectives of the individual and the cost (Figure 1.12). The least important criteria was that the programme had to fit with the broader mental health workforce and that it was recommended by others.

Figure 1.12. Preferred Leadership Development Course



- 1.27 In response to whether the development of a single CAMHS specific leadership competency framework would be useful to your service, 55.9% of Service Managers stated that it would, whilst 14.7% said it would not and the remaining 29.4% did not know. Service Managers considered it would be useful because CAMHS is a complex field and therefore a CAMHS specific leadership competency framework would be beneficial. Those who said it would not be useful cited that it was more important to develop skills and expertise in actual delivery, rather than leadership skills which are more generic. There was also a fear it would be another document or framework which would not be fully adopted and utilised. Those who responded with don't know wanted more information on the framework before being able to make a judgement.
- 1.28 Service Managers were also asked if a single CAMHS specific leadership development programme would be useful. 52.9% said it would be useful, 17.6% said it would not and the remaining 29.4% did not know. The reasons for and against were the same as those cited above for the previous question. Respondents felt it could be useful but were hesitant to commit until they saw further details as to what the leadership development programme would comprise.

APPENDIX C3

CAMHS Commissioners Survey Responses

National CAMHS Support Service

1. CAMHS COMMISSIONERS SURVEY

Introduction

1.1 To support the evaluation of Leadership Development Programmes delivered to members of the CAMHS workforce, CAMHS Commissioners were invited to take part in an online survey. The purpose of the survey was to obtain their views on:

- The requirements of leaders in CAMHS,
- The skills that must be developed;
- The extent to which these skills are present in the current workforce;
- The opportunities that exist to develop these skills; and
- How skills can be improved.

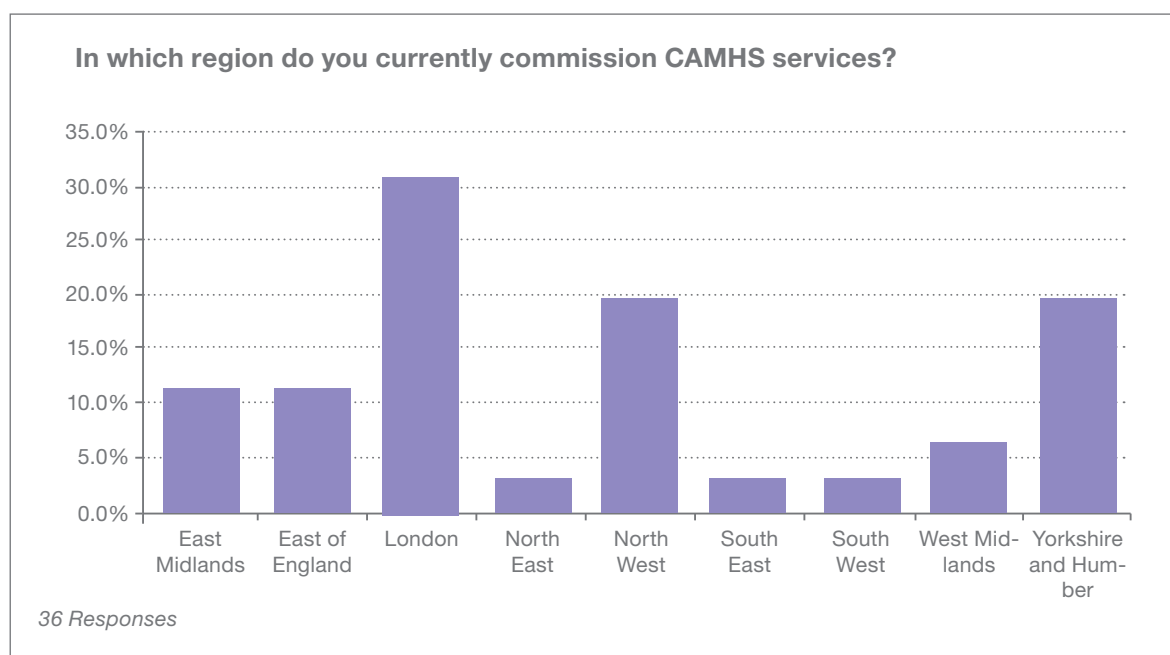
1.2 The survey was available throughout July and August 2010 and 36 Commissioners took part in the survey.

Service Information

Geography

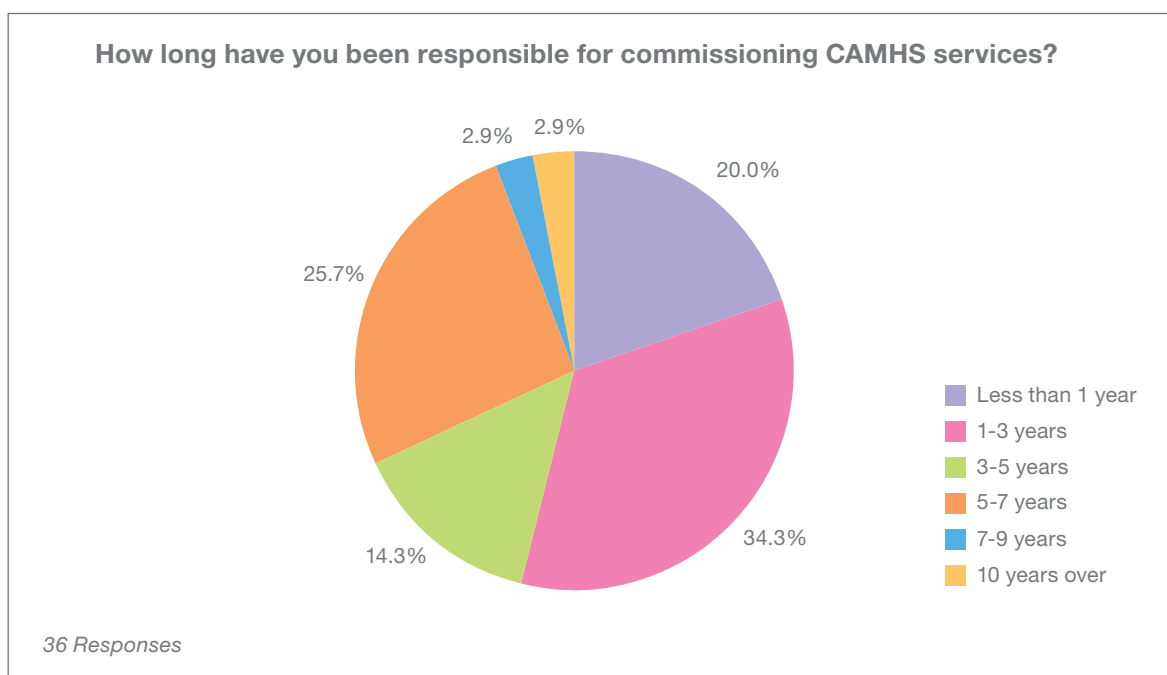
1.3 London, the North West and Yorkshire and Humber were the three areas where CAMHS services were predominantly commissioned by survey completers (Figure 1.1)

Figure 1.1. Geography of Commissioning



- 1.4 Of the commissioners completing the survey 34.3% had been responsible for commissioning CAMHS services for between one and three years. A quarter (25.7%) had been commissioning services for five to seven years. 60% of CAMHS Commissioners had previous experience of working within the CAMHS service, this included a variety of occupations such as nurses, practitioners and managers.

Figure 1.2. Geography of Commissioning



Understanding CAMHS Services

- 1.5 77.1% of commissioners felt they had a comprehensive understanding of what is required to deliver CAMHS services, however this meant 22.9% did not. Commissioners cited their many years experience as the key reason why they felt they had a comprehensive understanding of the requirements. Those that did not cited a lack of experience, and out of date understanding, partly driven by the fact they had several other fields they commission. One respondent stated they would like a broader understanding and had been searching for a CAMHS qualification but could not find anything.

Leadership Competencies

- 1.6 78.8% of commissioners stated that they had a clear understanding of the competencies required to lead effectively within CAMHS. This contrasted to only 3% who said no and 18.2% who did not know. Figure 1.3 identifies the competencies Commissioners consider are required to be an effective leader within the CAMHS service. The most important was the ability to think and plan at a strategic level (97%) and make decisions (97%). However as identified many competencies were considered important and even the least important were identified by 78.8% of respondents.

Figure 1.3. Competencies of Effective Leadership

Competency	% Responses
Ability to think and plan at a strategic level	97.0%
Make decisions	97.0%
Develop and empower others	93.9%
Act with integrity	93.9%
Develop networks	93.9%
Ability to articulate organisational vision and values to team members	93.9%
Manage resources	93.9%
Manage performance	93.9%
Critical evaluation of the outcomes generated by CAMHS services	93.9%
Evaluate impact	93.9%
Political astuteness	90.9%
Continue your personal development	87.9%
Intellectual flexibility	87.9%
Build and maintain relationships	87.9%
Critical evaluation of the outcome generated by service improvements	87.9%
Critical evaluation of value for money offered by approaches to service delivery and service improvements	87.9%
Apply knowledge and evidence	87.9%
Manage yourself	84.8%
Implement effective safeguarding measures	84.8%
Encourage improvement and innovation	84.8%
Leading people through change	84.8%
Work within teams	81.8%
Ability to develop effective models of evidence based practice	81.8%
Effective and strategic influencing	81.8%
Facilitate transformation	81.8%
Encourage contribution	78.8%
Manage people	78.8%
Identify the contexts for change	78.8%

33 Responses

- 1.7 60.6% of commissioners felt the skills required of leaders in CAMHS had changed in the last five years. The key skill requirements were the need to operate strategically and have a wider knowledge because of a more joined up approach. In addition commissioners also identified the need to be more business like and have change management and efficiency expertise.

Leadership in CAMHS Services

- 1.8 81.8% of respondents said that the leadership skills of CAMHS Service Managers and other team members was a consideration during the commissioning process. However only 9.1% thought that staff currently in leadership positions had the necessary skills and competencies to lead effectively. The lack of skills cited were varied, however the focused on a lack of business acumen or demonstrating the ability to adapt, change and be innovative. A lack of strategic oversight and understanding was also identified as a skill gap as was the failure to lead by example.
- 1.9 Encouragingly 75% of commissioners said they were taking action to address the skills gaps in leadership. This was commonly monthly meetings to highlight issues and discuss how they can be addressed.
- 1.10 53.6% of Commissioners stated that the development of leadership skills within the CAMHS workforce was a priority for them as Commissioners. However three quarters of surveyed Commissioners stated that effective leadership was a consideration in the performance management of the service. 57.1% of Commissioners also hold their Service Managers accountable for developing their own team members.
- 1.11 39.3% of Commissioners said that action was taken in respect of managers that are considered to be ineffective. Whilst 17.9% said action was not taken and 42.9% did not know. The action taken in respect of ineffective managers included raising specific training and learning points in monthly management meetings. The Performance Management Process was also identified as a way to highlight and improve ineffective managers. Some Commissioners also identified that it was their responsibility to commission and performance manage services, not provide specific support to address failing performance. It was suggested that is the responsibility of the Trust to address the detail of turning around poor performance.
- 1.12 46.4% of Commissioners allow for a designated training budget within their commissioned service, compared to the 53.6% who do not. There was no set proportion of total annual budget. Rather providers identify staff training within their budgets, often as part of oncosts. One Commissioner stated that 25% of budget was allowed for oncosts which included training.

Developing Leaders

- 1.13 The most significant barrier to developing effective leaders, identified by Commissioners is the fact that leaders are not held to account for the delivery of outputs or outcomes. The other most frequently cited barriers were a lack of time to devote specifically to leadership training, a lack of awareness of the leadership skills required and the fact management skills do not have parity of esteem with advanced clinical skills and is not seen as helping young people (Figure 1.4).

Figure 1.4. Barriers to Developing Effective Leaders



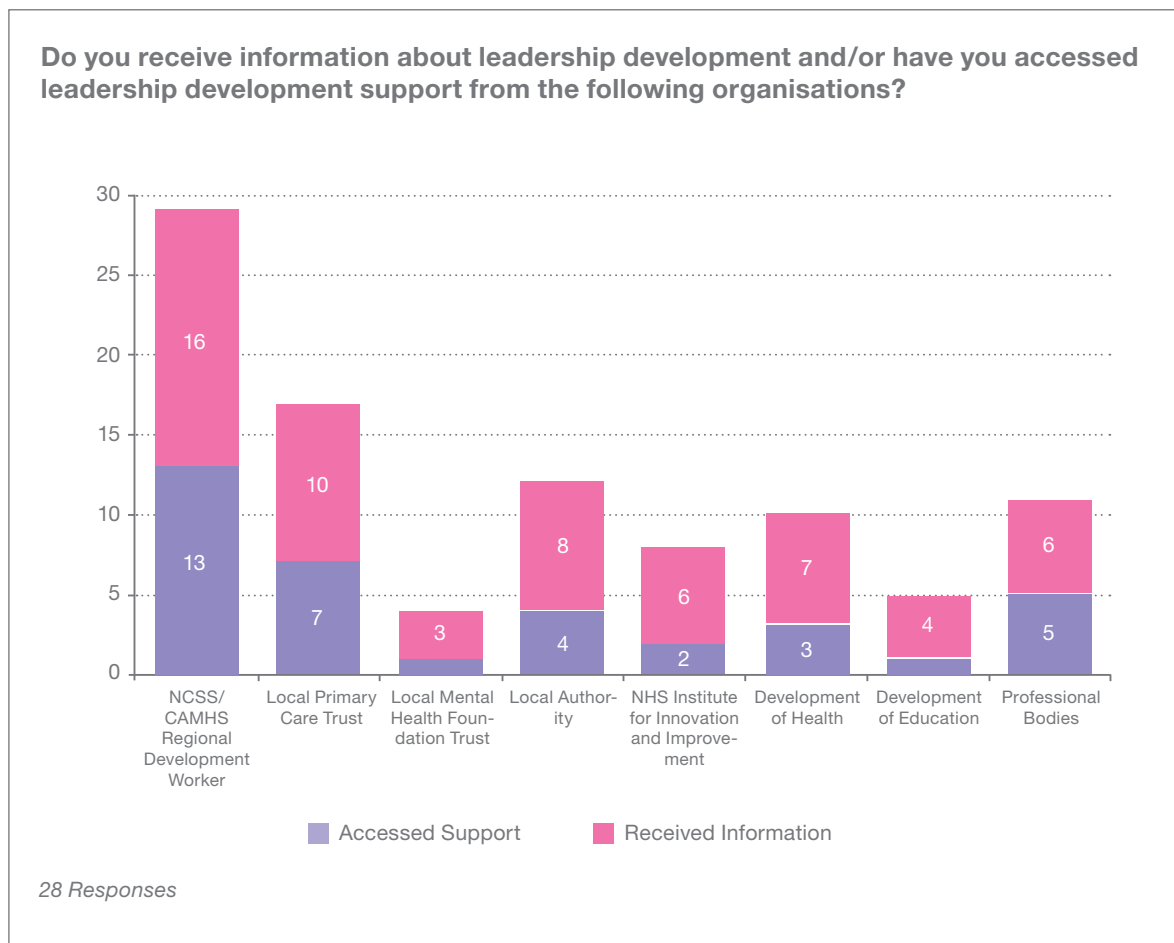
Personal Leadership Skills

- 1.14 71.4% of Commissioners considered themselves to be a leader within CAMHS. This is because Commissioners identify themselves as setting, or being seen to set, the local strategy and agenda and providing the overall strategic direction of CAMHS. Commissioners also stated they empower and support CAMHS Managers to deliver the commissioned service and promote a collaborative approach.

Support to Develop Leadership Skills

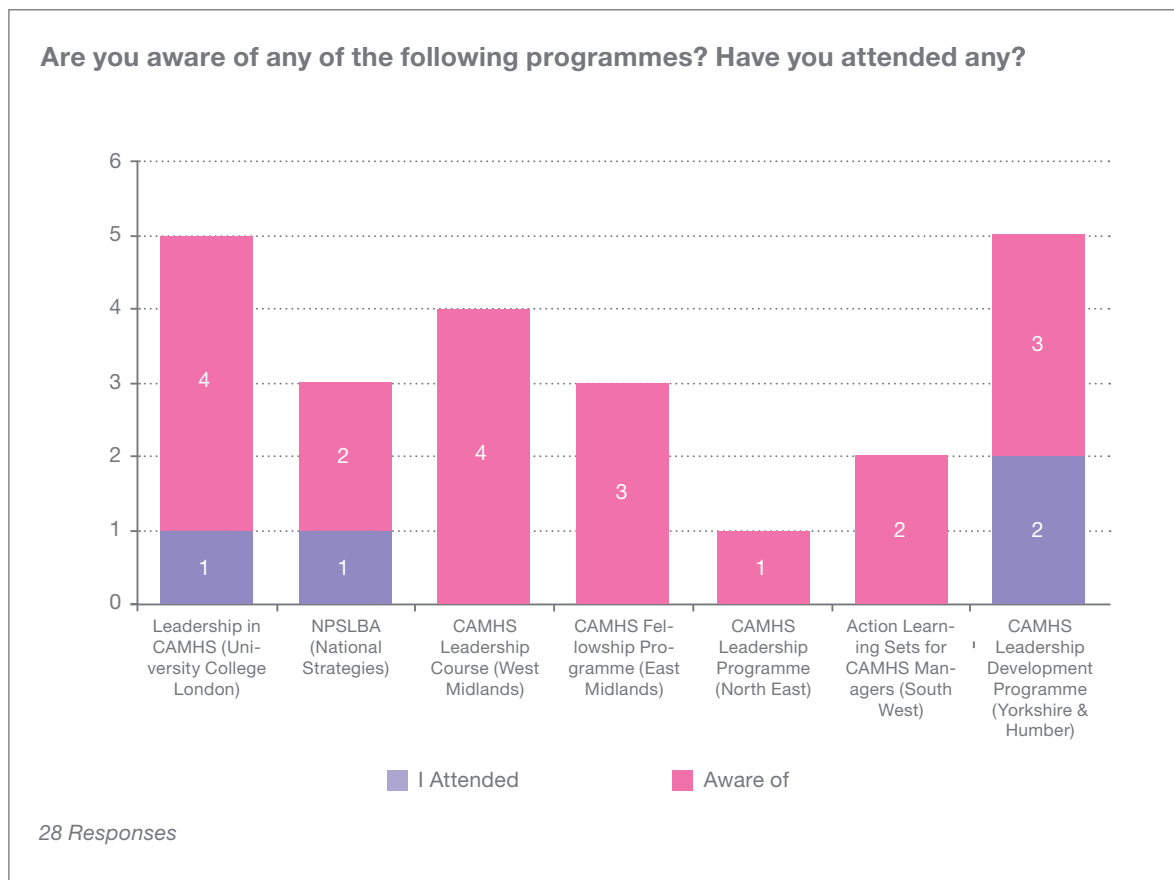
- 1.15 Commissioners were most likely to access information and receive support about leadership development from the NCSS/CAMHS Regional Development Worker. Primary Care Trusts were the second most popular organisation (Figure 1.5)

Figure 1.5. Access Leadership Development Opportunities



- 1.16 Only three Commissioners had been involved in commissioning any leadership development training and only eight Commissioners said any of their staff had been on a leadership development programme.
- 1.17 Figure 1.6 identifies the awareness and attendance of Commissioners on the leadership development programmes.

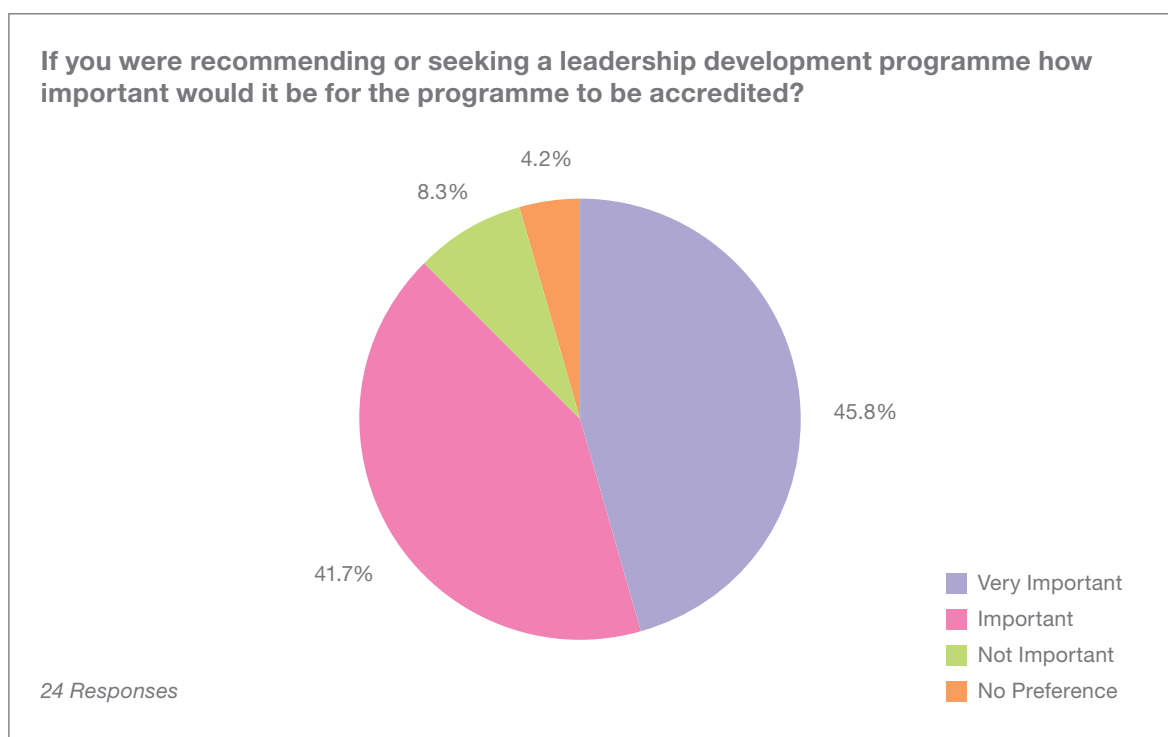
Figure 1.6. Awareness of Leadership Programmes



Support to Develop Leadership Skills

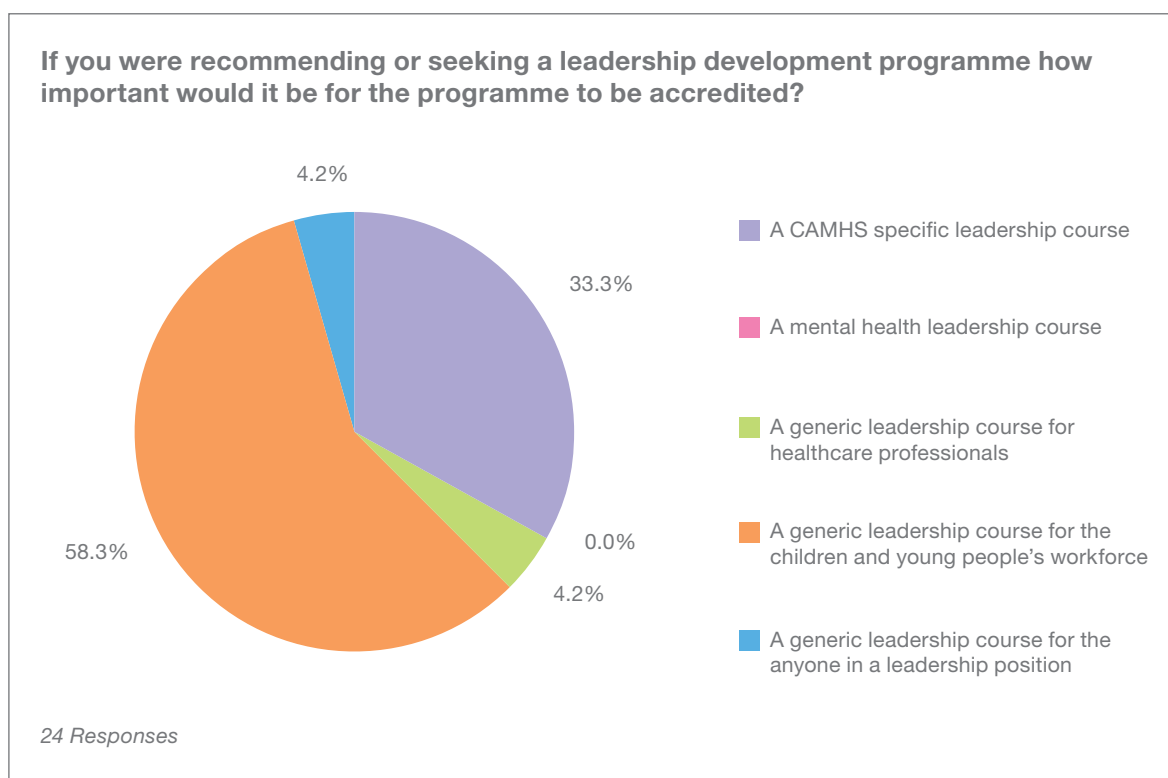
- 1.18 The surveyed commissioners identified that it was important or very important that leadership development programmes were accredited (Figure 1.7)

Figure 1.7. Importance of Accreditation



- 1.19 It was considered important for programme to be accredited to ensure they met a minimum standard, would be recognised internally and externally, to encourage participation and ensures it is taken seriously by the attendees.
- 1.20 Figure 1.8 identifies that the majority of CAMHS Commissioners would favour a generic leadership course for the children and young people's workforce rather than a CAMHS specific leadership course. This was because Commissioners identified that services are moving toward a more integrated delivery and therefore a generic course would be of more value.

Figure 1.8. Preference of Programme



- 1.21 50% of the Commissioners surveyed said the development of a single CAMHS specific leadership competency framework would be useful. 25% said it would not and the remaining quarter did not know. Those that thought it beneficial cited the fact it would support CAMHS leaders and help them to understand what is required of them in that role. Those that disagreed with a specific leadership competency framework said it would only further the separation of CAMHS from other children's services, when in fact more integration was required.
- 1.22 The responses to the development of a single CAMHS specific leadership development programme were the same. 45.8% were in favour of one, 29.2% against and 25% did not know. The reasoning for this correlated with the previous question.

National CAMHS Support Service

National Workforce Programme

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

E-mail: barry.nixon@olsenhouseschool.co.uk

Published: March 2011
Copyright © All rights reserved.

•

Designed by www.dcggroup.uk.net

