

Report Title:	Wellbeing Service Report
Contains Confidential or Exempt Information	No - Part I
Cabinet Member:	Councillor Carroll, Cabinet Member for Children's Services
Meeting and Date:	Schools Forum - 18 November 2021
Responsible Officer(s):	Kevin McDaniel Executive Director of Children's Services Rebecca Askew Head of Service
Wards affected:	All

1. DETAILS OF RECOMMENDATION(S)

- **RECOMMENDATION: That Schools Forum notes the report and:**

i) Proposal 1 – Retention of experienced staff – grading and recruitment 2.0fte vacancies

Four staff (equating to 2.0fte) have resigned from the Wellbeing Team within the last six months (this includes one counsellor who was employed on a casual contract). The starting salary for the Wellbeing Team is Grade 5 Spinal Pt.35 (£25,303). When compared to other salary grades within RBWM AfC this doesn't equate to the nature of the work (and risk management) or the prior training of the Wellbeing Practitioners. For example, a Newly Qualified Social Worker has a salary of £29,436 and an Assistant Psychologist (working within the Educational Psychology Team) often prior to completing the Educational Psychology Doctorate has a salary of £30,107.

Berkshire Healthcare Foundation Trust - BHFT (equivalent practitioner salaries):

- Qualified MHST Band 5 - £25,655
- Clinical Supervisor Band 6 - £32,306
- Senior Clinical Supervisor Band 7 – £40,057
- CWPs - Getting Help Team (Early Help Hub) Band 4 - £22,549

ii) Proposal 2 - 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. Discussions are currently taking place with CAMHS and BHFT regarding the establishment of a Band 8 post within the NHS which will support the Getting Help and Wellbeing Teams in meeting the requests for high intensity CBT casework but in light of challenges in recruiting to NHS posts this is unlikely to be an immediate development. With the MHSTs underspend the introduction of a Band 8a 0.60 WTE post is being discussed within East Berkshire CCG to enable higher intensity work that does not meet Tier 3 criteria to proceed with additional risk management in place. This will be a consultative model which will also provide consultation support for schools that do not have a Mental Health Support Team in situ. The approximate cost has been outlined as £35,694.

2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

Table 1: Options arising from this report

Option	Comments
<p>1. The proposal is to recruit 2fte Wellbeing Practitioners on a starting salary at a higher spinal point within Grade 5 pt.39/40 £28,039 - £28,812. The estimated cost being £13,000 per annum including on-costs. This can be accounted for in the base budget against increased income generation.</p> <p>This is the recommended option</p>	<p>This will enable the Wellbeing Service to experience a period of stability with regard to retention of staff which will support the continuity of the service, decrease Early Help wait lists and address the demand for Wellbeing services as a result of Covid.</p> <p>With longer term retention of staff crucial time will not be spent on the interview and induction of new employees, which has a significant impact on the capacity of the Wellbeing practitioners.</p>
<p>2. No action required by RBWM AfC to fill this vacancy.</p> <p>FOR INFORMATION ONLY Mental Health Support Team Underspend (Proposal of CAMHS additional post)</p> <p>MHSTs underspend. Proposal to introduce a Band 8a 0.60 WTE post will be implemented although it may take some time to recruit to this NHS post, due to a shortage of practitioners.</p>	<p>The cases will need to be signposted to CAMHS (further increase wait times for these vulnerable children and young people).</p> <p>Will generate more requests for SEMH, Education, Health & Care Plans.</p> <p>This will provide support for the Wellbeing and Getting Help CBT practitioners in holding these higher intensity cases thereby reducing the high risk element of this case work. It will also provide professional development through this supervision/ consultation approach. It will reduce the need to refer these cases onto lengthy CAMHS A&D pathway wait lists. These cases have not been appropriate for referral to the AnDY Clinic in terms of their mild-moderate criteria and the complexity of the other presenting needs (e.g. neurodiversity) outlined within the Early Help referrals.</p>

3. KEY IMPLICATIONS

Table 2: Key Implications arising from this report

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
To be able to recruit and retain 2.0 fte Wellbeing Practitioners for a minimum of two years.	<p>Early help wait times will increase.</p> <p>Reduction in preventative & early interventions in order to meet EHH referral requirements and build resilience.</p> <p>More pressure on high needs block.</p>	Reduction of Early Help wait times for counselling and Play Therapy	Further collaborative support can be extended to AfC teams e.g. Young Carers and children/young people who are ERSA/EHE with Mental Health and Wellbeing Needs as a primary concern and support Social Care colleagues with managing and understanding therapeutic needs of complex SEMH cases.	None	31 January 2022

4. FINANCIAL DETAILS / VALUE FOR MONEY

4.1 An impact summary is provided in the link below based on this year's budget against the best estimates of costs and/or any proposed changes.

Table 3: Financial impact of report's recommendations

REVENUE COSTS	2021/22	2022/23	2023/24
Additional total	£0	£13,000	£13,260
Reduction	£0	(£13,000)	£13,260
Net Impact	£0	£0	£0

CAPITAL COSTS	2021/22	2022/23	2023/24
Additional total	£0	£0	£0
Reduction	£0	£0	£0

Net Impact	£0	£0	£0
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4.2 Summary of workings provided by the Children’s Services Finance. The service would require additional funding estimated at £13,000, which would be matched by additional income generation, to the existing £120,000 contribution to the Wellbeing team from the DSG. In addition, further income generation is being explored to increase the establishment, however established staff are required to generate this.

5. RISK MANAGEMENT

Table 4: Impact of risk and mitigation

Risk	Level of uncontrolled risk	Controls	Level of controlled risk
NIC increases from 13.8% to 15.05% next financial year, however current guidance from the government outlines that this be for 1 year.	Medium	Increases outlined for a finite period.	Medium
Salary costs are incremental so any year on year uplifts would have to be found within the current budget potentially increasing overspends.	Medium	N/A	Medium

6. POTENTIAL IMPACTS

6.1 Equalities. With regard to the recommended option proposal there will likely be a detrimental and/or disproportionate impact on particular groups. This is particularly pertinent to customer and public groups with disabilities who are disproportionately represented as having a higher incidence of mental health and wellbeing needs which is evident in the referrals received for Wellbeing and Getting Help Teams support via the Early Help Hub and Social care.

6.2 Climate change/ sustainability. We are developing quality assured digital based managing anxiety webinars for parents/carers and therapeutic packages that work online.

6.3 Data Protection/GDPR. There are no data protection/ GDPR risks arising from this report.

7. TIMETABLE FOR IMPLEMENTATION

7.1 Implementation date if not called in: by 31 January 2022. The full implementation stages are set out in table 5.

Table 5: Implementation timetable

Date	Details
3 December 2021	Job Advertisement
4 January 2022	Interview shortlisted candidates
20 January 2022	Pre employment checks
31 January 2022	Induction

8. BACKGROUND INFORMATION

8.1 This report is supported by the following background information:

- The Wellbeing Team – Overview
- Referral Rates and Wait Times
 - Wellbeing Team - output data Sept. 2020-Sept.2021
- National and Local SEMH Considerations
 - Impact of Covid
 - Developments to Support Strategic and Local SEMH Planning and Service Delivery
 - Getting Help Teams
 - Mental Health Support Teams
 - Health and Wellbeing in East Berkshire Schools Survey

- **The Wellbeing Team - Overview**

The Wellbeing Team was set up in 2015 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.

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 therapeutic interventions, such as Cognitive Behavioural Therapy (CBT) informed strategies, Play Therapy, Dyadic Developmental Psychotherapy/Filial Therapy and group work/workshops with children and young people and indirect work such as training, Early Help meeting support and signposting.

Members of the team have continued to support children and young people known to the Social Care 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 and group sessions for parents/carers with a focus on managing their child's anxiety.

There are currently two employed Wellbeing Practitioners in the Wellbeing Team:

Counsellor 0.2 fte (volunteer)

Play Therapist 0.8fte

Play and Creative Arts Therapist and Dyadic Developmental Psychotherapist 0.7fte (Team Lead)

Within the last six months four members of the team have resigned: Counsellor 0.2 fte, Art Psychotherapist 0.4fte, CBT Practitioners 1.4fte. The predominant reasons for resignation have been a salary that is not commensurate with Health salary grades or their qualifications for these posts, career development and access to external training and CPD. This has added further pressure to the Wellbeing Team this year with double the number of referrals and team capacity decreasing from 3.4fte to 1.4fte.

With the implementation of the Getting Help Teams there is 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 offer support within the Wellbeing Team using the Early Help systems.

The development of one Team Lead Post within the Wellbeing Team at Grade 7 (£33,018 - £36,613 1.0fte) has been actioned as agreed at Schools Forum in July 2020.

Responsibilities include:

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

This has ensured that the Wellbeing manager 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. In addition, it allows for further focus on the continued implementation and planning of the Mental Health Support Teams and collaborative developments within East Berkshire CCG to meet the priorities of the Local Transformation Plan.

Developments have also been discussed within the Social Care resource panel to reduce the overall expenditure to external providers through enhancement of mental health data sets in Social Care, conducting assessments of therapeutic need, increased scrutiny in panel meetings and the potential establishment of Family and DDP Therapy team working alongside the Wellbeing Team.

The budgeted cost to run the Wellbeing Team is £120,000 per annum. The contribution from the Social Care PODS equates to a further income of £15,000

per annum. Further opportunities for further income with Social Care is being explored relating to quality assured and accountable therapeutic services.

- **Referral Rates and Wait Times**

COVID-19 has further compounded team wait times, despite telephone check-ins and online teletherapy sessions that have been delivered. The referrals to the Wellbeing Team have doubled in the last two years from 148 (2019-2020) and 360 (2020-2021). This includes referrals to the Getting Help Team.

Wellbeing wait times:

CBT - not holding a wait time for CBT.

Play Therapy - Assuming we take on an additional placement volunteers in January 2022 as planned this should decrease to a 4- 5 month wait.

DDP - 9 months

Counselling- 8 months (covered by one trainee counsellor on placement 0.2fte)

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.

- **Wellbeing Team**

Outputs September 2020 – September 2021

- 320 young people were referred to the Wellbeing Team between September 2020-September 2021 (Sept 2019-Sept 2020 – 148 referrals).
- 40 wellbeing assessments were carried out over this time.
- 107 young people accessed group and individual therapy sessions during this period.
- 55 young people accessed CBT one-to-one interventions; with the average age being 13-14 years old, with ages ranging from 6-18 years.
- 86% of young people who have engaged with individual CBT have shown a decrease in anxiety and/or depression as evidenced by the standardised pre-post measures.
- 16 young people received 'therapeutic check-in' sessions during this period of lockdown. The aim of these sessions was to monitor young people's wellbeing and to offer general advice and guidance to young people and their parents.
- 21 young people accessed Play Therapy with the average age being 10 years and 3 families accessed Dyadic Developmental Psychotherapy.
- 6 young people accessed Counselling intervention of 12-15 weeks.
- 5 young people completed Art Psychotherapy during this period.
- 3 families/ young people received a period of consultation support from the Wellbeing Team. The aim of these sessions can vary; from supporting the

school to use therapeutic approaches to supporting engagement with appropriate service to support emotional needs.

- The Wellbeing Team rolled out the fourth cohort of our Managing my Child's Anxiety course (online) for parents. 22 parents enrolled (online) between September 2020 and June 2021.

Managing My Child's Anxiety Programme -

Direct link <https://rbwm.afcinfo.org.uk/pages/community-information/information-and-advice/training-and-support/online-parent-course-2020>

Alternatively, you can go to: https://rbwm.afcinfo.org.uk/community_information

Click on the **Training & Support** tile and it will take you to the section.

The development of this online course was celebrated in the Silver Linings report which showcased innovation and resilience in children's services during Covid.

The Wellbeing Champions continues in December 2021 and January 2022 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.

The Wellbeing Team also has a wider role in relation to collaborative team support for further development and implementation of the emotionally related school refusal (ERSA) multi-agency toolkit and Critical Incident support to schools.

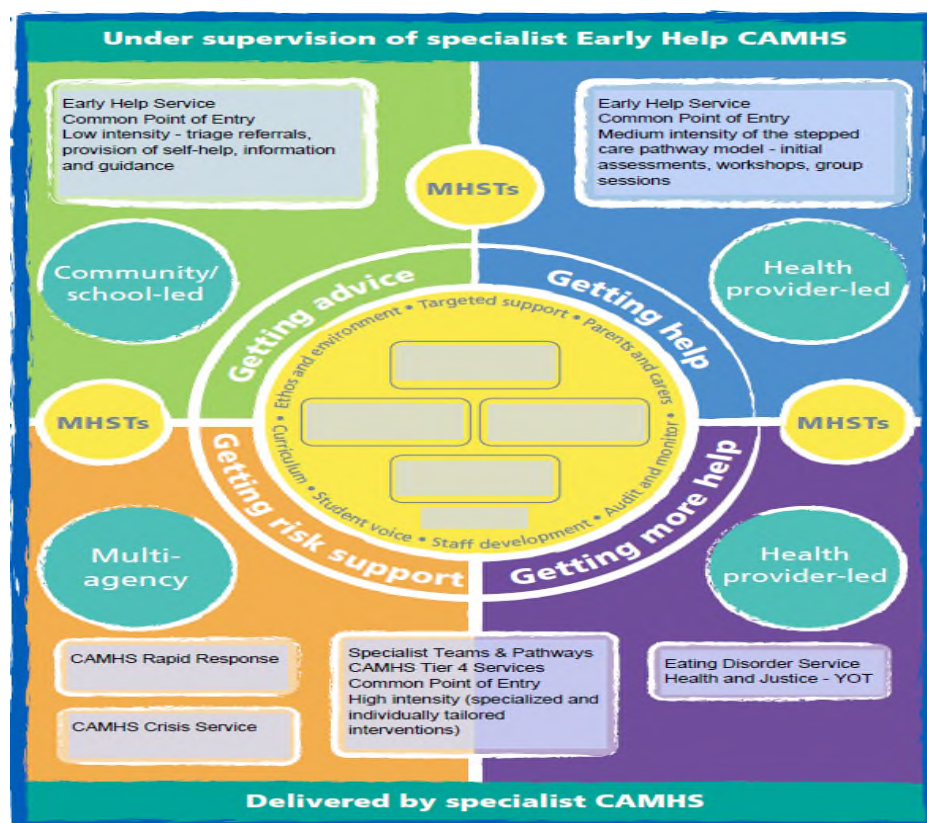
- **National and Local SEMH Considerations**

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. 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 or Getting Help Team within the Early Help or in keeping with their training.

Berkshire CAMHS have seen a 40% increase in referrals between 2014/15-2019/20. Following an initial reduction in referrals as the country went into the first national lockdown, referrals have been above the predicted trajectory and increased by 6% in 2020/21 compared to 2019/20. The service has implemented QI projects to reduce waiting times however demand continues to outstrip capacity in all areas.

There has been a significant increase in the number of referrals coded as urgent by the referrer, up to 17% in 2020/21 compared to only 1.6% in 2019/20. Note that this data is for mental health referrals to CAMHS CPE and does not include crisis referrals to the CAMHS Rapid Response team or referrals to the Neurodiversity teams. A similar trend was seen in West Berkshire and is being reported by other CAMH services across the South East region. The proportion of referrals from the three East Berkshire Local Authorities remains consistent with previous years and there are no differences in the split of referrals for specialist mental health and neurodiversity services across the three areas. There are a higher proportion of referrals coded as urgent from RBWM and the proportion of referrals for an eating disorder and to the crisis team are also higher.

THRIVE Model of mental health support:



● **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. Increase in the requests for Cognitive Behavioural Therapy Therapeutic Support.

- Increased impact on vulnerable (already seen through lockdown) with increasing complex cases needing greater resources likely to continue alongside demand increases.
- Many CYP have not been referred (lower demand since lockdown) and the likely impact of 'pent up' demand hitting the system once contact with key professionals returned.
- CYP have deferred existing intervention as online or telephone is not preferred, preventing good flow of YP through service – creating backlogs and it decreases effectiveness 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 in person arrangements or delivery with social distancing rules in place.

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).

- **Developments to Support Strategic and Local SEMH Planning and Service Delivery**

Further recovery and restoration planning is underway across East Berkshire. Locally this includes the Wellbeing for Education Recovery offer which will see delivery of online Group Reflective Supervision and Problem Solving sessions for Headteachers and Designated Safeguarding Leads.

In January 2022 RBWM will also be part of **The Link Programme**. Education settings and RBWM agencies will be invited to engage in The Link Programme (in collaboration with The Anna Freud Centre). This programme aims to improve joint working in mental health and wellbeing between NHS mental health services, Local Authorities including Public Health, and VCSE services. The Link programme for 2021/22 has been revised to provide more tailored support for local areas.

This programme:

- brings together local partners who can support children and young people's mental health and wellbeing

- offers structured sessions to identify priorities and agree goals to promote and support good mental health and wellbeing
- supports the locality to develop a tailored action plan that will feed into strategic planning
- delivers tailored support sessions focussed on improving joint working between education and mental health professionals, based on the needs assessment and goals
- offers a progress review and support at three and six months to help embed change locally. The programme duration is 10 hours over approximately 8 weeks.

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. Building on the principles of:

- Everyone's responsibility
- Integration and joint working
- 'Doing with', not 'doing to'
- No 'one size fits all'
- Acceptance, curiosity and empathy
- Timely identification and support
- Inclusion
- Building supportive adults around children and young people
- Look beyond behaviour

Local Priorities

- 1. Strengthening Crisis Support**
- 2. Supporting children with complex needs**
- 3. Transition Arrangements**
- 4. Addressing Eating Disorders and Disordered Eating**
- 5. Embedding MHST principles across all schools**
- 6. Enhanced Parenting Support**
- 7. Addressing gaps in provision**
- 8. Development of formal partnership arrangements as a new model of working**
- 9. Responding to the impact of COVID**

Enablers

- ✓ Improved timely and quality communications
- ✓ Improving the 'front door' to current emotional health and wellbeing services
- ✓ Supporting the workforce
- ✓ Understanding and demonstrating what is working well - Routine Outcome Measures

- **Getting Help Teams**

- The Getting Help Team is employed by Berkshire Healthcare but sits within RBWM Early Help Hub.
- They work with children and young people who need quick, short-term support (around six to eight sessions) with mild to moderate mental health issues.
- This help could take the form of participating in a group, or individual one to one informed CBT therapy.
- They can also signpost to other services that may be able to better support the child/young person. Including access to the AnDY clinic or specialist CAMHS if needed.

Mild - moderate
Stress/exam Pressure
Anxiety
Low Mood/ depression
Common Behavioural problems
Hyperactivity
Low self-esteem
Friendship issues
Issues stemming from social media

March 2020- April 2021			Closed Cases		
Getting Help	Received	Accepted	Signposted	Discharged	Average Wait times (Current) Wks
Bracknell (NR+TR)	71	61 (85.9%)	10 (14%)	12	6.72 (NR) / 16.23 (TR)
Slough (NR+TR)	30	25 (83.3%)	5 (16.6%)	5	12.33 (NR) / 9.60 (TR)
RBWM (NR+TR)	48	42 (87.5%)	6 (12.5%)	20	2.75 (NR) / 5.75 (TR)

CAHMS Getting Help (previous RiO team, all localities)	107	56 (52.3%)	51 (47.7%)	162	N/A
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			Closed Cases		
MHST	Received	Accepted	Signposted	Discharged	Average Wait times (current) Wks
Bracknell (NR+TR)	3	3 (100%)	0	0	N/A / 6.5 (TR)
Slough (NR+TR)	131	73 (55.7%)	58 (42%)	72	7.5 (NR) / 17.5 (TR)
RBWM (NR+TR)	1	1 (100%)	0	0	5.00 (NR) / 5.40 (TR)

Presentation (GHT and MHST combined)		
Anxiety (includes behavioural and other presentations not able to be recorded on RiO)	300	77.52%
Depression/Low Mood	46	11.89%
Suicidal Ideation	7	1.81%
Other	34	8.79%

- **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 integrated referral system with CYP mental health services
 - Each MHST consists of 7.5WTE to cover population of 8000
 - Prescribed function and interventions
- Within RBWM the new Mental Health Support Team (MHST) became fully operational in September 2021.
 - This will support children and young people who have emerging, mild or moderate mental health difficulties which may be affecting their day to day life.

- Depending on the age of the child or young person, they'll either work directly with them or with their parents. They also work with school staff and offer support on different levels, with the aim of developing and supporting a whole school approach to mental health.

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. In RBWM this includes: Altwood Secondary, Charters Secondary, Churchmead Secondary, Cox Green Secondary, Dedworth Middle, Holyport College, Larchfield Primary, Manor Green, St Luke's Primary, Trevelyan Middle, Wessex Primary, Woodlands Park Primary, Windsor Boys, Wraysbury Primary and the Virtual School.

- **Health and Wellbeing in East Berkshire Schools Survey**

In partnership with researchers at the University of Oxford, RBWM has been offered the exciting opportunity for schools to take part in this study for pupils aged 9 to 18 years (Years 5 to 13). This study investigated 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 survey 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** includes questions regarding lifestyle 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. Schools were given their own results in July 2020/August 2021 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.

- From May-July 2020, we worked with the University of Oxford to offer schools in Berkshire the opportunity to take part in a FREE Mental Health and Wellbeing Survey study for pupils aged 9 to 18 years (Years 4 to 13). The Survey measured the wellbeing (Health and Happiness) of Children and Young People.

- **3436** secondary age pupils from East Berkshire schools took part (2337 from Slough schools, **861 from RBWM schools** and 238 from Bracknell Forest schools).
- **634** primary age pupils took part (279 from Slough schools, **322 from RBWM schools** and 33 from Bracknell Forest schools).
- Each school with enough responses has received a preliminary report. LA reps have also received these school reports.
- LA reps and public health colleagues have received preliminary reports for their boroughs in addition to East Berkshire wide reports for comparison and to help with ongoing recovery and restoration planning.
- Education settings that took part will have access to their data at a school level.
- Survey was repeated during June and July 2021. The University of Oxford also offered a survey aimed at MHST's and other staff working with schools regarding their experiences of providing mental health support during Covid 19 lockdown (April-June 2020).

9. LEGAL IMPLICATIONS

9.1 There are no legal implications arising from this report.

10. RISK MANAGEMENT

10.1 There are no potential risks arising from this report.

11. POTENTIAL IMPACTS

11.1 Equalities. Equality Impact Assessments are published on the council's website. It has been assessed that there are no Equality Impact risks arising from this report.

11.2 Climate change/sustainability. There are no climate change/ sustainability risks arising from this report.

11.3 Data Protection/GDPR. There are no data protection/ GDPR risks arising from this report.

12. CONSULTATION

Name of consultee	Post held	Date sent	Date returned
<i>Mandatory:</i>			
<i>Statutory Officers (or deputy)</i>			
Adele Taylor	Executive Director of Resources/S151 Officer	11-11-21	12-11-21
Emma Duncan	Deputy Director of Law and Strategy / Monitoring Officer	11-11-21	12-11-21
<i>Deputies:</i>			

Andrew Vallance	Head of Finance (Deputy S151 Officer)	11-11-21	
Elaine Browne	Head of Law (Deputy Monitoring Officer)	11-11-21	
Karen Shepherd	Head of Governance (Deputy Monitoring Officer)	11-11-21	
<i>Other consultees:</i>			
<i>Directors</i>			
Duncan Sharkey	Chief Executive	11-11-21	12-11-21
Andrew Durrant	Executive Director of Place	11-11-21	
Kevin McDaniel	Executive Director of Children's Services	11-11-21	12-11-21
Hilary Hall	Executive Director of Adults, Health and Housing	11-11-21	12-11-21
<i>Heads of Service</i>			
Nikki Craig	Head of HR, Corporate Projects and IT	11-11-21	12-11-21
Louisa Dean	Head of Communications	11-11-21	12-11-21

Councillor Stuart Carroll	Cabinet Member for Adult Social Care, Children's Services, Health and Mental Health	Consulted on contents on report: Yes
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REPORT HISTORY

Decision type:	Urgency item?	To follow item?
For information	No	Yes- Report written in consultation with Schools Forum High Needs Block Working Party held 2nd November; resulting in challenging deadline

Report Author: Rebecca Askew -Senior Specialist Educational Psychologist - Wellbeing 07775220788

Glossary of Terms

A&D – Anxiety and Depression (pathway)
AnDY – Anxiety and Depression In Young People Clinic
BHFT – Berkshire Healthcare Foundation Trust
CAMHS – Child and Adolescent Mental Health Service
CBT – Cognitive Behavioural Therapy
CCG – Clinical Commissioning Group
CPD – Continuing Professional Development
CPE – Common Point of Entry
CWP – Children’s Wellbeing Practitioner
CYP/C&YP – Children and Young People
DDP – Dyadic Developmental Psychotherapy
DfE – Department for Education
EHE – Elective Home Education
EHH – Early Help Hub
ERSA – Emotionally Related School Avoidance
Fte – Full time equivalent
MH – Mental Health
MHST – Mental Health Support Team
NR – New Referral
OCD – Obsessive Compulsive Disorder
PPEPCare – Primary Principles in Education and Primary Care
PTSD – Post Traumatic Stress Disorder
SEMH – Social Emotional and Mental Health
TR - Treatment
WTE – Working Time Equivalent

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

EQUALITY IMPACT ASSESSMENT

EqIA : Wellbeing Service

Essential information

Items to be assessed: (please mark 'x')

Strategy		Plan		Project		Service procedure	X
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Responsible officer	Frances Lee	Service area	Education	Directorate	Achieving for Children
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Stage 1: EqIA Screening (mandatory)	Date created: 12/11/2021	Stage 2 : Full assessment (if applicable)	Date created :N/A
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Approved by Head of Service / Overseeing group/body / Project Sponsor:

"I am satisfied that an equality impact has been undertaken adequately."

Signed by (print): Frances Lee

Dated: 12-11-2021

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

EQUALITY IMPACT ASSESSMENT

EqlA : Wellbeing Service

Guidance notes

What is an EqlA and why do we need to do it?

The Equality Act 2010 places a 'General Duty' on all public bodies to have 'due regard' to:

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act.
- Advancing equality of opportunity between those with 'protected characteristics' and those without them.
- Fostering good relations between those with 'protected characteristics' and those without them.

EqlAs are a systematic way of taking equal opportunities into consideration when making a decision, and should be conducted when there is a new or reviewed strategy, policy, plan, project, service or procedure in order to determine whether there will likely be a detrimental and/or disproportionate impact on particular groups, including those within the workforce and customer/public groups. All completed EqlA Screenings are required to be publicly available on the council's website once they have been signed off by the relevant Head of Service or Strategic/Policy/Operational Group or Project Sponsor.

What are the "protected characteristics" under the law?

The following are protected characteristics under the Equality Act 2010: age; disability (including physical, learning and mental health conditions); gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

What's the process for conducting an EqlA?

The process for conducting an EqlA is set out at the end of this document. In brief, a Screening Assessment should be conducted for every new or reviewed strategy, policy, plan, project, service or procedure and the outcome of the Screening Assessment will indicate whether a Full Assessment should be undertaken.

Openness and transparency

RBWM has a 'Specific Duty' to publish information about people affected by our policies and practices. Your completed assessment should be sent to the Strategy & Performance Team for publication to the RBWM website once it has been signed off by the relevant manager, and/or Strategic, Policy, or Operational Group. If your proposals are being made to Cabinet or any other Committee, please append a copy of your completed Screening or Full Assessment to your report.

Enforcement

Judicial review of an authority can be taken by any person, including the Equality and Human Rights Commission (EHRC) or a group of people, with an interest, in respect of alleged failure to comply with the general equality duty. Only the EHRC can enforce the specific duties. A failure to comply with the specific duties may however be used as evidence of a failure to comply with the general duty.

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

EQUALITY IMPACT ASSESSMENT

EqIA : Wellbeing Service

Stage 1 : Screening (Mandatory)

1.1 What is the overall aim of your proposed strategy/policy/project etc and what are its key objectives?

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

1. The current and future service provision from the Wellbeing Team based on local SEMH considerations and developments to support increasing SEMH needs.
2. The projected costs and income for the Wellbeing Team 2021-2022.
3. Proposals for changes to the Wellbeing Team from academic year 2021-2022 onwards.

1.2 What evidence is available to suggest that your proposal could have an impact on people (including staff and customers) with protected characteristics? Consider each of the protected characteristics in turn and identify whether your proposal is Relevant or Not Relevant to that characteristic. If Relevant, please assess the level of impact as either High / Medium / Low and whether the impact is Positive (i.e. contributes to promoting equality or improving relations within an equality group) or Negative (i.e. could disadvantage them). Please document your evidence for each assessment you make, including a justification of why you may have identified the proposal as “Not Relevant”.

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EQUALITY IMPACT ASSESSMENT

EqIA : Wellbeing Service

Protected characteristics	Relevance	Level	Positive/negative	Evidence
Age	No			There is nothing in the report which is considered to impact on this protected characteristic.
Disability	Yes	High	Positive	This report does impact on pupils within this protected characteristic. These proposals will provide additional support for children requiring support from the Wellbeing Service.
Gender re-assignment	No			There is nothing in the report which is considered to impact on this protected characteristic.
Marriage/civil partnership	No			There is nothing in the report which is considered to impact on this protected characteristic.
Pregnancy and maternity	No			There is nothing in the report which is considered to impact on this protected characteristic.
Race	No			There is nothing in the report which is considered to impact on this protected characteristic.
Religion and belief	No			There is nothing in the report which is considered to impact on this protected characteristic.
Sex	No			There is nothing in the report which is considered to impact on this protected characteristic.
Sexual orientation	No			There is nothing in the report which is considered to impact on this protected characteristic.

Outcome, action and public reporting

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

EQUALITY IMPACT ASSESSMENT

EqIA : Wellbeing Service

Screening Assessment Outcome	Yes / No / Not at this stage	Further Action Required / Action to be taken	Responsible Officer and / or Lead Strategic Group	Timescale for Resolution of negative impact / Delivery of positive impact
Was a significant level of negative impact identified?	No		Frances Lee Rebecca Askew	Quarterly reporting to Education Management Team Annual reporting to Schools Forum.
Does the strategy, policy, plan etc require amendment to have a positive impact?	No			

If you answered **yes** to either / both of the questions above a Full Assessment is advisable and so please proceed to Stage 2. If you answered “No” or “Not at this Stage” to either / both of the questions above please consider any next steps that may be taken (e.g. monitor future impacts as part of implementation, re-screen the project at its next delivery milestone etc).

Stage 2 : Full assessment

2.1 : Scope and define

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

EQUALITY IMPACT ASSESSMENT

EqIA : Wellbeing Service

2.1.1 Who are the main beneficiaries of the proposed strategy / policy / plan / project / service / procedure? List the groups who the work is targeting/aimed at.

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2.1.2 Who has been involved in the creation of the proposed strategy / policy / plan / project / service / procedure? List those groups who the work is targeting/aimed at.

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2.2 : Information gathering/evidence

2.2.1 What secondary data have you used in this assessment? Common sources of secondary data include: censuses, organisational records.

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2.2.2 What primary data have you used to inform this assessment? Common sources of primary data include: consultation through interviews, focus groups, questionnaires.

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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

EQUALITY IMPACT ASSESSMENT

EqlA : Wellbeing Service

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Eliminate discrimination, harassment, victimisation

Protected Characteristic	Advancing the Equality Duty : Does the proposal advance the Equality Duty Statement in relation to the protected characteristic (Yes/No)	If yes, to what level? (High / Medium / Low)	Negative impact : Does the proposal disadvantage them (Yes / No)	If yes, to what level? (High / Medium / Low)	Please provide explanatory detail relating to your assessment and outline any key actions to (a) advance the Equality Duty and (b) reduce negative impact on each protected characteristic.
Age					
Disability					
Gender reassignment					
Marriage and civil partnership					
Pregnancy and maternity					
Race					
Religion and belief					
Sex					
Sexual orientation					

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EQUALITY IMPACT ASSESSMENT

EqIA : Wellbeing Service

Advance equality of opportunity

Protected Characteristic	Advancing the Equality Duty : Does the proposal advance the Equality Duty Statement in relation to the protected characteristic (Yes/No)	If yes, to what level? (High / Medium / Low)	Negative impact : Does the proposal disadvantage them (Yes / No)	If yes, to what level? (High / Medium / Low)	Please provide explanatory detail relating to your assessment and outline any key actions to (a) advance the Equality Duty and (b) reduce negative impact on each protected characteristic.
Age					
Disability					
Gender reassignment					
Marriage and civil partnership					
Pregnancy and maternity					
Race					
Religion and belief					
Sex					
Sexual orientation					

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EQUALITY IMPACT ASSESSMENT

EqlA : Wellbeing Service

Foster good relations

Protected Characteristic	Advancing the Equality Duty : Does the proposal advance the Equality Duty Statement in relation to the protected characteristic (Yes/No)	If yes, to what level? (High / Medium / Low)	Negative impact : Does the proposal disadvantage them (Yes / No)	If yes, to what level? (High / Medium / Low)	Please provide explanatory detail relating to your assessment and outline any key actions to (a) advance the Equality Duty and (b) reduce negative impact on each protected characteristic.
Age					
Disability					
Gender reassignment					
Marriage and civil partnership					
Pregnancy and maternity					
Race					
Religion and belief					
Sex					
Sexual orientation					

2.4 Has your delivery plan been updated to incorporate the activities identified in this assessment to mitigate any identified negative impacts? If so please summarise any updates.

These could be service, equality, project or other delivery plans. If you did not have sufficient data to complete a thorough impact assessment, then an action should be incorporated to collect this information in the future.

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EQUALITY IMPACT ASSESSMENT

EqIA : Wellbeing Service