

Part 1: Open to the Public – Item No.  
**or**  
Part 2: Closed to the Public – Item No.

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## REPORT OF Strategic Director of People and Salford CCG

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TO  
CHILDRENS SCRUTINY PANEL

ON

12.01.22

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TITLE: Salford Mental Health in Schools (Thrive in Education)

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### RECOMMENDATIONS:

- Childrens Scrutiny Panel is asked to note the progress of the development of mental health support in schools
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### EXECUTIVE SUMMARY:

This report provides an update on the developments around mental health in Schools in Salford and

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### BACKGROUND DOCUMENTS:

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KEY DECISION: YES / NO

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### KEY COUNCIL POLICIES:

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EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS: to review as part of the individual contracts

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ASSESSMENT OF RISK: Low

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LEGAL IMPLICATIONS Supplied by: N/A

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FINANCIAL IMPLICATIONS Supplied by: N/A

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PROCUREMENT IMPLICATIONS Supplied by: N/A

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HR IMPLICATIONS Supplied by: N/A

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CLIMATE CHANGE IMPLICATIONS Supplied by: N/A

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OTHER DIRECTORATES CONSULTED:

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CONTACT OFFICER: Debbie Blackburn      TEL NO: 0161 607 6678

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WARDS TO WHICH REPORT RELATES: All



# Salford Thrive in Education Annual Report 2020/21

September 2020 - August 2021



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## Introduction

Thrive in Education is what Salford has called our mental health support team (MHST) and integrated offer for schools. We were selected as one of four Greater Manchester trailblazer implementation sites in spring 2020, along with Manchester, Oldham and Rochdale to deliver an integrated approach to supporting schools, children and young people around mental health. This has brought significant additional investment into Salford to provide mental health targeted support to children and young people and schools.

Between October 2020- March 2021 Salford received and invested £523,000 to deliver our MHST proposal, and from April 2021- March 2022 we received/invested a further £798,908. This equates to a total £1,321,908 investment into our TIE MHST offer over the first 18 months, which includes £255,000 match funding from Salford CCG to align our existing CAMHS Link and i-Reach service with the new TIE integrated model. See Appendix Six for a breakdown of Salford's financial plans.

The GM blended model builds on learning from the GM Mentally Health Schools Programme which tested a collaborative multi-agency approach across the NHS and VCSE sector to support children and young people and staff in schools.

Despite the challenges of establishing and delivery the service during a global pandemic, the first year has been a huge success and a significant achievement with a wealth of learning and good practice, and some amazing feedback from young people, their families and education staff. The Salford 'TIE' programme has been a great example of integrated working across Salford CCG and Council, of joint working between NHSE, VCSE and local authority services and of collaboration with commissioners across GM.

In March 2020, we submitted an Expression of Interest to the Greater Manchester Health and Social Care Partnership and were selected as one of four localities to implement new mental health support teams. One of the key strengths in our proposal was the collaboration across education, health and VCSE working together to pool our knowledge and resources. In Salford, we called our new approach 'Thrive in Education' because that describes our ambition for 'children to thrive in education', and for 'education settings to provide the best possible environment to enable children to thrive'.

The NHS Long Term Plan re-confirmed the Government's commitments from *Transforming children and young people's mental health: a green paper* which set out proposals to improve mental health support in schools and colleges. This means that Salford will be funded over the next three years by the NHS to set up a new team to work in education settings and will enhance the work we are already doing to support schools locally. GM have now confirmed that the Salford team will be scaled up with increased investment from 2023-4.

## Salford Thrive in Education (TIE) team

Our service model includes a dedicated Thrive in Education team. This builds on the good practice and support we already have in place to support our schools, children and young people and families, and



brings these together to support our schools and children in a more collaborative and co-ordinated way. Our Thrive in Education team will be an integrated or 'blended' delivery team, bringing together our existing CAMHS School Link and I-Reach Practitioners, with VCSE sector Mental Health Practitioners from Place2Be and 42<sup>nd</sup> Street and will also include targeted support from our Educational Psychology Service. The Team has recruited new posts across all services and consists of 18.5 WTE staff as a whole and will

provide placements and supervision for Education Mental Health Practitioner (EMHP) Trainees to work in Salford schools, alongside their training with University of Manchester. Our model includes development of a partnership approach to supervision and peer support, making best use of the expertise across the Salford system and aims to grow local workforce capacity and develop essential skills to support children and schools now and in the future.

The focus of our Thrive in Education offer and dedicated team, is on providing effective and timely 'information and advice' and 'getting help'. The interventions offered are generally early help / low level and do not duplicate the support already available from our existing mental health services. It has limited capacity to provide interventions for young people with higher level or more complex needs but will manage transition and escalation to appropriate pathways and into core mental health services for those who need to 'get more help' or 'risk support'.

The Salford TIE Team is also a part of a wider multi-agency partnership and works collaboratively with those other services that already support our schools, children and young people. Our delivery partners include: MFT CAMHS, Place2Be, 42<sup>nd</sup> Street, Salford Educational Psychology Service, Early Help, Youth Service, 0-19 service, Salford Schools Sports Partnership and Salford Community Leisure.

The full staffing structure for Salford is set out below (across 4 services):

<b>Salford Thrive in Education (MHST) Workforce Makeup</b>		
<b>Role Title</b>	<b>WTE</b>	<b>Band</b>
Administrator	1.20	4
Monitoring and Evaluation	0.20	VCSE
Trainee Educational Mental Health Practitioner (EMHP)	3.00	4
Qualified Educational Mental Health Practitioner (EMHP)	3.00	5
MHPs	4.00	VCSE
CYP Wellbeing Practitioner	4.00	6
Senior Wellbeing Practitioner	1.00	7
Service Lead	1.00	8a
Service Manager/supervisor	0.50	VCSE
Area Manager	0.20	VCSE
Educational Psychologist	0.40	LA

**Total staffing = 18.5 WTE**

Whilst not funded as part of the TIE team, the Council's Early Help School Co-ordinators (x4 WTE) have been a key component to the Salford TIE team model and instrumental to the success of the work with schools. They have been a linchpin at every stage of the TIE team development and delivery from initial inception of the model through to school selection and engagement and are now key members of the TIE Operational Management Group. The Early Help School Co-ordinators have organised the termly TIE meetings with schools and provide the link to wider services to schools and the 'Team Around the School' approach.

In addition to the core TIE team, Salford was also funded to develop, test and learn from a number of pilots that will 'add value' to the core MHST offer. These include a programme of physical activity on prescription pilots in both primary and secondary schools, and a peer support / peer mentoring project working with and training year 9s in a small number of secondary schools, who in turn will lead class / school-based activities around mental health and emotional wellbeing, as well as offer peer support

to year 7s who have transitioned to their school. There is more information about these pilots in sections 9-11 of this report and in Appendix Seven.



## Summary of Year one (September 2020 – August 2021)

Whilst the TIE services were still recruiting and developing their teams during the first term, but despite this they offered targeted support to 39 schools during year. Schools were initially selected based on a combination of need and capacity to engage in the programme, with staff / schools having a designated mental health lead and having undertaken training through one of our existing programmes including Emotionally Friendly Settings (EFS), CAMHS Link and our Thrive training programme. In spring 2021, the TIE team also offered additional schools the opportunity to be part of Year 2 delivery from September 2021 and received more than 20 expressions of interest!

Each school receives a tailored offer to meet the needs of children and young people as well as the needs of schools and staff in schools and includes 1-2-1 interventions as well as consultation and advice to schools, access to training and whole school approaches including EFS, and termly review meetings with the TIE team.

For further information on each service please refer to individual provider reports in the Appendices.

### Governance

The Thrive in Education work is jointly managed by Salford CCG and Salford City Council via the Integrated Commissioning Manager for Children's and Young People's Mental Health and through a TIE Programme Oversight board which meets quarterly to review progress and performance, monitor financial spend and plans. We will be expanding the TIE Board in 2022 to involve Head Teachers / Senior Mental health Leads, Parents/Governors and children and young people who have had lived experience of being supported through the TIE team in 2021.

### Referrals and Activity

Between October 2020 and August 2021 465 individual children and young people were supported by the Salford TIE team. The activity and caseloads were higher than in other areas in part due to the fact that the Salford team hit the ground running with an existing albeit small CAMHS Link / I-Reach team which already had a small caseload.

MHST Monitoring Summary Return - MHSDS and Service Metrics				2020-2021
	MFT CAMHS i-Reach	42nd Street (Salford)	Place2Be (Salford)	MHST Salford (Total)
	Sept 2020 - Aug 2021	Sept 2020 - Aug 2021	Sept 2020 - Aug 2021	Sept 2020 - Aug 2021
Total number of referrals received:	315	66	70	451
Total number of referrals accepted:	276	66	70	412
Signposted to other services	39	0	11	50
Number of closed cases: <i>(with at least one attended contact)</i>	232	57	66	355
Number of people being supported by MHST: <i>(count of people with an open referral)</i>	341	54	70	465

For more information on the activity and referrals, including demographics, reasons for referral/presenting needs, interventions delivered and outcomes, please see Appendix Five - MHST TIE Service Metrics 2020-21 FV.

### Educational Psychology Service activity to date

Between September 2020 and February 2021, 31 of the 38 schools involved in Salford Thrive in Education (MHST) have engaged with EFS. *19 of these schools are re-engaging with the process, 10 schools continue with their sustained involvement (for example, moving on to the accreditation process) and 2 schools are new to the EFS process.* An Educational Psychologist has attended at least one TIE meeting for each of the 39 schools.

Between March 2021 and September 2021, 39 of the 53 schools now involved in Salford Thrive in Education (MHST) have engaged with EFS. Educational Psychologists have also contributed to 21 TIE between March and September 2021. A breakdown of the different activities and outcomes completed as part of this engagement are provided within the Outcomes section of the EPS reports in Appendix Four A and B.

### Demographics – a summary

In year one, 48% children referred to the Salford TIE team were aged under 11 and 52% 11+, with the majority (65%) aged between 8-13 years. 47% of referrals were male and 52% female and 7% (3 children) indeterminate.

In terms of ethnicity, the majority of referrals (77%) are recorded as 'white', with 9% mixed/Asian/Black/other and 13% not stated.

## **Interventions and presenting needs**

67% of TIE team capacity was spent on delivering 1-2-1 interventions, and the most frequently offered interventions were Counselling, CBT (cognitive behavioural therapy) and brief solutions focused therapies. The team has also reported providing an increasing level of support to parents over the year, and this support is taking a considerable and growing proportion of their time.

The CAMHS i-Reach team have delivered interventions in 8 high schools and a consultation and support package to an additional high school of a full day of support with 5 clinical sessions offered per week. The team also supported 27 primary schools which have each received a half day intervention package for a maximum of 3-4 young people per session.

10 primary schools within Salford have also received a Place2Be offer during the year September 2020 to March 2021.

42<sup>nd</sup> street have supported 7 high schools, including Oasis which has received 2 days support per week and six that have each received one day (Albion, Harrop Fold, Ellesmere, UTC, Irlam and Cadishead and All Hallows). 42<sup>nd</sup> street is also directly funded by Buile Hill Academy to provide a dedicated MHP and supported Beis Yaakov High School for Girls which was funded as a continuation of the GM Mentally Healthy Schools programme in 2019-20 (preceding the implementation of MHSTs in GM). This school was offered ongoing support in 2020-21 via the TIE team but declined as they felt able to continue supporting young people through internal staff capacity. 42<sup>nd</sup> MHPs typically offer one day a week to each school, seeing 4 young people and a drop in or 5 young people a day. 4 schools had an MHPs core offer as counselling, 2 schools had an MHP offering counselling and CBT and one school had two MHPs with their core offer of psycho-social offered to the young people. Some schools offered a drop-in model, to suit the needs of their school, supported by teacher consultations, short term work, early intervention and solution focussed, one off de-escalations.

Across the TIE offer, the most common offer is a 6-12 session model with the option of extending up to 20 if needed. Interventions have mainly been delivered on a 1:1 basis but practitioners have started to introduce some group work and workshops which have been well received.

33% of TIE team capacity is delivering / supporting whole school approaches and consultation, advice and support to schools and other professionals in supporting the child/young person.

Salford Educational Psychology Service (EPS) is commissioned to provide additional support to the TIE offer, and particularly to engage and support schools with a whole school approach. This offer is outlined in detail within two 6-month reports under Appendix Four, but involves schools undertaking self-evaluation and action planning as part of Salford's Emotionally Friendly Settings (EFS) programme, with a good number of schools also now working towards of having achieved accreditation. EFS is aligned to the GM Mental Health in Education Standards and helps schools to understand the needs of pupils and areas of development within the school (including staff training and development needs and staff wellbeing) to effectively support children and young people's emotional health and wellbeing. Salford's EFS programme is a long established and highly regarded model for supporting a whole school approach to children's emotional wellbeing.

Unsurprisingly, many of the referrals received have been anxiety related, either existing anxiety problems that have exacerbated due to Covid restrictions or anxiety triggered by inconsistencies routine, reduced contact with friends, education, family, uncertainty about the future, safety an place in the world, disruption to usual 'rites of passage' such as transition to high school, onset of puberty not to mention the high levels of social deprivation, poverty, domestic violence and criminal activity

that already existed in Salford and has continued to be negatively impacted by further social challenges over the previous 12 months.

Other common presenting issues reported include emotional dysregulation and low mood, as well as family / relationship issues, exam stress, low confidence, loneliness, bereavement and loss. 42<sup>nd</sup> street has also reported, increasing prevalence of self-harm and suicidal thoughts, all exacerbated by COVID.

Providers have reported that there has been a significant demand from parents/carers to access support for their own wellbeing, strategies to cope with managing their children's mental health difficulties and feelings of isolation.

When a child or young person has one to one counselling with Place2Be, the MHP meets with their parents or carer (parent partnership sessions) regularly to keep them updated and make sure they are involved from the start. This also provides the opportunity to signpost parents/carers for support if need be and provide strategies and advice to help support the child's emotional wellbeing. Place2Be has provided 172 parent partnership sessions during this 12-month period.

## **Workforce**

Staff are allocated to schools where they are based for either half or a full day. Each team will link into their respective organisational bases for supervision and team meetings. The CAMHS I-Reach team is based at Pendleton Gateway as part of the Salford CAMHS Core team which enabled them to establish a central base very quickly when schools closed their doors during COVID lockdowns. There is currently no central base for the whole Salford TIE team (all services) to meet/work in the community. This is something that the TIE Oversight Board will need to consider as the team/offer grows and adapts, and in light of other local developments such as Early Help Family Hubs and Gateway Centres / other neighbourhood venues and the re-design of Salford's Team Around the School approach. If we change our delivery model to provide an outreach offer or neighbourhood delivery approach (i.e. outside of schools) then we will need to identify and provide a base(s) for the team.

### MFT CAMHS I-Reach staffing:

Band 8a (Service Lead/CAMHS Link ) X1 full year

Band 7 (Deputy) X1 - Feb - August

Band 6 (Snr CYWP's) X3 Sept, X1 Jan- Sept

Band 5 (EMHP/CYWP) X4 Sept-Sept, X2 Feb-Sept (1 cover for Band 6 Mat leave)

Band 4 (Admin) X1 Nov- Sept

### Place2Be staffing:

MHP WTE x 2, Band 4

Service Manager/Lead WTE 0.2 Band 8

Supervisor WTE 0.2 Band 7

Administrator WTE 0.2 Band 4

### 42nd street staffing:

MHP WTE x 2

Service Manager/lead WTE 0.3

Monitoring and Evaluation 0.2

### Educational Psychology Service:

Educational Psychologist / EP Lead 0.4

## Children and Young People's Voice, Parent and School Feedback

### Children and young people's voice:

*"I think twelve sessions is a really good idea, gives you enough time to get them to know you and then talk. Some people need a bit of time to open up."*

Young person's feedback on the ESQ was *"You sat and listened to me and didn't judge me"*

One young person reported that he felt like the support helped him with anger and he felt that he achieved his goal. The young person reported that he doesn't get 'mad' anymore when at the house. The practitioner supported a young person to access LGBTQ+ group which is very beneficial for them to feel connected as the young person appears very isolated

Following consultation with young people, 42<sup>nd</sup> street have rebranded their drop-in session offer to better engage young people and re-named it 'TALK42'

*"I feel like if anything happened, I could just tell you and it wasn't a big issue. It was easy to talk, and I knew I was safe and you actually listened to me and cared and didn't leave me after two sessions"*

*"Thank you for supporting me to talk about the sexual assault, I feel supported, and I was worried my mum was going to be angry, but she and school have been really understanding."*

*"I like making things and chatting, it makes it [suicidal ideations] better."*

*"I love coming to Place2Be, it's such good fun, it helps me feel less worried because I can play at the same time as talking about what makes me worried."*

*"The sessions have helped me to better understand my feelings by talking about them."*

*"(I) Feel like my confidence has grown and I can speak to people without being shy. Being able to speak about my dad without getting really upset."*

### Parents and family members:

*"Thank you do much for all the support you are offering \*\*\*\*\*. I am extremely grateful."*

Quote from a parent, liaising with the safeguarding lead, following first drop in – *"I don't know what the counsellor said in that drop in, but I haven't seen my son smiling for over a year. He can't wait for his next one and we will be registering for 42<sup>nd</sup> Street's Creative Groupwork in the meantime"*

At the end of intervention, the class teacher's feedback was, *"I can't believe he is the same child, there has been no anger, no aggression, he hasn't thrown any chairs in the classroom, he is behaving nicely with other boys, it's like something major has changed. He likes coming to school now and has actually made new friends"*.

Mum also had positive feedback about her child's behaviour, mirrored by the child's and class teacher's post intervention data, which all reflected as NO DIFFICULTIES. Emotional symptoms reduced to a score of 3 and hyperactivity reduced to 4. The head teacher also expressed her gratefulness as she shared, *"I am so pleased with how things have changed for him, he is not the*

*same boy anymore, often we think children need this and that referral, but actually they only want to be heard”.*

*“Thanks for the call, that has been helpful, I’d be interested to see the resources when you email me and it was really nice to talk to someone who gets it and without being judged.”*

*“It’s good to hear that you think some of the things I have been doing are good because I don’t have any experience of dealing with this”.*

Another parent said: *“Thanks very much for ringing, anything you can send me would be helpful, I would like all the help I can get, thank you for making so much time for me.”*

*“I have found the support you have given my son, so helpful. I want to stop them when they self-harming, but really understand it is ore about me listening, understanding the risk, and supporting hem the best I can with what they really need. I feel so much lighter after having talked to you as I feel guilt when they do it”*

#### **School feedback:**

*“One example that has shown the impact of multi-agency working, has meant that through school, GP and 42<sup>nd</sup> street working together, one young person has been referred to the Eating disorder team in a supported and held way – this young person has expressed their gratefulness for this support as it has been a concerning time for them and their family. ”*

*“One to one support provided young person with the confidence and resilience skills to get back into main school provision. One to one support linked young person up with specialist support in school and initiated the application for an EHCP for further education.”*

*“One example that has shown the impact of multi-agency working, has meant that through school, GP and 42<sup>nd</sup> street working together, one young person has been referred to the Eating disorder team in a supported and held way – this young person has expressed their gratefulness for this support as it has been a concerning time for them and their family.”*

SENCO: *“The advice has been very helpful and shown us what to do with the children after their sessions end.”*

Teacher: *“Thanks for the advice and guidance, the resources have been helpful for the child and other students.”*

During a Place2Think about how to manage a child’s anxieties and the impact this was having on the rest of the class, a teacher said: *“That’s really reassuring to hear that you think I am doing a good job”, and “That’s helpful to have some new ideas to try”.*

Headteacher feedback re EFS: *“EFS has given the school a focus....and fed into the vision at our school. Mental health and wellbeing is probably the biggest driver in our school. Because of the framework we have a shared vision (with Governors and everyone). It has improved staff awareness, given staff more confidence to be able to highlight children who have issues....More than anything what EFS has done is help us to support our pupils. It’s given us the confidence to make them more self aware so they have a better understanding of good wellbeing....it’s given us the impetus to train some of our staff so they can give better support within school”*

**TIE Team /Practitioner feedback:**

*“One particular case was stepped up to CAMHS support due to YP being involved in an ongoing court case and starting to have auditory hallucinations. Safeguarding and a whole school support approach was involved as this YP also disclosed suicidal feelings and plans to MHP which was passed onto the safeguarding lead. This YP was supported by school and MHP and MHP had several lengthy phone calls with parent regarding support around self-harming and explaining the psycho education around trauma response and sleep difficulties. MHP was also able to offer pre-trial therapy to this YP and liaised with external agencies regarding further appropriate support. This YP’s notes were also requested by GMP.”*

*“Responding to crisis; Young person’s friend died in a stabbing during support. Additional risk management was undertaken in sessions and plan in place with school to monitor wellbeing between sessions. Significant reduction in suicidal ideation and DSH”*

**Other feedback:**

Social Worker feedback: *“My training did not go it enough detail about attachment and talking to you has made me realise how important it is we work with this young person understanding their attachment styles and complexity more. Thank you.”*

TIE service feedback to EP Service: *“EFS forms the very foundations... the glue... that holds the project together. Quite simply there is no MHST without the EP service!”*

**Achievements to date**

TIE staff were incredibly resourceful and flexible throughout the pandemic, offering a wide range of options to engage parents and young people. Clinicians also kept many cases open for longer than the usual treatment period knowing that there were legitimate reasons treatment could not be completed within the usual time frames given the very unusual circumstances in which we were trying to deliver them. The impact of extended treatment plans is that staff are tied are and can’t be allocated a new referral until they have completed work with an existing case.

Recovery outcomes reported by providers are above national average when compared with the first national evaluation report on MHSTs. Provider narrative reports outline how recovery and improvement in emotional health and wellbeing is measured by each service and provide details of outcomes for young people (see attached appendices).

The team has managed to engage a wide range of stakeholders and develop an extended network of support for children, young people and schools despite the challenges, as described in the provider reports (see Appendices). Providers have worked with the EP Service to support schools to access and develop whole school approaches and have brought significant additional knowledge and capacity to support schools with this work, which in turn is starting to deliver improvement understanding regarding mental health needs and improved support from some school staff.

The Salford Educational Psychology Service has continued to contribute to the bespoke offer to Thrive in Education Schools by supporting settings to develop their whole school approach using the Emotionally Friendly Settings (EFS) programme. Through doing so, we support settings to promote

positive wellbeing, identify mental health needs early, provide effective support for young people within their school systems and make referrals to other services when appropriate.

By helping to provide a school environment that is 'emotionally friendly', targeted interventions are more likely to be effective, with the impact sustained longer term. The National Institute for Health and Care Excellence (NICE, 2008 and 2009) advises that primary schools and secondary schools should be supported to adopt a comprehensive, 'whole school' approach to promoting the social and emotional wellbeing of children and young people. The Department of Education (DfE, 2017) also identifies a whole school and college approach to promoting good mental health as a protective factor for children and young people's mental health.

All Place 2 Be Mental Health Practitioners have now been trained in Place2Think, a consultation option for school-based staff to see the MHP on any concerns they may have for a child and discuss this to identify a range of approaches they may use within the classroom. These consultation sessions support the whole school approach with school staff, expanding their knowledge on the extended pathways within the trailblazer partnership.

Place 2 Be has provided 291 Place2Think consultation sessions with school staff during the 12-month period, the majority being with teachers. The most reported themes being understanding the communication behind a child's behaviour and advice and guidance on how to manage a child's behaviour. Strategies and advice around how to support a child in the classroom have also been shared.

There are real benefits of having 42<sup>nd</sup> street's experience in bringing wider knowledge and skills including group work, creative and social inclusion / peer support approaches. This work has helped inform one of the physical; activity pilots - 'Mindful Movement' 42<sup>nd</sup> street, and through learning is informing the wider offer.

Whilst the core MHST model is focused on low level needs, our blended approach provides additional capacity under the Thrive model of care, with capacity to support 'getting help and getting more help' through 42<sup>nd</sup> street working with more complex cases than other elements of the TIE offer and I-Reach having direct links into the core CAMHS service and able to escalate cases that have more urgent /complex needs as and when required.

There have been opportunities for MHLs to develop and try new approaches to support young people's mental health, including creativity and physical activity, not all via 1-2-1s interventions.

Service connectivity – termly TIE operational leads meetings with each school & the key role of Early Help Schools Co-Ordinator's in holding a 'team around the school' approach. This has been especially important for schools that have experienced greater difficulties in terms of high levels of need and challenges in managing this. The Team Around the School (TAS) model is under review and development locally and is seeking to build on the strong foundations built over the past 12 months through the Thrive in Education team.

7-Day Schools A&E Follow-up pilot - Following numerous discussions with Core CAMHS colleagues and GMMH staff who provide the all-age Mental Health Liaison Team (MHLT) in Salford Royal A&E departments, we identified an increasing number of parents advised/directed to take their child to the PANDA unit for mental health assessments, when arguably an alternative lower-level intervention would have been more appropriate. This has raised concerns that some schools have not known how to access other services or felt unable to risk assess situations or seek advice from clinicians when unsure. In some cases, schools are reported to have 'insisted' on parents taking their child to A&E

before they can return to school, rather than accessing advice via school-based practitioners or contacting CAMHS duty.

In response the CAMHS i-Reach team agreed to pilot a 7-day school follow up to run alongside the routine 7-day clinical follow up from the Core CAMHS team. This involves the offer of a phone consultation with school on receipt of the referral from the MHLT team as outlined in the diagram below. CAMHS i-Reach staff will then offer Consultation, Advice, Signposting and Training (CAST) support to the school providing in school meetings, links with the allocated CAMHS clinician, risk assessment training as well as providing guidance on policies, safety plans and maintaining communication with CAMHS.

The annual EFS conference was held on 18<sup>th</sup> May 2021 with the theme “Emotionally Friendly Communities: Where Everyone Can Thrive”. The conference was held virtually. Settings were invited to explore several themes including emotionally based school avoidance; the relationship between physical and mental health; and supporting the mental health needs of International New Arrivals (INAs). 17 schools with Thrive in Education offers attended the conference.

## **Challenges**

Whilst most schools were keen to accept the TIE offer, some struggled more than others to practically make use of it as well as develop internal pathways to identify needs and make referrals. Those schools that had already established effective pathways and mechanisms to identify needs and to refer for support seemed to adapt much more rapidly and confidently to the covid restrictions and challenges. However, other schools have had significant difficulties and were constantly having to manage the presentations of those children with more complex difficulties who were often more visible in school SEN, behavioral and safeguarding systems.

This was compounded by lockdowns as most pupils who continued to attend school, were those who had been identified as being more ‘vulnerable’ and ultimately having more complex presentation the i-Reach interventions were not suitable to address.

Teaching staff have reported that the recent lockdown has proved more challenging and stress inducing than the previous one in 2020. Another challenge has been actually being able to see young people for appointments despite schools providing access to therapy rooms, so many young people have had to isolate due to illness in their family or because they are in ‘bubbles’ at school that have prevented them from attending school.

During lockdown, some parents wanted to delay or disengage their children from assessments or treatment as they were not leaving their homes or found it difficult due to practical issues such as work commitments, working from home, childcare or children not in school, access to private places at home to meet virtually or lack of access to IT/wi-fi. Conversely, others reported that their child’s difficulties improved when they were not in school and others

MH leads capacity and time in schools limited – ‘add on’ to day job (sometimes more than one role) and significant other pressures/priorities. Learning from year one - importance of school staff being given more time

Competing demands on MHP role across schools has highlighted the need for more planning with schools to make best use of MHST / TIE team capacity rather than being reactive to needs.

42<sup>nd</sup> street capacity to which adds value to 'getting help' TIE /MHST model but is challenging in terms of managing needs within limited capacity (2 WTE MHPs for this part of the offer)

Other TIE team challenges reported include:

- Delays in being able to offer service due school policy on external visitors etc.
- Barriers to access if young people and families were not able to be seen in school and needed to come to CAMHS base.
- Young people and families have not always been able to/or willing to come to see practitioners due to health conditions or feeling nervous themselves.
- Young people being unable to see full faces of practitioners because of the use of masks.
- Difficulties/delays in linking in with other services who are experiencing delays and are operating differently during Covid.

Another challenge is being able to provide ongoing clinical supervision for staff as well as support staff to be able to access the supervisors training. There is also a significant amount of time required each year for managers to be available to support the recruitment and interviewing of trainees which takes up a significant amount of time and is often quite difficult to co-ordinate with numbers and funding being confirmed at very short notice and an expectation that diaries are cleared at short notice to accommodate national recruitment expectations.

During the pandemic mobilisation of the core TIE team has had to take precedence and this has impacted on capacity of services, other professionals and partner agencies (particularly schools) to engage in the task and finish group work to scope and develop the Physical Activity on Prescription and Peer Support pilots. Thus, both projects have experienced significant delays and difficulties in getting of the ground. A TIE six-month 'Added Value' report was provided to the GM team and is included in Appendix Seven for more information about the pilots. Between June and September, the physical activity programme has delivered the first of two pilots; one focused on a single primary school, one working across several primaries as part of a Salford Transitions project supporting a cohort of children that were identified as needing targeted support. the remaining pilots including a secondary school movement and creative group was planned to roll out in the Autumn term, and a further programme has been approved to follow in Spring and Summer.

The Peer Support project has been particularly difficult to get off the ground not least due to school capacity to engage due to the number of pressures in school. Initially it was planned that the Youth Service would provide the co-ordination for this, but the Youth Worker left post just before implementation and the service couldn't allocate a new worker to the project. The EP Service has now agreed to pick this project up and has submitted a proposal/delivery plan for running a pilot with 2 secondary school from Jan – July 2022, complementing and adding value to their EFS work and testing a model for developing a role of Peer Mentors and EFS 'Champions'.

### **Plans for the year ahead**

- Rollout of the 42<sup>nd</sup> street TALK42 offer in 2021-22.
- Engaging additional schools as part in the Year 2 offer - 53 schools have been made an offer of support in 2021-22
- Linking with the Team Around the School re-design work.

- Continuing to deliver whole school approaches, with greater collaboration across the TIE team to support this work and ongoing engagement in EFS.
- Recruiting to new EMHP trainee posts and to hopefully identify a dedicated post to support the physical activity programme.
- Learning from the physical activity pilots in 2021-2022, scope a scaled up physical activity programme for 2022-23 school year through additional investment secured via Salford CCG. Collate evidence to support future business cases for continued investment in physical activity and peer support programmes.
- Offering Drop In and/or bookable slots for school staff to discuss specific cases and to receive consultation and advice around mental health and neurodevelopment needs.
- Roll out of a new Mental Health Leads Network for Salford to provide a community of practice and peer support for MHLs in schools and colleges, which will be co-ordinated by the EP Service with support/input for the wider TIE service and other partners.
- Hold a review session to consider learning from the four trailblazer sites and any re-modelling for the future, to inform 2023-24 expansion.
- Implementation of the Peer Support pilot and testing the learning from this to inform future commissioning and delivery plans.
- Continue to support schools to ensure they make staff wellbeing a priority.
- Further test / use group work to support children and young people alongside 1-2-1 interventions.
- Consider opportunities for Salford TIE staff to work more closely together and to meet together (physically) to share learning and good practice, and to participate in training and development and explore potential office basis to support this.
- Embed the ICRS offer and pathway for PRUs and for other priority groups as part of the TIE offer.
- Agree plans for how the TIE team can support delivery of Salford's Neuro Developmental Pathway and support with communications and improved understanding within schools.
- Continue to raise the need for improved access to supervisory training / wider participation of TIE staff in this.
- Consider links between TIE team and new Trauma Practitioner roles.
- Continue to support schools and promote the role of schools to embed trauma responsive practice, through access to training and peer support facilitated by the EP Service.
- Develop our offer and support for the Orthodox Jewish Community schools/pupils, building on our work to date through the CAMHS Link and EFS programmes. Participate in the Anna Freud National Link Programme between January – March 2022 to help bring this work together.
- Consider scope for an overall TIE Operational lead organisation / role.
- Engage head teachers, MHLs, governors, parents and children and young people in TIE programme governance in 2022.

## APPENDICES

**APPENDIX ONE** - **Salford TIE CAMHS i-Reach Annual Report 2021**



APPENDIX ONE -  
Salford TIE CAMHS IR

**APPENDIX TWO** - **Salford TIE 42nd Street Annual Report 2021**



APPENDIX TWO -  
Salford TIE 42nd Street

**APPENDIX THREE** - **Salford TIE Place2Be Annual Report 2021**



APPENDIX THREE  
Salford TIE Place2Be /

**APPENDIX FOUR A** - **Salford TIE EPS 6-month Report March 2021**



APPENDIX FOUR A -  
Salford TIE EPS 6 mo

**APPENDIX FOUR B** - **Salford TIE EPS 6-month report Nov 2021**



APPENDIX FOUR B -  
Salford TIE EPS 6 mor

**APPENDIX FIVE** - **MHST TIE Service Metrics 2020-21 FV**



APPENDIX FIVE -  
MHST TIE Service Met

**APPENDIX SIX** - **Updated Financial Model MHST 2021 and 2122 June 21 v2**



APPENDIX SIX -  
Salford TIE MHST Co

**APPENDIX SEVEN** - **Salford TIE Added Value report June 2021**



APPENDIX SEVEN  
Salford TIE - Added V