

Briefing Paper - Children and Young People's Learning Scrutiny Panel (14 January 2019)

Director of Education: Andrea Williams

Part 1: What research tells us about Children's Mental Health & Emotional Well-being

1. Children are at greater risk of having mental ill-health if they: live in a deprived area; live in a single parent family; live in rented accommodation; have a family member with poor mental health; have a family member who has low educational attainment; have stressful family situations; face three or more stressful life events (three times more likely than other children to develop emotional and behavioural disorders); have a disability or impairment (physical or learning), or serious or chronic illness; or are a looked after child.

2. Emotional resilience in children and young people is a prerequisite to good health and wellbeing outcomes, educational attainment, social relationships, positive choices and behaviours, life opportunities and aspirations, physical health and length and quality of life. Half of those with mental illness in adulthood experience their first symptoms by the age of 14, and this figure rises to three quarters by the time they reach 18 years of age. Early intervention is essential to ensuring that children and young people's mental health is treated effectively, to minimise the impact on the child / young person.

3. Estimates from national prevalence figures for mental health in children and young people suggest that Middlesbrough should expect 2,178 (10.8%) children aged 5-16 years with a mental health disorder. This is higher than the national estimate of 9.6%. Based on Public Health England estimates in 2013, Middlesbrough had 2,558 with a mental health disorder and 2,755 young people aged between 16 and 24 with potential eating disorders and attention deficit hyperactivity disorder (ADHD) respectively.

Part 2. What the Joint Strategic Needs Assessment (2018) tells us about Children's Mental Health & Emotional Well-being in Middlesbrough

4. Middlesbrough had the lowest proportion of primary aged pupils identified with social, emotional and mental health needs in 2016 by a small margin regionally, however there was a consistent percentage of around 2% both nationally and regionally. Middlesbrough had the highest proportion of secondary aged pupils with social, emotional and mental health needs in 2016 at 2.97% versus 2.39% in the North East and 2.3% in England.

Assessments of prevalence have been based on estimations. There is limited data recording to be able to provide actual prevalence figures. This is an area that requires strengthening nationally. (Locally we are developing joint data sharing across health/ LA and will have a SEND joint strategic needs assessment within months to help to further analyse the challenges for our services in meeting the needs of young people.)

Hospital admissions

5. Children and young people's admissions for mental health in Middlesbrough (together with rates for self-harm, alcohol specific conditions and substance misuse highlighted elsewhere in the JSNA) are higher than the national average, and have risen significantly in recent years.

6. Middlesbrough had the second highest rate in the North East in 2015/16 for 0-17 Years Hospital Admissions for Mental Health Conditions behind Sunderland. Middlesbrough had the third highest rate of Hospital Admissions for Mental Health Conditions in 2015/16 in comparison with nearest neighbours, with 140.8 per 100,000 population aged 0-17 years, this is well above the average for this group of comparators (104.2 per 100,000), more than twice the lowest Walsall (63 per 100,000), the highest being Tameside with 163.3 per 100,000.

Child and adolescent mental health services

7. Middlesbrough Child and Adolescent Mental Health Services (CAMHS) received 2,030 referrals in 2016/17 and accepted 1,018 (50.18%) of these for treatment. Referrals into CAMHS saw a significant rise of 45.70% between 2012/13 and 2013/14, from 1,282 to 1,868 and then remained between 1,800 and 2,030 in the years to 2016/17.

8. The trend in referrals being accepted shows a somewhat consistent decline, from 68.80% in 2012/13 to 50.15% in 2016/17, there was an increase to 61.72% in 2015/16 but this then showed the most significant decrease of over 11% to 2016/17. The percentage of referrals resulting in an assessment is also showing a decline, at 8.82% in 2016/17 this is almost half of the 16.22% seen in 2012/13.

9. Referral rates may have been affected by the change in referral system and the change in SEN legislation of 2014, teasing out Social Emotional and Mental Health issues from behaviour and perhaps influencing referral rates. Locally a 'triaging project' across the Catholic cluster appears to have had some positive results in decreasing inappropriate referrals to CAMHS.

10. In 2012/13 almost two thirds of all referrals into CAMHS were for males, over the period to 2016/17 this trend has decreased so that males accounted for 54.19% of all referrals and the percentage of females has increased. White is the most common ethnicity in the individuals referred to CAMHS, accounting for around 90% of all referrals in each period. The remainder of the ethnicities can be broken down further (discounting White, and therefore beginning at 100% again), whereby Asian is the second most common this has decreased over the period from 44.60% in 2012/13, with a spike to 55.95% in 2013/14, before decreasing year on year to 36.52%. Mixed ethnicity has overall accounted for the next largest specific ethnic group, factoring in that Not Stated/Other is showing some increase.

11. Caseloads in CAMHS have been maintained between 743 and 877 in the period 2012/13 to 2016/17, however there has been a consistently decreasing trend in the number of cases held in year since 2014/15.

Children affected by parental behaviours

12. Children are greatly affected and influenced by parental behaviour. Evidence shows children and young people will be more likely to eat well, exercise and not engage in risk taking activities if their parents display these behaviours too. There are an estimated 4,700 alcohol or drug dependent adults in Middlesbrough in treatment. Based on this, it is likely that there are a significant number of children potentially affected by parental alcohol and drug misuse.

13. Children living in these circumstances are more likely to be living in poverty, not achieving at school, have emotional / mental health problems, be at increased risk of becoming dependent on alcohol / drugs themselves and be involved in the care / youth justice system, with the poor outcomes associated with this.

60% of adults in contact with alcohol and drug treatment in Middlesbrough are parents. In 2016/17 24% of drug and alcohol treatment service users had children living with them, while 36% of drug treatment and alcohol treatment service users were parents not living with their children.

14. 5% of parents in contact with alcohol and drug treatment in Middlesbrough had children subject to a Child Protection Plan (CPP) and 5% had a child looked after or in foster care (LAC), 53% had children who were subject to both CPP and LAC.

15. Drug and alcohol misuse is a factor in a significant number of children in need and child protection cases, often being found alongside domestic abuse and mental ill-health (grouped together as the 'Toxic Trio').

Substance misuse by children

16. Children and young people are at greater risk of misusing substances, if they live in deprived areas; have a family member who misuses such substances; have a family member who is unemployed, or has low educational attainment; live in a single parent family; are a looked after child, four times more likely to use illegal substances; or are in contact with the Criminal Justice System.

17. The rate of alcohol-specific hospital stays among those aged 18 years of age and under in Middlesbrough between 2012/13 and 2014/15 was 64.1 per 100,000 population aged 0-17 years – 75% higher than the national average of 36.6, but broadly in line with the regional position. Admissions have declined nationally in recent years, including within Middlesbrough, but the gap to the national average has not materially narrowed.

18. Between 2013/14 and 2015/16, there were 122 hospital admissions caused by substance misuse in young people aged 15-24 years – a rate of 193.5 per 100,000 population – over double the national average rate, and significantly higher than the regional position. Admissions have risen nationally in recent years, including within Middlesbrough, but the gap to the national average has not materially narrowed.

19. Drugs and alcohol are therefore major issues for children and young people within Middlesbrough, impacting on their physical and emotional well-being.

Middlesbrough Council Education Services and Emotional and Mental Health

Part 3: Identifying SEN including Emotional and Mental Health difficulties

20. The SEND Code of Practice (2015) states that all schools should have a clear approach to identifying and responding to Special Educational Needs. The benefits of early identification are widely recognised – identifying need at the earliest point and then making effective provision improves long-term outcomes for the child or young person.

21. A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that normally available to pupils of the same age. This can include provision for children experiencing emotional, social and mental health difficulties.

22. Schools need to be alert to how mental health problems can underpin behaviour issues in order to support pupils effectively, working with external support where needed. They also need to be aware of their duties under the Equality Act 2010, recognising that some mental health issues will meet the definition of disability.

23. Class and subject teachers, supported by the senior leadership team including the SENCo, should make regular assessments of progress for all pupils. These should seek to identify pupils making less than expected progress given their age and individual circumstances.

24. All those who work with children and young people should be alert to emerging difficulties and respond early. In particular, parents know their children best and it is important that all professionals listen and understand when parents express concerns about their child's development. They should also listen to and address any concerns raised by children and young people themselves.

25. Where schools suspect a pupil has a mental health problem, they should use the graduated response process (assess-plan-do-review) to put support in place. Schools should ensure they have clear systems and processes in place for early intervention and identification, referral to experienced skilled professionals and clear accountability systems.

26. Where required, schools should expect parents and pupils to seek and receive support elsewhere, including from their GP, NHS services, trained professionals such as educational psychologists or voluntary organisations.

27. Early intervention is crucial and can be summarised as:

Prevention - creating a safe, calm environment where problems are less likely, equipping pupils to be resilient, including teaching pupils about mental health through the curriculum

Identification-recognising emerging issues as early and accurately as possible

Early support- helping pupils to access evidence based support and interventions

Access to specialist support- working effectively with external agencies to provide swift access or referrals to specialist treatment

28. Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEN. Where there are concerns, there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour a multi-agency approach, supported by the use of approaches such as the Early Help Assessment, may be appropriate. In all cases, early identification and intervention can significantly reduce the use of more costly intervention at a later stage.

29. Professionals should also be alert to other events that can lead to learning difficulties or wider mental health difficulties, such as bullying or bereavement. Such events will not always lead to children having SEN but it can have an impact on wellbeing and sometimes this can be severe. Schools should ensure they make appropriate provision for a child's short-term needs in order to prevent problems escalating. Where there are long-lasting difficulties schools should consider whether the child might have SEN.

30. Support for children may be at a school level only e.g. additional pastoral support/School Nurse advice, or by seeking external support for the child within mainstream provision e.g. educational psychology or CAMHS support, or through external placement such as the Pupil Referral Unit (RTMAT) with therapeutic intervention or from a Special school such as Holmwood.

31. There is no requirement for schools to have a standalone mental health policy, although some do, but to ensure that a range of policies promote mental health and well-being and keep children safe. They also need to be aware that it may be unlawful to apply a behaviour policy which means treating all pupils the same if a pupil's disability makes it harder for them to comply with the policy than other pupils who are not disabled.

Alternative Education: Provision 2017-18

Primary KS1 Provision

32. A new 10 place support provision opened at Holmwood Special School for 2018-19. This provides a short term placement and assessment of the child's needs and difficulties in accessing education to identify both learning and SEMH (Social, Emotional and Mental Health) difficulties.

33. At the present time 6 places are taken while awaiting the next round of referrals due in January. Referrals are coordinated through clusters of schools but discussions have begun to manage referrals based upon needs across the town.

34. Primary schools have expressed concern at the rising numbers of KS1 children presenting learning and very challenging SEMH issues. Whilst it is early days, schools predict high demand for this provision.

35. The cost of an Alternative Education place is 18k per year. Primary School's pay from £31-£33 per day towards cost.

Primary KS2

36. There were 16 Commissioned places at River Tees Multi-Academy Trust following Education Health Care Plan assessments, 14 places were taken by children who were eventually awarded a plan, this is an ongoing trend. These children had a combination of SEMH and learning difficulties. To meet rising demand an additional 8 places were commissioned by the SEND Department. These additional places enabled the Alternative Education Team to access primary assessment and intervention places. These children frequently have multi agency involvement, support for learning and SEMH issues.

Secondary Provision 2017-18:

37. There are between 170 and 190 children requiring Alternative Provision each year. These children often have a range of SEMH issues and learning needs that have not been met. They are either permanently excluded or requiring intervention to help re-engage/ prevent exclusion. Prior to December 2017 referrals were direct to the Alternative Education Manager and Assessment Lead who sourced, monitored and tracked children at settings. An assessment provision was set up where reintegration to mainstream and 6th Day provision could be met. The majority of these are Middlesbrough's most vulnerable children with multi agency, safeguarding, health and social care needs.

38. In December 2017 the Pupil Inclusion Panel (PIP) was set up to enable schools to refer children to a group of professionals where support, assessment of need and alternative provision can be discussed. There were 120 referrals from December 2017 to July 2018. Of these, 91 referrals went through to PIP and 75 were offered placements either in a school or alternative setting.

39. PIP has been dealing with high numbers of referrals, however in recent meetings the numbers have reduced. Sometimes schools feel they have not been able to access early multi agency support and have limited alternatives.

40. There is a significant need for increased high quality provision which will take these children on roll, a vocational and academic setting which will provide support services and specialist therapies. A Free school application for SEMH pupils has been submitted on behalf of the 5 Tees Valley Local Authorities and we hope to hear if the bid has been successful in the coming weeks. This will help support the most vulnerable pupils and will be a model of shared expertise on SEMH with mainstream schools.

41. The cost of an Alternative Education place can range from 14k to 18k per year. In some cases additional exceptional funding is required to meet special needs. Secondary schools have paid from £41-£43 per day towards the cost.

42. Although there has been a recognition by Head teachers that a reduction in permanent exclusion numbers should be possible this year, recent data shows a small decrease and consequently puts continued pressure on resources and reduced budget for highly vulnerable children who often have significant SEMH issues.

43. The Inclusion strategy has now been agreed and an action plan put in place to support schools and their pupils in maintaining mainstream education where this is possible. Workstream leaders are supporting multi-agency work to improve therapeutic services, training of staff and support for parents for children who are at risk of exclusion.

Part 4: Education Services Support for Children's Emotional and Mental Health

Educational Psychology Support

44. EPs working for Middlesbrough Psychology Service aim to support the achievement and wellbeing of children and young people, aged 0-25 years. In particular they aim to promote the educational and social inclusion of any vulnerable groups of children and young people including those with special educational needs and social and emotional mental health difficulties.

45. Educational Psychologist is a registered title with the Health and Care Professions Council; all EPs have followed an extensive training route over at least 6 years. Some of our EPs are also qualified teachers, others have worked in other roles in schools supporting children and young people. All EPs have experience of working in a range of educational settings, with a range of young people with differing needs. EP's knowledge of psychology, child development and change processes helps them to support schools, parents, and other professionals to best meet the needs of children and young people.

46. Middlesbrough Educational Psychologists (EPs) deliver statutory functions on behalf of the Local Authority, as outlined in the Children's and Families Act (2014). These statutory duties include:

- providing a contribution to the statutory assessment process to identify a child or young person's special educational needs and the educational support that would best meet those needs;
- monitoring the progress of pupils with statements of special educational need or Education and Health Care Plans through the statutory Annual Review process; and
- provision of specialist advice and support to a range of professionals including school staff as well as parents and carers, etc on meeting the needs of children/young people with Statements of Special Educational or Education and Health Care Plans.

47. In addition to statutory functions, a traded arm to the service has recently been developed. Through this, EPs offer a wide range of additional core psychological support and interventions, which are provided at various levels depending on the bespoke needs of schools/ settings.

Work prioritised includes psychological work at the strategic level of the whole school (such as training or policy development), the small group level (delivering and evaluating projects and conducting research), and the individual pupil level (consultation and assessment). The EP service currently works with partners in LA schools, academies, and alternative provision (AP). Within the AP commission, EPs have worked across all of these levels: capacity building of school staff through the delivery of ELSA training (Emotional Literacy Support Assistant), pupil inclusion panel processes, developing local practice around managed moves and direct work with vulnerable pupils placed within AP. The service has also provided direct crisis response work in settings and strategic work around suicide prevention, capacity building training to staff working with migrant families and post diagnostic (ASD) support (Early Bird Plus) to settings and families.

48. The recent development of data-dashboards within the LA means the EP service will be able to analyse service delivery trends in terms of presenting age groups, genders, and category of need etc. The Inclusion Strategy presents an opportunity for the Middlesbrough Psychology Service to support the work of the LA at strategic planning and capacity-building levels in areas linked to social and emotional mental health.

Middlesbrough Achievement Partnership –Emotional Wellbeing Support

49. Middlesbrough Achievement Partnership (MAP) made a significant contribution to the Headstart Programme and to the Reach Partnership from 2014 to present date as below:

Reach Partnership

£617,703 over 3 years:

Year 1 £199, 846

Year 2 £205, 841

Year 3 £212, 016

Wider Headstart Programme

£1,045,778 over 2 years:

Year 1 £655,889

Year 2 £389,889

Total MAP investment £1,663,481

50. MAP is represented on the Headstart Board and is also represented on the school task group. It has been agreed through the Headstart Board that emotional wellbeing support for children and young people is led through this Board and programme team. MAP complements and supports the work of the Headstart Programme as well as having been a key funder of the programme.

51. As well as this, the current MAP Delivery plan supports in-school interventions (universal and targeted) promotes emotional resilience and positive mental health among pupils, their families and school staff as below:

1. Delivery of Restorative Practice Conference January 2018
2. Educational visits to Carr Manor School – a restorative school
3. Roll out of Restorative Practice whole school training for all staff –this has now been completed by 11 schools. The offer continues to be shared with all schools and development sessions will be held in schools over the summer term to share best practice, key impact and encourage additional schools to complete the training. Feedback from schools included the following:

“We felt the need, as a school, to get involved with RP after a very inspiring session from Mark at the Riverside Stadium. We were interested not in improving behaviour at our school, but improving relationships between pupils both in school and the community. We had Alistair visit our school for a full day of CPD and I have to say it was one of the most thought-provoking CPD sessions we've had! From minute one we began thinking about subtle and major changes we could make at school and immediately after the visit the SLT and I put together an action plan for the next academic year; although we have already begun to experiment with some newer ways of using language and dealing with incidents in school. A fantastic opportunity we are very happy we took advantage of!”

Craig Nicholson, Acting Principal – North Ormesby Primary Academy

52. Work will be carried out with schools to measure the impact of this approach, however early indications show this is impacting positively on behaviour, attendance, relationships and emotional wellbeing.

4. Full Day Restorative Practice training for Parent Support Advisors/Educational Welfare Officers November 2018
5. Appointment of Parenting Support Coordinator to work closely with a range of internal and external partners, schools, governors, senior leaders and parents/carers, families and children to deliver positive outcomes for parents/carers and families to enable them to support their children’s achievement and wellbeing.
6. The Parenting Support Coordinator, Michaela Brown, commenced post in October 2018 and has delivered a number of interventions including Mindfulness for parents, techniques for parents to support children’s emotional wellbeing and emotional wellbeing support for teaching staff. This work has been carried to meet an identified need not met through the current Headstart Programme and work will continue to develop following requests from schools.
7. Parenting Programmes – 17 delegates from schools and a range of departments within the LA have been trained as Family Links Parent Group Leaders to enable delivery of the Family Links Nurturing Programme from January 2019. Outcomes of the programme will be monitored and it is anticipated that successful completion of the programme will have positive impact upon the emotional wellbeing of parents and their children.
8. Further parenting work is being developed and a pilot programme ‘Talking Teens’ will be delivered over the next few months.
9. Globalbridge has been introduced into 9 secondary phase schools within Middlesbrough to enable young people to build online digital profiles to support

career opportunities and it has been evident that this process has built confidence and self-esteem in young people, supporting improved emotional wellbeing.

Part 5.Strategic Direction moving forward

53. A new strategic group has recently been formed and chaired by Edward Kunonga to bring together partners from the LA and Tees, Esk, Wear Valley Health Trust who are responsible for Children's services and CAMHS. The aim of this group initially is to audit and map current services and to consider wider strategic development of mental health provision for young people. Initially the group will be considering best practice from Local Authorities such as Camden in order to inform future developments in Middlesbrough. The group will report to the Children's Trust.

References

Middlesbrough Children and Young People's Joint Strategic Needs Assessment 2018

SEND Code of Practice, DfE, Jan 2015

Mental Health and Behaviour in Schools, DfE, Nov 2018