

<b>TO:</b>	<b>Reading Schools Forum</b>		
<b>DATE:</b>	<b>15<sup>th</sup> March 2018</b>	<b>AGENDA ITEM:</b>	<b>5</b>
<b>TITLE:</b>	<b>Reading Schools Link Project</b>		
	Local Transformation Plans for Children and Young People's Mental Health and Wellbeing		
<b>SERVICE:</b>	<b>Education, Children &amp; Early Help Services</b>	<b>WARDS:</b>	<b>All</b>
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	<b>REPORT IS FOR NOTING</b>		

### 1.0 Background, context and rationale of the project.

1.1 The Government report, *'Future in Mind – promoting, protecting and improving our children and young people's mental health and well-being'* (2015) propelled Local Authorities to develop and improve mental health services for children and young people. In response, the Berkshire West CCG area with Reading, West Berkshire and Wokingham Local Authorities *'Local Transformation Plan for Children and Young People's Mental Health and Wellbeing'* (2016 and updated 2017) outlines how services will be transformed to meet the principles of Future in Mind. It is promoting a whole system framework of care away from specialist mental health teams to families, communities, schools, public health, social care and the voluntary sector sharing the same vision

and working together on prevention, early help and building resilience, and the way in which children, young people and their families access support, care and mental health treatment. Reading's School Link Project (SLP) is part of this transformation.

1.2 The Government has recently published *Transforming Children and Young People's Mental Health Provision: Green Paper* (December 2018) which builds on Future in Mind and highlights the need for further focus on effective and sustainable provision for children and young people (CYP) with mental health issues: 1 in 10 children suffers from a diagnosable mental health condition, increasing numbers self-harm, and high numbers of CYP report life dissatisfaction and feelings of anxiety and depression. Half of all mental health conditions are established before the age of fourteen. The paper highlights the need for good mental health provision being accessible to all, including vulnerable populations who are at increased risk of mental health problems e.g. children who witness domestic abuse, CYP excluded from school and pupils with SEND including learning disabilities and autism. The Expert group on LAC have recently released their initial conclusions including ensuring mental health is as important as physical health and for LAs to carry out a range of mental health assessments for LAC in addition to the SDQ.

1.3 The Green Paper provides evidence that early intervention, promotion of positive mental health, and the provision of services and interventions is best placed in schools and colleges. It lays out 3 key elements or pillars to ensure that children and young people showing early signs of distress are always able to access the right help, in the right setting, when they need it:

*1. We will incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.*

*A whole school approach, with commitment from senior leadership and supported by external expertise, is essential to the success of schools in tackling mental health. Mental health awareness training is a part of this. We will ensure that a member of staff in every primary and secondary school receives mental health awareness training.*

*2. We will fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.*

*3. As we roll out the new Support Teams, we will trial a four week waiting time for access to specialist NHS children and young people's mental health services.*

1.4 The SLP mirrors the Government's priorities as outlined in the Green Paper, giving us confidence in our systems approach, and we need all schools to be part of the transformation, to embed and extend our project for further improved outcomes.

1.5 The CCG has agreed further funding of £100,000 for the SLP which will be used for the next academic year, as outlined below.

## **2.0 The current Schools Link Project offer**

2.1 The Reading Schools Link Project (SLP) strives to develop the use of the THRIVE Elaborated model as a systems approach to improve co-ordination between services, locate mental health services in schools through a comprehensive programme of training and specialist provision, and offers school, children and young people stepped care interventions. The SLP has an emphasis on achieving systems change, in a way that is embedded and sustainable. It has given us the opportunity to optimise and extend current joint working between schools, EPs, and PMHWs to improve school staff knowledge and identification of MH issues, improve school responses to MH and improve the quality and timeliness of referrals to specialist services. The success of the last 16 months of the project is encouraging. The SLP should be considered as part of a whole RBC approach to mental health, with an overall aim to support the demand management priority that continues to be the local and national priority to improving mental health outcomes (see Appendix 1).

2.2 This year the project is running in the following schools and colleges:

- 6 secondary schools: JMA, Highdown, The Wren, Maiden Erlegh in Reading, Blessed Hugh Faringdon, Kendrick. Prospect and Reading Boys School have not currently engaged.
- 1 special school (secondary): Phoenix.
- Reading College.
- Cranbury College (PRU).
- 10 new primary schools.

2.2. School Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. This link will provide rapid advice, consultation and signposting. Each school or college has 1 link named Educational Psychologist (EP) and 1 named link Primary Mental Health Worker (PMHW).

2.3 Whole school training: A whole school approach, with commitment from senior leadership and supported by external expertise, is essential to the success of schools in tackling mental health. Whole school mental health training is a part of this. The EPs and PMHWs have delivered an enhanced PPEP Care training to whole schools. Numbers: 19 schools x 50 staff (on average) per school = approx. 950 school staff trained in MH. The majority of this training

took place this term. Evaluations are outstanding, both of the training itself and the improvement of staff knowledge and understanding of mental health needs.

2.4 Modules: The EPS and PMHWs have timetabled 12 modules for the school/college mental health leads (plus open offer for any other staff to attend) offering an enhanced training on: Resilience, Adolescent Anxiety, Childhood Anxiety, Attachment and Trauma, Challenging Behaviour part 1, Challenging Behaviour part 2, Obsessive Compulsive Disorder, Eating Disorders, Depression/Low Mood, Self-harm/Suicidal Ideation, Compassion Focussed Therapy, Autism. The first 5 modules have been delivered. Every school sends at least the named school MH lead (plus other staff). The modules have regular attendance from school staff with 30 staff or so attending each module. Evaluations are excellent in terms of support and improving knowledge and confidence in meeting mental health needs.

2.5 Mental Health Surgeries: multi-disciplinary surgeries run by EPs, PMHW, involving school counsellors and school staff. Bespoke to schools – held approximately once a new term. Offers a stepped care approach to mental health – helping staff identify a range of emotional and mental health needs, and offering a range of evidence based interventions, from school based strategies, to coaching, individual or group therapeutic interventions and mental health assessments. Mental health surgeries are run by EP, PMHW and school staff. We are encouraging schools to invite other professionals to the surgeries. The surgeries run every 6 weeks or as needed. Data from mental health surgeries from 13 schools was analysed.

- 76 pupils were discussed at the surgeries. School staff were given a rating scale before and after discussing each case, and asked to rate:
  - Their understanding and confidence in understanding the child or young person's needs
  - Their understanding and confidence in supporting the child or young person's needs
- Using a 5 point Likert scale from 1-5, 94% of the cases indicated a move of between 1-3 increments on the scale showing improved confidence and knowledge in meeting the child's mental health needs.

2.6 Networks: 4 Network meetings are held per year for all school MH leads for formal and informal support, supervision and training on identified areas of need. Evaluations are excellent in terms of support and improving knowledge and confidence in meeting mental health needs.

2.7 Last year's schools: The mental health surgeries, networks and modular training is all available to schools who completed the project last year. The aim is to increase the project across all schools in Reading so that the THRIVE model of a system approach to mental health can be more effectively implemented with our partners.

## **2.8 Feedback – see Appendix 1**

### 3.0 Next steps in the Schools Link Project

3.1 Schools taking part for the rest of this academic year need to be fully committed.

3.2 Data analysis needs to be consistent.

3.3 The contextual development of the SLP is laid out in the table below:

**Table 1 Mental health identification and intervention across Reading.**

<p style="text-align: center;"><b>Whole system planning – moving to integrated delivery: Strategic level work in RBC</b></p> <p>RBC is committed to working with the CCG and partners to bring about systems changes to mental health services; the Schools Link Project is part of a wider focus on mental health across RBC. Strategic work includes the SEND Strategy with a focus on reducing exclusions, improving early identification and intervention and specialist resources. Developing projects include supporting targeted Troubled Families in South Reading, reducing exclusions, and improving the mental health of LAC. These will all be coproduced with parents, carers and partners.</p>
<p style="text-align: center;"><b>Building resilience and reducing stigma</b></p> <p>Reading offers an enhanced PPEP Care training programme to promote early identification, empowering schools to identify needs and provide initial support/ advice for mental health needs.</p> <p style="text-align: center;">Run groups for parents on using CBT techniques for managing anxiety. Run training for parents.</p> <p>Run workshops for CYP to raise awareness, reduce stigma and offer self-help solutions (e.g. online resources and Little Blue book) and awareness of local provision and support. Write 'competencies' for schools and mental health (in partnership). Choose schools to be local 'hubs' or outstanding areas of good practice for social, emotional and mental health.</p>

<b>Getting initial advice and help while waiting for assessment.</b>	<b>Getting help</b>	<b>Getting more help</b>	<b>Getting risk support and help in a crisis</b>
<p>Focus on whole school:</p> <ul style="list-style-type: none"> <li>- 1 day training for whole school on MH facts, reducing stigma, identification and strategies.</li> <li>- School send staff to 12 modules of 0.5 day each over academic year;</li> <li>- network meetings x4 a year;</li> </ul> <p>Raise CYP's awareness of where and how they can access initial support: Face to face/ phone/online toolkit and resources/printed booklets Community, school, voluntary sector, primary care.</p>	<p>Multiagency mental health surgery in school, Consider the YP in the context of the environment and preferences , and who is best placed to meet presenting needs. Goal focussed, evidence based help.</p>	<p>Extensive treatment. PMHW/EP mental health assessment; Individual or Group therapeutic work with EP/PMHW, at a more specialist or more intense level.</p>	<p>Multiagency discussion and referrals as needed.</p>
<p>← <b>Improved step up/ step down arrangements as needs of the individual change</b> →</p>			

- The project is located within the wider systems approach in Reading to improving mental health services for children and young people.
- It will be led by EPs and PMHWs. It will be overseen by the Principal Educational Psychologist.
- It is linked to the SEND Strategy Strand 2 Early intervention and identification and Strand 3 specialist resources.
- Timescales are a year with quarterly or termly reports on the KPIs and evaluations.

**3.4 What are the main deliverables for 2018-19?**

3.41 in addition to the current parameters of the SLP it is proposed to consult with schools, partners and parents/carers to provide:

**Table 3: Schools Link Project 2018-19.**

<b>Proposed Reading School Link Project extension and consolidation 2018-19</b>
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<p><b>1.</b> Roll out the whole school training to the remaining schools in Reading that have not completed it.</p>
<p><b>2.</b> Seek 2-3 schools to receive an enhanced project to become local centres of excellence for good emotional and mental health. This could include:</p> <ul style="list-style-type: none"><li>- Offer schools a screening tool and Self-assessment of mental health competencies. Develop the competency framework with partners, schools, colleges and service users.</li><li>- Award a 'kite mark' for schools achieving this status</li><li>- Provide schools with copies of Emotional Well-being and MH policies</li><li>- Provide schools with a MH survey they can use to establish a clear picture of need in their school. This identified need can then be addressed through the provision of additional training, groups run by EP and/or PMHW/PWP / school etc.</li><li>- Provide schools with a choice of programmes and interventions to improve the resilience of CYP (both targeted and whole school) to include Friends Programme, Resilience based measures and Resilience programme, Compassion Focused Therapy, Acceptance and Commitment Therapy, CBT etc. Development of peer mentors in schools.</li><li>- Mental well-being / mental health training and information to students: Develop CYP's resilience and reduce stigma.</li><li>- CYP to be part of developing school's approaches to MH. EPs and PMHWs to facilitate this process for schools.</li><li>- Supporting staff wellbeing through sessions on Compassion Focused work, supervision of staff; Process consultation supervision model by EP or PMHW with the school staff working in specialist provision e.g. Cranbury College and Phoenix. Evaluate and roll out to other schools in the future.</li><li>- Enable YP to self-refer via drop in information and/or support sessions based in schools.</li><li>- Provide CBT groups for anxiety to students. Work in unison with the AnDY clinic and develop an integrated working model for CYP under the AnDY clinic.</li><li>- Provide CBT groups for anxiety to parents to help their children.</li><li>- Offer training events for parents/carers on MH issues and support.</li></ul>
<p><b>3.</b> Target identified vulnerable populations at high referring schools/colleges, specifically:</p> <p>(i) There is a clear need for mental health services for CYP with ASC with 71% of people with autism also have mental health difficulties according to National Autistic Society service. The SLP will have ASC to develop a pathway and mental health programme of interventions for CYP with ASC possibly in conjunction with Blessed Hugh Resource and Reading College ASC Resource and support staff. This will need to be constructed with parent cares and ASC young people. Develop a pathway and a programme of interventions for ASC CYP with mental health needs.</p> <p>(ii) Reduce exclusions – via SEND Strategy; Encourage schools to adopt a pathway for MH whenever they are considering/make fixed or permanent exclusion.</p> <p>(i) Focus on LAC &amp; other vulnerable populations. Extend the multidisciplinary Emotional Health Pathway (SDQ group) in consultation with partners</p>

once the government and CCG have responded to the Social Care Institute for Excellence Expert Working Group.  
(iii) Offer Process Consultation model of supervision for key workers in schools to work with the CYP.

**4. Clear data and evaluations**



## Appendix 1 schools feedback March 5<sup>th</sup> 2018

### **What's Going Well:**

- Really enjoyed the training. The training has been brilliant, the range and delivery of what we've covered has been excellent.
- Being part of this project is a real privilege. It's helped us really help our children and think about things in a different way.
- Would like to have more opportunities to practice (case studies)
- Feels that the theory knowledge is strong, but would like more chances to apply the knowledge.
- Mentoring and coaching is really helpful. Would really like more opportunities to have mentoring and coaching in school.
- Really find the network meetings helpful. Makes you feel that everyone is in the same boat, feels less isolated.
- I feel as though SLP has broken down a barrier to MH
- MH surgeries going really well. Helpful to flag up cases early before they escalate. Very useful to get ideas and support about how to help the children.
- MH surgeries are a shortcut to professional help without the wait list!
- This whole project feels like a gift!

### **What Type of Mentoring and Coaching Do You Need in School?**

- Anger, anxiety, emotion regulation (primary school)
- Anxious children who have anxious parents. Schools would like to run parenting groups for parents with anxiety using their staff. Would like to have a manual and mentoring/coaching session with a PMHW/EP to go over manual for each session.
- Attachment due to loss (e.g. children being removed from families due to CP)

### **Case Studies**

- Found talking about case studies really helpful. Able to share strategies about how all each of us managed similar cases.
- Helped with validation that we're doing the right thing
- Also feel that mentoring/coaching helpful when deciding what to do with self's feelings around cases.

### **Data Collection**

- Emphasised the importance of pre/post measures for all school-based work with children.
- Need help with getting the data together (e.g. table)
- Emphasised Boxall, SDQ or RCADS for performance reporting.