

GM MHST Provider Quarterly Reporting Template

Salford Thrive in Education Annual Report 1st September 2020-31st August 2021

1. REFERRALS AND ACTIVITY (Please reference activity reported on MHST Data & Outcomes Framework)

Provide a narrative to support the data and outcomes reported on the MHST Data and Data and Outcomes Framework.

In the last academic year (20-21), 42nd Street received 66 referrals. This covered seven schools as we were actively seeing young people in Oasis (this school had two mental health practitioners, in one day each), Albion, Harrop Fold, Ellesmere, UTC, Irlam and Cadishead and All Hallows as part of the Thrive in Education Work.

In addition, we had two MHPs (mental health practitioners) who were privately contracted at Buile Hill Academy, which is a TiE school as well. We also had an MHP at Beis Yaakov High School for Girls which was funded as a continuation of the GM MH monies for 2020-21. This school was to part of the TiE offer in 2021-22.

Whilst the contracted/GM funded MHP's data has not been included in the data set for the annual report, their comments have been included in the narrative below, as their valuable counselling/psychosocial work supports the wider internal mental health support work in BYHS school and compliments the Thrive in Education team at Buile Hill.

Throughout the last academic year, the privately contacted MHPs at Buile Hill were an important part in building the wider TiE team at school. They attended the termly Thrive in Education Meetings and liaised with the EMHP-I Reach practitioner well, and mental health lead.

When working with a young person they would discuss with the school mental health lead a possible onward referral to I-Reach CAMHS when closing for ongoing work, or a referral to the EMHP might be more appropriate after they had completed their initial assessment.

2. INTERVENTIONS (Please reference activity reported on MHST Data & Outcomes Framework)

Provide a narrative summary of the interventions delivered to pupils, highlighting any patterns of need within specific groups to support the information reported on the MHST Data and Outcomes Framework.

i.e., gender, school, ethnicity, area of residence. Include any interventions that are more popular with the service users and any gaps in provision including particularly whether all of the participating schools are accessing the service equally, taking into account the sizes of their pupil population. Also, if the racial mix and the proportion of children on Pupil Premium and SEND support are equal to the proportions in the schools.

Within the seven schools the 42nd MHPs were offering 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.

They offered 6-12 sessions with a view to the sessions being extended for up to 20 sessions if needed on a case-by-case basis. Some schools decide to offer a drop-in model, to suit the needs of their school, teacher consultations, short term work, that is early intervention and solution focussed, one off de-escalations. Where the MHP was in a school offering counselling, the drop-in model was not adopted as much, and has appeared more suited to a psychosocial model of intervention, for a shorter term, early intervention, solution focussed piece of work.

The MHPs were integrative in their approaches working towards goal-based outcomes in a very young person centred way, offering creative work, solution focussed, counselling, CBT and psychosocial intervention, depending on their modality, in an integrative manner, to meet the needs of the young person on a very individual needs led basis.

Throughout the past year this integrative and young person centred approach showed to be very successful, the qualitative feedback in the quarterly reports from young people, school staff and parents/carers, demonstrated the need for an approach that is clear in its assessment and goal focused, but works in a flexible and adaptable way to meet the young person where they are at. In a thrive focussed way.

Evidence has shown through the data and commentary from schools and families, by having an offer from 42nd street as part of the blended model, where the MHP works with a wide subject matter, with a broad criterion, within 'advice and sign posting', 'getting help', and getting more help' has demonstrated to be very successful and needed at an early intervention level. Repeatedly, presentations of anxiety, low mood, suicide ideation, self-harm, family relationship difficulties and breakdowns, as well as OCD, bereavement and eating disorders, are shown recurringly each quarter.

Throughout the last academic year, the 42nd street MHP has worked very successfully with the school TiE and I-Reach team and partners such as the educational psychologist, EMTAS, pastoral lead at college in transition, youth service, early help services and social workers, in supporting the young person and family in a holistic way. They have been clear in their boundaries of when presentations would need to be escalated, due to risk of safeguarding, complexity of external factors and risk to self or others. As well as referring on to more specialist services for work with the young person on eating disorders specific or where early signs of psychosis and hearing voices are presenting, for a further assessment.

At assessment stage, the young person often presented as having had multi-faceted needs, historical trauma, and adverse childhood experiences they wanted to work on. Advocating on behalf of the young person, supporting them in navigating through quite complex environmental circumstances, raising the profile of their voice, and supporting them, was pivotal to the role, through the last year. Continually the openness and professionalism of the Thrive in Education team have supported the young people in a multi-agency way.

Where the mental health practitioner is offering counselling as a modality as part of the blended TiE offer. The 42nd street MHP works with the school to support the mental health lead in becoming more confident in triaging and identifying which young people might be counselling appropriate, where they are able to talk about their feelings in a more in-depth way, longer term way. Having a variety of modalities proved complimentary to the already existing internal mental health support team, a school might already have. For example, within their provision they may have a school counsellor they buy in, mentors offering a 'listening ear' and coaching role.

The same approach would apply where the MHP's offer is CBT, or psychosocial, and the school buy in their own person-centred counsellor. The 42nd st MHP would work with TiE partners, school Mental Health lead and the internal provision in supporting, triaging and assessing which young person would be more suited to what offer.

The seven schools are based within and across Salford, central, west and south localities.

Last academic year of the 66 referrals received, 57 referrals were closed. With 455 contacts being made face to face, 73 being by phone, 55 by video link, 1 by SMS. Through a plan, do, review cycle, we were able to identify that the 42nd street MHPs, throughout 2020-21, were not capturing all the additional 'added value' work on PCMIS e.g., consultation with SENCO, or guidance to parent about supporting their child. It was being captured in the narrative reports and case studies each quarter, but not in the total number of contacts. This was rectified and at the start of 2021-22 training sessions, support and guidance were put in place to support the MHP's to ensure all were recording more contacts for the 2021-22 academic year ahead.

Of the 66 referrals received, 75% (50) of the referrals were for females and 22 % (15) were for males. In addition, 3% young people were defined as indeterminate in the reporting categories.

82% (54) identified as white, 1% (1) of young people identified as mixed, 9% (6) young people identified as Black British, 8% (5) didn't state their ethnicity. 47% were in the age category 11-13-year-olds, 50% were within the 14-16 age category, 3% were in the age category 17-19 years old.

The MHP's role was mainly taken up by seeing young people and only one of the seven schools opted for a model of the MHP seeing 4 young people a day and a drop in (Oasis). Whilst the other six schools chose not to have a drop in and have the MHP see 5 young people a day and would review this with their MHP as time went on.

However, the offer in each school throughout 2020-21 was affected by Covid with young people not being in school, school staff being off and schools being open, then in /lockdown, which all influenced the offers being reviewed and each MHP being up to full capacity within each setting.

The majority of intervention types offered were of psychosocial support (226), with 398 counselling interventions and 56 initial assessments carried out. For the purpose of the MHST reporting template 'other' was defined as psycho-social support. 4 interventions were recorded as consultation with CAMHS.

31 closed referrals had two or more contacts, and 28 of these had a paired outcome score.

The final CORC report evaluation of the trailblazer work highlighted the VCSE work evidenced higher outcomes than the national average. This again, is something to continue to review from the 2020-21 blended work and see what has worked well.

Top ten presenting needs identified at assessment stage (as 42nd street do not record/report on identified at referral stage).

- Depression
- *General Anxiety Disorder*
- *Social Anxiety*
- *Family and relationship difficulties*
- *Bereavement*
- *Deliberate Self Harm/Self Injury*

- *Suicidal ideation*
- *Relationship difficulties*
- *Family Relationships and difficulties*

Other defined as confidence, anxiety and loneliness

The therapeutic work completed in 2020-21 was offered remotely when the schools were closed, and when we were able to be in school, we were safely, following covid guidelines. Covid did affect the offer being able to be fluid, consistent and develop in schools. However, the schools, MHPs, YP and TiE partners did an excellent job in reviewing what was going well each term and adapting to the constant change and demands of last year. The MHP and MHL met remotely and discussed cases. The Mental Health Lead did express the difficulty in getting referrals completed when the young people were at home, and how it was hard under the pressures of Covid, engaging with a new Thrive In Education Service in their school, they acknowledged was wonderful, needed and very much appreciated. However, sometimes the limitations of demands, capacity and pressures of Covid, did have an impact last year in 'getting the service up and running smoothly and quickly, especially where we were new in that school, and had not worked in there before.

Under non covid circumstances, it would have been easier for the MHL to have been in school, get to know the MHL and staff in a more informal basis and it would have allowed for more opportunities for the young person to have a 'meet and greet' session with the 42ndst MHP, before they decide to go ahead with sessions or not. Where 42nd street had been in the school, the previous academic year (UTC-19-20), there was a certain amount of familiarity with 42nd streets offer that lent itself positively to last year's constraints.

We adapted well, and flexibility as used, we had 'meet and greet' sessions over the phone or via teams. If the young person was struggling and was at the time classed as a 'vulnerable', our MHP did go into the school to offer sessions where they could, as time went on.

3. OUTCOMES / CASES OF NOTE

Provide a narrative summary of the outcomes achieved with pupils including any particular cases which delivered remarkable outcomes both positive and negative and the reasons for the remarkable outcome. Please also consider if there is evidence of wider outcomes and positive impacts for children and young people, such as improved attendance, attainment, behaviour, relationships with peers/parents/siblings, reduced exclusions etc.

Below are examples of outcomes from the work as part of the Thrive in Education Work throughout the last academic year:

Young people:

"Particularly over this period of time where we have had home schooling, it has been important to continue to provide support to the young people remotely, which schools and services have worked together to make possible. I believe this has helped the management of feelings of anxiety and worry over this difficult period of time and has also helped to make the transition from home schooling back to in person schooling more supported. "

Young person's feedback on the ESQ was 'You sat and listened to me and didn't judge me', Core scores improved from 5 to 0 and scores improved in every section of the ORS from beginning to end of therapy."

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.

School mental health lead and wider staff team

"One example that has shown the impact of multi-agency working, has meant that through school, GP and 42nd 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. "

"Therapist started in the school in January and is currently working with five young people having completed with one young person with a positive outcome of young person feeling ready to end therapy having attained her goals around having a more positive mood and improving family relationships and exploring feelings around domestic violence that she lived through.

"Young person was also supported by pastoral care and head of year around accessing school during lockdown when she was struggling with emotional wellbeing and motivation and school also supported YP changing forms due to some bullying by a group of girls in her previous form which YP fed back made a huge difference to school experience."

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 to one support referred a number of young people to use 42nd Street's online service's weekly drop ins for extra support in between sessions and for after sessions have ended, if needed. The one-to-one support has provided the safe space for safeguarding disclosures to arise and for positive action to be taken and put in place to support young people in their homes.

Mental Health Practitioners:

Involvement in supporting critical incident response in school by taking on short-term therapeutic work with young people most affected by this incident. Available to offer support to any students or staff as part of actions following the critical incident review.

Liaised with school and CAMHS for neurodevelopmental assessment that resulted in autism diagnosis. The outcome of this was the YP had a better understanding of themselves and their experiences and how to manage better in the school setting.

Successfully supported YP to manage anxiety and panic attacks – attainment and engagement improved due to not having to leave class or go home.

Regular contact with Salford CAMHs staff on behalf of young people and regular contact with Salford EMHP, discuss appropriate cases. Working with a YP who was unable to attend P.E. lessons, due to it triggering their PTSD symptoms. I arranged with school for the YP to spend those lessons with inclusion staff instead.

Arranging multi-agency meetings and attending meetings have resulted in the student receiving the appropriate interventions for their needs.

Several YP had positive outcomes including improved scores in outcome measures and verbal reflection of what they feel has improved. These included better relationships with peers and family, particularly parents and/or becoming less reactive have been outcomes for a couple of YP. Other outcomes reflected were increased mood, improved self-esteem, reduced general and social anxiety and online safety awareness.

One YP and MHP did some work around social anxiety and used behaviour experiments which have enabled her to ask more questions in class and led to increased class participation.

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.

One YP struggled to engage effectively with therapy and would have been more appropriate for psychosocial support and family work which was discussed with Mental health lead and school were aware of family involvement/engagement difficulties. Lack of effective intervention was also linked to attendance and length of sessions as system to get YP to sessions in a timely manner weren't effective with this YP and majority of sessions were considerably shorter than 50minutes.

MHP believes the work that is being done is positive and effective, young people who engage are feeding back that they value the support and are finding it helpful.

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.

Improved sleep due to reduction in flashbacks. Work with young person to support him to seek medication review due to problematic side effects and an improvement in YP CORE scores

Attended face to face session at 42nd Street during holidays

The practitioner has been continuously in communication with one young person's Early Help Worker and was invited to 2 multi agency meeting. The practitioner was not able to attend the meeting due to having other commitments on that day and have provided an update to the social worker on the practitioner's enrolment with the young person their engagement and the progress.

Some challenges that have been highlighted in 2020-21 have been:

"Challenges working with and opening up complex trauma safely in sessions when YP do not have the support and safety in their home environments."

"Onward referrals to specialist services have long waiting lists, affecting the support needed for the young person, thresholds not being high enough for children/adult's social care to be involved or early help support has a long wait, impacting on supporting the family, thus, further impacting the young person's mental health needs."

“A challenge has been being able to have regular sessions with students due to frequent COVID outbreaks in the school and students being sent home. ”

“Challenges in high complexity cases to offer 12 session structure. Complexity leads to exclusion from school and YP are then unable to continue accessing support from 42nd Street.”

“Supporting schools, young people and families in the unknown when you as a practitioner are not sure of things and feel anxious. But by naming it and normalising this, it helped us all.”

“There have been some challenges in ensuring referrals are completed before drop-in sessions, the young people are consenting and wanting to come to a session, and the information on the referral is of quality. Support has been offered to schools and will continue to be in ensuring improvements are made where needed.”

“Sometimes young people are coming to the drop-in sessions and not knowing why they are coming and have been told to come, and referrals are not being completed before I see the young person.

This issue has been reviewed with a solution put in place, and over the summer of 2020-21 42nd street, rebranded the drop-in session, after consultation and re-named it TALK42, with a list a supportive idea of how the TALK 42 session can be used. Open sessions were out on in September for MHLs to attend and talk this through. The MHP can then talk to the school to decide how this fifth session can be defined, if they want to use it as a TALK42 session, and we were very clear that all referrals have to come in with the young person consenting and being involved in the process, before the 42nd street MHP sees them. With support these points would be an ongoing discussion point to promote throughout 2021-22.

In addition to these other challenges that have been captured and fed back to the key meetings/partners are:

“Time and capacity of the mental health in school is limited, they do an amazing job and are always there for me and the young person to talk things through.”

The positivity, willingness, and support from the mental health leads in the Thrive in Education work in Salford across the seven schools was overall very good, with some challenges along the way. A constraint that was highlighted was that more time and capacity was needed for the mental health leads, as they had multiple roles and were pulled in many directions, often not allowing them the time to give to this role as much as needed or they would like.

4. WORKFORCE (MHST)

Describe any changes in the MHST workforce over the reporting period including staff exits and recruitment as well as any training provided or planned.

Throughout 2020, some of the MHPs started later autumn in the academic year, or in the new year of 2021, due to the schools being identified as a TiE school, getting the communications set up with each school and TiE partners, outlying the expectations and offers clearly, and supporting the mental health leads in getting the referrals ready.

Leading up to seeing the young people, the mental health practitioner and 42nd street Service Manager for schools, supported the mental health lead and wider staff team with consultation and guidance, talking through what could be an appropriate case, triaging and meeting other key staff remotely, such as the designated safeguarding lead, SENCO, pastoral team, so they could start to understand the MHPs offer, and build the relationship up remotely.

Several of the schools had staff changes due to MHPs moving onto new jobs. Where there was a gap in the new MHP started seeing young people, the school mental health lead and young people had access to our 42nd street duty team for advice, consultation and support, where the young person was in the middle of sessions, they could have check in calls with our duty MHP if they wanted. The mental health lead, and pastoral team were offered consultation sessions with the TiE partners and 42nd street schools service manager to support them, where there was a short wait in the new MHP starting.

Throughout the last academic year, several training sessions were provided for 42nd st MHPs and Salford TiE partners. This was around "creative ways to work with young people, to support their wellbeing." 42nd st creative services-Horsfall held a session to support MHPs and partners in 'how to work creatively with young people face to face and remotely.' This session had very good feedback with practitioners enthusiastic to try some of the resources shared in sessions.

Peer support sessions were held half termly for 42nd street MHPs together to discuss cases and reflect.

Throughout the year, the MHPs took part in the school TiE termly meetings, TiE development sessions remotely and some attended school team meeting remotely to talk about cases and their offer making every effort to support the wider whole school approach in as many ways as they could, given the constraints of covid.

The Salford MHP's took part in a Salford TiE development session, and the feedback was that they really enjoyed it. They found it really helpful, feeding back that they made great connections, it had helped increase their understanding of the whole TiE offer, and learnt a lot from the EMTAS talk. Salford MHPs for the TiE work really enjoyed this and expressed how important it was to be part of something bigger, understand the wider context and meet partners.

Salford Early Help service delivered a session to the 42nd st MHPs, giving an overview of the early help offer and services in Salford. This invite was opened up to all TiE partners, to attend as well.

42nd st and other TiE partners were invited to a session from CEDs giving an overview of their service, this has helped increase MHPs knowledge a lot and the feedback was really positive. This has then progressed to 42nd st identifying six named MHPs, to build the relationships and knowledge up between CEDs and 42nd st, and will further support the schools work, with an increase in consultations taking place, about school case work.

A web referral session was held for 42nd street schools where we talked about what the new web referral is, how to make a good quality referral and we talked through practical examples. Emphasising with real life feedback from young people as to why it was essential for them to be involved in the process. Several schools attended in Salford and it was very positive.

5. STAKEHOLDER ENGAGEMENT

Describe any work with schools and other stakeholders over the reporting period including communications, joint working and any development as a result. Please include any stakeholder challenges you have faced including the contributing factors and mitigating actions.

Throughout the past academic year, the partnership working, given covid and its constraints has been superb. We continued to attend monthly Thrive in Education operational planning meetings continued to be held and attend by 42nd street's Service manager for Education. These continue to be a very supportive and collaborative forum where relationship building, and reflective discussions have taken place reviewing how the Thrive work is going on.

The service manager attends Salford complex safeguarding meeting, representing on behalf of 42nd street, The Thrive in Education Board, EBSA problem solving session, EFS review panel, Physical Activity on Prescription, MH in education board, Salford Thrive Partnership.

In addition, there has been an OJC planning meeting and one-off GM meetings as part of the MHST work. Other meetings attended by the school's service manager are: The Self Harm and Suicide Prevention Working Group alongside GM partners. Links with 42nd streets post sixteen further education consultation and young people 's voice work with the Association of Colleges, has fed into the M Thrive work, where relevant.

Finally, the sharing of the 42 street monthly Horsfall Creative offers, 42nd street's new website and group offers has increased awareness and engagement across the TiE school and college staff and young people, resulting in them becoming more aware of these resources and groups.

A very productive meeting was held with TiE partners to explore the benefits of a SPOA across MFT and the Thrive Work. The conclusion was that the separate referral pathways are working very well, and the focus is on an integrated point of access, where the collaboration and communication continue to develop and be embedded as it has done in a very positive way.

We also very positively started to plan the movement pilot at one of the schools in Salford as part of the 'added value' physical activity on prescription work, with Company Chameleon as a commissioned partner. Looking at how movement can support wellbeing and positive mental health in a creative way.

6. WHOLE SCHOOL APPROACH AND SCHOOL WORKFORCE DEVELOPMENT

Describe work undertaken to support whole school approaches including any challenges, training, learning and key achievements and associated recommendations for continuous improvement in this area. Please include information about consultation and liaison work with schools' staff, parents/carers and other children's professionals. Consider evidence of work with schools towards GM MHiE standards and/or other locality frameworks (such as EFS in Salford) used to support schools with self-evaluation, action planning and development.

Below are examples over the past academic year where whole school approaches have been used well the school workforce:

MHPs have continued to offer support to triage the waiting list, guidance and advice on how to support students academically while their mental health is affected, offering psycho-education conversations to support their understanding on the young people's issues and how their ability to learn might be affected (neuro developmentally, adolescence stage challenges etc), liaising with

partner agencies such as early help, CMHT, CAMHS and offering a multi-agency approach to support the young person's needs with the young person's consent always obtained.

Supporting teaching staff with students and encouraging them to balance educational needs with mental health needs, and talk through what is behind the behaviour, exploring attachment and ACE's. MHPs have become more confident in referring to the locality directories for signposting and support, using the processes such as EBSA and having consultations with external partners such as CEDs and CORE CAMHS.

Within Salford the MHPs were becoming more confident and familiar with understanding the value and benefits of the emotional friendly setting programme that was at different stages within each school, with the educational psychologists, and they really connected with how this underpinned the whole school systemic approaches, needed so vitally in each setting.

They met the school SWIS (Social Worker in Schools) social workers if they were in their school, or early help link worker. They worked really hard with that partnership connection around the school, communicating with the school and partners about a young person.

"Meetings with SENCO and school counsellor to support referrals to 42nd Street offer and discuss appropriateness of young people for therapeutic support. A challenge has been the limited capacity of the SENCO within the school due to multiple roles/responsibilities which has contributed to difficulties with consistent communication. We have discussed this and planned the best way forward with some positive actions."

Within each school the MHPs continued to be very adaptable and flexible during Covid, over the past year, offering remote sessions in February half term and over Easter. They have talked through how the sessions could change from face to face to remote during lockdown and what remote sessions would entail, ensuring that this fits within each school's protocols.

"Supporting staff with PHSE sessions on LGBT+ issues. Arranging parent meetings and arranging multi-agency meetings. School have shown enthusiasm to arrange staff training, and this is planned for September to inform wider school of 42nd street/ TIE offer and referral process."

"MHP met the safeguarding team when first starting at the school and has spoken to appropriate staff when necessary. The mental health lead has been the link person and effective communication via email and in person catch up's took place regularly. Safeguarding information was passed effectively both from MHP to safeguarding lead and also information that was relevant to therapy was emailed in a timely manner from schools CPOMS database to inform MHP of any events or increased risk when relevant."

"MHP as mentioned above has also liaised with parents to offer support and advice and has also contacted both statutory and voluntary organisations when appropriate to follow up referrals (eg St Mary's) or check case status (eg CAMHS) and has also had conversations with GMP and after gaining written consent and explained process sent case notes to detective investigating case. "

"Important issue that needs looking at is YP getting to sessions at the appropriate time, previously reception used to send for them but they seem to be very busy and have forgotten on occasion to send a runner for them or haven't had anyone to send for the YP. They suggested a new method of writing in the YP's planner and them coming themselves (this has worked for a couple of yp) but I believe they don't have clocks in the classroom and some of the sessions are mid-way through a lesson (these seem to be the YP who definitely don't attend by themselves) to fit the Covid

timetable so if a YP doesn't arrive it now takes even longer for reception to send for the YP so sometimes YP are only getting 30-35 minutes of a session which really impacts the work that can be done. Hopefully with restrictions lessening this may improve in September but needs to be attended to on a basic good practice level. Bubbles going down have also impacted continuity of therapy as YP haven't accessed remotely if this is the case apart from brief phone check ins on occasion."

"Working further on triaging the referrals may be helpful, on the main part they have been appropriate referrals, but often get YP who have previously worked with the school's counsellor and want to explore that all YP within the school are aware of the service. Also support for school around self-harm and supporting parents with this may be useful."

"Close working with pastoral team in response to crisis – both during the school day and with incidents occurring outside of school. Advocate for YP with St. Mary's SARC Independent Sexual Advice and assessment team. Shared information and contact details with school for holistic support to access service for YP. Discussions with school pastoral around dual referrals and appropriate referrals for support then CYP already have CAMHS involvement."

"Meetings with assistant principal/SENCO to shape the mental health offer to Albion Academy, this included discussions about offering consultation to teachers and staff to support their work with pupils and guidance around appropriate referrals to 42nd Street or other mental health support/services. "

"Consultations with the MHLs at Salford schools have been incredibly positive and particularly, over the move to remote sessions when needed, we have worked together to organise the remote sessions for the YP's. Including some schools providing a space for YPs who didn't want to access remote sessions at home, to come in and access sessions in a safe space at school where they feel more comfortable and able to do so. "

"Liaising with the wider school staff team has also been really positive in embedding an understanding around emotional health and what makes an appropriate referral, particularly with the heads of each year within the schools. "

"I have also had occasions where communication with the school social worker has been important and positive in ensuring young people's needs are being shared between services in a way that means they can be met and supported in the best way possible. "

"School has offered face to face appointments to vulnerable young people during lockdown which has enabled young people who may have struggled to engage remotely to access support and give them some consistency to attend regularly. "

"Therapist, school pastoral team and 42nd street School lead initially had meetings via Teams to gain an understanding of what the school felt the offer was and what their needs as a school were. Therapist attended the school prior to starting with yp and has regularly met with the school pastoral support throughout her work. Therapist has also spoken to the schools in house counsellor regarding young people he has previously worked with too and met the school social worker."

"The school MHPs started to become familiar with the EBSA process and how to support young people when it is anxiety-based school avoidance, the family and school. The MHPs were continuing

to build up the relationships with I-Reach clinicians and TiE partners, speaking to them and having consultations about young people, is it more appropriate for their support or not?

“Successfully delivering the work in schools with partners in the TiE team, doing a very good job, being so flexible and adaptable during Covid and a very tricky year.”

“Planned with partners, physical health by prescription pilot groups, one of which is the 42nd street movement group, to be launched in one secondary school in Autumn 2021. This has been a very collaborative piece of work. I am very exciting to be delivering this as I think it will really make a difference!”

“Identifying some of the data and talking to my schools about how many referrals I have had, how many young people are male, female, different ages, ethnicities. And review together, are we reaching all young people in the school, to identify and have open access for them to feel comfortable in asking for support if they need to. Is my case load a true representation of the young people in this school?’ The school were really open to talking about this more, which is very positive.”

“Has been recognising that sitting and talking does not work for some young people who are near diverse and we are looking at how walking and talking, moving to get outside the room.”

“Talking to the school about how we can promote agency amongst young people and how they could self-refer to the 42nd service in school more easily is good to talk about.”

“With bubbles being in place still, getting to know the wider staff teams in school has been hard, but hopefully his will change.”

Challenges:

“ Have mainly been around boundaries of the confidential nature of counselling and members of staffs understanding of the needs of what information is necessary to pass on. School have been supportive in spending the time discussing cases and giving background information verbally about YP who have been referred with limited information on referral forms. Development of professional relationships has been vital for progression of the service develop and therapist getting an understanding and insight into the complexities and socio-economic backgrounds of the young people being offered support. ”

“Maintaining a consistent caseload during exam season and COVID. Developing a consistent triage and assessment (prior to online referrals being implemented). We hope to set up a termly triage meeting next academic year.

“Supporting schools, young people and families in the unknown when you as a practitioner are not sure of things and feel anxious. But by naming it and normalising this, it helped us all.”

“Due to the MHP coming to the school mid-school year has unfortunately meant that they haven’t been involved in as many TIE meetings as if had had initial involvement Hopefully this will change from next contracted year, and the meetings are being booked in, in advance so I can prioritise them, this will be really helpful.’

“There have been some challenges in ensuring referrals are completed before drop-in sessions, that the young people are consenting and wanting to come to a session, and the information on the

referral is of quality. Support has been offered to schools and will continue to be in ensuring improvements are made where needed.”

It feels important to continue to build the relationships, and meetings between the practitioners remotely or face to face in the TiE teams. The MHPs who have made those connections have fed back it feels very positive and supportive seeing how they are part something bigger. They have said how they feel more confident in picking up the phone and emailing to ask for some advice and guidance.

“MHPs continued to be flexible and adaptable during the transitions back during covid and lock down. The MHPs have expressed how they like doing different roles as it adds variety and knowledge to their role. But they do find the school day quite challenging if there is a safeguarding issue that needs to be managed and handover needs to be done, but they are then not there until the week after. ”

“Tired and recognising the importance of looking after ourselves as MHPs, this is so important in the work we do. I need my cup full, in order to help others. Sometimes it all seems go, go, go and I just need some time to press pause and reflect a bit. Supervision really help me to do this and chatting to my colleagues at school and my peers.’ Impact of Covid has been hard.’

“Worry that increase in thoughts of self-harm and thoughts of suicide were present amongst young people and the impact of Covid and lockdown has had on them, starting to show more as the year went on.”

“Communication via email has sometimes been unclear/unhelpful and led to breaches of confidentiality with referral forms from school being sent unencrypted or responses from email requests from the therapist going unanswered but this feels that it may be down to high demands on the school staff but has meant therapist was unable to offer remote sessions over holidays due to lack of clarity from school. ”

Most importantly the young people’s voice has been feedback throughout the past academic year through the quarterly reporting and informally, continually, through conversations with school, partners and family.

7. CHILDREN AND YOUNG PEOPLE’S VOICE, PARENT AND SCHOOL FEEDBACK

Describe what actions have been taken and methods used to obtain pupil/service user, parent and school feedback over the reporting period including any key feedback both positive and negative and how it will be used. Please include any evidence of improved confidence of teachers and pastoral staff in supporting pupil mental health and wellbeing.

Feedback from the past academic year from young people, school staff and parents.

Supporting staff with themes and worries about young people and how to manage and support them, related to their work.

MHP has regularly requested feedback from YP both during and at the end of therapy. Completed outcome measure and reviews and what YP is ‘taking away’ from session has been valuable. School has been able to signpost young people more confidently to use creative services and online services. School feeling more supported to know how to approach the needs of the diverse presentations of their young people and grateful for MHP available for consultation. Quote from safeguarding lead ‘It has been so helpful to have you signposting us to all the different services

available to support the pupils and thinking about the quickest way they can be seen as well as acknowledging whether they will be a better fit for a CAMHS referral or a SENCO approach/mentoring programme.'

Feedback from YP:

'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.'

'The school never really told me at the school what time the session was so I was late and got less time.'

'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.'

'Just helpful just to talk about stuff'

'You sat and listened to me and didn't judge me'

'What was really good about your care? 'Everything'

Feedback from parent:

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

When assessing the way drop-ins were used in one school, their regularity and length of time; this feedback provided the reminder or how important drop-ins are and their value for young people who are waiting to be seen. 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 42nd Street's Creative Groupwork in the meantime'

School response has been positive and MHL has been open to and utilised opportunity to triage and discuss possible cases to make sure referrals are likely to be appropriate.

Use of YP Core target setting and reviews to gain verbal feedback from CYP. CYP reported improved mood, decreased SI and DSH and achievements towards their goals.

The school has shared that they were surprised that one of their students engaged with the support and said that previously the student refused to be seen by anyone.

One student said that he like 'The way I could actually express myself'.

Quarterly meetings with TIE team to review impact of support and raise any challenges, feedback to date has been positive with no changes suggested.

Mental Health Lead's feedback:

'MHL in one Salford school shared that they felt 'supported now' having a mental health team in the school as they had felt 'overwhelmed' previously with the needs of the students and being unsure how to best help them.'

'Thank you for being so pro-active, we really appreciate it.' After offering to support student above.'

Young people's feedback:

Young person after completing 12 sessions of counselling –

'It's been good to let things go and have a space to talk' ' I don't get as jealous now and I don't feel as sad as when I started sessions...my self-harm has got a lot better.'

'I have been able to open up in sessions which has helped me open up outside of sessions too.'

'You sat and listened to me and didn't judge me'

"I don't really have anyone to speak to apart from you and my hamster, no one at home supports me and I can't trust anyone. I feel less angry now and know how to control my anger a bit more."

"I had lots inside my head that was messy, like a messy garden, I wanted to tidy it up a bit and clean it. We did that together."

"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."

Parental feedback:

Therapist did get positive feedback from one of the parents who said the support had been really helpful and given him an understanding and ideas of better ways to react.

" Thank you, the messages have come through. I will read over everything. Also, I enjoyed talking to you today it really helped so thank you for that too.

'Schools have also shared the general positivity of parents about having in school support for young people not only because it is felt needed but also because the convenience of this which removes barriers to support such as travel, parent's working hours etc.'

Mental Health Practitioner:

"During the contacting, I encourage young people to provide feedback and explains how honest feedback can be helpful in building most appropriate support for the young person."

'I can see how we fit into the whole team, I would like to meet the CAMHs worker, we are in on different days. I find how we have the educational psychologist and partners working with the school good, as I feel supported in a bigger way. I want to stay here next year, as it takes time to build up the relationships.'

8. OTHER

Provide any additional information in this section such as changes to your organisation or wider environment that may impact on the service, specific challenges and achievements, any issues or barriers to delivery of the service, any recommendations for changes to your service or the wider Thrive provision in localities.

Over the past year there have been so many highlights to celebrate, the main one being the feedback from the young people and what a difference the support has made to them. Others are, working with 66 referrals across the seven Thrive in education schools, resulting in therapeutic

support for many young people. 584 total number of contacts, despite what has been a very difficult year due to Covid and lockdown in 2020-2021.

One of the other main achievements was successfully launching the mental health support teamwork in Salford, with partners. Then all coming together operationally to build a blended team, learn and develop together. Each school progressed at different stages but overall, the understanding from each school about what the TiE offer was, what the EMHP offer was, the VCSE 42nd street offer is, has grown and become more embedded over time. This is a result, especially as most of the schools were new to us at the start of 2020.

We positively also started to look at what a well-structured and supportive group/workshop offer could be from the VCSE part of the Salford TiE team, designing and producing a menu that compliments the I-Reach school CAMHS team and partners offers to schools, to best meet the needs of young people for 2021-22.

One of the MHPs felt an achievement was: 'successfully delivering the work in schools with partners in the TiE team, doing a very good job, and being so flexible and adaptable during Covid and a very tricky year.'

Being able to offer young people choice and a menu of support to suit their presentations and needs in a timely way has been a success, with I reach school CAMHS and TiE team and 42nd street, working with partners and the school, mental health lead, to look at the bigger picture in each school, systemically and structurally. We have worked on supporting the school in how they identify what young person would need what support, supporting the set up and review of their internal triaging processes, and building their knowledge and confidence around mental health and services.

Throughout the past year we started to build the key relationships with the school's own counsellors and explore what they work with, what is different in their offer and the TiE practitioners offers, and how we work together to support young people.

One of the recommendations from the 42nd MHPs was where they had met with the school CAMHS practitioner mid-term outside of the TiE meetings, it was really helpful and where this had not happened, they felt it would be beneficial to talk about practice and cases, on a one to one level and would start to build up those relationships more, alongside the mental health lead, in more of a triaging and consultation model together. They felt it would be useful to create more opportunities to discuss new, ongoing and onward referrals to assess suitability of services on offer.

It feels important to continue to build the relationships, and meetings between the practitioners remotely or face to face in the TiE teams. The MHPs who have made those connections have fed back it feels very positive and supportive seeing how they are part something bigger. They have said how they feel more confident in picking up the phone and emailing to ask for some advice and guidance. By meeting and building the relationships, they have said how a development session would be great to meet the wider TiE team, as it will help us feel more connected and part of the bigger picture, moving forward.

Whilst the Orthodox Jewish School was not a TiE school in 2020-21, and will be in 2021-22, this work is worth pointing out as being a wonderful and successful piece of work. The relationships, collaboration and mutual understanding of the importance to have a whole school approach that supports the students and their families and the staff at school, whilst giving the students a therapeutic safe space, has been a triumph, which is fantastic that it continues.

All of the achievements and challenges throughout this past year have evidenced the benefits of having the MHST Thrive in Education model blended and how valuable this asset is. This has further been supported by the recent trailblazer evaluation and feedback written by Birmingham University.

Moving forward, taking what we have learnt from 2020-21 it feels important to look at the sustainability and equity amongst schools and colleges of the mental health support teamwork, providing the best support for young people, whilst ensuring what has worked well remains and continues to be celebrated.

9. CASE STUDIES

Requirement for each MHST provider to submit a minimum of 2 case studies each quarter, providing a detailed insight into the reasons for referral/presenting needs, wider school/family issues/difficulties and strengths of pupil supported, the interventions offered/provided, and other services/professionals involved in providing support, the extent to which there has been progress/improvement. Please include examples of 'integrated working' case studies that may have also involved supporting parents/carers/siblings.

Case studies were not asked to be submitted as part of the 2021-22 annual academic report