

Schools Forum

20th September 2016

Early Help in Walsall - strengthening collaboration, effectiveness and impact

1. Purpose of report

The report seeks:

To provide Schools Forum with a report on progress and impact to date on the development of locality based Early Help aligned to school cluster arrangements.

2. Context

2.1 Schools Forum agreed in February 2015 the allocation of £1m DSG under spend from 2013/14 “a one off amount of money ‘to be used to commission early years improvement services across early help geographical areas with the intention of improving early years foundation stage profile outcomes and increasing the percentage of children achieving a good level of development (GLD). There will be no infrastructure costs but more available funding directly to front line services commissioned against improvement and need priorities identified in the School Ready Improvement Plan”

2.1 School Forum agreed on the 22nd September 2015 that £750,000 of that one off amount of money could be invested in the development of locality based Early Help aligned to school cluster arrangements and designed to strengthen collaboration, effectiveness and impact. As part of the investment clear priorities for development were agreed and this progress reports provides Schools Forum with an update of developments against these priorities and the impact achieved to date.

3. Progress against the investment priorities

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

3.1.1 CAMHS link workers – the pilot provided an opportunity for 10 schools to undertake training to support a whole school approach to emotional and mental wellbeing, improve relationships between schools and CAHMS and provide children and young people with easier access to CAMHS where needed.

As agreed the programme:

- Engaged one school per cluster in the programme, acting as champion for the cluster
- Included an additional school in the Blakenall and Bloxwich cluster because of the number of schools in this cluster, and
- Included one specialist school due to the higher needs of these pupils

The following schools completed the training in January 2016.

- Park Hall Junior School
- Pool Hayes School
- Leamore Primary School
- Shepwell School
- Aldridge School
- Brownhills School
- Ormiston Sheffield Academy
- Leamore Primary School
- Elmwood School
- Butts Junior School
- Alumwell Primary School
- Butts Junior School
- Parkhall Academy
- Joseph Leckie School
- Pool Hayes School.

In addition the pilot also secured a CAMHS member of staff linked to each locality Panel which has been vital in identifying and securing solutions for individual children and young people. There has been 100% attendance of CAMHS at the locality panel

A formal evaluation of the pilot is taking place in September with a view to roll out the learning and embed practice across all schools in Walsall – Appendix A gives an overview of the format of the evaluation that will be completed with schools.

- 3.1.2 A workforce development plan has been developed for Darlaston and Brownhills and the training programme to date has included: thresholds and MARF completion, Early Help Assessment and Lead Professional, Outcome Star, FRIENDS (a cognitive behaviour programme), motivational interviewing and parenting programme, CAMHS pathway training. The uptake of the training and feedback has been positive. A 6 month evaluation report is currently being collated exploring learning and impact with all participants to inform training programme as of September. Workforce development programmes are currently being developed for the other localities and will be focussed on the agreed locality priorities.

3.2 Support schools in the development and implementation of robust arrangements for supervision and case management oversight of Lead professionals in schools.

Five Early Help School Advisors have been appointed to provide:

- Direct monthly supervision of Early Help workers in schools
- A key link to support issues regarding thresholds and to support conflict resolution on threshold decisions where appropriate.
- Prepare and chair Local Integrated Panel meetings

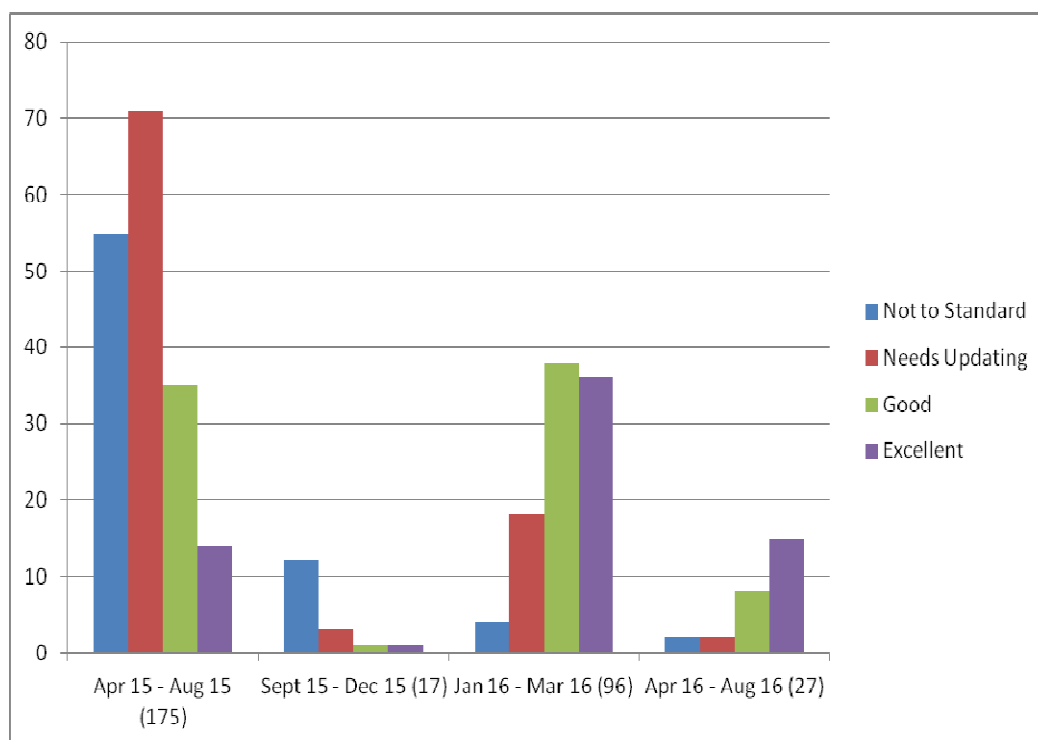
The support has been embedded in 75 schools across Walsall and supervision is being offered on a 6 weekly basis. All schools (with the exception of 2 who have opted out) in Darlaston and Brownhills are receiving the support.

In clusters where the locality model is still being implemented, schools are offered the support on a priority bases, this decision is being made in consultation with schools.

The support to remaining schools will be implemented by September 2016.

Evaluation of the supervision and case management support in Darlaston and Brownhill has highlighted following:

- Increased confidence of Early Help workers in schools to take on the lead professional role as there is a better understanding of the cases and where they can pull in support from.
- Significant increases in the quality of Early Help Assessment completed by school based staff h As the below table shows although the number of Early Help Assessments vary, the actual figures show a positive trend with assessments not reaching the standard dropping from 31% to 7% and those judged to be excellent rising from 8% to 56%



- Feedback from school based staff receiving the support, collated through questionnaires included:
 - *'It provided me with a wealth of information about current groups, interventions and practices available. I also now feel there is someone we can approach to answer any questions and ultimately provide a better overall service. We are now providing a more joined up service with this process in place'.*
 - *'Due to the fact that school does not have access to the MOSAIC system, the supervision sessions help me to gain information on status of referrals'.*
 - *'The supervision sessions have also assisted with the process of referring to panel'.*
 - *'The supervision sessions have allowed me the opportunity to explore the appropriateness of closing EHA's and the correct course of action to ensure this can be achieved for families'.*
 - *'The right support that can be offered, opportunity to discuss cases and to look at agencies that you may not be aware of being suggested and families being signposted to the correct agency'.*
 - *'At this present time I feel the supervision meets the needs of the lead professionals, it supports the role and enables valuable information to be passed on. It also given the lead professional support when cases are difficult'.*

In some schools we have trialled a reflective supervision tool developed by Research in Practice (RIP). This was part of a national pilot and an evaluation report will be published for this in the coming months. Feedback

from workers using this particular tool in schools has been positive as it has helped them with setting actions and targets as well as ensuring they have the right support in place to help with difficult cases. We are exploring the roll out of this tool from September in all schools.

3.3 Contribute to the development of integrated locality working within each locality school cluster

Total investment approved

3.3.1 Development of 6 Strategic locality groups

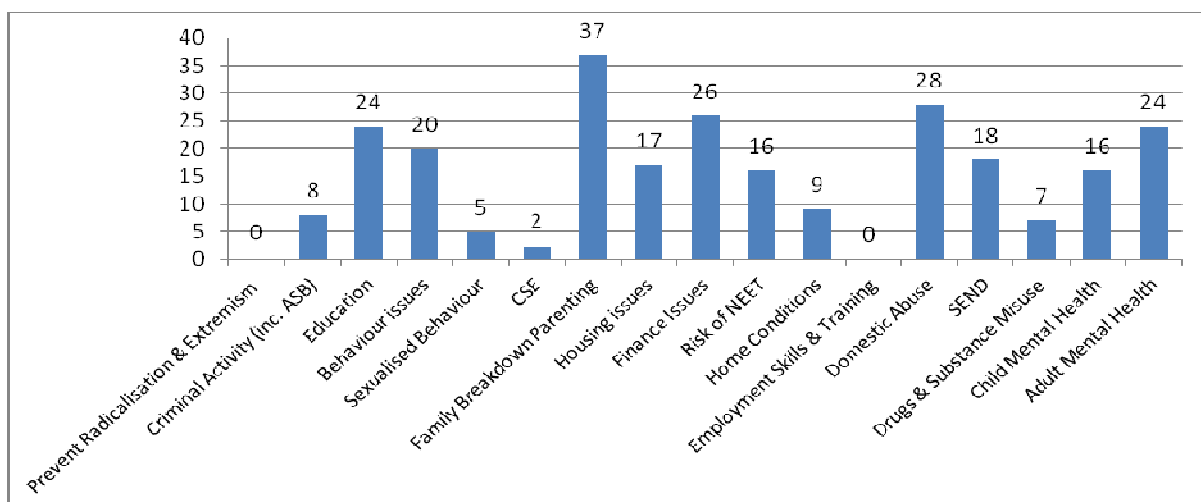
- There have been 6 strategic partnership groups developed. These groups include representatives from Schools, Housing Providers, Police, Fire Service, School Health, Health Visiting, CAMHS, Public Health, Social Care, Early Help, Voluntary Sector, Targeted Youth Work and the Council's Money, Home Job service.
These groups have been responsible for sharing data and information to develop a locality profile informing key priorities, work streams and workforce development plan
- A partnership profile, with agreed priorities, work streams and success measures has been fully developed for following localities: Darlaston, Brownhills and Bloxwich and Blakenall
The profiles for Alumwell, Birchills and Broadway; Aldridge and Bentley are still in development and will be ready for implementation for September 2016.

3.3.2 Development of 4 locality panels

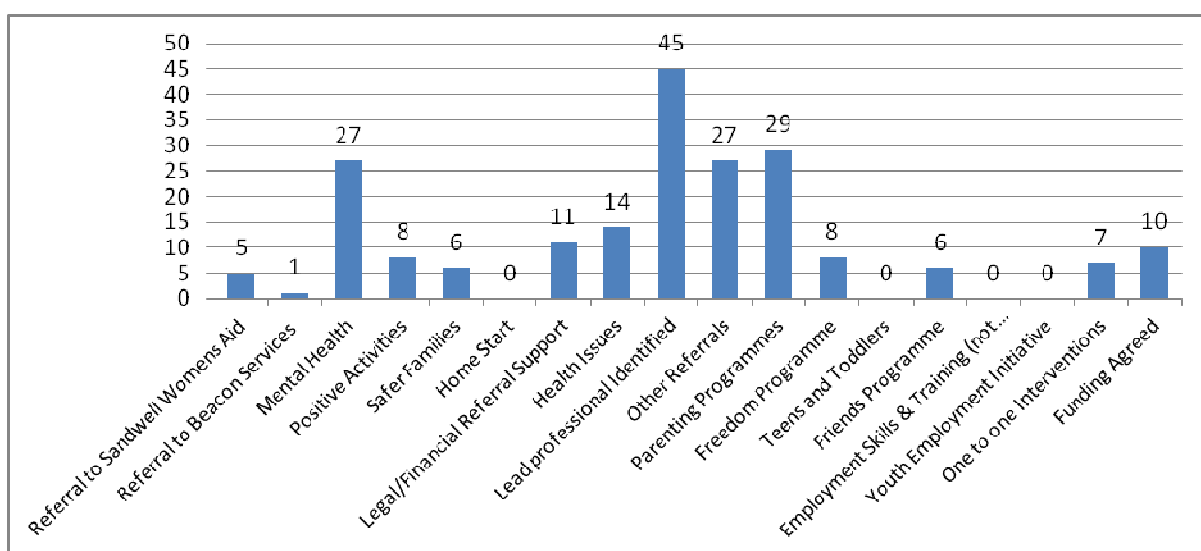
- We have developed 4 Integrated Partnership 'panels' to identify the families that most need help (at level 3 and 4), drive local conversations, ensure more effective and timely decision making about who is best placed to help, commit resources needed and ensure impact is monitored and measured.
- The decision to align some panels was made in consultation with partners and the school cluster to ensure most effective use of partnership resource and time and sustainability of partnership commitment.
- 3 of the 4 panels are up and running (Alumwell, Birchills and Broadway is due to commence on the 6th July 2016.
- 13 panel meetings have taking place between 17th November and 15th June. All panels were well attended by partners.

There have been a total number of 47 children and young people presented at panel. Below tables shows an overview of the presenting needs at panel and the solution/outcome from panel:

Presenting Need:



Panel Solution/Outcome



- The panel has also focussed on actions over the last couple of weeks to improve support and services for children and families who may be left vulnerable over the summer. These actions have included:
 - o Collation of information on summer activities to distribute to partners so they can pass on information to families.
 - o Development of specific packages of support for children and young people who may be involved in risky behaviour over summer or for who the behaviour and outcomes may deteriorate if left unsupported.

- Funding for additional activities for children and young people who need access to play activities, friendships and where parents are not able to afford this.
- All partners are able to nominate young people to be considered for targeted activities and panel is tracking outcomes of these children including attendance, ASB, behaviour, etc.

5. Impact

The last academic year has been focussed on the development of the partnership in the localities to improve the way we are providing Early Help as well as putting in robust support in place within school to support the most vulnerable families and as a result this report is progress focussed.

We are now ready to focus on understanding and measuring the impact of this new partnership infrastructure and offer on the outcomes of children and young people.

On the 30th June we will commence our evaluation of the impact of the work in Darlaston; a review of Brownhills and Bloxwich and Blakenall locality arrangements will follow in September/November as these were the first clusters to be developed. A more detailed impact report will be presented to School Forum in December.

6. Financial implications/Value for Money

8. School Improvement

The developments are supporting schools to meet DfE's increased focus on children's wellbeing, which has become a key part of school's inspections from September 2015 as well as meeting the requirements as set out by "working Together" 2015.

Evaluation of the Mental Health Services and Schools Link Pilots

Pro-forma for case study data

Overview

The purpose of this pro-forma is to capture supporting information from pilot sites taking part in the case study research for the *Evaluation of Mental Health Services and Schools Link Pilots*. The pro-forma is intended to be distributed and collected in advance of the visit, to gather data that will inform the subsequent discussions with the NHS CAMHS teams at the case study visit.

Please take time to read the guidance and consult with colleagues as appropriate, prior to completing Parts 1 and 2 and returning the pro-forma to the Ecorys Researcher overseeing your case study.

- Please return the completed pro-forma by: [Insert dates], to the following email address: [Insert email address of researcher assigned to the case study]
- For any questions or further guidance on completing this pro-forma, please contact: [Insert name and contact details of researcher assigned to the case study].

If you have any questions about the format, or feel that the data you are collecting is better presented in an alternative format then please speak to the Ecorys Researcher who can advise on this.

Part 1 Monitoring data

Description of the task

One of the aims of the evaluation is to capture any quantifiable outcomes from the pilot programme, alongside the qualitative data collection by the independent evaluators. We are aware that some pilots have set in place light touch monitoring to track progress against certain indicators (e.g. numbers of contacts between pilot schools and NHS CAMHS, numbers of professional consultations undertaken, etc.), whilst in other cases there is an aspiration to bring about a change to the patterns of referrals between schools and NHS CAMHS (e.g. a reduction in the % of referrals made via GPs).

Some of the potential indicators that were identified during the telephone interviews with NHS CAMHS leads last autumn included the following:

- Number / type of interactions between NHS CAMHS and schools (emails / calls / visits)
- Total estimated NHS CAMHS clinician contact time per school (hours)
- Number / % of referrals from GPs to NHS CAMHS, over a defined period
- Number / % of referrals from pilot schools to NHS CAMHS, over a defined period
- Number / % referrals converting to a Choice appointment
- Service satisfaction rates (where recorded)

Completing the pro-forma

We have provided a set of tables overleaf, to capture and record any quantifiable outcomes (or trends) for your local pilot. There is one table per outcome measure. We would like to request that you populate one or more of the tables, for the local measures that you are using for your pilot. This should be possible where monitoring data is available at fixed points in time, before and after, or during, the period corresponding with the pilot programme.

Each table includes the following data fields:

- a. **Outcome** – what it is that you are measuring (e.g. 'consultation rates')?
- b. **Unit of measurement** – in what format is this recorded (e.g. 'number of professional consultations, pilot schools only')?
- c. **Data source** – how / where this is recorded (e.g. pilot-specific monitoring, or CHI-ESQ, etc.)?
- d. **Monitoring points** – please indicate the time series in question (e.g. July-December 2015), and the occurrence or count recorded during this period.
- e. **Supporting context** – a box for you to include a brief narrative summary of what is included within the table – why have you selected this measure; what are the strengths and limitations of the data that you have collected, and what do you believe the trends serve to illustrate?

The completed tables will form the basis of further discussion at the case study visit, and we propose to use some of the data collected during this stage of work to provide illustrative statistics within the final evaluation report.

Measure 1

Outcome	Unit of measurement	Data source	Monitoring points							
			Point A		Point B		Point C		Point D	
			Time period		Time period		Time period		Time period	
			Occurrence		Occurrence		Occurrence		Occurrence	
Supporting context										

Measure 2

Outcome	Unit of measurement	Data source	Monitoring points							
			Point A		Point B		Point C		Point D	
			Time period		Time period		Time period		Time period	
			Occurrence		Occurrence		Occurrence		Occurrence	
Supporting context										

Part 2 Exemplar cases

As part of the case study, we would like to focus on two examples of referrals that have been managed under the new joint working arrangements for the pilot, which you consider to effectively illustrate the benefits (and challenges) of having single points of contact in schools and NHS CAMHS.

Please use the tables below to provide an initial description of these two examples, highlighting the key features of how they were handled, and reflecting on how or whether this would have been different under the arrangements that were in place before the pilot. Please take care to ensure that the examples provided are anonymous.

The case examples will be discussed in further detail at the forthcoming visit, and we would like to include a number of these examples in shortened format within the final evaluation report.

Exemplar case 1

Context for the example

- What was the problem / issue resulting in referral, and how was this identified?
- How and by whom was initial engagement with the young person managed?

Referral

- What steps were involved in undertaking the referral?
- How was communication managed between the school and NHS CAMHS, during this process?

Assessment, planning and support

- How were the young person's needs assessed, and who was involved?
- What support was set in place, and how was this coordinated between the school and CAMHS?

Follow-up

- How was the support / intervention completed, and what plans were set in place for follow-up?
- What monitoring and communication has taken place since, and how was this coordinated?

Summary / general observations

- Please include any further notes on what makes this a good practice example, and specifically how the joint working arrangements under the pilot were beneficial.