

WAMHS ANNUAL REPORT

2021/2022



CAMHS Alliance



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1. Introduction and History of WAMHS

In 2015 [Future in Mind](#) was published by the NHS. This document set out a number of principles and priorities to improve provision for Children and Young Peoples' mental health and wellbeing, including the expectation that "Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it".

Another of the directives was for each area to develop a Local Transformation Plan. In City and Hackney, Phase Two of this plan included a Schools Interface Workstream.

In 2017 the government Green Paper [Transforming Children and Young People's Mental Health Provision](#) set out a series of expectations including a mental health lead in every school and college, and the development of Mental Health Support Teams within schools and colleges.

At the same time, schools and settings in City & Hackney were noticing increasing mental health difficulties among their students, and experiencing a range of difficulties in accessing services to help. There were frustrations on both sides (in schools and mental health services) with systemic misunderstandings and poor communication, leading to delays in service provision to young people because of extended conversations to clear up misunderstandings between organisations.

In 2017 Hackney Education developed a proposal for the WAMHS pilot which was brought to the CCG and commissioning was agreed. The Schools Interface Workstream was established. Wellbeing and Mental Health in Schools (WAMHS) pilot, which contained four strands:

1. In 2018 stakeholders from City & Hackney participated in the Anna Freud Centre's [Mental Health Services and Schools Link Programme](#), a pilot which used the CASCADE model to support understanding of the system and the development of relationships. This took the form of two whole day workshops (over 3 cohorts) which included stakeholders from across the system, including schools staff, CAMHS staff, local authority colleagues, GPs, school nurses, youth workers etc.
2. The allocation of a dedicated link CAMHS worker to each participating school (40 in wave 1 of the pilot) for between one day per month (for smaller schools) and one day per week for larger secondary schools. This role would support a whole school approach to development, rather than providing a direct clinical service to children.
3. The allocation of a Wellbeing Framework Partner, a senior professional from the Leadership and Management/School Improvement Service in the Local Education Authority. This role led the auditing and action planning process in relation to the whole school approach for each setting.
4. A designated Senior Mental Health Lead in each school

WAMHS was ambitious and innovative in its approach because it prioritised resourcing whole school work and provided a unique bridging role between the health and education sectors.

The pilot was carried out in 40 schools over the period September 2018 - March 2020 and was evaluated for the first year (September 2018 - August 2019) by the Public Health team in Hackney. The [evaluation report](#) made a series of recommendations, the first of which was to continue with plans to expand and extend the WAMHS offer across City & Hackney state-maintained schools.

Despite the challenges of the Covid 19 pandemic, the WAMHS offer was rolled out to another 29 schools in September - October 2020. This brought the total coverage of state-maintained settings up to 49 of 60 primary schools, 16 of 17 secondary schools, 3 special schools and the Pupil Referral Unit (AP). Schools not showing an expression of interest remained outside the programme, but were encouraged to access the universal offer.

As a result of DfE pandemic funding ([Wellbeing for Education Return](#)), in September 2022, the third wave of WAMHS roll out took place. This offer was different in that it provided the Wellbeing Framework Partner element, but rather than a dedicated allocated CAMHS worker, access to clinical drop-in sessions for formulation, advice, support and case consultation. At the time of writing, one secondary school has not yet expressed an interest in joining.

2. Challenges faced

Recruitment and retention

There have been nation-wide challenges with both retention and recruitment in NHS CAMHS Services. This is particularly the case for clinicians working at the level with which we staff schools in the WAMHS service. This has in part been due to the conditions of the pandemic and the increased pressures on clinic-based services. This has led to more and longer gaps in service provision than might have been expected.

Pandemic

WAMHS has worked adaptively to the needs of schools and national guidance for frontline health workers. Throughout the last year, CWIS and EMHPs have been on site in schools, providing vital face to face contact. We have received positive feedback with some of our moves to online meetings, staff trainings and workshops for parents/carers and young person. The service continues to face a dilemma between how much it provides online offers and how much to keep face to face. Therefore, it has continued to provide a hybrid offer.

The pandemic has led to huge demands on schools and mental health services. Schools' staff have worked hard to manage the return to school and engagement and learning after such a disrupted period. Both schools and CAMHS report an increase in staff stress and sickness at the same time as supporting an increase in the mental health presentations of young people.

Working on integration

In 2019 MHST began working in 40 schools already working with WAMHS. From Sept 2022, MHST will have joined 56 schools. Over this exciting period of growth and change, we have developed key learnings that we are implementing in order to improve the integration of these services. We have learned that having joint meetings and action plans between schools, WAMHS and MHST makes roles and responsibilities clearer. Where possible having the CWIS and EMHP attending schools on the same day, has helped with a more cohesive offer.

3. Service outline

a. WAMHS

WAMHS consists of 3 connected and complementary components:

- **Whole school approaches**- WAMHS works with the schools, colleges and specialist provisions that are part of WAMHS to build up systems and structures that support wellbeing and positive mental health across their organisations. Wellbeing Framework Partners, through Hackney Education, help schools to conduct Wellbeing Audits and Action Plans to provide a focus for change that is monitored, and provide signposting and evaluation of components of whole school approaches.
- **CAMHS Workers in School (CWIS)** – A regular CAMHS worker in school is allocated to each school to help to develop and sustain closer working links between CAMHS and schools. As an agent of change, they provide a range of activities tied to the action plan, including providing training, consultation and support. Effective signposting and liaison works to ensure the right services are accessed at the right time. They support the school to make appropriate use of Specialist CAMHS services and other support services in the borough through signposting and liaison. They also support the school to make best use of the Mental Health in Schools Teams (MHST's, see below). [1]
- **Developing increased and enhanced partnership working across health, education and social care in City and Hackney.** Enhanced partnership working is sustained through the development of communities of learning, ongoing training and increased opportunities for partnership working.

b. MHST

Mental Health in School Teams (MHST) is an arm of WAMHS. The MHST can start working with schools no earlier than a year after the school has embedded a WAMHS CWIS, to help the school prepare for the service, as part of its whole-school Wellbeing Framework Action Plan.

A regular Education Mental Health Practitioner (EMHP) is allocated to a school to offer brief evidence-based interventions to support young people and their families with transient emotional difficulties. EMHPs are in training for the first year of their role. The MHST also supports whole school and targeted prevention work, and facilitates early identification and signposting to appropriate well-being and mental health resources in the wider community. The menu of offers includes:

- Universal workshops and groups for parents/carers, children and young people
- Signposting, consultation and triage
- Silvercloud online guided self-help packages with support

- Targeted individual and group work for parents/carers in primary and young people in secondary
- Advantage mentoring programme

c. Collaboration and inter-agency working in the borough

Tree of Life for African and Caribbean Heritage students

Tree of Life has been delivered in an innovative way in City and Hackney as part of the Growing Minds pilot. This approach brought together schools, mental health services and community organisations to deliver a culturally sensitive and relevant intervention (Tree of Life) to children and young people from African, Caribbean and mixed heritage, aged 11 to 18, in school settings. CWIS and EMHPS, where possible, offer support to determine that students are suitable for the intervention (no severe MH needs), ensure there are links with the school improvement plan, make links with further mental health support for students where needed, as well as supporting the delivery of the group on-site whenever possible and agreed with the school.

Advantage Project

MHST has continued to support the Advantage mentoring programme for young people aged 14-21 residing in City & Hackney. Advantage is an innovative partnership between Arsenal football club and East London NHS Foundation Trust.

LGBTQI+ practitioner training

In October 2021 WAMHS and MHST were invited to attend training about working with LGBTQI+ students through Susy Langdale at Family Action. Schools had been increasingly keen for help in understanding and supporting the needs of LGBTQI+ students. This training was followed by the offer of reflective spaces for WAMHS and MHST staff and school staff. There are hopes to restart a similar space in the upcoming academic year.

WAMHS and MHST in the Orthodox Jewish Context

WAMHS is working with 11 Orthodox Jewish Schools, 7 of which are part of the Orthodox Jewish Independent Schools Pilot. 4 of these schools also have an allocated EMHP.

In a commitment to cultural competency, WAMHS and MHST have funded termly training sessions with Koach Parenting, a local Orthodox Jewish organisation.

Overview of the Orthodox Jewish School Pilot

The table shows the breakdown of the number of pupils within each school. School Reference Number of pupils

<i>School A</i>	89
<i>School B</i>	231
<i>School C</i>	250
<i>School D</i>	144
<i>School E</i>	76
<i>School F – Special School</i>	78
<i>School G</i>	134
Total	1,002

Participating schools engaged in: - One day per month with the CWIS - Half day per half term with the WFP (six visits per year) - One WAMHS forum per term OJ WAMHS steering group convened every 6-8 weeks to discuss progress, challenges and plans moving forward. This was led by the WAMHS Project Manager and attended by CWIS, WFP, CL and CC.

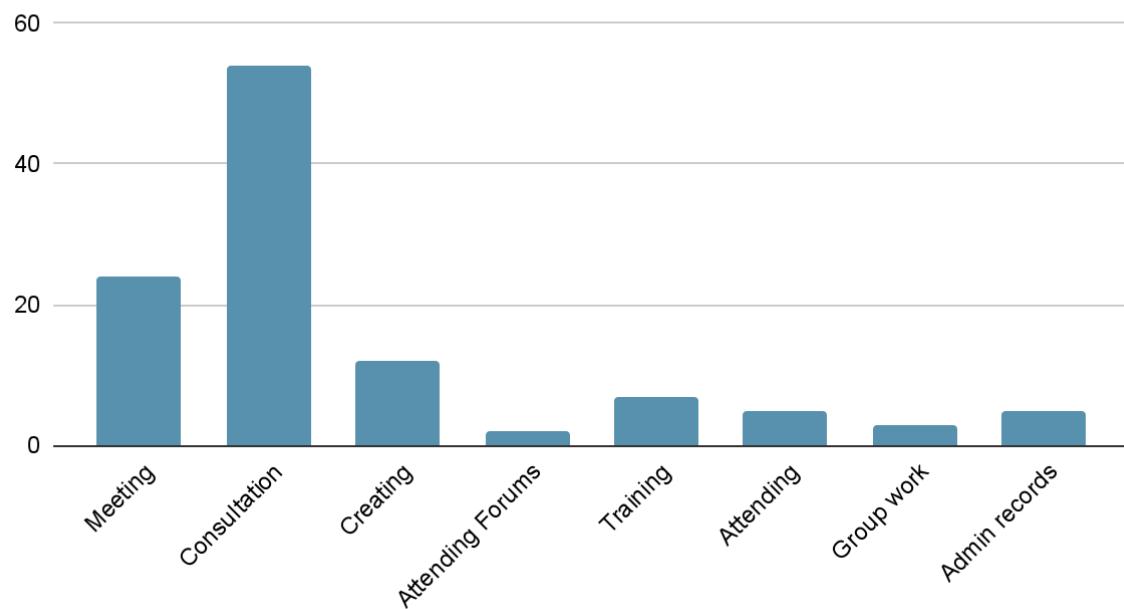
Work completed

Direct activity is work done by a CWIS that is about a named student. Indirect activity is work done by CWIS that is not about a specific student and can include activities like staff training, no named consultations and reflective practice. The figures below show the indirect activity delivered by CWIS between November 2020 and November 2021. A significant amount of indirect activity took place from November 2021 to date and although this was recorded by the CWIS, due to a system error, this data is not retrievable.

Total Direct Activity – 54 (this includes, named consultations and observations of young people)

Total Indirect Activity – 112 (Nov 21-22)

Activities undertaken



Feedback on WAMHS Forums provided as part of Orthodox Jewish School Pilot

The WAMHS forum were facilitated by clinical leads, Dr Beth Hill and Dr Debbie Forman. They were used as a space for new learning, shared learning, and reflection on achievements and reflections on the WAMHS journey at each school. It was particularly helpful for DMHLs to identify that they have journeyed, and that their journey is individual and dependent on many factors. It was also validating for DMHLs to share their overwhelm of school roles and responsibilities, learn about WAMHS projects which were successful and well received at other schools, and think about how these may be used at their school.

Topics of discussion were based on participants' interests and included

- introductions to other CAMHS Alliance services
- successfully facilitating difficult conversations with children
- successfully facilitating sensitive conversations with parents.

Sessions gave DMHLs space to reflect on their time, efforts, work, outcomes, and challenges as DMHLs in WAMHS. In the most recent forum, a lot of time was given to a discussion on DMHLs own self-care and the importance of taking time out to process difficult information or overwhelm at work.

Post attendee surveys highlighted that DMHLs gained a lot from the actual space as well as the content/learning shared. See quotes below.

"As a SENCO, it's been super helpful to discuss concerns, strategies, and liaise professionally with staff over both minor and more complex concerns/needs."

To quote the DMHL D after a WAMHS forum, “*I really liked the discussion and strategies for ‘outcome measures’ and how to assess therapeutic intervention; there was a lot of really helpful information there*”.

Young Hackney

We continue to work closely with Young Hackney. At a strategic level Young Hackney has representation on the WAMHS Steering group and there is liaison with the Service Manager of Young Hackney and Team Leader for Young Hackney Health and Well-being Team. We have also continued to grow and strengthen links between the two services on the ground, including promoting practitioner to practitioner contact in schools.

Supporting schools with students on CAMHS Waiting lists

Over the summer holidays, MHST supported the Specialist CAMHS Neurodevelopmental Team by offering a Mind The Gap Group for young people on the waiting list. This is a group for young people to attend post-diagnosis, to develop skills in problem solving and social skills as well and increase understanding of autism. MHST and First Steps are in regular liaison regarding MHST capacity to support young people on the First Steps waiting list and to think about where the best place (school or community) would be for the intervention to be completed.

4. Participation and co-production

a. Parents and young people

Participation has been an important agenda for development at WAMHS steering group. We have had meetings with other participatory organisations in the borough, such as Hackney Youth Parliament and Young Hackney leadership team. We have also liaised with Hackney Independent Forum for Parents/Carers of Children with Disabilities. During these meetings we have shared different participatory modelling ideas and sought feedback. This extends upon the explicit reference to student voice and parental engagement in Well-being Action Plans.

We have developed the role of Well-being in Schools Champion. This is a paid position for parents or young people with an interest in developing and improving the delivery of WAMHS. We are currently recruiting from parents and young people who have received an MHST intervention. We are also keen to include the voices of young people and parents who have not received a direct CAMHS intervention, either through MHST or other CAMH Service. We have prepared and delivered assembly presentations to promote and recruit to the role. We are currently auditing and aim to make use of existing well-being ambassador projects in schools.

For the coming academic year we aim to build a group of Well-being in Schools Champions who can be consulted to and whose ideas can be brought to the WAMHS steering group. These champions will also be invited to participate in working groups where they can help to develop service communications (e.g. brochures and social media).

The MHST is developing their universal workshop offer and regularly consult to parents about the timings and topics and seek feedback on this. MHST plan to seek the involvement of young people in the co-production of workshops this coming year.

b. Feedback and Outcome measures

CAMHS Workers in School seek feedback on trainings delivered, including the universal offer and bespoke offers to schools.

Feedback is built into action planning discussions between DMHL and CWIS.

Schools are expressing an interest in getting a snapshot of well-being (students and staff) in their schools so that change can be measured. CWIS' can join schools in this endeavour by thinking about the intentions of measurement, which tools they use to measure well-being, how the tools are administered and to whom and how they understand and respond to the data they collect.

For their direct interventions, EMHPs complete outcome measures pre and post intervention in order to gain information about any changes in well-being and symptoms. The results are fed back to young people, parents, schools and GPs via a summary closing letter.

This academic year we expanded our annual snapshot survey of WAMHS staff members to include DMHLS, CWIS, EMHP and WFP.

Paired outcome data was collected from either the parents or young people for **55%** of MHST referrals. This means that a pre and post outcome measure questionnaire was used to gather information about the young person's symptoms before and after an intervention was delivered and was used as a tool within the therapeutic relationship to help evaluate progress. The difference in symptoms pre and post intervention was also reported in closure letters to the young person, parent (if appropriate), school and GP.

It is important to bear in mind that not all referrals go on to receive an intervention so this affects the percentage of paired data recorded.

5. Universal offer

a. WAMHS Forum (main & primary)

We continue to offer one WAMHS forum termly to the Primary and Secondary Schools. These forums are a (currently online) space for sharing good practice and networking, as well as a chance to share relevant research and theory.

It continues to be a challenge for both teaching and CWIS to attend forums which are scheduled in teaching hours. This is noticeably more the case for secondary schools. We are considering options of moving the sessions face to face and or making the 'main forum' secondary focussed' so that topics and discussions feel most relevant.

b. Clinical Lead drop-in

This space was offered to schools who had a gap in CWIS provision due to recruitment issues. Four monthly spaces were advertised through WFPs and DMHLs were given the opportunity to book a slot. We have agreed that this will be expanded to two sessions a month in the coming year to provide a regular clinical point of contact for those schools taking part in Wave Three WAMHS

c. Universal training

The following universal trainings were offered during the course of the year:

Name of Universal Training	Date
Supporting Students with Emotional Based School Avoidance	29/09/2021
Supporting LGBTQ+ young people in a school setting	23/11/2021
Trauma in a school setting	20/01/2022
Year 6 - 7 Transitions	28/04/2022
Intellectual Disabilities in Mainstream and specialist education	23/06/2022

This academic year all offers were online and bookings were made through Eventbrite.

d. Universal workshops for parent and young people

The following universal workshops were offered during the course of the year via the WAMHS network mailing list, the WAMHS newsletter and posted on school websites. All offers were online and bookings made through Eventbrite.

<u>Title of universal workshop</u>	<u>Dates</u>
Managing child anxiety and supporting school attendance	For primary school aged Children: 16 th September 14 th October 2021, 27 th January 2022 For parents of secondary school aged children: 15th September, 13th October 2021, 27 th January 2022
Managing anxiety and supporting school attendance for parents of children with autism diagnosis	For parents of primary school aged Children: 23rd September 2021, 2 nd February 2022, 5th April 2022 For parents of secondary school aged children: 13 th October 2021
‘Take a moment’ self-care for young people	9 th February 2022
Managing Emotions	3rd March 2022, 18 th May 2022, 6th July 2022
Managing behaviour that challenges	3 rd March 2022
Managing anxiety	For parents of primary school aged Children: 7 th April 2022 For parents of secondary school aged children: 14 th April 2022
Supporting child’s transition to secondary	12 th May 2022
Supporting child with autism transition to secondary	9th June 2022

e. [Newsletter](#)

A regular ‘universal’ newsletter is sent to all schools in City and Hackney (not just those who have input from clinicians). This newsletter is a roundup of the local universal offer through WAMHS, other local and online resources and training for understanding and supporting mental health in schools, and examples of good practice using whole school approaches.

6. Activity Data

a. Direct

i. WAMHS referral data

Discussions regarding named children are recorded on the NHS system Rio. Named consultations are considered a 'referral' and are when 1) the parent/carer/student gives consent or 2) the parent/carer/student is present in the consultation or 3) where there is either a discussion of risk and or safeguarding concerns, or 4) the result is a clear plan that CWIS will be a part of delivering. There were 275 named consultations in WAMHS schools in 21-22. Whilst this number appears low, it is important to note that 1) the key purpose of the WAMHS service is whole school approach work, and 2) that many conversations occur about students in a non-named fashion and will be accounted for in the indirect data activity of a school.

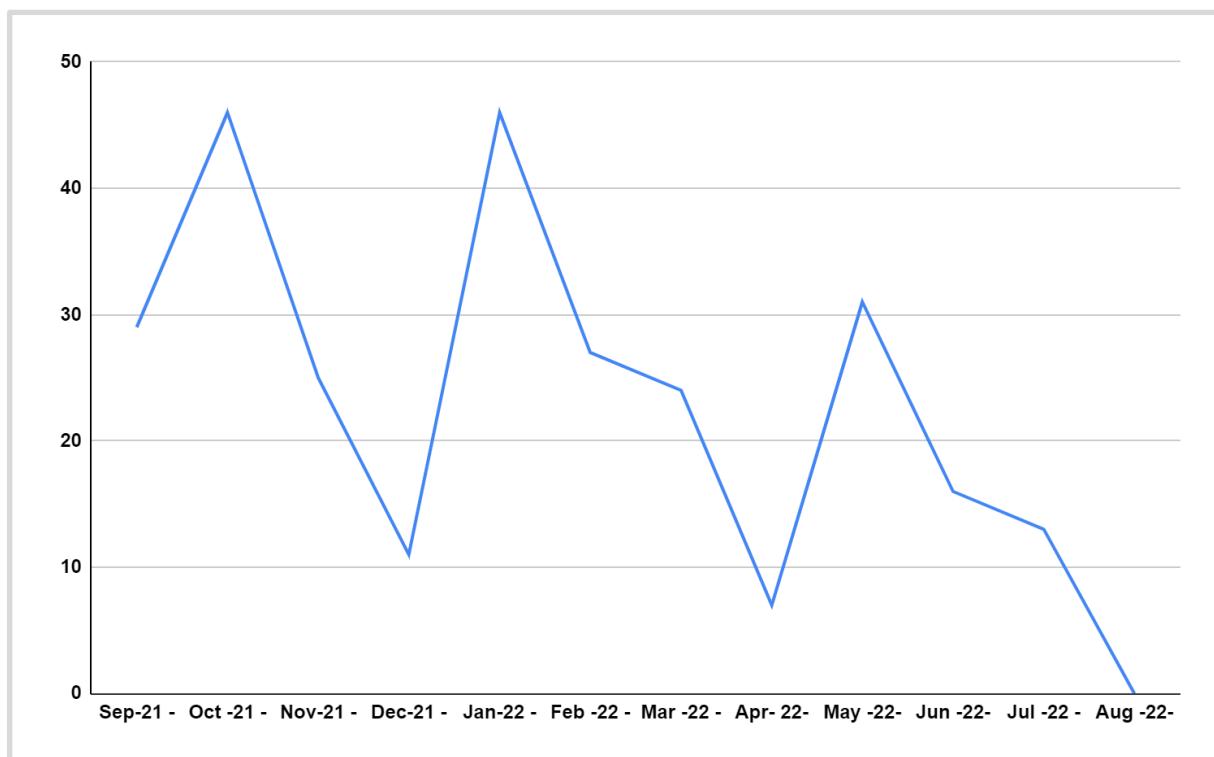


Figure 1: Line graph showing WAMHS referrals (named consultations) per month

Figures 2 to 4 show the demographics of those named consultations. Figure 1 suggests a relatively even split between named consultations in primary and secondary school, although the age categorisation of 10-14 means this is ambiguous around which side of transition to secondary consultations fall on.

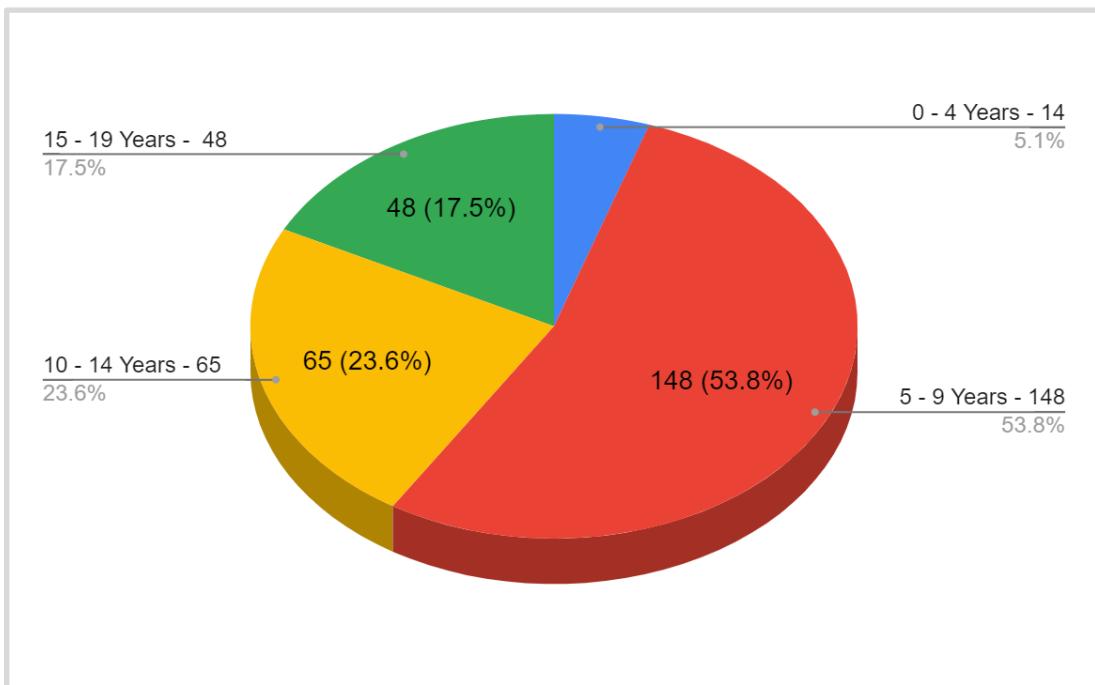


Figure 2. WAMHS referrals (named consultations) by age for 21/22

Figure three shows a slightly larger number of named consultations were about female students. This is similar to the gender difference in borough with there being slightly more females than males as shown in Appendix 3: School Census Data January 2022. Next year we will refine the analysis to allow a cross analysis between age and gender to explore interaction effects at play.

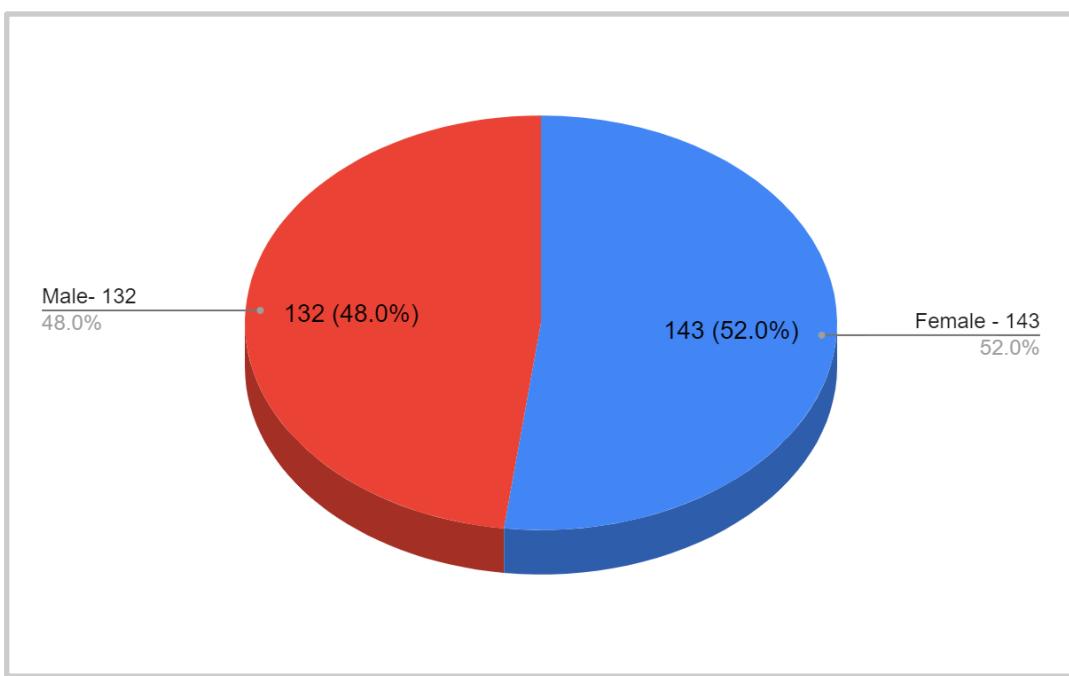


Figure 3. WAMHS referrals (named consultations) by gender for 21/22

Below, Figure 4 shows the most consultations were about white students (33.5% of named consultations - census data 35.2% of population), followed by Black and Black British students (24.4% of named consultations - census data 32.4% of population), Asian heritage students (9.1% of named consultations, census data 12.3% of population), and mixed heritage students (9.5% of named consultations, census data 12.5% of population). The most notable underrepresentation in consultation can be seen in the Black and Black British population. In subsequent reports, we aim to explore this in more detail, including interaction effects across age, gender and ethnicity, and improving practitioner recording of ethnicity to decrease the amount of not known or stated categories.

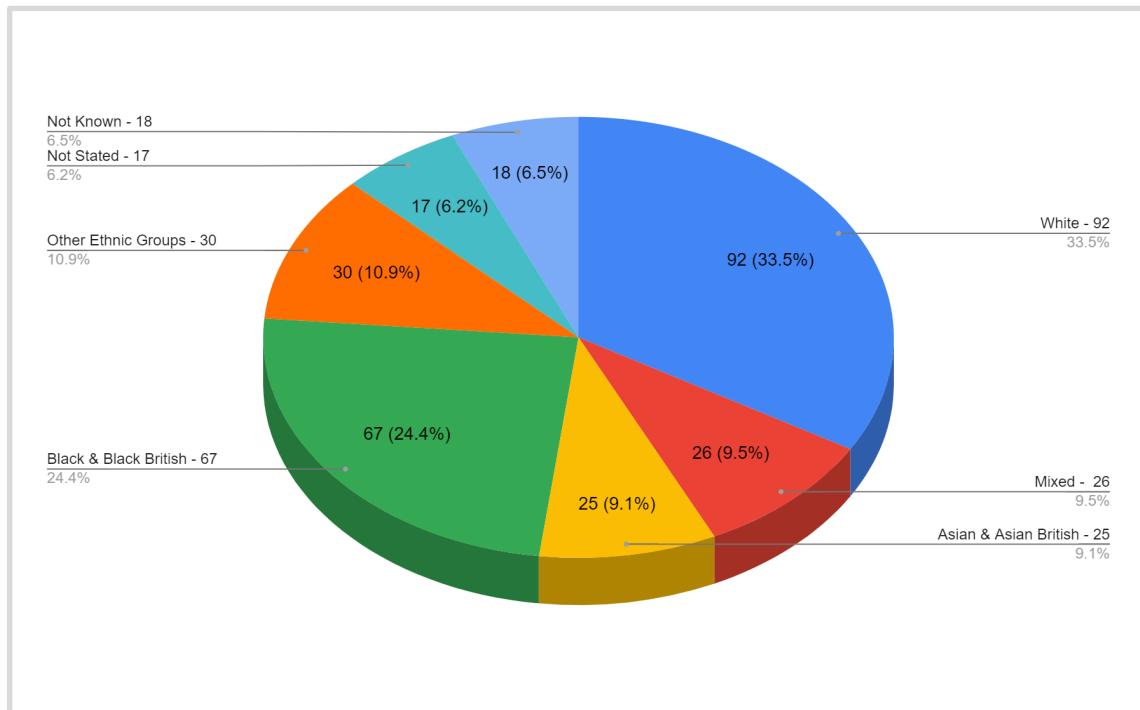


Figure 4: Pie chart showing WAMHS (named consultations by ethnicity) for 21/22

Figure 5 indicates the large range of named consultations by (anonymised) school (0- 39). Of note is zero named consultation in 27 schools. It will be of interest to better understand through linking to a schools action plan, why some schools are using their CAMHS worker in school frequently for named consultations and some are not using them at all for this activity.

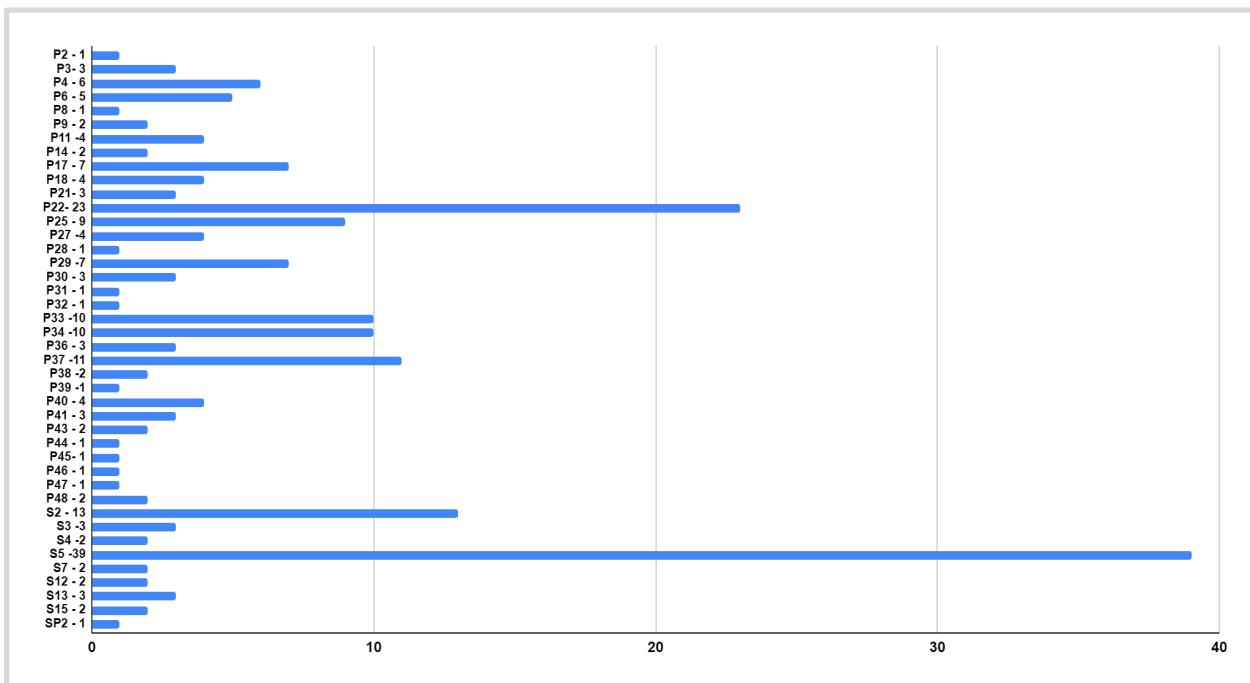


Figure 5: Bar graph displaying number of WAMHS named consultations for each school received September 2021-August 2022 a total of 27 schools are either Null or school unknown.

ii. MHST Referral Data

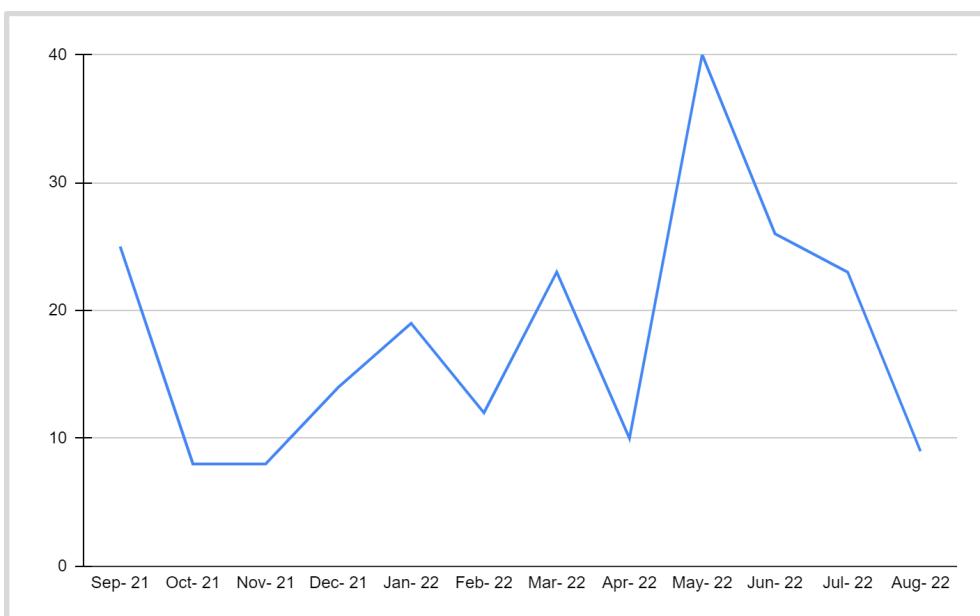


Figure 6: Line Graph displaying number of MHST referrals received September 2021-August 2022

217 referrals were received and 204 were accepted for MHST targeted interventions in this time period following triage. Triages take place before interventions are provided and in 13 instances, referrals were signposted to other services or for higher intensity interventions so referrals were closed at this stage.

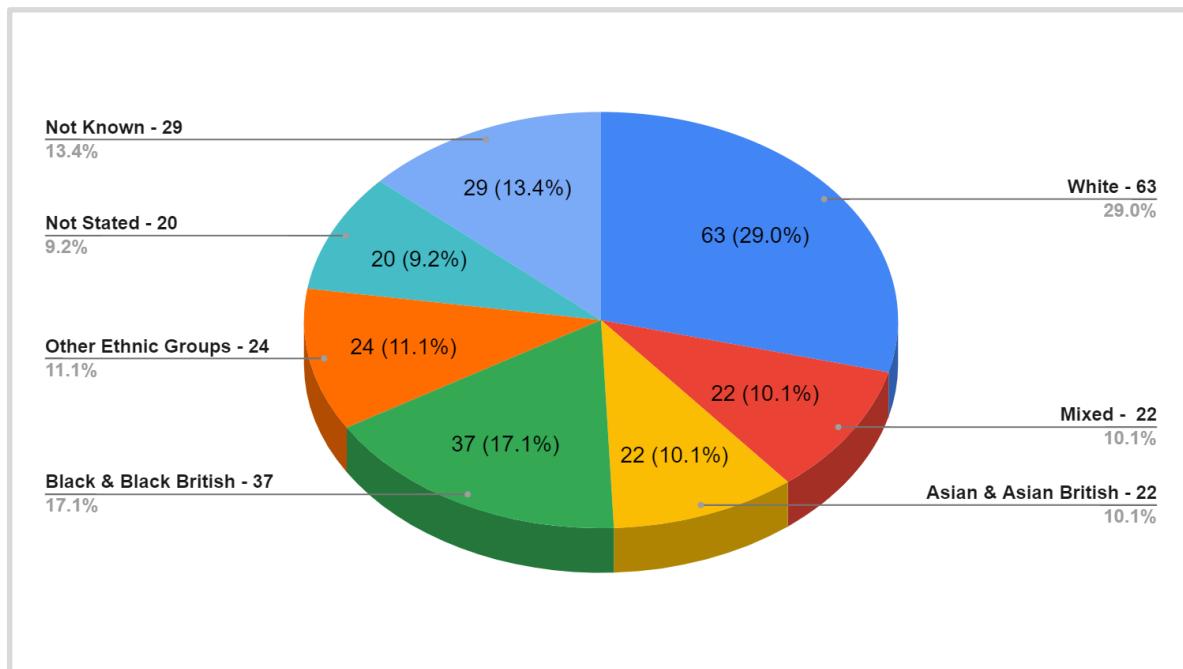


Figure 7: Pie chart displaying number and percentages of MHST referrals according to ethnicity

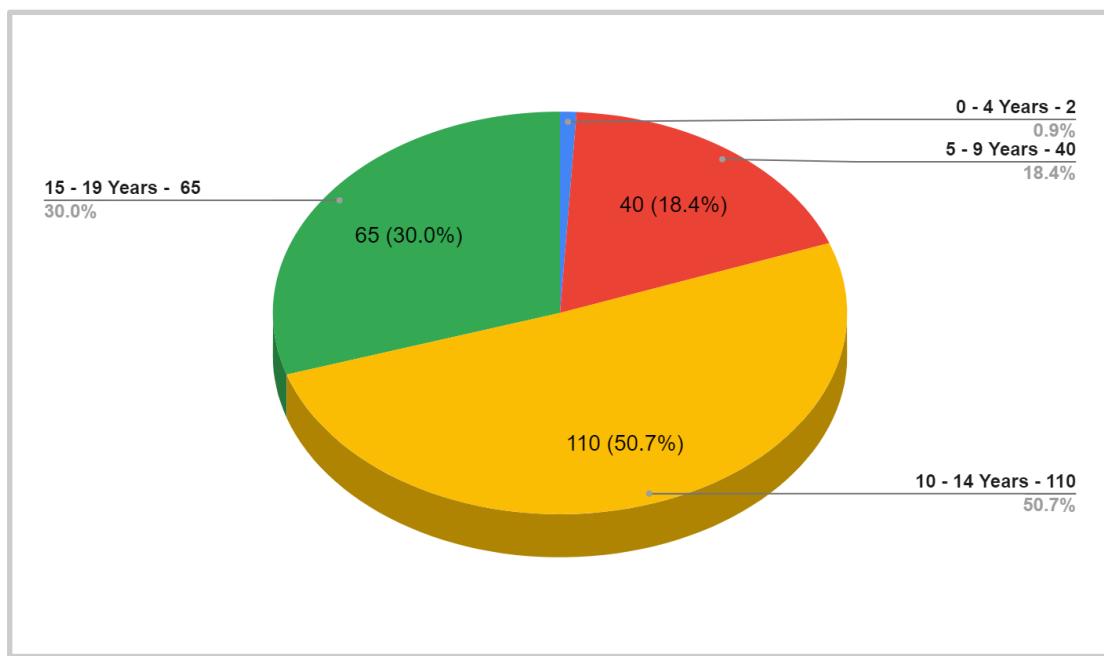


Figure 8: Pie chart displaying number and percentages of MHST referrals according to age range

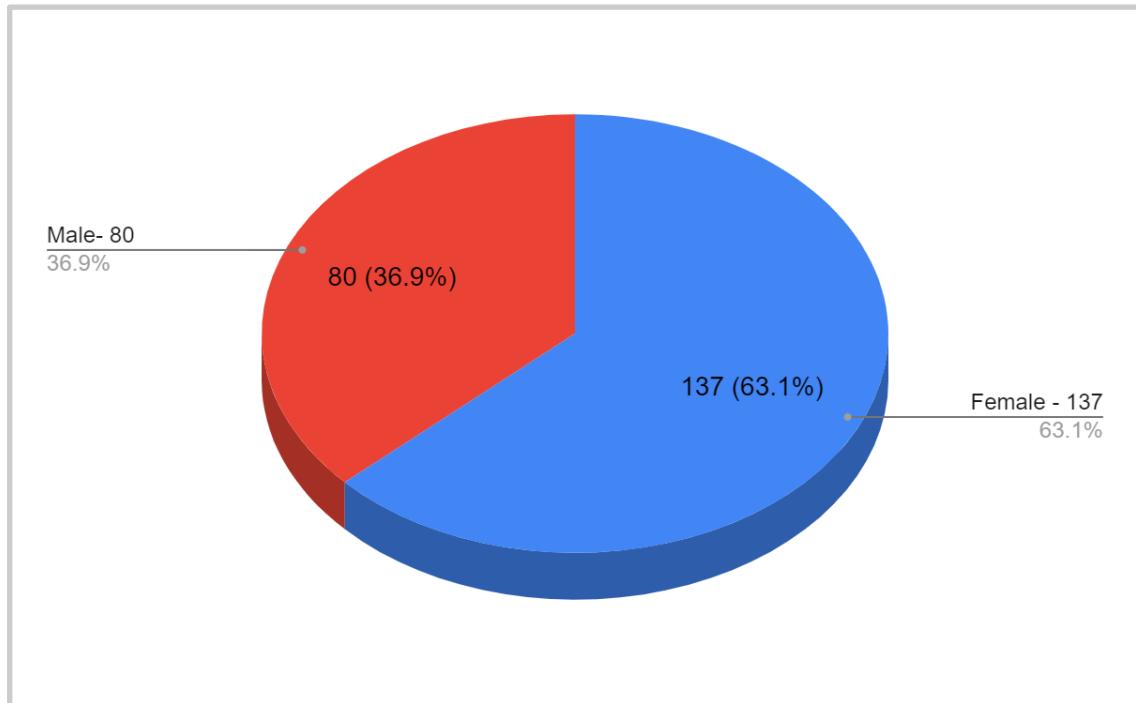


Figure 9: Pie chart displaying number and percentages of MHST referrals according to gender

Figures 7,8 and 9 indicate that the highest number of referrals to MHST are for white British (29.0%, 32% census data 35.2%) and black/black British (17.1%, census data 32.4%) females (63.4%, census data 51.28%) of secondary school age (80.4%, census data 52.8%).

Again, a notable underrepresentation in referrals can be seen in the Black and Black British population. This is something both MHST and WAMHS whole school frameworks seek to challenge.

As above with WAMHS referrals, it is important for us to understand how the demographics map onto the most recent census data and to carry out a cross analysis between age, ethnicity and gender. The higher rates of referrals for females to MHST reflects the higher rates of referrals to CAMHS for females, particularly during their secondary school years. As there is a higher number of referrals for secondary school young people rather than primary it would be useful to see if there is a gender difference as typically more males are referred to CAMHS for behavioural issues during primary and are then referred to other services at secondary. This can be linked to the gendered differences seen in emotional and behavioural difficulties (see Sachs-Ericsson & Ciarlo, 2000¹) with males more likely to be referred to services who work with externalising behaviours and females to services working with internalising behaviours.

¹ Sachs-Ericsson, N., & Ciarlo, J. A. (2000). Gender, social roles, and mental health: An epidemiological perspective. *Sex Roles: A Journal of Research*, 43(9-10), 605–628.
<https://doi.org/10.1023/A:1007148407005>

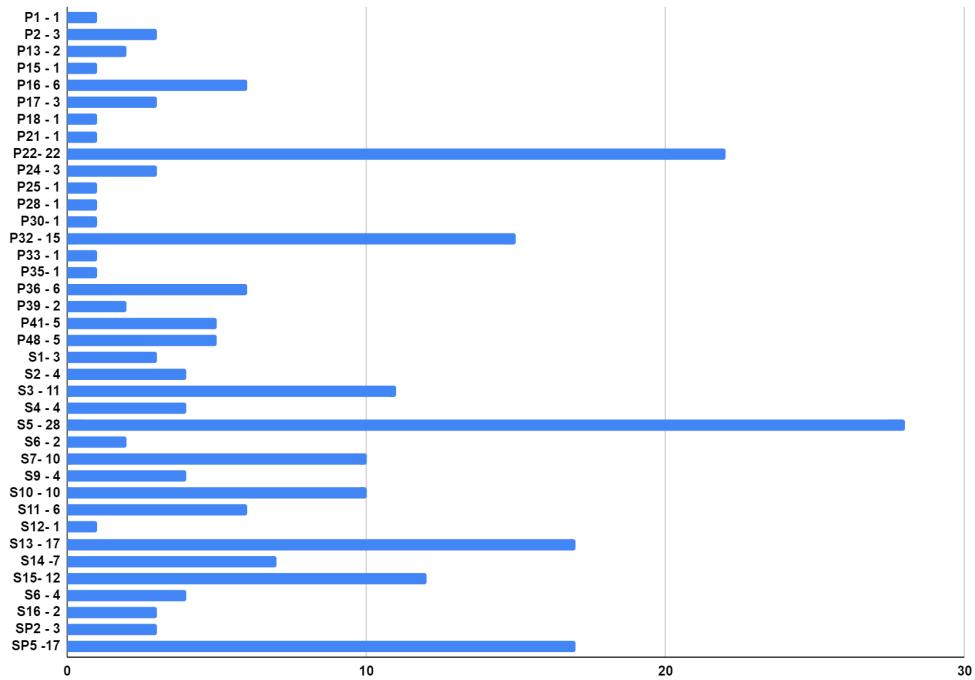


Figure 10: MHST referrals according to school between Sept 2022-August 2022

38 of 52 schools have a recorded referral to MHST during this period. As can be seen in figure 10, there is a wide range of referrals with one school referring 28 and others 1. This could be partially accounted for due to some schools using more universal offers such as workshops and groups, rather than targeted individual or group interventions which require referrals.

See Fig. 11 for a breakdown of the individual and group interventions delivered. Individual interventions with young people accounted for 53% of all targeted interventions delivered, with interventions for anxiety being slightly higher. Following this, targeted groups in primary schools were the next most frequently delivered interventions.

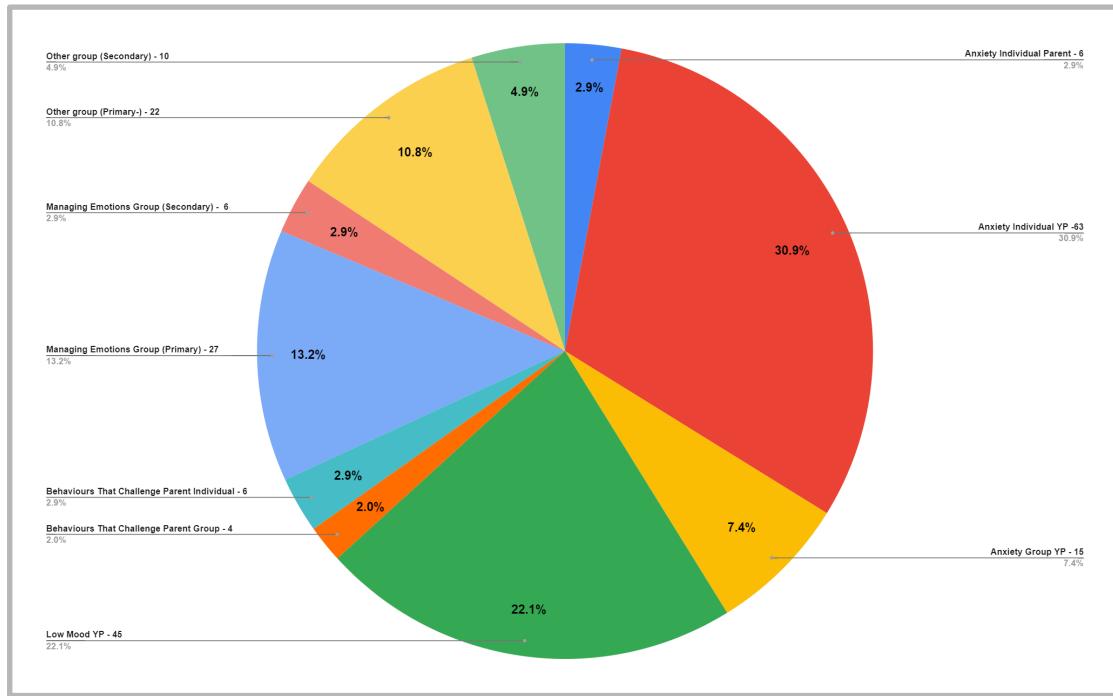


Figure 11: Pie chart displaying MHST targeted interventions delivered.

b. Indirect activity data

i. WAMHS

Figure 12 below shows how CWIS time has been used for indirect activity. Attending meetings, for example, inclusion/send/pastoral team meetings, action planning meetings or meetings to support schools with wellbeing projects accounted for just over a third of indirect activity. Other frequent activities included no named consultations (20.8%) and creating resources for staff and for students (11.4%).

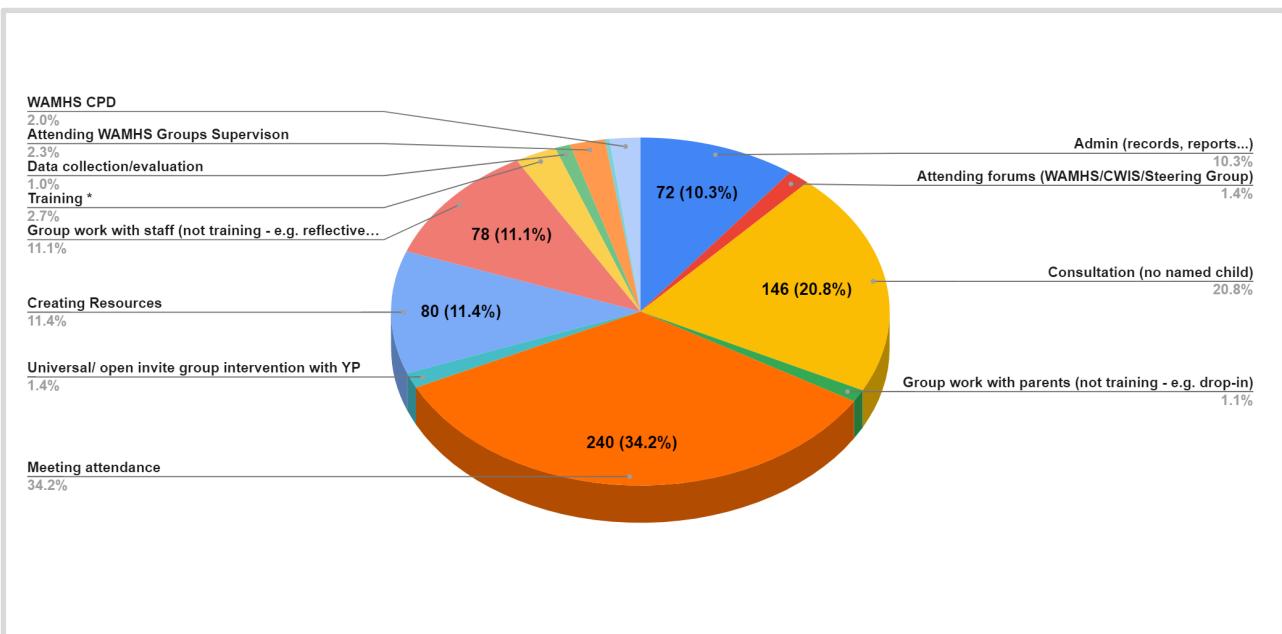


Figure 11: WAMHS indirect activity breakdown August 2021-Sept 2022

Important to note that schools use their CWIS differently and some may use the time for many direct consultations.

Data universal training offer

Name of Universal Training	Number of sign ups	Number of attendees	Number of those who completed the feedback form
Supporting Students with Emotional Based School Avoidance	29	14	5
Supporting LGBTQ+ young people in a school setting	20	20	3
Trauma in a school setting	30	16	2
Year 6 - 7 Transitions	15	6	4
Intellectual Disabilities in Mainstream and specialist education	13	3	3

The role of those who attended included, Teaching Assistant, Deputy Headteacher, SENCO, Librarian and other School Teachers.

18 responses were received for the Universal WAMHS Training feedback survey. The following graph shows the 18 responses to how much the attendees think they have learnt during the training. The majority reported learning 'quite a lot'.

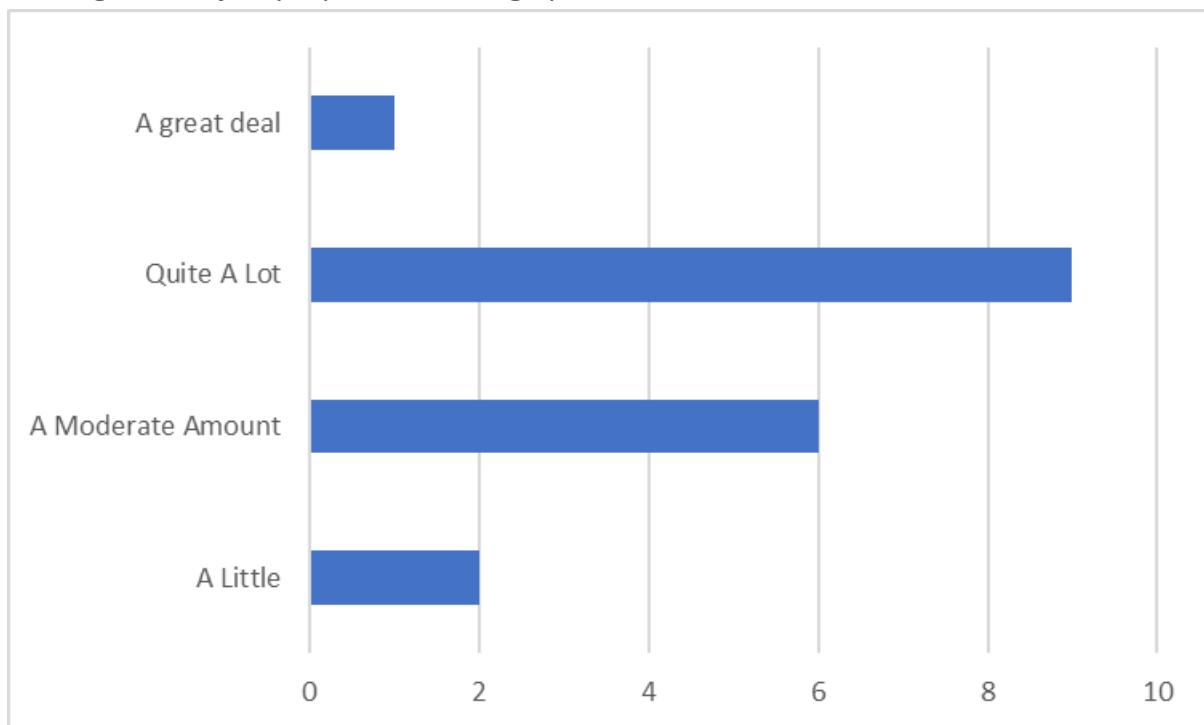


Figure 12: Graph showing responses to the question: How much do you think you have learned during this training?

The following graph shows the 18 responses to how much the attendees think their work will change as a result of this training. The majority reported learning 'A Moderate Amount'.

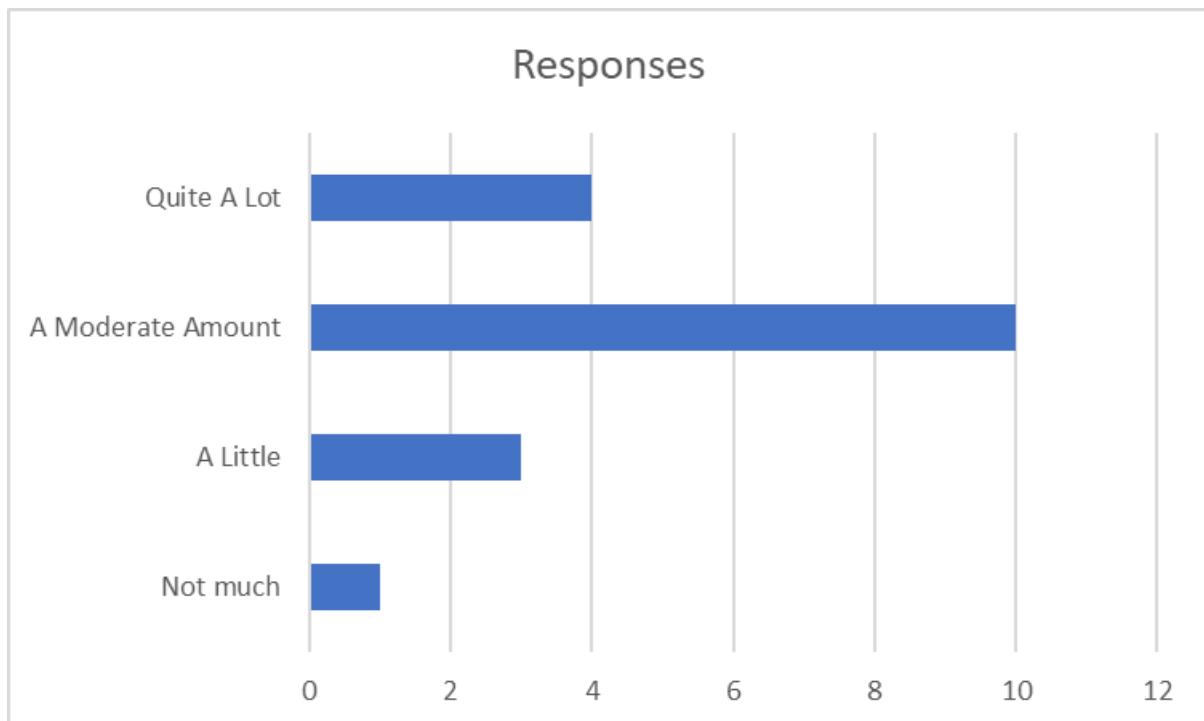


Figure 13: Graph showing responses to the question: How much do you think your work will change as a result of this training?

Data for bespoke training

34 bespoke training sessions were offered by the WAMHS team. Information about when these offers were provided and the number of attendees is displayed in Appendix A. Figure 14 gives an overview of the types of bespoke trainings provided by WAMHS Clinicians and Figure 15 shows the number offered to different school groupings.

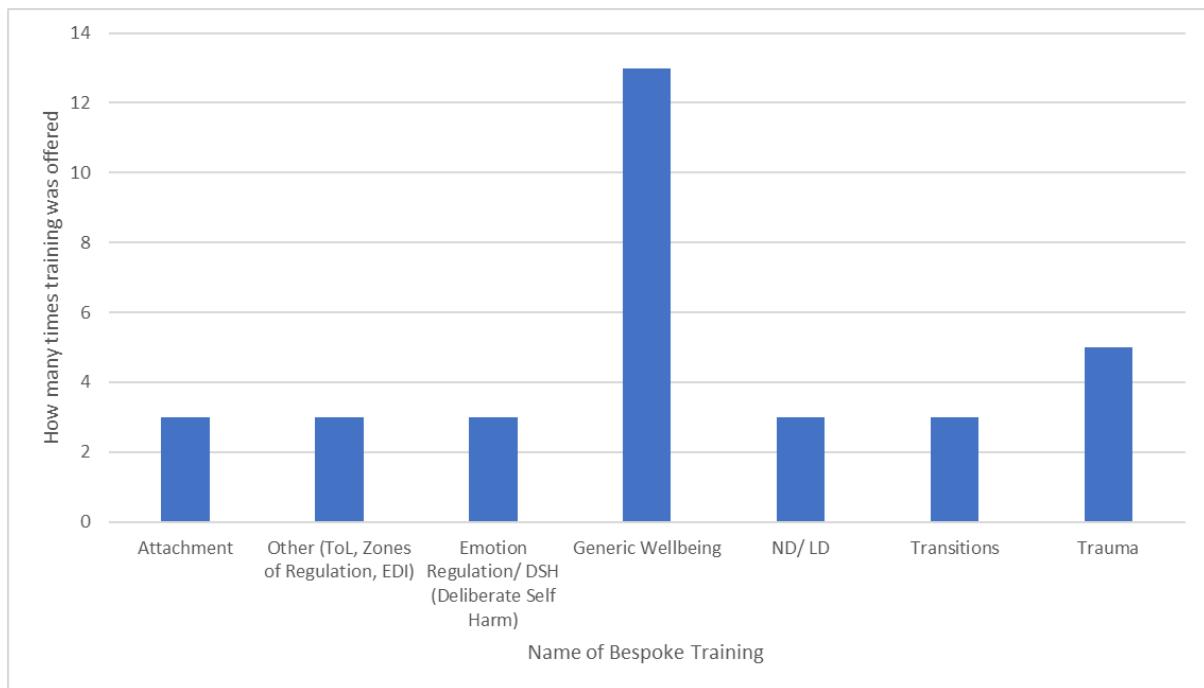


Figure 14: Bespoke trainings bar graph with training topics grouped together

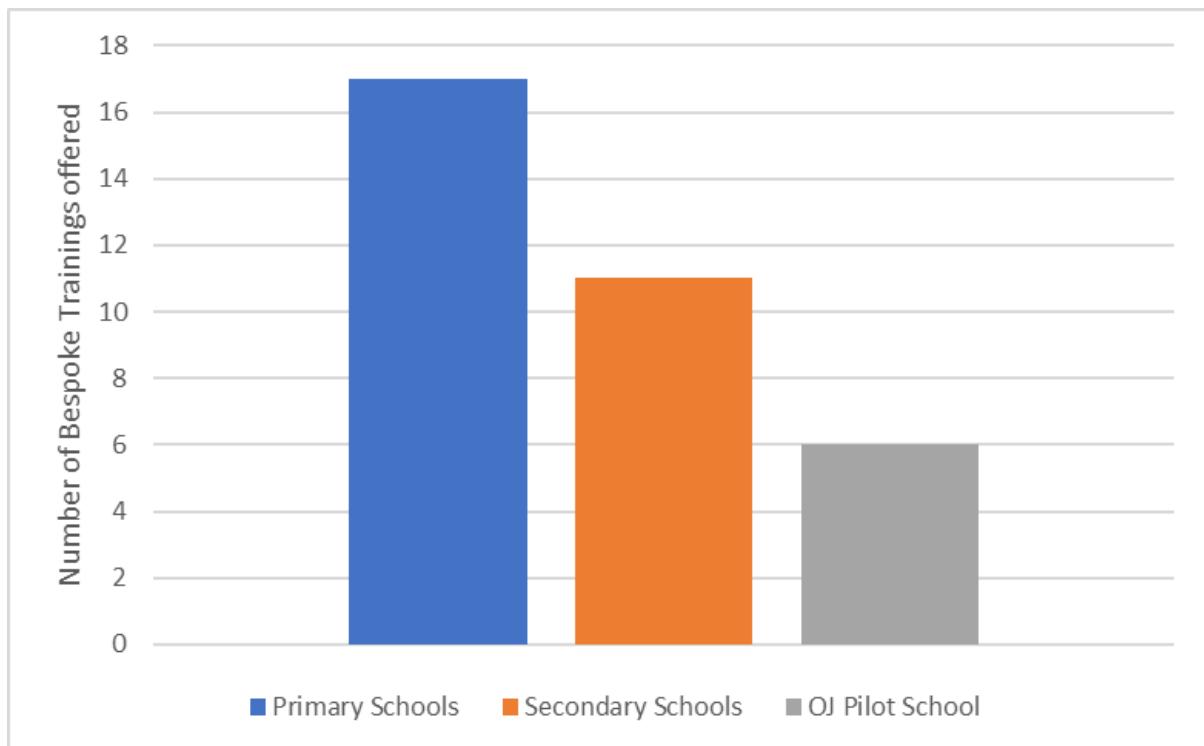


Figure 15: number of trainings in primary and number in secondary

Unfortunately feedback forms were not completed consistently using the generic form so it is not possible to provide overall feedback for the bespoke training offers.

ii. MHST Indirect Activity

Figure 16 below shows how MHST Practitioners time has been used for indirect activity. Attending meetings and providing workshops (universal online offer or bespoke within schools) or universal group interventions for children or young people accounted for the majority of activities recorded, followed by time spent completing administrative tasks and creating resources. Group offers included managing emotions and transitions groups in primary and secondary schools. Bespoke workshop offers were drawn from the same menus as for the universal workshops, alongside workshops for primary school aged children such as managing friendships and understanding mental health.

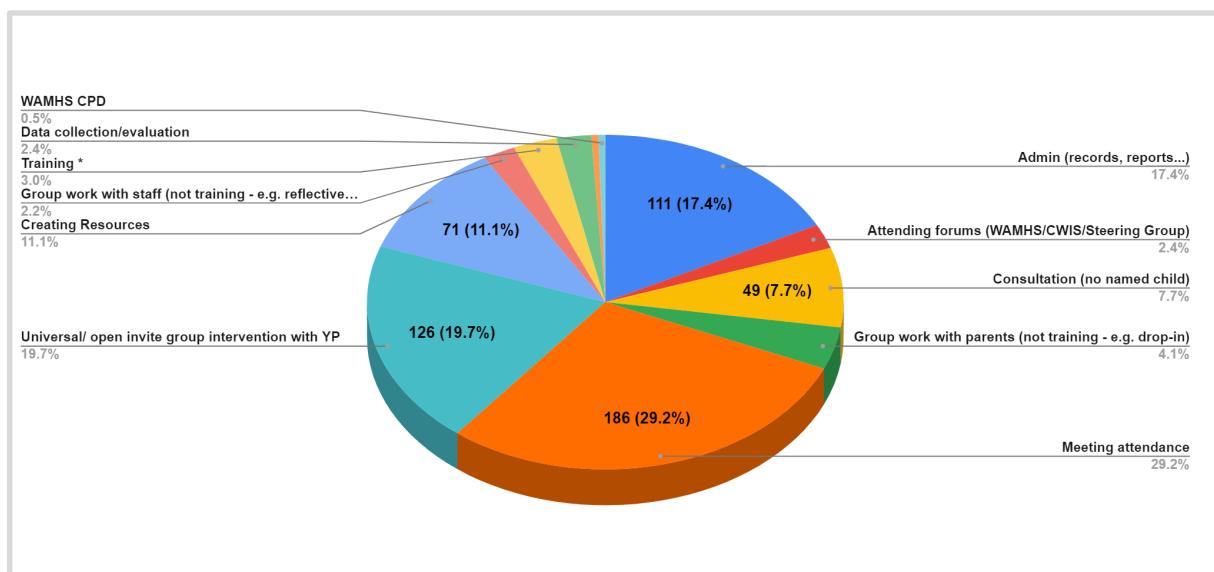


Figure 16: MHST Indirect Activity Breakdown September 2021-August 2022

The table below displays 2 bespoke trainings offered by the MHST Practitioner working within Special Schools between: September 2021-August 2022.

<u>School</u>	<u>Date</u>	<u>Title</u>	<u>Number of Attendees</u>
SP1	24/02/2022	Understanding puberty and development	6

P26	24/05/2022	Adult child interaction - with SLT	1
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Of the 18 universal workshops offered during September 2022-August 2022, 14 were offered to parents/carers and 4 for young people. Sign-ups and attendance rates at parent/carer workshops were higher than workshops for young people. The highest number of sign-ups for parent/carer workshops was 42 and attendance 36. In comparison there was a much smaller number of sign ups and attendees at online workshops for young people, with the highest number of sign-ups being 3 and attendees 2. See Appendix B for a table displaying the universal workshop offer including the number of people that signed up and the number that attended and completed a feedback questionnaire where recorded.

92 people filled in the MHST Workshop Feedback survey after attending a universal workshop. 34 people that filled in the survey were parents/ carers, 40 people were young people and 18 people didn't clearly specify (see Figure 16).

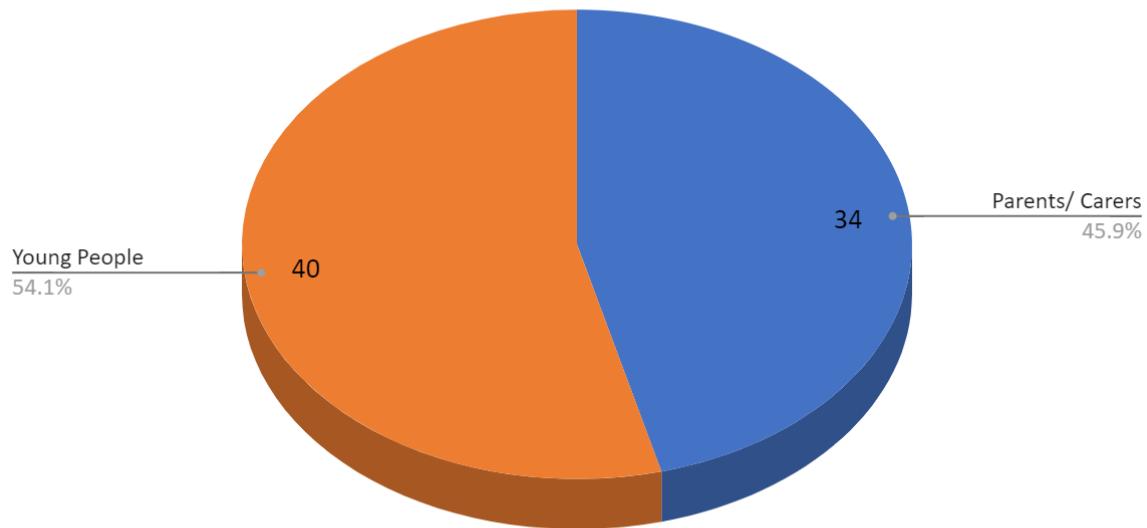


Figure 16: Pie chart displaying the number of parent/carers and young people that completed a questionnaire after attending an MHST Universal workshop.

96.7% of respondents said they would recommend the workshop they attended to others. 69.6% gave a rating of 4 or 5 out of 5 with 5 meaning that the content definitely met their needs (see Figure 17 for a breakdown of responses). 95% gave an overall approval rating of 'good' or 'very good'.

Respondents were asked to rate the level of confidence they had in managing the issue addressed in the workshop before and after attending the workshop. Figure 18 displays the

responses which indicate that following the workshop, confidence ratings were generally higher.

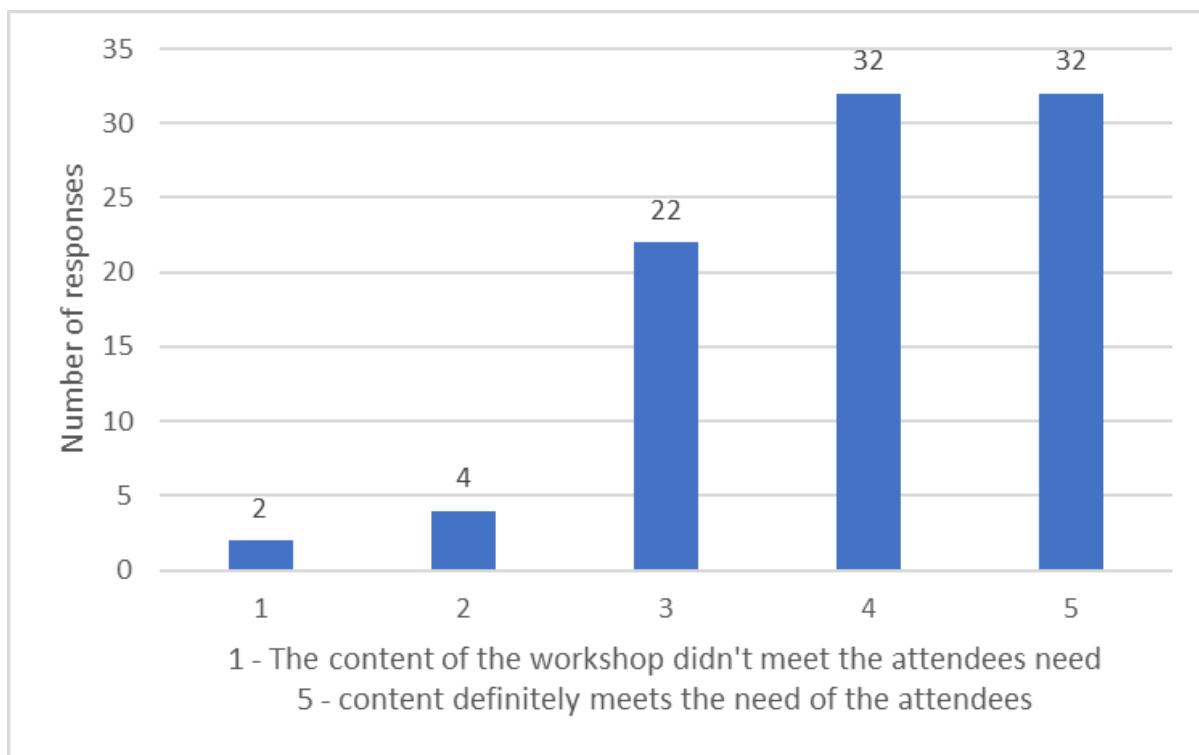


Figure 17: Graph displaying how much respondents felt the content of the workshop met their needs.

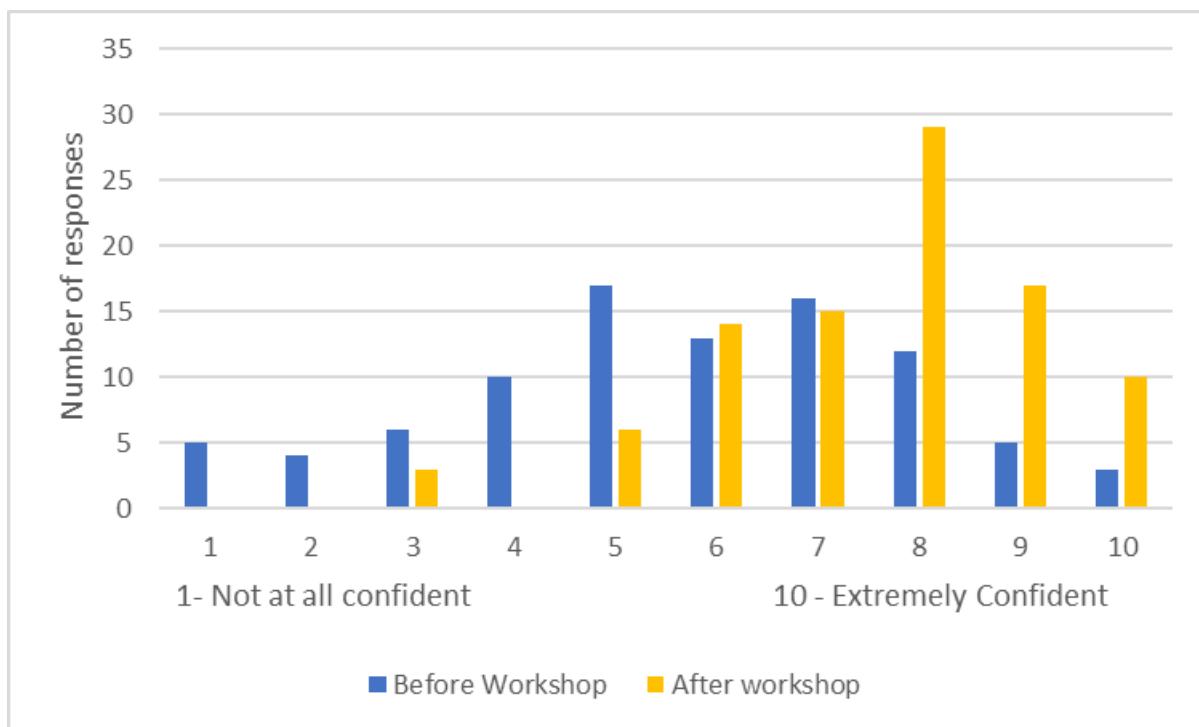


Figure 18: Level of confidence regarding the particular workshop topic before and after attending

Unfortunately feedback forms were not completed consistently using the generic form for bespoke workshops so it is not possible to provide overall feedback for the bespoke workshop offers. Data recording has improved since May 2022 when our senior administrator/communications officer joined the team. This led to an increase in the number of feedback forms returned using the same form.

c. Qualitative (case studies)

Example from a Secondary School

In one of the secondary schools WAMHS has had a significant impact over a period of four years. The early work focused on the most vulnerable children, using the initiative to help strengthen the impact of the referral system to ensure more effective outcomes for students. CAMHS colleagues have assisted in redesigning the approach with ensuring all pupils and staff have an awareness of mental health and when intervention is needed. Systems are now in place to more effectively monitor mental health interventions to ensure effectiveness, with particular focus on ensuring support for boys of black Caribbean and African heritage. This has included the introduction of the Tree of Life work.

This year the focus is on developing a wellbeing policy for staff and students. The school is now developing both the capacity for students to have face to face support from a mental health professional and the universal “self-help” offer. This includes Year 7 anxiety workshops led by the MHST.

Example from Special School

In one of our special schools the CAMHS worker has supported the development of a ‘wave model’ of tiered support with a particular focus on the sensory classroom. The CWIS has also assisted in updating school documentation to improve the guidance on mental health and wellbeing in the Staff Handbook and Behaviour Policy. This year the focus will be on staff training, supporting leaders at all levels to engage in difficult conversations, and developing a staff wellbeing charter.

d. Challenges

We continue to improve data collection across the two NHS trusts for WAMHS indirect and direct data. However there are some aspects of accurate data collection in the community that were challenging in this time period. For example there was a period of 3 months whereby clinicians from Homerton University Hospital were unable to access the indirect activity Google form (due to the trusts changes in online security policy, leading to a chunk of missing data on that side and was entered retroactively. We cannot, therefore be sure if it is a complete record. It would be good practice for line managers to be checking that data entry is completed in a timely fashion. A monthly report of the indirect activity form will be circulated to clinicians so they can check for errors and any anomalies in the data can be

picked up. We also aim to perform an annual data clean after each school year to try and circumvent any errors with the data.

There is also the issue of incidental conversations about children and young people that are not being rigidly recorded, so although these conversations technically count as indirect activity, they are not being represented in the data.

There is also no central repository for feedback forms. There is a feedback google form around the universal training offer that clinicians are asked to fill in however it has not been consistently used.

7. Finance/Budget

WAMHS

CAMHS Workers in School (CWIS) have been provided by ELFT (Specialist CAMHS), Homerton Hospital Trust (First Steps and CAMHS Disability. From September 2022, 3 days per week (0.6 WTE) was provided by the London Borough of Hackney (Educational Psychology Service). The below costings represent the data in 2020, so should be treated as indicative for the 21-22 period.

WAMHS UNIVERSAL ROLL-OUT			(April 2020)		
Type of School	Number	Size	Plan 1	Days/w	
Primary	59	0 -	0.25	0	
		59 -	0.5	29.5	
Secondary	18	2 > 350	0.25	0.5	
		3 350-750	0.5	1.5	
		13'50 - 1580	1	13	
Special	6	1	1	0.5	
		5	1	5	
				50	
Total	83				
			WTE	10	
			Cost	£ 700,000	
			WFP	£ 93,713	
			Lead Liaison	£ 11,900	
			TOTAL	£ 805,613	

The Wellbeing Framework Partner role is provided by the School Improvement Team in Hackney Education, London Borough of Hackney.

Three half day visits to each of the 59 primaries (one x term)

Two half day workshop with 3 cohorts of primaries (run by 2 WFP)

Six half day visits to each of the 18 secondary schools

Six half day visits to each of the 3 special schools

Six half day visits to the PRU

WFP MODEL PHASE 3 (UNIVERSAL ROLL OUT)					
Primaries					
Days	Times	People	Schools		TOTAL Days
0.5	3	1	59		88.5
0.5	6	2	1		6
					94.5
Secondary and Special					
Days	Times	People	Schools		TOTAL Days
0.5	6	1	18		54
0.5	6	1	3		9
0.5	6	1	3		9
					63
Primaries + Secondary/Special			Lead Liaison		
Days	£ x day	Cost	Days	£ x day	Cost
157.5	595	93,713	20	595	11,900
TOTAL					
£			£		
93,713			11,900		
	£				
		105,613			

From September 2022, we were able to use the DfE fund for Wellbeing Return to Education to fund a further roll out of Wellbeing Framework Partners to the remaining schools in the borough who had not previously joined WAMHS. This was a Wellbeing Framework Partner offer only as there is currently no further funding to allocate clinicians, nor workforce available. The intention is to redesign the service to provide link CWIS to all settings over the next two years.

	Schools/settings	Total days p/a	Cost per day	Total days	Total cost
Wellbeing Framework Partner 0.2	14	42	£625	42	£26,250
Total					£26,250

MHST

Below is the overall funding for the MHST Programme for the financial year 2021/22. This includes the funding of 2 MHSTs which includes 8 Education Mental Health Practitioners (4 per MHST), supervisor, leadership and administrative roles.

	2021/22*
	Amount
TOTAL	£875,213

*based on an indicative 2% annual uplift

8. Challenges & Opportunities and the Direction of Travel/Looking to the future

Challenges

- Recruitment and retention - turnover of CAMHS staff
- Staff illness/burnout/life choices (post-pandemic)
- Link up between CWIS/EMPH/WFP & schools - lack of clarity in roles and management
- Schools' capacity & working with agencies, including increased pressure on schools and services as families suffer the impact of the cost of living crisis?

Opportunities

- Neighbourhoods alignment (also with Children & Family Hubs, Early Help & PCNs)
- Creating more neighbourhoods teams in WAMHS/MHST to create communities of practice & mitigation of vacancies
- Future funding for MHST to increase capacity in WAMHS/MHST
- Future reorganisation of management structures to better integrate WAMHS & MHST, Educational Psychology Service, including all CWIS providers, with First Steps provision as a coherent "Getting Help" system for MH/Wellbeing to strengthen communication between clinicians working into teams.
- Integrated CAMHS
- Single Point of Access
- In order to evaluate the impact of the service provided, it will be important to increase the regular and standardised collection of feedback on consultations, training, workshops and groups.

9. Appendices

Appendix A: Bespoke WAMHS trainings

<u>School</u>	<u>Date</u>	<u>Title</u>	<u>Number of Attendees</u>
P2	25/01/2022	Emotion regulation	15
OJPr1	31/01/2022	Introduction to Emotional Wellbeing in Primary aged Children	20
OJPr1	21/03/2022	Thinking about Classroom Dynamics	missing data
OJSec1	30/05/2022	Emotional Well-being in Schools	9
OJPr2	23/05/2022	Introduction to Mental Health for Year 11	20
S2	28/01/2022	Managing a traumatic incident: reflecting, responding and healing	100
S2	05/07/2022	Creating Support Plans Using Zones of Regulation	10
S3I	19/05/2022	Inset whole day training on Psychological First Aid/delivered presentation on WAMHS role	20
S3	14/06/2022	Take a Moment	6

<u>School</u>	<u>Date</u>	<u>Title</u>	<u>Number of Attendees</u>
S5	10/06/2022	Well Being Evening - Recognising and Supporting Self Harm	5
S5	01/07/2022	Planning meeting with Andreanna and Geethu	3
S5	23/05/2022	Training about mental health first aid to learning support assistants and engagement support assistants 1hr	20
S5	10/11/2021	Parent wellbeing evening	15
P6	15/03/2022	Transitions	4
P7	18/01/2022	Attachment	9
P8	05/05/2022	Trauma informed care	10
S7	21/03/2022	Supporting Mental Health within Schools	26
P12	23/02/2022	Trauma informed schools	9
P12	21/01/2022	Trauma informed schools part 1	11

P12	19/01/2022	Trauma informed schools part 1	9
<u>School</u>	<u>Date</u>	<u>Title</u>	<u>Number of Attendees</u>
P12	26/05/2022	Secondary transition workshop part 2 for Yr. 6	30
P15	11/01/2022	Attachment in the Classroom	16
SP1	24/02/2022	Understanding puberty and development	6
JS3	25/04/2022	Supporting Young People in School	15
P23	01/02/2022	Attachment and Anxiety in the classroom	25
P23	01/02/2022	parent training managing anxiety	8
S11	06/05/2022	Parent Forum presentation - MH and wellbeing	1
P30	16/06/2022	Children's mental health and well-being	30
P33	14/03/2022	Parent training on anxiety	4

Side by Side school (OJ Pilot)	18/05/2022	Development and disability (LSA training)	5
Side by Side school (OJ Pilot)	01/06/2022	Development and disability (LSA training)	5
<u>School</u>	<u>Date</u>	<u>Title</u>	<u>Number of Attendees</u>
P40	12/07/2022	Supporting Transition to Secondary School	15
P43	28/04/2022	Emotional Regulation	15
P45	10/05/2022	Autism and emotion regulation in the classroom	9
S13	31/01/2022	Tree of Life	14
Talmud Torah London Boys (OJ Pilot)	26/05/2022	Implicit biases	15
P46	08/03/2022	Anxiety- how to talk to your child about anxiety	4
P47	20/09/2022	Pupil Wellbeing role development training	9

Appendix B: MHST Universal Workshop Offer

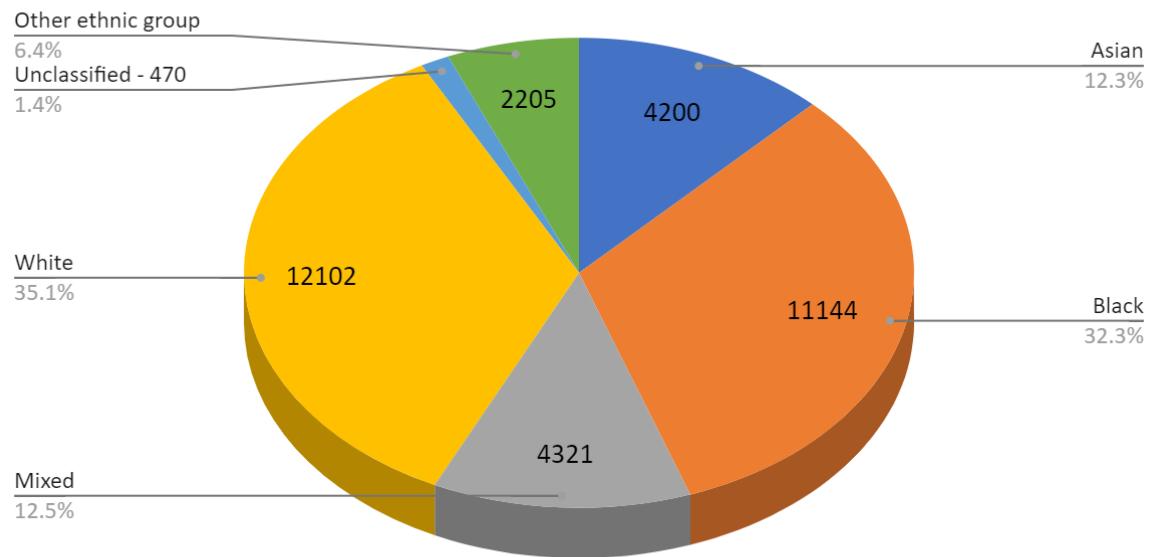
<u>Date</u>	<u>Title of universal workshop</u>	<u>How many signed up</u>	<u>How many attended</u>	<u>How many completed feedback questionnaire</u>
16 th September 2021	Managing child anxiety and supporting school attendance	13	Missing data	Missing data
14 th October 2021	Managing child anxiety and supporting school attendance	10	Missing data	Missing data
15th September 2021	Managing teen anxiety and supporting school attendance	Missing data	Missing data	Missing data
13th October 2021	Managing teen anxiety and supporting school attendance	19	Missing data	Missing data
23rd September 2021	Managing anxiety and supporting school attendance for parents of	31	Missing data	Missing data

	children with autism diagnosis			
13 th October 2021	Managing anxiety and supporting school attendance for parents of teens with autism diagnosis	Missing data	Missing data	Missing data
27 th January 2022	Supporting child's school attendance	0	N/A	N/A
27 th January 2022	Supporting teen's school attendance	25	Missing data	Missing data
2 nd February	Supporting child with autism school attendance	Missing data	Missing data	Missing data
9 th February 2022	'Take a moment' self-care for young people	Missing data	Missing data	Missing data
3rd March 2022	Managing Emotions	0	N/A	N/A

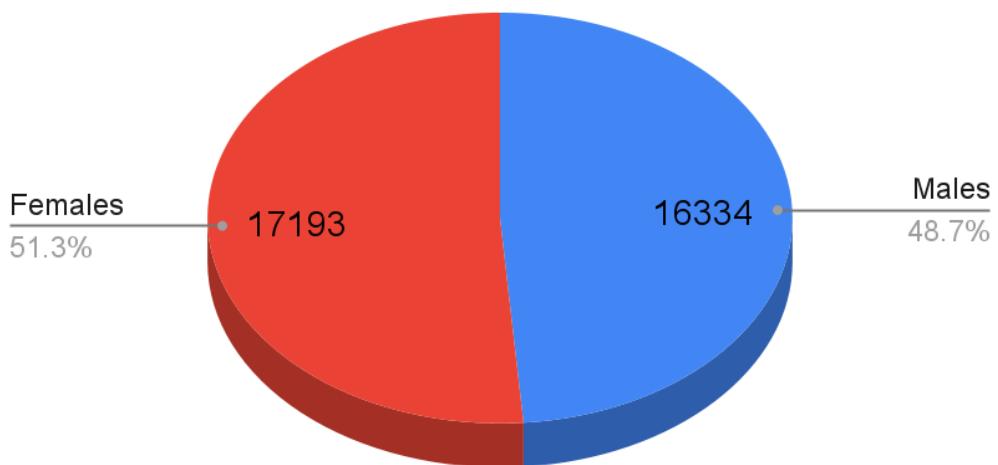
3 rd March 2022	Managing behaviour that challenges	Missing data	Missing data	Missing data
7 th April 2022	Managing child anxiety	25	Missing data	Missing data
14 th April 2022	Managing teen anxiety	Missing data	Missing data	Missing data
5th April 2022	Managing anxiety and school attendance: for parents of Primary school children with autism	12	Missing data	Missing data
18 th May 2022	Managing Emotions	3	2	
12 th May 2022	Supporting child's transition to secondary	42	36	
9th June 2022	Supporting child with autism transition to secondary	11	4	
6 th July 2022	Managing emotions	3	0 attendees but 1 person tried to attend and asked for us to offer another date	

Appendix C: School census data January 2022

2021/22 school census data from the January 2022 Census - Ethnicity percentages and total values.



2021/22 school census, data from the January 2022 Census - Gender percentages and total values



2021/22 school census, data from the January 2022 Census - Age percentages and total values

