

## Children and Young People's Learning Scrutiny Panel

### CAMHS Transformation/HeadStart in Schools

#### Edward Kunoga, Director of South Tees Public Health

## INTRODUCTION

### National Policy

1. In 2015 the Government's *Future in Mind (FiM)* report was published, providing national recognition of the need to make dramatic improvements in children's mental health services. The report highlighted that although the needs of young people continue to rise investment and services are insufficient in meeting demand. The report set out five key themes that could 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.

### School Policy Drivers

2. Keeping Children Safe in Education (2018) – statutory guidance
  - protecting children from maltreatment
  - preventing impairment of children's health or development
  - ensuring that children grow up in circumstances consistent with the provision of safe and effective care
  - taking action to enable all children to have the best outcomes
3. Mental Health and Behaviour in Schools (2018) – non-statutory
  - Sets out schools' roles and responsibilities in relation to mental health and behaviour, within their existing duties;
  - Outlines how schools can identify whether a child or young person's behaviour – disruptive, withdrawn, anxious, depressed or otherwise – may be related to a mental health problem, and how to support them in these circumstances;
  - Provides advice and guidance on working with other professionals and external agencies where appropriate; and

- Provides links to additional support available to schools, including frameworks, audit tools, evidence and resources.

#### 4. SEND Code of Practice (2015) – statutory guidance

- ‘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 These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour.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’.

#### 5. Transforming Mental Health – green paper (2018)

- £310 million in new funding – significant amount within schools
- Senior mental health leads in all schools
- Mental Health support teams
- Mental health on the curriculum
- Quicker access to support services
- Teacher training
- Research

### **LOCAL NEED**

6. Middlesbrough has the highest levels of children and young people’s emotional and mental disorders in England. It is estimated that 3 pupils in every classroom will develop a diagnosable emotional or mental health disorder. Most adults with a diagnosable condition had developed this by the age of 14. The Early Intervention Foundation (2015) (EIF) states damaging social problems affecting children and young people such as mental health problems, costs the Government almost £17 billion a year. An estimated further £4 billion a year is spent on benefits for 18-24-year-olds not in education, employment or training (NEET) with another £900 million spent helping young people suffering from mental health issues or battling addictions. These figures only represent the immediate cost in a single year, and do not capture the longer-term impact which can last into adult life and sometimes impact on the next generation. The EIF analysis shows council services are having

to pick up the largest share of the national late intervention spend into the next generation.

## **BACKGROUND**

7. A local programme of transformation commenced in 2014 following a £1 million Big Lottery grant awarded to develop a local approach to support the emotional and mental health of children and young people at an early stage. This funding was invested in testing a new model of support in school, the home, the community and through digital solutions.
8. Following the end of the Big Lottery grant, FiM, Public Health and Middlesbrough Achievement Partnerships funding was allocated to roll out the tested model and to facilitate wider systemic and sustainable change, working in partnership to commission differently, sharing resources and budgets, co-producing new delivery models with young people and key stakeholders and effectively sharing vital information. The theory of change model is attached as appendix 1.
9. To achieve this ambition a multi-sector board was established. The HeadStart/CAMHS Transformation Board now has designated responsibility from the Children and Young People's Trust to lead on children and young people's mental health. A number of subgroups have been established to develop specific areas of work. Strong links and shared arrangements have been developed with Middlesbrough Achievement Partnership and the Prevention and Partnerships board. A programme team, comprising a programme manager, programme officer, school development officer and communication and engagement apprentice manage the transformation programme and discharge a mix of strategic and operational duties.

## **CURRENT SCHOOL DELIVERY**

10. The transformation model is predicted on the following principles –
  - Employing the Resilience Framework to build upon the assets of the children and young people.
  - A commitment to co-production with children and young people, their families and communities.
  - Sustainability to create a lasting change.
11. A local school quality standard has been developed to facilitate a whole school approach; robustly evidencing emotional well-being and mental health as a key priority from policy to practice, governors to classroom staff. A school mental health lead is identified during this process.
12. Key features of HeadStart in school are as follows –
  - Workforce development to upskill staff to better understand and cope with pupil emotional and mental health.

- Emotional well-being practitioners 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, is currently in development. This will establish an integrated pathway of support.

13. **Post 16** – work is underway with 6<sup>th</sup> form and further education colleges to introduce the HeadStart model. This is progressing well with all colleges engaging in the process.

## OUTCOMES

14. Transformation is well developed in schools with all schools (except 1) in receipt of HeadStart support and services.

15. The Reach Partnership is commissioned by the HeadStart Programme Board to provide therapeutic services. Between April 2016 and May 2018 833 school referrals for early help were made. Reported improvements in emotional well-being for pupils receiving support were positive; those under the age of 6 reported a 100% improvement, 6 to 11 year olds between 92% and 100% and 11 to 16 years olds between 90% to 92%. Similarly improved outcomes were reported for anxiety, anger and conduct.

16. Over 35 schools have accessed training specifically related to pupil mental health. This includes academic resilience training (which complements restorative practice).

17. HeadStarter youth mental health champions have been recruited in 32 schools with 250 guided learning hours delivered. This is the first accredited pathway for youth mental health champions in the country. The first accreditation has been achieved by a group of primary pupils.

18. TEWV CAMHS have reported a dip in referrals for specialist support which they attribute to the introduction of HeadStart early help support in schools. School referrals by schools over the last 3 years have been –

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

This equates to non-recoverable savings of £600,000. This is against the trend in neighbouring local authority areas. TEWV are redirecting savings into early help provision which includes providing additional staff resource to the HeadStart delivery in schools.

19. Joint assessments between HeadStart key workers, school nurses and TEWV CAMHS are currently being trialled. Early evaluation is excellent.
20. The HeadStart team has developed good working relationships with the Family Partnership team supporting implementation of My Family Plan. HeadStart is recognised at best practice within the Early Help Strategy.
21. There has been regional interest in HeadStart which has resulted in opportunities for collaboration. The HeadStart Programme Manager has been appointed as a Department of Education Regional System Lead for mental health in schools following a recommendation from the Middlesbrough Teaching Alliance. This position will entail supporting schools across the region.
22. The HeadStart programme benefits 16,431 school age and further education pupils through a preventative and early intervention approach.

## **FUTURE PROPOSALS**

23. Current funding comes to an end in 2020.
24. A sustainability plan is in development based upon learning and to be informed by Transforming Childrens Mental health when published.
25. A number of external funding opportunities are being explored.

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