



# Mental Health and Emotional Wellbeing Support for Children and Young People in Reading

## **SUMMARY**

Outline of the emotional and mental health services for children and young people in Reading.

## **OWNER**

Dr Deb Hunter

Head of SEN and Principal  
Educational Psychologist

## **VERSION**

4.0

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Brighter Futures for Children  
Civic Offices, Bridge Street,  
Reading RG1 2LU

Company number 11293709

## 1.0 Executive Summary:

Reading is committed to an ambitious and collaborative approach to improving the emotional wellbeing and mental health of all Children and Young People in line with the national principles set out in the Government document, “Future in Mind– *promoting, protecting and improving our children and young people’s mental health and wellbeing*” (2015) and the Green Paper 2018.

We are a Trailblazer site for the Green Paper Reforms after being cited by the Children’s Commissioner for England as an area of good practise. We have a comprehensive offer in place to improve timely access to appropriate assessments and interventions. It is being developed with the SEND Strategy, the Early Intervention Strategy, and the Education Strategy being central to ensure an enhanced system wide offer to our children and young people, and families. We are consulting widely with families and young people. Our aim is that every child and young person experiences positive mental health and wellbeing, using the right help, when and where needed.

## 2.0 Background

The local area is undergoing a marked culture shift to a mature thriving system which has a collaborative solution-focussed approach to improving services for children, young people and families. We have well-established joint working arrangements with the CCG, Health, partners, and neighbouring Local Authorities to achieve further sustainable whole system change.

We are promoting a whole system framework of care, moving away from a specialist single agency mental health response, to a partnership approach with a shared vision, and working together on prevention, early help and building resilience. This inter-professional collaboration and coproduction will support a cultural change in the language used, the way in which systems and agencies work together, and the way in which children, young people and their families access support, care and treatment. The Local Transformation Plan for whole system approach to improving mental health outcomes for CYP is reviewed, refreshed and published annually, in line with the requirements of ‘*Five Year Forward View for Mental Health*’ and the Green Paper.

## 3.0 AIMS:

Reading’s comprehensive approach to improving outcomes for children and young people’s emotional wellbeing highlights the importance of early identification and assessment, timely availability of accessible interventions, partnership and community collaboration and system change.

### 3.1 Promotion and prevention

- Building skills in the community: regular training and workshops for an evidence informed workforce across the whole system so that issues are identified and responded to earlier. Workshops for parents/carers, and young people.

- Everyone who works with children and young people is able to identify issues early, enable families to find solutions, provide advice and access help
- Staff feel supported in their own emotional health, wellbeing and resilience through nurturing working environments

### **3.2 Getting help**

- More children and young people with an emotional or mental health need or a diagnosable mental health condition are able to access evidence based services
- Agencies work more closely together so that vulnerable children can access the help that they need easily. Vulnerable children and young people often require a more collaborative multiagency approach in order to successfully engage with services. Vulnerable groups include children in care and those subject to a child protection plan, children who have experienced abuse and multiple trauma, victims of crime, young people who are in contact with the criminal justice system, those with Special Educational Needs and Disabilities, and young people who are at risk of exclusion from school. Children and young people who have experienced multiple Adverse Childhood Events (ACEs) are at particular risk of poor outcomes.

### **3.3 Collaborative working**

- Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. Help provided takes account of the family's circumstances and the child or young person's views.
- The child's journey is seamless. While there may be transfer of provision between providers, the child and their family experience joined up support with the child's needs at the heart of care.

## **4.0 Reading's Mental Health Support:**

Reading has many initiatives that are in place or being developed, which together are building the systems response that is needed to improving mental health services and outcomes.

### **4.1 Reading – a Trauma Informed Community**

Reading has a commitment to valuing equality and diversity. It is widely recognised that traumatic ACEs can lead to neurodevelopmental differences, encourage children to make risky decisions, or to engage in risk behaviours. There is a strong causal association with mental health, in itself a national crisis. In order to ensure all our children are successful, we need to work together with schools, governors, CYP, families/carers, communities and Health to improve knowledge and understanding of trauma. A targeted approach led by partners and coordinated via a strategic partnership group, will identify a training schedule

and priority areas to target. Similar approaches in Scotland and USA show a drop in crime figures. All of the initiatives below will help Reading be a Trauma Informed community.

#### **4.2 Trauma Informed Practitioner**

We have appointed a Trauma Informed Practitioner jointly across One Reading Partnership. The work will ensure trauma informed practice is embedded across BFFC, Social Care and partners. This includes work in the pre-birth project, schools, community and the wider partnership, including Police, Health, local businesses and voluntary agencies.

#### **4.3 Reading Schools Link Mental Health Project**

Following the publication of *Future in Mind* (2015), Reading Educational Psychology Service was awarded funding to implement our Mental Health Project in schools. The EPs and PMHWs have run this for 3 years, with 90% schools in Reading now part of it. The project was developed further this year with two schools being 'mental health hubs' (Kendrick & Reading Girls School). The approach focuses on a stepped care approach as outlined below:

- Whole school training
- 12 mental health modules run across academic year.
- 6 mental health surgeries
- Stepped care model used from advice and coaching, through to mental health assessments, individual or group therapeutic interventions.
- 3 network meetings each academic year

The Schools Link Mental Health Project will continue to be used across schools in Reading in tandem with the trail blazer work below.

#### **4.4 The Trailblazer: Mental Health Support Teams in Schools**

As our local system has matured, so has our ambition to transform services even further. The success and recognition of the Reading School Link Mental Health project, with parallel work in West Berkshire, led us to be a Trailblazer for mental health.

The trailblazer involves setting up a multi-disciplinary Mental Health Support Team (MHST) that will provide support to pupils aged 5-16 years. The team will offer a range of evidence based interventions for those CYP with mild to moderate mental health issues in school and will help children and young people with more severe needs to access the right support and provide a link to specialist NHS services.

The multi-agency team will be set up in the West of Reading and will be comprised of:

- 2 Senior Educational Psychologists
- Senior CAMHS Therapist,
- Primary Mental Health Worker,
- 4 newly qualified Educational Mental Health Practitioners
- An outreach/Family Worker
- Partners.

A multi-disciplinary Emotional Health Triage is being established; this will be part of the Early Intervention Hubs. The MHST trailblazer builds on the work of the well-recognised Reading Schools Link Mental Health Project, which will remain available to all schools

(maintained and Academy) in Reading. The MHST will offer a range of training and evidence based interventions on top of what is ordinarily available via the SLP.

Schools that were invited to be part of the trailblazer have had the opportunity to attend an information event and have all indicated their commitment to being part of the new processes. Schools that are not in this area will need further communication around the initiative and their offer.

#### **4.5 Therapeutic Thinking Schools**

At the heart of the Education Strategy, the Therapeutic Thinking Approach to behaviour management aims to reduce the risk of exclusions by ensuring we have the right support for children in the right place, at the right time. The approach is fully closely allied with Reading's commitment to being trauma informed; it is inclusive and recognises that children's experiences and unique neurology result in feelings and behaviours that can be challenging. The approach has a number of tools to embed the school's commitment to this ethos, such as how to measure the child's internalising and externalising reactions, and a unique Planning tool that is multi-disciplinary in its approach.

The training will be shared not only with schools, but with CSC, Health, partners and communities, as a tool for a trauma and emotional health informed response.

This approach links closely with guidance from the DfE "Mental health and behaviour in schools 2018", the mental health trailblazer project and Reading's Schools Link mental health project, all based on national research. It links closely with being trauma informed and the training will be shared not only with schools, but with CSC, Health, and partners.

#### **4.6 Therapeutic Thinking Schools support team**

The Reading schools have embraced the training and our proposal is that we develop a team of practitioners from the Educational Psychology Service and Cranbury College, to support schools systemically, at management level, individual child and group level in implementing this approach. We have listened to schools telling us they would like support in implementing the approach and to support them with children whose externalising behaviours are challenging to the school system.

#### **5.0 Outcome measurements**

Few metrics are currently available to indicate outcomes in this field. The proposal to use IAPTUS (see next section) will provide increased information. However, some data are providing some indication of improvements:

1. An expected rise in the number of referrals of children to CAMHS was seen initially. This can be explained by the increased awareness of the issue amongst schools and young people. This rise has peaked and is now declining;
2. Where awareness is low, school referrals of young people to CAMHS may be inappropriate. As understanding matures, the numbers of inappropriate referrals will decrease. This decrease is now very clear in Reading;

3. Referrals from schools are now routinely accepted by mental health services. This is evidence of a developing, system-wide understanding of mental health.

### **5.1 iaptus**

The MHST is dependent on uploading mental health impact and outcomes data to NHS England in order to receive funding. We must have a system in place by September 2019 in order to flow this data. The project plan includes resources for buying in a computer based programme that will facilitate this data share. After extensive research we have agreed to purchase 'iaptus', a cloud-based client management system and workflow tool specifically designed to support psychological therapy services. It is purpose built for a clinical service that delivers emotional and mental health interventions, provides data and reports on the journey of the child, Routine Outcome Measures, and has case supervision functions. It has inbuilt evidence based pre- and post- intervention tools including mental health assessment tools such as the RCADs, Conners etc. It will be used by the staff in the MHST, the Educational Psychology Service, and the Primary Mental Health Workers, and will be used to report all mental health interventions including the Schools Link Mental Health Project. Reports will be generated and shared with partners, BFFC, members and the CCG.

### **5.2 Current impact and outcome measures**

The Schools Link Mental Health Project is part of the wider emotional and mental health work carried out by the Educational Psychology Service and the Primary Mental Health Worker team. We supply the CCG with quarterly reports, Q3 report highlights are below.

The Q3 report reflects the data captured between the dates of the 1st October 2018 and the 31st December 2018 for the work done by the Educational Psychology Service and Primary Mental Health Workers of Brighter Futures for Children.

#### Referrals:

The Quarter saw a total of 266 Referrals into the service during the quarter with the majority of those referrals coming from schools and more specifically most of the referrals coming from primary schools, with 226 out of the 266 referrals coming from schools and 176 of those coming from primary schools specifically. The most common reasons for referral were SEMH and Autism with Anxiety.

#### Assessments:

The SLP completed a total of 243 assessments during Q3 of the 2018-2019 financial year.

70% of assessments were of Males.

Only 35 out of the 243 were open to Early Help, with none being open to Social Care.

36 of the children being assessed had a fixed term exclusion in the last 12 months, but none of the children had a permanent exclusion.

#### Interventions:

There were 202 Direct Interventions completed by BfC EPs and PMHs during the quarter. 88 of the children have an EHCP and 55 of them had a fixed term exclusion in the last 12 months, however none of them have been permanently excluded in the last 12 months.

#### Mental Health Surgeries:

95 Children in total were discussed at MH surgeries in the quarter with 63 out of these 95 being discussed at primary schools and the remaining 32 at secondary schools.

#### Training:

During Q3 there were training modules on the following topics: Behaviour, Childhood Anxiety, Adolescent Anxiety and Depression and Low Mood. Each of these training modules was attended by approximately 30 people, meaning that in these training modules there were around 120 attendees.

Additionally, there were 2 parent talks around depression which were attended by approximately a combined 85 people.

There was also a parenting course given helping parents manage their child's anxiety, which was undertaken by 6 sets of parents. Pre and post measures indicate a good impact.

In addition both services record patient outcome measures using a rating scale.

### **6.0 Summary**

Reading has a comprehensive offer for children and young people's mental health. We are ambitious but have a maturity of approach which has been recognised both nationally and locally, with several LAs seeking our support to implement similar work. We continue to work closely with parents/carers, children and young people in developing our offer, and with the implementation of a new data analysis system we will report regularly on impacts and outcomes.

**Appendix 1: A systems wide response to improving mental health outcomes for children and young people.**

