

A Thurrock Model for a School Wellbeing Service

6 November 2018

1. Background

Nationally one in ten children and young people have a diagnosable mental health condition and, for many, their mental health problems will continue into adulthoodⁱ. It is clear from both local research and discussions with Head Teachers and NHS partners, that there is a need for more mental health support for children and young people (CYP) and schools in Thurrock. Demand for the treatment services is increasing and pressure is being placed on schools and colleges to cope with emerging issues around mental health. There is anecdotal evidence that mental health problems in school aged children are one of the factors driving local school exclusions. Furthermore, with waiting lists for treatment ever increasing and recognition of the gaps in service during transition from child to adult services, new findings suggest that GP's are resorting to prescribing anti-depressants to children and young people in crisis. Prescribing of anti-depressants to children and young people is rising, with the largest increases being seen in children aged 12 and under. There has been a 24% rise from 14,500 to 18,000 children in this age group being prescribed anti-depressants to possibly 'tide' them over until they are able to access treatment¹

In Thurrock the issue of mental health was highlighted within the 2016/17 Brighter Futures Survey, which identified issues such as bullying, stress and online safety as major areas of concern for CYP. Moreover, the recent Joint Strategic Needs Assessment product on Children and Young People's Mental Healthⁱⁱ discussed the increasing incidence of mental health problems in children and young people at both a national and local level, and the associated rising demand on treatment services. The JSNA also identified significant need for a strengthened universal and preventative mental health and wellbeing offer which focusses on building CYP and their families' strengths and resilience to ameliorates risk factors, reducing the predisposition for mental health issues.

In May 2018, Thurrock Council and NHS Thurrock Clinical Commissioning Group arranged a Children and Young People's Mental Health Summit. The summit was used, to launch the JSNA and *begin a Big Conversation* on children and young people's mental health with schools and other key health and third sector partners. The summit was attended by over 100 delegates including teachers and head teachers, children and young people's representatives; third sector service providers; NHS Provider Trusts, senior and chief council and CCG officers, and elected members.

The Summit identified many excellent examples of existing practice within schools on the mental health agenda, but also highlighted a level of service fragmentation and silo'd working. The clear recommendation from the summit was the need to develop a new School Wellbeing Service (SWS) with the aim of supporting schools in Thurrock to strengthen the universal and preventative approaches to emotional wellbeing, facilitate links between partners who may support CYP's mental health and work to build capacity and consistency within the existing offer.

¹ BBC. (2018). Anti-depressant prescriptions for children on the rise. Available at: <https://www.bbc.co.uk/news/health-44821886> (Accessed July 2018).

2. A Thurrock School Wellbeing Model Outline: Service Design

This paper discusses proposals for the new SWS; a partnership model between Thurrock Council, Thurrock Clinical Commissioning Group and local schools and academies, that will primarily focus on prevention in order to strengthen and improve the emotional and mental wellbeing of children and young people as well as school staff. This service will build capacity within schools to deliver evidence based prevention interventions such as those set out in the 2018 JSNA that strengthen protective factors for good mental health and reduce mental health damaging risk factors. It will integrate, embed and strengthen existing commissioned initiatives on mental health with the existing offer for children, young people and their families and provide training and support to school staff.

The new model for a School Wellbeing Service (Programme/Team) is based on the recommendations set out within the JSNA which include:

- Focus on building strengths and reducing risks, not just treating mental illness
- Promote the protective factors that keep children and young people mentally well.
- Focus on early intervention and prevention.
- Ameliorate the risk factors that can increase the risk of mental ill-health
- Develop a new partnership model with schools
- Gather and share information on what is already being done to improve children and young people's mental health
- Improve mental health data and track progress by all schools participating in the Brighter Futures Survey.

It also aims to deliver a 'tailored approach' that meets the needs of each school within Thurrock, recognising that every school and the population it serves will have differing needs and that 'one size' will not fit all.

Our intention is that the SWS will provide an opportunity for schools to extend and deepen their existing work on promoting mental health, emotional wellbeing and supporting children who are experiencing problems with the help of a dedicated team. The aim is to transform the way that emotional and mental health support is delivered by tackling problems more quickly, working preventatively and intervening at an earlier stage. The SWS will embed evidence-based interventions to strengthen mentally protective factors and reduce risk factors to mental health. Examples of protective and risk factors are given below, and more detail is available within the JSNA.

Protective Factors

Good social connections are vital for maintaining good mental health. We know that some CYP in Thurrock feel isolated. Mentoring schemes and the group intervention *LISA-T* have been found to be effective in strengthening social support networks.

Positive coping strategies are a key part of resilience. Interventions such as *Friends for Life* and the *Penn Resilience Programme* are effective in teaching CYP to cope, reducing anxiety and depression.

Physical activity has a very strong impact on mental as well as physical health. The evidence for effective ways to improve this in CYP is weak but a number of interventions show promising results including: *The Daily Mile*, *GreatFun2Run*, *Switch-Play*, and *ICAPS*. As the evidence is relatively weak, strong evaluation plans would be needed for any local implementation.

Risk Factors

Bullying has a very strong damaging impact on mental health, often lasting into adulthood. Some Thurrock pupils have told us that this is a problem for them. As well as strong policies, targeted prevention programmes have been found to be effective including *KiVa* and *The Good Behaviour Game*.

Body Image is a source of dissatisfaction for many adolescents. It increases the risk of mental ill health, especially eating disorders. Targeted interventions such as *Happy Being Me* can be effective in allowing young people to develop positive body image.

Excessive Social Media Use (three or more hours per day) is associated with significantly poorer mental health outcomes.

Adverse Childhood Experiences (ACEs) such as neglect or sexual assault have been shown to correlate strongly with poor child mental health. A tool kit for schools on sexual exploitation, and sexual abuse including guidelines on disclosure could help.

Stress caused by assessment and examinations. This was highlighted strongly by local teaching staff as an issue affecting children and young people in Thurrock.

2.1 Principles and Outcomes

The new SWS will have the following principles at its heart:

- The NICE (National Institute of Health and Care Excellence) recommended multi-agency approach which addresses the complex nature of CYP mental health issues
- A focus on working in partnership to deliver evidence based interventions aimed at promoting protective factors as well as preventing and reducing risk factors
- A tailored and flexible approach that meets the needs of individual schools
- Ensure the Thurrock THRIVE framework (detailed within the CYP MH JSNA, 2018 and attached below), is maintained and used as a basis for a schools local offer
- Strong links with all elements of the Brighter Futures Strategy
- Strong links with the Brighter Futures Healthy Families Service School Health Team

The following outcomes will be achieved following implementation of the SWS:-

- Children and young people needing support are identified early and supported within the school ensuring the need for specialist services are reduced
- Increased number of children and young people who are able to cope and ask for help when needed within a school setting
- Schools are effectively resourced through training and supervision of SWW workers to support children and young people with mental health issues. The SWS will develop and carry out with schools, a self-assessment to establish and provide an understanding of the whole school approach to emotional wellbeing. Schools will have an individualised Mental Health Action Plan and will be working towards achieving a gold standard mental health award
- Contribute to improving protective factors such as those on body image, physical activities.

2.2 The Model

We recognise that capacity is already stretched within schools and that teachers and head teachers are juggling a broad spectrum of competing demands. The new SWS will therefore provide a significant additional resource in the form of School Based Wellbeing Workers to work directly with teachers and head teachers, governors, pupils and their families to improve and protect mental health. The SWS will employ the following;

Revised Option – Following Consultation with Head Teachers and Steering Group

The proposed School Wellbeing Service model provides the following staff:

- **1 WTE x Team Manager (Band 8):** To lead the School Wellbeing Team by providing strategic oversight of the service and provide supervision
- **3 WTE x Full-time Senior Schools Wellbeing Workers (Band 7):** To lead on working with schools to promote protective factors and reducing risk factors. Ensure interventions needed to achieve a mentally healthy school environment are easily accessible to schools by influencing at the right level with organisations and services. This role will delegate elements of work to the School Wellbeing Workers where appropriate and work with Schools / Academies to ensure outcomes are met.
- **1.5 WTE x School Wellbeing Workers (Band 6):** To support the work allocated by the Senior Schools Wellbeing Workers.
- **1 WTE x Administrator (Band 3):** to complete the administrative tasks associated with the service

The revised option demonstrates a reinforced workforce at higher bands who would influence at the right level for schools following recommendation from head teachers and schools representatives at the SWS Steering Group.

The School Wellbeing Service will focus on a central area working collaboratively with a cluster of secondary and feeder primary schools to develop a collaborative approach to identify risk factors for mental health and enhance protective factors. This is based on the assumption that each secondary school have an average of 4 primary schools that feed into its roll. A collaborative approach between secondary and feeder primary schools will enhance a supportive response for transition of CYP from primary to secondary school by maintaining consistency in the support provided.

It is also hoped that each school will have a designated Mental Health Lead. The proposal for the SWS is to develop its work with each school in the context of a range of existing provision for schools and in the local area. School Heads and the SWS team will review interventions and working methods to ensure that the schools wellbeing offer completely integrates, complements and possesses additional value to existing service. This will ensure mitigation of any overlaps or duplication.

The proposal is that the SWS will be employed by Thurrock Council and will reside within Children's Services. They will have the following key functions:

1. In conjunction with schools, to oversee a schools-based mental health assessment using an agreed assessment tool, and develop an individual action plan to improve and protect the mental health of their students.
2. To facilitate implementation of a tailored package of support programmes that protect and improve the mental health of pupils and staff within the school, (for example programmes set out in the protective and risk factors boxes on the previous page) as agreed in the school based action plan.

3. Provide training and continued professional development for staff within schools in order to increase knowledge and confidence in promoting and protecting their pupil's mental health. Training will be refreshed as needed to reflect changes in policy or practice nationally.
4. Direct delivery of specialist mental health training programmes to pupils, for example 'peer mentoring.'
5. Provide support in developing whole school policies that improve and protect the mental health of pupils and staff.
6. Provide support and resource to develop and deliver the school's PSHE curriculum – this team will ensure effective leadership in the delivery of a curriculum that fully promotes emotional and mental well-being as well as tailoring delivery to the needs of each individual school.
7. To ensure that the mental health offer for CYP is mapped accurately against the THRIVE model (reference JSNA, 2018) clearly illustrating what services are available to support CYP, families and schools. The Thurrock THRIVE framework needs to be accessible to teachers and other school staff via a single portal where all information is centralised.
8. Assist schools to promote, raise awareness and signpost to existing commissioned mental health programmes and services, e.g. through the THRIVE mapped offer ensuring these are all embedded within school's policies and frameworks.
9. Sharing best practice on mental health promotion and protection within the clusters of geographically linked schools that they work with on a quarterly basis via the Safeguarding Leads Forum. This will aim to cross-link the work of individual schools to form a suite of interventions that can be embedded into individual school's action plans as appropriate.
10. Engage with schools around existing relevant public health programmes including the Brighter Futures Survey and the Daily Mile.
11. Run the Alternative Provision Portal

Training for schools will be provided by the SWS. The training on offer may be as follows:

- Youth Mental Health First Aid (MHFA) a two day training course
- Everything you need to know about mental health (almost)
- Staff sharing and peer supervision
- Responding to self-harm
- Anxiety awareness workshop
- Mental health awareness for staff
- Mental health awareness workshops for young people

Training must be attended by the designated Mental Health Lead but schools may also wish to include:

- Head teachers, Heads of year and Deputy Heads
- Teachers and support staff

- Special Educational Needs Coordinators (SENCOs)
- Other relevant staff e.g. Playground Assistants

2.3 Governance Arrangements

The proposed governance arrangements will be as follows:

A Steering Group chaired by the AD and Consultant in Public Health for Children and Young People will oversee work SWS programme. This will ensure a strong link to Public Health. The Steering Group will contain The Principle Educational Psychologist; Senior Public Health Programme Manager – Children and Young People; Chair of the Schools Forum; Academy Head Teachers; Assistant Director – Learning and Skills and; children’s commissioning leads for Thurrock Council and NHS Thurrock CCG as well as representatives from the voluntary sector, parents and carers. The staff within the model will be managed within the functions of the council’s Assistant Director for Learning and Skills, ensuring strong links to other work between the Council’s Education function and local schools. The steering group will support and oversee mobilisation of the service, maintain a risk/quality register, monitor performance, support in the evaluation of the service and ensure that they remain up-to-date with emerging evidence.

The Steering Group will report into The Brighter Futures Board, ensuring links between the SWS and other relevant functions of Brighter Futures, for example The School Nursing and Health Improvement in Schools Functions.

Similarly this model recognises the extensive work happening within the ‘Open Up, Reach Out’ strategy which is a 5 year strategy aimed at improving emotional and mental wellbeing of CYP living in Southend, Essex and Thurrock. The SWS will ensure links to other related strategies for improving the health and wellbeing of children, including the Self-Harm Toolkit among others.

3. Monitoring and Evaluation of the Pilot

The pilot SWS will be evaluated (using a standardised framework)² to provide evidence of impact and added value which will inform decisions about the future of the SWS, in terms of funding as well as sustainability at the end of the 2 year period. It is proposed that the SWS will be reviewed mid-way through the pilot to ensure any required improvements to the service are identified and implemented within the 2nd year of the pilot. The aim of the evaluation of the SWS is to assess whether the outcomes of the service are being met and it will also provide an understanding of other impacts, barriers and lessons learned. The evaluation will primarily use information that will be collected routinely by the SWS, however, other ad-hoc methods of data collection such as focus groups and/or interviews may be used as required. The self-assessment tool should be completed by schools at the beginning of the SWS to form a baseline. The assessment should then be completed at the end of the pilot to enable evaluation of the service in terms of identifying where outcomes have been met, and where areas of the service require improvement. An evaluation framework will be developed within the service design stage and will clearly define the evaluation questions to be answered. The process will adequately outline data requirements, as well as timescales for reporting/recording of data, to the Public Health team. It will also provide timescales for undertaking an independent evaluation process. which is hoped will be undertaken by South Bank University in London with input from Thurrock’s Public Health Team as needed.

² <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>

The following areas will be assessed to understand the outcomes of the SWS:

- School staff knowledge and confidence to support CYP with emotional wellbeing and mental health issues.
- Level of engagement across schools e.g. in terms of designated Mental Health Lead, carrying out self-assessment and implementing Mental Health Action Plans.
- Schools with an implemented Mental Health Action Plan and the early impact.

The Director of Public Health is also in discussions with a Professor of Mental Health and Learning Disabilities at London Southbank University, who is interested in working with Thurrock Council and our schools to undertake an academic evaluation of the programme. It is hoped that this will robust evaluation will support the evaluation undertaken by the Public Health team at Thurrock Council.

4. Key Organisations and their role:

1. Thurrock Local Authority:

Collaboration between Public Health, Children's Services and the Education Department who will have overall responsibility for managing the SWS. Public Health will assist in developing the self-assessment tool and the SWS will report performance to the Public Health Lead. The SWW's will be line managed by the Children's Services. The SWW's will have close links with the Brighter Futures Services and in some cases attend relevant meetings or school engagement collaboratively.

2. Primary, Secondary and Special Educational Need Schools in Thurrock:

A commitment is required from the schools to firstly assign a designated Mental Health Lead to be the point of the contact for the SWS. Secondly, to release staff for training on mental health awareness including units on Mental Health First Aid, anxiety, self-harm, positive coping strategies etc. A third commitment is around the engagement with SWS including the carrying out of the self-assessment and development of a Mental Health Action Plan.

3. Thurrock Clinical Commissioning Group (CCG)

Thurrock CCG will ensure the Transformation Plan for Essex CYP Mental Health Services is kept on-track. The CCG will also release or further fund the NELFT Emotional Wellbeing and Mental Health Service (EWMHS) to provide training and support to the SWW, advising specifically around the training course delivery where they can. They may potentially co-design and co-deliver some of the training units.

4. Other Organisations

The voluntary sector will be a very important partner within this offer such as Thurrock MIND, Thurrock Adult Community College, Thurrock Local Area Coordination team and Represent for partnership working in terms of signposting to additional support and informing the SWS of any updates in relation to the Thurrock THRIVE Framework.

5. Cost breakdown

It is proposed that a detailed cost analysis with partners involved will be undertaken to ascertain the appropriate costs to implement the Thurrock SWS. Currently, this pilot will be funded through the following funding streams.

- Council Funding of £150,000 per annum amounting to £450,000 over a 3 year period. This funding will be available in December
- An agreed contribution from a range of partners such as Public Health, Children's Service, Schools and Thurrock CCG in the below breakdown:-
 - £50,000 from Public Health Team
 - £50,000 from the CCG
 - £50,000 from across schools – TBC and as part of Children's Service. A paper due to be presented on the 19th of November has gone to the Schools Forum to receive confirmation of this funding.

The below table provides a breakdown of the cost proposals which only covers staffing cost and does not include the cost of possible intervention licences or fees, admin, equipment, training and premises.

Tab Table 1: Estimated Service Cost Break Down – Option with revised staffing following request from schools

Resource details	Quantity	Cost per resource item	Total cost (24% inflation does not include NI and pension contributions)
School Wellbeing Team			
Service manager (to be clinical with some responsibility for undertaking administration duties) at a Band 8	1WTE	£37,266 - £48,600	£46,210 - £60,264
School Wellbeing Worker Band 7	3 x WTE (1 per locality)	£30,285- £39,543	£112,660 - £147,100
School Wellbeing Worker Band 6	1.5 x WTE (1 per locality)	£24,630 - £32,145	£45,812 - £59,790
Administrative Support Band 3	1x WTE	£17,556 - £20,034	£21,770 - £24,843
Senior Public Health Programme Manager – Children’s (any cost option chosen will need this resource which is not included within the above staffing cost).	1 PT	N/A	Internally allocated resource hence does not involve cost consideration.
Strategic Lead within Children’s Service	1PT	N/A	However, it has been highlighted to consider capacity and resourcing within the team.
		Total	£226,452 - £291,996 per annum

6. Collaboration with existing services –

EWMHS School Development Offer

The EWMHS have developed an offer for schools which have been piloted in a range of schools in Essex and are currently being rolled out. This offer to schools provide bespoke training to school staff including pastoral and leadership staff on self-harm, consultation of cases with groups of pastoral and leadership staff, and supervision with groups of pastoral and leadership staff. This collaboration supports school staff to develop their knowledge of mental wellbeing and the problems affecting young people; the symptoms to look for and strategies for supporting children with early signs of mental and emotional stress before a referral to specialist services is needed. This offer has been represented in the below diagram.



The EWMHS school development is currently supporting 30 schools through a dedicated school helpline. It is still not clear how many schools in Thurrock are benefiting from this collaboration. It is the expectation of this proposal that the SWS will compliment and integrate with this offer by ensuring that all schools are reached and support are bespoke to individual schools' need. It will engage with this offer through the Educational workstream of the EWMHS service ensuring there is no duplication. The SWS will also ensure a dedicated team of staff to facilitate and implement tailored packages to enhance and reinforce protective factors and reduce risk factors.

Brighter Futures

Children's Centers – This service will be available throughout the year. However, during school holidays the School Wellbeing Service will run from children centres where parents and families are able to access the service.

Healthy Families – This includes the universal commissioned services for 0 – 19 year olds including School Nursing. The SWS will link directly with schools nurses to ensure direct and effective referral for when children and young people need specialist care.

Early Intervention and Prevention Service – This includes the Troubled Families service transformation

7. Next Steps

Once this proposal is agreed, head teachers and other relevant stakeholders will be consulted on to further shape the model. This creates an opportunity for continuing the big conversation relating to CYP mental wellbeing.

A Steering group (commissioning reference group to include head teachers, commissioners, PH leads, voluntary sector and LSCB partners) will be formed which will include key stakeholders from Public Health, Children's Services, CVS, and Headteachers to review the model and options for taking it forward.

A detailed cost analysis has been produced incorporating the indicative costs of staffing and additional cost such as interventions licenses and fees, IT equipment, transport.

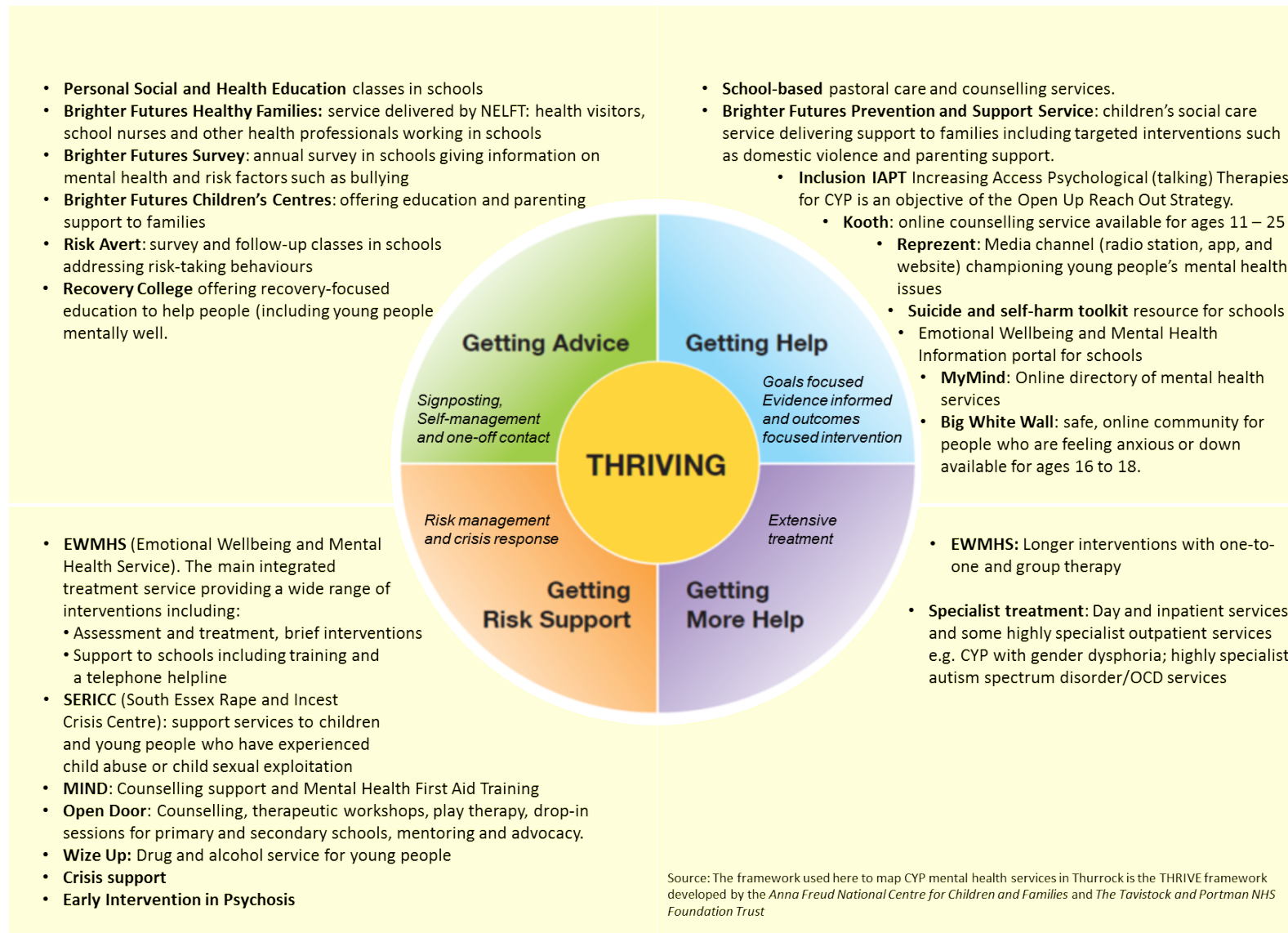
Liaison with Universities such as South Bank University for an independent evaluation of this pilot will enable identification of the potential impacts of the service as a whole on mental wellbeing in CYP.

Develop a robust outcome framework to aid monitoring the impact of this service.

Table 1: Key Performance Indicators (These are currently being defined as part of the evaluation strategy for the SWS)

Outcome one:			
School staff will have increased knowledge and confidence in supporting children and young people with emotional and mental health issues.			
	Key performance indicator	Management Information	Measurement capture
a	Number of school staff reporting increased confidence and knowledge Target is 300 per year	<ul style="list-style-type: none"> - Number of designated Mental Health Leads - Number of sessions for mental health training delivered - Number of school staff accessed training - Number of school staff reporting increased confidence and knowledge following training - Number of school staff reporting increased confidence and knowledge following working alongside SWW in schools - Number of school staff reporting they understood and knew how to access the Thurrock THRIVE model 	<ul style="list-style-type: none"> - Proportion of named designated mental health leads - Staff pre and post questionnaire - Training evaluation questionnaire - Spreadsheet / database - Case studies - Stakeholder feedback - Feedback from both self-assessments (baseline and at the end of the 2 year pilot).
Outcome two			
The SWS, with support from partners in public health and education, will develop a schools' self-assessment tool to establish and provide an understanding of the individual schools' practices and culture around emotional wellbeing.			
#	Key performance indicator	Management Information	Measurement capture
b	Established self-assessment	<ul style="list-style-type: none"> - Development of a self-assessment tool with partners - A minimum of 5 schools contributing to feasibility testing 	- A published self-assessment tool
c	Number of schools to have completed/finalised self-assessment tool	<ul style="list-style-type: none"> - Number of completed self-assessments - Number of feedback reports to schools detailing self-assessment 	- Performance reports to public health
Outcome three			
SWWs will assist Schools to develop a mental health action plan and be working towards a gold standard mental health award. Schools will be supported by the SWW to implement the action plan and enhance any weaker areas identified by use of universal interventions that promote positive emotional wellbeing.			
#	Key performance indicator	Management Information	Measurement capture
c	Number of mental health action plans developed	<ul style="list-style-type: none"> - Number of meetings held for action planning (self-assessment used as a framework for developing Mental Health Action Plan) - Number of schools working towards gold standard mental health award - Number of Mental Health Action plans developed 	- Performance reports to public health

Figure 1: Thurrock THRIVE Model



2.0 Useful References

- THRIVE Model. <https://www.annafreud.org/what-we-do/improving-help/improving-help-for-professionals/service-redevelopment/thrive/>
- Hertfordshire Link Model, Available from: www.healthyyoungmindsiherts.org.uk
- Day, L., Blades, R., Spence, C., and Ronicle, J., – Ecorys UK. (2017). Evaluation of the Mental Health Services and Schools Link Pilot. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/590242/Evaluation_of_the_MH_services_and_schools_link_pilots-RR.pdf
- National Children’s Bureau. (2015). A whole school framework for emotional well-being and mental health. Supporting resources for school leaders. Available from: <https://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20School%20Well%20Being%20Framework%20Leaders%20Resources%20FINAL.pdf>
- MindEd is funded by the Department of Health and Department for Education, as a free educational resource on children and young people’s mental health for all adults working with, or caring for, infants, children or teenagers. Available online: <https://www.minded.org.uk/>

ⁱ Transforming Children and Young People’s Mental Health Provision: A Green Department of Health and Department for Education, 2017.

ⁱⁱ Joint Strategic Needs Assessment (JSNA) Children and Young People’s Mental Health, Thurrock Council Public Health Service, 2018. <https://www.thurrock.gov.uk/healthy-living/joint-strategic-needs-assessment>