

**SALFORD Thrive in Education**

**GM MHST Provider 12 Monthly Reporting Template**

**September 2020 to August 2021**

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

20-21 academic year

Salford

|                           |     |
|---------------------------|-----|
| Total number of referrals | 68  |
| Total YP seen             | 68  |
| Total clinical contacts   | 649 |
| Gender:                   |     |
| Female                    | 26  |
| Male                      | 41  |
| Indeterminate             | 1   |
| FSM                       | 67% |
| SEN                       | 24% |

Percentage of cases which have closed with 2 or more contacts 52

Age

|                        |    |
|------------------------|----|
| 0-4                    |    |
| 5-7                    | 21 |
| 8-10                   | 38 |
| 11-13                  | 9  |
| Ethnicity              |    |
| White                  | 56 |
| Mixed                  | 4  |
| Asian or Asian British | 1  |
| Black or Black British | 2  |
| Other Ethnic Groups    | 5  |
| Not stated             |    |

Our system does not collect data for types of referrals, but we will look at presenting issues of cases and map these for future reports.

**One point change all children**

73% improved according to the Teacher SDQ - this is based on 47 children - all those who completed counselling and for whom we have pre and post Teacher SDQs.

64% improved according to the Parent SDQ - this is based on 42 children - all those who completed counselling and for whom we have pre and post parent SDQs

### **One point change children in the severe range**

64% improved according to the Teacher SDQ - this is based on 47 children - all those who completed counselling and for whom we have pre and post Teacher SDQs and who started in the severe range.

78% improved according to the Parent SDQ - this is based on 32 children - all those who completed counselling and for whom we have pre and post parent SDQs and who started in the severe range

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

We use a practice-led therapeutic approach to child mental health which is backed by research and informed by over 25 years' experience providing mental health services in schools. All our support is informed by attachment theory, which suggests that our early relationships affect our development.

Our mental health professionals use an 'integrative' approach. This integrative support for children brings together different strands of therapeutic thinking to support the development of each pupil.

One Mental Health Practitioner will be based in a primary school for one full day, able to see 4 children per day for a one-to-one intervention. All Mental Health Practitioners have 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.

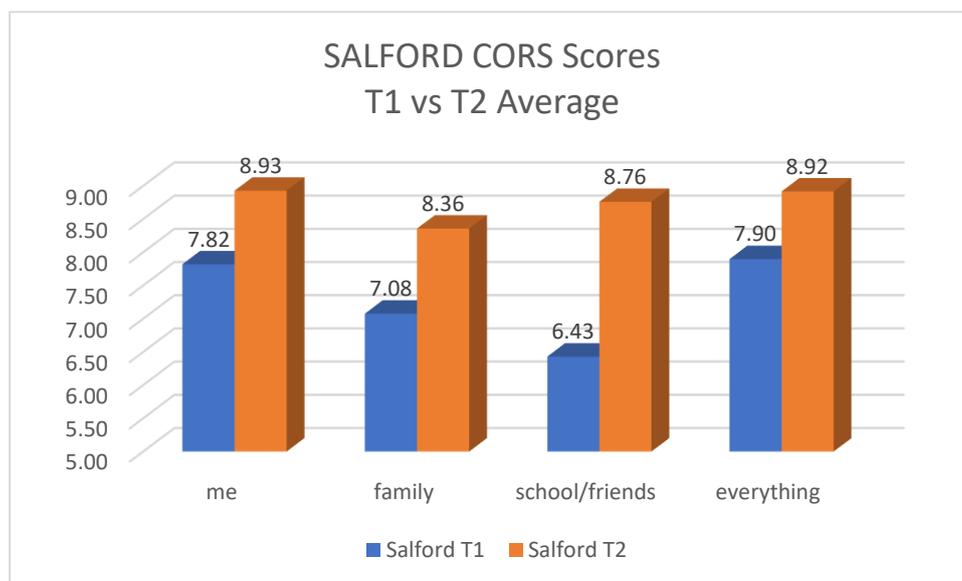
We provide a targeted service, based on need. Once we have more service data, we can provide a comparison of ethnicity against the school population in the area.

## **3. OUTCOMES / CASES OF NOTE**

The Child Outcome Rating Scale (CORS) is a simple, four item measure designed to assess individual well-being, interpersonal well-being (Family), social role (School) and overall well-being. Individual responses for the CORS are calculated based on the point selected on each item's line. Each line indicates a scale from 0-10, inclusive of decimals, with 0.0 (sad face) as the furthest left point and 10.0 (smiley face) as the furthest right point. Points selected on the left indicate a lower score, whereas a point selected on the right indicates a higher score.

## Salford

|                | T1 – First Session | T2 – Final Session |
|----------------|--------------------|--------------------|
| me             | 7.82               | 8.93               |
| family         | 7.08               | 8.36               |
| school/friends | 6.43               | 8.76               |
| everything     | 7.90               | 8.92               |



### Case Note 1.

The child was referred following a complex background including a parent being in prison and showing severe difficulties in school. The child showed physical aggression and anger and he would throw chairs across the classroom. On assessment he presented as a low mood child, withdrawn and detached. His pre-intervention SDQ scores reflected severe difficulties within school and at home, scoring high in emotional symptoms (10) and hyperactivity (9). CORC forms also suggested low mood and being unhappy at home.

The child engaged well in sessions and the MHP and the child formed a strong therapeutic relationship. As sessions progressed there was visible smile on the child's face as he was picked up from the classroom. The child's class teacher worked very closely with the MHP through Place2Think sessions. The MHP provided the teacher with tools such as emotional wheels and an anxiety thermometer to help with not just the child but with the whole class to enable children to verbalise their worries, helping to bridge the communication gap between them and the class teacher.

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”*.

**Case Note 2.**

Mum emailed the teacher to say that since coming to Place2Be her child’s behaviour at home has improved and the number of angry outbursts have decreased significantly. The child told the MHP several times *“I’ve been really good this week!”* She had a rash around her mouth for several weeks, which wouldn’t heal because she kept picking at it, which made it worse. Her mum and teacher felt this might be anxiety related. After a few sessions, her rash started to heal up and get a lot better. The child told the MHP, *“I didn’t feel like coming into school today but then I remembered I see you on Wednesdays and that I wanted to see you”*.

**Case Note 3.**

‘Strengths and Difficulties Questionnaire’ (SDQ) collated from school and mum all indicate a positive improvement in the child's emotional wellbeing. Child’s own SDQ indicates positive change, particularly in her emotional wellbeing. The intervention has provided a space for the child to process any emotional distress she may have been experiencing pre intervention. Child's overall psychological wellbeing scores have significantly improved and now presents as being in the 'Low risk' category compared to the 'medium/moderate risk' pre intervention. The Child Outcomes Rating Scale (CORS) pre intervention indicates the child was only achieving the halfway mark between sad smiley face and happy face. At midpoint review at week 6, the child's CORS had improved to between the halfway to full smiley face, by the end of the intervention on the final session, child's CORS forms were all at the top of the smiley face indicating significant psychological improvement.

**4. WORKFORCE (MHST)**

A full complement of staff in place who started work in the 10 primary schools supported by Place2Be in year one from September 2020 – August 2021.

**5. STAKEHOLDER ENGAGEMENT**

Area Manager and MHP attend TIE meetings linking up with other partner providers: Early Help, EMHP (I-Reach) and Educational Psychologist. This has been helpful to ensure that we are providing the right targeted support for the child and to sign-post on to the relevant referral pathway. Linking with Early Help also provides support for parents and families, which we can identify through our parent partnership work when carrying out assessments and checking in with parents throughout the one-to-one counselling intervention.

Linking up with CAMHS on numerous occasions to discuss appropriateness of cases referred into our service. Accessibility of partner providers has proven key to ensure the right support is put in place for the child and family and to work together in unison to enable the right intervention is provided.

MHPs attended a workshop with Kooth on emotional resilience and resources were shared to use in one-to-one interventions if appropriate, and to help support children in the classroom via Place2Think consultations with school-based staff.

## 6. WHOLE SCHOOL APPROACH AND SCHOOL WORKFORCE DEVELOPMENT

Our Place2Think offer has been revised to include sharing resources and whole class work, which are set out as a lesson plan. The MHP will meet with school-based staff to prepare them to guide the delivery of our resources and whole class work sessions on mental health and wellbeing. It is intended to complement the school PSHE/RSHE delivery and can form part of a whole school universal approach to mental health and wellbeing.

Place2Be is offering its **Mental Health Champions – Foundation Programme** for free to all school-based staff. Schools have signed up to this online training course which enhances teaching professionals' understanding of children's mental health and introduces approaches that promote positive wellbeing in schools and communities.

The programme also focuses on the mental health of teachers and looks at a whole school approach to mental health.

The MHPs have actively promoted Mental Health Champions - Foundation Programme in all schools which has enabled teachers to cope better with children's struggles in the classroom and to better understand the communication behind their behaviour. **This has resulted in 303 school-based staff signing up so far for this training.**

All Mental Health Champions alumni have free access to a Staffroom group on Hive, and its goal is to offer teachers continued support, resources, and a space to connect with each other. There's a recap of the MHC theory, and new resources will be added there regularly throughout the year. Find out more at <https://www.place2be.org.uk/foundation>

### **Shout (in partnership with Place2Be)**

**Shout offers a new type of support in Place2Be schools for students from the age of 11 years upwards.** Shout is open 24/7 and a trained volunteer will aim to reply to you within 5 minutes. For more information visit <https://www.place2be.org.uk/our-services/get-help/> Text **P2B** to **85258**.

**Parenting Smart:** Since launching Parenting Smart in April, we've had some great feedback on our newest resource for parents and carers ([place2be.org.uk/parentingsmart](https://www.place2be.org.uk/parentingsmart)). We've already had 1,172 users (including staff) and the most popular pages have been meltdowns, friendship issues, and my child is anxious. The average time spent on the site is 2.5 minutes. This is our brand-new site offering practical advice for parents and carers of children aged 4-11.

We have launched the **2021 Schools Time Capsule**, our new project with BAFTA and Oak National Academy. Schools across the UK were invited to take part in this exciting project, which run from Monday 7 June to Friday 10 September. It's an opportunity for children and young people to reflect on a challenging year and share their collective experiences.

We have 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.

**Place2Think Feedback:**

- SENCO lead: *"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 told me: *"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".*

When a child or young person has one to one counselling, we meet 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. We have provided **172 parent partnership** sessions during this 12-month period.

**Parent Partnership Feedback:**

- The parent is supported through a combination of Parent Partnership and Early Help. In the Parent Partnership sessions, mum has been signposted to the GP and resources. Recently, she has said she feels her child *"is seeming more themselves"* and that her child *"is easier to engage with now"*.
- *"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."*

Common Assessment Framework/Team Around the Family and Child in Need meetings have taken place and school have required the MHPs to provide written reports on how the counselling intervention is going with the child. These reports are kept to a theme base only due to confidentiality.

The MHPs regularly have update meetings with the link person/mental health lead, which has been crucial to the clinical assessment and formulation and the progress the child is making. These meetings provide the practitioner and school with a knowledge and understanding of where the child is and to highlight further support/sign-posting if required.

## 7. CHILDREN AND YOUNG PEOPLES'S VOICE, PARENT AND SCHOOL FEEDBACK

### Child feedback:

- *"I feel lighter, I don't worry as much."*
- *"This has been really fun!"*
- *"I like making things and chatting, it makes it [suicidal ideations] better."*
- *"Isn't it great that I get to do this? .... being here, I love it."*
- *"I was looking forward to seeing you all day yesterday and felt sad when you didn't come to get me because I forgot you come in on Wednesdays, not Tuesdays."*
- *"I rate the sessions 10/10 listening to me, 10/10 important to me and 10/10 enjoyable, they are brilliant!"*
- *"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."*
- *"I wish I could stay in Place2Be forever."*
- *"I feel better than I did last week because I got to talk about it then and I knew I'd get to talk about it with you today".*
- *"Please can you come into my High School and see me there after I start there?"*
- *"I didn't feel like coming into school today but then I remembered I see you on Wednesdays and that I wanted to see you"*

### Teacher feedback:

- SENCO lead: *"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 them 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 told me: *"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".*
- The MHP was also able to help improve the relationship between the child's mum and teacher. The MHP reported back to the child's mum of the support provided by the teachers. The teacher told me: *"I am really glad to hear she realises we are trying because I wasn't sure, she is always just telling me about the problems".*
- Teacher on completion of the child's counselling commented: *"She's doing so much better now. She has less need to be the centre of attention and has really developed her friendships with the other girls in the class".*
- *"She now goes happily to choose her own book instead of waiting for guidance from staff."*

### Parent feedback:

- The parent is supported through a combination of Parent Partnership and Early Help. In the Parent Partnership sessions, mum has been signposted to the GP and resources. Recently, she has said she feels her child *"is seeming more themselves"* and that her child *"is easier to engage with now".*
- Parent: *"My child seems happier now" – after 10 sessions*
- [When speaking about low risk assessment scales] *"I am very happy with their progress!"*
- *"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.”*
- *“Thanks for earlier, it’s nice to know someone is there to help my son without judgement.”*
- Mum said: *“I’m so grateful that she was able to access support when she needed it the most, she’s a much happier and settled little girl now”.*
- *“She now spends more time with me than playing on her own and seems to have developed her friendships more at school.”*

## 8. OTHER

Due to lockdown, we have provided remote/virtual work along with face to face in schools where appropriate. This has been helpful for children and practitioners self-isolating and bubble closures. If inappropriate to provide remote working with children, we have provided parent phone check-ins. We have provided resources to parents to support children at home with Autism, ADHD and children struggling with anxiety and change and loss during school closure.

## 9. CASE STUDIES

**Identities have been changed to provide anonymity.**

### Case study 1

Skye is 6 years old and is living with mum and dad and unborn sibling. Skye was referred due to issues of anger and unkind behaviour towards others, following severe difficulties and a traumatic and complex background, which was impacting her home and school life. She has gone through some very negative experiences during her early years. She lacked confidence and struggled with low self-esteem, which had a direct impact on her peer relationships and ability to perform in the classroom. Skye felt everyone made fun of her due to her skin colour or not being able to speak English fully. As a result, Skye struggled to come into school impacting her academically as well as socially, mentally and emotionally.

Skye often complained of stomach aches and headaches. The class teacher reached out to the MHP seeking advice in managing Skye’s struggles and after mutual discussion, considering the impact of negative experiences on Skye and presenting issues, Skye was referred to Place2Be.

On assessment, the strengths and difficulties questionnaire (SDQ) scoring from teacher, Skye and parents showed Skye as having severe difficulties with high level symptoms of emotional distress, scoring 9 and hyperactivity scoring 10. These difficulties caused a high-risk impact of experience for Skye. During the clinical decision-making process, consideration was given to the fact that Skye had a traumatic childhood with a lot of negative experiences, big changes and huge losses but was never given an opportunity to process her experiences in how she experienced them. As a result, Skye felt unheard, angry and alone which left her in a space where she came across as mean or unkind to others. It was then proposed that Skye access short term counselling, which was regularly reviewed, providing Skye with an opportunity to voice her concerns.

Following her negative experiences around adults, Skye struggled in engagement and tested boundaries in many ways, for example running away, spilling paint everywhere but with the MHP’s perseverance, core conditions and non-judgemental attitude and work towards building a safe space for Skye, Skye slowly started trusting the MHP and over time a strong therapeutic relationship was built.

In the beginning, Skye did not particularly share any childhood memories but shared her struggles around home, the need to lie in school, how she feels about being liked and acknowledged. Skye used playdough and various characters to express her negative experiences and shared her emotions and feelings of sadness, fear, loss and feeling let down through paint and role play. The MHP used various resources to build Skye's confidence and resilience towards negative experience, which allowed Skye to move forward, for example using the story SUPERHEROES have bad days too, which explains difficulties behind the strongest and powerful characters and how Skye can be a superhero, which made Skye feel like in control, like a superhero and brought a smile on her face. Due to the non-judgemental relationship, Skye was able to share shameful and embarrassing experiences, which helped Skye in processing her difficulties and to inform future choices.

The MHP and Skye worked for 10 sessions and this short-term intervention helped Skye in many ways from her behaviour at home and classroom struggles and most of all experiencing a healthy and positive experience of counselling; trusting adults where she was being heard and acknowledged.

Skye's parents were also supported through parent partnership sessions with various resources and signposted to the Place2Be's Parenting Smart site, which they found helpful. The therapeutic work helped Skye in coping with her anger and following Place2Be's model of listening to the child's voice, Skye's voice was always prioritised, and she ended her intervention with plenty of tools and coping strategies and sign posting.

Dad had very positive feedback, which is reflected through post intervention SDQ's, he shared: *"A lot has changed, Skye used to think all children make fun of her and she had no friends, now she talks to me about friends at school and she no longer feels angry like before"*. The class teacher also shared the positive changes she observed in Skye's behaviour, which is backed up by the post intervention SDQ's the class teacher completed.

Reflecting on post-intervention data, Skye now presents as NO DIFFICULTIES from class teacher, Skye and Dad's perspective. Emotional symptoms have decreased to 2 and Hyperactivity symptoms have decreased to 4, which is all backed up with positive feedback and visible changes in Skye.

\*Name changed to protect confidentiality

### **Case study 2**

Annie is 11 years old and has moved several times in the last 18 months. Moving and events from the parent's past have caused mental health issues within the family.

When referred to Place2Be, Annie was quiet in school but very angry at home. Annie would shout at family members and Mum. Annie would often lose the ability to regulate or understand her emotions and find it hard to communicate how she was feeling. School was aware of these problems at home and that they had support with an Early Help intervention. The school referred Annie to Place2Be for help with understanding and communicating anger and other turbulent emotions.

The MHP conducted an assessment and completed SDQ's with both teacher, mum and Annie. All three scored high in emotional and peer symptoms, which suggested that Annie was struggling with emotional wellbeing and creating/sustaining peer relationships. It also suggested Annie and mum were dealing with hyperactivity and conduct issues at home, although Annie had the ability

to conduct herself in a healthier way in school. This meant Annie was at high-risk of her behaviour becoming overwhelming and spreading into the school environment. During the assessment, it was decided that Annie would benefit from short-term 1:1 sessions to explore her emotional capacity and willingness to explore her anger.

At the beginning of the intervention Annie appeared to find new relationships and trust hard to cope with. The work centred around trust and bonding, exploring through drawing, artwork and games. The MHP used mirroring as a technique to give Annie structure and a calm sense of being held in the space, which seemed to make her less anxious and more able to open up. The non-judgemental relationship enabled Annie to trust her own experience. This was key to enabling Annie's confidence to grow within the therapeutic relationship, but also in herself.

During a parent partnership session Mum said she was very concerned with Annie's mental health and that Annie had told her very recently that she wanted to end her life. A safeguarding concern was raised, the school was informed, and actions were put in place to keep the child safe.

The MHP worked with the school to create an understanding of what Annie needed. The Mental Health Lead referred her to CAMHS, and a multi-agency meeting was held. This consisted of CAMHS, Place2Be and Early Help. It was agreed that Early Help would work with mum to create a safe environment for her and Annie. CAMHS put in place transition work to prepare Annie for secondary school and provided social prescribing of physical activities after school and during school holidays to enhance her emotional wellbeing.

Annie and the MHP started work on how they could explore the fun parts of her life as the lockdowns had taken its toll on her and she felt hopeless about life being fun or normal again. The counselling environment fostered a need for creativity and certainty about the future. Annie seemed to respond to creating games, talking about how she could thrive if given the right tools. The MHP found that the more she explored Annie's feelings of anxiety with healthy and creative outlets, she felt seen and nurtured. Annie did have some weeks in which she felt lost and lower than usual, due to family situations, but the more she felt seen and able to explore her own voice, the more Annie seemed to flourish. When mum told the MHP that Annie was having suicidal ideation, her risk assessment scales were quite high. However, as the sessions/weeks went by her scales reduced, until they were at 0 for both suicide ideation and self-harm.

As the MHP is preparing the ending process with Annie, she has given her plenty of notice for the work ending. This has allowed Annie to work on closure and for her to explore her life post-lockdown. The MHP has consulted with Early Help throughout. They are still working hard with mum to create a safe and healthy home and will come into school to check in with Annie once the Place2Be intervention has ended. The MHP is also working closely with the school on what Annie will need when the work is finished; consisting of weekly check-ins from teachers and the school nurse. Annie will also have a session every week with the SENCO lead, in which she will be able to explore her creative side. School are also in conversations with her high school, as to how they can create a comfortable and healthy transition for Annie.

\*Name changed to protect confidentiality.