

# **Schools Forum**

## **Early Help in Walsall - developing a collaborative and more effective response**

### **1. Purpose of report**

The report seeks:

- 1.1 To provide Schools Forum with an amended outcomes framework which confirms how we will measure success as a result of £750,000 investment into Early Help, agreed by Schools Forum on 22<sup>nd</sup> September 2015
- 1.2 To update School Forum on progress against the investment plan agreed on the 22<sup>nd</sup> September 2015

### **2. Recommendations**

Schools Forum to:

- 2.1 Agree the revised outcomes framework
- 2.2 Note the progress against the investment plan

### **3. Context**

3.1 Schools Forum agreed in September 2015 to extend the scope of the £1m DSG School Ready investment to improve the delivery of Early Help across the Borough.

3.2 The following investment priorities were agreed with Schools Forum:

- Deliver an Early Help evidence based training programme to the Early Help workforce in schools to equip professionals with effective skills, knowledge and tools to address our key Early Help demands through a single agency response where appropriate
- Support schools to develop and implement robust arrangements for supervision and case management oversight of Lead Professionals in schools.
- Contribute to the development of integrated locality working within each locality school cluster

### **4. Revised outcome plan**

Schools Forum requested that the outcome plan as part of the investment was reviewed to ensure that it clearly demonstrated the impact on children, young people and school performance.

How impact and success will be measured for each of the Investment priorities is detailed below and overpage:

**4.1 Deliver an Early Help evidence based training programme to the Early Help workforce in schools to equip professionals with effective skills, knowledge and tools to address our key Early Help demands through a single agency response where appropriate.**

- Evaluation of all training courses with staff and follow up questionnaires 6 months after training.

- Staff will be given evaluation tools for the evidence based parenting programme and the FRIENDS programme to be completed with children, young people and/or their parents prior and after the programmes/interventions. This information will be collated centrally by the Early Help Hub and reports of findings will be coordinated.

#### **4.2 Support schools to develop and implement robust arrangements for supervision and case management oversight of Lead Professionals in schools.**

We have been chosen to be part of a pilot with Research in Practice (RiP), a National organisation which supports evidence informed practice with children and families, to use their newly published supervision and reflective practice tools with 'Early Help' workers in school. Bristol University has been commissioned by RiP to undertake a formal evaluation of the impact of reflective supervision on staff practice with children and families.

#### **4.3 The development of integrated locality working within each locality school cluster**

The main measure of impact and success for this priority will be:

- Increase the uptake of free 2 year old places from 71% to 90% and increase the uptake of free 3 and 4 year old places from 90% to 95% during 16/17
- Decrease Primary Persistent Absentees from 2.91 (14/15) to 2.00 (16/17)
- Decrease Secondary Persistent Absentees from 3.24 (14/15) to 3.00 (16/17)
- Reduce the number of children on reduced time table by 10% (from 139 to 123)
- Reduce the number of permanent exclusions by 10% (from 63 in 16/17)
- Reduce re referral rate to early help from 17.8% (15/16) to 15%
- All children, young people referred to the locality 'panel' will be tracked. We will clearly log issues at the start of the referral, use outcome star to measure impact from the child/family point of view and track outcomes (e.g. attendance, ASB, exclusion, DA) at point of closure to Early Help and follow up 3 months from closure with relevant partners. We will be using learning from the Troubled Families Outcome framework to implement this

## **5. Progress report**

The following progress has been made since investment was secured from Schools Forum:

- The Early Help Website has been updated and brings information, tools, resources and support together in one place to help professionals deliver more effective Early Help. <http://www.mywalsall.org/walsallearlyhelp/>
- The Darlaston partnership has finalised its cluster profile and agreed local outcome measures; a training plan is in place and being implemented and the integrated locality panel meets for the first time on 2<sup>nd</sup> December. We are aiming to have a co-located team operational towards the end of January
- Discussions are underway with Brownhills partnership, Alumwell and Birchills Partnership; Blakenall and Bloxwich Partnership.
- The first day of training for the CAHMS school link programme has taken place and was positively received. Schools involved are:
  - For Aldridge Learning Forum: Aldridge School
  - For Alumwell and Birchills Partnership: Alumwell Junior/Butts Federation
  - For Bentley Partnership: Pool Hayes Arts and Community

- For Blakenall and Bloxwich Partnership: Leamore Primary and Shelffield Community Academy
- For Broadway Partnership: Joseph Leckie Academy
- For Brownhills Partnership : Brownhills school
- For Darlaston Partnership: Shepwell School
- For William Partnership: Park Hall Junior Academy
- For specialist schools: Elmwood

See attachment A for more information on the pilot

- We are currently recruiting for the Early Help School Advisors to ensure that all schools can be offered supervision and management oversight on early help cases as of January 2016. First report to heads and governors will be produced for Easter.

Report by Isabel Vanderheeren, Group Manager Early Help

## **Fact sheet for Mental Health Services and Schools Link Pilots**

### **Background to the Pilot**

In September 2014, the Government established the Children and Young People's Mental Health Taskforce. This brought together experts on children and young people's mental health including children and young people themselves, with leaders from key national and local organisations across health, social care, youth justice and education sectors. The aim of the Taskforce was to identify what needs to be done to improve children and young people's mental health and wellbeing, with a particular focus on making it easier to access help and support, and to improve how children and young people's mental health services are organised, commissioned and provided.

The Taskforce report *Future in Mind* (March 2015) outlined a number of proposals to help improve access to effective support for children and young people. The proposals included the establishment of a named point of contact within NHS specialist (Tier 3) Child and Adolescent Mental Health Services (CAMHS) and a named lead within each school. The named lead in schools would be responsible for mental health, developing closer relationships with NHS CAMHS in support of timely and appropriate referrals to specialist services. The report also recommended the development of a joint training programme for named school leads and NHS CAMHS. The Spring Budget of 2015 allocated funds to pilot this proposal.

In early summer 2015 NHS England and Department for Education (DfE) asked for expressions of interest from CCGs to join with local specialist (Tier 3) CAMHS and schools to pilot the named lead approach and a joint training programme.

A total of 27 CCGs (22 areas) and 255 schools are taking part in the pilots.

### **Aims of the pilots**

The aims of the pilots are to test how training and subsequent joint working can improve local knowledge and identification of mental health issues and improve referrals to specialist services. Specifically the aims are to:

- improve joint working between school settings and NHS child and adolescent mental health services;
- develop and maintain effective local referral routes; and
- test the concept of a lead contact in schools and NHS CAMHS.

### **Aims of the training**

The aims of the training are to:

- develop a shared view of the strengths and limitations and capabilities and capacities of education and mental health professionals
- develop knowledge of resources to support the mental health of children and young people

- make more effective use of existing resources
- improve joint working between education and mental health professionals

These aims will be achieved over 3 phases:

- Phase 1: forming schools and CYP mental health partnerships – workshop 1
- Phase 2: embedding partnerships and building sustainability – workshop 2
- Phase 3: supporting on-going learning and the development of best practice and ensuring on-going sustainability through two national events

## **Roles and responsibilities**

### **CCGs**

CCGs are responsible for identifying a CCG lead (this is likely to be the CCG commissioning lead for CAMHS) who will coordinate and act as the overall point of contact for the pilot. Specifically they should:

- commission NHS CAMHS to participate in the pilot and link with schools
- support the testing of the training programme with the training organisation, the Anna Freud Centre (AFC), by organising and attending both workshop days, building in local elements to help support relationships and reflect local circumstances
- liaise with the AFC, CAMHS and schools to ensure the right people attend the training days
- provide accurate attendance lists to AFC at least two weeks before the first workshop. The evaluation team will use the contact lists provided to AFC to ensure all the correct people receive the survey link meaning it is very important that these are shared with AFC as early as possible.
- maintain an accurate up to date list of schools and CAMHS leads and points of contacts – alerting [Jaime.Smith@annafreud.org](mailto:Jaime.Smith@annafreud.org) of any changes as they become aware of them.
- work with the pilot evaluation team to ensure CCG, CAMHS and schools participate in all aspects of the evaluation process (see below for further information on the evaluation)
- report pilot progress to NHS England - midpoint and at the end of pilot (a review template will be shared with sites following the first joint training workshop).
- develop and deliver a presentation at the first workshop that outlines how services are currently working together in their area, what their transformation plans involve and what their vision is for this pilot and developing joint working practices.

### **NHS specialist (Tier 3) CAMHS**

NHS CAMHS will need to identify and support the NHS CAMHS named lead(s) to work with each school. The NHS CAMHS lead(s) should be someone who has responsibility over operational and organisational issues and, if possible, has good existing links with local schools. Grants of £50,000 are being made available per CCG taking part in the pilot. CCGs are match funding this amount. We expect this money to be used to fund the lead to attend the joint working workshop days and work with schools and CAMHS colleagues to develop closer links, shared protocols and any other pilot related work.

CAMHS leads should:

- act as the CAMHS point of contact for the pilot
- work with the CCG lead and schools to ensure that relevant mental health professionals attend the joint working workshop days. This should include a member of the CAMHS senior management team (this may be the same person as the CAMHS lead). Their role is to support the CAMHS lead and to make sure learning is embedded across the service
- commit to working with schools to agree joint working and develop shared protocols
- participate in the pre and post requirements for the workshops and attend the national events in phase 3 of the pilots to share what they have achieved and present at these events
- participate in the process and impact evaluations of the pilot, for example by completing baseline and follow-up surveys, interviews and providing other data including after the end of the pilot. Schools and CCGs may be asked to take part in follow up surveys and questionnaires up to one year after the pilots are completed

## **Schools**

Each school will need to nominate a lead person who has an overview of mental health issues within their school and who will be able to fully participate in the training and the development of the joint working models. This might be a member of the leadership team but could also be someone who has a mental health or wellbeing role, special educational needs coordinators (SENCOs), education welfare officers, staff with a pastoral lead or educational psychologist where they are employed by the school.

Ideally we would like two members of staff from each school to attend the workshops. One of these should be the identified lead and one a decision maker in school for example a member of the senior leadership team (These can be the same person where the identified lead is also a member of the senior leadership team). It is vital that whoever attends day 1 of the training also attends day 2.

The DfE and NHS England are providing £3,500 per school taking part in the pilot and we expect that each school will be fully and proactively involved in all aspects of the pilot, including the evaluation

School leads should:

- commit to working collaboratively with the training organisation and attend both workshop sessions
- commit to working with CAMHS professionals to agree joint working and develop shared protocols.
- participate in the pre and post requirements for the workshops and attend the national events in phase 3 of the pilots to share what they have achieved and present at these events.
- invite colleagues working in schools that also have a remit to support the emotional and psychological wellbeing of pupils such as school counsellors, educational psychologists and school nurses to take part and participate in the process and

impact evaluations of the pilot, for example, by completing the baseline and follow-up surveys, and supporting wider evaluation in schools, such as case studies, interviews and surveys of all staff including after the pilot has finished. Schools and CCGs may be asked to take part in follow up surveys and questionnaires up to one year after the pilots are completed.

### **The Anna Freud Centre**

The AFC have responsibility for delivering all the training sessions, and hosting two national events to share learning and best practice.

### **Ecorys Evaluation Team**

Ecorys are the organisation selected to conduct an evaluation of the pilots. The aim of the evaluation is to help us understand whether and how having the named lead roles and taking part in the joint working workshops has improved working between schools and CAMHS and any wider changes across participating schools.

The evaluation includes:

- pre-workshop online survey of all CAMHS and school leads
- follow-up survey after the second workshop session
- collection of feedback from the workshop days
- surveys of all staff in a sub set of 50 of the participating schools
- detailed case studies of joint working in 10 schools
- analysis of any available data relating to referrals

If you have any queries regarding the evaluation please contact the team at [mh.evaluation@ecorys.com](mailto:mh.evaluation@ecorys.com).

### **DfE and NHS England**

DfE and NHS England are providing the funding and will provide oversight of the pilots and evaluation.