

## CYPE(5)-20-19- Paper to note 2

Kirsty Williams AC/AM  
Y Gweinidog Addysg  
Minister for Education



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref MA(P)KW/2101/19

Lynne Neagle AM  
Children Young People and Education Committee  
Chair National Assembly for Wales  
Cardiff Bay  
Cardiff. Cf991 NA.

18 June 2019

Dear Lynne,

Following the Joint Ministerial Task and Finish Group meeting on 3 June, I wanted to clarify two issues that arose during discussion in relation to the Welsh Network of Healthy School Schemes (WNHSS) and publication of the suicide and self-harm guidance; and provide an update on the work of our CAMHS school in-reach pilots.

In relation to the WNHSS you raised concerns that we were proposing the WNHSS delivers emotional and mental wellbeing to schools and that Public Health Wales (PHW) were leading this with no input, or direction, from Welsh Government. I want to assure you that this will not be the case.

As noted during the meeting and in our May update to Committee on Mind Over Matter progress, we intend to provide a framework for schools to support them in developing their whole school approach. You will recall Mark Campion's presentation on the Estyn Healthy and Happy Report highlighted that around two-thirds of secondary and one-third of primary schools lack an inclusive approach to health and wellbeing. A national framework will promote consistency across all schools.

The framework will enable schools to examine their own health and wellbeing by using the available evidence to determine their strengths and weaknesses. It will provide guidance to support the development and implementation of a plan to build on the strengths and tackle any issues. It will also enable them to evaluate the effectiveness of activity. You will be aware of these proposals from your attendance at the Stakeholder Reference Group where the outline framework was discussed. In meeting the needs of the whole school the framework will need to address the needs of those young people:

- without any discernible mental and emotional wellbeing issues, but who still require support in building resilience for the challenges they will encounter as they grow – the universal offer;

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

- who do experience poor mental and emotional wellbeing for periods, but who have no diagnosable mental illness, though nevertheless require help and support – the ‘missing middle’ highlighted in Mind Over Matter; and
- with diagnosable and/or enduring mental illness who require more specialist support to enable them to engage with and reach their educational potential – the ‘high end’.

The framework will need to strike a balance by ensuring the right level of support in a timely fashion with the need not to burden schools with overly bureaucratic systems and processes. Wherever possible we will seek to build on existing, rather than create new, activity. In this respect the WNHSS provides a potential vehicle to deliver the universal offer. The draft mental wellbeing criteria distributed by Julie Bishop during the meeting stated that a healthy school is one in which:

- the environment, partnerships and policies support mental wellbeing for pupils and staff;
- pupils, staff and the wider school community understand the importance of good mental wellbeing for good health;
- practical and emotional support is proactively provided to pupils and staff;
- safe environments are provided which support all staff in managing wellbeing issues however they present and encourage pupils to participate in school life;
- pupils and staff feel confident in raising issues affecting mental wellbeing, are assured they will be listened to without judgement, and that appropriate action will be taken;
- the school has established systems and processes for working with outside agencies to facilitate timely and appropriate support for mental health and wellbeing problems and facilitate the ongoing participation in school life of pupils with more serious problems.

This describes what we are seeking to achieve for universal emotional and mental wellbeing in schools. However, as was acknowledged by Julie in her presentation, it requires further work and it can be argued the WNHSS has had more of a physical rather than emotional wellbeing focus in the past. We therefore propose to work with PHW to ensure that it is fit for this purpose. Julie noted that PHW have not made any significant progress as they have been waiting for clarity from Welsh Government on the wider whole school programme of work and what our ‘ask’ of PHW will be, given ultimate policy responsibility and ownership rests with the Welsh Government. Now our plans are clearer I have asked my officials to commence discussions with PHW and agree a plan which delivers this as a part of our framework for schools.

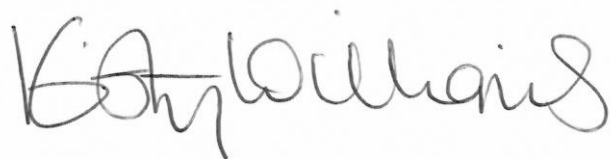
In relation to suicide and self-harm, I am keen that the new guidance developed by Professor Ann John is implemented by schools and youth work. Part of this will be ensuring the guidance receives the maximum publicity possible. To this end I would like to hold a formal launch of the guidance. The document, which was received in its final form during May, is in the process of being typeset and designed for print. My officials will discuss with relevant stakeholders when would be most appropriate to launch the document to ensure the highest level of impact.

I hope this allays any concerns you may have had following the Task and Finish Group meeting.

During the meeting it was also agreed that we would share with the Committee the initial learning and findings from the CAMHS school in-reach pilots, which will help inform the Minister for Health and my evidence sessions with the Committee on 20 June. I attach a brief paper which has been compiled by the Public Health Wales Pilot National Coordinator. Following our offer to meet with the school in-reach team I understand you met the Aneurin Bevan and South Powys Team and school staff in February. I hope you agree that those involved with the pilot are making good progress and have already demonstrated real

benefits in the areas they are working. As you are aware a more formal interim evaluation of activity will be available in December.

Yours sincerely

A handwritten signature in black ink, reading "Kirsty Williams". The signature is written in a cursive style with a large initial 'K' and a long, sweeping underline.

**Kirsty Williams AC/AM**  
Y Gweinidog Addysg  
Minister for Education



**GIG**  
CYMRU  
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WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

<b>CAMHS in-reach for schools update</b>	
<b>Author:</b> Nicola Lewis- National Co-ordinator CAMHS In Reach Schools Programme	
<b>Date:</b> 10/06/2019	<b>Version:</b> 0.c
<b>Publication/ Distribution:</b> <ul style="list-style-type: none"><li>• Dr Julie Bishop</li><li>• Su Mably</li><li>• Welsh Government</li><li>• Ministers for Health and Education</li></ul>	
<b>Review Date:</b>	
<b>Purpose and Summary of Document:</b> <p>The purpose to this document is to provide a position paper to inform the background and current status of the programme. This will include: developments within the areas of the pilot, what is working well, any issues or challenges since the implementation of the programme.</p>	

## 1. Background

The Cabinet Secretaries for Education and for Health, Wellbeing and Sport jointly agreed to fund a programme comprising a pilot covering 3 areas, as set out below, to test approaches for the provision of mental health in-reach support to schools. The programme was announced in September 2017, though due to the need to establish the service and recruit staff it commenced from mid-2018 and will run until July 2020 (the evaluation proposed December 2020 (with interim evaluation in December 2019)). The National Co-ordination of the programme is being hosted by Public Health Wales.

There was a slow start in some parts with challenges of recruitment for Local Health Boards. This remains a feature of the fixed term for the current programme.

A National steering group has been established and one of first actions was to bring the local pilot areas together to develop a logic model for the overall programme. This model is designed to illustrate the intended outcomes and the main elements of Nicola Lewis -National Coordinator Update for CAMHS in Reach for Schools Programme- 10/06/2019

the programme that are common for all three pilot areas whilst still allowing for local circumstances and service configurations.

One of the intentions of operating the pilots was that all would work to agreed principles, though implementation locally would vary in order to test different approaches and meet the needs of local schools in line with the Logic Model inputs, outputs and outcomes for the programme. These are based on short, medium and long term outcomes, some of which may not be fully achieved within the timescales of the funding.

### **Modus Operandi and current staffing:**

#### **Staffing:**

Mental health professionals have been appointed for each pilot area through the local health boards leading on the pilots.

- Aneurin Bevan University Health Board (ABUHB)/ Powys Teaching Health Board (PTHB)- 2 x band 7 posts (in addition admin for ABUHB is not paid for from the in-reach budget, they also subsidise the 2<sup>nd</sup> band 7 post)
- Betsi Cadwaladr University Health Board (BCUHB)- Bands 7, 6 and 3 (pte admin) in post.
- Hywel Dda University Health Board (HDUHB) Band 7, 6 and 3 (pte admin) in post.

The operating model for each pilot area varies to reflect the local needs of the schools involved and local service developments. The operating model has been informed through consultation and needs assessments with schools and local steering groups to support the CAMHS service and referral process.

#### **Aneurin Bevan UHB (South East Wales-SEW)**

- This is a combination model providing consultation, advice and signposting within schools and training being delivered to upskill school staff to understand low level mental health issues. Referral pathways have been updated and are shared with schools and other services as part of the learning process. Promoting positive wellbeing with school staff is also part of the training element.

#### **Betsi Cadwaladr UHB (North Wales –NW)**

- The main focus is on training with school staff to identify and understand low level mental health issues. Supporting staff to look after themselves promoting positive staff wellbeing as part of the training. There is no consultation provision through this pilot as the Single Point of Access has been embedded within mainstream CAMHS provision and CAMHS have already established relationships with schools and providing consultation.

## **Hywel Dda UHB (West Wales-WW)**

- The main focus is on consultation, advice and signposting to most relevant and appropriate service. The consultation model enables staff to discuss their concerns of pupils to enable them to learn and formulate action required. School staff are learning about mental health through the consultation model and process. Work is being undertaken to develop staff wellbeing and training to further develop the pilot to suit needs.

The National Coordinator has been working closely with each pilot area, attending the steering groups and supporting the CAMHS practitioner network meetings. The detail below has been gathered from the CAMHS practitioners, national workshops held and local evaluation.

### **What's Working Well?**

- It has been useful having opportunities to involve other staff in training to build capacity (not just teachers).
- Having good resources available to suit needs and planning within schools.
- Staff have engaged and worked innovatively and flexibly by using needs assessment themes emerging from schools to inform and develop a package of support suited to their individual needs and priorities.
- The opportunity to meet with teams and schools from across different pilot areas to share learning, experiences and developments across the programme.
- Having consistency for and in schools for building relationships/networks e.g. School nurses, counsellors and wider stakeholders etc.
- CAMHS practitioners supporting the existing referral process with training and support for referrers on what CAMHS and other NHS services would look for in a 'good' referral.
- Being involved in Multi agency meetings e.g. Team Around the Family (TAF), concerns and actions (WW and SEW).
- Using a phased approach to meet and greet schools, introducing practitioners and their role initially and then incorporating training at a later stage when relationships had been established.
- Consultation, advice, guidance sessions (consultation model development-WW)
- Having experienced practitioners accessible and available to schools.
- E-learning modules being developed for education staff to access across the Local authority (WW)
- Having access to the CAMHS database for school in-reach recording and establishing if a pupil is engaged with the service already. This ensures that the young person can be tracked through the system and information shared across CAMHS, schools and other relevant agencies.

- Community Psychiatric Nurse (CPN) and information sharing ensuring full consent, for example the emergency liaison service in Gwent was able to see a child within 24 hours of referral and enabled the quick sharing of information back with school which worked well and enabled all parties to work in the best interest of the child.
- Mental health training (mental health first aid) is working well. 10 teachers being trained at a time, delivered over 4 sessions in Twilight as it is heavy workload (SEW)
- Engagement in schools, feedback from staff who have attended felt motivated and passionate about the training undertaken.
- The development of a training pack to develop sustainability within schools. Staff will have access to a range of interventions to share across their schools to increase and enhance knowledge base (if the pilot does not continue). (NW)
- 5 Ways to Wellbeing has been well received as has Youth Mental Health First Aid and stress control in work. Promoting the mental health and emotional wellbeing of school staff so they are able to respond to others and also staff having a better awareness of how to look after their own wellbeing. (NW)
- Single Point of Access (SPoAs) Screening and Early Intervention service, integrated approach using the CAPA model. This gives schools access to SCAMHS consultation services, who will respond to referrals and queries when schools have concerns for a pupil which promotes a collaborative practice and decision making approach. (NW)
- Word of mouth among school staff and across schools seems to have increased the use of the practitioners within the pilot.

## Challenges

- Age range and reach is an issue for schools. The practitioners are conscious that under yr 6 pupils are not in the pilot range for consultation, however they will still support the school staff with signposting to relevant, appropriate services and share referral pathways. There have been anecdotal discussions that suggest some teachers will prioritise seeking advice on how best to support pupils regardless of the actual age of the pupil to get support/advice and to access the knowledge of the practitioners, whether this fits into the range of the programme or not. This creates a professional practice issue for the practitioner if individuals are discussed as they need to record information that has been shared. Schools would like the option of consultation with younger pupils as they are experiencing more issues presenting at a younger age.
- Rurality is an issue for various parts of Wales, time spent travelling between schools has an implication on actual time spent in schools for reach and the pattern of activity
- The cost to schools for staff to attend training sessions (there isn't any backfill available within the budget)

- Capacity is an issues across the programme for consultation provision and training school staff.
- Initially engagement was slow but as the pilot has progressed schools have recognised that they will potentially have less practitioner time as more schools engage.

‘We have had a lot of Nicola’s [in-reach practitioner] time and we know at some point we will have less and we don’t want to share her really’ (comment from a Head Teacher).

- Capacity to engage and train all schools in North Wales is an issue with only 2 practitioners.

### **Evaluation:**

The first wave of surveys have been completed across the pilot areas (approx. 250 responses however data cleansing is required to take out non education responses). The next survey wave will be in the winter term. An evaluation framework is in place and a scoping exercise has been undertaken. Schools have been identified to undertake fieldwork interviews and case studies by the Evaluation team (visits are going well). In total, visits to 24 schools (11 secondary and 13 primary schools) across the three pilot areas, returning to the schools again in the autumn to enable evaluators to explore change over time. The draft interim report will be produced in October 2019, with the interim report available in December 2019 and the final programme report available in December 2020.

### **Example case:**

#### **Taking Care, Giving Care Rounds Training in South East Wales pilot area**

A Taking Care, Giving Care “round” is based on Compassion Circles. The training was delivered to staff as part of wider staff wellbeing training organised in the pilot area and delivered to 18 staff from 5 different secondary schools and 60 staff from 33 different primary schools.

The training aims to tackle unhealthy levels of stress, which in turn can lead to physical and mental breakdown. It offers a safe, reflective space for dialogue to groups, with the aim of building personal and organisational resilience and well-being. Benefits include:

- Time to re-connect with core values
- Time to consider self-compassion and personal well being
- A safe space to leave hierarchy to one side and to meet as equals
- Time to reflect on culture in the workplace and to contribute to building a compassion focused culture

The attendees were introduced to the concept of a Taking Care, Giving Care round by means of an introductory PowerPoint, which framed the concept, ground rules and format. The delegates were then split equally into 2 “rounds”. Attendees sat in a circle and were asked specific questions, often in pairs, which were timed, and then “appreciations” were fed back to them by their partner. The themes revolved around self-care, and self-compassion.

The session was rated (out of 10) by attendees as follows:

<b>Theme</b>	<b>Average Score</b>
Enjoyment	8.6
Usefulness	9.1
Appropriateness for my school	8.5

### **Feedback**

“I feel that as a body of staff this is very much needed within the school to allow people to talk and take time to listen”

“We would like to use this in a staff meeting - giving people time to reflect on them”

“Really interested in this as I feel it would provide valuable time for staff to connect with a non-work focus”

“Good to know everyone has similar feelings. Time to talk and think about yourself/attitude towards yourself etc.

A really worthwhile, positive experience”

“Overall, a highly effective process, with very valuable outcomes regarding time for connection and reflection”

“I think it’s useful for everyone to reflect on their own wellbeing. Happier people=happier staff”

“Really enjoyable session, nice to have time to think and reflect on my own wellbeing”

“Very interesting, became more confident during session. Would enable our school to appreciate/discuss/relate to one another more effectively”

“Enjoyable session, informative. Helpful for my own wellbeing but can also see how it would benefit staff as a whole”