

Subject:	Emotional Well-Being and Mental Health Support in Schools		
Date of Meeting:	Children, Young People and Skills Committee Monday 9 November 2020		
Report of:	Executive Director for Families, Children & Learning		
Contact Officer:	Georgina Clarke-Green		
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Ward(s) affected:	(All Wards);		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The purpose of this report is to update the committee on Emotional Well-Being and Mental Health support in Schools.

2. RECOMMENDATIONS

- 2.1 That the committee note the work being delivered in schools and colleges in Brighton and Hove.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The Brighton & Hove Inclusion Support Service: Schools Wellbeing Service (BHISS SWS) continues to receive funding from Brighton & Hove City Council's Families Children & Learning Directorate (FCL), Public Health (PH) and Brighton & Hove's Clinical Commissioning Group (CCG).
- 3.2 The BHISS SWS works as part of a system of support for children and young people in Brighton and Hove; this includes Specialist Child & Adolescent Mental Health Services (CAMHS) and Community Wellbeing Service (CWS).
- 3.3 BHISS SWS has Educational Mental Health Practitioner (Trainees) linked to primary and secondary schools; and Primary Mental Health Workers (PMHWS) embedded in secondary schools and colleges, providing mild to moderate mental health interventions (1:1 and groups) as well as Whole School Approaches for pupils, staff and parents/carers.
- 3.4 Schools Wellbeing Service works closely with all services relating to Emotional Well-Being and Mental Health: Public Health Schools Programme, Personal Social Health Education (PSHE) Service and Brighton & Hove Inclusion Support Service (BHISS): Educational Psychologists, Specialist Teachers & Practitioners for Social Emotional Mental Health all work together with schools, families and children and young people to deliver a comprehensive offer.

3.5 During Covid-19, there continues to be a flexible and responsive, comprehensive menu of training available and delivered online to schools' teams that equip them to respond directly to poor mental health and low self-esteem. This includes: Mental Health First Aid, Attachment Aware* and Emotion Coaching, Self-Harm including suicidal ideation (with Grassroots), bereavement support and trauma informed practice.

*the city-wide 'Developing an Attachment Aware Behaviour Regulation Policy Guidance' for our schools can be found here: https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Behaviour%20Regulation%20Policy%20Guidance%20-%20Sep%202018_1.pdf

3.6 To specifically address the emotional mental health and well-being needs of our children & young people and their families through our schools, BHISS SWS are able to provide specialist support for the following types of issues and these continue to be required amid Covid-19:

- anxiety
- conduct behaviour
- life event
- bereavement
- depression / low mood
- self-harm
- suicidal ideation
- Autism Spectrum Condition (ASC)
- Attention Deficit Hyperactivity Disorder (ADHD)

3.7 BHISS SWS provide systemic work, that includes:

- school-based triage
- staff reflective space
- staff consultation
- staff training / workshops
- parent consultation
- parent training / workshops
- assemblies / year group work (currently on hold due to Covid-19)

3.8 With Council funding for Post 16 education provisions (6th form and FE Colleges) in Brighton & Hove City. Each school based 6th form has an allocation of half day per fortnight PMHW time. Each stand-alone 6th form college has an allocated one and a half days per week PMHW time plus half day per week Educational Psychologist (EP) time.

3.9 All colleges have worked with their PMHW and EP to identify key and current needs of staff and students. They continue to offer a menu of staff consultation, training, reflective practice and student group work.

3.10 BHISS SWS carefully monitor and utilise joint funding from the Council (FCL and PH) and CCG to provide a consistent offer across all our local primary schools. Primary schools are allocated 3 days per year (half-day per half term). During limited school openings, parents and carers were able to access the Schools Wellbeing Consultation line and the school summer holidays project offers (e.g. walk and talk; build your own future clay project). This is in addition to continued work with specialist CAMHS and youth groups, such as Safety Net. As we commence this return and recovery phase we have returned to schools using

combined methods of online and onsite presence for staff consultation, reflective practice, parent consultation and training. There is also some direct work with primary-aged children and their families.

3.11 Our telephone consultation line for parents/carers does not replace current provision of the Specialist CAMHS duty line;

3.12 During transition and school transfers from primary to secondary parents and carers were able to access online transition support. Schools could refer for enhanced support; and parents and carers could book sessions for light touch door-step visits, receive art-wellbeing activity packs and 'walk and talk'. Targeted support has been identified for emotionally based school non-attendance in years 11 and 12. Our approach to this has included Mountain-biking and Forest Schools, maximising outdoor wellbeing engagement with a PMHW.

3.13 SWS offers to be continued and developed

Offer	Form	Target	Benefits
Art therapy group	Online moving to small group	CYP from across schools	Better use of resources and using PMHW strengths Accessible for CYP not attending school Direct links into CAMHS
Mountain biking/Forest Schools CBT group	Outside group delivery	Year 11 and above Young people who are already known to CAMHS but not attending Post 16 not moved to college	Accessible for young people who are at risk of being NEET Links to groups and activities post intervention
Online staff training	On line Small group	All school staff	Being from across schools allowed for greater sharing of good practice Greater access as at flexible times and not needing to leave school site
Supporting the ASC and ADHD clinic at CAMHS	Online Family based	Families across B&H	CPD for PMHW's Collaborative working on a consultation level
Family Therapy Teams	Online Move into CAMHS Joint working with ITF	Working with ITF to provide systemic family therapy support for families in conflict	CPD for PMHW's on systemic family work
Door step activity packs	CYP doorstep drop and contact	Providing activity packs for CYP whilst at same time initiating contact	Enabled some contact with vulnerable CYP

- 3.14 Work between PMHWs & EMHPs; Public Health in Schools and School Nursing services continue to provide direct on-site health drop-ins and a texting service, CHATHEALTH. This service is seeing links developed with the texting response and school nursing service being able to provide one-to-one support.

Wellbeing Return to Education

- 3.15 Department for Education (DfE) has provided the local authority with grant funding and guidance to deliver city-wide training. An experienced specialist in child mental health, PMHW has been seconded to co-ordinate the roll-out for all our schools so that all staff have access to training. The materials have been developed with MindEd and Anna Freud Centre. The content will be adapted to meet local requirements. Feedback from this training will be used to inform future offers.

Performance Monitoring during Covid-19: April to June 2020

- 3.16 All measures of success have been delayed as part of the impact of Covid-19 and response. They include the following:
- Complete an evaluation of PMHW delivery to all schools (due December 2020);
 - Fully embed the new mental health support team to ensure additional support for primary schools and those CYP not in schools. (due February 2021);
 - To complete evaluation of primary and post-16 emotional health and wellbeing model (due February 2021).
- 3.17 During the 1st Quarter (April to June 2020) the SWS adapted and developed services due to lockdown and as Covid-19 has continued.
- 3.18 SWS swiftly moved therapeutic services online and delivered guidance and support to families and young people in accordance with Business Continuity plans.
- 3.19 PMHW specific offers included:
- Increased capacity around the consultation line;
 - Two PMHW's working with Intensive Team for Families to support with referrals;
 - Working with specialist CAMHS offering family support around ASC and ADHD;
 - Mentoring through BAME provision;
 - Sharing of resources and links with schools and parents/carers groups;
 - Moving to therapeutic offers being virtual/online;
 - Supporting school with managing a high-risk caseload around mental health;
 - Working with Community Wellbeing and CAMHS around managing triage;
 - Four PMHW's prepared to step to A&E for assessments;
 - Online training package for schools;
 - Coffee morning offers to parents/carers;
 - Liaison with PACC/AMAZE/FYP regarding areas where support required.

3.20 MHST specific offers included:

- Broadening of referrals to include community wellbeing, specialist CAMHS, youth groups and school nurses;
- Production of psycho education leaflets around low mood, eating, sleep and anxiety;
- Psycho education sessions for parents offered through schools and parent groups.

3.21 Data from offers specific to lockdown due to Covid-19

3.21.1 School Training

Bereavement and loss	74 sessions taken place (36 staff x2)
Attachment and trauma	97 sessions taken place

3.21.2 SWS Consultation Line

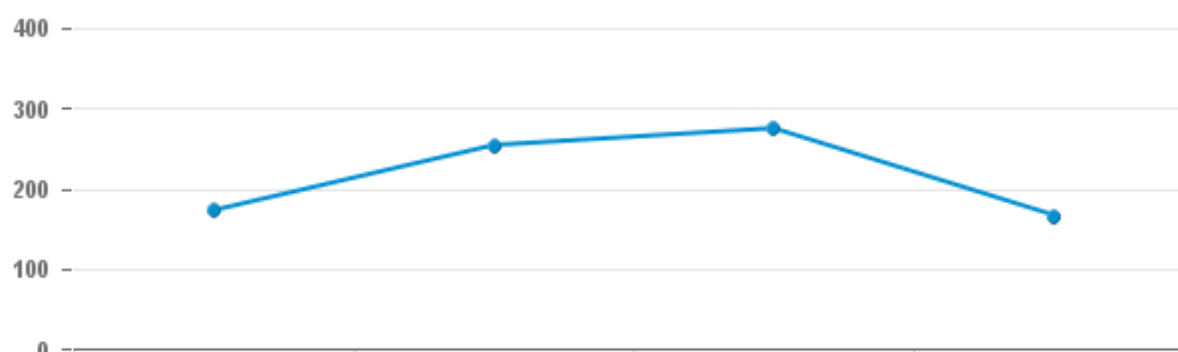
61 families supported	Outcomes included 1-1 work, sign posting to further support, advice and consultation
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3.22 Total Contacts & Clients

The table below shows the total number of clients who had contacts recorded against them within the quarter, and the total number of contacts recorded against them.

	Q2 2019-20	Q3 2019-20	Q4 2019-20	Q1 2020-21
Clients	173	254	275	167
Contacts	635	906	1010	991

Total Clinets



3.23 Whilst there was a steady increase in contacts and clients throughout Q2, Q3 and Q4, there has been a drop in Q1, directly due to schools being closed and no new referrals being identified. However, the high level of contacts demonstrates that whilst some CYP did feel they required support to be continued, many did continue to have contact with PMHW's in some format, either virtual or by phone.

3.24 Total Contacts in Quarter by Purpose

The table below shows the total number of clients who had contacts recorded against them within the quarter and the form of intervention.

	Q2 2019-20 2019	Q3 2019-20 2019	Q4 2019-20 2020	Q1 2020-21 2020
Consultation	343	406	447	650
Direct Intervention	247	283	352	285
Group	37	205	191	40
Not Recorded	8	12	20	16
Sum:	635	906	1010	991

3.25 During Quarter 1 (April to June) has seen a shift from group-based work to consultations and direct interventions, this is due to lockdown, with CYP requiring a higher level of 1-1 advice and consultation work. These have not necessarily transferred to ongoing therapeutic interventions.

3.26 Current Performance: Direct Contact (2 counts or more)

The table below shows the total number of clients who had 2 or more contacts recorded against them within the quarter, the first measure only counts contacts with the young person, the second counts all contacts and represents the Access target.

	Q2 2019-20	Q3 2019-20	Q4 2019-20	Q1 2020-21
Client's with 2 or more direct contacts in the quarter	62	93	112	55
Client's with 2 or more contacts direct and indirect in the quarter. Access target	113	150	186	112

- 3.27 Whilst there was a steady increase in 2 or more direct contacts until Q4, this has reduced in Quarter 1 (April to June) due to the lockdown and limited opening of schools. There has been a steady increase in both direct and indirect contact with young people.
- 3.28 Children and Young People (CYP) receiving mental health intervention from a PMHW demonstrates improvements in outcomes (i.e. reduction in a child or young person's risk-taking behaviours such as self-harm) has been established, however it has not been possible to gather complete data as not all service users (young people) are completing the sessions required to monitor this activity.
- 3.29 BHISS SWS is working to establish clear evidence regarding the effectiveness of the early intervention work delivered to prevent pressure on Specialist CAMHS. Further analysis is also required on those cases that are escalated so we can use this to inform practice going forward.
- 3.30 **The 'percentage (%) of children and young people with mental health needs supported by the Schools Wellbeing Service (PMHWs) that do not need to be escalated to Specialist CAMHS or need further external interventions'.** This measure is capturable, robust and identifies the success of the service appropriately. This is not an existing measure so this will be explored and set up.
- 3.31 This is the best measure we can use to track how the council support children with mental health. There are not systems set up for measuring this Key Performance Indicator (KPI) currently. We need to ensure there is a robust monitoring system in place, and we would need to explore how easy it is to get robust historical data in order to set a target for the year. If this is not possible then we could set this with no target for this year and make it a baseline year.
- 3.32 If information and a measure is required around the number of children and young people on the Specialist CAMHS waiting list this would fall within the responsibility of the CCG and Specialist CAMHS.

4. COMMUNITY ENGAGEMENT & CONSULTATION

- 4.1 We continue engagement with all schools and colleges to promote mental health awareness with Headteacher/Principal, Mental Health leads and Special Educational Needs Co-ordinator (SENCo). This being in relation to children and young people, families and staff.
- 4.2 Engagement with wider stakeholders continues to inform the model of service delivery as Schools Wellbeing Service fits within a wider children and young people's mental health system and will be informed by the outcomes of the 'Foundations for our Future' Report (Sussex-wide Review, 2020).

5. CONCLUSION

- 5.1 That the Committee note the update on the Schools Wellbeing Service amid Covid-19.

6. FINANCIAL & OTHER IMPLICATIONS

Financial Implications:

6.1 Brighton and Hove CCG, Families, Children and Learning Directorate and Public Health within the Local Authority jointly fund the Schools Wellbeing Service.

6.2 The table below outlines the financial arrangements.

B&H Schools Wellbeing Service & Trailblazer Finances				
Year	2019/20	2020/21	2021/22	2022/23
B&H CCG	212,000	212,000	212,000	212,000
BHCC FCL & Public Health	358,000	358,000	358,000	358,000
Health Education England	90,546	45,455	-	-
Education and Wellbeing Grant		24,291		
Trailblazer funding via CCG*	138,014	303,084	357,000	357,000
Total	798,560	942,830	927,000	927,000

*Includes £20k non-recurrent project support in 19/20.

Finance Officer Consulted: Steve Williams

Date: 23/10/20

Legal Implications:

6.3 There are no legal implications arising from this report.

Lawyer Consulted: Serena Kynaston

Date: 16/10/20

Equalities Implications:

6.4 We continue to work with stakeholders to develop improved access to our service, such as the Participation Project, training for staff from Ethnic Minority Achievement Service and links with parent/carers group representing BAME children and young people; Involvement with Mentivity to improve engagement with young boys and men for mentoring BAME young people and provision of mental health support.

Sustainability Implications:

6.5 Brighton & Hove Inclusion Support Service: Schools Wellbeing Service (BHISS SWS) continues to receive funding from Brighton & Hove City Council's Families Children & Learning Directorate (FCL), Public Health (PH) and Brighton & Hove's Clinical Commissioning Group (CCG).

Any Other Significant Implications:

6.6 None known at this time.