

CAMHS Cluster Pilot in Schools: Final Project Evaluation Report



This word art was created using comments from children and young people involved in the pilot project.

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Forward

Our ambition in York is to secure good mental health and emotional wellbeing for all children and young people in the city in order to ensure they achieve their optimal potential.

The CAMHS Executive, which is a Partnership Board set up to drive forward this vision, has become increasingly aware of the need for early intervention support in schools for children and young people around their social, emotional, mental health and wellbeing. Direct feedback from our children and young people, teachers and specialist services has brought into clear focus that it is ‘everyone responsibility’ to find an effective response to this developing need.

Building on and linking in with national guidance and developments around ‘Future in Mind’¹ York has been able to work with partners to develop, explore and pilot an early intervention service model for schools.

The CAMHS Cluster Pilot provided York with an opportunity to develop a partnership between the Local Authority, CAMHS and Schools to explore an effective service model. The aim of the pilot was to increase the capacity and expertise around mental health and emotional wellbeing within schools, in order to strengthen the support arrangements for children and young people.

The pilot helped us to learn together and gather evidence needed to inform discussions and decisions about the future commissioning of effective services, support and interventions for children and young people.

We are pleased to confirm that the evidence of impact developed in the pilot has been instrumental in securing long term funding from Health to roll out this pilot service across the whole of the city as part of the Transformation Plan.

Eoin Rush

Assistant Director – Children’s Specialist Services

Chair of CAMHS Executive

¹ **Future in mind:** Promoting, protecting and improving our children and young people’s mental health and wellbeing. NHS England 2015



Executive Summary

In March 2015 NHS England launched a Taskforce to develop a five-year strategy to improve mental health outcomes for people of all ages, with the shared goal to make mental health ‘everybody’s business’. One of York’s objectives has been the initiation of a CAMHS School Cluster Pilot. A key aim was to introduce a new form of partnership working to strengthen the emotional and mental health support arrangements for children and young people in universal school settings.

The CAMHS cluster pilot was created to devise, pilot and evaluate a multi-agency initiative overseen by the CAMHS Executive and delivered in partnership by Child and Adolescent Mental Health Services (CAMHS) City of York Council (CYC) and School Clusters, to strengthen the emotional and mental health support arrangements for children and young people in universal school settings. Through the project two new CAMHS band 5 roles were created. Children and young people expressly rejected ‘Mental Health’ as part of the job title, consequently the new role was named “Wellbeing Worker”.

The Wellbeing Workers were attached to two school clusters, where they negotiated the exact nature of their work in schools with pastoral leaders in each school. Clinical supervision was provided by the CAMHS service. In April 2016 an interim evaluation report showed that the model was beginning to deliver positive outcomes against the project aims. The interim evaluation enabled funding to be secured for the future roll out of Wellbeing Workers across all schools in the City of York.

The Pilot Project concluded at the end of the academic year in July 2016. The final evaluation of the entire project shows that the three project outcomes have been achieved:

Outcome 1: *“The capacity and confidence of front line services to respond to the emotional and mental health needs of children and young people in universal school settings is maximised and increased.”* On-line survey data, evaluations following training and feedback after consultations with the Wellbeing Workers, all show that the majority of school based staff involved with the project have a greater understanding of issues around emotional well being and mental health needs. Staff also reported increased confidence in responding to these needs.

Outcome 2: *“The number of children and young people receiving effective, evidence-based and timely emotional and mental health support is increased.”* Over the duration of the project a total of 404 children were involved directly in the project. Some of these children went on to receive intervention from CAMHS and many were supported through existing provision in school with the help of the Wellbeing Workers. Of the 404 children, some would have been provided with support irrespective of the pilot project, but in almost all cases there would have been a much longer wait for intervention via existing provision, and in many cases the staff in school did not feel confident to know how to respond to the presenting needs.

Outcome 3: *“Children and young people feel more able to cope with emotional and mental health issues and concerns in a school setting.”* Two measuring tools were used to record any changes in children and young people’s emotional wellbeing and mental health following involvement in group or individual work. In the majority of cases children and young people showed an improved score following intervention.

From September 2016 six Wellbeing Workers will be deployed across all school clusters in York. The Pilot Project has provided insights that have helped to shape the induction of the new School Wellbeing Workers. Over the first half of the autumn term 2016 new service documentation will be created including a Service Overview and Partner Memorandum of Understanding to manage the deployment of these new staff as effectively as possible.

Background and context

Nationally, nearly 10% of children aged 5-16 are estimated to suffer from a recognised mental health disorder, and up to 15% require some form of support for their emotional well-being and mental health. Many mental health problems start early in life; half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters by their mid-20s². Local evidence within York, including a research survey undertaken by Leeds University in July 2015³, with over 5700 children and young people, would suggest the issue of social and emotional mental health and wellbeing is becoming an increasing concern, particularly in schools where existing support and pastoral structures are struggling to respond.

In March 2015 NHS England launched a Taskforce to develop a five-year strategy to improve mental health outcomes for people of all ages, with the shared goal to make mental health ‘everybody’s business’. In response to this taskforce, the DfE and DoH produced a joint report ‘Future in mind: Promoting, Protecting and improving our children and young people’s mental health and wellbeing’ (2015).⁴

York’s vision, as stated in the Child and Adolescent Mental Health Service (CAMHS) Storyboard 2015, is to ‘Secure good mental and emotional well-being for all children and young people across the city to ensure they achieve their optimal potential’. This vision is underpinned by the principles within Future in Mind and has a number of strategic objectives that are being driven forward by the multi agency partners within the Health and Wellbeing Board and in particular the Child Adolescent Mental Health Service (CAMHS) Executive Group.

One of York’s objectives has been the initiation of a CAMHS School Cluster Pilot. This pilot project ran between September 2015 and July 2016 and was funded by the City of York Council. A key aim was to introduce a new form of partnership working to strengthen the emotional and mental health support arrangements for children and young people in universal school settings.

A detailed evaluation framework was developed to test and generate evidence against the intended project outcomes. Baseline data was collected through staff surveys and semi structured interviews with Head teachers. In all direct work with children and young people a locally developed questionnaire, the Social, Emotional and Behavioural Competencies (SEB) questionnaire, was completed. Questionnaires were completed in group work and training workshops and case studies have been developed to demonstrate ‘what has worked’. The pages that follow provide a description of the project’s aims, the model of working used and an evaluation of the project outcomes. This information has informed the design of the CAMHS Cluster Model which will be rolled out across the City of York from September 2016.

² Department of health. *No health without mental health: a cross-government mental health outcomes strategy for people of all ages*. Stationery office, 2011.

³ Health and Wellbeing Survey (2015)

Project Aims and Objectives

The CAMHS cluster pilot was created to devise, pilot and evaluate a multi-agency initiative overseen by the CAMHS Executive and delivered in partnership by Child and Adolescent Mental Health Services (CAMHS) City of York Council (CYC) and School Clusters, to strengthen the emotional and mental health support arrangements for children and young people in universal school settings.

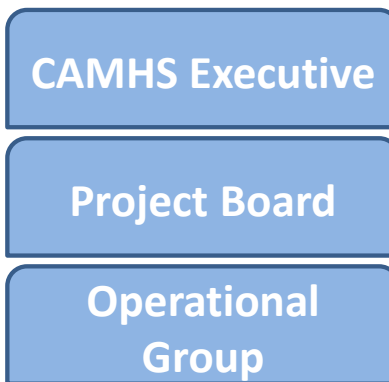
Objectives

- To fund two new Band 5 mental health roles to be based in the East and Southbank school clusters, to be called 'Wellbeing Workers' in the schools
- To recruit qualified emotional resilience Wellbeing Workers, managed by CYC with clinical supervision from the CAMHS service
- To introduce a new role focusing on; a. training, b. consultation, c. facilitating pathways and d. direct work alongside pastoral staff
- To evaluate the pilot initiative to provide evidence of impact and added value, in order to inform decisions about the sustainability of the model / offer across York beyond July 2016

Intended Outcomes

- The capacity and confidence of front line services to respond to the emotional and mental health needs of children and young people in universal school settings is maximised and increased
- The number of children and young people receiving effective, evidence based and timely emotional and mental health support is increased
- Children and young people feel more able to cope with emotional and mental health issues and concerns in a school setting

Cluster Pilot Model



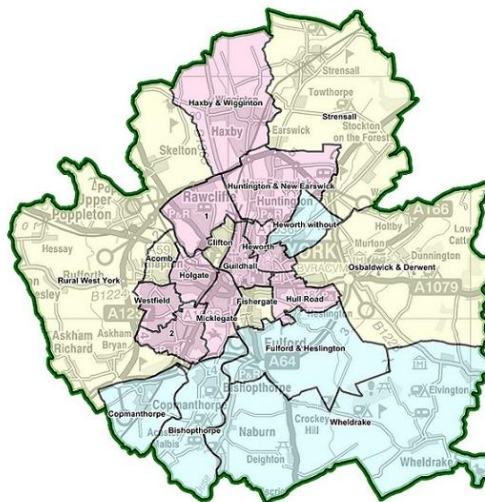
Amalgamated after 6 months to avoid duplication

| Partnership Team |
|------------------------------|
| Wellbeing Worker |
| Educational Psychologist |
| Primary Mental Health Worker |

| Partnership Team |
|------------------------------|
| Wellbeing Worker |
| Educational Psychologist |
| Primary Mental Health Worker |

| School staff | Southbank |
|----------------|-------------------|
| SENCO | AYJS |
| Pastoral Staff | Carr Infants |
| ELSAs | Bishopthorpe Inf |
| | Copmanthorpe |
| | Dringhouses |
| | Knavesmire |
| | Scarcroft |
| | St Mary's |
| | St Paul's Primary |
| | St Wilfrid's |
| | All Saints |
| | Millthorpe |

| East York | School staff |
|---------------|----------------|
| Badger Hill | SENCO |
| Hempland | Pastoral Staff |
| Heworth | ELSAs |
| Osbaldwick | |
| St Aelred's | |
| St Lawrence's | |
| Tang Hall | |
| Archbishop | |
| Holgate's | |



Cluster Pilot Model

The Project Outline and Memorandum of Understanding (November 2015) stated:

Principles

- Children and young people’s social, emotional and mental health is everyone’s responsibility
- Capacity building, and the up-skilling of staff within existing school pastoral systems and structures, will enable more effective support and evidence based interventions to take place
- Support needs to be responsive, flexible and child-centred to provide the right help when children and young people need it.
- Different agencies, professionals and support staff will work as an integrated team around the child and their family, within the school setting in order to coordinate and maximise the care and support provided
- Early identification and support will secure, for many children and young people, the best future outcomes and reduce the likelihood of future emotional and mental health issues
- Where possible, support for children and young people will be provided by known and trusted adults
- Where possible, services will be delivered as close to the local community as possible, involving the school cluster model
- Health and social care pathways for children and young people are integrated and take account of each ‘child’s journey’ through services
- A confident, committed and knowledgeable children’s workforce ensures that only those children and young people who are in need of Tier 3 CAMHS progress to the specialist providers

Areas of work for Wellbeing Workers

The work of the Wellbeing workers will be focused on 4 areas; training, consultation, facilitating pathways and direct work. Their Input, interventions and direct work will be:

- Targeted at tier 2 level of Social, Emotional and Mental Health (SEMH) need
- Evidence based
- Informed by the following approaches; Dyadic Developmental Psychotherapy, Brief therapy, Family therapy and Solution focused work

1. Training and Continued Professional Development

The Wellbeing Workers will:

- a. Develop a training needs analysis informed by school profiles and staff questionnaire
- b. Work with schools to develop a SEMH training plan
- c. Contribute to the development, delivery and sourcing of awareness raising, specialist and locally defined bespoke SEMH training

2. Consultation, advice and support

The Wellbeing Workers will offer:

- a. Planned and structured *consultation, advice and support* conversations with senior leaders and pastoral staff
- b. Planned and structured *advice and support* conversations with parents
- c. Informal individual and / or group supervision with pastoral staff
- d. Networking and signposting to other sources of help and support – in school and external agencies

3. Facilitating pathways to different care and support - including specialist services

The Wellbeing Workers will:

- a. Attend school (termly) planning meeting with the Educational Psychologist (EP), Primary Mental Health Worker (PMHW), Emotional Literacy Support Assistant (ELSA), SENCO, School Nurse and relevant pastoral staff
- b. Attend existing regular pastoral meetings within schools
- c. Contribute to the development of care and support plans for children and young people

4. Working in partnership to deliver evidenced based direct work to children, young people and parents

The Wellbeing Workers will:

- a. Co-work with school staff to design, deliver and evaluate 1 to 1 work with children and young people
- b. Co-work with school staff to design, deliver and evaluate group work with children and young people
- c. Co-work with school staff to design, deliver and evaluate group work with parents
- d. Build capacity and develop expertise in schools to sustain and continue direct work

Baseline allocation of time per school

- One agreed half day session per school to take place on a regular basis (weekly or fortnightly)
- Some limited capacity to respond flexibly to emerging issues / need
- Delivery and activity against baseline allocation will be reviewed each term at a School, Cluster and Project Board level

Recording

- Information and recording about the support and intervention that the Wellbeing Workers are involved with directly, indirectly and in partnership with existing school support staff, will be recorded on the individual school filing and recording system.
- Head Teachers / Schools will be responsible for providing parents with information about the work of the pilot and specifically the role of the Wellbeing Worker as part of their existing pastoral support system
- Head Teachers / Schools will be responsible for making decisions when specific parental consent is required for the involvement of the Wellbeing Worker with either individual or groups of children and young people
- CYC will only hold and record non identifying evaluation information relating to the work of the pilot project
- CAMHS will only hold and record children and young people's information relating to the pilot project when a referral is made to specialist CAMHS services and provision

Reporting

- Information on activity, impact and outcomes will be collated each month by Wellbeing Workers
- Termly reports on performance and outcomes will be presented to Clusters and the Project Board. These reports will provide additional information on emerging issues, risks and proposed new developments to the pilot project delivery.

Expectations, Roles and Responsibilities

City of York Council agree to:

- Fund the pilot for the first year but, if successful, it is hoped that schools and Health will contribute to the project in future.
- Fund, appoint and manage a half-time project manager for the first year, starting from September 2015.
- Fund 2 x Band 5 CAMHS workers, to be called ‘Wellbeing Workers’ within schools.
- Provide IT and phone equipment for the Wellbeing Workers.
- Provide day to day direction of the Wellbeing Workers, including direction to working arrangements in individual schools.
- Commission the Education Psychology Service to lead on and deliver the evaluation framework.
- Chair the Project Board and Operational working group for the pilot project.
- Provide direction on the requirements of the CAMHS Cluster pilot project including models, approaches and pathways, evaluation requirements, and development of the pilot project.
- Collate monthly evaluation and performance data and produce termly management reports for Project board and Cluster meetings.
- Devise and implement a project communication plan.

CAMHS agree to:

- Recruit 2x band 5 Wellbeing Workers to be based within 2 school clusters.
- Provide monthly clinical supervision via Primary Mental Health Workers to the Wellbeing Workers in schools.
- Support and advise on the management of direct individual and group work.
- Provide access for the Wellbeing Workers to the CAMHS recording system where appropriate.
- Provide an office space and access to secure emails.
- Support the Cluster Project Manager in coordinating the projects, evidence-based additional input and leading on necessary decision making on individual cases.
- Ensure the work undertaken by Wellbeing Workers is therapeutically appropriate in line with the evidence base and clinical, professional judgement.
- Advise on specialist aspects of the project e.g. intervention spaces.
- Provide a pathway for Wellbeing Workers regarding referrals to specialist CAMHS.
- Liaise with Project Manager regarding service delivery of CAMHS input.
- Attend and provide the appropriate level of representation at operational and project board meetings.
- Provide appropriate and relevant training to Wellbeing Workers.
- Provide leave, sickness and expenses arrangements for Wellbeing Workers.

Schools agree to:

- Provide cluster representation on the operational group and project board.
- Provide a named contact to be the main communication link for the Wellbeing Workers and professionals within the pilot.
- Provide, where appropriate and needed, in school space for office base and direct work across the individual schools within the cluster.
- Identify children in line with the project aims, objectives and criteria.
- Hold and provide access for Wellbeing Workers to regular pastoral planning meetings that discuss the needs of staff, children and young people targeted by the pilot project.
- Plan in advance and prioritise the Wellbeing Workers weekly session in order to maximise the benefit of the agreed allocated time.
- Record information where appropriate about the support and interventions provided by the Wellbeing Worker to children and young people on the schools filing / recording system.

- Provide information to all parents about the pilot project and seek individual and specific consent from parents for their children’s involvement where appropriate and required.
- Provide evaluation data and case studies for the pilot project in line with the agreed evaluation framework.

All parties agree to:

- Deliver all group and individual work in accordance with the agreed evidence base models and approaches.
- Deliver services, support and interventions in line with the project aims, objectives and criteria.
- Maintain interpersonal relationships with all stakeholders in order to facilitate and ensure effective multi agency working.
- Deliver services and interventions to a high professional standard including time management, preparation and planning.
- Collate monthly information and data and report termly on project outputs and outcomes.

Issue resolution process

- Emerging issues or concerns about the roles and responsibilities of different parties including the practice and performance of Wellbeing Workers should be communicated to the CAMHS Cluster Pilot Project Manager in the first instance.
- These issues will be addressed, managed and resolved via communication and meetings where appropriate with all involved parties, schools and workers.
- Issues that are either unresolved or presenting a potential or actual risk to delivery or implementation of the project will be reported to the Operational Working Group and Project Board where appropriate.

Pilot Outcomes

There were three key evaluation measures which directly related to the anticipated outcomes of the pilot project:

1. Number of children and young people receiving emotional and mental health support and help
2. Number of staff who feel more aware of the issues relating to emotional and mental health and feel more confident to respond effectively
3. Number of children and young people who feel more able to cope with emotional and mental issues in a school setting

The project also measured and evaluated activity and outcomes under each of the 4 areas of work; a. consultation, advice and support b. training c. working in partnership to provide direct 1 to 1 and group work d. clearer pathways to different care and support including specialist services.

Number of children and young people receiving emotional and mental health support and help:

Across the two school clusters involved in the pilot project the school census records 7355 children on roll during the project. Of this number 404 children (5.49%) were directly involved in the project. In the East cluster 168 children (5.77%) were directly involved in the project, in the Southbank cluster 236 children (5.31%) were involved.

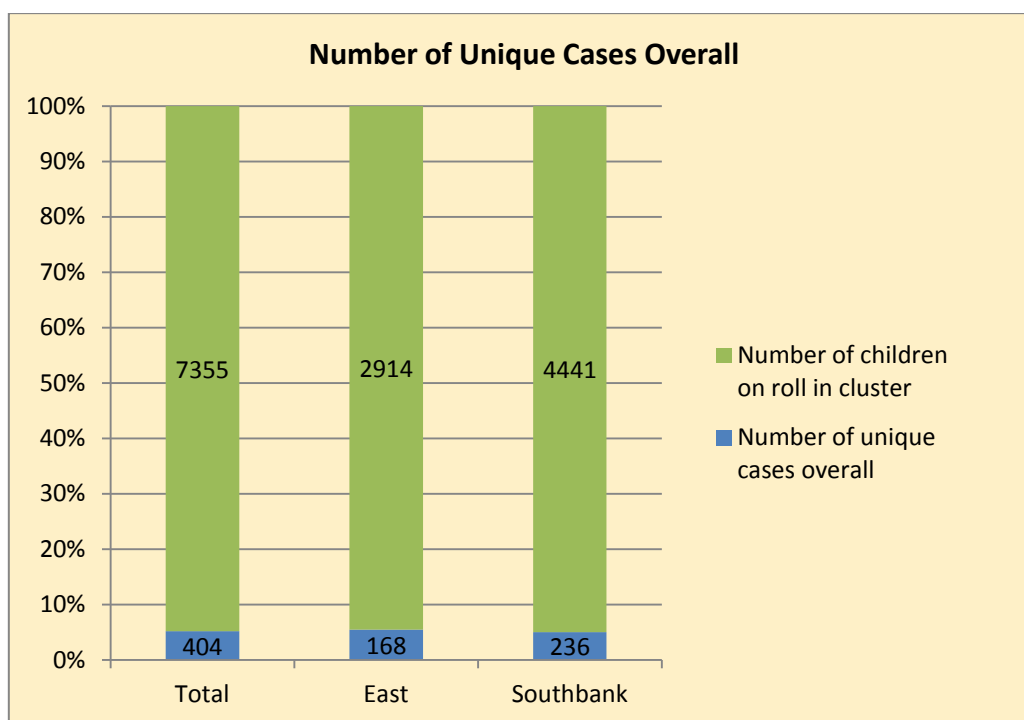


Figure 1 Number of uniques cases involved in the cluster pilot project

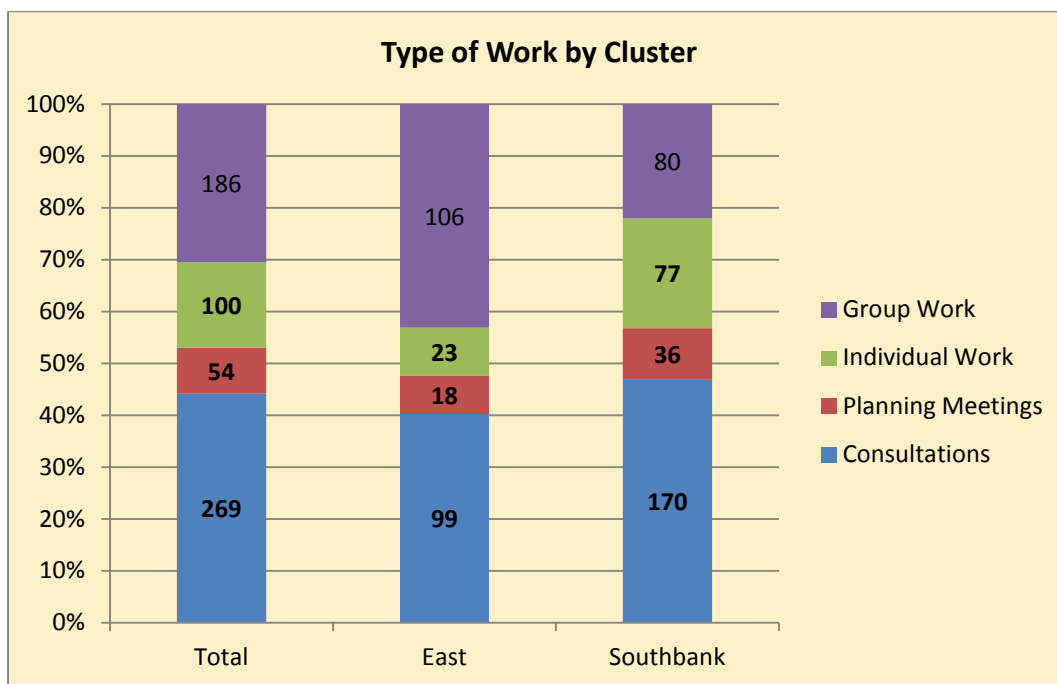


Figure 2 Type of work by school cluster

Figure 2 above shows the proportion of each type of work undertaken overall across the pilot and in each cluster. The totals in this chart do not equal the total number of unique cases as many of the children were supported through more than one type of activity. The differences in types of work across the two school clusters illustrates the flexibility within the model, which allows the Wellbeing Workers to offer a tailored approach that meets the individual needs of each school.

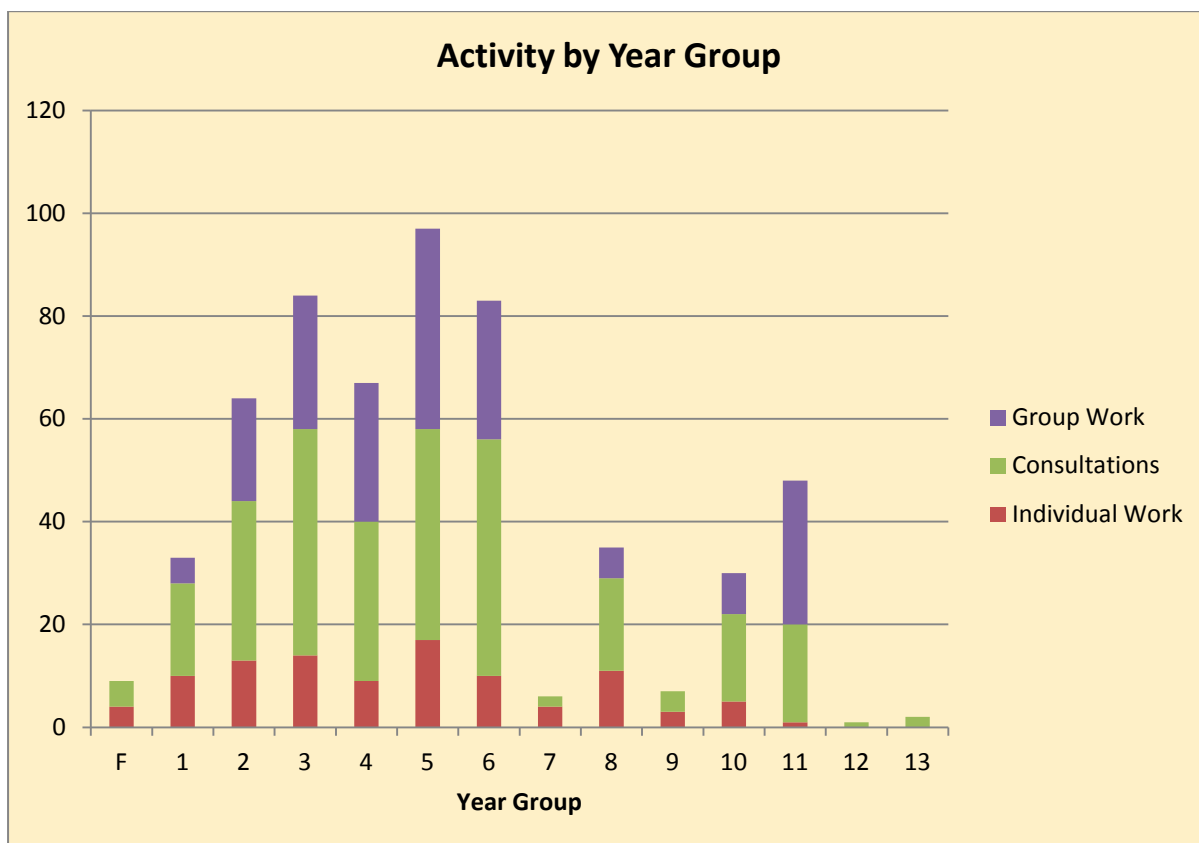


Figure 3 Type of work by year group

Figure 3 shows a break down of the different types of work provided by the Wellbeing Workers in each year group. This chart also highlights the flexibility of the model and demonstrates that the Wellbeing Workers were able to support children and the adults working with them right across the different age groups in school.

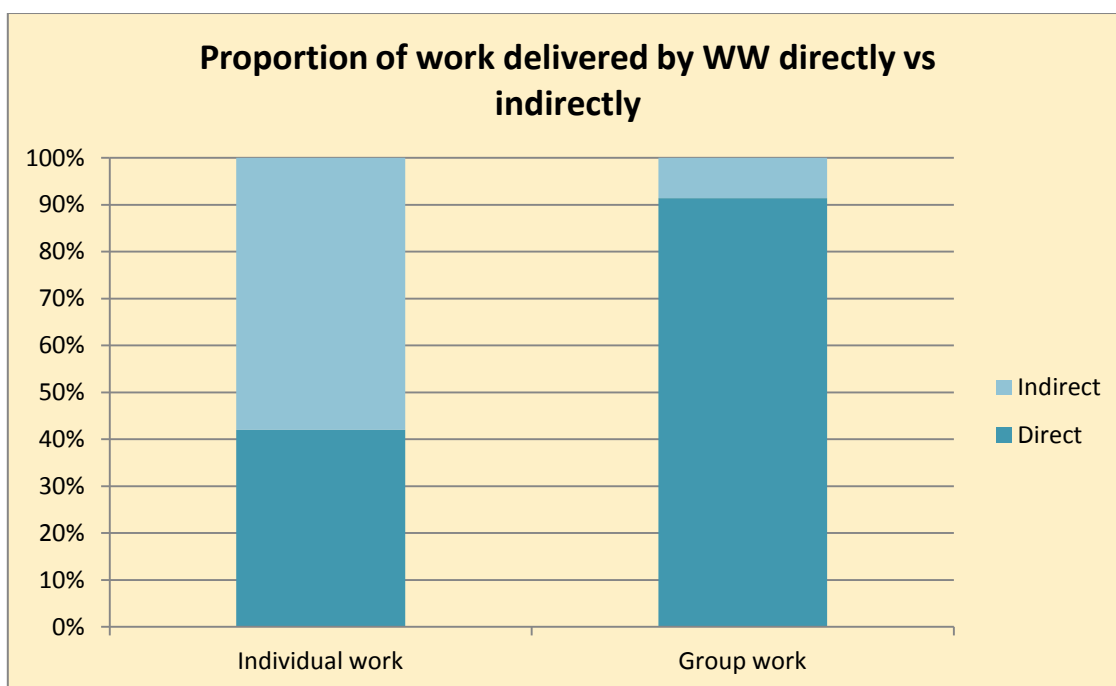


Figure 4 Proportion of WW work delivered directly vs. indirectly

Figure 4 above shows the proportion of work provided directly by the Wellbeing Workers against the work provided by school based staff supported by the Wellbeing Workers. By definition, all consultations are indirect work as this involves discussion with school staff rather than work directly with children, which is why Consultation is not included on this chart.

Number of staff that feel more aware of the issues relating to emotional and mental health and feel more confident to respond effectively:

At the beginning and end of the pilot project staff from all the schools involved were asked to complete an on-line survey. Before the project began the online survey generated 149 responses. Towards the end of the pilot we were able to gather 60 responses to the on-line survey. The lower response rate after the pilot may be due to a number of factors: staff that were not directly involved in the pilot project through contact with the Wellbeing Workers may not have responded, the “post pilot” survey was open for a shorter time period than the original survey and it was sent to schools towards the end of the summer term, which is a busy time in schools.

Several questions asked about staff awareness of issues relating to emotional and mental health and their levels of confidence in responding to specific difficulties.

Question 4 asked school staff to respond using a 10 point scale to the statement “I am confident that I have a good understanding of the issues that impact on children and young people’s mental health and emotional well-being”. The scale was labelled ‘Not Confident’ at point 1, point 10 on the scale was labelled ‘Very Confident’. Ratings of 6 and above were considered ‘confident’.

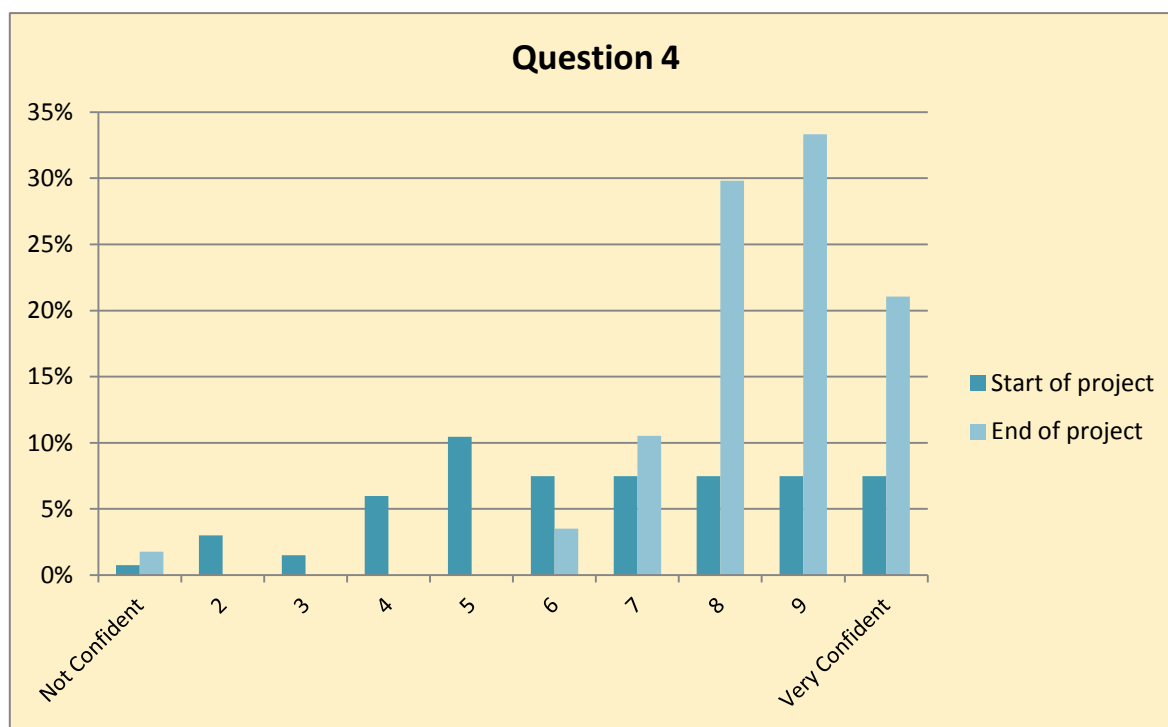
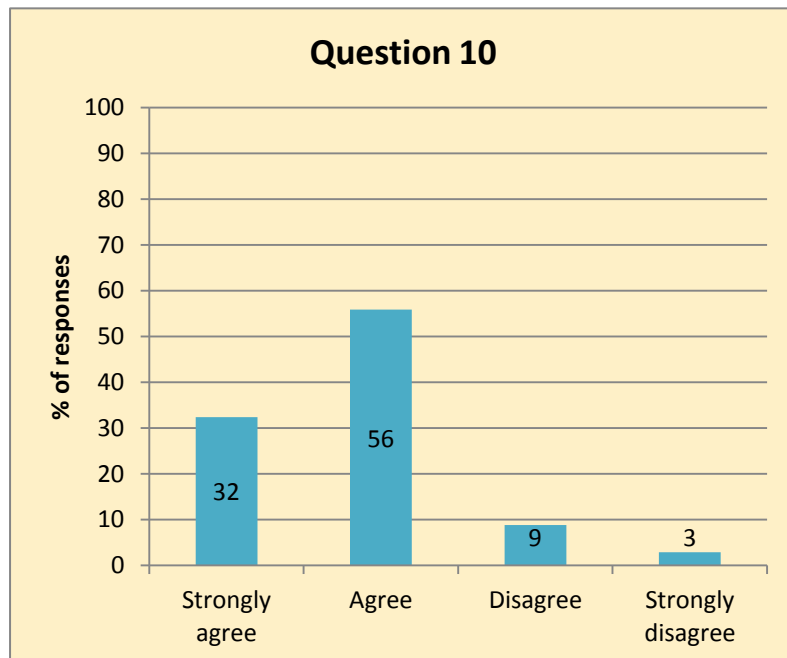


Figure 5 Responses to question 4 of the online school staff survey

At the outset of the pilot project 37% of staff rated themselves at point 6 or higher on the scale. At the end of the pilot project 98% of respondents rated their confidence level at 6 or higher.

Staff were asked about training that they had attended during the pilot project; 59% of respondents had attended training as part of the project.

Question 10 of the school survey asked staff about training provided through the pilot project and the extent to which it had increased their confidence in responding to mental health or emotional well being needs. Using a four point scale staff were asked to respond to the statement: “The training that I have attended on mental health and emotional wellbeing has improved my confidence to respond more effectively”



Of staff who responded to this question 88% either “Agreed” or “Strongly Agreed” that the training had improved their confidence to respond more effectively.

Figure 6 Responses to question 10 of the online school staff survey

A number of evidence based training events were provided across the two school cluster involved in the pilot covering a range of topics including:

- Whole school awareness raising
- Approaches to resilience
- Approaches to self-regulation
- Approaches to attachment and trauma

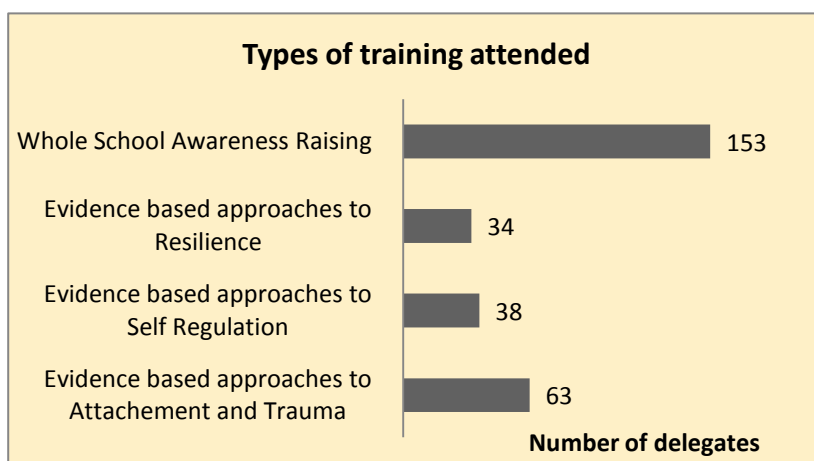
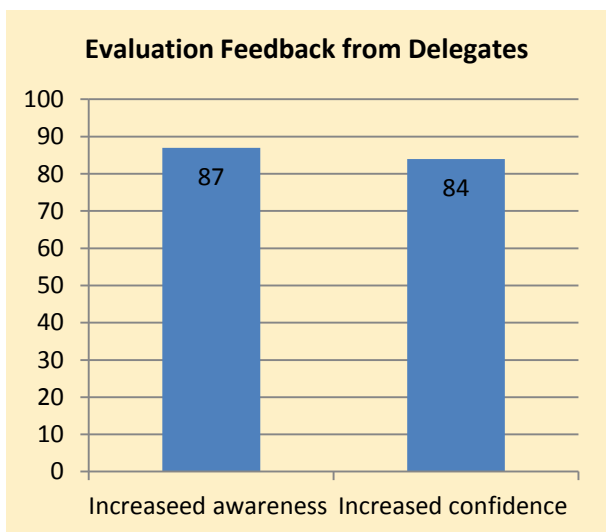


Figure 7 Types of training attended by school staff involved in the pilot project

At the end of each training event delegates were asked to complete an evaluation including whether the training had increased their awareness of issues and their confidence to respond:



Of the staff who responded 87% reported increased awareness of SEMH issues. 84% reported an increase in their confidence to respond to SEMH needs.

Figure 8 Feedback from school staff following training

A key element of Wellbeing Workers role was to empower and support staff to use and develop their existing skills and expertise when working with children with emotional and mental health needs. Following each consultation between the Wellbeing Workers and school based staff two questions were asked:

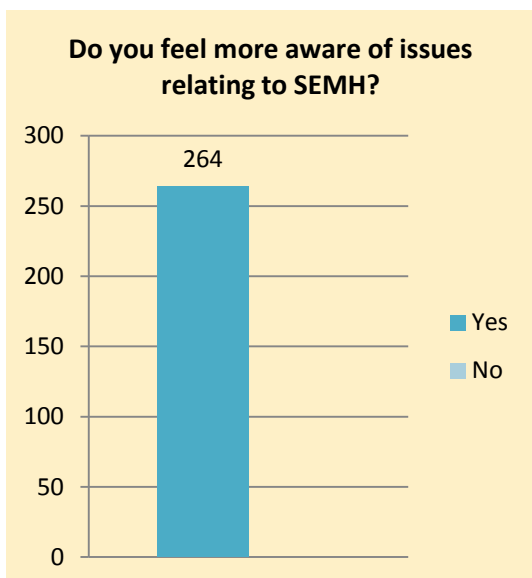


Figure 9 Staff feedback following WW consultation - awareness



Figure 10 Staff feedback following WW consultation - confidence to respond

Of the staff involved in consultations, 264 reported that they were more aware of issues relating to Social Emotional and Mental Health needs (SEMH), no one responded negatively to this question. 263 staff reported feeling more confident to respond to SEMH issues with just one person saying that their confidence had not increased.

Number of children and young people who feel more able to cope with emotional and mental issues in a school setting:

Where possible throughout the pilot information about children's emotional wellbeing was gathered using The Social, Emotional and Behavioural Competencies Profile (SEB). The SEB is a tool developed in York, which aims to identify children's social, emotional and behavioural strengths and weaknesses in order to support development in these areas. The SEB has versions for parents and teachers of children from Foundation Stage through to secondary school. There are self report questionnaires for children in primary school and secondary school. In all cases a higher score indicates greater development of skills.

In addition to the SEB profile, where required and appropriate, the Strengths and Difficulties Questionnaire (SDQ) (www.sdqinfo.org) was completed. The SDQ is a nationally recognised tool described by its creators as "a brief behavioural screening questionnaire about 3-16 year olds". There are versions for parents and teachers of children of all ages. There is a self report version for children aged 11 and older, but there is no version for children of primary school age.

The data below is from the children's own responses to the SEB profile before and after involvement in either individual or group work.

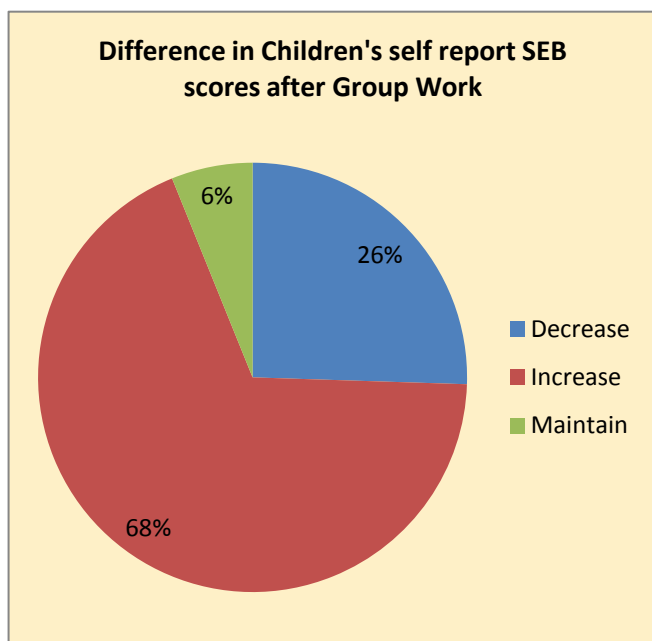


Figure 11 Differences in children's self report SEB scores after group work

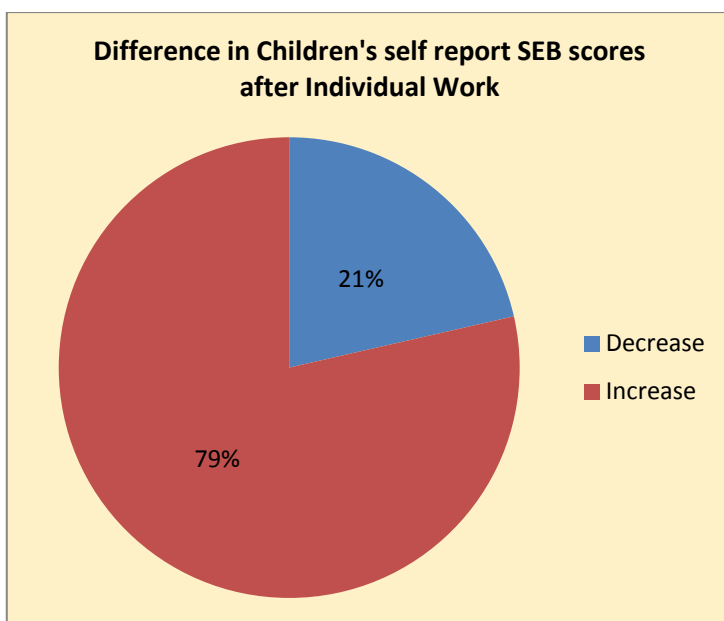


Figure 12 Differences in children's self report SEB scores after individual work

Children who participated in group work reported an average increase of 9.4 points on their SEB profiles. A small but significant group (26%) of children involved in group work showed a decrease in their SEB profile score; the average decrease in score was 9.1 points. Children involved in individual work reported an average increase in their SEB self rating score of 10.4 points. For individual work 21% of children showed a decrease in their SEB scores; the average decrease was 6.1 points.

A 'paired samples' analysis of the children's self report SEBs before and after both group work and individual work shows that the increase in scores is at a statistically significant level. The 'paired samples' test uses a correlation, so care must be taken that we do not make assumptions about causation. In other words, we can not be certain that the Cluster Pilot intervention was the cause of the increase in SEB scores, but we can be almost certain that these increases were not the result of

chance and that they are statistically significant for both Group interventions and Individual interventions.

Following group work and individual work the children were asked to complete an evaluation (with support for writing where needed). Below are examples of their responses to the question - What have you learnt from the group?

I have learnt that I can tell someone when I'm not feeling happy or other feelings.
I have learnt alot about my feelings and if I get worried I will tell the teacher.
I have learnt how to resolve problems and falling out.
That everyone has ups and downs.
I learnt about falling out and getting back together.
If someone is lonely help them to get through.
To control my emotions better.
That I am a good communicator.
How to handle things better.
That there are different ways instead of punching things to calm down.
What resilience means and how to use it.
How to talk to other people I don't know.
To be kind. I can do my reading journal better now and don't worry as much about it.

For children at secondary school the questionnaire also asked – Have the sessions been helpful to you and why?

Because I've been able to talk about issues bothering me.
I have been able to lift a heavy weight off my shoulders.
It was very helpful, but I need to help myself too.
It was very therapeutic and calming to talk about feelings.
Great to talk about how I feel with others in the same situations.
Yes. I am able to talk about my issues in a small personal group. It helps me express my feelings.
Yes. I've learnt how to cope with emotions.
I feel much more relaxed about exams now. I felt encouraged and I'm more confident about getting good grades now.
Yes. Gave me direct solutions to problems I may have and helped me to sort my feelings and emotions to make them more understandable and easier to deal with.
Yes. Help me get on better and come into school more.

Additionally secondary students were asked – Do you feel more able to cope with difficult emotions and why?

Situations feel calmer.
Yes, it was very useful.
I have learnt some coping methods.
Things that cause them are unavoidable, so I have to deal with that, but I now know how to deal with stress and anxiety better.
Yes as I have learnt many different techniques.
I have strategies in which I am able to cope.
I'm managing stress much more, but I still feel quite anxious a lot of the time.
I have done similar things in the past so am already quite able to deal with emotions, however I was able to learn new ways which I found helpful.
I can now think about what to do instead of lashing out.

Learning from the Pilot

What has worked?

- Local Authority, CAMHS and Schools working in partnership to manage and deliver an early intervention social and emotional mental health model based within school clusters.
- A regular, proactive and consistent mental health resource based in schools which is working effectively alongside school staff with pastoral responsibility to increase the confidence and competence of staff to respond to children and young people’s mental health issues and concerns.
- The School Wellbeing Workers clinical supervisory link with Primary Mental Health Workers (PMHW) enables a step up and step down service with PMHW and Specialist CAMHS service to work successfully. This has the potential to make a real impact on the quality and number of referrals to PMHW and also offering a seamless pathway, communication and service to schools from CAMHS.
- The School Wellbeing Workers have raised the profile of and enhanced the ELSA role in schools. This is being achieved by working alongside, up-skilling and encouraging schools to prioritise and release ELSA time within school timetables.
- Variety of school staff accessing continued professional development opportunities delivered by Specialist Agencies e.g. Educational Psychologists, CAMHS, Virtual School.
- Robust evaluation framework supported by York Educational Psychology Service.

What requires further work?

- How the model is delivered in specialist educational provision, for example Special schools.
- A training plan needs to be developed for 2016/17 that builds on the learning from the training delivered within the pilot.
- Simplification and agreement of the evaluation indicators and measurement / assessment tools to be used by School Wellbeing Workers which is consistent with other school staff e.g. ELSAs.
- Development of early intervention SEMH model for schools that involves ELSAs, School Wellbeing Workers and Primary Mental Health Workers / CAMHS Practitioners. This model should include clear pathways to advice, support and intervention including developments around the CAMHS Single Point of Access.
- Strengthening of the existing Memorandum of Understanding with specific focus on the roles, responsibilities and expectations of all partners including schools.
- Guidance for schools on recommended evidence based ‘whole school’ approaches to social and emotional mental health to complement the targeted work delivered by School Wellbeing Workers.
- Further work on School Wellbeing Workers’ role in working with parents to ensure a systemic approach.

Risks that require management in the future

- Clarity, boundaries and expectations of the School Wellbeing Workers’ role are not managed sufficiently, causing the role to become overwhelmed with individual referrals from multiple sources i.e. Schools, CAMHS, GPs and parents.
- Insufficient resource time is allocated from partners agencies to provide the support, supervision and performance management infrastructure for the School Wellbeing Workers. For example from the Educational Psychology Service, PMHW team and LA Project Management.
- Funding is not provided and or maintained throughout the 4 years from the Transformation Plan and other partners to enable the service model to work effectively across all six school clusters.

Shaping a New Model across the City of York

The evaluation findings, evidence and learning from the pilot will be used to inform the roll out of the Service across all 6 geographical school clusters across the City of York.

The following actions will be taking place over the next 4 months starting in July 2016 to support the roll out of the service.

- Secure Service funding as part of the York Transformation Plan
- Agree Service Specification, Key Performance Indicators and Evaluation Framework
- Recruit 6 School Wellbeing Workers
- Revise pilot documents to support the roll out of a city wide service including Service Overview and Partner Memorandum of Understanding
- Establish the Project Board (including Terms of Reference) for the new Service
- Develop and implement an induction programme for the new School Wellbeing Workers
- Agree and communicate an implementation plan for schools and clusters

Appendices

Appendix 1: Case Studies

Case study One – Key stage two

A consultation with the school's SENCO and ELSA was undertaken regarding a KS2 student who was struggling with social and communication issues. The student was becoming angry in situations, which was affecting their learning. A shared plan was devised with the SENCO and ELSA to include the pupil in an emotional literacy group, which focused on understanding emotions, anger management techniques and communication and social skills.

Support and intervention by School Wellbeing Worker

The student struggled to communicate and engage within a group setting, so it was agreed after a review meeting with SENCO and ELSA that the School Wellbeing Worker (SWW) would complete some direct 1-to-1 sessions focusing on social and communication skills. The support and intervention was reviewed after a half term, involving parents. The SWW sought advice during clinical supervision with Primary Mental Health worker regarding useful strategies and approaches for the pupil.

Outcomes after support and intervention

At the review meeting with parents, SENCO, ELSA, Teacher and SWW, everyone was in agreement that there had been a significant improvement in the student's emotional wellbeing and behaviour at home and school. Strategies for home and school to support the pupil were discussed along with a plan for transition into the new class. The student reported that they could control their anger much more and could settle in class much better.

Projected outcomes and pathways for child without School Wellbeing Worker support

If the SWW support had not been involved, the disruptive behaviour of the student could have continued to disrupt the class; a referral to the provision at Danesgate was a potential route under consideration.

Case study two – Key stage 3

A key stage 3 pupil at secondary School was on a CAMHS waiting list for Depression, Anxiety and Self Harm (DASH) clinic after an attempted overdose. The pupil was experiencing low mood, difficulties with peer relationships at school and also struggling to cope with an older sibling with a diagnosis of Autism.

Support and intervention by School Wellbeing Worker

It was agreed after discussion with the School Pastoral Lead, for the School Wellbeing Worker (SWW) to begin weekly one-to-one 30 minute sessions with aim of supporting the pupil and putting in place CBT based strategies for increasing distress tolerance. Guidance was provided by the Primary Mental Health Worker to undertake goal based interventions with the pupil. The SWW supported a referral to Personal Support and Inclusion (PSI) Team to increase and improve the pupil's social skills and opportunities. During one session, the pupil exhibited signs and symptoms of increased risk and vulnerability. This was passed on to CAMHS who made an earlier appointment to see the pupil. A referral for an assessment for Autism was made after feedback from a number of professionals who were contributing to shared support plan for the pupil.

Outcomes after support and intervention

The pupil felt more able to cope in school after the support and intervention from SWW. The increased social opportunities allowed the pupil to build new friendships, explore new interests out of school and increase her confidence and self-esteem.

Projected outcomes and pathways for child without School Wellbeing Worker support

There was a risk of a second attempted overdose whilst on waiting list for a CAMHS appointment and also further risks of increased social isolation at school and at home.

Case study three *Key stage 4*

A KS4 student who was accessing support from CAMHS was discussed with the School Wellbeing Worker (SWW) in clinical supervision with PMHW because of increased concerns around low mood and anxiety. It was agreed for the SWW to engage the student in a group intervention alongside the 1-to-1 support they were receiving from the CAMHS Depression, Anxiety and Self Harm (DASH) clinic.

Support and intervention by School Wellbeing Workers

The SWW co-delivered 6 one and a half hour sessions with the school ELSA. Sessions were based around understanding anxiety, coping with exam stress and raising self esteem, using cognitive behavioural therapy principles, along with Dyadic Developmental Psychotherapy techniques. CAMHS recommended evidence based programmes and strategies for the SWW and ELSA to implement within the group. Progress of the sessions was discussed (with consent) with the CAMHS practitioner and an exit plan was devised to ensure the student felt supported in school. The student was discussed at the planning meeting and the SWW was able to give a progress update in terms of the intervention and support provided.

Outcomes after support and intervention

The group work was very beneficial as the student reported a sense of belonging, after perceiving herself to be quite isolated. Friendships were formed within the group, which consequently raised self-esteem. The student also felt better able to use the pastoral facilities within school, due to forming stronger relationships with the ELSA.

Projected outcomes and pathways for child without School Wellbeing Worker support

Group work would not have been delivered in partnership with school staff if the SWW resource had not been in place. The group had a significant impact on the student in developing their self esteem, peer support and positive relationship with the ELSA. The SWW up-skilled the ELSA with evidence based resources and strategies to deliver group work now and in the future. The exit strategy and step down support within the school setting would not have been as effectively delivered without the SWW intervention and input.

Appendix 2: Stakeholder feedback

Scott Butterworth, Deputy Head and Senior Pastoral Lead Millthorpe School

The cluster pilot has begun to establish a partnership model that should in the future have a real impact on the amount and quality of early intervention support within schools. At this stage it is critical that funding is agreed and provided so that early success and learning can be built on to ensure that the model is embedded and established in schools by the start of the new academic year

Jane Nellar, St Lawrence's Primary School Headteacher

The role of schools and teaching is changing. All mental health issues and concerns are not being picked up by CAMHS and they are being 'batted' back to schools for us to pick up. This puts schools and teachers in a difficult situation because this not our core area of expertise and there is a worry that we may not respond effectively to children in our care. This is why it is crucial that there is a Mental Health Wellbeing Worker resource available and based in schools to provide expertise, guidance, signposting and support. The School Wellbeing Worker resource hopefully will enable schools to respond effectively at an early stage with confidence, which in turn should both supplement and reduce the pressure on more specialist CAMHS services.

Helena Fowler-Towse, SENCO and part of St Aelred's Primary School Senior Leadership team

It is extremely valuable and beneficial for the children. The project has allowed children to have a voice within a group work setting, providing a listening ear within a safe and secure environment where their issues can be offloaded and discussed. It is important that parents know we as a school are supporting children's emotional wellbeing as well as their learning-as we know these things go hand in hand, if a child is happy they will be a more confident learner.

Cllr Carol Runciman Chair, Health and Wellbeing Board and Cllr Jenny Brooks Executive Member for Education, Children and Young People

Feedback to date has been extremely positive, with one of the main benefits cited by schools being the opportunity for early advice, support and training to make sure that they are equipped to meet the emotional and mental health needs of their children as close to the frontline as possible. Moreover, schools in particular report that their confidence and capacity to provide early help and support to their children has grown exponentially as a consequence of this new model.

School staff – training evaluations

Excellent presentation of the theory and research underpinning resilience, more practical examples of how to respond to specific issues that children present, would be helpful to have case studies relating to young people's experience and then apply theory to help young people, made me consider how I could use evidence based approaches in my ELSA work and resources, would like more practical advice on how to run groups using the approaches explored, interesting, insightful, engaging, informative, need a list of practical problem solving techniques and a clear list of options of how to deal with different situations.

Child – group evaluation

What has helped? -Talking to each other, knowing what to do when I am angry and worried, making friends with people in the group, I have been able to verbalise feelings that feel confusing-which helps me understand them better, talking about feelings and emotions and how to solve them.

What have you learnt? - new skills for life and coping, to do a breathing exercises to relax, about emotions and different feelings, how to tell people how you feel, how to stand up for myself

What did you enjoy? - I really liked being part of a group, she (WW) is fun and she helps us a lot, enjoyed making things and chats with friends in the group, working together, stress balls, making clay people.

Do you feel more able to cope? I feel like I can share my feelings more, I know that I can talk to people and I know how to talk now, after speaking about feelings/situations we have talked about solutions, it makes me feel like I can open up to everyone, it makes me want to come to school far more, it has improved my mood, it has made my self esteem go up and makes me want to get up in the morning

Professor Barry Wright, Professor of Child Psychiatry

The strength of this project has been that it has enabled cluster networks of interested professionals who have coalesced to be a school network interested in socioemotional, psychological and mental health issues for children in schools. In particular this has included emotional literacy support assistants (ELSAs of which there are 200 trained in York schools). In schools pastoral care leads, SENCOS, schools nurses, year heads and educational psychologists are all part of the network. The other great strength of the project is that it is an integrated partnership between schools, the council and child and adolescent mental health services. It therefore does not disrupt any care pathways, and it indeed integrates them. In this way there is a very smooth care pathway between a School Wellbeing Worker who might see a child in school and co-work with an ELSA or a teacher or another member of staff providing groups, individual work or supported work with the teacher or ELSA, but where there are raised concerns or a child's mental health deteriorates the child can be quickly moved up the care pathway because the primary mental health worker can become involved and a child can quickly be seen by the CAHMS team (Psychiatrists, Clinical Psychologists, Community Mental Health Nurses etc.) for more specialist work.

John O'Brien, Primary Mental Health Worker

The CAMHS Cluster pilot and in particular the School Wellbeing Worker resource has increased exponentially the training, communication and consultation available to schools within the cluster. This has had a significant impact on the up-skilling of tier 1 school professionals to deliver direct work and also to consider effectively the Mental Health and wellbeing of children and young people in their schools. The individual and group work that has been delivered within pilot has been positively evaluated; this is particularly important due to group work no longer being able to be provided within the specialist CAMHS service. Early indicators from the Cluster shows a 24% reduction in referrals to specialist CAMHS. There are also positive examples of referrals to CAMHS being stepped down for School Wellbeing Workers to pickup within schools.

Gemma Williams, Primary Mental Health Worker

As specialist teams become focused on the high risk needs of young people with specific Mental Health problems and the early years teams are identifying and targeting the at risk groups the gap widens for those children and young people in need of trained, accessible and integrated teams that allow a school to embrace and experience an increased capacity and confidence to support young people and families experiencing emotional distress. It is with this in mind that this approach offered by weaving children's and families emotional well being and mental health within the fabric of the school needs to continue in its development. For equality across the city it needs to be city wide with a plan that allows schools to build on their knowledge and skills moving towards increased capacity and consultancy.

Dr. Emma Truelove, Educational Psychologist

The opportunity to work alongside School Wellbeing Workers (WWs) during the CAMHS Cluster Pilot has been invaluable in providing an effective graduated response model that supports the wide array of social, emotional and mental health needs we encounter in schools. In particular, I have found that increased multiagency working across education and health sectors (involving ELSAs, WWs, PMHWs and EPs) has increased the status of mental health in schools and enhanced the quality of the support provided in a sustainable manner. Opportunities to collaborate with WWs through consultation, delivery of training, ELSA support groups and joint attendance at termly

planning meetings has been very helpful in my practice as an EP. Furthermore, our shared ethos of raising awareness, preventative working and up-skilling school staff has facilitated a workable, joined up approach to improving outcomes for children and young people.

Appendix 3: Sources of Data

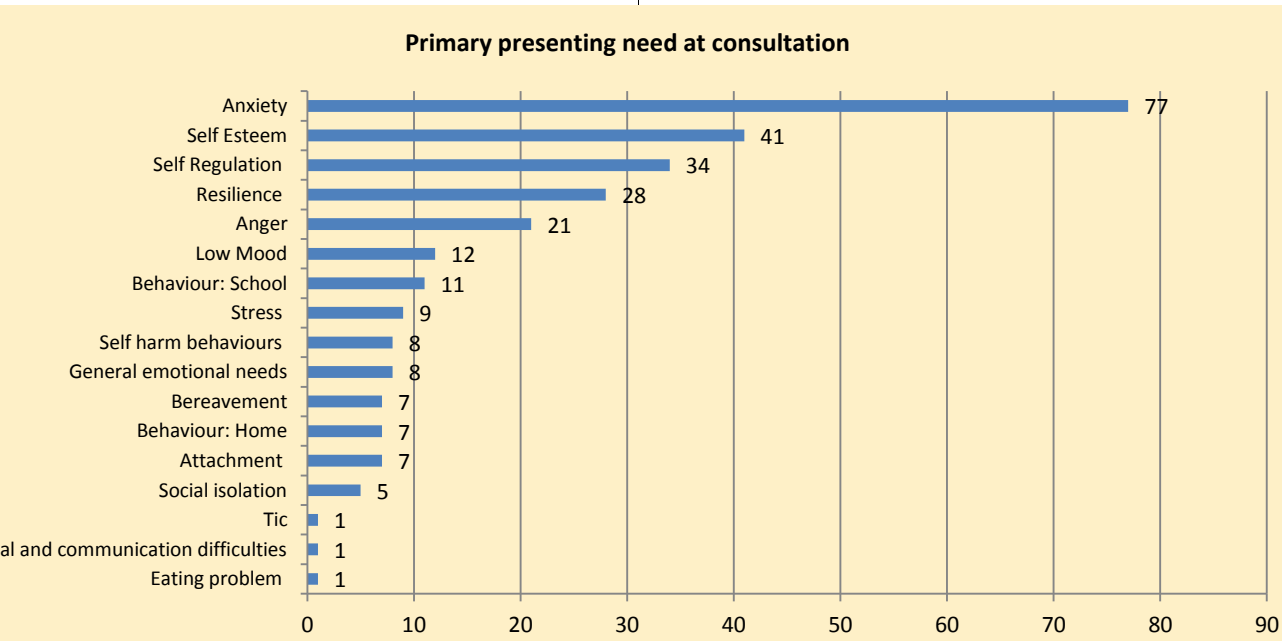
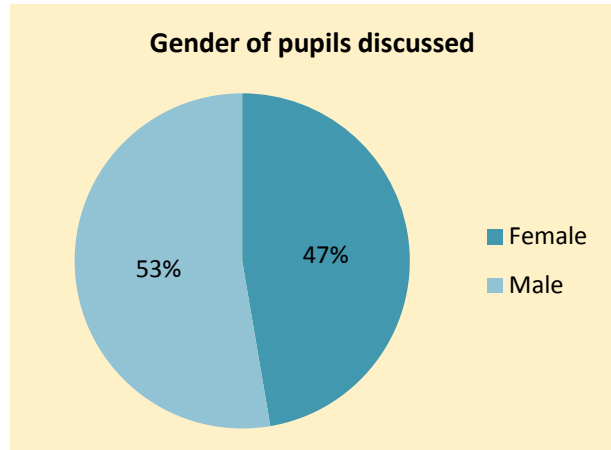
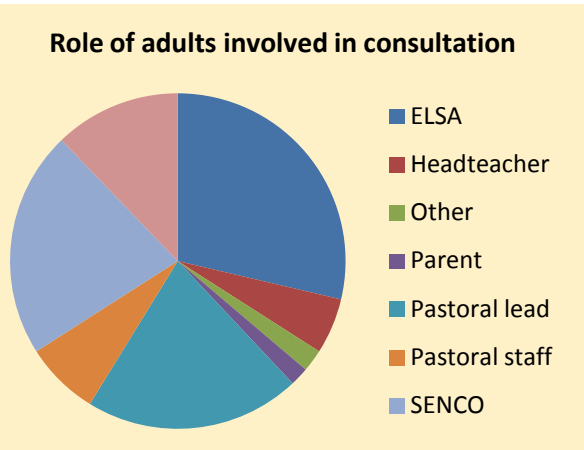
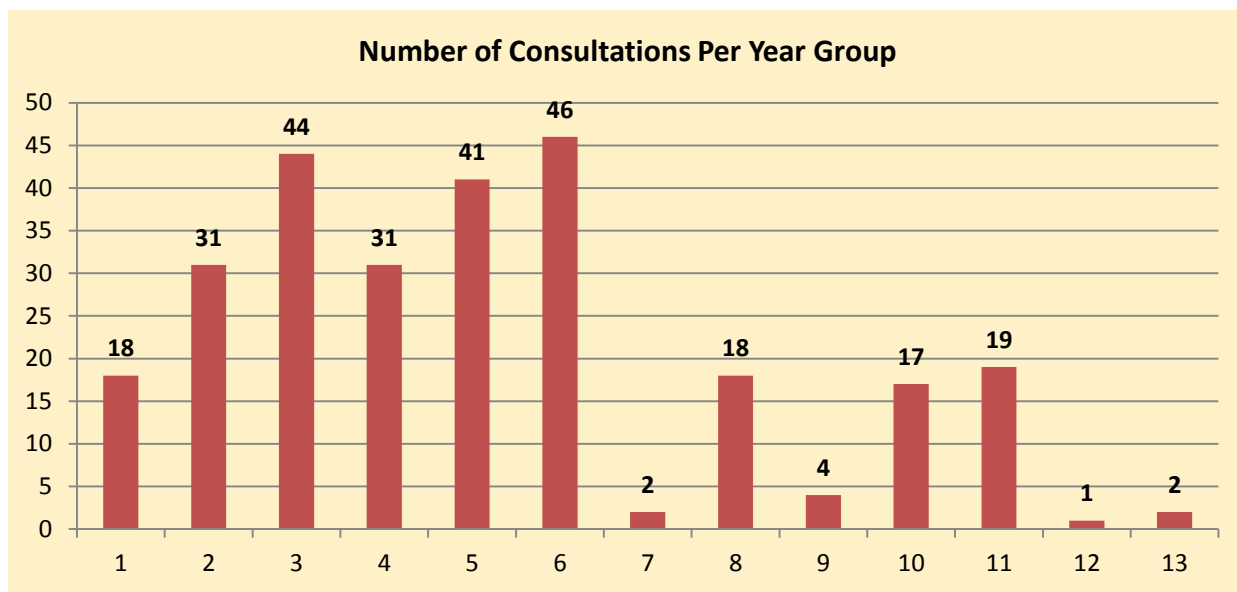
| | Measure / Indicator | Method | When collated | By whom |
|---|--|-------------------------------------|---------------------------------|------------------------------|
| Overall objectives | | | | |
| | Number of children and young people receiving emotional and mental health support and help | Identified by Head Teacher / School | Termly | School and Wellbeing Workers |
| | Number of teachers that feel more aware of the issues relating to emotional and mental health and feel more confident to respond effectively | Questionnaire adapted | Pre pilot Post Pilot | Survey monkey |
| | Number of children and young people who feel more able to cope with emotional and mental health issues in a school setting | SEB/SDQ CAMHS data (referrals) | Pre/post intervention Termly | Wellbeing Workers |
| Consultation, advice and support | | | | |
| | No. of consultative / supervision sessions facilitated by Wellbeing Worker (WW) | Monthly report | Monthly | WW |
| | Outcomes | Case studies | Monthly | WW |
| Training | | | | |
| | No. of training events | Monthly report | Monthly | WW |
| | No. of staff attending from different schools | Monthly report | Monthly | WW |
| | Quality of training provided | Monthly report | monthly | WW |
| | Outcomes and impact | Questionnaire | Pre / post / 6 weeks | WW |
| Working in partnership to provide direct 121 / group work | | | | |
| | Number of children receiving WW 121 | Monthly report | Monthly | WW |

| | | | |
|--|---------------------|---------------------|-------------|
| Number of children receiving WW - group work | Monthly report | Monthly | WW |
| Number of children receiving WW supported – 121 | Monthly report | Monthly | WW / School |
| Number of children receiving WW supported – group work | Monthly report | Monthly | WW / School |
| Outcomes of 121 / group work (improvement/deterioration/stayed same) | SEB / SDQs | Monthly | WW |
| Number of parents receiving WW group work | Monthly report | Monthly | WW |
| Number of parents receiving WW supported group work | Monthly report | Monthly | WW / School |
| No of parents accessing drop-ins or consultation | Monthly report | Monthly | WW |
| Outcomes of group work (improvement/deterioration/stayed same) | Parent focused tool | Monthly | WW |
| Clearer pathways to different care and support including specialist services | | | |
| No. of planning meetings / discussions taking place | Monthly report | Monthly | WW |
| No. of children discussed | Monthly report | Monthly | WW |
| Outcomes | Case studies | Monthly | WW |
| Number of referrals to PMHW / Limetrees | CAMHS data | Termly inc baseline | PMHW |
| Number of accepted referrals to PMHW / Limetrees | CAMHS data | Termly inc baseline | PMHW |
| Cost benefit analysis | | | |
| Case studies | Monthly report | Monthly | WW |
| Incidental / additional measures | | | |
| Attendance in school for children and young people involved in pilot | CYC / School Data | Termly | School |
| Attainment and progress for children and young people involved in pilot | CYC / School Data | Termly | School |

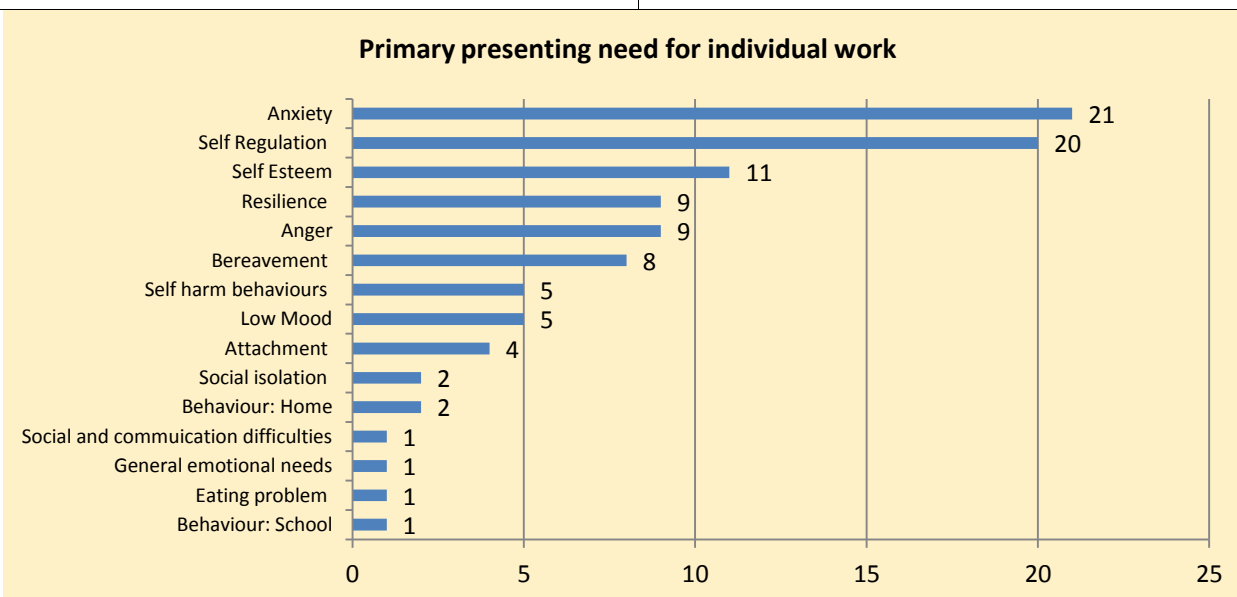
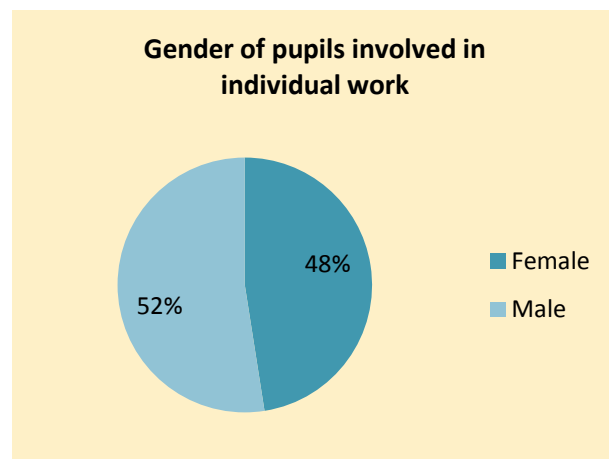
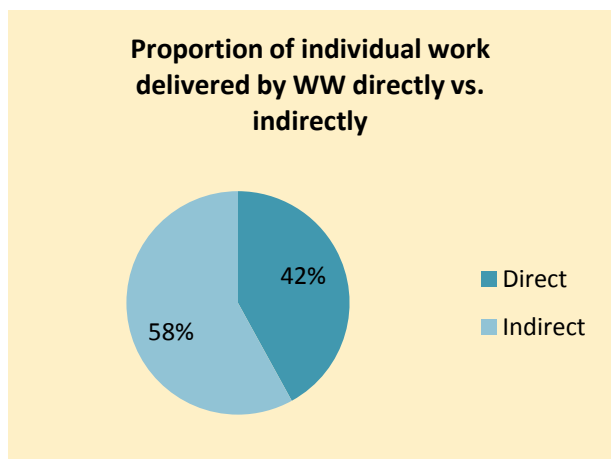
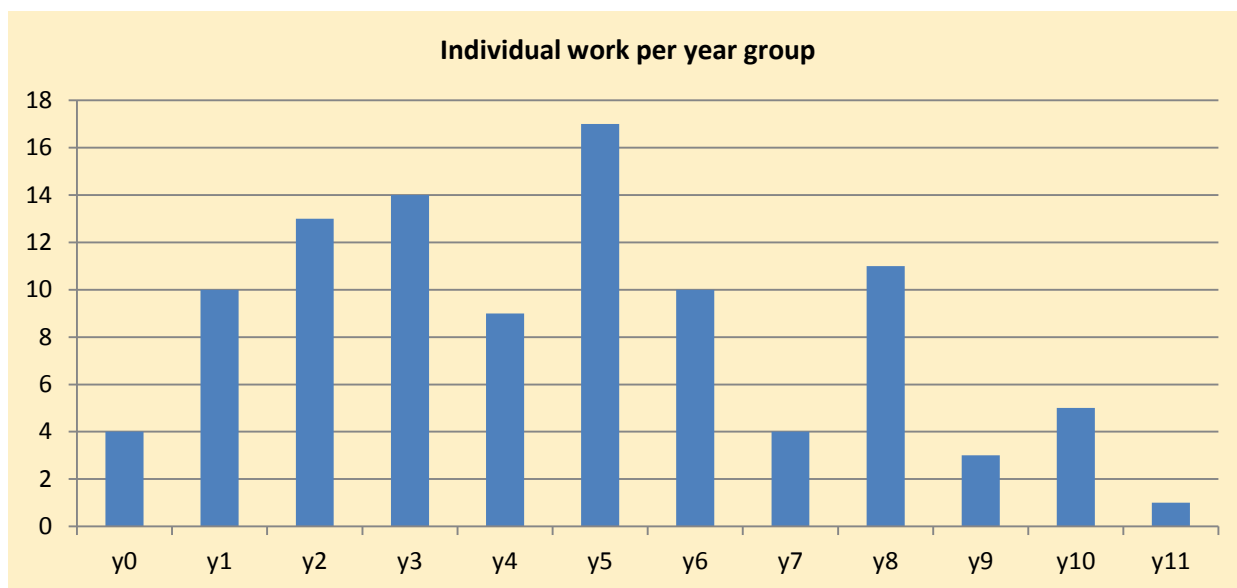
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|--|---|-------------|----------------|--------|
| | A&E admission SEMH | Health Data | Pre and post | Health |
| | In patient admissions SEMH | Health Data | Pre and post | Health |
| | Safeguarding referral from schools relating to SEMH | CYC Data | Termly | CYC |
| | Ofsted reports | CYC | When available | WW |

Appendix 4: Summary data

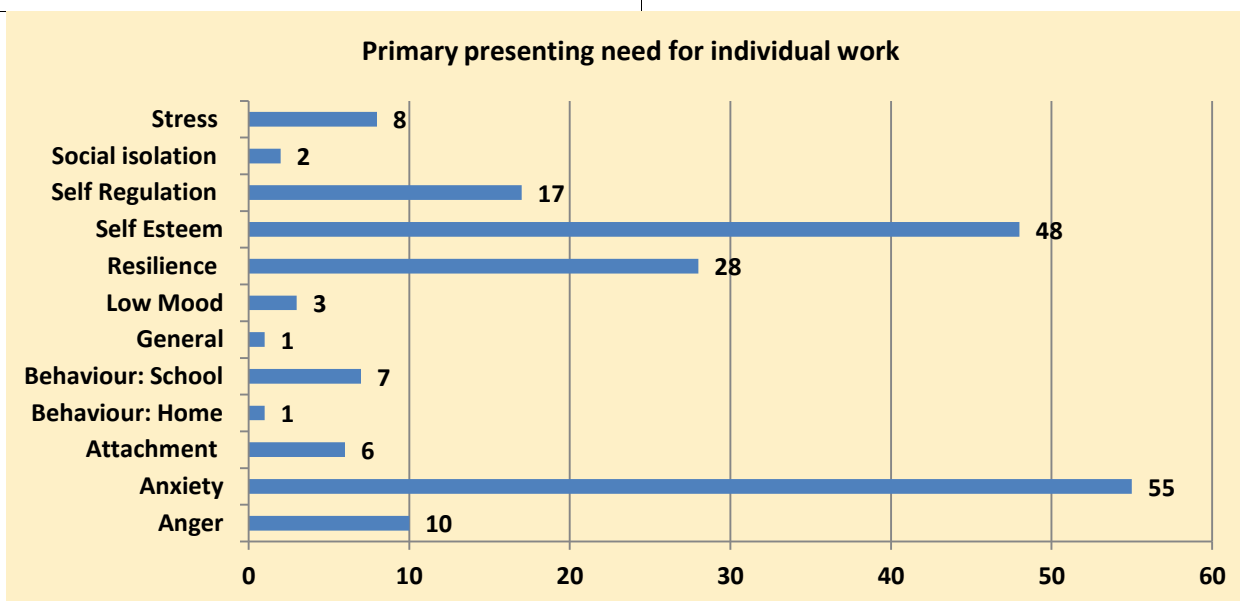
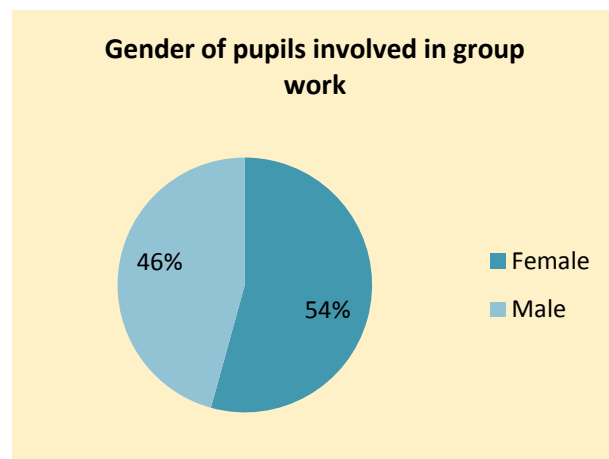
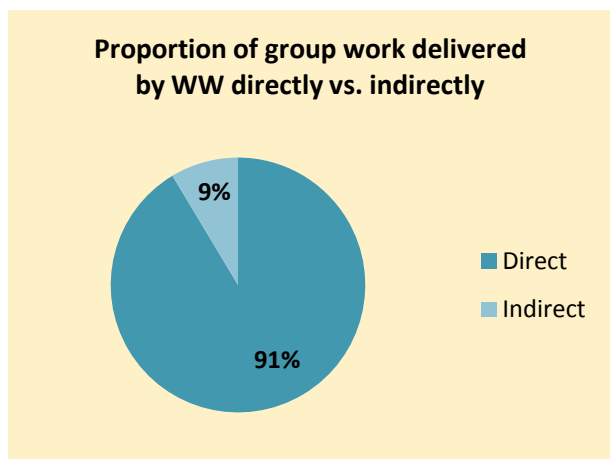
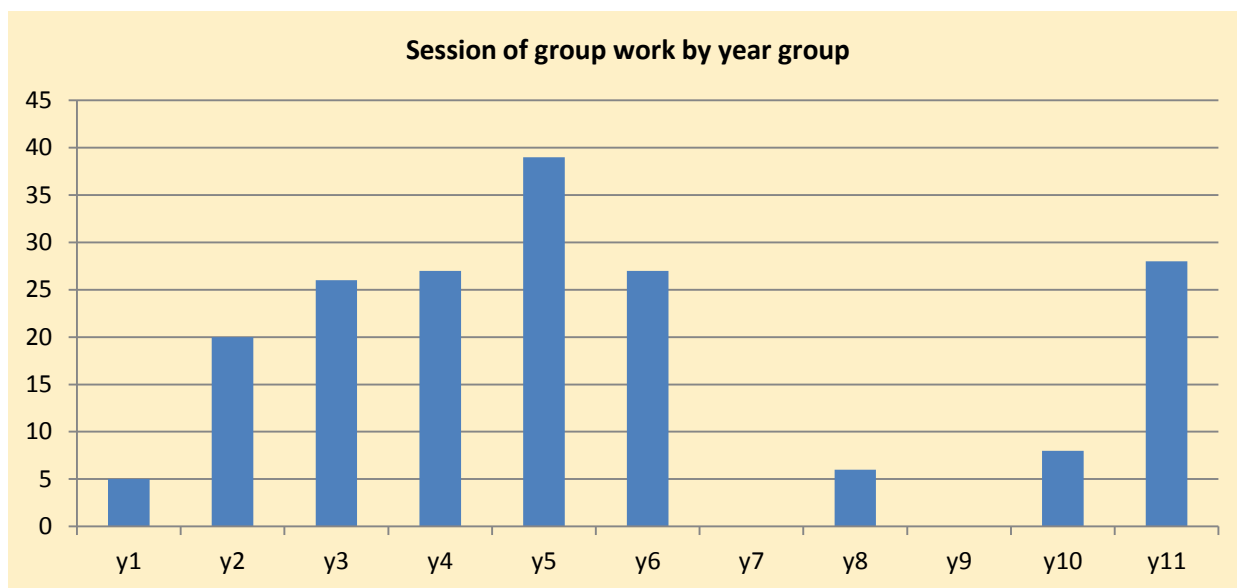
| | | | |
|--------------------------------------|------------|--------------------------|-----------|
| Total number of Consultations | 269 | Number of schools | 21 |
|--------------------------------------|------------|--------------------------|-----------|



| | |
|--|------------|
| Total sessions of individual work | 101 |
|--|------------|



| | |
|-------------------------------------|------------|
| Total sessions of group work | 186 |
|-------------------------------------|------------|



Glossary

| | |
|---|---|
| Brief therapy | Brief therapy is short-term (usually a limited number of sessions) and focused on helping a person to resolve or effectively manage a specific problem or challenge, or to make a desired change. |
| CAMHS | Child and Adolescent Mental Health Service. CAMHS are specialist NHS services. They offer assessment and treatment when children and young people have emotional, behavioural or mental health difficulties. |
| Cognitive behavioural therapy principles | Cognitive behavioural therapy (CBT) explores the links between thoughts, emotions and behaviour. It is a directive, time-limited, structured approach used to treat a variety of mental health difficulties. It aims to alleviate distress by helping individuals to develop more adaptive or flexible cognitions and behaviours. |
| Dyadic Developmental Psychotherapy | It is a therapy and parenting approach that uses what we know about attachment and trauma to help children and families with their relationships. |
| Family therapy | Family Therapy – or to give it its full title, Family and Systemic Psychotherapy – helps people in a close relationship help each other. It enables family members, couples and others who care about each other to express and explore difficult thoughts and emotions safely, to understand each other’s experiences and views, appreciate each other’s needs, build on strengths and make useful changes in their relationships and their lives. Individuals can find Family Therapy helpful, as an opportunity to reflect on important relationships and find ways forward. |
| SEMH | Social Emotional and Mental Health needs. The Special Educational Needs Code of practice (January 2015) defines SEMH as follows: “Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.” |
| Solution focused work | An approach to working with people that seeks to amplify what they are already doing well, and aims to help people realise a future in which the problem is minimised, manageable or is no longer defined as a problem. |
| WW or SWW | Wellbeing Worker(s) or School Wellbeing Worker(s) |

Bookcase

NB If you are reading the electronic version of this document you can click on the links to navigate directly to the referenced item.

[Department of health. No health without mental health: a cross-government mental health outcomes strategy for people of all ages. Stationery office, 2011](#)

Health and Wellbeing Survey, 2015

Related Local Strategy and Planning Documents

[York Children and Young People’s Plan 2016-20](#)

[Vale of York CCG Transformation Plan for Children and Young People’s Emotional and Mental Health 2015-2020](#)

[CYC CAMHS Story Board \(2015\)](#)

Improving Health and Well-being in York 2013 -2016

Health and Wellbeing Strategy for York 2013-16

York CAMHS Strategy Action Plan 2013 - 2016

York Looked After Children’s Strategy 2012 – 2015

Early Help (including Risk and Resilience) Strategy 2014/16

York Poverty Strategy 2011-2020

National Guidance and Strategy Documents (within the last 5 years)

[Young Minds Beyond Adversity: Addressing the mental health needs of young people who face complexity and adversity in their lives \(2016\)](#)

[The Institute for Public Policy Research \(IPPR\) Education, Education, Mental Health: supporting secondary schools to play a central role in early intervention mental health services \(2016\)](#)

[Local Government Association Best start in life; Promoting good emotional wellbeing and mental health for children and young people \(2016\)](#)

[Centre for Mental Health Missed Opportunities; children and young people’s mental health \(2016\)](#)

[CentreForum Commission on Children and Young People’s Mental Health: State of the Nation \(2016\)](#)

[NHS England The Five Year Forward View of Mental Health \(2016\)](#)

[DfE Counselling in schools: A Blueprint for the Future - Departmental advice for school leaders and counsellors \(2016\)](#)

[DoH / NHS England Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing \(2015\)](#)

[NHS England Mental Health Taskforce engagement report \(2015\)](#)

[National Childrens Bureau 'What works in promoting social and emotional well-being and responding to mental health problems in schools \(2015\)](#)

[Public Health England 'Promoting children and young people's emotional health and wellbeing: A whole school and college approach \(2015\)](#)

[PHSE Association Guidance on preparing to teach about mental health and emotional wellbeing \(2015\)](#)

[The DfE / DoH Special educational needs and disability code of practice: 0 to 25 years \(2015\)](#)

[DfE Children and Families Bill: SEN Code of Practice \(2014\)](#)

[DfE guidance Mental Health and Behaviour in Schools \(2014\)](#)

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| | |
|-------------------|-------------------|
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