

Overview & Scrutiny

Children and Young People Scrutiny Commission

All Members of the Children & Young People Scrutiny Commission are requested to attend the meeting of the Commission to be held as follows

Monday, 25th February, 2019

7.00 pm

Hackney Town Hall, Mare Street, London E8 1EA

Contact:

Martin Bradford

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Tim Shields

Chief Executive, London Borough of Hackney

Members: Cllr Margaret Gordon (Vice-Chair), Cllr Sophie Conway (Chair),
Cllr Katie Hanson, Cllr Soraya Adejare, Cllr Ajay Chauhan,
Cllr Humaira Garasia, Cllr Clare Joseph, Cllr James Peters,
Cllr Clare Potter and Cllr Caroline Woodley

Co-optees: Graham Hunter, Michael Lobenstein, Jane Heffernan, Jo Macleod, Ernell
Watson, Shuja Shaikh, Sevdie Sali Ali, Jodine Clarke, Maariyah Patel and
Aleigha Reeves

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

- 1 Apologies for Absence**
- 2 Urgent Items / Order of Business**
- 3 Declarations of Interest**
- 4 Support for LGBT students in schools** (Pages 1 - 16)
- 5 Wellbeing and Mental Health in Schools (WAMHS)** (Pages 17 - 70)
- 6 Outcomes from School Exclusions - site visits** (Pages 71 - 72)
- 7 Minutes of the Previous Meeting** (Pages 73 - 92)
- 8 Children and Young People Scrutiny Commission -
2018/19 Work Programme** (Pages 93 - 106)

9 Any Other Business

To include updates on children and young people related issues from other scrutiny commissions

Access and Information

Getting to the Town Hall

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Accessibility

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall.

Induction loop facilities are available in the Assembly Halls and the Council Chamber. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

Further Information about the Commission

If you would like any more information about the Scrutiny Commission, including the membership details, meeting dates and previous reviews, please visit the website or use this QR Code (accessible via phone or tablet 'app')

<http://www.hackney.gov.uk/individual-scrutiny-commissions-children-and-young-people.htm>



Public Involvement and Recording

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Providing oral commentary during a meeting is not permitted.



<p>Children and Young People Scrutiny Commission</p> <p>25th February 2019</p> <p>Item – Support for LGBT children and young people in Hackney schools.</p>	<p>Item No</p> <p>4</p>
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Outline

As part of its work programme for 2018/19, the Commission agreed to assess the support provided to LGBT students at schools in Hackney. Through a range of internal and external contributors, it hoped that this item will:

- Outline any statutory duties and establish current service provision;
- Provide an overview of the needs of LGBT young people;
- Identify examples of good practice in schools;
- Contribute to the identification of strategic priorities and approach for this work.

Overview: support for LGBT children and young people in schools (5-10 mins)

- Helena Burke, Leadership & Management Adviser, Hackney Learning Trust

What is currently commissioned and provided? (10min)

- Amy Wilkinson, Integrated Work stream Director, CYP & Maternity Services
- Greg Condon, Mental Health Programme Manager, City & Hackney CCG
- David Wright, Health & Well Being Team Leader, Young Hackney

Examples of diversity and inclusion work in schools in Hackney (and beyond) (10 mins)

- Richard Brown (Exec Head) & Sue Parillion (Head), New Regents College
- Dr Elly Barnes, Director, Educate & Celebrate

Views of young LGBT students (5 min)

- Daniel Walsh, Student, Hackney
- Other TBC

Needs of young LGBT students (5min)

- Susy Langsdale/ Maya Walker, Project Indigo, Hackney

Q & A Discussion with the Commission (30-35mins)

Overview of work in Equalities: LGBT+ curriculum in Hackney Schools

The meeting of Community Safety and Social Inclusion Scrutiny Commission, Monday, 10th January, 2011 7.00 pm (Item 7.), included a panel discussion on progress made in tackling homophobic crime in the borough. As part of this there was a question as to how programmes to tackle homophobia and homophobic bullying in schools, similar to the successful one at Stoke Newington School might be rolled out to other schools in the borough. It was noted that the role of Learning Trust in this regard had changed due to new government guidelines. However, the aim of this paper is to show how schools, in partnership with HLT, are working to ensure that the whole school community demonstrate an accepting and supportive approach to and around LGBT+ issues, including through policies to tackle bullying and harassment.

1. Guidance and legislation

HLT does not have a central strategy on LGBT+ guidance. It does not fall within our remit to be able to direct schools in this area. However, schools are bound by equalities legislation, Ofsted Guidance and Safeguarding Guidance (Keeping Children Safe in Education July 2017).

These include:

- The relevant requirements of the Equality Act 2010. Schools should pay particular attention to the Public sector equality duty (PSED) (s.149 of the Equality Act). 27. Under the provision 10 of the Equality Act, schools must not unlawfully discriminate against pupils because of their age, sex, race, disability, religion or belief, gender reassignment, pregnancy or maternity, marriage or civil partnership, or sexual orientation (collectively known as the protected characteristics).
- The Ofsted inspection framework makes clear that tackling inequalities and disadvantages should be reflected in every aspect of school life, and will be considered as part of all inspection judgements.
- New guidance for compulsory relationships and health education '**Relationships Education, Relationships and Sex Education (RSE) and Health Education**' Published 19 July 2018 and compulsory in all schools across the country from September 2020. All pupils will study compulsory health education as well as new reformed relationships education in primary school and relationships and sex education in secondary school. It will put in place the building blocks needed for positive and safe relationships of all kinds.
- The **Government Equalities Office LGBT Action Plan** July 2018. Pledges:
 - To complete its anti-homophobic, biphobic and transphobic bullying programme. Aiming to reach more than 1,200 schools in England by March 2019. From March 2019 to March 2020, the Government Equalities Office will provide further funding for interventions in schools. The Anti-Homophobic, Biphobic and Transphobic (HBT) Bullying Alliance is made up of 13 Partner organisations and is funded by the Department for Education and Government Equalities Office. The overall purpose of the work of the Alliance is to reduce the incidence of HBT bullying in primary and secondary schools in England by supporting schools to prevent and respond to HBT bullying.
 - The Crown Prosecution Service will review and update their LGBT Hate Crime Schools Pack to tackle bullying in schools.
 - To update Sex and Relationships Education guidance to support the Government's reforms to this subject. As we have previously announced, the Department for Education will update the statutory guidance on Relationships Education in primary schools, and Relationships and Sex Education in secondary schools.

- To ensure that schools have access to the guidance they need to support LGBT pupils. The Department for Education will publish an update to its guidance for schools about how to apply the Equality Act 2010.
- To support LGBT teachers to be themselves at work and improve the diversity of the teaching profession. The Department for Education is investing £2 million to establish regional hubs to support teachers from underrepresented groups, including those teachers who are LGBT, to progress into leadership. The Department for Education has also already supported the launch of 'LGBTed' – <http://outteacher.org/>

2. Governance

All governing boards are responsible for ensuring their schools comply with the legislation and guidance outlined above. This means every governing board, including school leaders, must have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between people of all characteristics (those who share a protected characteristic, and those who do not). There is also a duty on governing boards and school leaders to publish on an annual basis, equality objectives and information demonstrating how they are doing this.

The equalities act has ensured equality duties permeate routine practices that governing boards of all schools are duty bound to approve, implement and review the impact on a regular basis. Examples include admissions, curriculum provision, behaviour management and exclusions, as well as HR matters related to the recruitment, development and discipline of staff.

Governors and school leaders have direct contact with lead experts within HLT to seek clarification, to signpost to resources and to provide specific case work. As such, HLT officers provide advice and support to governors and school leaders, in promoting equalities all areas of school operations and school life. This helps schools to develop a learning and working environment, and organisational culture which acts positively to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations.

To support these themes, governors training sessions address the legal responsibilities of boards and how they effectively review and monitor the impact of statutory policies.

3. Current practices ensuring that issues are raised where relevant throughout the curriculum, and demonstrating an accepting and supportive approach to LGBT+ issues.

At present, there is no way of ensuring that all schools are to the standard of the best, however, best practice is promoted and shared through key HLT forum including;

- | | | |
|---------------------------------------|-------------------------------|----------------------------|
| • Headteachers' Briefing | • Curriculum Deputies Meeting | • Subject Network Meetings |
| • Behaviour and Wellbeing Partnership | • PHSCE Coordinators Network | • Governor Training |

School examples of good practice:

Primary School A

We have a diversity week every year where we celebrate LGBT people and different families. This is a mixture of our own planning and using some resources from Stonewall. We have a wide range of books that explore identity and diversity including different family make up and these are focus texts for Year 1 - Year 3 during that week. We hold regular refreshers for staff in

tackling homophobic language. In RSE we use the Christopher Winter project where children learn about different relationships including same sex.

Primary School B

We celebrate LGBT+ by holding special events in school and visiting the Hackney Museum. We have also begun looking for ways we can weave things into our literacy curriculum such as gender stereotyping, cultural capital and family make up, rather than just having 'special weeks'. We did the following to celebrate LGBT history month last year:

Dedicated Circle Time to introduce this by discussing what LGBT+ means and LGBT+ bullying discussion prompt cards to lead discussions.

Each class studied an inspirational LGBT+ person in ICT and Topic and created a piece of writing about this

Green time activity designing LGBT+ flag

We also received that nice feedback from Hackney museum about children's comments about LGBT+ people when they were visiting the museum.

Secondary School A

At our school we renewed our Stonewall Champions Status in summer 2018 and we are working towards becoming a Stonewall Bronze champion school. In the last 12 months we have:

Established a LGBT+ history month focus for February (including assemblies, displays, role model posters, rainbow stickers on every class room.

Sent a member of staff on the 'Train the Trainer' course run delivered by Stonewall/renewed our champion status.

Trained all staff in September INSET around HBT bullying and LGBT+ mental health concerns

Run Stonewall Anti homophobic bullying workshop for Y7 PSHE day.

Liaised with our sponsor's Pride network for support and advice. They have donated money to the Academy which has enabled us to buy LGBT+ Young Adult fiction to include in the library.

Established a Staff LGBT+/Allies group that meet 3-4 times per year to discuss how to make the school more inclusive and facilitate LGBT+ history month. We have visited other schools who have an LGBT+/Equality student group who meet for support/discussion. We planning to start something similar.

We have rewritten the Anti bullying policy to include specific reference to LGBT+ bullying and updated the recording of this on paperwork/SIMS to highlight specific incidents of LGBT+ bullying.

We are liaising with the sponsor's Pride network to write a Trans Policy for the school.

Secondary School B

Whole school initiatives:

All subject areas will be having at least a starter around LGBT+ History Month in February. The focus is Year 7, and many subjects have lessons embedded into the curriculum.

There are guests coming in to do whole school assemblies in February and work with particular PSHE classes around LGBT+ issues.

The school Pride group are doing year assemblies.

Tutorial activities are sent to all tutors around LGBT+ History month

Students present what they've done in subject areas at our Community Evening, which showcases all the work in the Diversity over the year.

The work in history (as an example of curriculum content) is as follows:

Year 7 – when looking at medieval cities we are introducing a lesson around Delhi (with the 3rd gender) and looking at Meso-American attitudes to LGBT+ people.

Year 8 –Studying James Farmer as part of the civil rights movement.

Year 9 – Studying the Holocaust, and the treatment of LGBT+ people within that.

Year 10 – Studying the Women’s movement in Contemporary America, and all the different types of women who were part of that. (They will also look at the “Jazz age” of the 1920s with reference to sexuality).

Year 11 – Study Elizabeth, with discussions about her sexuality, and a focus on the Globe theatre. Exploring cross-dressing as a normal part of plays, reflecting both attitudes to women, and men identifying with a different gender.

Year 12 – look at Chou En Lai (gay leader of China)

In addition, a significant number of our schools make use of the highly regarded Young Hackney offer (See additional paper). This includes the teaching of strands of PHSCE, including relationships and sex education by specialist staff who will visit the school. They also offer support to individual students identified by schools.

The CCG are also planning to invest £33K in improving access for LGBT+ CYP.

Conclusion

Whilst it is pleasing to hear the examples of the work going on in Hackney schools, the voices of young people tell us there is still much to be done to ensure all students are able to fulfil their potential in supportive and positive settings.

January 2019
Helena Burke
Leadership and Management Adviser
Hackney Learning Trust

**Support for LGBT children and young people in Hackney schools by Young Hackney
Briefing for Children and Young People Scrutiny Commission
25th February 2019**

Young Hackney

Young Hackney is the Council's early help, prevention and diversion service for children and young people aged 6-19 years old and up to 25 years if the young person has a special education need or disability. The service works with young people to support their development and transition to adulthood by intervening early to address adolescent risk, develop pro-social behaviours and build resilience.

Work with local schools

Young Hackney works closely with schools to support the delivery of the core Personal, Social and Health Education (PSHE) programme as well as to support behaviour management interventions. A curriculum has been developed that is delivered in schools and focuses on topics such as healthy relationships, substance misuse, e-safety and youth participation and citizenship. The majority of secondary schools in Hackney have an allocated Young Hackney team who will work with them to identify students who require additional support to participate and achieve. If schools identify students who would benefit from individual support, Young Hackney will create an appropriate intervention with the school.

Health and Wellbeing Team

The Health & Wellbeing Team offer the following sessions to schools through our PSHE/RSE offer to 5-19 year olds in the City and Hackney (or up to the age of 25 if a young person has Special Education Needs and/or a disability):

- Sexuality & Gender – introduces a spectral (rather than binary) understanding of sexuality and gender identity, decodes acronyms and looks at experiences unique to LGBT+ people.
- Gender Roles & Normativity – what does it mean to be a man/woman in today's society? What are the expectations, norms and stereotypes that young people are expected to conform to, and how does that affect how they feel about ourselves and others?
- Homophobia & Bullying – explores homo-, bi- and trans-phobia, its impact on the lives and wellbeing of survivors and how to prevent/challenge it.
- Positive Sexuality – promotes sexual health and confidence building through the exploration and demystification of sexuality. Addresses sexual delay and agency from an emotional wellbeing perspective.

A full list of all sessions is included in the appendix.

Young Hackney LGBTQI+ Group

This group meets weekly at Young Hackney Forest Road Youth Hub. Each week discussions will take place on LGBTQ+ history, culture, identity, sex and gender, sexual health, relationships and discrimination. There is also time for young people to socialise and make friends.

Project Indigo

Project Indigo is an LGBTQ youth group and counselling service for young LGBTQ people or for people who are questioning their sexual or gender identity. The service is free, meets weekly and is run by Off Centre.

The group gives young people an opportunity to meet other young LGBTQ people in a supportive environment whilst having fun and making new friends.

Here are some of the things that people who come to the group have said about it:

“I was really scared to come the first time, as I didn’t know what the people would be like and I’m not really out to my friends but everyone has been so welcoming and it has helped me loads so far.”

“Hi, I’m someone in Indigo. It has been really helpful for me since I started to come to the Indigo project. It has helped me to be myself and to feel free to be who I am. It will be great to come and join the indigo group guys. Anything you are going through is the same as we are going through so come here and meet with us!”

“Project Indigo is a really awesome group. It has allowed me to explore and become the gender fluid I should have always been able to be.”

“This group is a secure getaway from the outside world where you are surrounded by like-minded individuals that you can empathise with and be your complete, found self.”

Appendix

Health & Wellbeing Team PSHE/SRE Session Topics

PSHE (ages 9-19)

- ✓ **Gender Roles & Normativity** – what does it mean to be a man/woman in today's society? What are the expectations, norms and stereotypes that young people are expected to conform to, and how does that affect how they feel about ourselves and others? (*single-gender sessions*)
- ✓ **Body Image** - addresses increasing concerns around weight and body image and the impact that celebrity and Instagram culture have on young people's self-esteem and emotional wellbeing.
- ✓ **Healthy Living** – an introductory session looking at the importance of health, exercise and wellbeing for growth and development in all parts of an individual's life.
- ✓ **Smoking Prevention** – raises awareness of how tobacco consumption affects the body, and the potential harms associated with smoking.
- ✓ **Emotional Wellbeing** – equips young people with the necessary skills to manage their emotional responses, cope with stress in a healthy way and maintain a sense of perspective when under pressure.

SRE (ages 13-19)

- ✓ **Consent & the Law** – examines the laws relating to sexual activity, alongside discussions around consent and sexual offences.
- ✓ **Relationships & Domestic Violence** – supports young people in identifying the differences between healthy and unhealthy relationships. Domestic Violence work focuses on teenage dating abuse to emphasise that DV is not exclusive to adult relationships.
- ✓ **Positive Sexuality** – promotes sexual health and confidence building through the exploration and demystification of sexuality. Addresses sexual delay and agency from an emotional wellbeing perspective.
- ✓ **STIs** – promotes awareness and understanding of sexually transmitted infections, how they are transmitted, what their symptoms are, how to treat and prevent them.
- ✓ **HIV & AIDS** – examines HIV & AIDS, separating facts from fiction: transmission, living with the virus, treatment and the associated social stigma.
- ✓ **Contraception** – gives an overview of the three types of contraception devices available for free on the NHS, alongside an understanding of how contraception actually works.

- ✓ **Sexuality & Gender** – introduces a spectral (rather than binary) understanding of sexuality and gender identity, decodes acronyms and looks at experiences unique to LGBT+ people.
- ✓ **Pornography** – equips young people with the tools and understanding to critically evaluate pornography – including recognising unrealistic expectations and unhealthy gender relationships.
- ✓ **Homophobia & Bullying** – explores homo-, bi- and trans-phobia, its impact on the lives and wellbeing of survivors and how to prevent/challenge it.
- ✓ **Internet Safety & Cyber Bullying** – raises awareness of the risks young people face when using the internet/social media and messenger apps, alongside with cyber-bullying and its impact.

PSHE
(ages
5-13)

- ✓ **Personal Hygiene** – a fun session emphasising the importance of looking after oneself and how good hygiene is essential to healthy living.
- ✓ **Dental Hygiene** – addresses the importance of healthy teeth, and how to look after them properly.
- ✓ **Healthy Eating** – keeping a well-balanced and varied diet and how it contributes to mental and physical wellbeing.
- ✓ **Puberty** - a session to help children through puberty and the physical, emotional and moral changes and development it entails.
- ✓ **Body Image** - supports young people to be more resilient to media and peer pressure around weight and body image, and develop their self-esteem and confidence in their own abilities.
- ✓ **Internet Safety/Cyber Bullying** – raises awareness of the risks young people may be putting themselves at when using the internet/social media and messenger apps, alongside with cyber-bullying and its impact.
- ✓ **Relationships** – assists young people in identifying the differences between positive and negative relationships, primarily in their friendship groups and families.
- ✓ **Smoking Prevention** – raises awareness of how tobacco consumption affects the body, and the potential harms associated with smoking.
- ✓ **Emotional Wellbeing** – equips young people with the necessary skills to manage their emotional responses, cope with stress in a healthy way and maintain a sense of perspective when under pressure.

- ✓ **Assemblies** – a taster of most topics above can be delivered at a school assembly (minimum of 20 minutes) to provide an overview of the subjects that would be explored in a full-length session and gauge pupils' interest.
- ✓ **Peer Educator Training** – part of the Youth Health Movement programme, the training provides an opportunity for young people to develop their personal skills (and, where possible, gain accreditation), maximising the benefit for both the students involved and those they work with.
- ✓ **Training for Teaching Staff** – a comprehensive session for teachers at all key stages aimed at building their confidence, knowledge and skills in delivering effective SRE education, including content, practical guidance on how to approach sensitive topics, deflect personal questions and handle challenging behaviour.

Other Services

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Project Indigo

Project Indigo is a youth group for people who are lesbian, gay, bisexual, trans, queer, intersex or who are questioning their sexual or gender identity, and are aged between 13-25.

The group meets weekly, at Off Centre, a mental health community service in Hackney. It is facilitated by an LGBTQI+ youth worker and therapist, to ensure a high level of support is available for the young people that use the service.

Many referrals to the group come from CAMHS and social care. Normally these referrals are to support young people with social isolation, concerns about their gender or sexual identity or to help them to deal with the shame and stigma imposed on them by society.

In the last month, we have had 22 different young people use the service, with an average of 13 young people at each session. 11 of these young people are trans, gender non-conforming or non-binary, 13 are disabled or have learning difficulties, and 5 are in care. These statistics give a picture of the needs of our service users, who often struggle to access more mainstream services due to the intersecting vulnerabilities they experience.

The sessions are framed as a social support space, meaning we aim to provide a fun and facilitated environment in which young people can meet one another, learning strategies to improve their health and wellbeing and have the opportunity to try out new activities. The activities in the group are service user led, so young people are involved in programming the weekly sessions. For example, we have recently had a “claymation” workshop exploring body image and dysphoria, a LGBTQI+ history session and a zine making session thinking about managing anxiety.

We also support young LGBTQI+ people by signposting them to local services when the issues they express are beyond our provision. We have a network of services such as GALOP, the Albert Kennedy Trust and Gendered Intelligence that we are easily able to make referrals to.



Project Indigo is a youth group for people who are lesbian, gay, bisexual, trans, queer or intersex or who are questioning their sexual or gender identity and aged between 13-25.

Our group gives you an opportunity to meet other LGBTQI+ young people in a supportive environment whilst having fun and making new friends.

We meet every Thursday, at the Off Centre in Hackney, from 5.30-7.30pm. If you would like to join the group, you're welcome to just come along, or you can get in contact with us using the details below:

Contact Susy or Maya



Building stronger families



Phone: 0208 986 4016
 Email: indigo@family-action.org.uk
 Twitter: @project__indigo
 Insta: @projectindigohackney

Off Centre @ Family Action
 Unit 7, The Textile Building
 2a Belsham Street, Hackney
 E9 6NG





Our journey so far.....

Way, way back in 1998, Elly Barnes (before the Dr and the MBE!) was an 'out' queer music teacher, moving to a post of head of year in a secondary school in Hackney in 2005. As head of year she had close relationships with the students, families and teachers. Elly had always been an 'out' queer teacher, however this wasn't the case for colleagues and so many young people and families – this is what she wanted to change!

Elly has spent the last 13 years dedicated to changing the face of the education system by making nurseries, primaries, secondaries, colleges, universities LGBT+Friendly by developing accessible resources, providing training and a robust programme which guarantees positive change and facilitates young people, families and teachers alike to be themselves without any fear of discrimination.

In 2010, Elly began delivering Continuing Professional Development Days from her school, developing Educate & Celebrate and the Award Programme for all schools to access. In 2015, she spearheaded the Educate & Celebrate programme as part of the pilot Anti-HBT bullying project with the Department for Education for which she received an MBE for her contribution to Equality and Diversity in Education. This was followed by an Honorary Doctorate from The University of Aberdeen.

In 2018, she is CEO of Educate & Celebrate, heading a wonderful team of experienced teachers and youth workers who have all made their own schools LGBT+Friendly – giving them the experience to deliver the successful programmes throughout the UK, the Channel Islands, Europe and beyond. The team continue to develop resources responding to the needs of young people, teachers and families.

Throughout the development, Elly formed a close partnership with Goldsmiths University of London and together with Dr Anna Carlile wrote a book of all the research from the Educate & Celebrate Programme released in March 2018 called *How to Transform Your School into an LGBT+Friendly Place: A Practical Guide for nursery, primary and secondary teachers*

'The Educate & Celebrate initiative is innovative and visionary' Ofsted, Jan 2016

MISSION STATEMENT

Our aim is to ensure that educational establishments and organisations adhere to their statutory duty of LGBT+Inclusion in an accessible, comprehensive and creative way by treating everyone equally and fairly according to the Equality Act 2010.

Educate & Celebrate is an Ofsted and DFE recognised Best Practice Award Programme that gives staff, students, parents and governors the confidence and strategies to implement an LGBT+Inclusive curriculum to successfully eradicate homophobia, biphobia and transphobia from our nursery, primary and secondary schools, colleges, Universities, organisations and communities.

Focusing on 5 core areas, the best practice award programme invites teachers, students, parents and governors to participate in creating positive whole school change through training, policy, curriculum, community and environment.

Our strategies are underpinned by academic research and our own surveys, interviews, observations and evaluations 2010-2018. The NatCen Social Research report 2014 *Tackling homophobic, biphobic and transphobic bullying among school-age children and young people* concurs with our strategies where a whole school integrated approach 'was regarded as working better than only using stand-alone teaching on HBT bullying specifically' and that its reduction 'was seen as more successful when teaching about LGBT people' and 'was incorporated into teaching throughout the curriculum'.

For the DfE project in 2015, the NatCen Social Research evaluation reported that we 'gave a shift in emphasis from reaction to prevention of HB&T bullying along with making LGBT+ people part of everyday existence (i.e. usualised it) therefore reducing bullying because LGB&T people no longer seemed unusual'. NatCen also commented:

"Where before a teacher felt that he 'couldn't or shouldn't use words like 'gay' or lesbian' with a child', he now feels confident being able to answer pupils' questions around, for example, what a lesbian is. For the teacher, a key reason behind this was that the training provided him with more detailed information about the Equality Act 2010, which highlighted the importance of LGB&T inclusion in schools. This gave him 'permission' to talk about LGB&T issues more openly in his school."

Our surveys revealed that almost half our students across the country are not receiving any form of LGBT+Inclusive education with 53% of schools not teaching about LGBT+ relationships and 49% of schools not teaching the definitions of lesbian, gay, bisexual and trans+. In fact only 3% of schools said they had LGBT+ activity in 2 or more subject areas, which could explain why 76% of teachers said they'd had no LGBT+ specific training and 44% of schools contacted us initially because staff were not confident in dealing with sexual orientation or gender identity.

Educate & Celebrate responds to these needs by engaging all stakeholders in the journey to inclusion to make our educational establishments, organisations and communities LGBT+Friendly.



<p>Children and Young People Scrutiny Commission</p> <p>25th February 2019</p> <p>Item – Wellbeing and Mental Health in Schools (WAMHS)</p>	<p>Item No</p> <p>5</p>
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Outline

In February 2018, the Commission held round table discussion with a number of providers in the CAMHS alliance to discuss how the mental health needs of young people were being addressed in Hackney. Subsequent to that meeting, the Commission agreed to receive an update on the work of the WAMHS project which aims to develop the wellbeing and mental health support to schoolchildren in Hackney.

In addition to the project update, the Commission will hear from two case study schools who have agreed to share their experiences of WAMHS and how this has helped support children in their school.

Presentation WAMHS project in Schools (15-20 mins)

- Sophie McElroy, CAMHS Alliance Project Manager
- Helena Burke, Leadership & Management Adviser, HLT
- Waveney Patel, Consultant Clinical Psychologist, Homerton Hospital

Case study schools (5mins x 2)

- Victoria Simmons, Deputy Head Teacher, Baden Powell School (Primary)
- Peter McEvoy, Deputy Head, Cardinal Pole School (Secondary)

In attendance

- Greg Condon, Mental Health Programme Manager, NHS City and Hackney Clinical Commissioning Group
- Ruth Kossoff, Joint Head of Service, East London Foundation trust
- Amy Wilkinson, Integrated Commissioning Workstream Director, Children, Young People and Maternity Services
- Laura Smith, Clinical Lead, Children’s Social Care, Hackney Learning Trust

Q & A Discussion with the Commission (30-35mins)

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Wellbeing and Mental Health in Schools Project (WAMHS)

CAMHS Alliance Transformation Project

25th February 2019



Agenda

1. Context of WAMHS
2. The CAMHS Alliance
3. Desired Outcomes for WAMHS Project
4. Oversight of WAMHS Project – Strands and Timeline
5. Wellbeing Framework
 - Audit Tools and Action Plans
6. The Role of CAMHS workers in schools
7. Reflections from Mental Health Leads in School
8. Learnings so far
9. The Future

Context

- Increased presentation of mental health need in students as perceived by school staff
- National statistics
- Government direction
- Schools as settings to increase prevention and early intervention
- Local need and consultation

Context

Two-thirds of children with disorder had contact with professional services

Professional services

Two-thirds (66.4%) of 5 to 19 year olds with a disorder had contact with a professional service in the past year because of worries about mental health. Teachers were the most commonly cited source (48.5%), followed by primary care professionals (33.4%), mental health specialists (25.2%), and educational support services (22.6%).



66.4% of children with a disorder had any professional service contact

Informal support

Half (48.6%) of children with a disorder had contact with informal sources of support because of mental health worries. Family and friends were the most common source of informal support (44.6%) to children with a disorder.



25.2% of children with a disorder had contact with a mental health specialist

Neither services nor informal support

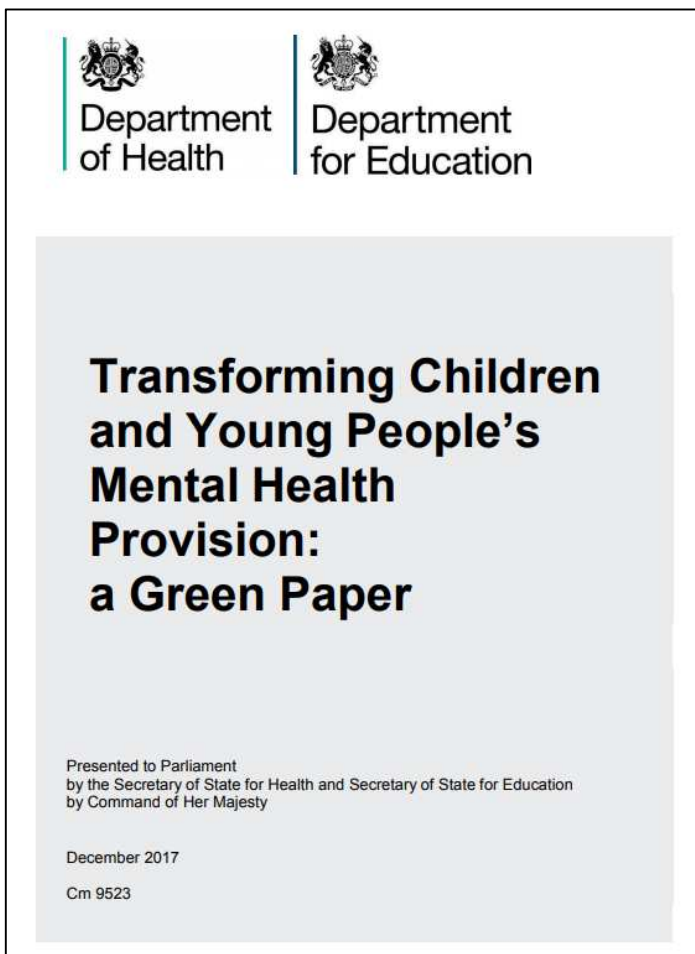
One in four (24.1%) children with a disorder had no contact with either professional services or informal support in relation to worries about their mental health.



48.6% of children with a disorder had informal support

Note: in relation to 5 to 16 year olds, 'contact' with services and support may have been with the parent due to their worries about their child.

Context



There is clear evidence that schools and colleges can, and do, play a vital role in identifying mental health needs at an early stage, referring young people to specialist support and working jointly with others to support young people experiencing problems.

We want to ensure that all children and young people, no matter where they live, have access to high-quality mental health and wellbeing support linked to their school or college

We will incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing.

All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.

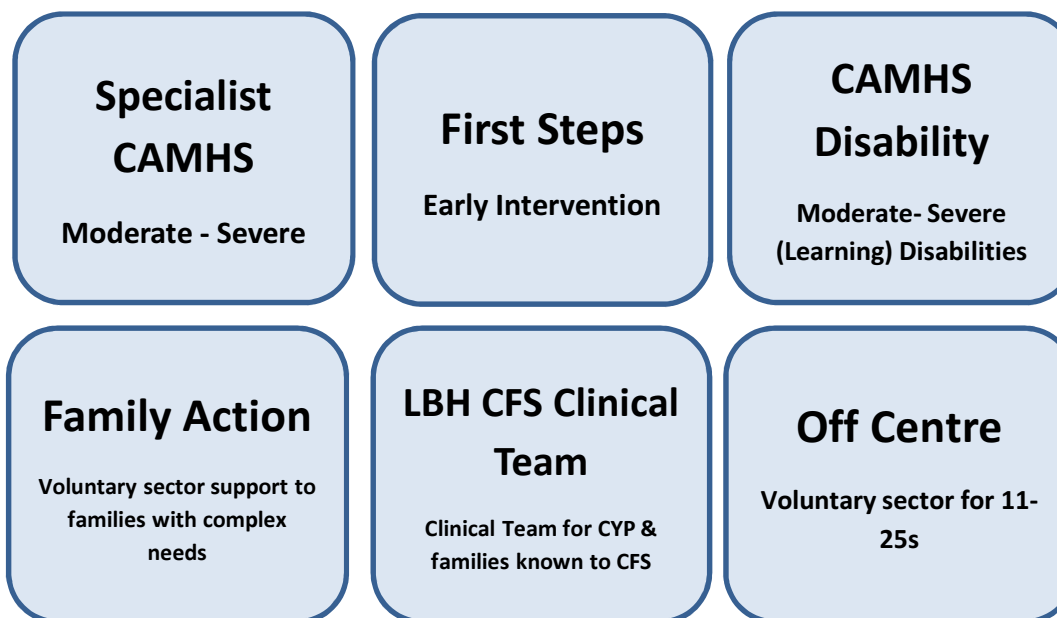


CAMHS Alliance in City & Hackney

Partners



Commissioned providers



Primary Outcomes for WAMHS

- 1. Increase in the number and proportion of appropriate referrals** and reduction in the number and proportion of inappropriate referrals to CAMHS services from WAMHS participating schools
- 2. Improvement in schools approaches, policies and procedures with regards of mental health and wellbeing,** both in terms of promotion and prevention, early identification and intervention.



Primary Outcomes for WAMHS

- 3. Improvements in school staff confidence** in their ability to effectively support and identify students with mental health problems
- 4. Improvement in pupils perceptions** regarding their school's approach to mental wellbeing and the support available in school
- 5. Improvement in the perceptions of parents** regarding their child's school's approach to mental wellbeing and the support available in school.



Secondary Outcomes for WAMHS

- a) **Reduction in the number and rate of exclusions within participating schools**
- b) **Equality of access to CAMHS services for all CYP**
- c) **Change in the total number of appropriate and inappropriate referrals to CAMHS from all referral sources**



Wellbeing and Mental Health in Schools Pilot Project (3 strands)

- A. Anna Freud – Mental Health and Schools Link Programme
- B. Wellbeing Framework Partner
- C. CAMHS worker in Schools

Timeline

1. Anna Freud Workshops:

- Workshop 1 – late February – early March 2018
- Workshop 2 – late April – early May 2018

2. Wellbeing Framework

- Partners in schools first meeting – summer 1 –May-June 2018
- Half termly visits (x6) until summer 2019

3. Deployment of CAMHS workers in school

- May/June for 1 year (until summer 2019)

4. Evaluation

- Starting February 2018 through to July/August 2019

Wellbeing Framework

Purpose

The aim of the wellbeing support work is to ensure that schools use the CAMHS worker as part of an overall strategy to build student wellbeing into the heart of school life.

- Work with schools to ensure they are emotionally supportive settings in which all of our young people can thrive.
- Support schools to identify earlier those young people who are vulnerable to poor mental health and ensure that the right interventions are put in place.
- Support schools in building academic resilience and improve outcomes for all students.



Figure 1: Wellbeing Framework with 9 areas of development



Audit Tool & Action Plan

Area of Development	Emerging "in the toolbox of the school"	Established "in the scaffolding of the school"	Advanced "part of the DNA of the school"	Evidence
3 Teaching and learning to promote resilience and supporting social & emotional learning	All teachers understand the need to promote mental health and wellbeing in all lessons. This includes consideration of language around stress and normal emotional responses. Curriculum Leaders see part of their responsibility to support the objective of promoting wellbeing of all students in the school.	All teachers understand the need to promote mental health and wellbeing in all lessons. This includes consideration of language around stress and normal emotional responses. Curriculum Leaders see part of their responsibility to support the objective of promoting the wellbeing of all students in the school.	All teachers understand the need to promote mental health and wellbeing in all lessons. This includes consideration of language around stress and normal emotional responses. Curriculum Leaders see part of their responsibility to support the objective of promoting wellbeing of all students in the school. Appropriate time is allocated for curriculum development to support the explicit teaching of wellbeing and self-regulation within the curriculum.	Wellbeing and Mental Health education and promotion are embedded in the school's PSHE Programme. Students have access to a programme of assemblies and lessons that deal with online safety, bullying, resilience and other relevant topics.
	PSHE and SRE are isolated to drop down days which are part of a planned approach with early discussions on how PSHE will be delivered for all students regularly. There are initial plans for teaching students some of the below: <ul style="list-style-type: none"> learning coping mechanisms self-regulation and managing feelings a sense of aspiration social skills, listening and empathy encouraging kindness and understanding of the consequences of actions. positive communication, including when using social media well organised peer support 	All students engage in regular PSHE and SRE lessons as part of a cohesive, planned progressive curriculum. It includes some elements of: <ul style="list-style-type: none"> learning coping mechanisms self-regulation and managing feelings a sense of aspiration social skills, listening and empathy encouraging kindness and understanding of the consequences of actions positive communication, including when using social media well organised peer support 	All students in engage regular PSHE and SRE lessons which have been designed based on early intervention, local need and co-production with students. It includes opportunities for; <ul style="list-style-type: none"> learning coping mechanisms self-regulation and managing feelings a sense of aspiration social skills, listening and empathy encouraging kindness and understanding of the consequences of actions. positive communication, including when using social media well organised peer support tackle stigma and discrimination and allow for constructive discussion and debate of mental health CEIAG for all students from year 7. 	All students, and especially vulnerable students, have access to a range of extra-curricular activities and their participation is tracked. Wellbeing and Mental Health opportunities are written in to departmental Schemes of Work. Staff receive training surrounding the use of language to reduce stress and promote positive wellbeing and mental health.
	A minority of students are accessing assemblies and lessons on mental health and wellbeing, however it is on an ad hoc basis and not part of a planned programme	All students access regular assemblies and lessons on wellbeing and mental health with a shared language	Students access and co-deliver regular assemblies and lessons on resilience and mental health at their school and other schools	
	Students are taught online safety through a rigorous programme	Students are taught online safety through a rigorous programme which includes an understanding of how to engage, disengage and control their access to the digital world	Students are taught online safety through a rigorous programme of critical literacy which includes an understanding of how to engage, disengage and control their access to the digital world, fake news and representations of body image	
	Extra-curricular activities are available to most students. The school is aware of any disproportionality in representation and has a plan in place to tackle it. Clear outcomes are associated with each activity: learning/personal development	Extra-curricular activities are available to all pupils, especially vulnerable pupils. Participation is tracked and clear outcomes are associated with each activity: learning/personal development.	A representative group is participating in in extra-curricular activities, especially vulnerable pupils. Participation is tracked and clear outcomes are associated with each activity.	

Figure 2: Example of one area for development of an Audit Tool

Audit Tool & Action Plan

Area of Development	Purpose: What are you trying to achieve? Think about using the descriptors in the audit.	Action(s) and lead person: What are you going to do?	When: When will you start and finish this action? Are there key milestone points?	Measurable outcomes and impact: How will you know what you are doing is working?	Review: Is it working, are you changing the plan? (09/10/18) review date	New Actions (09/10/18)
4 Behaviour Policies in schools that promote wellbeing and self-regulation	<p>For the behaviour policy to reflect an understanding of why children exhibit challenging behaviours to support improvement.</p> <p>To reduce the unexplained disproportionality between groups. Black boys and external exclusions specifically.</p> <p>To have a better understanding of behaviour being a sign of underlying issues and to make accurate referrals from this.</p> <p>To use evidence-based tools and literature to help support the school to do this.</p>	<p>HKI/ JWA</p> <p>SLT level</p> <p>Whole-staff (lead HKI/JWA)</p> <p>JWA</p>	<p>19th September staff INSET- start point for this understanding. Pastoral meetings once a half term to also cover this.</p> <p>Behaviour is a standing item on our SLT agenda- to review this half-termly in terms of stats and to use meetings with RLA to look at this group in particular</p> <p>19th September staff INSET RLA. 19th September to review previous referrals and look towards what a good model is. Include pastoral team on this.</p> <p>To use staff briefing as a way to share literature- post Christmas term.</p>	<p>Feedback forms from staff inset. Pledge cards and tracking behaviour incidents before and after.</p> <p>To review data at a half-termly point and see trends. When we have results to review actions.</p> <p>Better referrals are made- RLA to quality assure this</p> <p>To park this until Christmas and then review.</p>	<p>Pledge cards were made- but what have we actually done to equip staff to implement their pledge card?</p> <p>Review exclusion data at end of this half term. What is the trend with external exclusions? What more can be done? To bring this to SLT for first meeting back after half term</p> <p>Referrals are now being made for ASD too and more to specialist CAMHS. Is this happening quickly enough?</p> <p>A neutral room for students to go to when angry.</p>	<p>Reflective practice sessions with RLA. HKI to draw up a possible rota and to use time after school for this too. Fortnightly.</p> <p>Bring exclusion analysis to SLT for first meeting back and look deeply at each student.</p> <p>Commit to a quicker turnaround for referrals to be made. Urgent referrals- same day like CP. All other referrals made within 3 days of information coming to light.</p> <p>JWA & HKI to order items for office to make that the neutral room students go to when they are angry. Students can have prompt cards which say "please do not speak to me", "I am ready to talk". There will be posters on the wall to encourage reflection, books, and cushions. JWA & HKI to inform students of this room through PSHCE time.</p>

Figure 3: Example of one area for development of an Action Plan

CAMHS Workers in Schools (CWIS)

Reflections from CWIS

“Absolutely fantastic project. The school I am working with is positive, proactive and keen to embrace the WAMHS project. Very flexible approach and shown great willing to try things and go with it, and learn from experiences. Real pleasure to work with this school and the team there.”

“In some schools it feels that there is a shared objective and there are lots of initiatives to develop; in other schools the different way of working within the different organisations has caused communication difficulties which have felt tricky at times.”

Comments from CWIS Survey (November 2018)

Reflections from Mental Health Leads in School

4. To what degree is the Wellbeing Framework Partner supporting the process of action planing and monitoring?



27 responses

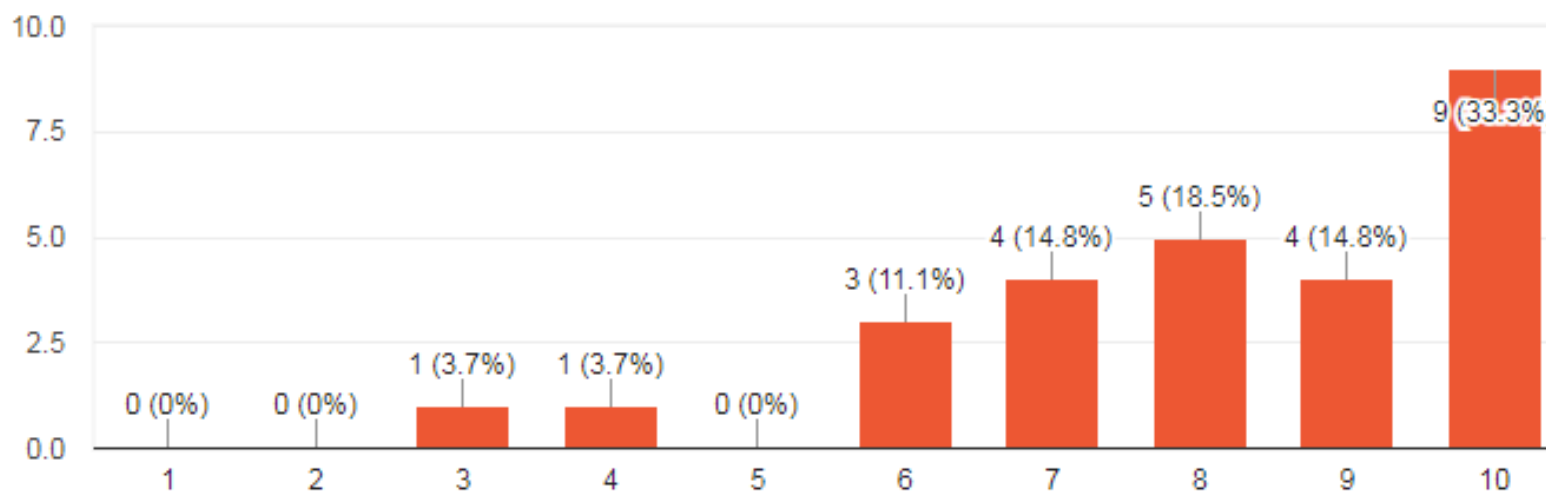


Figure 4: Results MHL Survey (29/11/2018) – 27 responses

Reflections from Mental Health Leads in School

5. *What has been the most positive aspect so far?*

Identified themes from 27 responses:

CAMHS clinician being able to provide consultation, advice and expertise around students' mental health and support around referrals

x12

Training for school staff **x3**

CAMHS clinician working with parents/carers

x7

Collaborative working **x7**

Raising awareness of mental health with a whole school approach **x6**

Learning so far

- Different work cultures between CAMHS and Schools
 - Joint working requires excellent communication between parties, building relationships and trust, explicit expectations and responsibilities
 - Different work speeds / recruitment times
- Need of clarity around CWIS contractual delivery with explicit clauses around school holidays, training days, annual leave...
- Primary schools need more than once a month (at least fortnightly) to get momentum and for the project to become established as part of school
- Need stronger Schools Team:
 - More management time (for clinical lead, WFP lead and MHL in schools)
 - Difficulties around managing clinicians across 4 providers



The Future

- Evaluation published
- Extension of Phase 1 to March 2020
- Funding for roll out to all maintained schools in borough, pending successful evaluation (Phase 2) from April 2020
- Offer to non-maintained Orthodox Jewish Schools
- Mental Health Support Teams in schools

Questions



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Wellbeing and Mental Health in Schools (WAMHS)

Summary Report

City & Hackney



Alliance

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Wellbeing and Mental Health in Schools Pilot:

Transformation aims:

Schools increasingly report the presentation of mental health need in their students. In 2016, 90 per cent of secondary school head teachers reported an increase in rates of mental health problems such as anxiety and depression among their pupils over the previous five years (Thorley, 2016).

Current statistics show that:

- Approximately one in ten children and young people have diagnosable significant psychological difficulties.
- Around one in four children and young people show signs of a mental health condition, including anxiety and depression.
- This means that up to three children in every classroom may have psychological difficulties which could be helped.
- Only 25–40 per cent of these young people receive input from a mental health professional early enough, if at all. (PHE 2017)

Outside of the home, school is usually the most important ongoing influence on children's development, with full-time education or training compulsory up to 18 years in England.

Given the influence of school on children and young people's lives, and considerable practice based evidence that applied psychology is effective in schools, there is a great opportunity for high-quality mental health services to promote resilience and wellbeing, intervene early and minimize adversity in the school environment.

“Schools offer important opportunities to prevent mental health problems by promoting resilience. Providing pupils with inner resources that they can draw on as a buffer when negative or stressful things happen helps them to thrive even in the face of significant challenges. This is especially true for children who come from home backgrounds and neighbourhoods that offer little support. In these cases, the intervention of the school can be the turning point. Having a ‘sense of connectedness’ or belonging to a school is a recognised protective factor for mental health. Activities that bolster mental health operate under a variety of headings, including ‘emotional literacy’, ‘emotional intelligence’, ‘resilience’, ‘character and grit’, ‘life skills’, ‘violence prevention’, ‘anti-bullying’, and ‘coping skills’. Systematic reviews of this work show that the best of interventions, when well implemented, are effective in both promoting positive mental health for all, and targeting those with problems.” - Mental Health and Behaviour in Schools departmental advice for school staff, Department for Education, March 2016

This increased focus on psychological health and wellbeing in schools is consistent with their primary function as places of learning, because health and education outcomes are closely related (Bradley & Greene, 2013; Suhrcke & Nieves, 2011). Children with mental health difficulties have more time off school, are more frequently excluded from school, and more likely to be significantly behind in their learning (Green, McGinnity, Meltzer, Ford, & Goodman, 2005).

Document Number: 21862375

Document Name: Wellbeing and Mental Health in Schools for Scrutiny Commission Feb19CAMHS

Alliance Transformation – February 2019

The review conducted as part of the recently published Green Paper (Department of Health & Department for Education, 2017) found that school staff play an essential role in early identification of certain mental health difficulties and are able to encourage coordination between CAMHS services and school's staff which is crucially important in certain diagnoses such as ADHD. In the same way the coordination of interventions and the development of effective pathways between mental health services and education services play an important role for children and young people with severe mental health problems, and those whose condition involve medication.

Moreover, school settings have the potential to overcome some of the inequalities in accessing care. Certain groups of population are more likely to experience mental health difficulties than others and are put at higher risk of developing further issues with social development and relationships. Often these groups of population that are more disadvantaged are the ones underrepresented when it comes to accessing mental health services (Thorley, 2016). Linking mental health services with schools could increase the reach to a large number of children with low-level mental health problems who might not otherwise receive the services they need, and who have traditionally had poor access to mental health services (Department of Health, 2008). In the same way, schools are in a privileged position to make use of existing relationships with families to help direct children and young people to mental health provision and to facilitate engagement during an early intervention phase.

For all the above-mentioned reasons, the aim of this project is to transform existing systems so that mental health issues are identified and treated as early as possible. The project aims to achieve this by optimising the interface between education settings and mental health services in order to significantly improve outcomes for CYP through seamless working across services.

Local Need – Baseline and Consultation with the community:

The City & Hackney CAMHS Transformation Programme has been driven since its onset by extensive multi-agency engagement exercises and joint working with service users, their families and the wider community.

In order to develop a project that met the needs of the population in the local area, extensive consultation was carried out through different activities and channels that involved a big number of organisations and stakeholders.

- **Series of interviews and visits to local schools:** the CAMHS Alliance team met with professionals from different schools in the area, including primary schools, secondary schools and the pupil referral unit in order to collect some of their views on what was needed to improve support for CYP around mental health in their schools.
- **Engagement with Hackney Youth Parliament:** the CAMHS Alliance team also visited the young people that constitute the Youth Parliament in City & Hackney to gather their views around mental health in schools. The young people recorded a video where they talked about their own experience with support in their own schools and their hopes and ideas for an improved system.
- **Focus Groups with CYP:** Focus groups were set up in schools and community settings to present the aims of the project and ensure the voices of the young people were represented and constituted the guideline in the implementation of the project.

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- **Survey:** in August 2017 the Department for Education published the results of a research study ([Supporting Mental Health in Schools and Colleges](#), Department for Education, 2017b) into mental health provision in schools and colleges across the country. In order to collect a baseline of the current provision in the local area we replicated the survey and distributed to all schools (note: state-maintained schools) in City & Hackney. Overall 30% of schools completed the survey; offering an initial picture of the provision in the local area, as well as their views on the current challenges and particularly in working with mental health services (i.e. CAMHS).
- **Consultation Event:** a consultation event was launched on the 9th November 2017 to present the project and gather the views and suggestions from several stakeholders and service users. More than 70 people attended representing a wide number of organisations including schools (primary, secondary and colleges), voluntary sector, NHS, counselling services, education authority, CCGs, GPs, Children Social Services, community organisations, local authority, service users and parents. Through participation activities the attendees were able to highlight their priorities and ideas to frame the direction of the workstream. The feedback gathered from those activities can be seen in the full report (Appendix 1).
- **Steering Groups:** including a range of stakeholders and representatives from all the organisations part of the City & Hackney CAMHS Alliance taking place every 4-6 weeks to discuss progress, gather views and make decisions regarding the workstream.

Consolidation of the project:

After the consultation period and discussions with the Alliance Team as well as meetings with wider steering groups, a business case proposal was submitted on the 1st February 2018 to the Integrated Commissioning Board, outlining an innovative and transformative programme with three different strands that aim to integrate and improve the interface between mental health services and education settings in the local area.

The proposal was approved by the Integrated Commissioning Board granting £651,330 to put in place the three strands of the programme over the course of a year.

Aims of the pilot:

The project outlined by this workstream seeks to improve access to the appropriate mental health support for all CYP in City & Hackney. That involves improving early identification of possible mental health problems by supporting and equipping schools to confidently identify and intervene early in emerging mental health problems and to upskill school staff to be able to successfully promote and support their student's wellbeing, thus off-loading pressure created by later intervention of more severe problems.

The project also seeks to ensure that all children receive the right intervention. The transformed system will be highly adapted to identifying early emerging mental health problems in CYP that are symptomatically presenting as behavioural issues that would normally be addressed punitively. Wider determinants of poor mental health will also be addressed through the wider scope of the CAMHS Alliance. There will be information available to signpost to a wider provision of evidence-based interventions, as well as support to measure and monitor the outcomes of these interventions.

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Alliance Transformation – February 2019

The transformation project ultimately seeks to increase the number of CYP with diagnosable mental health conditions accessing services, by ensuring that they are identified and correctly signposted to the appropriate CAMHS service. In the same way, the project seeks to reduce the current inequalities in accessing mental health services, as well as in exclusion rates by taking into consideration the cultural diversity and specific needs of the population in City & Hackney.

Scope of the service:

The Wellbeing and Mental Health in Schools (WAMHS) Programme is comprised of 3 strands:

1. Anna Freud link programme
2. Wellbeing Framework support in schools
3. Deployment of CAMHS workers in schools

In November 2017 schools in the local area were invited to be part of the Anna Freud link programme. Around 75% of schools in City and Hackney applied to take part. Participation in the Anna Freud link programme was mandatory to access the second two strands where 50% of state-maintained schools in City & Hackney (40) were able to take part. Equally, all schools participating had to nominate a senior member of staff as a designated Mental Health Lead to be eligible to take part in strands 2 and 3 of the project.

Strand 1: Anna Freud Mental Health Services and Schools Link Programme

Following the recommendations of the 2015 report Future in Mind, NHS England and the Department for Education funded a pilot programme consisting on a series of workshops facilitated by the Anna Freud National Centre for Children and Families. The evaluation ([Mental Health Services and Schools Link Pilots, February 2017](#)) found that the pilot was successful in strengthening communication and joint working between schools and CAMHS, including improved understanding of the referral routes to specialist mental health support for children in the local area (Department for Education, 2017a).

City and Hackney successfully won the bid to be one of the areas to benefit from the second phase of this pilot. Bringing together Mental Health Leads in schools and Child and Adolescent Mental Health Services (CAMHS) to embed long term collaboration and integrated working, the programme comprised of two workshops delivered at least 6 weeks apart. The workshops were for Education and Mental Health professionals and aimed to bring together representatives from schools and their local CAMHS service with the aim of:

- ✓ Developing a shared view of strengths and limitations and capabilities and capacities of education and mental health professionals
- ✓ Increasing knowledge of resources to support the mental health of children and young people
- ✓ Ensuring more effective use of existing resources
- ✓ Improving joint working between education and mental health professionals

The workshops took a blended learning approach, drawing on evidence-based training methods and system transformation, and using the Anna Freud CASCADE framework that focuses on seven key elements of partnership working.

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Alliance Transformation – February 2019

Because of the high number of schools that applied to be part of the programme in City & Hackney, the workshops were divided in 3 separate cohorts based on geographical location (North, Central and South). Each cohort included around 20 schools and 20 or more representatives from different mental health services and organisations. The six workshops (three pairs) run from February to May 2018.

Outcomes

The workshops had a great attendance and enabled very rich discussions between professionals. There were lots of good ideas gathered and networks created in the space of two days. All the attendees to the workshops had to complete a feedback survey at the end of each workshop. The results from the first set of workshops showed that more than 75% of the people who attended found them helpful or very helpful. We are still waiting for the report from the second set of workshops.

The CAMHS Alliance team noted down and transcribed the content of the discussions and from those created an Action Plan for the Alliance Board with ideas and suggestions on how to improve services that could be actioned by the members of the Alliance.

Some of the actions gathered from the discussions in the Anna Freud workshops have already been actioned, such as:

- Free core offer of CAMHS training for teachers and school staff on relevant topics around mental health and wellbeing.
- Devising of a Directory of Services which are part of the City & Hackney CAMHS Alliance with specific contact information and clear information on how to refer to each of them, accessible to all schools participating (hardcopy and electronic).
- Presentation around referral pathways and thresholds for the different CAMHS services in the area and tips for schools on how to use them, delivered in the second workshop.
- Establishment of a quarterly Mental Health Leads Forum organised by the CAMHS Alliance team where representatives from schools and mental health organisations can continue meeting to discuss relevant topics, share best practice and strengthen relationships and networks.

Strand 2: Wellbeing Framework Programme in schools

The second strand of the project was designed in partnership with the Hackney Learning Trust. Drawing from numerous recent publications and best practice guidance, it was clear that deploying mental health professionals in schools was not sufficient by itself but had to be part of a more holistic change of culture within schools.

Various research has found that for any kind of mental health support to be effectively delivered in schools it is vital to get the whole school to participate, and for the leadership teams in the school to take responsibility and act as a co-ordinated system to foster strong relationships with, and between, teachers, mental health specialists and CAMHS professionals (Department of Health & Department for Education, 2017; Thorley, 2016). The Green Paper highlights that both evidence review and the evaluation of the mental health services and schools link pilots conducted by the Anna Freud Centre found that having senior level buy-in is essential to schools adopting a positive approach to mental health.

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Alliance Transformation – February 2019

The Department for Education set out a number of ways that the “cultures and structures” within a school can promote emotional wellbeing and good mental health (Department for Education, 2016).

Drawn from both research and practice evidence these include:

1. **A committed senior management team** that sets a culture within the school that values all pupils; allows them to feel a sense of belonging; and makes it possible to talk about problems in a non-stigmatising way
2. **An ethos of setting high expectations of attainment for all pupils with consistently applied support.** This includes clear policies on behaviour and bullying that set out the responsibilities of everyone in the school and the range of acceptable and unacceptable behaviour for children. These should be available and understood clearly by all, and consistently applied by staff
3. **An effective strategic role for the qualified teacher who acts as the special educational needs co-ordinator (SENCO),** ensuring all adults working in the school understand their responsibilities to children with special educational needs and disabilities (SEND), including pupils whose persistent mental health difficulties mean they need special educational provision. Specifically, the SENCO will ensure colleagues understand how the school identifies and meets pupils’ needs, provide advice and support to colleagues as needed and liaise with external SEND professionals as necessary;
4. **Working with parents and carers as well as with the pupils** themselves, ensuring their opinions and wishes are taken into account and that they are kept fully informed, so they can participate in decisions taken about them;
5. **Continuous professional development for staff** that makes it clear that promoting good mental health is the responsibility of all members of school staff and community, informs them about the early signs of mental health problems, what is and isn’t a cause for concern, and what to do if they think they have spotted a developing problem;
6. **Clear systems and processes to help staff who identify children and young people with possible mental health problems;** providing routes to escalate issues with clear referral and accountability systems. Schools should work closely with other professionals to have a range of support services that can be put in place depending on the identified needs (both within and beyond the school). These should be set out clearly in the school’s published SEND policy;
7. **Working with others to provide interventions for pupils with mental health problems that use a graduated approach to inform a clear cycle of support:** an assessment to establish a clear analysis of the pupil’s needs; a plan to set out how the pupil will be supported; action to provide that support; and regular reviews to assess the effectiveness of the provision and lead to changes where necessary; and
8. **A healthy school approach to promoting the health and wellbeing of all pupils in the school,** with priorities identified and a clear process of ‘planning, doing and reviewing’ to achieve the desired outcomes.

Based on these guidelines and adapting the principles from “Promoting children and young people’s emotional health and wellbeing”; Public Health England and the “Children and Young People’s Mental Health Coalition” March 2015, a Wellbeing Framework (see Appendix 3) was devised to guide an internal audit process in every school participating in WAMHS.

The Wellbeing Framework Programme is delivered by experienced school improvement practitioners from the Hackney Learning Trust, called Wellbeing Framework Partners (WFP). The WFP will link with

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Alliance Transformation – February 2019

a senior designated member of staff for each school, the designated Mental Health Lead. Together with the CAMHS clinician they will complete a Wellbeing Audit (see Appendix 4) in the school, looking at practice, policy and resources available. From that Audit an Action Plan will be developed in conjunction, selecting those areas in which the school aims to improve and develop within the one year pilot. The action plan will then guide the work of the three partners (school, WFP and CAMHS clinician) and the three will take responsibility for the delivery aspects of the plan.

The Wellbeing Action Plan will provide focus for an enhanced wellbeing offer in schools and increased capacity in supporting wellbeing for the students in a number of areas. It will also aim to provide ways of monitoring progress of any interventions put in place across the school and will emphasise the need to use evidence-based interventions both with universal and targeted populations.

The proposed model recognises the singularities of each school and understands that not all of them will start from the same point regarding their structures and systems of support around mental health and wellbeing. It ensures that each school's processes, policies and procedures including underlying cultures will be reviewed and adapted to promote positive mental health in an individualised way and according to the needs of each school and its student population.

The WFP will visit the schools at the start of the pilot period (June-July 2018), together with the CAMHS clinician to conduct the Audit and devise the Action Plan which will set the direction of the work, with agreed timescales and including focal activities for the CAMHS clinician, to start at the beginning of the next course, in September 2019.

Follow up visits will be made by the WFP each half term to meet with the Mental Health Lead in school and the CAMHS clinician to track progress and impact and revise the plan if necessary. Progress on the Action Plan will be tracked on a RAG rating system to look at progress across categories of emerging, established and advanced levels of practice. At the end of the pilot there will be a new Audit to determine change and evaluate the impact of the project, as well as possible limitations.

Strand 3: Deployment of CAMHS clinicians in schools

The third strand of the WAMHS project will allocate a regular CAMHS clinician to each of the participating schools to help develop and sustain closer working links between mental health services and schools, by providing training, consultation and support signposting and liaison.

CAMHS clinicians will be qualified and experienced staff (e.g. clinical psychologist, family therapist, specialist MH nurses, specialist clinicians and child psychotherapists) drawn from services across the CAMHS Alliance including Homerton University Trust (CAMHS Disability and First Steps), Child and Family Services in Hackney Social Care, and East London Foundation Trust (Specialist CAMHS). The clinicians will be engaging in schools work as part of their ongoing work based in their employing authorities.

Secondary schools and specialist provision will receive 1 day a week of CAMHS clinician in school time. Primary schools will receive the equivalent of 0.5 or 0.25 days a week of CAMHS clinician time, depending on their size. This is more likely to be delivered as a day a fortnight or a day per month but can be agreed for each school with their allocated clinician.

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The link clinician will be situated in the school facilities for the allotted regular amount of time. The initial focus of the work provided will be informed by the delivery of the Wellbeing Action Plan and based on the needs and priorities identified for a particular school but will also draw on the menu of activities described below.

The emphasis of the CAMHS clinician is on building capacity in the school, facilitate appropriate onward referrals, enable wider understanding of students' mental health needs and support the school in putting into place strategies to help the students in the school context.

The core aspects of the role will be informed by the wellbeing action plan for each school and could include:

- **Attend regular multi-agency meetings:** if the school does not already have them in place, the CAMHS clinician will support with starting this up in a school. The CAMHS clinician will attend these meetings on a regular basis to provide mental health consultation help with understanding complex presentations and signpost and support liaison to appropriate services.
- **Consultation:** this could be a regular discussion meeting with the Designated Mental Health Lead, consultation to staff members or groups of staff, or around the needs of a particular student or a particular initiative such as a targeted group or intervention. The aim of this activity will be to expand the understanding of staff around their students' mental health needs and presenting behaviours, as well as build supported capacity in the school to respond to the pupils' needs.
- **Training:** as relevant to the school and requests made. The CAMHS clinician will be able to provide whole staff trainings or more focused training with groups of staff with a particular role or in managing a particular need in school. It may be provided in a formal or informal way as appropriate.
- **Liaison:** support in linking and communicating with organisations around a particular pupil, supporting with blockages in communication and signposting as relevant.
- **Support and advice to the school organisation** alongside the WFP on further development of wellbeing practice in the school, using evidence-based approaches and building practice-based evidence.
- **Support and advice for school on recommended mental health resources and interventions** keeping an evidence-based focus, signposting to recommended resources and organisations
- **Supporting reflective practice for staff:** this may involve some direct input to staff groups and/or be advice on how the organisation can best support these initiatives.
- **Some limited capacity for direct work.** Any direct work will be assessment based and not ongoing clinical work. Schools can commission a higher level of service as they wish, in addition the core offer.

WAMHS has been designed as an early intervention service that aims to build capacity and share skills in schools to support with early identification of and intervention with mental health need. There is no lower threshold for students who can be discussed as part of WAMHS.

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APENDIX 1:

Evaluation of the project:

To ensure successful role out of the model across all schools once the pilot is complete, an evaluation process will be conducted to evidence the impact and value of the work. This has been estimated at 5% of the project cost (Strand 6). Public Health at London Borough of Hackney will lead on the evaluation framework and execution together with the CAMHS Alliance Transformation Management Team.

Strand 1: Deployment of Anna Freud Schools / CAMHS link programme (CASCADE)

Strand 2: Deployment of CAMHS workers in Schools

Strand 3: Implementation of the Wellbeing Framework Support in Schools

Strand 6: Evaluation

The interventions delivered through Strands 1, 2 and 3 are referred to collectively as the ‘Wellbeing and Mental Health in Schools’ (WAMHS) project. The implementation of strand 1 will be externally evaluated by Anna Freud, and as such this evaluation plan (strand 6) will focus on the implementation of the one year pilot of the strand 2 and strand 3 interventions. However, the key findings from Anna Freud will be reflected in the final WAMHS evaluation report.

While considered separately within the CAMHS Transformation Plan, strands 1, 2 and 3 are interconnected, and are likely to be cumulative in their impact on participating schools approaches to mental health and wellbeing.

Project Interventions

The WAMHS initiative seeks to transform existing systems so that:

- i) all children and young people (CYP) experiencing mental health problems and that require intervention are identified and treated as early as possible, leading to an increase in the number of CYP with diagnosable mental health conditions accessing CAMHS.
- ii) schools are better equipped to take a holistic, whole-school approach to the mental health and wellbeing of the entire pupil population.

The project aims to achieve this by:

- optimising the interface between education settings and mental health services in order to significantly improve joined up working and access to appropriate mental health support.
- supporting and equipping school staff to confidently identify CYP with emerging mental health problems and to intervene early.
- upskilling school staff to be able to successfully promote and support their student’s mental health and wellbeing.
- adapting the cultures, structures and procedures of schools to better promote positive mental health and wellbeing.

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Evaluation aims

This evaluation aims to measure the impact of the implementation of the 1 year pilot of the WAMHS initiative. This evaluation will focus on the role of the WAMHS initiative as a settings based approach to improving school's response to mental health and wellbeing, while also strengthening links with local CAMHS provision.

The evaluation will not seek to directly measure changes in pupil mental wellbeing status, although this would obviously be a desirable downstream outcome of the WAMHS intervention.

Intervention Outcomes & Deliverables

Anticipated outcomes have been identified for the WAMHS initiative along with key deliverables, which are described below. These have been divided into primary and secondary outcomes; primary outcomes are defined as the main outcomes of interest which will be directly influenced by the delivery of the intervention. Secondary outcomes are related to and may impact upon primary outcomes, but may not be specifically related to the intervention.

Outcomes will be assessed using a range of quantitative and qualitative measures, which are further detailed in Appendix 1.

Outcomes

The following high level outcomes are hoped to be realised through the WAMHS initiative, and will be measured through the pilot evaluation:

Primary

- Increase in the number and proportion of appropriate CAMHS and First Step referrals received from participating schools.
- Reduction in the number and proportion of inappropriate CAMHS and First Step referrals received from participating schools.
- Positive changes in school policy, process and procedure with regards to mental health and wellbeing, in part demonstrated via improvements in the school Framework Wellbeing Audit score.
- Improvements in teacher perceptions around their ability to actively promote mental wellbeing, and to identify and support CYP with mental health problems.
- Improvements in perceptions of pupils and parents regarding the school's approach and offer with regards to mental health and wellbeing.

Secondary

- A decrease in the rate of fixed term and permanent exclusions from participating schools.
- Increase in the level of signposting or referral to related support services (Off Centre).
- A change in the demographic profile of pupils referred to CAMHS and First Steps.
- A change in referral patterns across the local system (looking at all referral sources).

Deliverables

- Identification of a designated CAMHS worker for each participating school (CWIS), and a designated mental health lead (DMHL) in each participating school.
- A Wellbeing Framework Audit to be completed at the start of the pilot by each school's DMHL, and repeated at the end of the pilot.

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- An action plan to be developed (based on the findings of the Wellbeing Framework Audit) by each participating school, and reviewed on a half-termly basis.
- A robust wellbeing and mental health policy to be in place in each participating school.
- A teaching programme for mental health, resilience and emotional well-being to be in place within each participating school.
- Plans and pathways for support and referral of CYP to CAMHS, using a teamwork approach and involving the CWIS
- Provision of consultation by the CWIS worker to school staff
- Recurrent multi-agency meetings in schools attended by a CWIS
- The professional learning and development of school staff in relation to mental health to be supported through a minimum core offer from the CWIS of half-termly training, plus additional sessions as required
- Support provided to schools by CWIS to ensure the high-quality implementation of evidence based interventions, along with suitable mechanisms for measuring intervention effectiveness, outcomes and impact.

The details of the monitoring of these deliverables, along with individuals or services responsible for delivery, are further detailed in Appendix 2.

Quantitative Evaluation methods

A range of quantitative data will be used to inform the evaluation. This includes the use of existing or routinely collected data, as well as data specifically collected for the purpose of informing the delivery and evaluation of the pilot, with the latter being collected both pre-intervention (Autumn 2018) and post intervention (Summer 2019).

Routinely collected data source analysis

This evaluation will utilise two sources of routinely collected data; pupil demographic data from Hackney Learning Trust (HLT) and referral data for specialist CAMHS, (provided by East London Foundation Trust (ELFT)) and the First Steps service (provided by Homerton University Hospital Foundation Trust (HUHFT)).

Utilisation of these routinely collected data sets will allow for comparison between participating and non-participating schools, helping to identify potential impacts of the WAMHS initiative, primarily in relation to the referral practices of schools. It will also be possible to compare referral practices of schools pre and post WAMHS intervention, again, helping to provide evidence of the effect of the pilot.

School Data

Demographic data for each school will be taken from the MISA¹ database, managed by HLT. This data will provide a quantitative snapshot of the demographic profile of each of the 80 schools in City & Hackney. It will also be possible to look at measures such as exclusion rates, attendance rates, and number of CYP with free school meals which will provide an indication of the proportion of CYP that may have multiple needs or vulnerabilities in relation to mental health.

¹ Management Information System Analysis

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By comparing school data with CAMHS referral data (see below), it will also be possible to compare the demographic profile of the wider pupil population with that of the pupils being referred to CAMHS, and to assess whether there are any potential inequalities in referral.

This dataset will be extracted from the MISA database at baseline (Sept 2018) for all 80 of City and Hackney schools. All schools will be made aware that their pupil data is being extracted for this purpose.

The specific data to be collected from the MISA database are summarised below:

Type of school:	Primary
	Secondary
	Special Education
	FE College
	Pupil Referral Unit
	Alternative Provision
Gender of pupils (number of):	Girls
	Boys
Ethnicity of pupils (number of):	According to 8 MISA ethnicity codes
Current total number of:	CYP receiving free school meals
	CYP with Special Educational Needs
	CYP with EHCP
	CYP with healthcare plans
	Children in Need
	Looked after Children/ Children in Care
Overall attendance rate per term for last 3 terms:	Autumn
	Spring
	Summer
Absolute number of fixed term average exclusions rate per term for last 3 terms (broken down by ethnicity and gender):	Autumn
	Spring
	Summer
Absolute number of permanent exclusions per term for last 3 terms:	Autumn
	Spring
	Summer

CAMHS Referral Data

Data on referrals to CAMHS will be provided for the agreed baseline period (September 2017 - April 2018) and an identical report will be provided at the end of the project for the intervention period (September 2018 - April 2019). This data will be collected for both CAMHS providers – Specialist CAMHS (ELFT) and First Steps (HUHFT).

Data on CAMHS referrals will be presented at an individual referral level, but data will be anonymised to prevent any potential disclosure. This will allow a more detailed analysis of the data, using cross-tabulation to look at any relationships that exist between various data items in relation to referral patterns.

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It will be possible to make comparisons around a number of referral metrics (including the overall volume of referrals, the number and proportion of referrals which are deemed suitable, and the number and proportion of eligible referrals that go on to start treatment), both pre and post-intervention and between participating schools.

Furthermore, by utilising the referral data of schools not participating in the WAMHS pilot, it will be possible to compare the overall referral patterns of participating and non-participating schools, helping to evidence the impact that the WAMHS initiative has had on school referral practices.

Referral data will be provided for all referral sources, not just those from schools. This will allow for an additional analysis of broader referral trends, to identify any impacts that the pilot may have had on referral numbers from other services (for example, GP referrals may decrease as more schools refer pupils directly to services, rather than to primary care).

The specific data items to be provided are as follows:

Pupil	Gender
	Age at referral
	Ethnicity
	LSOA and Ward (derived from postcode)
Referral	Referral date
	Referral source
	Referral accepted date
Treatment	1st offered appointment date
	Number of appointments attended
	Number of appointments not attended
	Discharge date

This data will allow for determination of whether there is any under or overrepresentation of certain pupil groups within referrals, as well as the overall number of referrals per school in Hackney.

Aggregating this dataset will allow for the determination of the appropriate referral rates (the number of referrals that are accepted) and the treatment conversion rate (the number of appropriate referrals that attend at least one appointment), and for these rates to be compared between schools, and against other referral sources.

Surveys

Four surveys will be disseminated as part of the impact analysis for the 40 participating schools. They will be collected pre- and post- intervention and are each described in turn below.

Mental Health Provision Survey:

The aim of this survey is to better understand the support systems that schools have already in place around wellbeing and mental health, as well as the challenges and barriers they face. The questions included in this survey form part of the Department for Education national survey around Mental Health Support in Schools.

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The survey is to be completed by a member of the senior management in the school who has an understanding of the school mental health and wellbeing provision, and will be disseminated in Summer 2018 term prior to the intervention starting.

The survey was hosted online via a Google forms page.

A copy of the survey questions and permissible responses is available here:

<https://docs.google.com/forms/d/1NXOV0lev9XXmSXd9rhqmgHtZ6M9u4AwAWMVYr8Jt79U/edit?usp=sharing>

School Staff Survey:

The aim of this survey is to provide a snapshot of how equipped teachers feel in managing pupil mental health and wellbeing, within the classroom and in their school as whole. The content of the survey is based on the first 10 questions of the Department for Education omnibus survey. The survey was disseminated in Summer 2018 term prior to the intervention starting.

A copy of the survey questions and permissible responses is available here:

https://drive.google.com/open?id=1UPHYwwtf73RKbkh-HwU7pXH_PbxE28eFt1x-K3LoNNw

Parent Survey:

The aim of the parent survey is to identify how well parents feel their child's schools are equipped to deal with pupils' mental health and wellbeing, and how well do they communicate with families in that sense. The content of the survey is based on the Wellbeing Framework (see Appendix 3), which is discussed further within the WAMHS handbook. The survey was disseminated at the beginning of the Autumn 2018 term. The method of dissemination was left for schools to decide but the most common method was via the school newsletter.

A copy of the survey questions and permissible responses is available here:

https://docs.google.com/forms/d/1EimW0a4Pxbje_JV9Gy47dd0MKGKzY74A0hLcHzYBmY/edit?usp=sharing

Pupil Survey:

The aim of the pupil survey is to understand pupil perceptions of mental health and wellbeing and how able (or not) they feel to seek help or support in their school. The questions and method of collection will be adapted in order to be age appropriate, and have been adapted from Ofsted pupil's survey. The survey was disseminated through schools at the beginning of the Autumn 2018 term. Schools were encouraged to allow pupils to complete the survey during protected lesson time (for example, during a PSHE lesson).

A copy of the survey questions and permissible responses is available here:

https://docs.google.com/forms/d/e/1FAIpQLSeQWkwvS_-grl8VrCCDBM7XPvpaNeoue8SAnPmNrTTAdXww/viewform?usp=sf_link

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Mental Health Wellbeing Framework Audit

The Mental Health Wellbeing Framework Audit (see Appendix 4) is part of the process of implementation of the Wellbeing Framework. It is based on the core principles defined by the Wellbeing Framework, which are also utilised in the parent survey. In the audit they are defined as ‘Areas of Development’. The audit will be completed by the school DMHL and aims to facilitate an understanding of where the school’s strengths and weaknesses lie with regards to mental health and wellbeing provision. Each Area of Development is RAG rated from 0 to 3 and each school can then work together with the CAMHS worker to formulate a plan of action to address priority Areas of Development. The resulting action plans will be reviewed each half term to track progress and address changing priorities. For more information please refer to the WAMHS Handbook.

Qualitative Evaluation Proposal

The WAMHS pilot project has been running across 40 school sites in Hackney and the City since September 2018.

Alongside primary quantitative data collection and analysis of existing, routinely collected data sources (referral data, school census data), the evaluation methodology also includes a qualitative data collection element.

The key reasons for the proposed qualitative data collection are:

- To provide supplementary evidence for those pre-defined project outcomes for which quantitative data is already available, or is being collected as part of the evaluation process.
- To inform pre-defined project outcomes for which there is currently no quantitative data available or planned for collection.

The key stakeholders that have been identified for involvement in this qualitative data collection are as follows:

- Pupils
- Parents
- School mental health leads/ senior school leaders
- Teachers and school staff
- WAMHS practitioners
- Wellbeing framework partners

Proposed deliverables

Given the outcomes that the WAMHS project group wish to consider through the qualitative evaluation process, and given the capacity and resource available to deliver this element of the evaluation, the following deliverables are proposed:

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- 3-4 x school case studies
- 1 x cross-project WAMHS worker focus group
- 1 x cross-project wellbeing framework partner focus group
- 1 x cross-project mental health lead focus group

How each of these activities will align to the broader project outcomes is summarised in appendix 1.

School Case Studies

In an attempt to build up a more holistic picture of the impacts of the WAMHS intervention, it is recommended that rather than distributing qualitative data collection across a wider number of schools, that more detailed work is focused on a small number of schools via a case study approach.

This targeted approach will be a valuable way to gain insight from the full range of key stakeholders within a school and will allow for the consideration of how the experiences and perspectives from these groups align or differ from one another, and how these may be interrelated.

While the case-study approach does not attempt to provide a representative sample for all of the participating schools, given the time and capacity available to complete the qualitative data collection, it is felt that it would not be possible to achieve a representative sample via an alternative methodological approach in any case.

The proposed case study approach would involve the delivery of the following elements:

- 1 x interview with school mental health lead and/or senior member of school staff
- 1 x interview with designated WAMHS worker
- 1 x focus group or small number of individual interviews with other members of school staff
- 1 x focus group with parents
- 1 x focus group with pupils

Approximately 8 participants would be required for each of the proposed focus group sessions, though it may be necessary to oversubscribe the sessions slightly in case of non-attendance. It may be more difficult to influence the size of any convenient samples used (e.g. existing parent forums), and thought will need to be given as to how to adjust the management and delivery of focus group sessions dependant on participant numbers.

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Focus group make composition will need to be considered, particularly in relation to sessions with young people, who may be less comfortable in participating if there are, for example, older students participating in the same session.

Consideration will need to be given as to whether participating case-study schools will be identified by name in the evaluation report, or whether it would be more appropriate to anonymise schools, just providing a broad summary of school features (e.g. school type, approximate roll size, ethnic breakdown, academy or maintained).

School Selection

The following criteria are proposed as a means of short listing schools for involvement as a case study school:

- The school has participated in WAMHS project throughout the period of the pilot
- The schools should have had the same designated mental health lead throughout the course of the WAMHS project
- The school has an existing parents forum or other established mechanism to facilitate parental engagement, which can be utilised to recruit focus group participants
- The school should have a full pupil complement (i.e. pupils in school years reception to year 6, or years 7-11) (*This reflects the fact that it may be more useful to speak with older children in the school, who will both be more familiar with the school and particularly in the case of primary schools, more able to articulate their opinions*)

It will also be essential that participating schools are willing and able to make staff and pupils available for all focus group sessions run during the course of the school day.

Supplementary Focus Groups

The findings from the proposed school case studies will be supplemented with additional qualitative data collection, which will seeks to gain insight from a sample of individuals working across a variety of settings involved with the WAMHS pilot. These proposed focus groups are as follows:

- 1 x cross-project WAMHS worker focus group
- 1 x cross-project wellbeing framework partner focus group
- 1 x cross-project mental health lead focus group

A recruitment strategy for these focus groups will be developed, and should ensure that participants working across the full variety of settings (i.e. primary, secondary, special, PRU) are included in these activities.

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Qualitative Survey Elements

The proposed face to face qualitative data collection activities will be supplemented by qualitative elements of the follow up surveys, which will be completed by pupils, parents, mental health leads and other schools staff. Additional questionnaires could also be administered to framework wellbeing partners and WAMHS workers.

It is proposed that the content of each of the questionnaires used at baseline is reviewed, to determine what alternative or supplementary questions may be appropriate to collect qualitative data most useful to inform the pre-determined project outcomes. Alternative or supplementary questions could be informed in part from the findings of the case studies and focus groups.

Table A: Project Outcomes

Primary Outcomes

Project Outcome	Outcome Measures	Data Source	Data Collection Process	Data Owner
Increase in the number and proportion of appropriate referrals and reduction in the number and proportion of inappropriate referrals to Specialist CAMHS received from WAMHS participating schools	<p>Comparison of pre-intervention baseline with post-intervention appropriate/inappropriate referral volumes - comparison of total numbers and % change.</p> <p>Comparison of appropriate/inappropriate referral numbers amongst intervention and control (non-participating) schools.</p> <p>Time analysis of monthly referral volumes during the intervention period.</p>	RiO clinical recording system	<p>This data is captured as part of the standard CAMHS service processes, so will be captured throughout the intervention period.</p> <p>Data will be requested at the end of the programme for the whole intervention period. The evaluation team would ask for as comprehensive a data set be shared by CAMHS as possible, to allow for all of the necessary analytical permutations.</p>	ELFT
Increase in the number and proportion of appropriate referrals and reduction in the number and proportion of inappropriate referrals to CAMHS First Steps received from WAMHS participating schools	<p>Comparison of pre-intervention baseline with post-intervention referral volumes - comparison of total numbers and % change</p> <p>Comparison of appropriate/inappropriate referral numbers amongst intervention and control (non-participating) schools?</p> <p>Time analysis of monthly referral volumes during the intervention period</p>	RiO clinical recording system	<p>This data is captured as part of the standard CAMHS service processes, so will be captured throughout the intervention period.</p> <p>Data will be requested at the end of the programme for the whole intervention period. The evaluation team would ask for as comprehensive a data set be shared by CAMHS as possible, to allow for all of the necessary analytical permutations.</p>	Homerton UHFT

Project Outcome	Outcome Measures	Data Source	Data Collection Process	Data Owner
<p>Improvements in school approaches, policies and procedures with regards to mental health and wellbeing, both in terms of promotion and prevention, and early identification and intervention</p>	<p>Comparison of pre and post Mental Health Provision survey findings among mental health leads - average change in score, and analysis of free text responses pre and post intervention.</p> <p>Change in a school's overall Wellbeing Audit Tool score, and across areas prioritised within school action plans.</p> <p>Qualitative interviews or focus groups with designated mental health lead or other senior members of school staff.</p>	<p>Locally designed and administered survey</p> <p>Wellbeing audit tools, completed by schools pre-intervention, and related action plans reviewed with the CWIS every half term.</p> <p>Qualitative data- tbc</p>	<p>Pre and post intervention surveys will be conducted via Google Forms. Hackney Learning Trust will disseminate information to participating schools and will encourage responses.</p> <p>Wellbeing audit tools returned to CAMHS by schools in electronic format.</p> <p>Qualitative data collection methods - tbc</p>	<p>ELFT/ WAMHS Evaluation Team</p>
<p>Improvements in school staff confidence in their ability to i) effectively support mental wellbeing amongst pupils and ii) identify and manage pupils with mental health problems</p>	<p>Comparison of pre and post intervention survey findings among teachers and school staff - average change in perceptions.</p> <p>Analysis and comparison of free text responses pre and post interventions.</p> <p>Qualitative interviews or focus groups with teachers.</p> <p>Feedback from CWIS activities in school?</p>	<p>Locally designed and administered survey</p> <p>Qualitative data collection methods tbc</p>	<p>Pre and post intervention surveys will be conducted via Google Forms. HLT will disseminate information to participating schools and will encourage responses.</p> <p>Locally designed Wellbeing Audit Tool is being completed pre and post intervention.</p> <p>Qualitative data collection methods - tbc</p>	<p>ELFT/ WAMHS Evaluation Team</p>

Project Outcome	Outcome Measures	Data Source	Data Collection Process	Data Owner
Improvements in the perceptions of pupils regarding their school's approach to mental wellbeing and the support available in school to support their mental health	<p>Comparison of pre and post intervention survey findings among pupils - average change in perceptions.</p> <p>Analysis and comparison of free text responses pre and post interventions.</p> <p>–Focus groups in schools?</p>	Locally designed and administered survey	<p>Pre and post intervention surveys will be conducted via an online platform (Google Forms). HLT will disseminate information to participating schools and will encourage responses.</p> <p>Qualitative data analysis - tbc</p>	ELFT/ WAMHS Evaluation Team
Improvements in the perceptions of parents regarding their child's school's approach to mental wellbeing and the support available in school to support their child's mental health	<p>Comparison of pre and post intervention survey findings among parents - average change in perceptions</p> <p>Analysis and comparison of free text responses pre and post interventions</p>	Locally designed and administered survey	<p>Pre and post intervention surveys will be conducted via an online platform (Google Forms). Hackney Learning Trust will disseminate information to participating schools and will encourage responses.</p> <p>Some schools did not have staff that responded to the pre-intervention survey - will need to consider schools separately the schools that had completed pre and post intervention surveys.</p>	ELFT/ WAMHS Evaluation Team

Secondary Outcomes

Project Outcome	Outcome Measures	Data Source	Data Collection Process	Data Owner
Reduction in the number and rate of exclusions within participating schools	Change in the termly and annual exclusion numbers between the baseline school year (2017/18) and the intervention year (2018/19)	HLT MISA database	This is data is routinely captured in the MISA database. (Need to remember that numbers of exclusions are small, so difficult to draw strong conclusions around this)	HLT
Change in referral/signposting patterns from participating schools to Off Centre	Change in volume of referrals or signposting from participating schools to Off Centre counselling support service	Off Centre database	Investigating the feasibility of this data collection	Off Centre
Equality of access to specialist CAMHS and First Steps for all CYP.	Comparison of referrals rates per head across schools pre and post intervention. Comparison of referral patterns by key demographics (ethnicity, age, gender etc)	RiO clinical recording system	This data is routinely captured as part of the CAMHS referral process, so will be captured throughout the intervention period. Data will be requested at the end of the programme for the whole intervention period. The evaluation team would ask for as comprehensive a data set be shared by CAMHS as possible, to allow for all of the necessary analytical permutations.	ELFT and Homerton

Project Outcome	Outcome Measures	Data Source	Data Collection Process	Data Owner
<p>Change in number and proportion of a) total b) appropriate c) inappropriate specialist CAMHS referrals that are received from all referral sources</p>	<p>Comparison of the pre-intervention baseline and post-intervention proportion of referrals received by specialist CAMHS that are made by schools (in relation to other referral sources) - comparison of total numbers and % change.</p> <p>Consider proportion of referrals attributed to pilot schools as well as all schools.</p> <p>Time analysis of proportion of all referrals made by schools on a monthly basis</p>	<p>RiO clinical recording system</p>	<p>This data is routinely captured as part of the CAMHS referral process, so will be captured throughout the intervention period. Data will be requested at the end of the programme for the whole intervention period. The evaluation team would ask for as comprehensive a data set be shared by CAMHS as possible, to allow for all of the necessary analytical permutations.</p>	<p>ELFT</p>

<p>Change in number and proportion of a) total b) appropriate c) inappropriate CAMHS First Steps referrals that are received from all referral sources</p>	<p>Comparison of the pre-intervention baseline and post-intervention proportion of referrals received by CAMHS First Steps that are made by schools - comparison of total numbers and % change.</p> <p>Consider proportion of referrals attributed to pilot schools as well as all schools.</p> <p>Analysis of proportion of all referrals made by schools during the intervention period on a monthly basis</p>	<p>RiO clinical recording system</p>	<p>This data is captured as part of the standard CAMHS service processes, so will be captured throughout the intervention period. Data will be requested at the end of the programme for the whole intervention period. The evaluation team would ask for as comprehensive a data set be shared by CAMHS as possible, to allow for all of the necessary analytical permutations.</p>	<p>Homerton UHFT</p>
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Table B: Project Deliverables

Project Deliverable	Responsible Partner/Officer	How will we know that it has been delivered?
Identification of a designated CAMHS worker for each participating school (CWIS)	ELFT CAMHS service	Feedback to evaluation group on role out of link workers from September 2018 – from ELFT/HLT.
Identifying a designated mental health lead (DMHL) for each participating school	Participating primary and secondary schools, with follow up from HLT	Feedback to evaluation group on role out of link workers from September 2018 – from ELFT/HLT.
Completion of a baseline Wellbeing Audit Tool pre intervention by DMHL and CWIS, to be repeated post intervention	School DMHL and CWIS, with follow up from HLT	HLT and ELFT will provide confirmation to evaluation group once all completed audit tools have been returned.
Development of action plans (informed by the Wellbeing Audit Tool), to be reviewed every half term by CWIS and DMHL	School DMHL and CWIS	HLT and ELFT will provide confirmation to evaluation group once all completed action plans have been returned.
A robust wellbeing and mental health policy to be in place in each participating school.	School DMHL and CWIS	Progress on action plans and improvements in audit scores in relevant areas. Qualitative.
An teaching programme for mental health, resilience and emotional wellbeing in schools will be implemented	School DMHL and other school staff, with support from CWIS	Progress on action plans and improvements in audit scores in relevant areas. Qualitative.
Plans and pathways for support and referral of CYP to CAMHS, using a teamwork approach and involving the CWIS	School DMHL and CWIS	Progress on action plans and improvements in audit scores in relevant areas. Qualitative.
Provision of consultation by the CAMHS worker to school staff	CWIS to deliver consultation service. CWIS and DMHL to agree process by which staff will access the consultation service	'WAMHS Consultation Outcome Scale' completed after every consultation session. CWIS recording on RiO. Qualitative.

<p>Recurrent multi-agency meetings in schools attended by a CWIS</p>	<p>CWIS, with support from schools to try and schedule at convenient times</p>	<p>Completing of WAMHS 'Consultation Outcome Scale - MAP Meeting' sheets completed by all participating partners on a termly basis. CWIS recording on RiO. Recording of total number of MAP meetings per term (including those not attended by CWIS). Qualitative.</p>
<p>Professional learning and development of school staff in relation to mental health to be supported through a minimum core offer from the CWIS of half-termly training, plus additional sessions as required</p>	<p>CWIS and DMHL to coordinate the scheduling and delivery of training sessions</p>	<p>Completed 'Training Feedback Questionnaires'. CWIS recording on RiO. Mental Health Provision survey.</p>
<p>Provision of consultation by the CAMHS worker to school staff</p>	<p>CWIS to deliver consultation service. CWIS and DMHL to agree process by which staff will access the consultation service</p>	<p>'WAMHS Consultation Outcome Scale' completed after every consultation session. CWIS recording on RiO. Qualitative.</p>
<p>Support provided to schools by CWIS to ensure the high-quality implementation of evidence based interventions, along with suitable mechanisms for measuring intervention effectiveness, outcomes and impact.</p>	<p>CWIS</p>	<p>Mental Health Provision survey. Qualitative.</p>

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Children and Young People Scrutiny Commission 25th February 2019 Item 6 – Exclusion outcomes - site visit and focus group report back	Item No 6
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Outline

As part of its review into the outcomes of school exclusions, Members have undertaken a number of site visits. These have included:

- New Regents College
- The Garden School
- Hackney Quest
- Hackney City Farm
- Inspire

In addition, a number of focus groups have been held with key stakeholders:

- Children excluded from school
- Parents of excluded children (Turkish speaking)

Action

The Commission is invited to:

- Feedback key findings and observations from these visits;
- Identify and conclusions or recommendations emerging thus far from the review;
- Identify further site visits and or focus groups.

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Children and Young People Scrutiny Commission 25th February 2019 Item 7 – Minutes of the previous meeting	Item No 7
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Outline

The draft minutes of the meeting held on 14th January 2019 are attached.

Action

The Commission is asked to review and agree the minutes and note any actions.

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London Borough of Hackney
Children and Young People Scrutiny Commission
Municipal Year 2018/19
Date of Meeting Monday, 14th January, 2019

Minutes of the proceedings of the
Children and Young People
Scrutiny Commission held at
Hackney Town Hall, Mare Street,
London E8 1EA

Chair	Councillor Sophie Conway
Councillors in Attendance	Cllr Margaret Gordon (Vice-Chair), Cllr Katie Hanson, Cllr Ajay Chauhan, Cllr Humaira Garasia, Cllr Clare Joseph, Cllr James Peters, Cllr Clare Potter and Cllr Caroline Woodley
Apologies:	Cllr Soraya Adejare
Co-optees	Graham Hunter, Michael Lobenstein, Jo Macleod, Shuja Shaikh, Sevdie Sali Ali, Jodine Clarke, Maariyah Patel and Aleigha Reeves
Members In Attendance	<ul style="list-style-type: none">- Cllr Anntoinette Bramble, Deputy Mayor and Cabinet Member for Children and Young People- Cllr Christopher Kennedy, Cabinet Member for Early Years and Play
Officers In Attendance	<ul style="list-style-type: none">- Anne Canning, Group Director, Children Families and Community Health- Annie Gammon, Head of Hackney Learning Trust & Director of Education- Sarah Wright, Director of Children and Families Service- Pauline Adams, Principal Head of Service, Early Help and Prevention- Andrew Lee, Assistant Director, Education Services, Hackney Learning Trust- Paul Kelly, Head of Wellbeing & Education Safeguarding, Hackney Learning Trust- Marian Lavelle, Head of Section (Admissions and School Place Planning) Hackney Learning Trust- Rachel Thompson, Leadership and Management Adviser, Re-Engagement Unit, Hackney Learning Trust- Jack Newling, Acting Manager of the Re-engagement Unit, Hackney Learning Trust- Jan Parnell, Director of Education, London borough of Hammersmith & Fulham- Suzanne Frazer, Legal Adviser, Islington Law Centre.
Members of the Public	There were 5 members of the public in attendance which included: Members of Hackney Independent Forum for Parents/Carers of Children with Disabilities (HIP) and a representative from Hackney Citizen.

Officer Contact:

Martin Bradford

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✉ martin.bradford@hackney.gov.uk

Councillor Sophie Conway in the Chair

1 Apologies for Absence

1.1 Apologies for absence were received from the following Members of the Commission:

- Cllr Soraya Adejare
- Ernell Watson
- Liz Bosanquet

1.2 The Chair welcomed three new representatives from Hackney Youth Parliament who will be members of Commission until the Summer of 2020. The Chair noted that it was important for the Commission hear the voice of young people throughout its work, and welcomed the opportunity to work with members of the Youth Parliament here on the Commission.

1 Urgent Items / Order of Business

2.1 There were no new or urgent items and the agenda was as published.

2.2 At 21.55pm, under Standing Orders, the Commission agreed to proceed beyond 22.00 to complete scheduled business.

3 Declarations of Interest

3.1 The following declarations were received by members:

- Cllr Peters is a governor at the Garden School.
- Cllr Chauhan is a teacher at secondary school in another London borough.

4 Outcomes of Exclusions - evidence session

4.1 This was the second evidence session held by the Commission, the previous session being held in November 2018 at which a range of alternative education providers attended. This second session was primarily to hear evidence on those local policy and practices which support children who have been excluded from school and evidence was received from officers at Hackney Learning Trust and Hackney Children & Families Service.

4.2 To facilitate comparative assessment for this review, a presentation was also received from the Director of Education at Hammersmith & Fulham. A Legal Adviser from Islington Law Centre also attended to discuss legal support and advice and advocacy which is provided to children at risk of exclusion or have been excluded.

4.3 Since the last meeting in January, the Commission have undertaken evidence gathering through a number of site visits and focus groups with local stakeholders. Given the time constraints on the meeting, it was agreed to report these back at the next meeting in February.

Hackney Learning Trust

4.4 Officers presented a summary of the reports which had been submitted for this item. It was noted that reports submitted to the Commission recognised the seriousness of school exclusions and provided evidence on the work local schools and the HLT had undertaken to reduce these. Although exclusion affects a small but significant number of young people, the Commission noted that any decision to exclude is never taken lightly because of the impact that it has on that young person and their family. The Commission understood that such decisions were taken as a last resort and where the student continued to pose a challenge to the point where they could no longer be supported in that school.

4.5 The Commission understood that the ability of the local authority to directly influence exclusion policy and practice in local schools was limited, but that the HLT works with schools to encourage them to adopt a more inclusive approach. Given the pivotal role of Head teachers and local governors in the school exclusion process, the HLT has sought to engage and involve these key stakeholders and to develop positive and informative relationships, and ultimately to help guide and inform their approach taken to exclusions.

4.6 The HLT had recently published a strategy and action plan to help reduce school exclusions. This has sets out the local priorities to reduce exclusions and how the HLT and its partners will work together to achieve these. The Exclusions Board, which is made up of a wide range of local stakeholders (including local schools), will oversee and monitor this exclusion strategy.

4.7 In respect of the outcomes of excluded children, the Commission noted that data has been provided from New Regents College (Hackney Pupil Referral Unit) which was included in the report pack. This data suggests that most of the young people in alternative provision in Hackney go onto further education or training and very few fall through the net.

4.8 The Commission noted it was important that work to reduce exclusions was linked to other strategic programmes in Hackney, to ensure that there was consistent and holistic approach to supporting young people. In this context, efforts to reduce exclusions linked to the Young Black Men Project, Mental Health and Well Being Strategy, Troubled Families and Contextual Safeguarding.

4.9 The HLT indicated that some caution should be exercised in interpreting data provided in the tables as statistical first releases for exclusion were often subject to change and revision. Further still, the way that local authorities collect and present data is not always methodologically consistent, so some caution should be exercised in comparative like-for-like analysis.

4.10 HLT officers provided responses to a number of questions posed by the Commission. A summary of the responses is provided below.

- **Trend Data:** Disproportionality within exclusion data continued to show an over representation of young black men within the exclusion cohort, which the

Commission noted was a significant concern to the authority. In respect of overall data trends, the exclusion rate for primary school aged children was comparable to the national average, and whilst the statistical first release would show that secondary exclusion rates were well above average, it was expected that there would be a significant reduction in the number of fixed term exclusions (FTX).

- **The council's approach to reduce exclusion:** The Commission noted that a significant amount of work had taken place over the past year to improve systems to tackle schools exclusions which included improved data collection and governance arrangements. The council would also look to disseminate good practice through head teacher forums, school Governor networks and local conferences. The HLT is continuing to work with schools to improve awareness of best practice and drive positive interventions to increase inclusion. The Commission understood that this was a two way process however, and the HLT was listening to the concerns of schools in relation to exclusion.
- **No need to exclude programme:** This programme recognised that in some circumstances, schools may need to exclude a pupil where their education and learning cannot be supported in that environment. Bu the emphasis of the programme was to offer a tariff of different interventions and support to schools and to the child, to reduce the likelihood of exclusion. The Commission noted that there had been some successes in this programme.
- **Disproportionality:** the HLT was fully cognisant of the significant challenge faced to reduce inequalities in exclusion rates for key groups of young people, but expected the new exclusion strategy and action plan to begin to address these. It was understood that there was a need to prioritise early intervention and support across schools to help them address underlying needs which may precipitate challenging behaviours.
- **Independent advice for parents:** The Commission noted that HLT officers routinely signposted children and families to other independent sources advice, such as Just for Kids Law or other community empowerment organisations.
- **Reintegration policies:** The Re-engagement service worked with primary schools and has achieved significant success in changing the patterns of challenging behaviour of young children which may help to prevent exclusion, or help to reintroduce those that have been excluded. The Commission heard that schools have reported very favourably about this service. Respite placements were also offered through New Regents College to enable children to reflect and develop positive behaviour changes which can lead to re-admittance or commencement at another school.
- **Managed moves:** Where it is believed that the child will achieve more in another setting, with the agreement of parents, HLT officers will attempt and negotiate with new setting to gain admittance of young people at risk of exclusion. The Commission understood that this managed moved process had been successful, particularly in relation to secondary schools pupils. There had been 34 successful managed moves in 2017/18 which has prevented those children from being permanently excluded. This figure was up from 22 the previous year.
- **Deep Dive exclusion analysis:** This analysis was being undertaken with PH and was nearing completion. A dedicated researcher had been working on this with the HLT and had uncovered some significant patterns and trends, in

particular the associations of poverty, single-parent families and previous history of exclusions with permanent exclusions. The researcher had also undertaken work with head teachers as part of this analysis. The HLT will provide further feedback to the Commission on the Deep Dive analysis.

Action: HLT to provide deep-dive analysis of exclusions to CYP Commission.

- **Monitoring of children who have left alternative provision:** This is undertaken by the alternative provider at which the child has been enrolled.
- **Executive Exclusions Board:** There has been a strong level of local interest in the board. There will be good school representation with 5 primary head teachers and 4 secondary head teachers (two of which are from academies) that have agreed to attend. It was suggested that local schools have recognised exclusions to be of a concern and want to be part of the solution. The board will oversee the local exclusion strategy and action plan. Although the board meetings are not public, a note of meeting outcomes is sent to key stakeholders, including all head teachers. The Commission understood that HLT would produce a report to summarise work to reduce exclusions with some assessment of the impact that these interventions have had.
- **Exclusions Survey:** This was a recommendation from 2016 Scrutiny Commission review. Although there had been a low response to this survey, the Commission understood that the HLT engaged with all schools on a regular almost daily basis, and also facilitated a number of forums through which worked with and supported schools. The secondary well-being and behaviour partnership was a good example.
- **Exclusion rates for secondary schools:** The Commission understood that there were no significant variations across different schools. It was reported that the exclusion rate for 2018/19 (at this stage) would appear to be very similar to the previous year. Management and leadership advisers at the HLT had notified individual schools what their projected exclusion rates (or predictive indicators) would be for the year, and suggested that this formed the basis for developing local improvements (reduction targets).
- **Exclusions with Troubled Families Programme:** Although school exclusion is a trigger for work with Troubled Families Programme, two family triggers are required (parental unemployment, domestic violence etc.). The Commission noted that the HLT worked with many different agencies to support children excluded from school. The Young People's Partnership Panel is a multi-agency partnership which meets weekly to identify how best to support vulnerable young people, including those who have been excluded.
- **Placement with an Alternative Provider:** All children who are permanently excluded are referred to New Regents College (alternative provision hub), where an assessment of their educational and development and needs will be undertaken and the setting that will best meet those needs. To ensure that quality placements are provided, NRC provides quality assurance support to alternative providers. At this juncture, parents should be made aware of any

independent professional advice which can support them in choosing an alternative provider.

- **AP provision and monitoring:** All young people in AP are monitored by NRC. Young people's progress, attainment, emerging SEND and attendance are all reported back to NRC. In many instances, this process can often lead to undertaking a statutory assessment of a child's education and health care needs and the establishment of an EHC plan. Oversight of commissioning arrangements for AP is provided through the NRC board. It was noted that this is currently a temporary arrangement where KS4 students are placed outside NRC until new build complete in September 2019. Oversight is significant, attendance is monitored and reported to NRC daily. There are also visits to AP by NRC on a regular basis. The Commission noted that some AP will continue to be commissioned even after NRC is able to offer KS4 provision from its new site as it will not be able to meet all the individual needs of excluded children from this one site.
- **Quality Assurance of AP:** This is referred to within submitted reports, though it was noted that NRC will engage and involve AP's to support them in their work and the HLT will also provide additional support through other educational and training offers such as improved safeguarding arrangements.
- **Exclusion Strategic Plan:** There were a number of themes in the plan including data analysis, governance, SEND and leadership and management. The plan represented a refresh for the support and guidance provided to schools and further development of the No Need to Exclude Programme. HLT will use head teacher, governor and SENCO forums to both engage and involve key stakeholders to support the delivery of plan objectives.
- **Re-engagement Unit:** This service works with primary school children who are at risk of exclusion. The main objectives of this service were to address challenging behaviours, improve learning and success and maintain inclusion. Upon referral, the Unit works with individual children through an attached case worker who meets regularly with the young person and the school to address those behaviours which may lead to exclusion. 86% of children referred into the Unit do not have any further contact when they are discharged, which would suggest that the interventions and support provided through the project are effective. In the five years that the Unit has been in operation, it has supported over 480 children. It was reported that local schools had been positive about the work of the Unit. The Unit has strong relationships with other local organisations, especially CAMHS.
- **Fair Access Panel:** All LA's are required to have a fair access protocol (FAP), the purpose of which is to ensure that children who are not offered a school place through normal routes, are offered a place quickly and that allocations are distributed evenly among local schools. A number of categories are covered within the FAP, one of which is permanently excluded children who are ready to return to mainstream school. Other categories include those returning from the criminal justice system and pupils with challenging behaviours (over 25 days fixed term exclusions). When a child is permanently excluded, NRC will assess and support that child, and where it is assessed that the child can be readmitted to mainstream education, they will be referred to FAP, and a school will be named to take the child in line with

the published protocol. 68 cases were assessed by FAP last year, 12 of which related to permanently excluded children that needed to return to mainstream education (11 of these related to secondary and 1 to primary). In respect of FAP governance, this is reviewed each year by the board. HLT officers from a range of services attend and which include Head of Wellbeing and Safeguarding. In terms of independent chairs of the FAP, the HLT surveyed 24 other authorities, of those 1 had a chair of governors who acted as a chair and was independent, all of the other authorities operated a similar model to Hackney (i.e. rotating chair of local heads). Not all excluded children are referred back to FAP, only those assessed by NRC to be able to re-engage with mainstream education. There are a number of factors which may impact on the time taken between when the child was excluded and re-admittance at a new school through FAP, but the most significant is the time needed for the child to adjust or modify behaviour to allow for re-schooling. NRC made 12 referrals to FAP in 2017/18, of which 11 children were allocated a new school in Hackney and one outside the borough. Under the FAP, schools may appeal for a review of the decision if there is new information available which the FAP had not originally assessed. If the school rejects an allocation through the FAP then there are legal mechanisms which the LA can pursue.

4.11 The deep dive analysis undertaken by the HLT revealed that the relationship between the school and individual families was an important factor in exclusions; in many cases it was not any identified antagonism in that relationship but the absence of that relationship which was a common feature among that cohort of school exclusions. The Commission understood that in many cases there was an underlying and undiagnosed need among excluded children.

4.12 In terms of secondary support, Young Hackney (YH) had attached workers in all secondary schools and special schools to deliver group work and one-to-one interventions for young people. As it is community based, YH was also able to offer a programme of positive activities alongside more targeted interventions for young people. YH also offered a programme of parental support in the community which contributed to wraparound support for children; this helped to build relationships between parents and their children as well as between parents and their child's school. Young Hackney is a free service to all schools whilst the Re-Engagement unit is a fully traded service.

4.13 The Commission understood that in many cases there was some underlying need or vulnerability which may be associated with exclusion, for example SEND, domestic violence or a bereavement. It was understood that across early help services, which include YH and family support, there was generally a good relationship with schools, and regular meetings were held with the SENCO lead, year head or pastoral care lead to facilitate referrals. Support is based on consent however, and early help can only work with those parents which engage with these services. Work was also being undertaken to improve communication with schools not only in terms of improved awareness of the local early help offer, but also by working with Governors to ensure that was sufficient reflection and critical challenge to local school support systems.

4.14 The Commission noted that there may be some very positive reasons for internal exclusions, not least that it kept potentially vulnerable children in the supportive environment of the school. In some instances however, internal

exclusions may run to many weeks. The type of exclusion is however hidden, as these are not reported or collated by the LA as fixed term exclusions (FTX) or permanent exclusions (PEX) would be. In addition, it was likely that the use of internal exclusions would impact the use of FTX, although there is no data to substantiate this. It was noted that most schools would have some form of internal exclusion provision to give children a space to reflect on their behaviours. In many cases, schools may also have some form of local therapeutic intervention.

4.15 The Commission noted that in the case of looked after children who had been excluded, alternative provision was provided on Day 1, though for other children this was Day 6. It was suggested that 5 days can be a long time for the child, but also for parents who may find it difficult to find alternative care arrangements for their child or experience difficulty in taking time off work. It was noted that schools are sensitive to this issue, where internal exclusion was a possible alternative to external exclusion. The use of FTX's however were noted to play a significant deterrent role within school behaviour policies and would need to be retained as a possible sanction.

4.16 The Commission noted that local behaviour policies were an important factor in the school exclusion process, where a young person's inability to operate within those policies (sometimes for genuine reasons) may lead to FTX or PEX. The Commission reported that it identified some progressive behaviour policies which provided a more reflective and supportive approach to behaviour management (e.g. Positive Behaviour Systems (PBS) adopted by the Garden School). It was suggested that PBS could inform other behaviour policies to help reduce the incidence of exclusion.

4.17 It was noted that different behaviour policies adopted by local schools, particularly those that have led to a reduction in the number of exclusions, had been shared at the local head teacher forum. The Commission understood that there was also guidance for schools within the 'No Need to Exclude' policy on how to support vulnerable and SEND children within their school behaviour policies. Schools are also required by law to make reasonable adjustments for in need children (SEND), to ensure that the school's educational and welfare offer is both accessible and inclusive.

4.18 The Commission noted that parental views and expectations of school behaviour policies were not homogenous however, and whilst some parents (particularly those with children with SEND) may be reticent to send their child to a school with a strict behaviour policy, others may welcome such an approach at the school.

4.19 The Commission sought to ascertain if those parents whose child was about to be excluded were systematically supported (advice, information and guidance) on the range of services available to help them and their family and to advise on their legal rights in this process. It was noted that there was wide ranging information about exclusions available on the council website, including two dedicated leaflets for parents (*'Parental Promise'* and *'My child has been excluded'*).

4.20 It was noted LA officers attend the school Governor Discipline Committee or Independent Review Panel at the request of the individual school involved. The HLT would provide further information as to how many such meetings LA officers were invited to and if the judgements made public.

Action: HLT to provide further information officer attendance at PDC and IRPs and what happens to judgement reports.

4.21 It was noted that some schools hold discipline committee meetings with children and their parents on the pathway to exclusion. Often, this is a means to engage with parents, highlight concerns and identify what support might be needed to prevent exclusion. It was suggested that this would be the most appropriate juncture to provide parents with objective independent advice, rather than at the point of exclusion.

4.22 The implications of a court judgement to overturn a decision to exclude a child with SEND was discussed with the Commission. The council were aware of the judgement, which it believed reinforced the need for schools to provide some reasonable adjustments to those children with SEND. The Commission noted that the Council was still studying the implications of the judgement and would provide further written guidance to schools if this was assessed to be needed.

4.23 It was noted that YH offer a menu of PSHE group-work support for Year 10 pupils where local schools can pick and choose which modules are provided. This is an open, reflective and reflexive programme which is adapted to the needs of individual schools and can include a wide range of modules, including (for example) well-being, sexuality, drugs or substance misuse. This is negotiated and planned with individual schools. There is also a similar offer to primary schools for children ahead of transition.

Children and families Service

4.24 The service presented a paper on young people in the youth justice cohort and possible links with school exclusion. In terms of exclusions almost $\frac{3}{4}$ of excluded young people were known to CFS. It was suggested that a recent Home Office report indicated that there was a correlation between school exclusion and those in the youth justice system. The same report also made similar associations with being excluded from school and being the victim of serious violence. This would further underline the need for early intervention to support children and their families.

4.25 Although not an automatic referral, PEX or two FTX are one of a number of presenting criteria which warrant inclusion within the Troubled Families Programme. Families need to have at least two presenting criteria for inclusion; troubled school attendance is one such criteria, others include parental unemployment, domestic abuse, mental health or criminal behaviour. A multi-agency support package is provided for wrap-around care to support identified troubled family.

4.26 In a sample of 61 children who had been excluded locally (PEX or FTX), 45 were identified to have received early help and support via early help universal services (Youth Hubs and Playgrounds).

4.27 Anecdotally, it would appear that there may be some evidence to link local youth violence with school exclusions. Whilst officers may support this hypothesis, there was as yet no local research to support this link. The picture is further complicated by the fact that a number of exclusions are as a result of criminal behaviour (e.g. drug misuse or possession) itself, indicating criminal behaviour may have been present before exclusion.

4.28 The period of time that children were left at home without any educational provision was felt to be critical by the Commission, as this can encourage drift and allow children to slip in to anti-social behaviour or even adopt criminal associations. It was noted that many of children in this cohort had very complex individual and family needs, and in many cases the young people had become generally disengaged, not just with school but with peer and social networks. The Commission understood that this was a London wide issue, and much work was taking place across the capital to identify how to best support this particular group of young people. Locally, the Contextual Safeguarding Project was working with children and their families to identify and address those safeguarding risks from outside the family home, such as young people's wider peer groups and social media.

4.29 The Commission understood that for those children in the youth justice system there was a range of support services to address assessed needs which included clinical services, speech and language therapy, communication support as well as mental health and substance misuse services. The virtual school was also available to support the educational development and outcomes of those children in the youth justice system.

Hammersmith & Fulham

4.30 The Chair welcomed the Director of Education, from London borough of Hammersmith and Fulham. It was noted that, like Hackney, on some educational measures the borough was performing well, though in others, such as exclusion it performed relatively poorly. It was suggested that the success of such boroughs had sometimes overshadowed the needs of other vulnerable young people.

4.31 In LBHF, much of the alternative provision for excluded children from school had been provided through an academy chain. This academy chain had however got into financial difficulty and as a consequence had to roll back on some of the contracted provision. Upon reflection, it was suggested that more challenge and tighter contract management should be provided to the AP sector to assure continuity and quality of supply.

4.32 One of the most significant challenges for LBHF was the rise in FTX. There were currently over 90 children in the pupil referral unit, but this figure was expected to grow significantly over the coming months. It was suggested that there needed to be more challenge to local schools, especially local academy chains, to help address the issue of school exclusions.

4.33 In LBHF the total cost for commissioning AP was approximately £3.7 million per annum. Although the AP's do have good outcomes, it was acknowledged that this was a significant budget line, and significantly higher level of per pupil resourcing than required in mainstream education. LBHF was looking to adopt a more health and well-being based approach to capture and support the needs of young people and their families.

4.34 It was suggested that the lack of breadth within the curriculum taught in some schools was contributory to school exclusions. The narrowness of the taught curriculum in these schools restricted the ability of a small but significant number of children from accessing those subjects at which they may do well and of course, keep them engaged with their studies and school. For example, it was

noted that some schools deleted Art, Drama or technical drawing from their curriculums which may limit the accessibility of the curriculum overall in those schools, which can lead to disengagement and possible exclusion.

4.35 The Commission noted that there were restrictive behaviour policies in operation in some schools in which some young people find very challenging to study and learn. It was suggested that some of the most punitive models were in local academies, but there was also some very positive behaviour policies used in other schools. In this context, the emphasis was on about spreading good practice and to use what influence the authority had to encourage schools to adopt more progressive and inclusive behaviour policies.

4.36 It was suggested that academic achievement was central to an Ofsted assessment to determine what was or was not a successful school. The Commission noted that academic achievement was just one part of what constituted a successful school and that other wider assessments should be made when making such a determination. Whilst some schools had high levels of academic achievement, they may not succeed in engaging and involving all their students, or indeed in make sufficient adjustments to enable them to study in mainstream education. It was suggested that there was a growing recognition within Ofsted that a wider range of factors should be used to determine what constitutes a successful school.

4.37 Disproportionality was also of significant concern in LBHF, with higher numbers of boys and children of black Caribbean origin represented in the exclusion cohort. It was suggested that analysis of work undertaken in LBHF to tackle disproportionality needed to be more 'granular' and responsive to individual needs to achieve significant change. At the moment, there was a broad perception that the range of interventions that were deployed merely scratched the surface of disproportionality in exclusion cohort.

General discussion

4.38 It was noted that there may be many reasons why a young person may be exhibiting challenging behaviour or unable to access the curriculum like other children. The Commission noted that these children were often among the brightest children whose propensity to question and challenge educators could appear challenging. In other scenarios, children that had been subject to some form of childhood trauma may present with other challenging behaviours which can be difficult to manage in mainstream education. In this context, AP can provide more nurturing and nuanced educational support which is more accessible and appropriate to these young people. In this context, the curriculum will be qualitatively different in these settings to ensure that this responds to emotional well-being needs of that child. Thus, whilst there was a good core curriculum offer at NRC, there was also a range of softer skills to help children reflect and learn and foster positive behaviour. In this context, it was suggested that it was important to have a range of providers within the AP landscape, to ensure that these cater for the diversity of young people's needs outside the mainstream education. It was suggested that the creation of school or singular AP for children with challenging behaviour, would create a 'one environment solution' which may be suitable to some, but not all young peoples.

4.39 Members of the Commission noted that the experience of exclusion from school had been traumatic for young people and had far reaching implications for

them and their families. Exclusion represented a fracturing of social and family ties and networks, which were often traumatic at this important stage of development in a young person's life. The Commission noted that it was encouraging that there was good nurturing and therapeutic provision provided through some of the AP's which was commissioned by Hackney through NRCP'

4.40 The Commission sought to understand what key policy or funding developments officers would develop in an ideal world scenario, which would have a major impact on the exclusion landscape. These were identified as:

- Greater ability for local authorities to shape and influence school provision;
- Improved support for children who have experienced childhood trauma;
- Change curriculum measures so that a broader range of subjects are included assessed and bring improved accessibility to wider range of children;
- Wide ranging early help and support for parents.

Islington Law Centre

4.41 A representative from Islington Law Centre attended to provide evidence on the work of the centre to support children and their families through the exclusion process. Islington Law Centre is a charity which provides legal advice to those people who may otherwise not be able to afford it. The Centre was awarded funding through Children in Need which together with its strong community contacts, has enabled it to work in Hackney as well as Islington. The Centre decided to work with those organisations in Hackney which were already working with children and young people, but who may benefit from specialist legal input.

4.42 A number of case studies were presented to illustrate the nature of support provided in the time leading up to exclusion and at the point of exclusion. Many of those families which were supported through this work may originally present with another issue (e.g. domestic violence, poverty, homelessness, gang involvement). Through ongoing contact, workers generally become aware that there may also be problems at school for children in the household.

4.43 Many parents feel daunted at the prospect of going into school, particularly when their child may be in trouble or had experienced difficulties, and found these situations difficult to understand and navigate. Therefore a significant part of the work of the Law Centre was advocate for parents; to meet with children and their families and to understand their concerns and to ensure that these were effectively conveyed to and understood by school. The advocate would accompany children and parents to school meetings with the head teacher and also provided advice and support for any formal appeals or quasi-legal process.

4.44 As an advocate for children and their families in Hackney, there was a concern that many of the challenging and disruptive behaviour that children exhibit in school were seen as disciplinary issues rather than indicator of underlying unmet needs or undiagnosed SEND. In this context, it was often necessary to remind schools of their duties under the Equalities Act and to make necessary adjustments to support such children in school.

4.45 It was noted that the need for evidence was critical to engage schools and to promote dialogue between head teachers, parents and their children. In many

instances, evidence which can demonstrate a previously undiagnosed condition to unmet need can greatly assist this process. In one of the case studies presented, a 13 year old boy was supported to undertake cognitive assessment which indicated that he had a reading age of 6 and therefore could not access the secondary curriculum. Following this evidence, the school supported the need for a full EHC assessment.

4.46 The Commission sought to understand how children with unmet educational or learning needs were not identified, or able to function in mainstream education without support. It was noted that in many cases challenging behaviour was seen as wilful rather than as a result of a condition, or used by children actually to mask their inability engage with the curriculum or standard teaching strategies. The Commission noted that in the case study above, the school originally had 12 teaching assistants who were able to provide a high level of one-to-one support to extra needs children, but this had been reduced to 2 (in response to budget cuts). This in effect meant that the level of support to help children engage with the curriculum and maintain them in school was reduced.

4.47 Most of the cases handled by the Centre required a holistic family assessment and intervention approach. In both case studies, parents had taken significant amount of time off work to support their child through various disciplinary or appeals processes and which precipitated problems at work. In this context, the Centre needed to provide employment advice and support to the parents to help them maintain that employment and to continue to provide for themselves and their child.

4.48 Schools that do not make necessary adjustments to cater for special needs children that attend may not be in compliance with their duties under the Equalities Act. Failure to comply with those duties may lead to prosecution for discriminatory practice. The Law Centre plays an important role in ensuring that schools comply with this process.

4.49 The Commission noted that with the exception of SEND, education is largely out of the scope of Legal Aid which can make legal advice more difficult to access. There were however a number of organisations that do provide legal advice including Just for Kids Law, Community Empowerment Network and the School Exclusion project will all offer advice for excluded children, but few organisations were able to provide legal advice and support to *prevent* exclusion.

4.50 A number of schools had developed very austere behaviour policies and adopted a 'zero tolerance approach'. It was the view of the presenter, that such a blanket approach may disadvantage vulnerable children or those with SEND and in some cases, may be discriminatory. There were some very positive behaviour policies in operation however, and the evidence and best practice emanating from their operation should be disseminated widely.

4.51 In terms of additional support needed for children who have been excluded from school or are at risk of exclusion, a recurrent theme in the work of the advocate was the accessibility of CAMHS. Whilst this service was acknowledged to provide good quality services locally, it was noted that there is often a long wait for children to access services, in some instances up to 12 months. If children were not getting timely mental health and well-being support

that they needed, then this could lead to ongoing problems at home or indeed, in school, which may limit the ability of the child to manage in these settings.

4.52 It was suggested that many children exist within the education system with unmet needs and stuck in a cycle of transfer and failure. A young person with unmet needs may be moved from one setting to another, as they may be unable to regulate or modify their behaviour without support. The Commission heard that only when those needs are recognised, diagnosed and supported will that child be able to adapt their behaviour and fully engage with and develop within local education systems.

4.53 Whilst mainstream education may be the preferred option for many of the stakeholders involved, the Commission noted that it may not always be suited to the individual needs of all young people. It is therefore important to have a range of quality AP placements available locally to support such children, particularly those with vulnerabilities or SEND. As an advocate, there was a suggestion that AP within Key Stage 3 may need further assessment and development.

4.54 In terms of developments that would assist in the reduction of school exclusions a number of improvements were suggested:

- The provision of additional early help and support for families;
- More parental engagement by schools on local behaviour policies in schools as they are often not aware of how prescriptive they can be and how this will impact on their child;
- Further analysis or enquiry of the unmet needs of children who are excluded for 'permanent disruptive behaviour'.

4.55 The Chair thanked all those guests who attended and contributed to this item.

5 Annual Question Time with Deputy Mayor and Cabinet Member for Education, Children and Young People and Children's Social Care

5.1 Under scrutiny protocol, the relevant Cabinet member is required to attend the Children and Young People's Scrutiny Commission each year to respond to questions on services within this portfolio. Three topic areas were selected by the Commission for the Cabinet member to respond, these were:

- Hackney Schools Group;
- Young Futures Commission;
- Education Funding.

Hackney Schools Group

5.2 In response to an evolving school landscape which is now much more diverse, the Council has put forward a plan to develop a Hackney Schools Group. The purpose of this group was to:

- Support a collaborative approach among schools;
- Develop a shared approach to leadership and oversight;
- Guide and support the improvement offer of the Council;

5.3 A new local schools board would be established and this would be the forum through which to provide the central focus for the local strategy to drive local school improvement. The board would also be a centre

point for identifying and supporting local educational research and the dissemination of good practice.

5.4 The Commission understood that there were no legal barriers to the establishment of Hackney Schools Group as the board would be set up in an advisory capacity and would not have any delegated powers. The board would however seek to influence local provision through its collaborative and collective approach. There were financial implications for establishment of the Hackney schools Group, most notably the appointment of an independent chair to lead the board, who will be paid a salary of up to £10k p.a. All other costs would be met within existing budgets of the HLT.

5.5 An extensive piece of work was undertaken to engage and involve local schools to ensure that they were aware of the Hackney Schools Group (HSG) and support their participation. This process led to positive feedback around the concept of HSG, though also highlighted the need for further reassurance that this development would not diminish their autonomy. All stakeholders had been involved in this consultation including heads, governors and the wider public and this consultation was ongoing.

5.6 The Hackney Schools Group would align itself closely with the Mayor's manifesto commitments for school improvement and work closely with schools to share good practice and learning in promoting inclusion and for fair access. There would be a sub-group to the board which would focus on early help and support to the most vulnerable and in-need children. The collaborative approach of the group would be able to provide a more collective and holistic response to this pressing issue.

5.7 In terms of the time line for establishment, further consultation was planned between November 2018 and February 2019 to check and challenge current proposals with key stakeholders, including head teachers. Final proposals would be taken to local councillors prior to final approval by Cabinet in spring 2019. It was hoped that by June 2019, the Chair and the Board would be established for a September 2019 launch.

5.8 In terms of parental involvement in the new group, it was noted that parents would be consulted through the planned public consultation and through parent representatives on school governor boards. In addition, the possible inclusion of a parent representative on the board of the Hackney Schools Group was being considered.

Young Future Commission

5.9 This was a manifesto commitment from 2018 to ensure that the voice of young people was heard within heart of policy making for services for children. As a council, it was important that young people's voices were heard in a meaningful way. A number of appointments had already been made to support this development, including the lead officer for the Commission. The Commission would also benefit from expert communication and engagement support to help bring young people to the Commission.

5.10 In terms of governance, there would be a sponsoring board comprised of Cllr Bramble and Cllr Selman and the Director for Communication, Engagement and Culture will be the lead officer. A range of different children and young people's services across the council will also be represented on this board. The board would have strategic oversight for the Commission to ensure that it meets the terms of its establishment. A delivery group would also be set up to function below the board; this will be led by the programme manager who will oversee the day to day running of the Commission. A reference group would also be established to enable interested local third parties to participate and contribute to the engagement and involvement of young people (e.g. HCVS, schools, community groups).

5.11 There would be two chairs for the Commission, both of which were to be young people. There has been extensive promotion of these roles and 9 young people have

applied and will be interviewed in late January. Young people will be invited to an open day to ensure that they are all aware of what they will be signing up to and what membership might entail. It is expected that there would be 25 members on this group.

5.12 Any conclusions or recommendations reached by Young Futures Commission would be considered the same as a scrutiny report. Thus any recommendations put forward by the Commission would be confirmed by the Cabinet Member for Children and Young People before they are enacted. It is likely that some of the recommendations of the Commission will be directed at services and organisations beyond the council, and in this context the Council would engage and involve these respective bodies so that these recommendations can be considered and taken on board.

5.13 The Young Futures Commission will complement the work of the CYP Scrutiny Commission and Hackney Youth Parliament. The Commission will seek to work with existing scrutiny and consultation functions. For example, scrutiny may wish to take evidence from the Commission or member representatives may wish to sit on the reference group.

5.14 It is expected that the Chairs of the Commission will be appointed by the end of January and the remaining membership confirmed by the end of February. The dedicated support officer for the delivery group to support the Commission was already in post.

School Funding

5.15 When the new national funding model was first released it was anticipated that this would not result in the any reduction in pupil funding. What the funding formula failed to take account of however, was the rising level of needs and associated costs within the system. In 2016/17 it became clear that schools would lose out financially in real terms, which resulted in significant national and local challenge to the proposals. Evidence lodged in the House of Commons Library suggested that there had been a reduction in education spending of £7.6 billion over the period 2012-2018.

5.16 The funding formula is currently frozen which means that the level of per-pupil funding is fixed until 2020-2021. Maintaining funding at current levels fails to recognise the increasing costs that schools faced. Schools now also have to fund a range of support services which were previously funded by central government. Children's Social care is also facing a significant funding gap of £3 billion, which'll impact on schools. In this context, schools and early year's services will be expected to pick up some of the 'softer' service provision for children and young people (e.g. readiness for school at reception age).

5.17 Through the LGA, the Cabinet member noted that nationally, there were significant pressures on local SEND budgets. Local Authorities wanted to meet SEND needs but did not have the resources to enable them to do this. It was right that SEND provision was extended to support those up to the age of 25, but the Cabinet member indicated that it was fundamentally wrong not to resource this additional commitment.

5.18 Some additional funding was announced for Children Service in November 2018; £1.3 billion in total, £350m of which was earmarked for SEND support. It was suggested that this was inadequate to fill the funding gap however, as in 2018 alone, the estimated funding gap for SEND was £474 million. The Educational Services Grant had been cut by £6m which is the equivalent of £75,000 per school.

5.19 The loss of £7.8 billion of local authority funding also provides the broader context to these education cuts. Local Authorities are having to make substantial saving which impact on education service provision, for example library closures. The Council and the LGA continue to lobby for additional funding for SEND, children's social care and good education.

5.20 The Chair thanked Cllr Bramble for attending and responding to questions from the Commission.

6 Minutes of the Previous Meeting

6.1 The Commission noted the following actions:

- A response had been received in lieu of reciprocal arrangements between police and community organisations for notification of drug paraphernalia. This will be forwarded to members;
- It has been confirmed that Children and Families Service submitted a bid to the Supporting Families Against Youth Crime on 7th December. The outcome of this bid should be known by the end of January 2019.
- Members were consulted for future site visits to assist the Commissions review into outcomes of school exclusions;
- Chair and Officer to attend a future meeting of the Hackney Independent Forum for Parents on 17th January 2019.

6.2 The Commission agreed the minutes of the last meeting.

7 Children and Young People Scrutiny Commission - 2018/19 Work Programme

7.1 It was agreed that a report back of site visits would take place at the next meeting in February.

7.2 The deep-dive analysis of exclusions would be requested and circulated to members of the commission.

7.3 The Members of the Commission noted the current work programme for the municipal year 2018/19.

7.4 A number of site visits were planned for January and February 2019 to assist the review process.

8 Any Other Business

8.1 There was no other business.

The meeting closed at 10.20pm.

Duration of the meeting: Times Not Specified

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<p>Children and Young People Scrutiny Commission</p> <p>25th February 2019</p> <p>Item 8 – Children and Young People Scrutiny Commission - 2018/19 Work Programme</p>	<p>Item No</p> <p>8</p>
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Outline

Attached is a copy of the work programme for the Commission for 2018/19.
Please note this is a working document which is regularly revised and updated.

Action

The Commission is asked to review and confirm the work programme for the remainder of the municipal year 2018/19.

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Children & Young People Scrutiny Commission Work Programme June 2018 – April 2019

Please note: this is a working document subject to change.

Date	Item title and scrutiny objective	Directorate – Division – Officer Responsibility	Preparatory work to support item
18th June 2018 Papers deadline: 7 th June 2018 Agenda dispatch: 8 th June 2018	Election of Chair and Vice Chair	Sanna Melling, Scrutiny Team/ Chair CYP	
	Update on School Admissions and the Childcare sufficiency Assessment	Marian Lavelle, Head of Admissions and Pupil Benefits, HLT Angela Scattergood, Head of Early Years, HLT Tim Wooldridge, Early Years Strategy Manager, HLT	
	Review update – Childcare: the introduction of extended (30-hour) free childcare in Hackney.	Angela Scattergood, Head of Early Years, HLT Tim Wooldridge, Early Years Strategy Manager, HLT	
	Work Programme 2018/19	Sanna Melling, Scrutiny Team	To discuss and agree the work programme.
20th September 2018 Papers	Executive Response - Unregistered Educational Settings in Hackney	Anne Canning, Group Director, Children, Adults and Community Health, LBH Andrew Lee, Assistant Director Education Services, Hackney	

Date	Item title and scrutiny objective	Directorate – Division – Officer Responsibility	Preparatory work to support item
deadline: 11 th September 2018 Agenda dispatch: 12 th September 2018		Learning Trust Paul Kelly, Head of Wellbeing and Education Safeguarding Education Services, Hackney Learning Trust	
	Executive Response - Recruitment and Support to Foster Carers review.	Sarah Wright, Director of Children & Family Services Deborah Ennis, Service Manager - Safeguarding and Learning Children and Families Service	Including an additional short written update on the project to provide additional support to unaccompanied asylum seeking children.
	SEND Reference group - update	Cllr Kennedy, Cabinet Member for Families, Early Years and Play Cllr Gordon, Vice Chair CYP Scrutiny Commission	Update to cover terms of reference, progress and remit of reference group.
	Outcomes of Exclusions – DRAFT Terms of Reference	Sanna Melling, Scrutiny Team	
	Work Programme 2018/19	Sanna Melling, Scrutiny Team	To review and monitor progress

Date	Item title and scrutiny objective	Directorate – Division – Officer Responsibility	Preparatory work to support item
<p>10th October 2018</p> <p>Papers deadline: 1st October 2018</p> <p>Agenda dispatch: 2nd October 2018</p>	<p>Evidence session – Review: Outcomes of Exclusions in Hackney</p> <p><u>Guests:</u></p> <p>Kiran Gill, founder of the charity The Difference</p> <p>Executive Head and Head of School, New Regent’s College</p> <p>Head teacher, Garden School</p> <p>As well as representatives from the following alternative provisions;</p> <p>ELATT</p> <p>The Boxing Academy</p> <p>BSix College</p> <p>Inspired Directions School</p> <p>The School at Hackney City Farm</p>	<p>Sanna Melling, Scrutiny Team</p>	<p>First evidence session with key stakeholders</p>
	<p>Work Programme 2018/19</p>	<p>Sanna Melling, Scrutiny Team</p>	<p>To review and monitor progress</p>
<p>15th</p>	<p>Annual Question Time with</p>	<p>Cllr Christopher Kennedy</p>	<p>The Commission has identified 3 areas</p>

Date	Item title and scrutiny objective	Directorate – Division – Officer Responsibility	Preparatory work to support item
<p>November 2018</p> <p>Papers deadline: 6th November 2018</p> <p>Agenda dispatch: 7th November 2018</p>	<p>Cabinet Member for Cabinet Member for Families, Early Years and Play</p>		<p>for depth questioning in advance:</p> <ul style="list-style-type: none"> • children's centres and nurseries • making Hackney a child friendly borough • troubled families
	<p>Children and Families Service Bi-Annual Update – End of Year Report to Members</p>	<p>Sarah Wright, Director of Children & Family Services Lisa Aldridge, Head of Service, Safeguarding and Learning Deborah Ennis, Service Manager - Safeguarding and Learning Children and Families Service</p>	<p>CFS End of Year Report 2017/18</p> <p>Including a narrative about the increased demand on the service and a breakdown of abuse type over the past year and information about trends.</p>
	<p>Work Programme 2018/19</p>	<p>Martin Bradford, Scrutiny Team</p>	<p>To review and monitor progress</p>
<p>19th November 2018</p>	<p>Joint Meeting with Health in Hackney:</p> <p>Integrated Commissioning – CYP and Maternity Workstream</p> <p>Vaccine preventable disease and childhood immunisations</p>	<p>Amy Wilkinson, Workstream Director Children, Young People and Maternity Services Integrated Commissioning Workstream</p> <p>NHSE London GP Confed Public Health CCG Rep of an Anti Vac campaign</p>	<p>Long item on Childhood Immunisations to address concerns about the borough's performance and key issues for the stakeholders engaged in trying to increase the uptake of immunisations.</p>

Date	Item title and scrutiny objective	Directorate – Division – Officer Responsibility	Preparatory work to support item
<p>14th January 2019</p> <p>Papers deadline: 3th January 2019</p> <p>Agenda dispatch: 4th January 2019</p>	<p>Outcomes of Exclusions in Hackney – Evidence Session</p> <p>1) <u>Report back of site visits and or focus groups.</u></p> <p>2) <u>Local Policy and Practice</u></p> <p>3) <u>Comparative Policy and Practice</u></p> <p>4) Legal advice for children and</p>	<p>Overview & Scrutiny Officer</p> <p>Paul Kelly, Hackney Learning Trust</p> <p>Rachel Thompson & Jack Newling, Re-Integration Unit, Hackney Learning Trust</p> <p>Marian Lavelle, Fair Access Panel, Hackney Learning Trust</p> <p>Sarah Wright, Director of Children and Families Service Lisa Aldridge, Head of Service, Safeguarding and Learning Pauline Adams, Principal Head of Service, Early Help and Prevention</p> <p>Jan Parnell, Assistant Director of Education, LB Hammersmith and Fulham</p> <p>Suzanne Frazer, Islington Law</p>	<p>Members have notes of site visits and focus groups to identify emerging key issues.</p> <p>Ensure that Members and review participants are aware of the TOR for the review.</p> <p>For data on children and young people, Hackney’s statistical peers are Brent, Enfield, Greenwich, <u>Hammersmith and Fulham</u>, Haringey, Islington, Lambeth, Lewisham, Southwark, and Waltham Forest.</p>

Date	Item title and scrutiny objective	Directorate – Division – Officer Responsibility	Preparatory work to support item
	their families excluded from school.	Centre	
	Annual Question Time with Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care.	Cllr Anntoinette Bramble	The Commission to identify 3 areas for depth questioning in advance. To include budget and performance monitoring of service area - to look 'beyond' data set to gain a better understanding of complex issues. In order to promote 'investigative rather than for information'.
	Work Programme 2018/19	Scrutiny Officer	To review and monitor progress

Date	Item title and scrutiny objective	Directorate – Division – Officer Responsibility	Preparatory work to support item
<p>25th February 2019</p> <p>Papers deadline: 14th February 2019</p> <p>Agenda dispatch: 15th February 2019</p>	<p>Support to LGBT students in Schools in Hackney</p>	<p>National /local overview</p> <ul style="list-style-type: none"> • Helena Burke, Hackney Learning Trust • Amy Wilkinson, Integrated Commissioning • David Wright, Young Hackney <p>Work in local schools</p> <ul style="list-style-type: none"> • Richard Brown (Exec) & Sue Parillion (Head), New Regents College • Dr Elly Barnes, Director, Educate & Celebrate <p>Views of young LGBT students</p> <p>Needs of LGBT young people</p> <ul style="list-style-type: none"> • Susy Langsdale/ Maya Walker, Project Indigo 	<ul style="list-style-type: none"> • Outline of support and resources for individual LGBT+ students, families and school staff and; • An update on current practices that ensure LGBT+ issues are raised where relevant throughout the curriculum, including through humanities and literature as well as through PSHCE and; • Discussion around how to ensure that the whole school community demonstrate an accepting and supportive approach to and around LGBT+ issues, including through policies to tackle bullying and harassment.
	<p>Well-being and Mental Health Services (WAMHS): early intervention and support to schools</p>	<p>WAMHS</p> <ul style="list-style-type: none"> • Sophie McElroy, CAMHS Alliance Project Manager • Helena Burke, HLT • Waveney Patel, Consultant Clinical Psychologist, Homerton Hospital (CAMHS) <p>Case Studies Baden Powell Primary</p>	<p>To include;</p> <ul style="list-style-type: none"> • A report on schools progress against the action plans that were put in place following the audit; • Any patterns and trends that have emerged as a part of the auditing process and; • Summary of work undertaken by the CAMHS worker including reflections on the pilot programme so far;

Date	Item title and scrutiny objective	Directorate – Division – Officer Responsibility	Preparatory work to support item
		Cardinal Pole Secondary In attendance <ul style="list-style-type: none"> • Greg Condon, Mental Health Programme Manager, NHS City and Hackney Clinical Commissioning Group • Ruth Kossoff, Joint Head of Service, East London Foundation trust • Amy Wilkinson, Integrated Commissioning Workstream Director, Children, Young People and Maternity Services • Laura Smith, Clinical Lead, Children’s Social Care, Hackney Learning Trust 	<ul style="list-style-type: none"> • The next steps.
	Outcomes of Exclusions – report back from site visits.	Martin Bradford, Scrutiny Officer	
	Work Programme 2018/19	Scrutiny Officer	To review and monitor progress
25th March 2019 Papers deadline: 14 th March 2019	6-month recommendation update on Recruitment and Support to Foster Carers review.	<ul style="list-style-type: none"> • Sarah Wright, Director of Children & Family Services 	To review and monitor progress on implementation of recommendations.
	Children and Families Service Bi-Annual Report to Members	<ul style="list-style-type: none"> • Sarah Wright, Director of Children & Family Services 	Including a separate paper on the outcomes of and the tracking of the

Date	Item title and scrutiny objective	Directorate – Division – Officer Responsibility	Preparatory work to support item
Agenda dispatch: 15 th March 2019		<ul style="list-style-type: none"> • Lisa Aldridge, Head of Service, Safeguarding and Learning • Deborah Ennis, Service Manager - Safeguarding and Learning 	social and emotional development of children in Temporary Accommodation
	Annual Update on Achievement of Students at Early Years Foundation Stage, Key Stage 2 and Key Stage 4.	<ul style="list-style-type: none"> • Sara Morgan, Principal Adviser Primary, Hackney Learning Trust; • Anton Francic, Principal Secondary Adviser, Hackney Learning Trust – TBC • Tim Wooldridge, Early Years, 	<p>As agreed at CYP Commission in March 2018. The HLT will provide a narrative outlining in more detail the progress in regards to the SEN and Education Health and Care plan cohorts as a part of the annual update, and to provide a document showing each cohort's progress from Early Years through to Key Stage.</p> <p>Further to include, above to provide additional narrative for groups including:</p> <ul style="list-style-type: none"> • Pupil Premium • Black British/ Caribbean boys • Turkish boys <p>Anton Frankic (HLT) to provide update on Attainment 8 and Progress 8 ahead of the meeting.</p> <p>FSM eligibility and applications / impact in respect of Universal Credit - Marian Lavelle</p> <p>Strategies to close the attainment gap –</p>

Date	Item title and scrutiny objective	Directorate – Division – Officer Responsibility	Preparatory work to support item
			Sara Morgan and Anton Frankic
	'Curriculum - including how we maintain creative subjects and experiences' - TBC	<ul style="list-style-type: none"> • HLT - tbc 	Chair and Director of Education to meet and agree purpose.
	Work Programme 2018/19	<ul style="list-style-type: none"> • Scrutiny Officer 	To review and monitor progress of work programme, including the review.
30th April 2019 Papers deadline: 19 th April 2019 Agenda dispatch: 22 nd April 2019	6 month recommendation update – Unregistered Educational Settings review	<ul style="list-style-type: none"> • Anne Canning, Group Director, Children, Adults and Community Health, LBH • Andrew Lee, Assistant Director Education Services, Hackney Learning Trust • Paul Kelly, Head of Wellbeing and Education Safeguarding • Education Services, Hackney Learning Trust 	
	Annual Report City and Hackney Safeguarding Board	<ul style="list-style-type: none"> • Jim Gamble, Chair of the City and Hackney Safeguarding Children Board – TBC • Rory McCallum, Senior Processional Adviser 	
	Outcomes of Exclusions – Final report	Martin Bradford, Scrutiny Officer	

Date	Item title and scrutiny objective	Directorate – Division – Officer Responsibility	Preparatory work to support item
	Discussion of 2019/20 work programme	Martin Bradford, Scrutiny Officer	<ul style="list-style-type: none"> • Feedback from consultation with key stakeholders; • Commission to identify, suggest and agree possible topics for inclusion within the Children and Young People Scrutiny Commission work programme for 2019/20.

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