

**CHILDREN AND YOUNG PEOPLE'S LEARNING SCRUTINY PANEL**

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

**PRESENT:** Councillors Councillors A Hellaoui (Chair), J Goodchild, T Higgins, J McGee, L McGloin, J A Walker and V Walkington and M Walters

**PRESENT AS OBSERVERS:** J Cain and C Lamb

**ALSO IN ATTENDANCE:** S Carey, L Gowland, D Ley, K McDonough, C Pywell and J Sutton

**OFFICERS:** S Davidson and G Moore

**APOLOGIES FOR ABSENCE** Councillor J Young.

**DECLARATIONS OF INTERESTS**

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

18/41 **MINUTES - CHILDREN AND YOUNG PEOPLE'S LEARNING SCRUTINY PANEL - 18 FEBRUARY 2019**

The minutes of the previous meeting of the Children and Young People's Learning Scrutiny Panel, held on 18 February 2019, were submitted and approved as a correct record.

18/42 **MENTAL HEALTH IN SCHOOLS - EVIDENCE FROM SCHOOLS**

The purpose of the meeting was to identify areas of best practice in respect of how schools promoted emotional resilience and positive mental health amongst their pupils. The discussion with school representatives focussed on the following themes:

- Raising awareness of mental health and promoting wellbeing.
- Identifying and assessing mental health needs (e.g. effective use of data, an effective pastoral system etc.).
- Use of in-school universal and targeted support.
- Working collaboratively with other agencies.
- Commissioning individual support and health services for pupils.
- Challenges encountered when seeking to promote emotional resilience and positive mental health amongst pupils.

The Head at Holmwood School began the discussion by explaining that Holmwood was a primary school for children with a wide range of special needs. Only children with a statement of special needs or an Education, Health and Care Plan (EHCP) attended the school. Children were either at risk of permanent exclusion, had been permanently excluded or at the age of 4 it was assessed that mainstream schools would not have been able to meet their needs. Children attending the school had a history of multi-agency support.

The school specialised in educating children with autism; social, emotional and mental health needs (SEMH) and learning difficulties. The pupils enrolled with the school lived in various ward locations throughout Middlesbrough and beyond. There was a wide social mix and ethnic representation.

Holmwood School aimed to provide an outstanding education for children with special needs. The school had 80 places, however, the number of pupils currently enrolled with the school was 100. Due to the lack of places available at Holmwood, mainstream schools were being required to manage vulnerable and challenging children with significantly complex needs.

Holmwood developed pupils' self-esteem, confidence and independence in preparation for their challenges ahead in secondary school and adult life. All classes were fully inclusive and

were determined by children's individual level of need. High levels of staffing and individualised learning programmes ensured both the learning and social needs of each child were met within their class.

Holmwood achieved an 80% success rate in respect of pupil re-integration into mainstream secondary schools at the age of 11.

In response to a Member's query, it was clarified that Holmwood delivered training to schools throughout the borough. All catholic schools had accessed the training. The school also had an outreach programme that the Local Authority had commissioned. Unfortunately, the funding for the programme ended in January 2020. A Senior Teaching Assistant and two Teaching Assistants visited schools to provide advice, support and guidance and disseminate best practice.

In terms of alternative KS1 provision, Holmwood provided short-term placements for primary-aged pupils. The provision provided 10 rolling assessment places and was regarded as a vital component in developing a targeted approach for younger children. The provision was initially developed with the intention that the placements would provide early help and intervention for those children with low-level needs (before multi-agency involvement occurred). However, the Head explained that children accessing the provision presented with high-level SEMH and learning difficulties. Currently, 9 of the 10 places were taken and 1 remaining place was available for the southern cluster. Support was provided for a six week period, following the 6 week period an assessment was undertaken with the intention to re-integrate the pupil back into mainstream school.

The Head explained that children as young as three were requiring specialist support from the school.

The Deputy Head at Trinity Catholic College advised that in recent years the time and money invested in raising awareness of mental health and promoting wellbeing had increased dramatically. It was added that promoting good mental wellbeing in children and young people formed part of the school's Personal, Social, Health and Economic (PSHE) curriculum.

The Deputy Head advised that the school:

- Worked closely with HeadStart
- Used PiXL (Partners in Excellence) Health and Wellbeing expansive suite of resources to help build resilience and promote health, mental wellbeing and positive lifestyle choices amongst pupils.
- Had alternative provision and short-term intervention programmes available for those pupils not accessing mainstream provision.

The school also worked with the #Iwill campaign; Anne Frank Trust; Tees, Esk and Wear Valley NHS Foundation Trust and Middlesbrough Football Club to promote positive mental health, resilience and welfare of pupils.

The Head of Sunnyside Primary School explained that the school engaged with the HeadStart Programme. It was commented that a group of Year 5 and Year 6 pupils at the school had become Headstarter pupil mental health champions and had recently been accredited with a silver award.

The Head advised that pupils attending the school had a range of needs and the school had invested a substantial amount of money to support children's emotional health and wellbeing. A whole school approach to promoting and supporting mental health had been developed and embedded. The approach had received support from across the school community and school staff, governors, parents and carers acknowledged its importance. It was commented that a multifaceted approach was required.

Various approaches had been embedded, which included a dedicated and fully trained pastoral team, emotional resilience training for all staff, access to pupil and family support services, E Safety Ambassadors, play therapy, draw and talk therapy and circle time. The

school also had a play therapy room, a sensory room and a relaxation room. One-to-one provision for children was also provided.

The school commissioned support and services from:

- The Link, a North East based professional mental health and emotional wellbeing provider. Services included a wide range of emotional resilience workshops and training, therapeutic assessments, one to one therapeutic intervention, including specialist therapies.
- The Bungalow Partnership, a provider of therapeutic support to children, young people and families across Tees Valley. The partnership aimed to improve the emotional wellbeing of local people and to provide both early intervention and specialist support to those young people experiencing emotional distress or unease.

The school also commissioned a counselling service and Educational Psychologist time. Home schooling was also provided to some pupils who were too anxious to attend school.

The Head commented that emotional resilience training for all school staff ensured that they were equipped to identify mental health needs.

A Member queried why some schools had not purchased Educational Psychologist time from the Local Authority. In response, the Head at Holmwood School explained that due to the issues that the Local Authority had previously encountered with the recruitment and retention of Educational Psychologists, schools were reluctant to cease contracts with their private practitioners.

The Deputy Head at Linthorpe Primary School commented that the school worked closely with the HeadStart Programme. Members were advised that the school had a dedicated care team with three full-time members of staff. The care team provided pupils with early therapeutic support and was responsible for ensuring that the welfare of pupils was paramount across all aspects of the school's work.

In response to a Member's query regarding the prevalence of mental health issues, the Deputy Head at Acklam Grange advised that in recent years there seemed to be a higher proportion of pupils with social, emotional and mental health needs. Across both primary and secondary sectors, schools had observed increasing numbers of children and young people reporting mental health issues and accessing mental health services.

It was highlighted that there seemed to be a strong link with parental mental health, therefore working/engaging with parents and carers was highly important. Given the link between parental mental health problems and mental health problems in childhood/adolescence, schools were keen to promote positive mental health for the whole family, to signpost to support and to support parents directly.

A Member commented that development of parental engagement policies enabled schools to provide advice and guidance to staff on specific actions, practices and approaches that planned to effectively involve parents in school-home links. The development of a policy demonstrated commitment to working with parents and carers. It was commented that where support was provided to help manage behaviour at home, alongside work being carried out with the child at school, there was a much greater likelihood of success in reducing the child's problems.

Members were advised by the Head of Sunnyside Primary School that although primary schools usually had a direct link to a child's parents, for secondary schools it was more difficult. Secondary schools encountered difficulties as older children travelled to schools without their parents and had a number of different teachers. It was commented that schools worked hard to engage parents and families in issues around mental health, through various communication approaches.

The Deputy Head at Trinity Catholic College advised that around 60% of all parents attended parents evening appointments. 82% of parents attended parents evening appointments at

Acklam Grange School.

Schools acknowledged the vital role they played in promoting good mental health, not just in children, but in families as a whole.

A Member commented that providing early help was more effective in promoting the welfare of children than reacting later, and could have also prevented further problems (including mental health problems) arising.

The Head at Holmwood School commented that it was the responsibility of medically trained professionals to diagnose mental health problems. It was added that schools were well placed to observe children day-to-day and identify those whose behaviour suggested that they may be experiencing a mental health problem or be at risk of developing one. School staff had the ability to identify potential mental health needs through noticing changes in behaviour that might result in mental ill health.

It was commented that data was collected on attendance, behaviour and academic progress and that was another mechanism whereby staff was able to identify potential needs. Schools had a responsibility to recognise emerging issues as early and accurately as possible. Abuse, neglect, exploitation and a range of adverse parental, familial and contextual circumstances were identified risk factors for mental health problems.

The Curriculum Leader at Unity City Academy (UCA) advised that the school had recently implemented the ACEs (Adverse Childhood Experiences) model, which aimed to prevent adverse childhood experiences and tackle their impact. Pupils were regularly monitored on a six monthly basis. It was commented that the project was in its infancy but had enabled the school to identify concerns early, provide help for children/young people, and prevent concerns from escalating. Support services were then put in place depending on the identified needs.

The Deputy Head at Linthorpe Primary School explained that staff made referrals to the designated school-based care team. Once a referral had been received, effective support was put in place to address assessed needs early. If it was then determined that targeted support was required, the care team then made a referral to specialist therapeutic support, experienced skilled professionals or Child and Adolescent Mental Health Services (CAMHS).

The Head at Sunnyside Primary School advised that the school worked closely with health visitors to identify needs and promote emotional wellbeing and positive mental health of children and their families. Members were advised that in terms of support, all avenues would be explored and a referral to CAMHS was the last resort. However, the Head explained that in recent years younger children were presenting with high-level mental health difficulties, such as self-harming and eating disorders.

When purchasing targeted and specialised external support, there were concerns that, because of capacity issues and demand for services, pupils were not receiving external support in a timely manner.

The Curriculum Leader at UCA explained that the school was linked to 78 organisations that offered support to promote good mental health and emotional resilience. The school accessed services and support through national pilots. However, due to funding restraints, those organisations were unable to offer long-term, sustainable packages of support.

The Curriculum Leader advised that when children and young people sought advice from their GPs regarding mental health issues, GPs were redirecting those issues to UCA and requesting that the school made referrals to CAMHS. However, it would have been more appropriate for the GPs to submit the referral.

Concerns were also raised regarding parental attendance at CAMHS appointments. It was explained that if a parent or guardian failed to attend two scheduled appointments with CAMHS professionals, CAMHS then cancelled the consultation. That delayed or prevented children and young people, experiencing mental health problems and mental disorders,

accessing specialist support.

The Head at Holmwood explained to the scrutiny panel that it was crucial that children received access to targeted support when they presented with low-level needs. Timely and appropriate support for low-level needs prevented needs escalating to a point where CAMHS specialist intervention would have been required.

A Member queried what further support the Local Authority could have provided to improve pupils' mental health. In response, the Head explained there was a crucial need to provide support to chaotic families and protect children from chaotic homes. Schools had noticed increasing numbers of children experiencing mental health issues as a result of instability in their home lives.

A Member commented that plans were being made to reconfigure health services across the Tees Valley. It was added that it would have been beneficial, when structural changes were being discussed and agreed, that specific support was requested to improve the mental health and resilience of families. Arrangements were required to support children whose parents suffered from mental health conditions and vice versa.

A discussion ensued and it was commented that there was a need for adult mental health services to be proactive in helping families to access early support, for example from children's centres and parenting advice and support. There was a need for mental health services to make appropriate and prompt referrals to children's social care when they identified that children were in the household where they had concerns about the impact of parents' or carers' mental ill health on the children. Adult mental health services and children's services needed to work effectively together to assess concerns and to support and challenge parents and carers. Joint working was crucial. Thinking about the impact of parents' or carers' difficulties on children needed to be strongly embedded in adult mental health services.

The Curriculum Leader at UCA advised the scrutiny panel that Middlesbrough had submitted a trailblazer bid. Trailblazer offered new mental health support in schools and colleges and faster access to NHS care by establishing new Mental Health Support Teams (MHSTs) and trialling a four-week waiting time.

The Curriculum Leader advised that there was a need to enhance collaborative working between schools and public health. It was added that mechanisms were required to improve interaction and enable public health professionals to provide school staff with support, expertise and advice.

The Head of Achievement commended the positive and supportive work undertaken by schools throughout the borough to assist in improving the mental health, wellbeing and resilience of pupils. The Early Years Strategy and the Inclusion Strategy assisted with sharing best practice, for instance, Holmwood School provided outreach support and expertise to other schools in the area.

It was commented that programmes were in place within schools to support emotional and social development of pupils, such as Thrive. The Thrive programme was initially piloted by Priory Woods. Thrive was an externally sourced psychological training programme aimed at developing mental resilience, self-esteem and coping strategies. Following the success of the approach at Priory Woods, the programme was now being introduced in other schools.

Other work included Middlesbrough Promise, which was a partnership of education, health, literacy and community professionals. Building on the work of the National Literacy Trust, it aimed to improve the life chances of Middlesbrough's youth by encouraging children and young people to reach their maximum potential through reading. Reference was also made to the ACES project.

The Head of Achievement advised that work was ongoing to establish best practice, to develop an enhanced multi-agency approach and improve partnership working. It was commented that a recent meeting with secondary heads had involved discussion of transforming children and young people's mental health trailblazers and the potential

introduction of school-based CAMHS professionals.

A discussion ensued regarding the lack of funding specifically provided to support schools to promote good mental wellbeing in children and young people. A Member expressed concerns regarding the reduction in funding for schools and the uncertainty on future funding arrangements. The Deputy Head at Acklam Grange advised that Acklam Grange had been required to invest heavily in providing support for pupils and promoting positive social and emotional wellbeing. It was commented that there was a need to work strategically to determine how best to use resources to provide support that improved the emotional resilience, mental health and wellbeing of pupils.

The Head of Holmwood School advised that placing bids for funding was a time-consuming process. It was commented that a successful bid resulted in financial gain but only for a limited time of, on average, 3 years. Bids presented challenges/pitfalls because at the end of the short-term period, there was no longer funding or financial support available to continue delivering support or services that had been developed - even when they had been extremely beneficial in delivering positive outcomes for children and young people. Members were of the view that concerns regarding the challenges associated with bids and limited funding needed to be communicated to the Secretary of State for Education. A Member commented that long-term funding was required, which was responsive to the changing needs of children and young people.

In respect of the challenges encountered when seeking to promote emotional resilience and positive mental health amongst pupils, the school representatives identified funding, capacity and gaining swift access to support/services to intervene early as major factors. An ongoing challenge for schools was that accessing formal training and external resources and support was prohibitively expensive.

Issues with referrals to CAMHS and multi-agency working were also highlighted as challenges. The Deputy Head at Linthorpe Primary School commented that arrangements were in place for an Educational Psychologist to make referrals to CAMHS, to ensure that the process was timelier. The Head at Holmwood School explained that Holmwood had a direct link to CAMHS, which improved efficiency of referrals to external, specialist mental health support and equipped the school to better support its pupils internally. It was commented that all schools would benefit from gaining direct support from a named clinician in CAMHS to refer to for advice. Establishing a direct link would have also enabled schools to develop their provision in collaboration with a mental health expert.

A discussion ensued and concerns were raised that CAMHS only provided support for pupils who were suffering with high-level specialist mental health issues. Early intervention in respect of mental health issues had previously been provided by the Reach Partnership, however, as funding for Reach was ending in July 2019, no further support was available. There was also an issue with parents not providing consent for CAMHS involvement. A Member commented that detailed guidance, in respect of understanding the thresholds associated with services, would have been beneficial.

The Curriculum Leader at UCA commented that UCA had employed three designated mental health workers to provide high level mental health support for pupils.

The Head at Sunnyside Primary School advised that, at a recent meeting of the Primary Head Teachers Forum, issues were raised regarding referrals to CAMHS and concerns around parents not attending scheduled CAMHS appointments. It was explained that schools were in agreement that they would have hosted CAMHS meetings in the school setting, which could have been more appropriate for some families. As a result of discussions, a sub-group had been developed and was scheduled to meet with the strategic lead for CAMHS. A Member commented that holding CAMHS meetings in secondary schools would have also been appropriate.

The Chair presented an update on the matters that were considered at the meeting of the

Overview and Scrutiny Board on 5 March 2019. At the meeting, the Board considered the following items:

- Budget and Balanced Scorecards - Position at Quarter 3 2018/19
- Final Report - Economic Development, Environment and Infrastructure Scrutiny Panel - Air Pollution
- Executive Update
- Executive Forward Work Programme
- Scrutiny Panel Progress Reports

**AGREED as follows:**

**That the update be noted**

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

#### **Mental Health in Schools - Further Information**

It was highlighted that further updates were required in respect of the evidence previously received. Members requested updates on the following issues:

- Future funding for HeadStart, including the Nesta bid (current funding ended in August 2020)
- Future funding for the Reach Partnership (current funding ended in July 2019)
- The free school application for SEMH pupils
- The work of the new strategic group.

#### **Mental Health in Schools - Draft Final Report**

It was planned that the scrutiny panel would have considered, discussed and agreed the content of the draft final report at its next meeting on 15 April 2019.

Following approval by the panel, the report would have then been submitted to the Overview and Scrutiny Board in the new municipal year.

#### **Voice of the Child - An Update**

On 17 December 2018, in respect of the review of Listening to the Voice of the Child, the scrutiny panel had requested that a further update on the progress made with the implementation of agreed recommendations/actions be submitted in April 2019. The Voice of the Child Practitioner and the Head of Strategic Services had been invited to provide an update at the scrutiny panel's next meeting, which was scheduled to take place on 15 April 2019.

The Chair advised that the Voice and Influence Conference had taken place on 5 March 2019. It was anticipated that information in respect of the focus, content and format would have been outlined at the next meeting.

#### **Family and Friends Care (Kinship Care)**

In respect of the final report on Family and Friends Care (Kinship Care), an update/overview of the progress made with the implementation of the agreed recommendations/actions was scheduled to be considered by the Children and Young People's Social Care Scrutiny Panel on Tuesday 9 April 2019.

**AGREED:**

- **That updates on previously submitted evidence, in respect of the current review of Mental Health in Schools, be requested from the relevant officers.**
- **That the draft final report on Mental Health in Schools be submitted to the next**

- meeting, for the scrutiny panel's consideration.
- That an update on the progress made with the implementation of agreed recommendations/actions, in respect of the review of Listening to the Voice of the Child, be submitted to the next meeting.