MIDDLESBROUGH COUNCIL

FINAL REPORT
CHILDREN AND YOUNG PEOPLE'S LEARNING SCRUTINY PANEL

MENTAL HEALTH IN SCHOOLS

CONTENTS

AIM OF THE INVESTIGATION

1. The aim of the review was to investigate how schools promote emotional resilience and positive mental health among their pupils

TERMS OF REFERENCE

2. The terms of reference, for the scrutiny panel's investigation, were as follows:

    a) To examine schools' responsibilities in relation to mental health.
    b) To determine how schools identify and assess mental health needs (e.g. effective use of data, an effective pastoral system etc.)
    c) To examine how schools raise awareness of mental health and promote wellbeing via in-school universal and targeted support, which is specifically tailored to the needs of their pupils.
    d) To identify any challenges that schools encounter when seeking to promote emotional resilience and positive mental health among their pupils.

BACKGROUND INFORMATION

Children and Young People's Mental Health

3. Childhood should be the happiest time in a person's life, yet for thousands of children who develop mental illness in childhood or adolescence, the reality can be very different. One in ten (around 850,000) children and young people have a diagnosable mental health condition. These illnesses can have a devastating impact on their physical health, their relationships and their future prospects. The challenge often extends into a person's adult life, with half of all mental health conditions beginning before the age of 14.[1]

4. The consequences of poor mental health and emotional wellbeing early in life can be long lasting and far reaching, and the reasons why a child or young person experiences mental health problems are likely to be complex.

5. 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.

6. 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.

[1] The Department of Health and Social Care and the Department for Education, Government Response to the Children and Young People's Mental Health Green Paper Consultation, 2018

7. 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.[2]

Trends in Childhood Mental Health

England

8. The Mental Health of Children and Young People survey aims to find out about the mental health, development and wellbeing of children and young people aged between 2 and 19 years old in England. The survey provides England's best source of data on trends in child mental health. Major surveys of the mental health of children and young people were carried out in 1999, 2004 and 2017. The 2017 survey was funded by the Department of Health and Social Care, commissioned by NHS Digital, and carried out by the National Centre for Social Research, the Office for National Statistics and Youthinmind. The key findings of the survey are detailed below:

    - One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017.
    - Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%).
    - Rates of mental disorders increased with age. 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds.
    - Data from the survey series revealed a slight increase over time in the prevalence of mental disorder in 5 to 15 year olds (the age-group covered on all surveys in the series). Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017.
    - Emotional disorders had become more common in five to 15 year-olds - going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017. All other types of disorder, such as behavioural, hyperactivity and other less common disorders, had remained similar in prevalence for this age group since 1999.[3]

Middlesbrough

9. 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 to 16 years with a mental health disorder. This is higher than the national estimate of 9.6%.

10. Middlesbrough had the lowest proportion of primary-aged pupils with social, emotional and mental health needs in 2016[4] by a small margin, however, there was a consistent percentage of around 2% both nationally and regionally.

[2] Middlesbrough Council, Middlesbrough's Joint Strategic Needs Assessment: Children and Young People, 2018
[3] NHS Digital, Mental Health of Children and Young People in England, 2017
[4] Department for Education special educational needs statistics www.gov.uk/government/collections/statistics-special-educational-needs-sen

11. 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.

12. In conclusion, 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.

Mental Health Admissions

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

14. Middlesbrough had the second highest rate in the North East in 2015/16 for 0 to 17 years hospital admissions for mental health conditions behind Sunderland.

15. Middlesbrough had the third highest rate of hospital admissions for mental health conditions in 2015/16 compared with Chartered Institute of Public Finance and Accountancy (CIPFA) nearest neighbours, with 140.8 per 100,000 population aged 0 to 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

16. 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.

17. 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.

18. 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.

19. 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.

20. There is a consistent trend in the number of referrals being rejected, there were over four times as many in 2016/17 as in 2012/13 with the percentage of referrals being rejected rising from 14.98% to 40.99%.

21. 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.

22. Caseloads in CAMHS has 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. This can be compared with the number of referrals which are being accepted which is also decreasing, along with assessments.

23. There is also a clearly identified rise in demand, but a decrease in the cases accepted into treatment by CAMHS.[5]

Future in Mind

24. The Children and Young People's Mental Health and Wellbeing Taskforce[6] was established in September 2014 to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided. Key themes emerged which provided the structure of the Future in Mind report. Within these themes, the Department of Health and NHS England brought together core principles and requirements which they consider to be fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people. In summary, the themes are:
    - Promoting resilience, prevention and early intervention
    - Improving access to effective support - a system without tiers
    - Care for the most vulnerable
    - Accountability and transparency
    - Developing the workforce[7]

25. Whilst the report was largely focused on the provision of the health service, it set out the risk of focusing too narrowly on targeted clinical care, ignoring wider influences, over-medicalising children and the challenge of making some real changes across the whole system to place the emphasis on building resilience, promoting good mental health, prevention and early intervention.[8]

Transforming Children and Young People's Mental Health Provision

26. In 2018, the Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps, was published. The aim was for the proposals the Government set out in its Green Paper in December 2017 to transform support for children and young people's mental health, linked to and building upon what was already done by schools and colleges. The Government wanted to make sure that young people have access to the services they need, whilst teachers and schools - who are often on the frontline of

[5] Middlesbrough Council, Middlesbrough's Joint Strategic Needs Assessment: Children and Young People, 2018
[6] www.gov.uk/government/groups/children-and-young-peoples-mental-health-and-well-being-taskforce
[7] Department of Health and NHS England, Future in Mind - Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing, 2015
[8] Local Government Association, Best Start in Life – Promoting Good Emotional Wellbeing and Mental Health for Children and Young People, 2016

recognising and supporting a young person's mental health problems - have access to the training they need.

27. The consultation results on the core proposals are:

- **A Designated Senior Lead for mental health in schools and colleges** - The Government will incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health to oversee the approach to mental health and wellbeing.
- **Creation of Mental Health Support Teams** - The Government will create brand new local Mental Health Support Teams to address the needs of children and young people, delivering interventions in or close to schools and colleges for those with mild to moderate mental health issues. The teams will also help children and young people with more severe needs access the right support, working with schools and colleges to provide a link to specialist NHS services.
- **Trialling a four week waiting time for access to NHS services** - The Government will pilot a four week waiting time for NHS services for those children and young people who need specialist help.
- **Testing proposals in trailblazer areas** - The Government will test the proposals through a series of trailblazer areas, to at least a fifth to a quarter of the country by the end of 2022/23.

28. In addition to the core proposals detailed above, the Department for Education is working with local authority commissioners on the Schools Link Programme, which aims to support better communication between schools and children and young people's mental health services. The Department for Education is also updating guidance to support schools to deliver whole school approaches to mental health, and taking action on teachers' workload. The way schools are held to account is also being reviewed, aiming to remove unnecessary pressure from teachers, which can have an impact on pupils.[9]

Mental Health and Behaviour in Schools

29. In November 2018, the Department for Education (DfE) published non-statutory, departmental advice that aims to help schools to support pupils whose mental health problems manifest themselves in behaviour.

30. Schools have an important role to play in supporting the mental health and wellbeing of children and young people, by developing approaches tailored to the particular needs of their pupils. All schools are under a statutory duty to promote the welfare of their pupils, which includes: preventing impairment of children's health or development and taking action to enable all children to have the best outcomes.

31. Schools have a central role to play in enabling their pupils to be resilient and to support good mental health and wellbeing. It is important that schools promote good mental wellbeing for all pupils.

[9] The Department of Health and Social Care and the Department for Education, Government Response to the Children and Young People's Mental Health Green Paper Consultation, 2018

32. A school's approach to mental health and behaviour should be part of a consistent whole school approach to mental health and wellbeing. This should involve providing a structured school environment with clear expectations of behaviour, well communicated social norms and routines, which are reinforced with highly consistent consequence systems. This should be paired with an individualised graduated response when the behavioural issues might be a result of educational, mental health, other needs or vulnerabilities.

33. School staff cannot act as mental health experts and should not try to diagnose conditions. However, they should ensure they have clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems.

34. Early intervention to identify issues and provide effective support is crucial. There are things that schools can do for all pupils, as well as those at risk of developing mental health problems, to intervene early to create a safe and calm educational environment and strengthen resilience before serious mental health problems occur.

35. Many schools are already developing whole school approaches to promoting resilience and improving emotional wellbeing, preventing mental health problems from arising and providing early support where they do. Evidence shows that interventions taking a whole school approach to wellbeing have a positive impact in relation to both physical health and mental wellbeing outcomes.[10]

SUMMARY OF EVIDENCE AND CONCLUSIONS

36. Based on the evidence, given throughout the investigation, the scrutiny panel concluded that:

TERM OF REFERENCE A – To examine schools' responsibilities in relation to mental health

School responsibilities

a) The school role in supporting and promoting mental health and wellbeing involves providing effective support through prevention, identification, early support and access to specialist support. There is no requirement for schools to have a standalone mental health policy, although some choose to. However, schools are required to produce a range of policies that can be used to promote and support mental health and wellbeing, either as a statutory requirement or good practice as recommended by the Department for Education. With policy developments, the recent publication of statutory and non-statutory documentation aims to support schools to deliver whole school approaches to mental health and support better communication between schools and children and young people's mental health services. Evidence suggests, however, that although there is now a greater

[10] Department of Health, Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing, 2015

emphasis on schools' responsibilities in relation to mental health, no specific/direct funding has been provided to schools to assist them to undertake this work. It is hoped that the trailblazer bid will be successful, as this would ensure Middlesbrough's schools receive new mental health support and faster access to NHS care.

TERM OF REFERENCE B – To determine how schools identify and assess mental health needs (e.g. effective use of data, an effective pastoral system etc.)

Risk factors

b) Evidence and statutory duties demonstrate that all school staff have a responsibility to be alert to emerging difficulties and respond early. In particular, when schools suspect a pupil has a mental health problem, a graduated response process (assess-plan-do-review) is required to put support in place. Abuse, neglect, exploitation and a range of adverse parental, familial and contextual circumstances are identified risk factors for mental health problems. Negative experiences and distressing life events can affect mental health in a way that can bring about changes in a young person's behaviour (aggressive or oppositional) or emotional state (fearful, withdrawn, low self-esteem, tearful).

Staff observation

c) Schools report that the main approach to identifying pupils with particular mental health needs is staff observation. Members of school staff have the ability to spot where challenging or unusual behaviour can have a root cause that needs addressing. Many schools have invested heavily in equipping their staff to identify mental health needs and there is a need for this work to continue. The investment in upskilling staff has been crucial in building a shared understanding of the complex lives of pupils and of the importance of identifying and addressing mental health concerns. A whole organisational approach to identifying needs involving all school staff means schools feel more confident when they are identifying potential needs.

Effective use of data

d) Analysing data and information in respect of pupils' attainment, academic progress, attendance and behaviour helps schools to systematically identify potential needs. Evidence suggests that effective approaches and tools are used by many schools to identify mental health needs among pupils.

e) The local JSNA, published in 2018, states that in 2016 Middlesbrough had the lowest proportion of primary-aged pupils with social, emotional and mental health (SEMH) needs. However, both primary and secondary schools report an increasing number of children and young people with SEMH needs. There is a need to review and enhance local data collection processes and develop a measurement tool that gathers data across all schools and services, on an annual basis, to report the prevalence figures for mental health in children and young people and the effectiveness of provision. By reviewing and updating data collection processes, an overview of the needs of local children can be determined. The data collected can

then be used locally to determine trends, identify effective practice and highlight any gaps in provision.

School processes

f) Evidence suggests many schools have clear systems and processes in place for identifying possible mental health needs, including routes to escalate and clear referral and accountability systems. Where there are long-lasting difficulties and concerns, schools undertake an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues.

TERM OF REFERENCE C – To examine how schools raise awareness of mental health and promote wellbeing via in-school universal and targeted support

Support in schools

g) It is crucial that children receive access to targeted support when they present with low-level needs. Timely and appropriate support, for low-level needs, prevents needs escalating to the point where multi-agency specialist intervention is required. Evidence reveals a broad range of activities and approaches aimed at promoting positive mental health and wellbeing among all pupils, identifying those who might have particular mental health needs and supporting those with identified needs. In particular, whole school approaches to mental health provision are commonly adopted. In recent years, schools have invested heavily in raising awareness of mental health and promoting wellbeing. The positive work undertaken by schools should be commended. Many schools demonstrate good examples of intervening early to create a safe and calm educational environment and strengthen resilience before mental health problems occur.

h) Primary schools report providing emotional resilience training for staff, pupil and family support services, play therapy, draw and talk therapy, one-to-one support and circle time. Secondary schools report incorporating mental health into the PSHE curriculum, staff development, working with a large number of organisations to promote wellbeing, implementing the ACEs (Adverse, Childhood Experiences) model and accessing evidence-based resources to help build resilience and promote health, mental wellbeing and positive lifestyle choices. Evidence suggests that many schools have dedicated teams and designated spaces to support emotional resilience and mental wellbeing. Schools also report commissioning counselling services, educational psychologist time and external support from VCS organisations such as the Link and the Bungalow Partnership. Evidence suggests that a shared vision and ethos, established processes and strong relationships between staff and pupils are key to the promotion of positive mental health and supporting pupils with particular needs.

Alternative provision and early help

i) Evidence demonstrates that mainstream schools are being required to manage vulnerable and challenging children with significantly complex needs. There is a

significant need for increased high-quality alternative provision for those children with high-level social, emotional and mental health (SEMH) needs and learning needs. A free school application for SEMH pupils, submitted on behalf of the 5 Tees Valley local authorities, has been successful. Therefore, once established, 100 places will be available for vulnerable pupils. An Inclusion Strategy has also been agreed to support schools and their pupils in maintaining mainstream education (where possible).

j) Holmwood School delivers training and undertakes outreach work to support mainstream schools. In terms of alternative KS1 provision, there are 10 rolling assessment places to develop a targeted approach for younger children. The provision was initially developed to provide early help and intervention for those children with low-level needs (before multi-agency involvement occurred), however, the children accessing the provision present with high-level SEMH and learning difficulties. Referrals are currently coordinated through clusters of schools, however, there is a need to base referrals on needs across the town. The vital work that is undertaken by Holmwood must continue and receive further investment, as current funding is scheduled to end in January 2020. Additional places should also be commissioned specifically to support those with low-level needs, as early intervention is more effective in promoting the welfare of children than reacting later. All mainstream schools would benefit from being aware of the support and expertise offered by Holmwood.

HeadStart Programme and Reach Partnership

k) The HeadStart Programme is a prevention and early intervention model, which aims to improve the resilience of pupils to enable them to cope with the pressures of life and to prevent the onset of mental health conditions. All of Middlesbrough's mainstream primary and secondary schools are now engaging with the programme. The key features of HeadStart are workforce development, emotional well-being practitioners based in all schools, transition support for years 6-7 and 11-12 and accredited training to create HeadStarter pupil mental health champions. Further work undertaken by HeadStart involves developing a multi-agency response (see **conclusion s)**. Tees, Esk and Wear Valleys NHS Foundation Trust's CAMHS has reported a dip in referrals, from schools, for specialist support that it attributes to the introduction of HeadStart early help support in schools. The Reach Partnership is commissioned by the HeadStart Programme Board to provide therapeutic services to young people at risk of emotional or mental health difficulties and those with existing mild or moderate difficulties. Reach is delivered by three VCS organisations (the Junction Foundation, the Link in Redcar and Middlesbrough MIND). Reach delivers one-to-one support, counselling and therapeutic group work to pupils across Middlesbrough. Due to capacity issues, the current referral time for Reach is approximately 6 weeks. Evidence suggests that both the HeadStart Programme and the Reach Partnership deliver fundamental support and achieve positive outcomes for Middlesbrough's children and young people. It is evident that this vital work must continue.

l) In 2014 a £1 million Big Lottery grant was awarded to develop a local approach to support the emotional resilience and mental health of children and young people at

an early stage. Following the end of the grant, Future in Mind, Public Health and Middlesbrough Achievement Partnership (MAP) allocated funding to roll out the tested HeadStart model. Funding ends for the Reach Partnership in July 2019 and the HeadStart Programme in 2020. The HeadStart Programme will continue until the end of the 19/20 academic year - albeit at a reduced level due to the availability of funding. There is a need for the Local Authority to work directly with schools and the local health service to evaluate current provision, explore future funding options and alternative delivery models.

Public Health

m) The Local Authority commissions Harrogate and District NHS Foundation Trust to deliver the Health Visiting and School Nursing Service. Evidence suggests that there is a need to further enhance collaborative working between schools and public health to assist in ensuring that services are continuously reviewed to meet demand. Mechanisms are required to improve interaction and enable public health professionals to provide school staff with support, expertise and advice.

School Nursing Service

n) Given the significance of parenting and family influences on child health outcomes, school nurses play a valuable role in promoting the emotional wellbeing and positive mental health of children, young people and their families. School nurses are equipped to work at community, family and individual levels. It is reported that all secondary schools have been offered a school nurse weekly drop-in service for children and young people and a targeted drop-in is available for primary schools, where greater need has been identified. As some primary schools have pupils that are at greater risk of experiencing poorer mental health, it is important that the School Nursing Service continues to provide early intervention to prevent issues escalating.

Middlesbrough Psychology Service

o) The Local Authority's Middlesbrough Psychology Service has grown considerably over the past two years. A Principal Educational Psychologist has been appointed and a strong team of educational psychologists have been recruited. Within the Local Authority's core offer, the work of educational psychologists includes an assessment of SEMH needs and the recommendation of strategies, resources and provision. Through the traded service, work is undertaken that is bespoke to the needs of individual settings and can include 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). Evidence suggests that not all schools currently purchase educational psychologist time from the Local Authority's traded service. Some schools purchase time solely from private practitioners and others purchase time concurrently from the Local Authority and private practitioners. Schools report that, as the Local Authority previously encountered challenges with the recruitment and retention of educational psychologists, they are reluctant to cease contracts with

their private practitioners. There is a requirement to raise the profile of Middlesbrough Psychology Service.

CAMHS

p) CAMHS offers a full range of services for children and young people experiencing mental health needs. Services are provided for children with high-level needs, such as severe, complex or persistent disorders. Evidence suggests, in respect of waiting times, local CAMHS is performing well and appointments are scheduled within a maximum of 3-4 weeks. Middlesbrough also has access to a CAMHS crisis service, which is designed to provide quick support, 24 hours a day, seven days a week, to children and young people who are in mental health or emotional crisis. Further work is required to ensure that all educational settings are aware of the crisis service.

q) Although there has been a reduction in CAMHS referrals submitted by schools, the 2018 JSNA identifies a rise in demand for children and young people, but a decrease in the cases accepted into treatment by CAMHS. Evidence suggests that figures could be attributed to the change in SEN legislation, separating social, emotional and mental health issues from behavioural issues. However, research needs to be conducted to determine whether those cases not accepted into treatment by CAMHS have been assigned appropriately to low-level support, or whether it is later determined that the child or young people requires specialist CAMHS. Furthermore, work is currently being undertaken to examine the referral process and referral criteria with a selection of schools. This work has demonstrated positive results in decreasing inappropriate referrals to CAMHS. All schools would benefit from being involved with this work.

r) There is a CAMHS training agenda, which is delivered by Tees, Esk and Wear Valleys NHS Foundation Trust to the multi-agency children's workforce, including school staff. The emphasis of the training is to create effective multi-agency working to improve outcomes for children and young people. It is important that all schools access this training.

Multi-agency work

s) Although schools play a significant and valuable role in helping to promote pupil emotional health and wellbeing, their contribution should be considered as one element of a wider multi-agency approach. Evidence suggests that work is ongoing to establish an enhanced the multi-agency approach. The HeadStart Programme is currently working to develop a single referral for emotional wellbeing practitioners, CAMHS clinicians and school nurses. Joint assessments between HeadStart key workers, school nurses and CAMHS are also being trialled. A single point of referral would provide an integrated pathway of support. There is a requirement for work to continue to improve/develop multi-agency response of identifying, assessing and responding to children's and young people's mental health.

TERM OF REFERENCE D – To identify any challenges that schools encounter when seeking to promote emotional resilience and positive mental health among pupils

Children living in chaotic circumstances

t) Evidence demonstrates that there is an increasing number of children experiencing mental health issues as a result of instability in their home lives. Schools report a strong link between parental mental health problems and mental health problems in childhood/adolescence. Schools acknowledge the vital role they play in promoting mental health, not just in children, but in families as a whole. With the reconfiguration of local health services, there is a requirement for specific support to be commissioned to improve the mental health, wellbeing and resilience of vulnerable families. Improvements to adult mental health provision are also vital to prevent mental ill health developing in children - considering the impact of parents' and carers' difficulties on children needs to be strongly embedded in practice.

u) Although sometimes challenging, schools recognise that engaging and working with parents/carers is highly important. In October 2018, MAP appointed a Parenting Support Coordinator to deliver positive outcomes for parents/carers and families to enable them to support their children's achievement and wellbeing. Work should be undertaken to ensure that all schools can access support, advice and guidance from the Parenting Support Coordinator. Schools work hard to engage parents and families in issues around mental health, through various communication approaches. For those schools looking to improve engagement with parents and families, consideration should be given to appointing designated and accessible staff and developing a parental engagement policy. The development of parental engagement policies provides advice and guidance to staff on specific actions, practices and approaches that plan to effectively involve parents in school-home links.

Funding and capacity of services

v) It has been reported that although the needs of young people continue to increase, investment and capacity of services are insufficient to meet demand. Evidence suggests there are delays in pupils receiving external support in a timely manner due to the high demand for services. Lack of time and capacity of external mental health support and specialist mental health provision is highlighted as problematic. A strategic group has been established, which includes partners from the Local Authority and Tees, Esk and Wear Valleys NHS Foundation Trust. The aim of the group is to audit and map current services and to consider wider strategic development of mental health provision for young people. The work of the group has included considering best practice and the potential introduction of school-based CAMHS clinicians.

w) An ongoing challenge for schools is that accessing formal training and external resources and support is prohibitively expensive. Due to funding restraints, some services and organisations are unable to offer long-term, sustainable packages of support. Placing bids for funding, to support resilience and good mental health, is a time-consuming process. Bids present challenges/pitfalls because at the end of the short-term period, there is no longer funding or financial support available to continue

delivering support or services. Increased funding for targeted and specialist services is required, which is not time-limited. Concerns associated with bids and limited funding need to be communicated to the Secretary of State for Education and the Secretary of State for Health and Social Care. Schools working with each other is evident, however, schools should consider collectively commissioning specialist support for pupils with mental health needs.

x) It would be beneficial if schools received information on all of the support services and programmes available in the local area, such as the Thrive programme and IHEART programme (innate health education and resilience training). A comprehensive directory detailing the range of effective, evidence-based local services and support is required, which is specifically designed for schools and includes details of organisations that can provide universal, targeted and specialist support. The directory should specifically include those services that have been proven to work and demonstrate best practice.

Engagement with CAMHS

y) Schools expressed concern that CAMHS only provided support for pupils who were suffering with high-level specialist mental health issues. Schools report that some parents do not attend scheduled CAMHS appointments and do not provide consent for CAMHS involvement. To improve engagement with parents, work is currently being undertaken between CAMHS and schools to explore the possibility of holding appointments in the school setting. Discussions are also ongoing with regard to the introduction of school-based CAMHS professionals. Evidence suggests that schools gaining direct support from a named clinician in CAMHS, to refer to for advice, would improve efficiency of referrals to external, specialist mental health support and equip schools to better support their pupils internally. Through co-location, clinicians would be able to build strong relationships with the schools they work with by integrating with the school's culture and developing an understanding of the school's needs. The named clinician could also work to develop positive relationships with parents/carers to encourage engagement with CAMHS. Establishing a direct link would also enable schools to develop their provision in collaboration with a mental health expert.

RECOMMENDATIONS

37. The Children and Young People's Learning Scrutiny Panel recommends to the Executive:

a) That the members of the Children and Young People's Learning Scrutiny Panel are informed of the outcome of the trailblazer bid.

b) That local data collection processes are reviewed, and a measurement tool is developed, to gather data/information across all schools and services to report prevalence figures for mental health needs in children and young people and the effectiveness of provision.

c) That data is collected and reported on an annual basis, in respect of children and young people's mental health, to establish an overview of the needs of local children and determine trends, identify effective practice and highlight any gaps in provision.

d) That members of the Children and Young People's Learning Scrutiny Panel are informed of the progress made with establishing the free school for pupils with social, emotional and mental health (SEMH) needs.

e) That the vital training, outreach work and alternative provision provided by Holmwood School continues and receives further investment.

f) That, as current alternative provision places are being utilised to support those with high-level SEMH and learning difficulties, additional places are commissioned from Holmwood School that specifically offer preventative/early intervention support to those with low-level needs.

g) That all schools are made aware of the support and expertise offered by Holmwood School.

h) That, in respect of the prevention/early intervention support (currently provided by HeadStart) and therapeutic services (currently provided by Reach) accessed by schools, the Local Authority works directly with schools and the local health service to:
   - evaluate current provision
   - determine an alternative delivery model;
   - allocate future funding; and
   - address capacity issues that are causing delays in pupils receiving vital external support in a timely manner.

i) That collaborative working between public health and schools is further enhanced to:
   - assist in ensuring that access to services is continuously reviewed to meet demand; and
   - enable school staff to receive support, expertise and advice from public health professionals.

j) That a marketing campaign is developed in respect of the Middlesbrough Psychology Service to promote and publicise the key features of the service.

k) That work is undertaken to:
   - ensure that all schools are aware of the CAMHS crisis service; and
   - encourage schools to access CAMHS training, which aims to create effective multi-agency working and improve outcomes for children and young people.

l) That research is conducted to determine whether those cases not accepted into treatment by CAMHS have been assigned appropriately to low-level support, or whether it is later determined that the child or young person requires specialist CAMHS. Upon completion, there is a need to analyse findings, report outcomes and determine trends to establish whether future improvements to working practices are required.

m) That all schools are invited to become involved with the work being undertaken to examine the CAMHS referral process and referral criteria.

n) That, to improve/develop a multi-agency response to children's and young people's mental health, work continues to provide an integrated pathway of support by introducing:
- a single referral route for schools; and
- joint assessments between key workers, school nurses and CAMHS.

o) That, with the reconfiguration of local health services:
- specific support is commissioned to improve the mental health, wellbeing and resilience of vulnerable families; and
- the impact of parents' and carers' difficulties on children is considered and strongly embedded in practice.

p) That all schools are encouraged to:
- seek support, advice and guidance from the Parenting Support Coordinator; and
- improve engagement with parents and families by appointing designated and accessible staff and developing a parental engagement policy.

q) That the Children and Young People's Learning Scrutiny Panel writes to the Secretary of State for Education and the Secretary of State for Health and Social Care to:
- convey concerns associated with bids and limited funding; and
- request funding for targeted and specialist services, which is not time-limited.

r) That, to reduce financial pressures, schools consider collectively commissioning specialist support for pupils with mental health needs.

s) That a comprehensive directory is developed, which:
- is designed specifically for schools;
- includes the range of effective, evidence-based local services and support that have been proven to work and demonstrate best practice; and
- details the organisations that can provide universal, targeted and specialist services.

t) That, to encourage parental engagement, arrangements are put in place to hold CAMHS appointments in school settings.

u) That school-based CAMHS clinicians are introduced in all of Middlesbrough's schools to:
- improve efficiency of referrals to external, specialist mental health support;
- build strong relationships with the schools by integrating with the school's culture and developing an understanding of each school's needs;
- equip schools to better support their pupils internally;
- assist in developing school provision; and
- develop positive relationships with parents/carers.

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- **J Barnard - Tees CAMHS Crisis and Liasion Project Manager**, **Tees, Esk and Wear Valleys NHS Foundation Trust**
- **C Cannon - Head of SEN and Vulnerable Learners, Middlesbrough Council**
- **S Carey - Deputy Head, Trinity Catholic College**
- **S Davidson - Head of Achievement, Middlesbrough Council**
- **K McDonough - Deputy Head, Linthorpe Primary School**
- **L Gowland - Deputy Head, Acklam Grange**
- **A Harker - Professional Lead for the 0-19 Healthier Together Service, Harrogate and District NHS Foundation Trust**
- **W Kelly - HeadStart Programme Manager, Middlesbrough Council**
- **D Ley - Head, Holmwood School**
- **C Pywell - Curriculum Leader, Unity City Academy**
- **J Rogers - Mental Health and Emotional Wellbeing Service Manager, Junction Foundation**
- **J Sutton - Head, Sunnyside Primary School**
- **A Williams - Director of Education, Middlesbrough Council**

ACRONYMS

39. A-Z listing of common acronyms used in the report:

- **CAMHS – Child and Adolescent Mental Health Services**
- **MAP – Middlesbrough Achievement Partnership**
- **SEMH – Social, Emotional and Mental Health**
- **VCS – Voluntary Community Sector**

BACKGROUND PAPERS

40. The following sources were consulted or referred to in preparing this report:

- Reports to, and minutes of, the Children and Young People's Learning Scrutiny Panel meetings held on 14 January 2019, 18 February 2019 and 18 March 2019.

COUNCILLOR ALMA HELLAOUI
CHAIR OF THE CHILDREN AND YOUNG PEOPLE'S LEARNING SCRUTINY PANEL

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