

ROYAL BOROUGH OF WINDSOR & MAIDENHEAD SCHOOLS FORUM

Date:	16 th July 2020	AGENDA ITEM: 9
Title:	Wellbeing Team and Behaviour Support Team Future Planning	
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1 PURPOSE AND SUMMARY

1.1 The purpose of this report is to provide the Schools Forum with:

- The current and future service provision from the Wellbeing and Behaviour Support Teams based on local SEMH considerations and developments to support increasing SEMH need.
- The projected costs and income for the Behaviour Support Team and Wellbeing Team 2020-2021.
- Proposals for changes to the Wellbeing Team and Behaviour Support Team from academic year 2020-2021 onwards.

2 RECOMMENDATIONS

Schools Forum is asked to note:

2.1 Based on the current finance schools forum are asked to consider proposal 7.1. The additional proposals outlined (7.2-7.4) will be reviewed at a later date.



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Royal Borough
of Windsor &
Maidenhead

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3 The Wellbeing Team - Overview

- 3.1 The Wellbeing Team was set up in response to increasing concerns about the mental health and wellbeing of children & young people (C&YP) and was specifically identified by school audits as an area of need. The purpose of the team is to support children and young people and their families at the earliest stages to understand and effectively manage (where appropriate) mental health concerns. This was to ensure schools and other professionals feel supported with the aim to reduce the need to escalate to specialist services both in CAMHS and Social Care.
- 3.2 Support from the team is open to all children and young people in RBWM schools (5-18 years) with the exception of private schools. It was agreed that this team would offer both direct work such as consultation and initial assessment, time limited focused interventions, such as Cognitive Behavioural Therapy (CBT) informed strategies and group work/workshops with children and young people and indirect work such as training, Early Help meeting support and signposting.
- 3.3 During the last academic year members of the team have continued to support children and young people known to the PODS through the provision of Dyadic Developmental Therapy based consultations for 0.4fte. The team have continued to deliver preventative work: PPEPCare Training, the Wellbeing Champions programme, mental health training for specific services e.g. Young Carers and group sessions for parents/carers with a focus on managing their child's anxiety.
- 3.4 During this academic year two full time Wellbeing Practitioners left the team. The reasons for this were limited opportunity to progress within the current team structure and lack of children/young people's focused course options/funds for CBT Diploma (IAPT Higher Intensity) training whilst remaining with the Wellbeing Team. The only alternative for the practitioner being to leave RBWM Wellbeing Team and enrol on an NHS Recruit to Train programme. This has added further pressure to the Wellbeing Team this year with no reduction on referrals through the Early Help Hub or other group and whole school initiatives. Therefore, Early Help Hub wait times have increased.
- 3.5 There are currently six Wellbeing Practitioners in the Wellbeing Team:
Counsellor 0.2 fte.
Play Therapist 0.4fte
Art Psychotherapist 0.4fte
CBT Practitioners 1.4fte
Dyadic Developmental Psychotherapist 0.5fte
With the implementation of the Getting Help Teams from September 2020 there will be an additional 1.5fte of practitioner time (CBT) available to RBWM. The Getting help Wellbeing Practitioners are employed by Berkshire Healthcare Foundation Trust (BHFT) but will support within the Wellbeing Team using the Early Help systems.
- 3.6 The actual cost to run the Wellbeing Team is £120,000 per annum. The contribution from the PODS equates to a further income of £15,000 per annum.

4 The Behaviour Support Team - Overview

- 4.1 The Behaviour Support Team offers a broad range of individual, group and systems based support to schools, children/young people and their families in the borough. The service is freely accessible with no additional charge to maintained primary schools. Requests for individual pupil support can be accessed through the Early Help Hub, group work and training requests can be emailed directly to the team. Academies, middle and secondary schools can purchase any one of five package options at any point during the academic year with flexibility to tailor packages to meet the particular needs of the school. Multiple packages can be purchased to cover additional requirements.
- 4.2 During this academic year one full time team member left to pursue training to join a Mental Health Support Team in Wokingham and another team member retired. This has reduced the Behaviour Support staff capacity from 3.4fte to 1.8fte (two support workers).
- 4.3 The team have continued to deliver the Nurture programme but have had to scale back the offer of in-school transition work. However, recognising the increased need regarding transition support at the current time the Onwards and Upwards Summer Transition programme for vulnerable children about to enter secondary school is going to proceed with planning considerations taking into account safety measures and government guidelines.
- 4.4 The net budget for The Behaviour Support Team is approximately £50,000. Traded service buy back in 2019-2020 equated to £7,200 and for 2020-2021 will be £7,953.

5 Referral Rates and Wait Times

19/20	Social Care	EH	Social Care and Early Help	Not Known	Total EH Referrals	Total Cases progressed to Hub	Youth Service	Children's Centre	Wellbeing	Behaviour Support	Alt. Provision
May	19	5	18	25	67	45	4	3	9	2	2
April	22	8	25	27	83	55	12	6	15	5	0
June	14	4	24	31	78	54	22	1	9	3	1
Q1	36	12	49	58	161	109	34	7	24	8	1
July	30	6	47	51	139	63	12	7	9	8	2
Aug	18	4	17	9	49	28	5	10	3	1	0
Sept	7	6	35	21	70	37	5	21	1	0	1
Q2	55	16	99	81	243	128	22	38	13	9	3
Oct	22	18	27	42	109	77	13	14	15	9	2
Nov	19	11	38	36	119	84	12	14	10	2	0
Dec	23	8	50	33	103	59	10	11	10	3	0
Q3	64	37	115	111	331	220	35	39	35	14	2
Jan	30	6	50	17	115	87	4	10	1	2	2
Feb	38	5	57	12	102	59	9	12	13	2	0
March	34	9	65	22	118	75	19	20	11	6	0

Q4	102	20	172	51	335	221	32	42	25	10	2
20/21											
April 2020	32	1	85	13	112	73	15	23	10	2	3
May 2020	51	0	69	18	135	75	16	15	6	3	1

- 5.1 COVID-19 has further compounded team wait times, despite telephone check ins and online teletherapy sessions that have been delivered. This is for two predominant reasons: firstly, some children understandably do not want to engage by telephone or via online platforms and secondly, it is difficult to close cases during this period because of the limitation in generalising therapeutic strategies and therefore reliably evaluating a reduction in symptoms. There is currently a nine month wait for Dyadic Developmental Psychotherapy, an eight month wait for Counselling and a six month wait for Art Psychotherapy, Play Therapy and Cognitive Behavioural Therapy. In an effort to reduce Play Therapy wait times one practitioner will increase her fte from 0.4 to 0.6 from July 2020. The Wellbeing Team will also be supporting a PTUK volunteer Play Therapist for 0.2fte from September 2020.
- 5.2 It may also be useful to highlight that there is currently no further capacity at the No.22 Youth Counselling Service in Maidenhead although there is some capacity for additional referrals in Windsor. It was reported in May that there has been a noticeable increase in referrals for young people under 18yrs (40% of the wait list under 18yrs). There were 424 young people on the counselling wait list (May 2020) a reduction of 35%, this is largely due to greater client flexibility to attend online sessions. The breakdown of these cases by area is 201 RBWM and 39 Slough.
- 5.3 As of 30/06/20 the Wellbeing Team Practitioners are holding a total of 41 cases, there are 88 children/young people on the wait lists and 6 children/young people are currently being assessed prior to intervention. The Behaviour Support Team are holding a total of 18 cases with 27 cases on their wait list, there is currently a five month wait time for cases that have been triaged as lowest priority.
- 5.4 The cases for both teams have become more complex during the last couple of years, with referrals to the hub regularly outlining self-harm and an increase in reference to PTSD, OCD, risk of exclusion and incidences of aggressive behaviours towards parents, school staff and peers.

6 National and Local SEMH Considerations

- 6.1 There is a rising demand for social, emotional, wellbeing and mental health support. Waiting times for completion of triage within specialist CAMHS are increasing particularly for those young people who need non-urgent assessment and intervention. More than 36% of referrals to CAMHS CPE were found to not need specialist assessment and many of these cases are therefore referred through to Early Help in addition to requests from schools and other professionals e.g. Social Workers. However, CAMHS also refer complex cases to Early Help that often require long term intervention and/or higher intensity training, neither of which can be met by the Wellbeing Team within the Early Help process.

6.2 Impact of COVID-19

- Wider impact and scale of bereavement due to COVID-19 of family and others close to CYP – not the usual opportunity for grief.
- Heightened anxiety and emerging depression.
- Increased impact on vulnerable (already seen through lockdown) with increasing complex cases needing greater resource likely to continue alongside demand increases.
- Many CYP have not been referred (lower demand since lockdown) what will be likely impact of 'pent up' demand hitting the system once contact with key professionals returns.
- CYP have deferred existing intervention as online or telephone not preferred preventing good flow of YP through service – creating backlogs and it decrease effectiveness (maybe) due to waiting.
- Consequences of economic downturn, loss of jobs in families and communities and increasing effect of poverty on household mental health.
- Staff wellbeing and arrangements, anxiety/ fatigue, skill and confidence as returning to f2f arrangements or delivery with social distancing rules in place.

6.3 Pre-COVID prevalence data

The most up to date prevalence figures for England (NHS Digital, 2018) suggest:

- 12.8% (1 in 8) 5-19 year-olds have at least one MH disorder - this is 11.7% in the South East.
- Emotional disorders are most prevalent (8.1%) and have risen from previous figures.
- 7.2% experience an anxiety-based disorder; 2.1% a depressive disorder of 22.4% girls aged 17-19 have an emotional disorder.
- 4.6% have a behavioural or conduct disorder.
- Rates of MH disorders were 3-4 times higher in CYP with special educational needs, poor general health, parents experiencing MH difficulties, and in less healthy functioning families. Rates were slightly elevated in CYP in low-income households (figures on the number of CYP falling into these categories can be found on the DfE or Children's Commissioner websites).

6.4 PTSD

- The baseline prevalence rate for PTSD in the UK is approximately 3-4% - comorbidity with common MH difficulties is high (Fisher et al. 2015; Royal College of Psychiatry, 2013).
- Approximately 16% of CYP exposed to a traumatic event develop PTSD, rising to 25.2% for those experiencing an interpersonal trauma such as physical or sexual abuse/attack (Alisic et al. 2014).
- CYP with lower levels of social support, peri-trauma fear, social withdrawal, and poor family functioning post-trauma are at greater risk of developing PTSD (Trickey et al. 2012).

6.5 Potential Impact of COVID-19 on psychological/mental health in CYP: Research from Prior Pandemics

There is little research regarding the impact of prior pandemics on CYP MH. Sprang and Silman (2013) studied 398 parents and CYP in the worst affected areas of the US during the Avian Flu Pandemic. This was a self-selecting sample and based on parental report only.

- 1/3 CYP in social isolation or quarantine required MH services during or after the pandemic
- 30% CYP in social isolation or quarantine scored above cut-off on PTSD measures – average scores were four times higher than those not in isolation/quarantine.
- Parent and CYP PTSD symptoms were significantly associated with one another.

6.6 Research into the Impact of Social Isolation

Loades and colleagues (2020) have undertaken a rapid review of 63 studies into social isolation, quarantine, and loneliness, covering 51,576 CYP. Conditions of social isolation/quarantine varied. At the time of isolation and loneliness:

- CYP were 5.8 times more likely to score over clinical cut-offs for depression and 1.63-5.49 times more likely to score over clinical cut-offs for anxiety - rates were higher for females and older CYP.
- Isolation/Loneliness was also associated with suicidal ideation, self-harm, and eating disorder-related risk behaviours.

Longer-term

- There is a clear association between social isolation/loneliness and MH up to nine years later - strongest association with depression.
- CYP in enforced isolation/quarantine were up to 5 times more likely to require a MH service.
- There is some tentative evidence that sleep moderates the link between social isolation and general anxiety, social anxiety and depression (Richardson et al. 2019), and that family connectedness reduces suicidal risk in socially isolated CYP (Hall-Lande et al. 2007). However, these studies were during "normal times" and the way social isolation was measured was limited.

6.7 Research into Bereavement

At present we do not have figures on the number of CYP likely to have been affected by bereavement during the current pandemic. Social distancing measures are likely to have affected CYP experiencing bereavements of any kind, not solely those related to COVID-19 (see Winston's Wish website).

- A large-scale longitudinal study in the Netherlands found the majority of CYP experiencing a family bereavement (parent/sibling) showed acute grief reactions including sleep problems, anger, irritability, and behaviour problems - however, 75-80% did not go on to develop MH problems (Stikkebroek et al. 2016).
- In the above study, there were 22% new cases of internalizing disorder post-bereavement compared to 5.5% in the non-bereaved group.
- A study comparing CYP experiencing the sudden death of a parent with non-bereaved CYP found high rates of PTSD and depression two-years post-bereavement even when pre-death factors were controlled for - no effect was found on anxiety (Pham, Porta & Beismesser, 2018).
- Interestingly, a small-scale study of CYP who had experienced parental death around three-months prior to the study found that CYP experiencing a sudden death showed lower levels of post-traumatic stress or maladaptive grief than those where the death was expected (Kaplow, Howell & Layne, 2014).

Research information sourced from a paper shared with the Thames Valley MH Cell collated by Dr Gavin Lockhart, Consultant Clinical Psychologist: Clinical Lead CYP Mental Health, NHS England South East Clinical Delivery Network/Mental Health Cell, Health Education England, Kent, Surrey & Sussex. Victoria Sopp, Research Assistant, University of Sussex/Sussex Partnership Foundation Trust.

- 6.8 There are wider roles for both the Behaviour Support Team and Wellbeing Team in relation to collaborative team support for bereavement and emotionally based school refusal (which is likely to increase). These are outlined in the Phase 3 Action Plan Menus of Support.

7 **Team Proposals:**

7.1 **Proposal 1 – Retention of experienced staff**

Development of a senior position within the Wellbeing Team.

The development of one Senior Post within the Wellbeing Team at Grade 7 (£33,018 - £36,613 1.0fte). An expression of interest has already been highlighted within the team and would require an increase 0.5fte to 0.7fte. The indicative incremental cost being £9,000 per annum inclusive of on-costs.

Responsibilities would include:

- Attendance at Early Help Hub
- Line management, staff training and team development plans
- Supervision and appraisals
- Intervention, project and evaluation monitoring
- Recruitment and induction
- Budget oversight

This will ensure that current management capacity is increased to allow for additional focus on strategic planning. This will be crucial for the development of mental health support through Social Care, both to enhance Social Workers understanding of mental health and available interventions in order to develop consistency in referrals. These developments are also required to reduce the overall expenditure to external providers through enhancement of mental health data sets in Social Care, conducting assessments of therapeutic need and increased scrutiny in panel meetings. In addition, there will need to be a further focus on the continued implementation and planning of the Getting Help Teams from September 2020 and the Mental Health Support Teams from January 2021.

7.2 **Proposal 2 – Increasing counselling capacity to minimise backlog of referrals and wait time**

Recruitment of an additional counsellor for two days per week at Grade 5 (£24,807 - £28,247 1.0fte). We currently employ a part time counsellor for 0.2fte (1 day a week).

Based on spend to date and last year's income, the services are unable to afford the additional Counsellor post at present.

7.3 **Proposal 3 – Integration of Teams**

Future consideration of integration of the Wellbeing Team and Behaviour Support Team into one service. There are complexities in carrying this forward due to the different funding streams.

7.4 **Future Consideration – Retention of staff**

Considerations regarding finance for additional training in High Intensity Cognitive Behavioural Therapy to ensure that we retain staff and that staff are suitably qualified to support high intensity casework e.g. cases where PTSD or OCD are of primary concern.

8 Developments to Support Strategic and Local SEMH Planning and Service Delivery

8.1 CReST Measurement Tool

The Systems Dynamic Measurement Tool has been created to help with planning within commissioning of Children and Young People's Mental Health Services. The online platform is freely available, easy to access, and combines modelling for both community and inpatient services. The tool is designed to enable a 'whole system' view, irrespective of the commissioning / funding route, the setting or the provider.

8.2 Further recovery and restoration planning is underway across East Berkshire.

8.3 There will be continued development of the early intervention offer as outlined in the Local Transformation Plan for Children and Young People's Mental Health (East Berkshire). This will help RBWM to realise the NHS Long Term Plan's ambitions and increase the number of children and young people accessing services.

8.4 Getting Help Teams

Service Manager – Sharon Brookes

Team Lead – Pauline Peters

Project Manager – Allison Bradshaw

Senior Clinical Supervisor/Therapist – Vacant Post (0.60wte)

Administrator – 0.50wte

Clinical Supervisor – Katie Brown (0.75wte) Triage of cases in SPA and Wellbeing Allocation Meeting

Recruit to Train – Amethyst Cunningham (1.0wte)

Qualified CWP – Bonnie Brittle (1.0wte)

Qualified CWP – Eleanor Cammegh (0.50wte)

8.5 Mental Health Support Teams

This is a new NHS-funded team (trained and recruited under this programme) of mental health support staff. They will:

1. Provide interventions for CYP with mild to moderate needs in schools and colleges across their patch,
2. Work with school or college staff – including designated mental health leads - to ensure mental health and wellbeing is supported as part of a 'whole school' approach.
3. Work as part of an integrated referral system with CYP mental health services
 - Each MHST consists of 7.5WTE to cover population of 8000 and 500 interventions
 - Prescribed function and interventions
 - Start working in schools RBWM schools from January 2021.

Individual clinical CBT-based interventions for Anxiety, Low mood, self harm PT Interventions for conduct problems Behavioural intervention	Group clinical For anxiety, low mood, social problems Mild conduct problems & managing ADHD Multi family groups based on social learning theory
Group low intensity – child & parent/carer workshops for anxiety, self harm, bullying, eating problems, behavioural problems	

The MHSTs will be employed by Berkshire Healthcare NHS Foundation Trust (Berkshire Healthcare) but will sit in, and form part of, LA Early Help teams working peripatetically in the cohort of selected education settings.

Each team will consist of:

	NHS Grade	Insert WTE
Admin		0.5
Education Mental Health Practitioners (EMHPs)	5	4
Supervisor/Practitioner	6	1.
Supervisors/higher level therapists	7	1
Team Leader	8a	0.5

8.6 Health and Wellbeing in East Berkshire Schools Survey

University of Oxford – Department of Psychiatry have over recent years been partnership working with colleagues in other areas - schools, local authorities and mental health services, to work out how best to support the mental health and wellbeing of children and adolescents. In 2019, they started an important survey of school pupils in Oxfordshire. Over 4000 pupils in 36 schools took part and they were able to share all relevant results with schools and services.

In partnership with researchers at the University of Oxford, we have been offered an exciting opportunity for schools in Berkshire to take part in this study for pupils aged 9 to 18 years (Years 5 to 13). This study - **Online Mental Health and Wellbeing Survey 2020** - will investigate school pupils’ health and wellbeing by asking young people to log in anonymously to an online survey either at home, or when returned to school. This year’s survey has been tailored so that it is relevant to the current COVID-19 challenges and is **funded by a University of Oxford COVID-19 Research Response Fund** so schools can take part at no cost.

The aim of the survey is to help **inform schools and local services across health, education and social care of how lockdown is impacting pupils**, and includes questions to address how the pandemic has impacted both mental wellbeing and learning. Schools will be given their own results from July 2020 and will be able to login to the data online, to compare themselves to the county average from this year (but will not be able to identify other schools), to generate automatic reports (e.g. for Ofsted), and to identify areas where pupils most need support. Additionally the survey can be used for more strategic planning across Health, Education and Social Care.

There are currently 19 schools in RBWM signed up to take part in the study.

8.7 Wellbeing Champions

The Wellbeing Champions programme will continue next year with both staff and Wellbeing Champions being supported by the Wellbeing Practitioners. The aim of the Wellbeing Champions programme is to raise awareness and knowledge of positive mental health and to create an open, supportive culture around mental health in schools. The objectives are as follows:

- To equip students with knowledge and understanding on emotional wellbeing during a one day training workshop.
- To encourage students to tackle stigma and discrimination by raising awareness of emotional difficulties and inform peers about how to look after themselves and others.
- To empower students to develop anti-stigma campaigns that will be rolled out in their school with the support of a lead member of staff.

8.8 The Nurture Group Programme

8.1 Nurture groups are an effective, inclusive evidenced based nationally recognised intervention for children with social, emotional and behavioural difficulties (SEBD). This intervention addresses these difficulties in the context of attachment theory, and considers the challenging early experiences that may underlie these difficulties. They aim to provide a safe, encouraging environment to support social and emotional development at the same time as giving the child the opportunity to access the curriculum in a way that is developmentally appropriate to them. The intervention aims to equip children to cope with the social and cognitive demands of the mainstream classroom so they can re-join their peers full time.

8.2 Nurture groups are typically an in-school intervention, facilitated by at least two members of teaching staff. In a classic Nurture Group model the child/young person would attend the nurture group for the majority of their school week, gradually moving towards re-integration into the main classroom. The Behaviour Support Team currently provide a package of training and quality assurance support for schools to set up and run their own Nurture Groups.

8.3 The intended outcome of Nurture groups is to see an improvement in skills related to capacity for learning and a reduction in behaviours indicating underlying social or emotional difficulties. Successful movement towards these outcomes is measured using the Boxall Profile; an assessment tool completed by the young person's class teacher. *The cost of a pupil with social/emotional difficulties being provided with just one of the many additional educational resources during their school careers (from year 3 to year 12) will cost the education system at least twice as much as it would by addressing those difficulties through effective Nurture Group provision before the start of Year 3 and considerably higher than this if the child has to attend an alternative provision and/or attend a special school. Existing evidence estimates the additional costs to families and educational and social services of children with anti-social behaviour as ranging from £5,960 to £15,282 per year. This would suggest that investment in*

a Nurture Group provision is likely to pay for itself after just two years for each child whose problem behaviour is reduced to the normal range.

- 8.4 The Behaviour Support Team currently support 14 schools across RBWM with the implementation and running of their Nurture Groups. The income from this programme last year was £6,910. The Behaviour Support Nurture programme Package consists of the following:
Nurture Practitioner Training (at least two members of staff per school)
Twilight Training (whole school)
Termly Nurture Hubs
Nurture You 2 Check ins – Quality Assurance
Annual half day conference
The Behaviour plan to enhance their nurture offer next academic year to include Whole School Nurture practice. This will complement the work of the Virtual School in offering the AfC Virtual School, Attachment Aware Schools Award 2020-21. However, this preventative work will necessitate a quicker reduction in Behaviour Support Team wait times and a filtering of future referrals received through the Early Help Hub.

8.5 **Transitions Support**

There will also be increased need for the Behaviour Support transitions work for the remainder of this academic year and into 2020-2021. This is included in the Phase 3 Action Plan Menus of Support. The Behaviour Support Team have already produced transition guidance for schools, have offered advice at the SENDCo cluster meetings and are currently planning the Onwards and Upwards programme for this summer with due consideration of health and safety measures.

Appendices

Appendix 1: Mental Health Support Teams

The 2017 [Green Paper for Transforming children and young people's mental health](#) set out proposals to improve mental health support in schools and colleges. The Department of Health and Social Care and the Department for Education published its [Response to the Children and Young People's Mental Health Green Paper Consultation](#).

The three key elements of the Green Paper being implemented are:

1. every school and college will be encouraged to appoint a Senior Mental Health Lead (lead DfE)
2. **creating community-based Mental Health Support Teams, helping children and young people in schools and colleges (lead NHS E)**
3. pilots in a small number of areas to test the feasibility of achieving and maintaining a 4-week waiting time for NHS children and young people's mental health services (lead NHS E)

How is this programme funded?

- Health Education England: Provide all training and salary support costs for the new roles and supervisor training during year one for the Mental Health Support Teams
- NHS England: Provide all project initiation and implementation costs, pay and non-pay costs for the Mental Health Support Teams
- Department for Education: Provide funding for Senior Mental Health Lead Training

The new Mental Health Support Teams are fully funded. Funding will be allocated to CCGs, once accepted as a trailblazer site.

What are the functions of the Mental Health Support Teams (MHSTs)?

MHSTs will have three core functions

- 1) To deliver evidence-based interventions for mild to moderate mental health issues, alongside existing provision such as counselling, educational psychologists and school nurses. This will build on the menu of support already available and will not be replacing it.
- 2) To support a Senior Mental Health Lead in each education setting to introduce or develop a whole school or college approach.
- 3) To give timely advice to school and college staff and liaising with external specialist services to help child and young people get the right support and stay in education.

What will the Mental Health Support Teams look like?

Education Mental Health Practitioners (EMHP)

Each MHST will have 4 Education Mental Health Practitioners, who will support a pupil population of up to 8,000. Their role will be to deliver evidence-based interventions for mild to moderate mental health issues through:

- **Face to face work:** for example, effective brief, low-intensity interventions for children, young people experiencing anxiety, low mood, friendship difficulties and behavioural difficulties.
- **Group work:** for pupils or parents such as drop ins, and group Cognitive Behavioural Therapy for young people for conditions such as self-harm and anxiety.
- **Group parenting classes:** to include issues around communication difficulties.

The teams will also equip and support schools to do more on mental health by:

- Working with Senior Mental Health Leads and existing service providers, to map what provision is already in place and where opportunities to improve are.
- Training education staff through support and consultation on whole class approaches, to issues such as bullying.

An important function of this role is also to ensure that children and young people are supported to get the right help when they need it as quickly as possible through integrated working with specialist Children and Mental Health Services.

Higher level therapist

Each MHST will be supported by senior level therapists who will act/train as their supervisors throughout their year of training, and once the team becomes fully operational.

Team manager

Each MHST will be managed by a team manager/lead that will oversee the day-to-day operational aspects of the service and will be supported by a dedicated administrator.

What is the commitment from educational settings?

Educational settings will be required to commit to:

- Providing a name of a senior lead/point of contact who would work with the project team in setting up the MHST.
- Supporting and enabling a whole school approach to mental health and wellbeing.
- Involving children and young people and their families/carers in the design and set-up of the teams.
- Engaging fully with the monitoring and evaluation requirements, including taking part in a benchmarking survey on the support currently available in your setting.

- Recognising that the MHST workforce will complement, rather than substitute for existing support and therefore committing to not reducing any existing pupil support/pastoral care.
- Supporting EMHPs in their training year, where it is possible to do so.

What is the role of the Senior Mental Health Lead?

All schools that are part of the programme will need to commit to having a named Senior Mental Health Lead

The Senior Mental Health Lead will:

- Oversee the help the school gives to pupils with mental health problems
- Help staff to spot pupils who show signs of mental health problems
- Offer advice to staff about mental health
- Refer children to specialist services if they need to

All education settings will also be offered the opportunity to enhance the skills and experience of the education senior lead through fully funded Senior Mental Health Lead training commissioned by the Department for Education. The learning outcomes of the training closely align to Public Health England's 'eight principles for promoting a whole-school approach to emotional health and wellbeing'.

They will also need to commit to fully engaging with the MHSTs and work with the CCGs and project team to plan for implementation. Consultation with schools suggests that to operate effectively, leads ideally are part of the senior leadership team or with express senior endorsement. The lead will be required to commit towards achieving the key aims and principles of the programme, including:

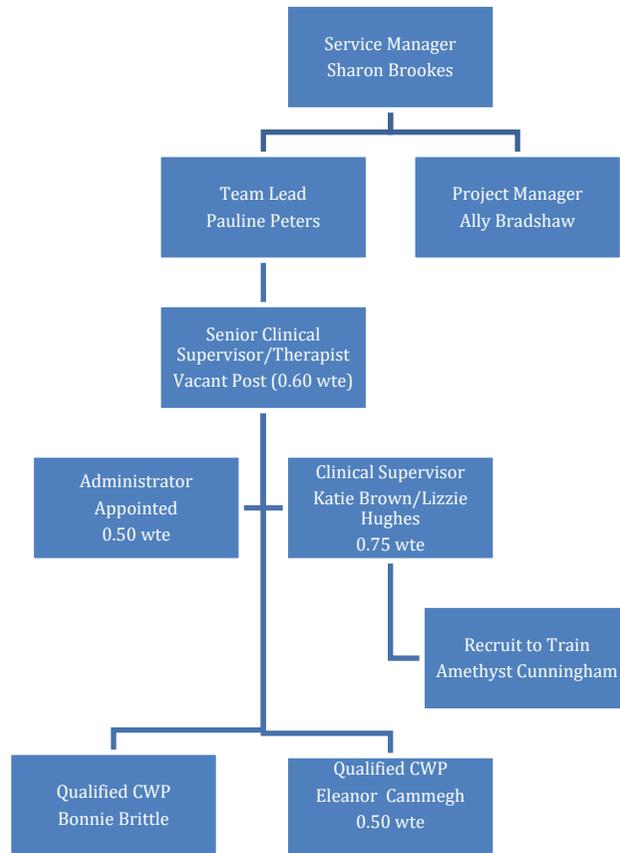
- Sharing best practice and lessons learnt.
- Engaging fully with the monitoring of the programme to help inform future rollout
- Support the MHSTs engagement and fit with statutory roles in the school including the SENCO, Designated Safeguarding Lead, Designated Teachers for Looked-After and Previously Looked-After Children.

Additional Information

The multiagency [Local Transformation Plan For Children and Young People's Mental Health and Wellbeing](#) (Oct 19 – Oct 2020) sets out further information about a wider programme of local transformation.

Further plans for the development of children and young people's mental health care are detailed in the [NHS Long-Term Plan](#)

Appendix 2: Getting Help Teams Structure Chart



Appendix 3: Health and Wellbeing in East Berkshire Schools Survey

A bit about the survey:

- Measures the wellbeing (Health and Happiness) of Children and Young People.
- Asks questions about life style and school life, factors assessed in the survey include mental wellbeing, anxiety, indicators of vulnerability, sleep patterns, online safety, protective factors such as exercise and healthy eating, and attitudes to accessing mental health support.
- Is for pupils in years 4 -13, there are 3 age-matched versions (years 4-7, years 8-11, years 12-13).
- The Primary, Secondary, and the Year 12/FE surveys differ slightly and are **age appropriate, approved by the University of Oxford Research Ethics Committee**.
- The survey is anonymous and designed to be engaging and easy for pupils to use, takes most pupils **about 30 minutes** and can be comfortably fitted into a (remote or in-school) lesson period.

The aim of the survey is to help **inform schools and local services across health, education and social care of how lockdown is impacting pupils**, and includes questions to address how the pandemic has impacted both mental wellbeing and learning. Schools will be given their own results from July 2020 and will be able to login to the data online, to compare themselves to the county average from this year (but will not be able to identify other schools), to generate automatic reports (e.g. for Ofsted), and to identify areas where pupils most need support. Additionally the survey can be used for more strategic planning across Health, Education and Social Care.

This lockdown survey is part of a study that has been approved by the University of Oxford Research Ethics Committee. Details can be found on the following website: <https://www.psych.ox.ac.uk/research/schoolmentalhealth>

Appendix 4: Phase 3 Action Planning Menus of Support

Well-Being

Prior to pupils returning/ongoing support

- Check in with early help cases via email or telephone depending on RAG rating
- Completion of assessments and teletherapy online linking with other Inclusion/Early Help teams to coordinate support/contact. Google form to gather feedback/evaluate sessions
- Consultation for staff, providing them with a space to discuss their own needs/ feelings and concerns (delivered virtually by video link/telephone call)
- Telephone calls to conduct risk assessments of both Early Help and Social Care cases.
- Provision of online and telephone Social Care consultations regarding therapeutic support.

Within first 2-3 weeks of return

- Supporting children, young people and their families/carers specifically regarding transition if mental health is impacted.
- Supporting contact with children, young people and their families/carers regarding emotionally based school refusal and those with CAMHS involvement - linkage with EP/EWO team and Clare R.

Longer term

- Primary and Secondary online check in and training with teachers supporting Wellbeing Champions trained this year.
- Provision of telephone and online Social Care consultations regarding therapeutic support.
- Video training considerations related to mental health and wellbeing. Educational Psychology team and Wellbeing team to link directly with Education Welfare Officers to support and guide for the delivery of anxiety sessions.
- Offer a 3-way conversation between a young person/parent, EWO and a well-being practitioner' and ' Well-being and Education Welfare Officers to work closely around managing parent and pupil anxieties going forward. '
- Wellbeing Practitioner involvement in ELSA supervision sessions - linking with EP supervisor.
- Group reflective supervision to be offered by Educational Psychology/Well-being Services to Education Welfare Services.
- Continued coordination and communication to teams and schools with regard to Getting Help teams development and the Mental Health Support Teams planning.
- Face-to-face individual/group work to be resumed with agreement from schools and families following the latest school COVID health & safety guidelines.

Behaviour Support

Prior to pupils returning/ongoing support

- Supporting schools and pupils remotely by telephone or video with considerations regarding transitions - building upon the Embracing Change document. Link with SENDCo cluster meetings.

Within first 2-3 weeks of return

- Nurture Hub check ins and communication to prepare Nurture Practitioners for return - focus on Whole School Nurturing approaches.
- Coordinate an online schools forum across school age phases to share practice regarding transition support - if a traded school this will be coordinated via consultation with other teams e.g. EWOs.

Longer term

- Delivery of an online Nurture Network (in place of the Nurture Conference) with a focus on whole school nurture approaches.
- Moving on up programme delivered as a consultation with staff in maintained schools extending support to parents/carers where relevant/required.
- Onwards and Upwards year 6 delivery - prioritising referrals from Early Help and Social Care with transition being the predominant concern.
- Face-to-face individual/group work to be resumed with agreement from schools and families following the latest school COVID health & safety guidelines.