

## **TRAFFORD COUNCIL**

**Report to:** Executive  
**Date:** 23 July 2018  
**Report of:** Chairman of Health Scrutiny Committee

### **Report Title**

**Young People's Wellbeing**

### **Summary**

**A review of the support available to Children and Young People with mental health problems within Trafford.**

### **Recommendation(s)**

**That the Committee agree the following recommendations and refer the report to the Executive:-**

- 1) Trafford Commissioners and Providers of Emotional Wellbeing & Mental Health services work together to develop and implement a standardised, evidence based training programme that could be rolled out across schools / organisations that provide services for children & young people.**
- 2) Trafford Council to work with organisations to promote the Thrive Stepped Care approach to Emotional Health & Wellbeing.**
- 3) Trafford Council to work with school nurse and schools to improve confidentiality processes and identify named leads in schools.**
- 4) Trafford Council to work with Governing Bodies to ensure that mental health and emotional wellbeing is an agenda item for meetings. To consider advocating a MH Lead on the Governing Body.**
- 5) Trafford Council to consult with schools around the Mental Health Strategy and work with them to develop deliverable outcomes.**
- 6) Trafford Council to ensure that children & young people are involved in the shape and design of future services that are evidence based and high quality.**
- 7) Trafford Council to ensure children & young people are involved in the evaluation of services commissioned.**
- 8) Commissioned services are to be outcome focussed and most importantly easy to access, built around the needs of children & young**

people.

- 9) Commissioned services are to adopt a “Whole Family” approach. All services must give children & young people the opportunity to set goals, tell their story once.
- 10) Third sector organisations are critical to assist with strong collaboration/ partnership approaches. Trafford Council to ensure that these providers are part of the Mental Health strategy delivery plan.
- 11) Health Scrutiny Committee to be regularly updated of changes to services / exception reports/ good news stories.

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Background Papers: None

## **1. Background**

2. The Future in Mind report highlighted the findings of 2004 survey on prevalence of MH problems in children and adolescents, the study estimated that:
  - a. 9.6 % or nearly 850,000 children and young people aged between 5-16 years have a mental health disorder.
  - b. 7.7% or nearly 340,000 children aged 5-10 years have a mental health disorder. 11.5% or around 510,000 young people aged between 11-16 years have a mental health disorder.
  - c. This means in an average class of 30 schoolchildren, 3 will suffer from a diagnosable mental health disorder.
  - d. Many mental health conditions in adult hood showed first signs in childhood – there is evidence of poor experiences of CAMHS/ early intervention.
  
3. Following the first meeting of the Health Scrutiny Committee held on 13<sup>th</sup> July 2016, it was formally agreed by Committee members that Young Peoples Emotional Wellbeing would be the subject matter for a piece of Task & Finish work. The issue of Children's and Young Peoples mental health had been on the Committees agenda for a number of meetings following the recent review and restructure of Child and Adolescent Mental Health Services (CAMHS) across Trafford .Trafford's Youth Parliament had also expressed an interest in mental health services for young people across Trafford and the Committee felt that members of the YP would be a valuable source of information and would assist the Committee in reaching their conclusions and recommendations.

## **4. Scope**

5. The initial scoping meeting of the task and finish group was held on the 12<sup>th</sup> September 2016. This meeting was aimed at setting out the vision of the task and finish group work and to set an outline for investigations. Committee members agreed at the meeting that as the recent CAMHS review was ongoing and the new model had not yet been implemented scrutinising CAMHS further would not add any significant value to this piece of work.
  
6. Committee members agreed that the group should focus upon the early offer available to children and young people prior to referrals to CAMHS. The group agreed to focus upon children aged between 11 and 16 (secondary School) as there had been recognition that mental health problems at this age had been a significant issue for a number of years. Future in Mind estimated that 11.5% of children in secondary school suffer from a mental disorder. That equates to roughly 1907 children within Trafford secondary schools currently experiencing mental health disorders of some form. In order to gain a picture of what was available to children within Trafford the group were to generate a questionnaire for school staff, to arrange a meeting with the Councils Commissioners and to meet with the Youth Parliament. It was believed that by engaging with these groups a picture of the

services available to children could be built and any gaps in provision identified and recommendations arrived at.

## **7. Questionnaire**

8. The first piece of work carried out by the group was to create a questionnaire designed for school staff (appendix 1). The group decided that as the questionnaire was to be aimed at staff it was essential to keep it short so that it could be completed within 15 minutes without placing extra onus of work on staff. Once the format was agreed the questionnaire was sent out to Head Teachers in order to be cascaded to staff. The questionnaire recorded the school that the participant worked at and job role. This was to ensure anonymity was maintained for participants whilst enabling the results to be grouped in meaningful ways.
9. In total 45 members of staff completed the survey from 18 different schools 25 participants (55.6%) were teachers, 3 were teaching assistants, 8 were non-teaching staff and 9 classified themselves as other (this included assistant head teachers, pastoral leads and a SEND Manager). The questionnaire consisted of both multiple choice and open ended questions and focused upon what support was available to pupils, how support was advertised, and how staff were trained and supported. The aim of this was to show staff member's knowledge of the services as well as to discover the services which schools provided.
10. The Questionnaire was designed and distributed using survey monkey which enabled the results to be downloaded in an excel spreadsheet (appendix 2) for analysis. A first level analysis was performed looking at overall trends in responses. It was evident that there were large differences in the knowledge base and the involvement that participants had around Mental Health practices within schools. There were a number of participants that seemed to have little or no knowledge of many aspects of their schools support for children and others who were aware of all aspects. It is clear from the responses to the multiple choice answers that the majority of staff members were aware that there were pastoral policies, team leads, and counsellors at their school when they were available. However, the open-ended questions showed that knowledge of the details was often lacking and/or inaccurate. The most positive aspect of the responses was that 43 out of the 45 participants knew of at least one form of support offered to children within their school.
11. There was a clear difference between the answers given by those in management positions within the schools and non-management staff. Those in management were able to provide great detail as to the services provided whilst other non-management staff members were often vague or unaware, apart from those who were directly associated with the mental health offer in the school. This was most evident within the two schools which had the highest number of participants. At these schools there were some extremely detailed responses and some which

lacked any detail. Those at the top end of detail were the most senior members of staff and the reduction in detail correlates closely with the reduction in the participant's role. Teaching assistants that completed the survey showed the lowest levels of knowledge. Non-teaching members of staff showed excellent levels of knowledge with regards to services and processes but as this group were not asked to state their roles their answers could not be counted when looking at this trend.

12. Question 4 looked at how services were advertised to pupils and the responses showed that the most commonly used forms of communication were school assemblies (14), referral made by an adult (11), and form time and posters (10 for both). Overall there were 16 different methods listed showing that there was a great deal of options available to schools. The most that any one participant put was 7 and no school used all 16 showing that there were many forms of communication not utilised.
13. Question 15 asked participants about the support received from external agencies. Participants named 22 different organisations that worked with schools. The most commonly referred to service with 16 (55%) responses out of those who provided an answer (excluding answers of none or don't know) listed CAMHS/Healthy Young Minds. Of those that mentioned the service 8 (50%) referred to having issues with waiting times or demand. This backs up the findings of Future In Mind in suggesting that further work needs to be done around early intervention and prevention to reduce the demand for high level crisis services. The second most referred to services were 42<sup>nd</sup> Street and School Nurses with 6 participants mentioning each one. This shows that whilst there are a large number of organisations providing support across Trafford it is Council services which are the most known and utilised within schools.
14. Question 7 asked what training was available to staff. All of the schools had at least one participant list that training was available. However, 11(25%) of participants stated they had received no or limited training, this included some teachers. The majority of answers that did mention a form of training mentioned other staff cascading knowledge to the rest of the faculty 8 (18%). This could explain the no training response by some participants as they may not consider these sessions as official training. The other main type of training reported was recognition and referral training; again some staff may not see this as mental health training. Question 16 asked participants what additional support they would like and 14 (44%) out of the 32 who responded to the question stated that they wanted additional training. This strongly suggests that the level of training staff members receive within Trafford does not appear to be enough to inspire confidence in their abilities to deal with children with emotional wellbeing/ mental health problems.

15. The other responses received to question 16 were requests for additional support both from external agencies (CAMHS/Healthy Young Minds were the most mentioned) and from within the school which, when taken into account with the requests for additional training, would suggest that there a large number of staff who feel they need to increase their knowledge base around the schools approach to dealing with mental health issues. However, the fact that the staff are requesting this support and the way in which they phrased their answers e.g. “(I would like) Information I can give to students” shows a willingness to take part and help pupils. Therefore the issue may be one of provision and not culture within schools. 4 of the responses to question 16 directly mentioned a lack of funding and stretched resources as a concern.

### **16. Meeting with Commissioners**

17. Committee members met with Commissioners on the 27 January 2017. Prior to meeting with Commissioners the Task and Finish group were sent the specifications for the FLAIR (Fun Local Activities that are Innovative) service. This was a service commissioned by Trafford Council specifically to support Children & Young People experiencing emotional wellbeing issues in their lives. Children were to access this service through self-referral or referral from the CAMHS service. The Committee were reassured to see that the specification for the service directly referenced Future in Mind showing the issues identified within the report had been addressed by the design.

18. The service consisted of the child having a limited number of meetings with a FLAIR “broker” who would then help them to choose an activity with one of the pre-approved providers which had specially trained staff selected from the “Flair Menu”. The children who were referred into the service had a greater level of need than had originally been anticipated that the project would support ,with some children requiring multiple sessions with “brokers “ to prepare them to attend sessions and some young people not able to attend any sessions at all. This difference increased both the amount of time that children spent in the service and the level of dropout. In their attempts to provide the best service that they could for the young person the FLAIR brokers at times ended up “going off menu” to find services that met the children’s needs which in turn led to more delays. A combination of these factors led to the service not being able to reach the numbers of children required in order for it to be cost effective and as a result it was decided that the project would not be extended past its original pilot phase.

19. The project had shown the impact that parents can have on children and the importance of having a whole family approach to support offered. The level of need identified by those who contacted the service highlighted a gap in provision to the Commissioning team. Whilst there are organisations such as 42<sup>nd</sup> Street which offer Tier 2 support for children aged 13 and older there is no such support for

those under 13. Trafford planned to set up a scheme which would address this gap and was to be funded through NHS funding of £50,000 and a further £50,000 from the Council. (Eventually the funding was used to fund two services one aimed at this age group and an online service aimed at children at secondary school.)

20. Committee members requested information about other services available as part of the wider offer to young people in Trafford. Officers informed Committee members that there was a wide variety of services available for children within Trafford. Work had recently been completed which mapped all the services across Trafford and was to be put on the Trafford Service Directory. It was recognised that more work needed to be done around communication with children in Trafford and work was ongoing to create an insert to go into school planners to inform pupils of the services available. On a Greater Manchester level a GM Thrive hub was to be created which would offer resources to all GM authorities. Officers reported that Trafford were working with the Youth Cabinet on the design of services and consulting with them regularly.
21. When asked about the lack of training reported within the questionnaire the officers responded that Trafford offered a number of training courses to schools and all organisations who work with children. The training courses covered a wide range of issues that affect children and schools were informed of these courses through their pastoral leads. These training sessions were separate to those that were to be offered by the remodelled CAMHS service. The training for staff and the services commissioned by the Council, on behalf of Trafford CCG, were aimed at reducing the waiting times for CAMHS and creating a full holistic approach towards children's mental health.

## **22. Meeting with Trafford Youth Cabinet**

23. Two Councillors from the Task & Finish group met with the Trafford Youth Cabinet to ask them for their thoughts about services that were currently on offer both in and outside of school, how well they felt these were communicated to them, and what they wanted in terms of support. During the course of the discussions with the Youth Cabinet the following themes emerged;
24. Training – The young people felt that teachers weren't using the correct/technical terminology about mental health issues. Many believed that staff were not trained enough; especially those who delivered Personal, Social, and Health Education (PSHE) lessons. Altrincham Grammar was the exception to this as the pupils thought staff members were knowledgeable. Teachers also needed to be approachable, especially the pastoral lead, and that pupils should play some role in the appointment of pastoral leads.

25. Confidentiality – The young people wanted an anonymous system that they would be able to use from their own devices. They wanted to be able to know who they were contacting through the system as there were some teachers that they did trust and others they did not. It was felt that there was a lack of confidentiality for those who were accessing services within school. This included practices such as young people being taken out of lessons at specific times, putting bright orange or yellow notes in the register and even announcing in the lesson that someone is going to the counsellor which lead to other pupils identifying that they may be accessing counselling. They all felt that when a child speaks about an issue to a teacher that teacher should ask them if it is ok to involve others.

26. Lessons on Mental Health – A large number of the young people felt that they should have lessons which taught them about Mental Health issues. They said that they would like information laid out - “if you feel this then you may have x, y or z”. Many felt that mental health problems weren’t dealt with until it came to exams. A number of schools didn’t cover mental health in lessons and it was only covered within assemblies. PSHE was not a regular lesson at all schools and only a quarter of those who did have regular lessons felt they were worthwhile. The children raised the idea of having a consistent approach taken across Trafford schools to the teaching of PSHE.

27. Boys – A number of boys said that it was very difficult for them to come forward because of the male culture if you had mental health problems, especially in an all-boys school.

28. Hormones/Bad Behaviour – Many felt that adults were too quick to put emotional problems down to hormonal problems and therefore didn’t listen, especially with girls. The young people also felt that many teachers equate bad behaviour with mental health and vice versa.

29. Faith Schools – It was raised that in faith schools the mixing of religion and counselling can disadvantage those children not of the same faith e.g. a Muslim child may not wish to be counselled by a Christian vicar in a chapel.

### **30. Meeting with Commissioners**

31. Following the overall completion of the FLAIR service the Committee Members met with Commissioners again to examine the final results of the pilot and to hear about the Council’s planned next steps. The FLAIR project had been successful trialling a collaborative approach to delivery and in raising the profile of children and young people’s mental health. The project had also led to the upskilling of professionals across a wide range of community and voluntary sector partners. However, due to children and young people presenting to the service with much higher level needs than anticipated the project had not been cost effective. The learning from FLAIR led to the identification of gaps in Tier 2 support for children and young people



under 13 years of age. LTP investment for 2017/18 was to be directed towards the gaps that the pilot project identified.

32. Since the previous meeting Trafford had completed the insert for school planners which would be available to schools for the 2017/18 school year. Another piece of work had been done which looked at search terms children would use to find mental health services on the Trafford Directory. The Commissioners told the Councillors that they had been involved in some work with a group called the Mental Health Network (MHN). The MHN was a small local organisation which had been created by 2 former pupils of Altrincham Girls School which offered mental health training, assembly and lesson plans, and suggested that schools sign a pledge to commit to tackling mental health issues. They have worked with 6 schools in the area and plan to extend this reach to other schools.

33. The group discussed the use of online resources as a low cost solution that would allow young people anonymity, which had been highlighted as a key concern by the Youth Parliament. The Commissioners said that the planner insert gave a link to a Pennine Care website which had a list of approved apps including some basic online therapy/ support offered by Mind.

#### **34. Meeting with the Mental Health Network**

35. Following the meeting with Commissioners the Committee Members arranged to meet up with Mental Health Network. At this meeting it was explained that the Network was going through an organisational change to become a charity called Youth Mental Health Matters (YMHM). Lauren Barclay (one of the founders) informed the Councillors that they were continuing the work that the Network had begun and were looking to expand upon that base. The pledge that schools signed up to was shown to the group and YMHM explained the various work streams which was ongoing. The two main focuses for YMHM going forward was securing status as a Charity and organising their first event in Trafford. They had met with the Mayor of Greater Manchester Andy Burnham and were planning to do a piece of work around breaking down the stigma of mental health across GM.

36. Through their work YMHM had identified a number of issues within Trafford. One of the biggest problems was confidentiality. One of the ways YMHM tackled this was to put numbers on the back of bathroom doors in schools that pupils could use to contact services anonymously. They had heard from every school that they had worked with that school nurses were not available for enough hours per week. They had also found that form tutors were a key point of contact for children and that the senior leaders in schools were well trained but this was not true of less senior staff members, who were more likely to be approached by pupils.

### **37. Details of New Commissioned Services**

38. The specifications for the two services which were to be commissioned following the conclusion of the FLAIR project were shared with the Task and Finish group members. The Specifications were aimed at the creation two services. One which provided an online offer for 11-18 year olds and another which provided emotional health and wellbeing support for children aged 5-12 years. Both specifications directly referenced the FLAIR project and the learning it had provided. The background of the specification for the online service also referenced the secondary schools conference held in Trafford in November 2016 which identified the need for online anonymous support for children. The services were to be joint funded through £50,000 from Trafford Council and £50,000 from Trafford CCG.
39. Both of the services were to be aimed at increasing emotional resilience, developing positive coping mechanisms, building strong relationships, and increasing protective factors for those assessed with a moderate level of need to prevent escalation. The Online support was to do this through interventions including 1-1 counselling and group/peer support with appropriately qualified counsellors. The support for children aged 5 – 12 was to use therapeutic approaches such as; drama therapy, counselling, mentoring, group support, behavioural techniques, and family support. It was anticipated that this service would mainly offer group interventions with additional 1:1 support where required. Potential providers were asked to consider how they would engage with parents and teachers as the ability to offer training and support to these groups would add value to the project.
40. Both services were to be aimed at engaging with children and young people who had previously not accessed services. The online approach would do this by offering a new avenue for young people to access support. The support for 5 – 12 was to accomplish this through the design of the service, which was to include the ability to self-refer. The design was also to have a clear plan of how service users would 'step-down' from the service through self-help, support from parents, and their school. Both services were required to be aware of the full range of provision and opportunities which promoted emotional health and wellbeing within Trafford. This included the ability to sign post to other services and to inform their users how to access them, such as the Council's full service offer through the Trafford Service Directory.
41. The success of the services was to be determined mainly through a reduction in referrals to CAMHS. Additional outcomes of the services were to be; increased emotional resilience, coping mechanisms, protective factors, improved self-esteem, self-image, social presentation and identity, improved participation, engagement and interest in activities, and improved relationships and social engagement. The way that these were to be measured was to be agreed by the successful provider and the Council. The successful providers would also be expected to use

something similar to the Strengths and Difficulties Questionnaire and show that at least 2/3 of service users experienced a positive improvement as a result of the intervention.

#### **Recommendations:**

- 1. Trafford Commissioners and Providers of Emotional Wellbeing & Mental Health services to consider the development and implementation of standardised evidence based training programme to be made available to all schools and organisations that provide services for children and young people.**
- 2. Trafford Council to expand on their work with organisations in promoting the Thrive Stepped Care approach to Emotional Health and Wellbeing.**
- 3. Trafford Council to work with school nurses and schools to improve confidentiality processes and identify named leads in schools.**
- 4. Trafford Council to work with Governing Bodies to ensure that mental health and emotional wellbeing is a standard agenda item for meetings. To consider advocating a MH Lead on the Governing Body.**
- 5. Trafford Council to consult with schools around the Mental Health Strategy and work with them to develop deliverable outcomes.**
- 6. Trafford Council to continue to involve children and young people in the shaping and design of future services that are evidence based and of high quality.**
- 7. Trafford Council to ensure children and young people are involved in the evaluation of services commissioned.**
- 8. Commissioned services are to be outcome focussed, easy to access, and built around the needs of children and young people.**
- 9. Commissioned services are to continue to develop towards a “Whole Family” approach. With all services giving children and young people the opportunity to set goals, and ensure they only have to tell their story once.**
- 10. Trafford Council are to ensure that third sector organisations have a role in developing the Mental Health strategy delivery plan.**
- 11. That the Health Scrutiny Committee to receive regular updates of changes to services which should include exception reports and good news stories.**