Wellbeing and Mental Health in Schools (WAMHS)

Summary Report

City & Hackney CAMHS 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's 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).

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.

- **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 and 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.

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.

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.

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

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.

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 and7or 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.

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.

- 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 MISA[1] 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.

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[1] Management Information System Analysis

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.

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.

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/1NXOV0Iev9XXmSXd9rhqmgHtZ6M9u4AwAWMVYr8Jt79U/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=1UPHYwwtf73RKbhk-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/1EimW0a4Pxhje_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/1FAIpQLSeQWkwvvS_-qrI8VrCCDBM7XPvvpaNeoue8SAnPmNrTTAdXww/viewform?usp=sf_link

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:

- 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.

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.

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	Comparison of pre-intervention baseline with post-intervention appropriate/inappropriate referral volumes - comparison of total numbers and % change. Comparison of appropriate/inappropriate referral numbers amongst intervention and control (non-participating) schools. Time analysis of monthly referral volumes during the intervention period.	RiO clinical recording system	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.	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	Comparison of pre-intervention baseline with post-intervention referral volumes - comparison of total numbers and % change Comparison of appropriate/inappropriate referral numbers amongst intervention and control (non-participating) schools? Time analysis of monthly referral volumes during the intervention period	RiO clinical recording system	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.	Homerton UHFT

Project Outcome	Outcome Measures	Data Source	Data Collection Process	Data Owner
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	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. Change in a school's overall Wellbeing Audit Tool score, and across areas prioritised within school action plans. Qualitative interviews or focus groups with designated mental health lead or other senior members of school staff.	Locally designed and administered survey Wellbeing audit tools, completed by schools pre-intervention, and related action plans reviewed with the CWIS every half term. Qualitative data- tbc	Pre and post intervention surveys will be conducted via Google Forms. Hackney Learning Trust will disseminate information to participating schools and will encourage responses. Wellbeing audit tools returned to CAMHS by schools in electronic format. Qualitative data collection methods - tbc	ELFT/ WAMHS Evaluation Team
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	Comparison of pre and post intervention survey findings among teachers and school staff - average change in perceptions. Analysis and comparison of free text responses pre and post interventions. Qualitative interviews or focus groups with teachers. Feedback from CWIS activities in school?	Locally designed and administered survey Qualitative data collection methods tbc	Pre and post intervention surveys will be conducted via Google Forms. HLT will disseminate information to participating schools and will encourage responses. Locally designed Wellbeing Audit Tool is being completed pre and post intervention. Qualitative data collection methods - tbc	ELFT/ WAMHS Evaluation Team

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	Comparison of pre and post intervention survey findings among pupils - average change in perceptions. Analysis and comparison of free text responses pre and post interventions. –Focus groups in schools?	Locally designed and administered survey	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. Qualitative data analysis - tbc	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	Comparison of pre and post intervention survey findings among parents - average change in perceptions Analysis and comparison of free text responses pre and post interventions	Locally designed and administered survey	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. 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.	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**
Change in number and proportion of a) total b) appropriate c) inappropriate **specialist CAMHS** referrals that are received from **all** referral sources	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. Consider proportion of referrals attributed to pilot schools as well as all schools. Time analysis of proportion of all referrals made by schools on a monthly basis	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

Change in number and proportion of a) total b) appropriate c) inappropriate **CAMHS First Steps** referrals that are received from **all** referral sources	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. Consider proportion of referrals attributed to pilot schools as well as all schools. Analysis of proportion of all referrals made by schools during the intervention period on a monthly basis	RiO clinical recording system	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.	Homerton UHFT

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.

Recurrent multi-agency meetings in schools attended by a CWIS	CWIS, with support from schools to try and schedule at convenient times	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.
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	CWIS and DMHL to coordinate the scheduling and delivery of training sessions	Completed 'Training Feedback Questionnaires'. CWIS recording on RiO. Mental Health Provision survey.
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.
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.	CWIS	Mental Health Provision survey. Qualitative.