

CHILDREN AND YOUNG PEOPLE'S LEARNING SCRUTINY PANEL

A meeting of the Children and Young People's Learning Scrutiny Panel was held on 18 February 2019.

PRESENT: Councillors Councillors A Hellaoui, T Higgins, J McGee, L McGloin, V Walkington and C Hobson (As Substitute) and J Thompson (As Substitute)

ALSO IN ATTENDANCE: J Barnard, A Harker and J Rogers

OFFICERS: F Alexander, A Appleyard, C Cannon and G Moore

APOLOGIES FOR ABSENCE Councillors J Goodchild, J A Walker, M Walters and J Young.

DECLARATIONS OF INTERESTS

There were no Declarations of Interest made by Members at this point in the meeting.

18/34 **MINUTES - CHILDREN AND YOUNG PEOPLE'S LEARNING SCRUTINY PANEL - 14 JANUARY 2019**

The minutes of the previous meeting of the Children and Young People's Learning Scrutiny Panel, held on 14 January 2019, were submitted and approved as a correct record.

18/35 **MENTAL HEALTH IN SCHOOLS - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)**

Moral Maze - BBC Radio 4

Prior to receiving evidence on Child, Adolescent and Mental Health Services (CAMHS), the Chair requested that the scrutiny panel listened to BBC Radio 4's Moral Maze on the Mental Health of Young People. The introduction was played to Members. It stated that:

- Children were the most physically safe but mentally fragile generation in history.
- Tragic individual cases made headlines but a series of surveys in recent weeks, a barrage of statistics showed that they were not exceptions.
- OECD reported British children were the unhappiest in the western world.
- A UGOV poll that was published recently, for the Princes Trust, suggested that the number of youngsters that thought that life simply was not worth living had doubled in a decade to 1 in 5. Teenage suicides reflected that, they had nearly doubled over the same period. As had the number of girls and boys that were being treated by the NHS for self-harming.
- 3 children in every class had a diagnosable mental disorder and it was getting worse every year.

The combative, provocative and engaging debate, chaired by Michael Buerk, aimed to explain the reasons for the crisis in children and young people's mental health. Possible reasons discussed included medicalising the normal stresses of adolescence and a toxic mix of anxieties about identity, ill-defined boundaries and educational pressures.

Child and Adolescent Mental Health Services (CAMHS)

As the Head of Service had submitted apologies for the meeting, the Tees CAMHS Crisis and Liaison Project Manager was in attendance to present evidence.

CAMHS offered a full range of services for children and young people experiencing mental health problems and mental disorders. The services provided by specialist CAMH professionals planned to support early identification and early intervention services. Services were also provided for children and young people with more severe, complex, or persistent disorders. CAMHS support covered depression, problems with food, self-harm, abuse,

violence or anger, bipolar, schizophrenia and anxiety, to name a few. The span of CAMHS work varied greatly, from preventative to in-patient.

The Project Manager advised that Middlesbrough's numbers of suicides in young people were extremely low, however, rates for self-harm among children and young people was increasing and was significantly higher than the England average. The Project Manager expressed concern regarding emergency admissions for self-harm and self-harm cases in young people not known to CAMHS. It was commented that it was of the utmost importance that young people received appropriate support before they reached that critical point.

In terms of crisis services, the Project Manager advised that a crisis service had been designed to provide quick support, 24 hours a day, seven days a week, to children and young people who were in a mental health or emotional crisis. It was highlighted that the aim of the service was to assess and treat children and young people with mental ill health or learning disability crisis at the earliest possible point, to ensure they received the care and support they needed promptly. Nationally, there were areas without access to 24/7 crisis services. It was noted that further work was required to ensure that all education settings were aware of the crisis service and the referral process.

The Project Manager commented that, in respect of medicalising adolescent behaviour, some issues raised with CAMHS were adolescent development norms. However, it was highlighted to the scrutiny panel that the knowledge and attitudes of young people and families around mental health had improved. Young people now had the ability and confidence to speak openly about their mental health problems. It also appeared that there was less mental health stigma.

The Project Manager advised that the workforce had become better equipped to identify whether a child or young person's behaviour - disruptive, withdrawn, anxious, challenging, disturbing, depressed or otherwise - related to underlying mental health difficulties. It was commented that schools aimed to educate their staff and worked to ensure they had clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems. Intervening early was crucial.

It was highlighted that specialist mental health workers were based in some of Middlesbrough's schools. Furthermore, work was currently ongoing with the Catholic cluster of schools to examine the referral process and referral criteria for CAMHS. The work undertaken had demonstrated positive results in decreasing inappropriate referrals. It was also commented that work was being undertaken to identify positive behavioural support and upskilling school staff. The Project Manager advised that it was important that that upskilling staff continued.

The Project Manager advised that there was a CAMHS training agenda, which was delivered by Tees, Esk and Wear Valleys NHS Foundation Trust. The training was available for the multi-agency children's workforce, which included school staff. The emphasis of the training agenda was to create effective multi-agency working to improve outcomes for children and young people. It was added that, in addition to the training agenda, TEWV had a training department that offered bespoke training sessions for groups, schools and professionals.

The Project Manager advised that in recent years, CAMHS referral processes and routes had changed. Young people were now able to refer themselves to CAMHS, which assisted in ensuring that the referral process was as quick and efficient as possible and that delays were kept to a minimum.

Once a referral was made, for those children and young people who were not identified as suffering with specialist mental health issues, CAMHS liaised with HeadStart, schools, counselling services, the Junction etc to ensure the appropriate support was put in place for that child. It was commented that difficulties were experienced when attempting to determine the most appropriate pathway for a child and as a result, with CAMHS' open referral routes, CAMHS received inappropriate referrals. Members heard that in Middlesbrough, a central hub had been developed, which involved a multi-agency workforce deciding the most suitable resource for a child or young person. The central hub was located at West Middlesbrough's

Children's Centre.

In respect of waiting times, the scrutiny panel was advised that local CAMHS was performing well and appointments were scheduled within a maximum of 3/4 weeks. Nationally, waiting times varied greatly.

The Project Manager advised that, in schools, there were good examples of intervening early to create a safe and calm educational environment and strengthen resilience before serious mental health problems occurred. However, it was conveyed that there was a requirement for work to continue in order to improve/develop the multi-agency response of identifying, assessing and responding to children's and young people's mental health needs.

The Project Manager planned to identify whether initial referrals to low-level support were assigned correctly, or whether it was later determined that the child or young person required specialist CAMHS.

AGREED as follows:

That the information presented at the meeting be considered in the context of the scrutiny panel's investigation.

18/36

MENTAL HEALTH IN SCHOOLS - CAMHS TRANSFORMATION/HEADSTART PROGRAMME

The CAMHS/HeadStart Project Officer advised the scrutiny panel that work had been undertaken with the Head of Service for CAMHS to identify rates of referral. In respect of Middlesbrough's children and young people, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) CAMHS had reported a dip in referrals for specialist support, which was attributed to the introduction of HeadStart early help support in schools. Referrals submitted by schools, over the past 3 years, had been:-

- 2015/2016 - 2,600
- 2016/2017 - 1,400
- 2017/2018 - 1,700.

The dip in referrals equated to non-recoverable savings of £600,000. TEWV were redirecting savings into early help provision, which included providing additional staff resource to the HeadStart delivery in schools.

The Project Officer advised Members that in 2015 the Government's Future in Mind (FiM) report was published. The report highlighted the need to make dramatic improvements in children's mental health services and highlighted that although the needs of young people continued to increase, investment and services were insufficient in meeting demand. The report set out five key themes that planned to enhance a systemic changed approach to improve children's emotional wellbeing:

- Promoting resilience, prevention and early intervention
- Improving access to effective support system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Local areas were challenged to achieve this systemic change by 2020. Members heard that a local programme of transformation commenced in 2014, following a £1 million Big Lottery grant that had been awarded. The grant was awarded to develop a local approach to support the emotional and mental health of children and young people at an early stage. The funding was invested in testing a new model of support in school, the home, the community and through digital solutions. Following the end of the Big Lottery grant, FiM, Public Health and Middlesbrough Achievement Partnership allocated funding to roll out the tested HeadStart model. The HeadStart, theory of change model, was attached at Appendix 1 of the submitted report.

The scrutiny panel was advised that current funding came to an end in August 2020. A number of external funding opportunities were being explored and a sustainability plan was in development.

HeadStart was a prevention and early intervention delivery model, which aimed to improve the resilience of pupils to enable them to cope with the pressures of life and to prevent the onset of common mental health conditions. Wherever possible, the model was adapted to suit the needs of individual schools. All of Middlesbrough's mainstream primary and secondary schools were now engaging with the HeadStart Programme.

The Project Officer informed the scrutiny panel that there were five key features of HeadStart:

- Workforce development to upskill staff to better understand and cope with pupil emotional and mental health. The educational pathway was available to all school staff, regardless of their role.
- Emotional well-being practitioners based in all schools providing universal support at an early stage.
- Transition support for years 6 - 7 and years 11 - 12.
- Accredited training to create HeadStarter pupil mental health champions.
- A single referral point for emotional wellbeing practitioners, CAMHS clinicians and school nurses, was currently in development. Implementation planned to establish an integrated pathway of support.

The scrutiny panel heard that another key feature was Tootoot, an online digital referral tool. As part of HeadStart, schools were given a one year license for the tool. The tool enabled children and young people to report anything from bullying to a mental health concern. The simple-to-use app made it easier for students to speak-up and gave them confidence that their concerns were being taken seriously. Tootoot came packed full of insightful reports and metrics that enabled schools to discover trends and identify whether safeguarding and wellbeing measures were effective. It was commented that the tool was used more widely in secondary schools.

The scrutiny panel heard that work was underway with sixth form and further education colleges to introduce the HeadStart model. The work was progressing well with all colleges engaging in the process. To support delivery and development of that work, the team was currently awaiting to be informed whether a bid, for £50,000 from Nesta, had been successful.

The Project Officer advised that in respect of the accredited training to create HeadStarter pupil mental health champions, champions had been recruited in 32 schools with 250 guided learning hours delivered. The training was the first accredited pathway for youth mental health champions in the country. The first accreditation had been achieved by a group of Sunnyside Academy pupils. An article detailing the positive work of the pupils had been published on the Council's website. The pupils had recently been accredited with a silver award. There were three standards that were awarded to schools - bronze (introduction), silver (involvement in a community project) and gold (presentation of learning to others). The training was available to all schools across Middlesbrough. There were currently 285 HeadStarters across the town.

The Project Manager commented that future work was being planned to arrange a conference for the HeadStarters.

In response to a Member's query regarding staffing, it was advised that the HeadStart model was currently delivered by three members of staff - The CAMHS Transformation/HeadStart Programme Manager, the CAMHS/HeadStart Project Officer and the HeadStart School Development Officer. An apprentice also worked with the team.

A discussion ensued regarding concerns for future funding/delivery of the HeadStart Programme.

The Mental Health and Emotional Wellbeing Service Manager from the Junction Foundation advised that funding for Reach Partnership ended in July 2019. Members were advised that

early help for pupils was delivered by the Reach Partnership.

The scrutiny panel was advised that Reach was delivered by three Voluntary Community Sector (VCS) organisations (the Junction Foundation, the Link in Redcar and Middlesbrough MIND). Reach delivered one to one support, counselling and therapeutic group work to pupils across Middlesbrough. Primary schools were allocated a practitioner for half a day per week and secondary schools were allocated one full day per week.

The work of Reach was aimed at young people at risk of emotional or mental health difficulties and those with existing mild to moderate difficulties. Two thirds of pupils referred to Reach presented with anxiety and low mood. Group work was flexible according to the needs of the young people and the school, but mainly focussed on raising awareness of emotional well-being, building resilience and teaching coping strategies, including work on issues such as confidence and self-esteem, stress, anxiety, low mood and anger.

Reach engaged with approximately 350 pupils per year. There was a team of two co-ordinators that worked with approximately 15 counsellors/emotional wellbeing practitioners.

In terms of impact, Reach outcomes were reported as approximately 74% positive change, 18% no change and 7% negative change. It was explained that when a negative change had been reported, education and local statutory services were consulted to determine an alternative pathway.

The current referral time for Reach was around 6 weeks, however, as a result of HeadStart's training opportunities, schools had the opportunity to provide interim one-to-one pastoral support in the meantime. It was also advised that Reach worked with groups, in respect of common presentations such as anxiety, to ensure pupils received support in the interim period.

With current funding ending in July 2019 for Reach, a discussion ensued regarding the impact on staffing, delivery of therapeutic services and CAMHS referral rates. Future funding opportunities were discussed at length and Members were made aware that schools had access to funding, which could have been utilised to sustain the HeadStart Programme and Reach Partnership in future.

AGREED as follows:

That the information presented at the meeting be considered in the context of the scrutiny panel's investigation.

18/37

MENTAL HEALTH IN SCHOOLS - 0-19 HEALTHIER TOGETHER SERVICE

The Professional Lead for the 0-19 Healthier Together Service advised that the Healthier Together Service focussed on delivering improved health and wellbeing outcomes for children and young people.

Members heard that in April 2016, the 0-19 service was recommissioned and services were transferred to Harrogate and District NHS Foundation Trust. It was commented that as part of the new contract, emotional health and resilience was an area for focus.

The service worked with children, young people and families to empower and enable them to make informed decisions about health, and to support them in transitioning safely and happily into adult life. The service worked to deliver universal and targeted interventions designed to promote the emotional, physical health and wellbeing of families, children and young people across Middlesbrough.

The service accepted referrals from:

- Schools
- GPs and other professionals
- Self-referral from parents/carers or young people

- Other statutory and voluntary agencies

School nurses played a critical role in supporting the emotional mental health and wellbeing needs of children and young people. Given the significance of parenting and family influences on child health outcomes, school nurses were well placed to play a key role in promoting emotional wellbeing and positive mental health of children, young people and their families. School nurses had a specific contribution to make in identifying issues, using protective screening and providing effective support

All secondary schools had been offered a school nurse weekly drop in service for children and young people. Eight of nine secondary schools had accepted the offer, one school had chosen a different model as it had a school-based health advisor who liaised with the school nurse. It was commented that a targeted drop in was available for primary schools where greater need had been identified. The drop-in service provided pupils with access to advice and support, from the school nurse, at that early stage.

In response to a Member's query, the Professional Lead advised that there were approximately ten school nurses based in Middlesbrough.

New health pathways had been developed to ensure children and young people and their families received appropriate, timely support, including the development of a multiagency response with Headstart and CAHMS. The school nursing service did not work in isolation but complemented the work of HeadStart, Reach and CAMHS. Work was currently being undertaken with the CAMHS Transformation/HeadStart Programme Manager to develop a single referral point for emotional wellbeing practitioners, CAMHS clinicians and school nurses. Once established, the single referral point provided an integrated pathway of support. The development of a single referral point provided each school with access to the most appropriate services and support for its pupils.

In response to a Member's query regarding the disclosure of information across services, the Lead Professional acknowledged the issues regarding confidentiality and explained that joint assessments between HeadStart key workers, school nurses and TEWV CAMHS were currently being trialed.

A discussion ensued regarding the significance of parenting and family influences on child mental health outcomes.

AGREED as follows:

That the information presented at the meeting be considered in the context of the scrutiny panel's investigation.

18/38

MENTAL HEALTH IN SCHOOLS - MIDDLESBROUGH PSYCHOLOGY SERVICE

The Principal Educational Psychologist advised the scrutiny panel that schools and educational psychologists had a history of supporting pupil outcomes beyond the confines of academic attainment.

The scrutiny panel heard that over the years, activities in many services had been constricted to the statutory functions that educational psychologists performed on behalf of the local authority. That had led to a narrower understanding of the role and potential contribution of educational psychologists than the broader descriptions of the role (see pages 1 and 2 of the submitted report). Opportunities to work at early intervention, preventative and strategic levels in support of local priorities had been dependent upon the development of traded services. That was the case in Middlesbrough and many other areas.

Educational psychologists were highly trained and were often perceived and positioned as a specialist service to turn to once situations or circumstances escalate. They did, however, discharge their specialist skills at the 'Universal Plus' level and had a role at the level of early identification and prevention.

Through the application of psychological theory, educational psychologists supported schools to - develop whole school policies and guidance around pastoral care and behaviour management; analyse behaviour data to better understand triggers and deploy teaching approaches; develop schools' curriculum offer around emotional wellbeing, thereby equipping pupils to be resilient; create safe, calm environments where problems were less likely to emerge; conduct research to inform system level changes; capacity build school staff and make timely, detailed and evidence-based onward referrals to specialist mental health services.

A discussion ensued regarding the prevalence of mental health issues for children and young people and the contributing factors and triggers.

It was commented that, in terms of data collection, there was a requirement to develop a common language and shared understanding across all services when categorising and identifying pupils' needs. The Head of Special Educational Needs (SEN) and Vulnerable Learners advised that further clarification was being sought from the Department of Education in respect of categorising needs.

In response to a Member's query regarding waiting times, it was explained that the Middlesbrough Psychology Service worked as a consultative service, therefore, it did not hold 'waiting lists', rather children and young people were prioritised.

The Middlesbrough Psychology Service worked with schools and met with key members of staff to explore scenarios to inform decision-making. Meetings involved discussing the behaviours being exhibited by the pupil, examining explanations for the behaviour and considering individual pupil priorities. The educational psychologist model was underpinned by collaboration with schools with joint exploration, problem-solving, hypothesis generation, action planning and reviewing. Parents and families were also involved in the process. The work enabled educational psychologists to determine contextualised understandings of a pupil's presentations and wellbeing.

Within the Council's core offer, the work of educational psychologists included an assessment of social, emotional, and mental health needs and the recommendation of strategies, resources and provision.

Members were advised that work to schools through the traded service meant that negotiated work was bespoke to the needs of individual settings and could have included: 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).

Not all schools currently purchased their educational psychologist time from the Council's traded service. Some purchased time solely from private practitioners and others purchased time concurrently from both the Middlesbrough Psychology Service and private practitioners. The scrutiny panel was advised that the Council's service had no jurisdiction over the work of private practitioners.

There was a need to continue to develop Middlesbrough Psychology Service so that schools increasingly purchased educational psychologist time from the Council and not private providers/ sole traders. Furthermore, if schools were to purchase sufficient time / a level of service, which allowed for regular visits, it would have been conducive in developing both an understanding of the setting and establishing good working relationships in the setting. The development of the traded model aimed to increase the number of settings purchasing educational psychologist time from the Council. The Council's service had developed a professional structure that was supportive of career progression to ensure succession planning within the service.

Middlesbrough Psychology Service currently provided services to 22 Middlesbrough schools, 2 Redcar schools, The Virtual School, Alternative Provision and the Migrant Project.

Middlesbrough Psychology Service aspired to develop an enduring structure to enable it to be

recognised as, and function as, a community resource and a professional partner to local area partners.

It was highlighted that whilst a staffing group had been re-established in the Council's service, there remained a requirement to raise the profile of the service and broaden partners' understandings of the potential contribution of educational psychologists to local priorities, beyond that of statutory functions.

A Member commented that it would have been beneficial if school staff had access to a visual aid, which provided an improved understanding and advice on the referral system and the support services that were available.

AGREED as follows:

That the information presented at the meeting be considered in the context of the scrutiny panel's investigation.

18/39

OVERVIEW AND SCRUTINY BOARD - AN UPDATE

The Chair presented an update on the matters that were considered at the meetings of the Overview and Scrutiny Board held on 15 January 2019 and 5 February 2019.

At its meeting on 15 January, the Overview and Scrutiny Board considered a call-in in respect of Middlesbrough Place Brand. Following consideration of all of the information presented, the Board decided not to refer the decision back to the Executive.

At its meeting on 5 February 2019, the Board considered the following items:

- Final Report - Children and Young People's Learning Scrutiny Panel - School Holiday Provision
- Executive Update
- Executive Forward Work Programme
- Scrutiny Panel Progress Report

With regard to the scrutiny panel's final report on School Holiday Provision, the Chair explained that the Board was in agreement that recommendation e) should be amended to become more specific.

The recommendation was revised and now read:

"e) That the Director of Education:

- *arrange for Heather Black (Together Middlesbrough and Cleveland) to attend the relevant Departmental Management Team meetings (Children's Social Care, Education, Public Health, Community Safety) to provide an outline of the positive impact of the Feast of Fun Project and its benefits. The purpose of the presentation will be to ensure the service areas recognise the importance of the project and encourage investment/financial support from across the Council.*
- *submits a report to the Overview and Scrutiny Board, in July 2019, which includes budgetary information pertaining to the Feast of Fun Project and an overview of how service areas are supporting the project. This will enable Members to scrutinise the budget, examine which service areas are investing in the project and investigate whether sufficient funding and support is being provided. Updates will be expected on an annual basis."*

Members were advised that the report, together with a service response, was scheduled to be submitted to Executive on 16 April 2019.

AGREED as follows:

That the update be noted

18/40 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

The Chair put forward the proposal that the Children and Young People's Learning Scrutiny Panel nominate the Feast of Fun Project for the annual Civic Community Awards. A document, detailing the important contribution made by the project, was tabled at the meeting for Members' consideration.

AGREED as follows:

That a form be submitted, by the scrutiny panel, to nominate the Feast of Fun Project for the annual Civic Community Awards in 2019.