

Children's Scrutiny Committee

Children & Young People's
Emotional Health &
Wellbeing
Task Group

Final Report

4 June 2018



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This report can be downloaded from:

<http://democracy.devon.gov.uk/ieListDocuments.aspx?CId=428&MId=2855&Ver=4>

Preface

In 2013 headteachers, as part of the Early Help strategy development work led by the County Council, expressed concern about children and young people with mental health and behaviour problems which are sometimes linked to issues relating to adults, such as drug and alcohol abuse, domestic violence, sexual exploitation or even genetic disorders. They were also concerned about supporting children and young people who were suffering anorexia, bulimia, self-harming, gender issues, stress or bullying. Schools felt that the only support option open to them was the CAMHS service, but they were also aware of how over-stretched that service is and that there was little intervention and support going below Tier 3. In recognition of this gap in provision it was suggested that the Public Health Grant might be used to develop a programme of prevention and early intervention. In Devon in August 2015, a programme was procured for three years in the first instance and the Early Help for Mental Health Service (EH4MH) was born.

The Children's Scrutiny Committee is aware that since this contract was let, some schools have engaged in very good practice, but we are also aware that there were others who are struggling to make this effective. It was therefore agreed to set up a Task Group to explore where there is first-class intervention and support in our County so that it might be rolled out to those who wished to improve and those who were struggling.

The Task Group agreed to focus this piece of work expressly on our Secondary Schools, although we are mindful that the process should be followed up by a similar exercise in our primary schools. We have been really impressed by the quality of early intervention and support developed in some schools, where a real understanding and profound care for the young people concerned, coupled with a creative approach which has yielded positive outcomes for both the young people and the school. Peer groups are well-placed to identify mental health and well-being issues and promote early help among their fellow students. EM4MH is a good scheme which deserves to be adequately funded and developed further. There is evidence that it has helped schools to deal with challenging behaviour, giving students a sense of self-worth, and helped them to develop their potential from both an educational and healthy life-style point of view. We were particularly impressed with the empathy peer-counsellors showed to fellow students, who were experiencing personal problems, as we realise that not only were they helping that person but that they, too, were developing a more mature outlook on life.

I would like to thank the Members of the Task Group for the incisive, yet sensitive way, in which they have helped me carry out this piece of work. I would also like to thank those who have been prepared to take part for the honest way in which they have shared their information with us. Finally, we would like to thank Dan Looker for arranging our meetings, faithfully recording the discussions and helping draft this report.

**Councillor Christine Channon,
Chair, Children & Young People's Emotional Health & Wellbeing Task Group,
Children's Scrutiny Committee**

1. Introduction

- 1.1 The Task Group — Councillors Christine Channon (Chair), Su Aves, Rob Hannaford, Linda Hellyer and Andrew Saywell — would like to place on record its gratitude to the witnesses who contributed to the review. In submitting its recommendations, the Group has sought to ensure that its findings are supported with evidence and information to substantiate its proposals.
- 1.2 On 15 June 2017 Children’s Scrutiny resolved to set up the Children & Young People’s Emotional Health & Wellbeing Task Group. The terms of reference for the review were:
 1. To understand the full system of support for the delivery of emotional health and wellbeing services in Devon including schools, Further Education (FE) colleges, youth services (DYS Space), GPs, community groups, the third sector etc.
 2. To evaluate early help for emotional health and wellbeing through on-line counselling and self-help.
 3. To report back to the Children’s Scrutiny Committee on the findings of the Task Group.
- 1.3 Scrutiny has previously focused on CAMHS, delivered by Virgin Care, and the top end of mental health need in Devon at the secondary level, with particular emphasis on the issue of delays in referral to treatment times. Members recognise that work continues to reduce these times, and while certain problems remain, agreed that for the purposes of this Task Group the focus would be predominantly on the measures in place to prevent the development of mental ill health and identify and support lower levels of emotional health and wellbeing.
- 1.4 Time and resources necessitate that this report provides a snapshot approach to highlight significant issues. The list of witnesses to the review does not pretend to be exhaustive but hopes to provide insight into some of the central themes.

2. Recommendations

Early Help for Mental Health Service

Recommendation 1

- i. That Early Help for Mental Health (EH4MH) provision is continued.
- ii. That EH4MH continues to be offered to all primary schools in Devon to ensure maximum take up of the service.

Schools

Recommendation 2

That there is better awareness in schools in Devon as to the nationally available tools and resources on emotional and health & wellbeing, that can be linked in with EH4MH, promoting use of a range of strategies to ensure wrap-around support to young people including counselling, peer mentoring and internal pastoral support.

Recommendation 3

That all Devon schools are encouraged to have a mental health champion and support champions and that all appropriate teaching staff are trained in terms of emotional health & wellbeing with access to annual best practice updates.

Recommendation 4

That there is better promotion of the offers available from outside agencies so schools know exactly what support and training is available.

Multi-Agencies

Recommendation 5

That the County Council supports the work started by the Strategic Partnership Forum who, alongside schools are seeking to resolve issues relating to Autistic Spectrum Disorder (ASD) assessments. This work will later transfer to the Special Educational Needs and Disabilities (SEND) Improvement Board.

Recommendation 6

That the Council promotes joint agency working in line with the Early Help protocols to ensure that, as far as possible, all agencies (DCC, CAMHS, Health, Police etc) work together to support young people whose mental health puts them at risk of harm.

3. Summary

- 3.1 One in ten people in the UK have some form of mental health disorder (although research suggests this is an under estimation of the extent of the issue with a high number of people undiagnosed) which equates to around 850,000 children and young people with a diagnosable mental health disorder in the UK today.¹ There is a much higher number of people suffering with emotional stress, and needing support.
- 3.2 The overwhelming majority of NHS mental health spending goes towards those with the most severe needs. 38% of NHS spending on children's mental health goes on providing in-patient mental-health care, accessed by 0.001% of children aged 5-17. 46% of NHS spending goes on providing CAMHS community services, accessed by 2.6% of children.²

- £5.08 per student – the cost of delivering an emotional resilience programme in school
- £229 per child – the cost of delivering six counselling or group CBT sessions in a school
- £2,338 – the average cost of a referral to a community CAMHS service
- £61,000 - the average cost of admission to an in-patient CAMHS unit

[Children's Mental Healthcare in England, Children's Commissioner \(October 2017\)](#)

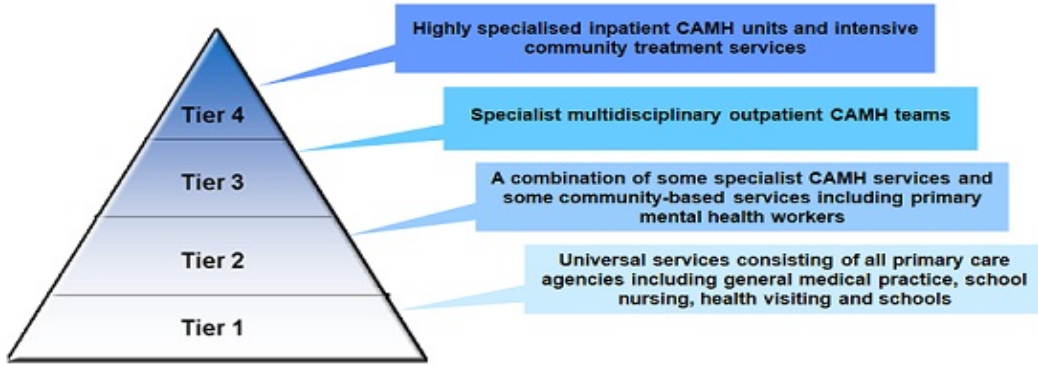
- 3.3 The focus needs to be on young people being mentally healthy and there is a need to find a way within the system of shifting resources from treatments to prevention. The Children and Young Person's workstream of the Devon Sustainability and Transformation Plan (STP) has Emotional Health and Well-Being as a priority and this is joined to the Mental Health workstream of the STP with the aim of achieving a seamless, all age, wrap-around response for those who are ill.
- 3.4 Most children face challenges. Exam pressure, social media, coupled with issues within the family home are significant factors affecting young people's emotional health, but the fundamental point is what is being done to help build resilience in young people to overcome these challenges. Amongst the best schools in the County, solution-focused and restorative approaches are utilised looking for positive outcomes, where young people have been involved in every aspect of planning and service design. The message that EH4MH promotes is letting young people know that everyone has "mental health" and it is not something that should be stigmatised, but seen as a strength to be able to ask for help. This is a challenge for schools and for some it will require a cultural change in how they meet their attainment measures and promote good mental health. The fact remains that all pupils are most likely to thrive when the school gets it right for their most vulnerable pupils. The Emotional Health and Well-Being delivery project of the STP Children & Young People workstream has developed, with the Anna Freud Centre, the i-THRIVE model and resilience framework which is to be rolled out and embedded across the system.

¹ [Based on 2016 ONS population estimates for ages 5-16. Office of National Statistics. Overview of the UK population: February 2016.](#)

² P.4 [Children's Mental Healthcare in England, Children's Commissioner \(October 2017\)](#)

4. Strategic Framework

4.1 Previously a 4-tier strategic framework has been used to define provision need.



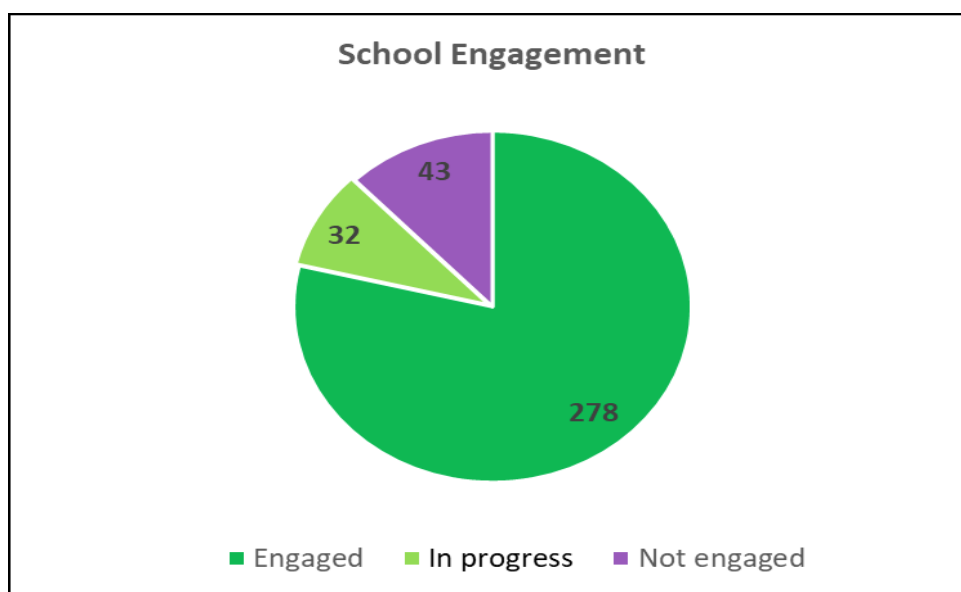
4.2 The 4-tier service model has been complemented by i-THRIVE, which is a national programme of innovation and improvement in child and adolescent mental health. To help children and young people in Devon experience good emotional health and wellbeing support, the i-THRIVE framework tries to balance emotional health and wellbeing needs with the type of support that a young person may need.



THRIVE framework, THRIVE Elaborated (2016)

5. Early Help for Mental Health

- 5.1 In conversations with Local Learning Communities (LLCs) during 2013, headteachers expressed significant concern about children and young people with mental health and behavioural problems sometimes linked in with issues relating to adults – namely drug and alcohol abuse, domestic violence and the mental health problems of their parents. Schools felt that the only option available to them was to make a referral into CAMHS. Historically there had been support workers attached to each of the 33 LLCs but national funding for early intervention services was cut and Tier 2 services had gradually been drawn in to providing specialist support.
- 5.2 In recognising that there was a gap in provision, it was suggested that the Public Health Grant could be used to intervene earlier when mental health problems arose. Work was undertaken with schools and colleges to develop a programme to support prevention and early intervention. All schools agreed collectively to put money into a combined fund, with the school's contribution funded by top-slicing the Dedicated Schools Grant (DSG) totaling £60,000 with an additional £91,00 from the Better Care Fund (which includes £20,000 from the CCGs) and £549,000 from the Public Health Grant. Early Help 4 Mental Health (EH4MH) is now in the final year of the initial 3-year contact which runs up until August 2018.
- 5.3 The contract was originally tendered as a 3+1+1 year arrangement, so it could run to a maximum of 5 years subject to funding being available. This initial investment from Public Health was made prior to significant cuts being announced by the Government in 2015 to the Public Health Grant to local authorities. As a result, it has become problematic bridging the budgetary gap.



Data as at 31 December 2017

- 5.4 The Local Government Association has cited EH4MH as an exemplar of best practice. 310 schools are currently in process or engaged in the programme (including all the secondary schools³), which represents 88% of all state funded schools in Devon. EH4MH has 3 providers XenZone, Young Devon and Virgin Care. XenZone is a provider of online mental health services for children, young people

³ Work is ongoing in partnership with the County Council and Health linked in to the [Anna Freud Centre](#) working with special schools, FE colleges and private schools as these institutions are not part of EH4MH.

and adults. Kooth, from XenZone, is an online counselling and emotional wellbeing platform for children and young people, accessible through mobiles, tablets and desktops and free at the point of use. Young Devon are responsible for the direct delivery element of the EH4MH. Young Devon's counselling model uses professional trainee counsellors, and Young Devon provides their supervision etc, allowing them to provide a considerable amount of counselling within the contract value. The blended offer links in with XenZone's online service, providing young people with mentoring. In addition to the mentoring, counselling, and online offers there is also a participation offer where young people work to design services.

- 5.5 Over 3000 young people have used the online service in the last 2 years, compared to 1200 making face-to-face contact. Many users accessing EH4MH do so out of hours, when the offices are closed. The online service also helps to take away the isolating factor that some young people may otherwise feel, in that there is someone they can contact when they need them regardless of where in the County they are, which given the rurality of Devon is especially advantageous.
- 5.6 The opportunity to read articles and testimonies from other young people experiencing similar issues is powerful, as well as to learn what materials and/or interventions helped them to feel better. Young people reported to the Task Group that the online Kooth element of the EH4MH is felt to be important as it provides a platform for an anonymous link to a conversation they may feel they cannot otherwise have with their GP, parent or teacher. In terms of the data from self-assessments, 70% - 80% of young people reported to feel better following their involvement with EH4MH.
- 5.7 The Virgin Care element of the contract delivers directly to school staff only and includes clinical supervision, training and mental health consultation. School staff have an opportunity to talk about children whom they are working with, the interventions they are making and what they might be able to do differently. Each school appoints an emotional health and wellbeing lead and support champion responsible for liaising with the Virgin Care school support team for consultation and access to training. Schools reported that the impact of the supervision provided by Virgin Care for teaching staff and support assistants has been noticeable in terms of coping with pressure and building resilience. Staff feel less anxious in terms of their ability to cope with some of these issues, knowing where support is available.
- 5.8 The service also provides mental health consultations to develop and promote clear referral pathways for school staff so that where more specialised support is needed, it can be accessed effectively and efficiently, but crucially reduce inappropriate referrals. Schools have in the past been making referrals to CAMHS that were falling some way below that threshold.
- 5.9 Schools have provided positive feedback on the resources offered by EH4MH and report that it is making a difference, but it has not yet resulted in a visible reduction in demand for higher tier services. Nationally, pressure on child and adolescent mental health services continues to grow. It is hoped that the service will reduce the number of children who are absent through anxiety and those permanently excluded from school. There are some primary schools that are using other approaches such as THRIVE practitioners and have chosen not to take up the EH4MH offer.

I get really angry sometimes. Some teachers understand why, but others don't and shout which just makes me angrier. I want to control it. Teachers also ask for pupils to be more respectful, but they also need to respect pupils in the way they talk to them. Teachers need to be more open to mental health issues, as things have changed a lot since the time that they were in school.

Jess, Year 10

6. Children & Young People's Feedback - 'What helps me feel well at school & college?'



7. Issues Identified as Affecting Young People's Emotional Health & Wellbeing

- 7.1 These are by no means exhaustive lists of issues affecting young people's emotional health and wellbeing, but were the main themes raised through the Task Group's school visits and offer an illustration of what children may be contending with.

Social Media

- 7.2 The use of social media was identified as a problem by many pupils the Task Group interviewed. Cyber-bullying is a huge issue and schools reported incidents of parents even joining in on various platforms, such as Facebook and Twitter. Schools do have strict protocols in terms of dealing with cyber bullying and sexting.
- 7.3 Social media also was felt to expose children to body image pressures and which can lead to the setting of unrealistic goals by pupils (e.g. to become celebrities). However, while the negative impact that the internet can have on pupil's mental health was highlighted, it was also acknowledged that social media can be positive in facilitating supportive networks of friends and peers helping young people feel less isolated and having a platform to share and discuss experiences. This commonality can be powerful.

Domestic Violence

- 7.4 Domestic violence was described to the Task Group as one of the most prevalent issues young people contend with and strongly links to their emotional health & wellbeing. It is recognised that there is a relationship between domestic abuse and harm to children, whether physically, emotionally or through neglect. *Operation Encompass* was launched in June 2017 in Devon, where Police will now notify a school by 9.00am the following morning if there has been a recorded domestic violence incident outside working hours. Schools should also be notified where a child is living at home with an adult with mental health issues.

Substance Misuse

- 7.5 In addition to domestic violence, there may often be a range of vulnerabilities within the family home including drug and alcohol use, and parents presenting with mental health issues, which will inevitably also impact negatively on a child's emotional health and well-being.
- 7.6 There are also issues in schools with pupil's drug use. Schools reported that CAMHS will not intervene where there is a drug issue which is problematic given the level of cannabis use with some groups of pupils, or where some young people with emotional wellbeing issues were felt to be 'self-medicating'. Overdoses, however, happen to children who may not have presented any issues in the past. It is a major concern reported by schools as to the decision-making process relating to whether a young person is ready to return to school following an overdose. There is no systematic mental health assessment that schools are made aware of, and it was reported to be a rare event that a CAMHS worker contacts the school to provide an update.

Autistic Spectrum Disorders

- 7.7 The Task Group received numerous reports of pupils coming into the school at Year 7 with undiagnosed autism. These pupils are often labelled as naughty when they actually have an Autistic Spectrum Disorder (ASD), and the school has to unpick the

barriers to learning they may have. It is not clear always how schools access ASD assessments, particularly smaller primary schools. A number are referred to CAMHS for Statutory Assessments, whilst others are being accessed through paediatric channels or private assessments. Whilst these children are on waiting lists there are increasing numbers of children being referred to the County Council where the child is unable to attend school. The County Council commissions approximately 100 places with an alternative provider for medical tuition but currently is in excess of these numbers. The waiting list for an autism assessment has been known to have taken up to a year.

- 7.8 Determining the best mental health or autism pathway can be very complex and therefore, it was felt that more focus needs to be on developing support rather than on diagnosis. Over the past 12 months a high percentage of schools have undertaken a DCC funded Devon Enhanced Autism Programme which provided free training (provided by Babcock) to help schools better understand and meet the needs of young people.

Education, Health and Care Plans

- 7.9 Following changes to Special Educational Needs (SEN) funding the number of Education, Health and Care Plans (EHCPs) has put significant and challenging pressure on schools, the County Council's SEN 0-25 Team and the High Needs Block of the Dedicated Schools Grant. Schools expressed frustration with delays to young people getting their EHCP and also noted that a child might have an EHCP in Cornwall for example, but these were not always transferable to a Devon school, with the resulting delays in support being far from helpful to a child's wellbeing. The County Council has made extra investment in the 0-25 team to provide additional capacity in order to meet the increased demand and provide a timelier response to requests for assessment into 2018/19.

Gender and Sexual Identity

- 7.10 Secondary schools reported pupil's emerging gender/sexual identities as an issue in terms of their emotional health and wellbeing. One school reported 6 pupils who they were aware were considering exploring their gender identity. This is a complex area for schools and so recently an extensive piece of work has been carried between the Council and Intercom Trust to provide advice to schools and a suite of [online resources](#).

Transitions

- 7.11 The transition from primary to secondary school can be a challenge for children and needs to be recognised in terms of emotional health and wellbeing. DCC with Babcock Educational Psychologists are undertaking research around transition from primary to secondary settings which will be used to develop good practice and shared through a variety of forums and networks. Some secondary schools have good buddying policies which support Year 7 children. There is particular concern where a child may come from a small cohort of pupils to a much larger secondary school and feel overwhelmed.

For some of these young people life is crazy, and it can be 24/7 with the social media aspect. They often do not feel as though there is a time when they can switch off, and stress builds up as a result leading to 'flight or fight mode' potentially. There needs to be a time for space and stillness in their lives.

School Counsellor

8. Impact of Poor Mental Health

Self-Harm

- 8.1 Schools outlined how there are daily incidents relating to pupil's emotional health, of which often the most alarming were presentations of self-harm. Self-harm describes a spectrum of injuries ranging from small cuts, ingestion of damaging materials such as metal or glass, substance abuse to attempted suicide. It can be a way of coping with or expressing overwhelming emotional distress. Young people are faced with issues including bullying, sexual abuse, gender issues, social media, pornography etc. Staff emphasised how self-harm was particularly prevalent among older pupils as they faced GCSE examinations and uncertainty relating to life after school. However, children in younger years without the same examination pressures were also self-harming. Members were told that it was not uncommon for multiple hospital visits to occur through self-harm before CAMHS became involved. For even the most vulnerable and complex young people a CAMHS appointment may be at least 2 months away.
- 8.2 Self-harming was reported to be more of an issue with girls. Data on admission rates are significantly higher in more deprived areas and in females, with females in the most deprived areas of Devon 10 times more likely to be admitted for self-harm than males in the least deprived areas. Self-harming children are not always those that are isolated, they often have group of friends and this can lead to more than one member of the group self-harming. One school advised that as part of their clear procedure on self-harm, they try not to medicalize, but instead adopt a low-key reaction: a child's wound will be bandaged and the parents notified.
- 8.3 Emotional health and wellbeing issues for young people in rural areas might sometimes be hidden. There can be an internalisation of mental health need in boys, who do not have an outlet for expressing emotion. Boys may not want to talk about issues and there is also a higher suicide rate in males. At some schools' pupils can log anonymously safeguarding issues, as an effective tool for reporting concerns.
- 8.4 Members expressed concern about a higher rate of self-harm in Devon than elsewhere in the South West. Officers suggested that initial analysis has revealed a higher level of repeat admissions in the region, which creates higher admission rates, rather than a higher prevalence of self-harm. Analysis of individual cases and pathways highlight specific challenges including the inter-relationships between services, and the impact of delays in connecting support services together which both increase the risk of repeat admission.⁴

Medical Absence

- 8.5 It was reported to the Task Group that there are a significant number of medical absence cases across the County that fall between the gaps in provision and support since these young people often do not reach the threshold for CAMHS but are too anxious to attend school. The County Council now has an Occupational Therapist working in the Education Inclusion Service with the Medically Unexplained Symptoms team at the Royal Devon & Exeter Hospital. This is a multi-agency team including CAMHS, paediatrics and clinical psychology. The Education Inclusion Service is also working with Education Welfare to identify the number of children absent from school for medical reasons, to reduce their absence, understand their needs and offer practical advice on how to re-engage and consequently deflect them moving into alternative provision.

⁴ Health and Wellbeing Outcomes Report (DCC 14 December 2017)
<http://democracy.devon.gov.uk/documents/s12978/Health%20and%20Wellbeing%20Outcomes%20Report%20Paper%20December%202017.pdf>

9. School Interventions

- 9.1 The complexity of needs young people present with is a challenge for teachers and staff. Teachers reported that it can be difficult at times disentangling 'naughty' behaviour from that of a more serious underlying mental health issue, as well as balancing subject teaching with 'being out of class giving mental health support'.
- 9.2 Schools need to create a culture of positive mental health & wellbeing and engender resilient young people. It was evident to Members on their visits that in terms of understanding and supporting pupil's emotional health and wellbeing the most successful schools appeared to be those that focused on asset-based approaches. One of the school's evidenced a number of relatively cheap interventions including the deployment of ambassadors and peer mentors so that students are encouraged to help each other, creating a caring and supportive environment. Schools adopt strategies to help manage these young people to give staff more confidence and reduces their level of anxiety around supporting students in their classes.
- 9.3 It was apparent to Members that some schools go to great lengths to address issues relating to young people's emotional health and wellbeing. This was shown by those schools that worked hardest to keep pupils in school, so rather than address a behavioural incident with a fixed term exclusion, they would use an internal inclusion provision. That way, the school seeks to look both at the root cause of the behaviour, and also ensure that pupils keep up with academic work. It appeared helpful where schools logged issues relating to pupil behaviour on an online system, building a chronology around a student and producing reports on vulnerable pupil groups alongside strategies, allowing staff to adopt a consistent response.
- 9.4 Schools welcome the quality of support offered by the Education Inclusion Service, but did not always feel there was enough financial resource available.
- 9.5 There are question marks as to the amount of personal and social education some schools are currently doing given reductions in budget and the impact of this on the children and young people concerned. From September 2019 sex & relationship education will be mandatory in schools. This is a positive step forward and will be a route into schools for discussing emotional intelligence.
- 9.6 The Green Paper *Transforming Children and Young People's Mental Health Provision* sets out a commitment 'to incentivise every school and college to identify and train a Designated Senior Lead for Mental Health, building on existing practice in many parts of the country and the lessons from successful school's link pilots'⁵. Whilst practice across Devon can be variable the principals behind the Early Help for Mental Health programme reflect those in the green paper and, as nearly all schools have engaged with EH4MH, means Devon is well placed to put itself forward to be a green paper trailblazer area.

The school has an approach that staff should always say hello to each pupil. All teachers also have an open-door policy for pupils. Young people in the school are never ignored by teachers, so that a culture is created where young people trust staff and are able to gain their confidence. It is very important that the adults around a child in the school environment are happy and positive. The school places a huge emphasis on this approach to try to ensure they feel as secure as they can be, as the environment they have at home may be very different.

Headteacher, Devon Secondary School

⁵ P.22

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

Pastoral Support

- 9.7 Pastoral support is a key factor in being able to help children and young people before issues escalate. It was apparent to the Task Group that those schools who took a holistic view of the child, and worked to build strong relationships with parents, particularly those in need of additional support, created a team around the child that was able to support their emotional health and wellbeing and resulted in them succeeding better in school. Mindfulness programmes are becoming popular with a whole school approach to understanding what issues make someone feel upset, angry, and how to look at things more clearly.
- 9.8 Best practice found schools with an open-door approach to its pastoral work. Pupils know that the school has safe spaces where they can be helped both in terms of emotional, behaviour or learning support. There is an opportunity for children to drop-in, in addition to those young people who have weekly sessions. One school reported having no permanent exclusions at the school since the school adopted a new mentoring programme at the start of the year. The school also supports staff with their emotional health and wellbeing so that they feel empowered.
- 9.9 Peer mentoring was described very positively by a number of young people whom the Task Group spoke to. Peer mentors, anti-bullying ambassadors and library mentors were cited as being more readily approachable than some staff and providing a level of empathy that not all teachers are able to offer. Young people felt it was sometimes easier to talk to their peers than to an adult, as they were often better able to understand the issues that person is going through and also more able to recognize the signs and extent of the problem. DYS Space (formerly Devon Youth Service) have developed a peer wellbeing group with young people, and also carry out mentoring on emotional wellbeing in schools, as well as deliver assemblies and workshops in PSHE lessons.
- 9.10 The Task Group received representations from schools reflecting on the difficult balance between the focus on the academic side to improve their Ofsted rating against investing heavily on the pastoral side.

School Counsellor / Pastoral Support Worker

- 9.11 It was apparent from the young people's representations that there is now much less stigma in terms of accessing school counselling and that pupils are more open to the notion. One school counsellor described it as impossible to meet the demand of all the young people who wanted to see her in the time she has available and so she offers group work instead. Pupils self-refer on issues such as stress, exam pressure and the fear of leaving school.
- 9.12 It is a concern where schools have had to reduce school counselling offers due to resource pressure. This appeared to the Task Group as a false economy given the positive impact such support may have on a young person's emotional wellbeing. Schools have an imperative to find a creative response to meet this need. A positive and cost-effective initiative deployed by one school had a Pastoral Support Worker overseeing trainee counsellors who are a free resource as they are completing their counselling training, but need supervision.

Teacher Training and Support

- 9.13 Teachers should undertake accredited mental health training as part of their PGCE to support them in working with young people who may be experiencing difficulties. However, some of the issues schools have to deal with can be frightening for staff and it is important for both pupils and staff that they receive the most appropriate training in order to deal with such issues. Support is available to staff in relation to those young people with more complex emotional health needs including supervision and advice drop ins through Virgin Care as part of EH4MH.

Alternative Provision

- 9.14 The Task Group received complaints about the cost of alternative provision for young people that could not be supported in school. This is a high cost and complex area, which is being investigated further by the medical workstream of the Devon Inclusion Project.

Family Support

- 9.15 Some young people resent the school's involvement in their home life with tensions in terms of information sharing between the school and parents. Staff highlighted the importance of working together with parents to establish good relationships when dealing with pupil's emotional needs. The process must remain child centred. Schools reported parents within the community that really struggle with the education system. Schools try to break that cycle through also furthering parental aspiration as well. It has a profoundly positive effect to work with parents at raising their confidence and self-esteem. Such work can lead to parents feeling much better equipped to role model for their children.

Emotional Health & Wellbeing Support Initiatives

- Hospice and bereavement counselling
- School nurse
- Mindfulness
- Supportive listening
- Peer mentors – through the Diana Award training scheme. The school has 8 peer mentors who have their own office.
- Anti-bullying ambassadors and library mentors (drawn from Years 8 to 11).
- Referral to school counsellor (capacity issues)
- Referral to Young Devon
- Assemblies – wellbeing
- Resilience support
- Extra-curricular clubs
- Journey After Child Abuse Team
- Online – Kooth, Childline
- LGBTQ support
- Children in Care specialist life story work
- 'Time out' cards for pre-identified pupils to leave classroom

Sampled Devon Secondary School

10. Early Help

- 10.1 In Devon, the Early Help system is made up of service users, community resources, universal service providers and targeted services working together to enable families to manage their own dilemmas and solve their own problems, making whatever changes are necessary to secure the well-being of their children, enabling appropriate risk management in the community and a proportionate response to risk and need⁶.
- 10.2 The Right For Children IT (R4C) platform went live in April 2017 to replace the 'Holistix' system, with the introduction of more streamlined Early Help assessment and planning tools. The system allows the school to share information in a multi-agency way which has been helpful, although as a system it is only as good as the data that is inputted. Schools are engaging with R4C but some felt that, too regularly they are picking up the cases as lead professionals. The Chief Officer for Children's Services reported that it is not unusual for a member of a school staff to be the lead professional since the school is where a child spends most time. The key is that the lead professional is usually the best person to bring everyone together in Team Around a Child meetings. The resilience of a school and the importance of a pupil's emotional health and wellbeing is not the fact of them being left simply with one member of staff but that the whole school owns this agenda. Early Help should reduce the demand on schools through a greater collaboration of agencies identifying need and offering and engaging support. The focus is on looking at the whole system and bringing it together to meet multiple family needs.
- 10.3 An Early Help Improvement Board is in place and schools recognising the growing impact of the Early Help system for children and families. The locality boards are becoming more effective in knowing the areas they serve and in co-ordinating work across agencies. There is still much work to do but progress is being monitored on a monthly basis through the board and the associated workstreams.

Staff relate to the young people they work with and try to offer support and empathy. It is vital to believe in the students and their ability to succeed, which the children subsequently recognise and this builds trust and respect.

Staff member, Devon Secondary School

⁶ <https://new.devon.gov.uk/educationandfamilies/special-educational-needs-and-disability-send-local-offer/early-help>

11. Multi-Agencies

- 11.1 Schools want better collaboration with outside agencies. It would appear that there is still some way to go to communicate EH4MH across the partnership. It is difficult for GPs to keep this high up their agenda and there is a wider issue of how to engage GPs in terms of Early Help. Social workers were largely praised by schools for their input when provided, but there was frustration when social workers are not able to attend meetings due to other commitments. The issue was raised about health and social care not routinely sharing information with schools on plans moving forward following a suicide attempt for instance. Schools would like a more of a formal handover of children from these agencies to avoid the situation where a child is hospitalised, then he/she is back in school the next day and the teacher is completely unaware. This is an important element to be considered as part of the working together protocols, as the young person's right to confidentiality also has to be considered.

CAMHS

- 11.2 Analysis undertaken by the Children's Commissioner⁷ shows just over 200,000 children received CAMHS treatment in the England last year, 2.6% of the age 5-17 population, which compared to recent research on the number of children with a mental health condition suggests between 1 in 4 and 1 in 5 children with a mental health condition were seen by CAMHS last year. Schools in Devon reported that CAMHS access remains difficult. One school described a young person who had an initial referral to CAMHS 12 months ago, and stated that it took a year to be seen, despite an escalation of incidents and exclusions from the school.
- 11.3 Schools reported that support from CAMHS appears to be only available where there is a prominent and obvious self-harm (facial) or there has been a suicide attempt. Referral to CAMHS requires a full Early Help Assessment, where the child and parent share information and agree to engagement. If family/child fails to engage then the support offer is withdrawn. This is often the case with young people with anxiety who do not want to talk to workers they do not know.

Local Transformation Plan Refresh

- 11.4 NHS Northern, Eastern and Western Devon Clinical Commissioning Group's (CCG)'s CAMHS Transformation Plan 2015/16–20/21 has recently been refreshed and has provided as an opportunity to bring together two CCGs and three Local Authorities to develop shared priorities across Plymouth, Devon and Torbay.

Councillors Christine Channon (Chair)
Su Aves
Rob Hannaford
Linda Hellyer
Andrew Saywell

Copies of this report may be obtained from the Democratic Services & Scrutiny Secretariat at County Hall, Topsham Road, Exeter, Devon, EX2 4QD or by ringing 01392 382232. It will be available also on the County Council's website at:

http://www.devon.gov.uk/index/councildemocracy/decision_making/scrutiny/taskgroups.htm

If you have any questions or wish to talk to anyone about this report then please contact:

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⁷ Figures on those entering treatment taken from the NHS Forward-View Dashboard. Population figures taken from ONS Table SAPE18DT5: Mid-2015 Population Estimates for CCG in England

EH4MH Hub

- A1.1 Young Devon holds monthly Hub groups for young people aged 11-19 in Newton Abbot, Exeter & Barnstaple to look at various topics around mental health. These groups are an opportunity for young people to meet, share thoughts, and reflect on how the community can best promote positive mental health and support other young people. The Task Group were extremely grateful to attend the Exeter Hub and meet with 6 of its members. During discussion the following issues were raised:
- A1.2 Young people described finding out about the Hub, when their CAMHS work was coming to an end, which was important within this context to have somewhere to go even though it is only once a month. There is no pressure to share, but it is a safe place to do so. Everyone is passionate about helping other young people and making a difference. It is about breaking down the stigma of mental health, and creating a ripple effect with friends and families as well. It is about acknowledging that everyone has mental health, it is not just about poor mental health, with parents and teachers understanding the pressure of school and college even when it is an apparently small issue.
- A1.3 In terms of school's approach to mental health, a lot depends on the individual teacher. Schools tend to focus more on physical health of their pupils than their mental health. Teachers need regular training on mental health and wellbeing. It is problematic where a young person may have built up the courage to speak to a teacher about an issue, and then the teacher does not know how to respond.
- A1.4 Schools are not always providing safe spaces for young people to go if they have an anxiety attack and need to leave the classroom. There are instances as well where a young person will disclose information to a member of staff, and then 'behind their back' the school calls the parents. This is understandable where a young person is at risk of harm, but otherwise it is far from helpful and only increases their problems.
- A1.5 Waiting times for autism testing and CAMHS is an issue. Young people would like to know where they are on the waiting list and a time frame for being seen. One young person said it was frustrating where she had been diagnosed with PTSD but had not been told by CAMHS about this. It is essential young people are informed of their diagnosis, as it is an important part of understanding why they might be feeling a certain way which helps with feeling less anxious and isolated. It helps them not to feel that they are just "crazy" and "broken".
- A1.6 CAMHS were reported to be offering a largely positive intervention in terms of the young people at the Hub. It was felt that they had all been seen relatively quickly given their state of crisis, which was often a suicide risk. One young person described CAMHS involvement as 'life changing', and was now working with Virgin Care's Participation Team on how to improve the service.
- A1.7 It is important young people know that support is out there and available. It however can sometimes be difficult for young people to recognize for themselves that they might have an issue in terms of their mental health that needs to be addressed, or they may feel that something is wrong but feel embarrassed. Young people at the Hub are involved in a piece of work to list services for young people in one place.
- A1.8 Exeter College are now doing much more in terms of mental health. One young person described the death of a friend who had been at Exeter College who committed suicide and the work that has been undertaken at the College since this happened. The young person is organising a memorial tree to be planted.
- A1.9 One of the young people reported that he was trying to promote male mental health as well as mental health for young people with a learning disability.

Task Group Activities

- A2.1 The first meeting of the Task Group took place on **6 July 2017** to discuss the scoping of the review and receive an overview of the service from the Head of Commissioning Children's Services.
- A2.2 On **18 September 2017** members received evidence from Chief Officer for Communities, Public Health, Environment and Prosperity and Advanced Public Health Practitioner; Chief Executive, Young Devon, Head of Service for Information, Advice & Rights - Young Devon, Early Help 4 Mental Health Service Manager - Young Devon and Early Help 4 Mental Health Service School Support Programme Lead - Virgin Care; Head of Children's Social Care Operations Manager Early Help – Northern Devon Service Manager and Head of Education & Learning.
- A2.3 On **4 October 2017** the Task Group visited The Park Community School and met with the Deputy Headteacher and a range of school staff.
- A2.4 On **16 October 2017** members visited King Edward VI College, Totnes.
- A2.5 On **19 October 2017** the Task Group visited South Molton Community College and Pilton Community College.
- A2.6 On **23 November 2017** members went to meet young people from the EH4MH Hub Group, YES Centre, George Street, Exeter. The Task Group met with 6 Young People – all past and present Exeter College students, along with the Early Help 4 Mental Health Service Manager, Young Devon and the Participation Coordinator, Young Devon.
- A2.7 On **7 February 2018** The Task Group met the Chief Officer for Children's Services; Assistant Director of Public Health; Commissioning Manager (Children and Young People's Mental Health, South Devon and Torbay Clinical Commissioning Group; Children's and Young People's Commissioning Lead, NEW Devon CCG and Director of Strategy, Organisational Development & Workforce, Devon Partnership Trust.
- A2.8 On **5 March 2018** members met to discuss their findings and recommendations.
- A2.9 On **24 April 2018** the Task Group met the Head of Education & Learning and discussed the draft report.

Contributors / Representations to the Review

Witnesses to the review in the order that they appeared before the Task Group. Members also met with a significant number of children and young people on their school visits.

Witness	Position	Organisation
Fiona Fleming	Head of Commissioning Children's Services	Devon County Council
Dr Virginia Pearson	Chief Officer for Communities, Public Health, Environment and Prosperity	Devon County Council
Rachel Humphries	Advanced Public Health Practitioner	Devon County Council
Andy Moreman	Chief Executive	Young Devon
Ros Arscott	Head of Service for Information, Advice & Rights - Young Devon	Young Devon
Jamie Keyse	Early Help 4 Mental Health Service Manager - Young Devon	Young Devon
Sarah Lewis	Early Help 4 Mental Health Service School Support Programme Lead	Virgin Care
Mark Lines	Head of Children's Social Care	Devon County Council
Sarah Simpson	Operations Manager Early Help – Northern Devon Service Manager	Devon County Council
Dawn Stabb	Head of Education & Learning	Devon County Council
Kay Sanders	Deputy Headteacher	The Park Community School
Lorraine Stone	SENCO	The Park Community School
Simon Borrington	HLTA	The Park Community School
Sam Saintey	HLTA	The Park Community School
Lisa Barton	Pastoral Mentor	The Park Community School
Kim Scott	Pastoral Mentor	The Park Community School
Sarah Winstone	Assistant Principal – Inclusion	King Edward VI College
Andrew Finney	Principal	South Molton Community College
Lindsay Skinner	House Learning & Behaviour Coach / Safeguarding Officer	South Molton Community College
Michelle Goddard	Assistant Headteacher	Pilton Community College
Suzie Eden	SENCO	Pilton Community College
Julie Lea	School Counsellor	Pilton Community College
6 Young People	EH4MH Hub Group (all past and present Exeter College students)	YES Centre, George Street, Exeter
Jamie Keyse	Early Help 4 Mental Health Service Manager	Young Devon
Melody Hunter Evans	Participation Coordinator	Young Devon
Jo Olsson	Chief Officer for Children's Services	Devon County Council
Steve Brown	Assistant Director of Public Health	Devon County Council
Louise Arrow	Commissioning Manager (Children and Young People's Mental Health	South Devon and Torbay CCG

Kate Taylor	Children's and Young People's Commissioning Lead	NEW Devon CCG
Helen England	Director of Strategy, Organisational Development & Workforce	Devon Partnership Trust

Written representations

Catherine Higley	Headteacher	East-the-Water Primary School
Marc Kastner	Strategic lead for Education Inclusion Services & Other Services to Vulnerable Children	Devon County Council

APPENDIX 4

Bibliography

- CAMHS Transformation Plan – Devon Torbay and Plymouth (2017/18 Refresh)
- Future in Mind (Department of Health, 2015)
- [Children's Mental Healthcare in Britain \(Children's Commissioner, 2017\)](#)
- [Transforming Children and Young People's Mental Health Provision \(Department of Health / Department of Education 2017\)](#)