

**Report of: Director of Strategy and Commissioning**

<b>Meeting of:</b>	<b>Date:</b>	<b>Ward(s):</b>
Children’s Scrutiny Committee	26 November 2019	All

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## **SUBJECT: Overview of Social and Emotional Mental Health Support in and offered to Schools**

### **1. Synopsis**

- 1.1 This report provides an overview of the Social and Emotional Mental Health Support currently available to Children and Young People (CYP) in Islington Schools as well as an outline of the recently launched Social and Emotional Mental Health (SEMH) Central Point of Access and the range of services available as part of this offer to CYP in Islington.

### **2. Recommendations**

- 2.1 To note and discuss report

### **3. Background**

- 3.1 Over the last 4 years there has been a significant focus in Islington on the development of Social Emotional and Mental Health Well Being Services that have been informed by significant consultation, engagement and co design with CYP. The overarching principles in the development of our Transformation programme over this period of time include the concept of **‘No Wrong Front Door’** so that once a young person is referred (or self refers) into the system they should be able to access any of the services available without having to be redirected.
- 3.2 This complements the long standing work that has been taking place in our schools locally targeting the whole school population delivered by our local Child and Adolescent Mental

Health service (CAMHS) provided by Whittington Health, as well as specialist Outreach support via New River College, and whole school approaches detailed below.

3.3 This overview report sets out the work and service offer available across Islington. Our children and young people's joint commissioning arrangements and our well-developed multi-agency approach to Social and Emotional Mental Health means we have a range of services jointly funded across the partnership. These services can be broken down into three sections addressing:

1. Prevention and Whole School Approaches
  - IMHARS
  - iTIPS
  - Outreach Support from New River College
2. Direct Interventions provided directly into schools
  - CAMHS in schools
  - MHSTs in Schools (Trailblazer)
3. Onward Referrals – wider SEMH services that CYP are able to access in Islington.
  - SEMH Central Point of access

### **Prevention and Whole School Approaches**

3.4 Prevention in schools involves promoting social, emotional and mental health alongside identifying concerns and putting in place support as early as possible. A whole school approach enables the involvement of all members of the school community and all aspects of school life. Islington has two programmes that work to develop these whole school approaches: iMHARS (Islington Mental Health and Resilience in Schools) and iTIPS (Islington Trauma Informed Practices in Schools). These programmes are delivered into schools by the Islington School Improvement Service Health and well Being Team.

### **Islington Mental Health and Resilience in Schools**

3.5 iMHARS was developed in Islington and sets out the components of school practice and ethos that effectively develop resilience, promote positive mental health and support children at risk of, or experiencing, mental health problems; it provides tools to examine school practice and understand what works, and where there are gaps. Schools are supported in this research by a member of the Health and Wellbeing Team.

3.6 Over the past four years ***52% of Islington schools have used iMHARS to improve practice and further develop their whole-school approach to mental health.*** This includes 24 of 47 primary, 6 of 11 secondary and 4 of 6 special schools, with a plan to have involved at least 80% of schools by 2021 and continuing work to work with additional schools and revisit schools that have been previously involved.

### **Islington Trauma Informed Practices in Schools (iTIPS)**

3.7 iTIPS works with whole school staff teams to:

- understand what complex trauma is,
- how it effects children and young people,

- what this means for schools and how schools can effectively respond to the needs presented as a result of children and young people's experiences.

- 3.8 The approach is informed by the ARC (attachment, regulation and competency) framework that has been developed at The Trauma Centre in Massachusetts (Blaustein and Kinniburgh). A recent presentation at the Safeguarding Board resulted in formally adopting the trauma informed approach across the Partnership. This has seen the language and approach of trauma informed practice being widely adopted and embedded across our schools and wider system.
- 3.9 Currently ***nineteen schools are part of iTIPS***, including three secondary schools, fifteen primary schools and New River College. All schools have benefitted from whole-staff training and ongoing support from a trained iTIPS clinician. We hope to recruit new schools each year, aiming for an additional 4-5 primary schools and 1 secondary or special school each year.
- 3.10 The findings to date indicate potentially positive impact of the work, especially in relation to:
- Increased school attendance for Children and Young People and improved behaviour
  - Children and young people seeing their school as being a sensitive and caring environment and one in which there is an adult who they feel comfortable talking to
  - Staff being better equipped to support children who may be dealing with underlying trauma
  - Schools having increased capability in supporting vulnerable children

### **Outreach Support from New River College (NRC)**

- 3.11 The NRC Outreach Service provides the following to all Islington mainstream primary and secondary schools in Islington to enable them to develop their capacity to support pupils with social, emotional and behavioural needs:
- Staff training around behaviour management strategies and understanding pupil behaviour through a core offer of central training and bespoke training for staff in schools.
  - Support for whole school policy development including whole school behaviour audits.
  - Attendance at Pastoral Care/Inclusion meetings as part of the "Team Around the School". Each school has a designated NRC Outreach professional.
  - Support for school staff to set up systems to better manage or prevent pupil/student behaviour difficulties (such as peer support systems, playground activities, classroom systems).
  - Modelling and coaching staff around group work with pupils/students (such as anger management, social skills and self-esteem groups, nurture-type groups). The Service also provides resources to support planning of such groups.
  - Outreach work with individual or groups of children where interventions and/or strategies are modelled to key school staff (e.g. Year 6-7 transition groups, nurture groups, reintegration following a place at the PRU or Aspire Programme).

3.12 For any direct outreach work with individual or groups of pupils/students, a member of school staff works alongside the Outreach Service so that strategies/interventions can be embedded. A Partnership Agreement is written by the NRC Outreach Service and the school to make a clear agreement about the nature of support provided. A Pastoral Support Programme (PSP) or behaviour plan is developed for individual pupils, and reviewed at least every 6-weeks. At the end of a piece of work or training and/or at the end of the summer term, the service asks each school to complete an evaluation of support received.

### 3.13 **Intervention in Schools**

#### **CAMHS in Schools**

Islington CAMHS has a long history of successfully offering a skilled and innovative service in Islington schools. Originally, the CAMHS-Ed team provided mental health input to secondary schools. In 2009, Islington CAMHS took part in a pilot called 'Targeted Mental Health in Schools' (TaMHS) project. The most deprived primary schools in the Hornsey Ward were selected as 'pilot sites' and received weekly input, by experienced clinicians. This pilot was so successful that Islington Schools' Forum commissioned the extension of this service to all the schools in Islington. With funding from schools and the London Borough of Islington we now have 10 years of experience in offering CAMHS input universally into Islington schools. We are commissioned to provide weekly clinics in the borough's secondary schools, fortnightly clinics in primaries and regular clinics in the special schools.

#### *Aims of the team*

3.14 The service remit is to support the emotional needs, well-being and mental health of children in school, by offering a service to the whole school while embedded within it. The aim of the service is to work with school staff, children, young people and families. The team is especially tasked with responding to school-based mental health problems, preventative work, early identification and intervention needs, and offering work to families with multiple or complex needs whom services have not been able to engage.

3.15 Specifically, the service objectives are:

- To provide an equitable, highly skilled core service across the borough, for all children attending Islington schools.
- To provide an accessible and engaging service, with particular attention to enabling a CAMHS provision for harder to engage families.
- To consult with, support and train school staff to identify children and young people with, or at risk of developing, mental health difficulties.
- To assist schools in deciding on the right interventions for the right people in the right service by identifying other appropriate local services to meet the identified needs.
- To work collaboratively with schools to think about workforce development to enable school staff to feel equipped to identify needs and support the mental health and wellbeing of pupils within the school environment.
- To offer consultation to schools to think about how they develop whole-school processes that impact positively on the well-being of pupils and staff.

- 3.16 The service, which is part of Islington CAMHS provided by Whittington Health, has thirty-two school clinicians representing six disciplines: child and adolescent psychodynamic psychotherapy; clinical psychology; counselling psychology; educational psychotherapy; social work; and systemic and family psychotherapy
- 3.17 Specialist schools are managed separately within the Neurodevelopmental Pathway (NDP) in CAMHS, all clinicians in specialist schools are part of the NDP, ensuring that they have the necessary knowledge and support to work with pupils with significant additional developmental and physical needs, and are supported by a Specialist School Case Discussion Group.

### **Interventions offered by CAMHS in Schools**

- 3.18 Work is agreed between the school and CAMHS clinician, tailored to the individual school's needs. The service offers a menu of work to schools including the interventions listed below.

- Pre-referral consultations with families
- Assessment appointments
- School observations
- Cognitive assessments
- Extended assessments
- Screening for ASC and/or ADHD
- ADHD assessments
- Therapeutic interventions (individual and group)
- Signposting and referral to other Services
- Staff consultation and reflective practice
- Workshops and trainings

- 3.19 Interventions can be divided into two groups, depending on whether or not a client is seen face-to-face

#### *Direct work*

- 3.20 Direct work is any intervention where the referred child or their family is met face-to-face as part of the work. This can include:

- *Hard to engage families* are children and families in a school that would not otherwise access a service at the Northern Health Centre. This might be due to the complexity of the family's needs, their relationship to help, or because they live or attend school somewhere in the borough that makes it difficult to access a clinic-based service.
- *Early intervention* means children and young people who would benefit from a piece of brief early intervention or preventative work from a CAMHS Clinician but would not meet criteria for Central CAMHS.
- *School-based problems* include school-related concerns about learning, social and emotional well-being, attendance or behaviour, presenting in the school setting, and/or difficulties where carrying out the intervention in school is clinically indicated.

- *Children and families who the school want to prioritise* offering a school based CAMHS service to and the school clinician agrees that this is clinically indicated.

3.21 The service might also offer a school-based intervention if there are a number of children in the school who would benefit from a mental health screen or a group intervention. The service can also offer workshops to children and parents and coffee mornings to parents.

#### *Indirect work*

3.22 A key part of work in schools is to offer support to staff through consultation, training and reflective practice.

### **Measuring change and outcomes**

#### *Evaluating direct work*

3.23 As with all CAMHS cases the service administers and use Routine Outcome Measures (ROMs) to establish a baseline, develop and review the treatment plan and to monitor and track progress in clinical work.

3.24 ROMs are collected at assessment (Time 1), after 4 appointments (Time 2) and at the end of treatment (Time 3). The services use a range of evidenced based measures including Strengths and Difficulties Questionnaires (SDQ) for parents and young people and Revised Childhood Anxiety and Depression Scale (RCADS). See section below for findings of these measures in relation to the 18/19 CAHMS in schools cohort.

### **Current Schools Data September 2018 to July 2019**

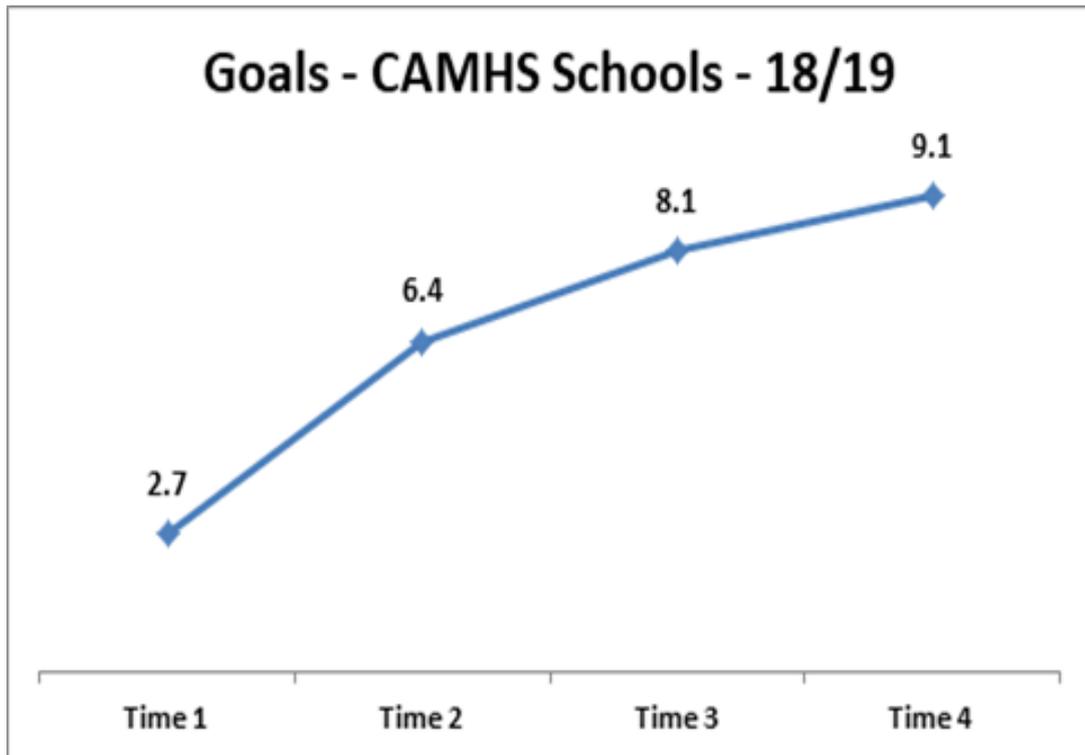
3.25 In the year September 2018 to July 2019 the schools team offered 1955 appointments for 318 individual children. This equates to an average of 6 contacts per child.

#### *Presenting Problems*

3.26 Clinicians report on presenting difficulties of children and young people. For 18/19 the majority of children and young people referred presented with difficulties including; anxiety - separation anxiety (19), social anxiety (18) and generalised anxiety (19), peer relationship difficulties (19) behavioural difficulties (13), low mood (12), carer management of behaviour (12)

3.27 Of the 138 children seen we are currently able to report on 137 time 1 ROMs and 34 sets of Time 2 -4 ROMs. See Figure 1 below.

**Figure 1-** this measure indicates a positive change of 6.4 points towards Goals between time 1 and time 4 measures



3.28 **Appendix 1** includes 3 tables providing a breakdown of SDQ and RCAD scores for the 18/19 cohort of children and young people and their parents who received an intervention from CAMHS in Schools Clinicians. With both of these measures you would expect to see a decrease in score from point 1 to point 2. It is important to be mindful these are relatively small numbers and that the measures are capturing a dynamic process and so variation by a small number of children could impact significantly on the averages.

### **Referrals from School clinicians**

- 3.29 Following assessment or intervention by a school based clinician; on occasion the outcome may require an onward referral to specialist CAMH services based at The Northern Health Centre. These may include referral into specialist services such as the Priority 1 Team, Psychiatry, ADHD assessment or Growing Together. In 18/19 74 referrals onto specialist services were made by school based CAMHS clinicians.
- 3.30 Clinician may also make onward referrals to other support available as part of universal services or provided by voluntary, community or faith sector in the local community.

### **Mental Health Support Teams in Schools (Trailblazer Programme)**

- 3.31 Islington CCG and partners recently secured Trailblazer funding to develop 2 Mental Health Support Teams (MHSTs) in Islington
- 3.32 Islington's MHST model will include all primary (47) and secondary (11) schools and the pupil referral unit (PRU) and alternative provision, thereby covering the whole mainstream

population of pupils across Islington, including school-based 6th form. There will be two MHSTs; one for the north of the borough and one for the south. Where schools have strong existing partnerships, or are part of a multi-academy trust (for example the City of London Academies Trust) they have been placed within the same MHST, regardless of geography.

3.33 The teams will each be based in an Islington school that is currently being identified.

#### *MHST workforce*

3.34 The new workforce will exist of two distinct teams; both led by a highly skilled CAMHS clinical leader. Each team will then have a clinical supervisor, a CAMHS clinician (nurse, psychologist or psychotherapist), a dedicated Educational Psychologist and four Education Mental Health Practitioners (EMHPs) – who will be undertaking their training through the Anna Freud National Centre Higher Education Institute. Each team will also have an administrator, who will amongst other tasks, be able to support the teams to deliver on the data outputs and data quality requirements of the programme. A Senior Project Manager will lead the implementation of the MHSTs, including monitoring and reporting requirements.

#### *Education mental health practitioners (EMHPS)*

3.35 EMHP is a new role to provide early intervention mental health and emotional wellbeing support for children and young people in schools and colleges. Islington will be recruiting trainee EMHPs during the autumn, and they will start their year-long training programme in January 2020.

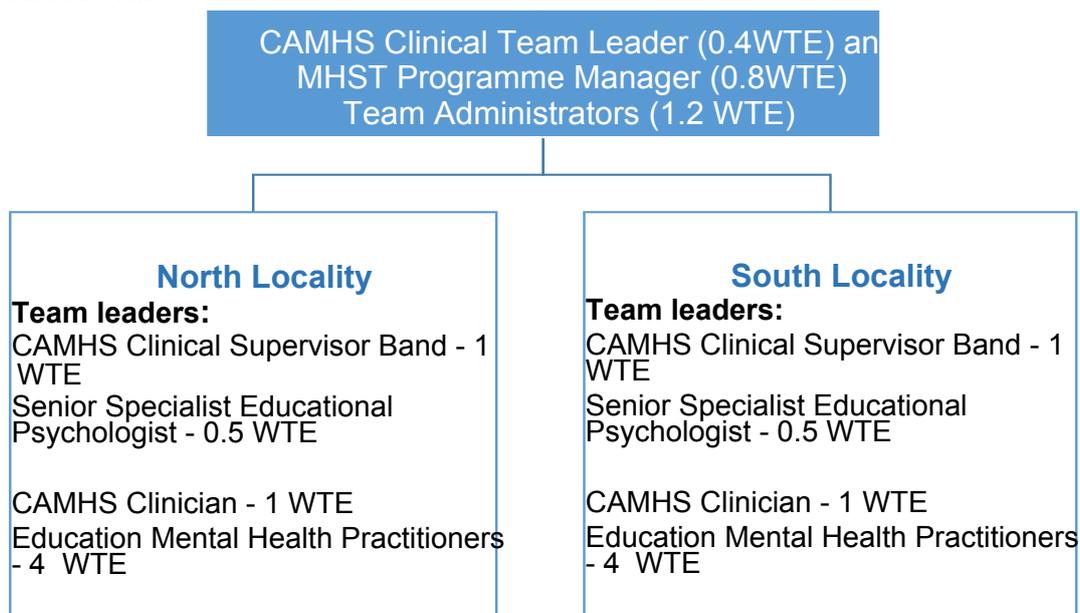
3.36 EMHP training, delivered by The Anna Freud Centre, will equip them to deliver evidence-based early interventions for children and young people with emerging mild to moderate (pre-CAMHS) mental health and emotional wellbeing difficulties:

- For children using guided self-help via the parents/carers
  - Anxiety (up to 11 years)
  - Challenging behaviour (4-8 years).
- For adolescents using guided self-help
  - Anxiety
  - Low mood
- Common adverse experiences, including bullying, social pressures (inc, via social media), transitions and exam stress
- Developing resilience and wellbeing, including sleep and health promotion using groups, via parents and carers and peer mentoring

3.37 In their training year (Jan – Dec 2020) EMHPs will deliver (with close supervision) individual and group work in the host and other identified schools.

3.38 MHSTs are expected to deliver interventions to CYP all year around including over school holidays when schools are closed. To facilitate this, we will be linking them into our SEMH

wider offer (see section 3) to enable them to deliver interventions from Lift Platform and Rosebowl.



- 3.39 The MHSTs will offer individual children, young people and their families evidence based interventions, including group work and co-delivery of whole school approaches. The work is targeted at a mild to moderate level specifically focusing on low level anxiety and depression. This additional capacity in schools will mean that existing specialist CAMHS workers based in schools will be able to focus their work on children and young people who require a more specialist level of support.
- 3.40 Requests for support from the MHST will be made using Islington’s established team around the school model, identified and supported by the school’s mental health lead and allocated CAMHS clinician. This will enable us to ensure interventions are targeted at the right level.
- 3.41 The teams’ Education Psychologist will provide consultation specific to identifying and supporting learning needs, helping families to engage in assessments of learning difficulties and disabilities and helping MHSTs adapt low-intensity and group interventions (where appropriate) for children and young people with special educational needs.
- 3.42 Every school will have a named, direct link to a member of their MHST who will work closely with their existing allocated CAMHS in Schools clinician

**Social and Emotional Mental Health Central Point of Access**

- 3.43 In September 2019 an integrated central point of access (CPA) for Children and Young People was established as part of the Islington Children’s Services Contact Team enabling access to all social, emotional and mental health services (SEMH) via one central front door.
- 3.44 This was the result of significant consultation and engagement with partners in social care, education and health and with CYP, parents and carers. The service operates from the principle of ‘no wrong referral’ the model extends beyond traditional CAMHS settings to improve access

into a wide range of health, social and digital community-based services for local CYP, through a new multi-agency intake team.

- 3.45 Social, emotional and mental health services offered include:
- emotional wellbeing services offer counselling and therapeutic support including Barnardos, The Brandon Centre, increased provision from the Targeted Youth Support Counselling service
  - Child and Adolescent Mental Health Services (CAMHS)
  - Early Help Services including Bright Start, Families First, Islington Families Intensive Team, Adolescent Multi-Agency Support Service and Targeted Youth Support
  - Social Prescribing, including support to access third sector services, through the Isledon Wellbeing service
  - Emotional Well Being Workers inked to Youth Hubs
  - Kooth – an online counselling service for YP up until their 19th birthday
- 3.46 The new provision also includes a new youth worker role – Emotional Well Being Workers – who are focused on supporting young people in the community who need additional support from a trusted professional to support them in building confidence to access SEMH services. These new roles which were specifically co designed with young people to support them to access services.
- 3.47 Barnardos, the Target Youth Support Counselling Service and the Isledon Wellbeing Service support CYP at a range of community venues including youth hubs (Lift, Platform and Rosebowl) and local leisure centres. They all sit on the CPA multi- agency intake team and work in partnership to provide SEMH provision to CYP.
- 3.48 Direct referral pathways into the CAMHS clinicians in schools offer remain in place. However, if the needs of the CYP referred cannot be met within the school offer then the case will be discussed internally between the school CAMHS clinician and the CAMHS team and, where required, with the SEMH CPA team. The CYP will then be placed appropriately within the SEMH pathway. Feedback on allocation of service will be provided by CAMHS to the referrer within the school.

## **4. Implications**

### **4.1 Financial Implications:**

None – for information only

### **4.2 Legal Implications:**

None – for information only

### **4.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**

None

### **4.4 Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment has not been completed because this report only provides an overview of current services

## **5. Conclusion**

- 5.1 The offer across our schools, which reaches out to the whole school population, provides a comprehensive and robust offer that is continuing to develop. The recent addition of Trailblazer Mental Health Support Teams will enable us to build on our offer in schools and ensure children and young people receive interventions at the right level and at the right time. This additional investment means we are also able to ensure that those young people that require more specialist interventions are able to do so in a more timely manner. Across Islington schools and professionals working in schools, as well as across our universal settings, we continue to see a strong commitment and dedicated approach to ensuring young people are able to access the social and emotional support that they require in a setting that meets their individual need.

## **Appendices**

- Appendix 1 – SDQ and RCADS scores (Time 1 and 2)

## **Background papers:**

- None

**Signed by:**

Jess McGregor, Director of Strategy and  
Commissioning

Date 5 November 2019

Report Author: Sheron Hosking  
Tel: 020 7527 1772  
Email: [Sheron.hosking@islington.gov.uk](mailto:Sheron.hosking@islington.gov.uk)

**Appendix 1 – SDQ and RCADS scores (Time 1 and 2)**

Figure 2 -Change in SDQ scores Time 1 and 2

# CAMHS SCHOOL 18/19

N=12

CHILD - Ave. SDQs - SCHOOLS

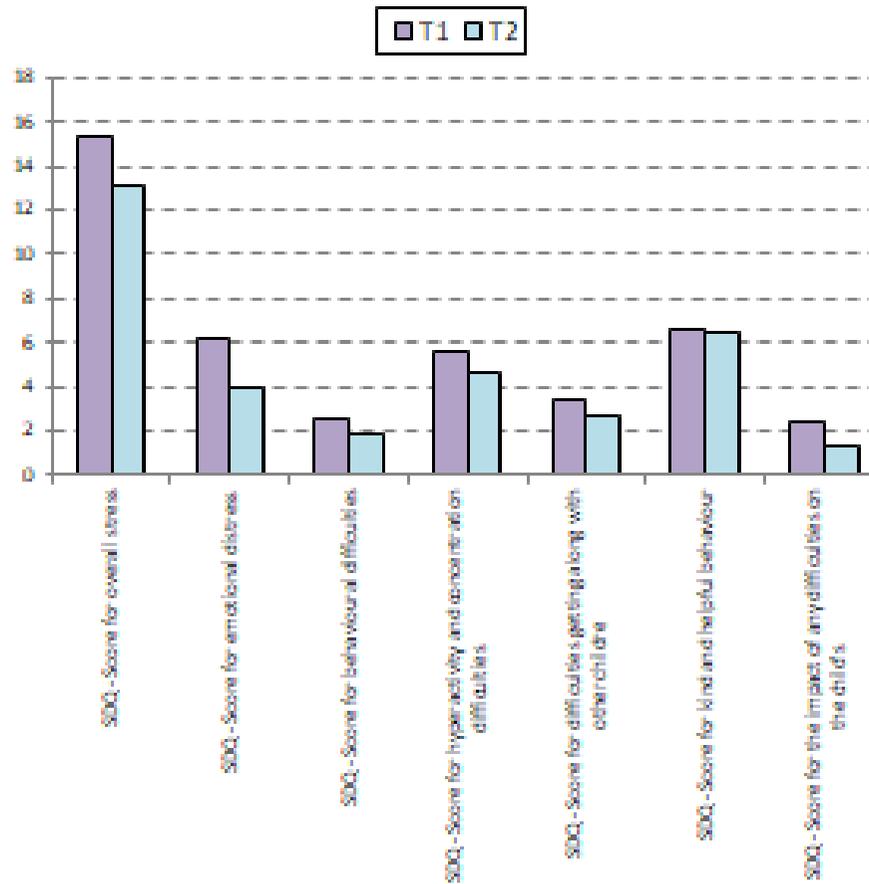


Figure 3 Change in Child or YP RCADS scores T1-2

# CAMHS SCHOOL 18/19

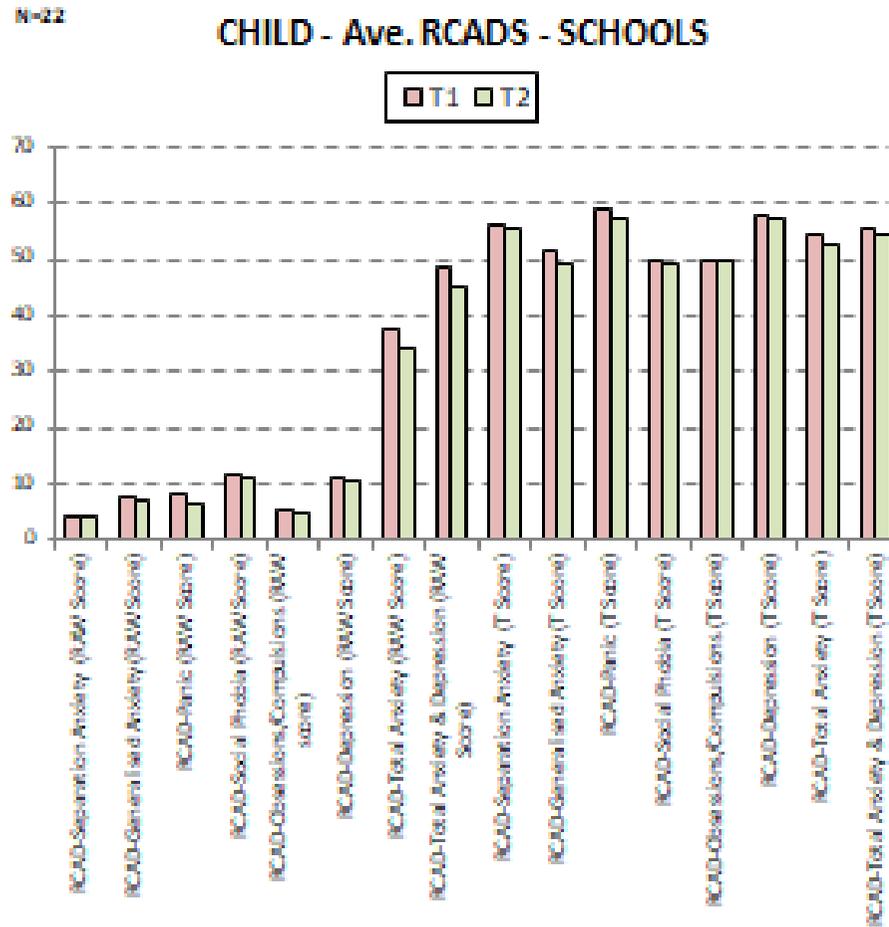


Figure 4 Change in Parent RCADS scores Time 1 and 2

# CAMHS SCHOOL 18/19

N=16

PARENT – Ave. RCADS - SCHOOLS

