Whole School Approaches to
Mental Health &
Emotional Wellbeing
in Liverpool
Citywide review March 2017

Liverpool Learning
PARTNERSHIP

Liverpool
City Council

NHS
Liverpool
Clinical Commissioning Group

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1 Foreword

Head teachers across all phases of education are rightly concerned about the mental health and emotional wellbeing of the children in their care. This is sometimes linked to poor parental mental health, and professionals within schools are struggling to address the needs of a steadily growing pupil population displaying stress, emotional distress and anxiety. This, coupled with frustration over long waiting lists and disparate services, has led to this commissioned piece of work. We know, anecdotally, that many educational establishments are successfully tackling these issues but this is piecemeal.

Nationally, the drive to encourage organisations to commission and work together in order to address needs has never been stronger and, here in Liverpool, we are wholeheartedly committed to partnership working. We believe that working together we will improve the mental health outcomes for children and young people.

In commissioning this report, we want to celebrate what works well, address the clear concerns that we all have and seek to inform and guide practice for the future.

Elaine Rees
CEO Liverpool Learning Partnership

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2 Introduction – About this review

Since April 2016, we have been talking to a wide range of education establishments throughout Liverpool as well as other stakeholders, organisations and youth services to consider whole school approaches to mental health and emotional wellbeing. We have also spoken with parents and carers as well as pupils and students.

The aim of this Liverpool-wide review is to explore and share, what is working well in our schools, where could improvements be made and what would a successful city-wide education-based mental health and emotional wellbeing approach look like.

We thank the staff, parents, carers and students for their valued contributions - sharing their views, insight, and best practices. We also thank colleagues from Liverpool John Moore's University and Edge Hill University for helping us to shape the survey.

The research team worked on the premise that school should be a safe and affirming place for children, where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

The review should be read in the context of a wide range of national and local policies including **Liverpool's Children and Young People Mental Health and Emotional Wellbeing Transformation Plans (see Appendix 2) and DfE guidance on mental health and behaviour in schools (see Appendix 2).**

'School is particularly important as a social and learning environment, impacting not only on academic and vocational pathways, but also on present and future health and wellbeing. Young people who are not engaged with learning or who have poor relationships with peers and teachers are more likely to use drugs and engage in socially disruptive behaviours, report anxiety/depressive symptoms, have poorer adult relationships and fail to complete secondary school.'

(Bond et al 2007).

The review was commissioned by the Liverpool Learning Partnership, funded jointly by Liverpool City Council's Families Programme and Liverpool NHS CCG. The review has been conducted and reported on by Sonia Cross and Sarah Harper, supported by the steering group, consisting of:

- Elaine Rees, CEO, Liverpool Learning Partnership

- Gail Porter, Programme Director at Liverpool City Council

- Lisa Nolan, Programme Delivery Manager (Children and Maternity), Liverpool NHS CCG

- Martin Wilby, AEP Commissioner at Liverpool City Council

- Damian Hart, Merseyside Youth Association

- Sal Edgar, Merseyside Youth Association

- Naomi Mwasambili, PhD Researcher, University of Liverpool

> '*We have been overwhelmed by the enthusiasm and willingness of all stakeholders to share their thoughts and observations.*
>
> *There is a tangible passion to improve the support for young people with regards to their mental health and emotional wellbeing.*'
>
> The Review Team.

This review will inspire education establishments, by sharing best practice outlining a range of impactful initiatives and projects that are undertaken throughout the city. The report will also be of interest to governing bodies, commissioners, public sector health and social care teams, education and young people's services and organisations that have an interest in the mental health and emotional wellbeing of our children and young people.

2.1 National context

Current reports identify that nearly 10% of school age children between the ages of 5-16 are experiencing a clinically diagnosed mental disorder and this number is set to increase, (DfE Mental Health Behaviour in Schools, 2016). Focus has been placed on increasing access, building resilience and early identification of the mental health and wellbeing of children and adolescents through schools, school based interventions and partnership working between healthcare, education and voluntary sectors. Due to this, the role of head teachers, teachers and schools is shifting and there is an increasing expectation that the mental health and wellbeing of children and young people can and should be tackled within a school environment.

Over the past two years the main drivers of national education and healthcare policy have come from the **Department of Education's 2016 'Mental Health and Behaviour in Schools' advice for school staff report, Public Health England's 2015 Promoting Children and Young People's Emotional Health and Wellbeing - A Whole School Approach policy document and the 2015 Mental Health Taskforce, Future in Mind report.** Each identifies a series of recommendations for children and young people's mental wellbeing. Key themes, approaches and interventions for teachers, parents and children looking at promoting resilience, prevention, early interventions as well as improving access to effective support, creating a system without tiers and developing a whole school approach to mental health have been recommended.

> '*The interface of the self-care support service with other statutory and non-statutory services worked best in relation to referral; though only a few services had extremely well-integrated referral pathways, all had some degree of interface, even if it was as simple as merely signposting into, or out of, the self-care support.*'
>
> **Pryjmachuk, 2014**

In 2016, Frith published the **'Time to Deliver'** report through the Education Policy Institute that identified the difficulties of healthcare and education sectors working collaboratively.

'A significant hindrance to progress is the lack of engagement between health services and schools. The report highlights the difficulties faced by health staff in attempting to work with the education sector – with schools similarly expressing frustration at obtaining support for their pupils from specialist mental health services.' Frith, 2016.

Nationally, various organisations and partnerships have developed solutions to tackle the increasing demands placed on schools and demonstrate effective cross sector working.

Charities including **Young Minds, Catch 22, NSPCC, Barnardo's** and **Place2Be** offer specialist national provision and training for school based mental health.

A series of training and online resources including S**chools in Mind, Youth Mental Health First Aid, PHSE Association Guidance, Time to Change** and **MindEd** are also freely available for education professionals and parents/carers.

Research has mainly focused on school based interventions with the current evidence suggesting both universal and targeted approaches have their place and are stronger in combination (Adi et al, 2007). The World Health Organisation's Health Promoting School's Framework systematic review conduced in 2014 explored research looking at three areas of Health Promoting in schools. These included: 1. Formal Health Curriculum, 2. Ethos and Environment of the school, 3. Engagement with families and/or communities. The findings stated that 'Health Promoting Schools' approaches were effective for physical activity, fitness and children being bullied. However the review did not find strong evidence in relation to alcohol and drug use, mental health and bullying others.

A Randomised Controlled Trial (RCT) conducted by Chisholm et al 2012 explored the use of **'Schools Space'**. This study investigated whether a one day educational programme led by mental health staff and an interactive contact session with a young person with lived experience of mental illness was more effective in reducing stigma than education alone. 657 students completed the whole study within seven UK secondary schools. The results surprisingly showed that contact with a young person with lived experience in addition to the educational programme reduced the impact of the intervention whereas significant improvements were found with education alone. It was stated that a larger trial would be needed to confirm these results.

The report stated that "It may make sense to prioritise mental health work with primary school pupils in relation to behavioural problems to have maximum impact". The use of evidence based self-help material with primary school pupils with behavioural difficulties was presented as an approach to be considered, however caution was raised as to the type of information that was provided to primary school pupils with emotional problems and key steps need to be put in place to "ensure the material does not impact negatively".

Within secondary schools it was stated that priorities should be set to "improve inter-agency working to help address behavioural problems in pupils". Improving the relationships between schools and Children and Adolescent Services (CAHMS) to ensure clear referral routes to specialist services were also described as a way to address behavioural problems in secondary schools.

A recent systematic review conducted by Mellor in 2014 explored school-based interventions targeting stigma of mental illness. She identified 17 studies and her findings showed that as the interventions varied so much in content and delivery, it was not possible to draw what

specific aspects make successful interventions. With future development of any anti-stigma interventions, delivery methods and the program design needs to demonstrate effectiveness and impact as the current evidence base does not show this.

A systematic review conducted by **Nind and Weare** of The University of Southampton in 2011 explored the evidence around promoting mental health of children and adolescents through school and school-based interventions. They identified 52 reviews of which 13 came from the UK. 50 of the reviews showed significant positive effects on individual children, classrooms, schools and communities with secondary positive impacts on mental health problems, emotional learning and educational outcomes.

In an average class of 30, 15-year-old students:

• 3 could have a 'mental disorder'

• 10 are likely to have witnessed their parents separate

• 1 could have experienced the death of a parent

• 7 are likely to be been bullied

• 6 may be self-harming

Source: Public Health England, Promoting children and young people's emotional health and wellbeing (A whole school and college approach).

Research carried out by Chevalier and Feinstein (2006) concluded that there are substantial returns to education in terms of improved mental health. The positive impact of qualifications on mental health is biggest for individuals who gain GCSEs, for example, having GCSEs reduces the risk of depression at the age of 42 by five percentage points. Education can directly affect health outcomes by making individuals more health conscious, by shortening time before help is sought or by following the therapy more accurately. NICE guidance for secondary schools similarly noted that schools can provide an environment that fosters social and emotional wellbeing. They can also equip young people with the knowledge and skills they need to learn effectively and to prevent behavioural and health problems (NICE, 2009a). Chevalier and Feinstein (2006) noted that the effect of education on health may also be indirect through income, employment, working conditions or family relations.

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Much of the research fits the guidelines and recommendations as stated in the recent policy publications. The current research shows there are a range of approaches in early stages of evaluation that utilise a whole school approach. However, localised adaptations that clearly identify specific elements of the intervention and initially focus on providing education and mental health promotion, seem to demonstrate the most significant outcomes.

2.2 Local context

In Liverpool, children and young people's mental health and emotional wellbeing is delivered and supported through a broad spectrum of agencies from both the statutory and voluntary sector. These providers include the Liverpool CAMHS Partnership consisting of: Fresh CAMHS at Alder Hey NHS Children's Foundation Trust, Young Persons Advisory Service, Merseyside Youth Association - Mental Health Promotion, ADHD Foundation, ADDvanced Solutions, Spinning World, LivPip, Bullybusters, Mersey Care NHS Foundation Trust and Barnardo's Action with Young Carers. The governance arrangements for this partnership are delivered through the Liverpool Mental Health and Emotional Wellbeing Partnership Board (MHEWB).

Mental health problems in Liverpool are expected to be high due to deprivation and the numerous risk factors associated with this area. These include:

Population and Demographics	Child Protection and Social Care (April-September 2016/17)	Health (Year End April 2016)	Disadvantage
478,580 people are estimated to live in Liverpool (mid-year estimate 2015)	**1574** Children are a Child in Need	**4,236** referrals were made to Child & Adolescent Mental Health Services (Tier 2/3)	Liverpool is ranked **7th** out of **326** Local Authorities for deprivation under the Index of Multiple Deprivation (IMD) (the bottom 2.5% of LAs)
90,805 (19%) of the population are children	**377** children were subject to a Child Protection Plan (at September 2016);	**3,257** under 18 year-olds attended **A & E** who had been accidentally or deliberately injured	**Princes Park** has nearly **1** in every **2** children living in poverty, Woolton has a rate of **1** in **10**
5,867 (6.5%) of children are aged under 1	**1099** children were Looked After by the City Council (at September 2016)	**42** child deaths were notified to Child Death Overview Panel (CDOP).	
28,701 (32%) are aged 0 - 4	**231** referrals were made to Multi-Agency Child Sexual Exploitation (MACSE) to see whether a child had been subject to sexual exploitation.		
25,380 (28%) are aged 5 - 9			
26,749 (29%) are aged 10 - 15			
10,197 (11%) are aged 16 or 17			

2.3 Methodology

In compiling this review, the team has worked with and spoken to many professionals, parents and children/young people in education establishments throughout the city, as well as youth services including Public Health, Merseyside Police and Youth Offending Teams.

Insight has been obtained using the following techniques:

- 42 1:1 interviews and consultations.

- 21 focus groups – consisting of parents/carers, young people and professionals.

- An online survey that was distributed to every school and education establishment in Liverpool and completed by 285 individuals.

- A literature review of national policy and practice.

The content and structure of the survey was informed by the Department for Education advice on mental health and behaviour in schools, Public Health England's Promoting children and young people's emotional health and wellbeing – a whole school approach (the eight principles – see Appendix 2). It was further shaped by focus groups with local stakeholders, in addition to academics from Liverpool John Moore's University and Edge Hill University.

Terms of reference

Working under the auspices of Liverpool Learning Partnership (LLP), The Families Strategic Group and the MHEWB Partnership Board, this project reviewed and researched current approaches to supporting MHEWB in schools, and the links with CAMH services, across the city. This is in support of the strategic ambitions outlined in the CAMHS Transformation Plan and the MHEWB Strategy for Children and Young People (2014-2017)

The aim is for all children and young people to have improved access to the right support at the right time in order to build resilience, and promote good mental health and wellbeing in all areas of the school community.

The project was supported by a Reference Group that provided oversight and support to the two project officers and strategic accountability for the delivery of the project.

The role of the Reference Group was:

- To provide collective leadership and determine the priorities and outcomes for the work programme;

- To ensure accountability for the work, championing delivery of the agreed outcomes and ensuring any barriers to progress are highlighted and addressed;

- To provide strategic guidance and support to the two project officers to enable them to fulfill the requirements of the task; and

- To promote effective communications regarding the work programme both within respective organisations, with external partners and providers and with children and families who use services/access support in school settings.

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The Reference Group was accountable to the MHEWB Partnership Board and the Liverpool Learning Partnership Executive Board. Regular communication updates were also provided to the Headteacher Managerial Associations and Families Strategic Group.

Scope

The project encompassed all work to support mental health and emotional wellbeing in schools - everything (whole system) and everyone (whole-school community).

Provision included early years settings, all school types (primary, secondary, special, Alternative Education Provider - AEP) and colleges which cover children and young people up to the age of 18 where it is their main school registration.

It did not include supplementary schools i.e. Saturday morning schools, faith-based additional schooling.

3 Summary

What's working well?

- There is genuine commitment from all staff to support students' emotional wellbeing.

- Pupils/students have access to someone they can talk to if they're feeling sad, worried, anxious or have something more serious to discuss.

- Support from external agencies (CAMHS and non-CAMHS) – many schools proactively look for support available and utilise all opportunities, developing stronger partnership working.

What's not working well?

- Stigma in schools – even though pupils have access to support, it's still not a subject students/pupils feel comfortable talking about openly.

- LGBT community feel stigmatised and misunderstood by teachers and pupils/families.

- Communication between agencies delivering support to children and young people (particularly CAMHS) – schools keen to support but confidentiality combined with a lack of robust communication processes is a barrier.

- Lack of understanding around mental health (identification and intervention) particularly neurological conditions; many staff are self-taught.

- Lack of support and understanding around co-morbidity.

- Promotion of mental health and emotional wellbeing within settings.

- A lack of clarity regarding whose role it is to manage the mental health and emotional wellbeing of pupils, including the role of SENCOs.

- Communication between settings and parents/carers and lack of awareness internally around the information settings provide to parents/carers.

- Education staff are feeling under pressure to be 'the mental health professional'.

What's needed?

- Continuous Professional Development for whole school staff - mental health training for school staff – (see breakdown under Staff Training section for specific areas).

- More in-school or access to external counsellors and mentors.

- Greater support for wider family members – whole family approach.

- Support for school staff – particularly around their emotional wellbeing and dealing with pupil/student issues; a culture of staff and student welfare where everyone is aware of signs and symptoms, using effective signposting, underpinned by behaviour and welfare around school.

- Staff should be encouraged in all curriculum areas to consider how to build pupils' emotional health and wellbeing, and mental resilience.

- Greater communication when young people transition between settings: from primary to secondary; secondary to further education and from mainstream provision to Alternative Education Providers.

- Staff training and understanding of LGBT community – tackle stigma and discrimination. Education around LGBT needs to start in primary schools and with parents

- Ensure PSHEe lessons include the opportunity to teach about emotional health and well-being in addition to mental resilience.

- Opportunity for settings to have a wellbeing network group (maybe a smaller version of the Open Space events so clusters of schools could come together to share good practice, ideas, resources etc.)

- Support for settings to develop their own mental health policy, this guidance could then be designed to help empower the workforce to identify and support students in need of help and to follow appropriate pathways and procedures.

- More support for loss, separation, and bereavement, those whose parents are imprisoned and refugee children.

- Ensure head teachers are supported in dealing with demands placed on them and the impact on their wellbeing or managing and supporting staff and pupils.

- An up to date directory of local services and how to access them.

- Whole school audit tool to identify gaps and support actions needed.

- More statistics and data required to challenge the need for mental health training to be featured in teacher training.

- More resources available around mental health to support young people with special needs.

- More peer mentors in school.

- More information for educational settings regarding link and IAG workers and how they can be used effectively.

- Greater support for families from diverse cultures both in relation to education around mental health issues and problems, also to improve understanding of cultural differences amongst teaching staff.

4 Findings

This section summarises the key findings from the survey, as well as common themes and concerns expressed during consultations and focus groups. The results have been categorised in accordance with the DfE's 'Mental health and behaviour in schools – departmental advice for school staff' and Public Health England 'Promoting children and young people's emotional health and wellbeing – A whole school approach' (See Appendix 2).

4.1 Whole school approach-leadership and management

Across the city, there is a **strong sense of commitment to mental health and emotional wellbeing** from Senior Management Teams; 83% of SMT respondents in the survey confirmed this was a high priority in their settings.

However, inconsistencies were apparent, particularly around **promoting mental health and emotional wellbeing internally** and the strategic roles of SENCOs:

- Only 46% of overall respondents felt their school has a consistent approach to promoting mental health and wellbeing; and

- Just 14% said they provide staff bulletins and briefings on mental health and wellbeing.

- 53% ranked mental health and emotional wellbeing as high priority.

- 53% agreed the role of the SENCO places emphasis on mental health and wellbeing.

'Our information for staff and parents is within several policies. One of the items from our wellbeing action plan for this year is to bring key information into one document that will signpost to other policies and resources. It will include parental support links for outside services-particularly around mental health-to our website.'
Staff member, secondary school.

The use of mental health policies varies, 44% of respondents state their settings have a specific wellbeing policy whilst 21% have no policy covering mental health and emotional wellbeing.

4.2 Family Support

There is a mixed level of awareness around the information provided to parents/carers about mental health and wellbeing; 36% of non SMT are unaware of the information their school provides. **This suggests a lack of communication internally.**

- Many parents expressed concern over a lack of support from school staff when communicating about mental health and wellbeing issues; however

- A third of all settings stated they share information about mental health and wellbeing to parents/carers.

- Of the schools that offer counselling to students, half of primary and AEPs also offer this support to parents/carers.

- Staff in a number of settings raised concerns over a lack of understanding amongst families with diverse cultural backgrounds, particularly in relation to children and young peoples' mental health issues and the causes of these problems.

- Findings suggested that there is limited understanding of cultural differences amongst staff in an ever-changing multi-cultural city.

'There needs to be more support for parental mental health. Parents need to know that we are here to support them as much as their children.' Staff member at Archbishop Beck.

'We have really valued the opportunity to attend coffee mornings at school where we can get support, information and advice from staff, external agencies and other parents in a relaxed and welcoming environment.'
Parent at Ernest Cookson.

When staff are required to engage with parents/carers, a frequent recommendation was to have a mental health professional either delivering workshops to parents on school premises, or in local hubs.

One quote from a staff member captured this view; 'Having a specialist on hand who understands these issues and who is professionally trained to support our families is important. I disagree with any staff attending a course and then feeling confident to address mental health issues. Registered mental health nurses train for three years!'

'Our school has a very high percentage of EAL children and asylum seekers, so we use language assistants and resources within the local community to identify and support families with contributing risk factors.'
Member of staff, primary school.

'For us, parental mental health is an issue so we would like to see support services extended to the whole family.'
Member of staff, secondary school.

'Family support is needed so that parents can be given support with behaviour – this needs to be appropriate for the family, individualised and needs-led. We can handle children's mental health in school. It is when there is a problem outside the school that we struggle.'
Member of staff, secondary school.

4.3 Staff Training

Across all settings, staff confirmed a good level of understanding of the terms **mental health, mental distress, diagnosable mental health problems, risk, resilience, and emotional wellbeing.** 60% felt their setting knows how to give appropriate support to a pupil, however:

- 69% of staff indicated this is an area they would like more training in.

- 75% indicated **CPD** for emotional health and wellbeing in their setting was seen as a low to medium priority.

- Whilst clearly LGBT is not a mental health issue, the feedback from the young people at the focus groups was that there was a lack of understanding amongst staff around this area.

'Education around LGBT should be better, teachers are just not confident talking about the subject which exacerbates the stigma. It needs addressing.' **YPAS/GYRO Focus Group.**

'LGBT is misunderstood significantly, in my school we had a lesson about mental health conditions, LGBT was included in the list – as a condition.' **Pupil, secondary school.**

'Education around LGBT needs to start in primary schools, and parents included.' **Pupil, secondary school.**

'More understanding throughout school about what mental health is; teachers don't understand the difference between mental health and behaving badly.' **Pupil, secondary school.**

Comments from staff about training:

'There is a challenge to change teachers' interest in pupils' mental health because they are seen as educators not social workers. Academics need data and statistics to make changes to teacher training. Teacher training values are based on compliance and standards (OFSTED).'
Paul Lees, Faculty of Education, Edge Hill University.

'The school recognise teachers need support and mental health services and therefore offer regular training sessions for staff, delivered by the psychologist - tailored to the specific school's needs.'
Member of staff, AEP setting.

Top CPD requirements:

- Staff would like more support around distinguishing the difference between child/adolescent development and mental distress.

- Support is also required around **building resilience skills** – 93% of respondents indicated this is a subject they would benefit from receiving more training on, in addition to the following specific areas broken down by setting:

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Setting	Top five CPD priorities in ranking order (highest first)				
Primary	Emotional difficulties	Behavioural difficulties	Parental mental distress	Anxiety	Neuro-developmental conditions
Secondary	Self-esteem	Anxiety	Emotional difficulties	Behavioural difficulties	Stress
AEP	Emotional difficulties	Anxiety	Behavioural difficulties	Parental mental distress	ADHD
Special Schools	Neurodevelopmental conditions	Emotional difficulties	Attachment difficulties	Parental mental distress	Trauma
SMT	Emotional difficulties	Behavioural difficulties	Parental mental distress	Anxiety	Neuro-developmental conditions
Non - SMT	Emotional difficulties	Anxiety	Neurodevelopmental conditions	Behavioural difficulties	Parental mental distress

'There is a need for staff training. However, this training should not aim to train staff to become the mental health professional. Instead, it should focus on how to recognise the signs of mental health problems, where to go to get help, what to expect from outside help, and, importantly, what to do when staff do not get the help that they know they should.'

Member of staff, Special School.

'CAMHS practitioners could benefit from training around different communication strategies and how learning disabilities can impact on mental health.'

Member of staff, Special School.

'It would be really useful to have focus groups with staff members from other schools or even a cluster of schools that feed to our school.'

Member of staff, Archbishop Beck.

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> 'It would be useful for Learning Mentors to have supervision as they are often dealing with harrowing issues and sensitive topics.'
> **Staff member, secondary school.**

4.4 Staff Wellbeing

There are inconsistent approaches around the support available for the emotional health and wellbeing of staff.

- Just over half of respondents indicated their setting has a staff mental health and wellbeing policy, with a quarter highlighting they would like more support to develop one – particularly amongst secondary schools.

- Settings adopt a range of strategies to support the wellbeing of staff and tackle stress, 64% say their wellbeing is looked after by supporting a work-life balance.

- Overall, workload is the highest cause of stress in the workplace, followed by challenges from children and young people and work-life balance.

- Supervision for head teachers and emotional resilience is provided within some settings – **Professional Supervision or Reflective Practice sessions**. This is a safe, professional, confidential space for individuals to talk through and process their work/life balance and how this may be improved.

> 'Wellbeing is a priority for the school. It is a key objective in the school development and inclusion plan. Our School wants to do preventative work as well as supporting those students who are currently suffering with mental health problems. We have a wellbeing group made up of both students and staff.'
> **Member of staff, Belvedere Academy.**

> The Deputy Head completed a CBT qualification which was then used it to train teachers and all pastoral staff.
>
> • Part of the programme was looking at themselves, as staff, learning relaxation techniques and how to support yourself emotionally.
>
> • Emotional health and wellbeing training has been delivered across school to all staff.
>
> • Teachers raise any concerns with pastoral staff.
>
> Although the school recognise staff are not therapists and they know the boundaries, the school wanted to develop different skills and approaches to support behaviour. The training has been cascaded to year teams and half-termly, staff receive training.
> **Member of staff, Calderstones School.**

4.5 Identification

Across all settings there are inconsistent approaches to identifying pupils' mental health and wellbeing difficulties:

- Only half acknowledged having clear systems for identification as a high priority.

- Where there is a concern around a student's behaviour, a range of systems are used to identify contributing risk factors (e.g. a bereavement/parental separation/poverty/communication difficulties), that could be causing the behaviour.

Settings are generally confident about identifying there is a problem, but not as confident about being able to identify what the specific problem is.

Primary assessment tools used:

- EHAT (Early Help Assessment Tool) was most common (68%); followed by

- SDQ (Strengths and Difficulties Questionnaire).

- Primary settings favour pastoral systems and communicating openly with parents and carers.

- Secondary settings tend to rely on SIMS and external agencies.

- Staff from special school settings are the most confident in being able to distinguish the difference between child/adolescent development and mental distress, followed by AEP staff. These groups also identified as being knowledgeable about physical changes associated with mental distress (such as rapid heartbeat, change in body temperature).

- Conversely, half of the primary and secondary school respondents agree they are confident in both of these areas, yet they would like **more support / training in this area.**

'We use our internal hub process where key pastoral/SEN/behaviour/family support staff and the class teachers meet to look at barriers to progress for each child every eight weeks. This enables us to be proactive in spotting early distress and where families might need additional support. Using the EHAT and TAC processes to address a presenting concern can also lead to uncovering where additional support for other issues e.g. stress through housing/family separation are impacting on a family's wellbeing too.'

Member of staff, primary school.

'Just because a child has ADHD or autism they can still suffer with additional mental health problems.'

Member of staff, Palmerston School.

'During the teenage years it's difficult to distinguish between teenagers and their condition. The challenge is for teachers to understand.'

ADHD Parents Group.

'Between 25-30% of children diagnosed with ADHD also have co-morbidity such as anxiety and/or depression. Early intervention and diagnosis is key to allow therapy to manage conditions, but there is a resistance to accepting diagnosis, and DfE data groups ADHD under SEN statistics, rather than separating. 7% of young people with ADHD are more likely to face permanent exclusion from school or be referred to pupil referral unit.'

Anita Hobson, Senior Lecturer in Criminology,

Dept of Law and Criminology, Edge Hill University.

'Staff became aware that some children were not accessing the help that they needed because they were not displaying any challenging behaviour in class. This initiative aims to reduce the number of children that 'slip through the net'. The school's Learning Mentor Screening Programme was developed to tackle this.'

Member of staff, Wellesbourne Primary.

4.6 Environment and Culture

There is a strong commitment to promoting mental health within settings, with the most used strategy being positive classroom management, followed by PSHEe lessons and pastoral support.

- **Communication,** providing staff bulletins and briefings on mental health and wellbeing **wasn't recognised as a priority**, with just 14% agreeing it's something that is an important part of their culture.

- Approximately a third of respondents said their settings **build resilience** through their whole-school ethos, promoting a 'have-a-go' attitude and giving children/young people the message that it's O.K. to get things wrong and try again.

The review team identified many examples of good practice and resources amongst the settings that run specific groups and interventions around building resilience, as well as PSHEe/SEAL lessons. (see Appendix 5 - Case Studies)

A small number of respondents say that they use **external agencies**, such as BullyBusters, to deliver workshops and assemblies.

'Our school has a positivity room. This is a place where young people can go to express emotion and talk to a mentor.'

Pupil, secondary school.

'In our school it is more important to feel happy and calm than it is to get good results on tests.'

Pupil, secondary school.

'Staff sometimes forget or don't know that a young person is a carer. They get into trouble for arriving late for school when in fact they could have been held up providing care at home. Pyramid of need displayed in the staff room could come in useful.'

Barnardo's Action with Young Carers.

'It would be good to have trained mental health professionals in school to talk to.'

Young Carer.

4.7 Intervention

As expected, methods of intervention differ between phases of education, counselling was the most popular intervention across all settings.

However, there was a lack of understanding and awareness amongst staff of the additional specific types of therapy available, 33% of respondents stated they were either unsure or didn't know what types of therapy are available in their settings. This suggests there is a need for greater communication internally.

Evaluation of counselling effectiveness takes different forms depending on the setting;

- Primary - focus mainly on student evaluation.
- Secondary - use a combination of student and parent feedback.
- AEP focus mainly on student feedback supported by parent feedback.

Targeted Support

Access to and delivery of support for loss, separation and bereavement is recognised throughout all settings. Grief and loss is covered regularly within the curriculum.

- A large percentage (65%) of staff have attended training covering bereavement, loss and separation.
- Half of respondents indicated their setting refers students to a bereavement service.
- Over a third said they have a bereavement policy.

The findings indicate more work is needed around support for specific cases of parental separation, for example divorce or imprisonment, and the plight of refugee children living in our city.

When offering targeted support for children with complex problems:

- All settings focus primarily on 1:1 support.
- Family support and group work also feature strongly – particularly amongst primary and secondary schools.

Curriculum and Learning

'Our school has a group for young people who self-harm, this works well as other young people support their peers in this group they are supported, not judged.'

Pupil, secondary school setting

95.5% of settings say they feature PSHEe lessons as part of their curriculum and over half use them to promote positive mental health awareness, followed by (in order of responses):

- Gender and sexuality
- Anxiety
- Eating disorders
- Self-harm

'Bringing people in - experts celebs and young people who have experienced mental health difficulties to talk to us. People who are skilled to talk about mental health problems.'

'We don't have a Peer Mentoring programme but, I would welcome that as an initiative.'

'It would be good to have young people in to talk about mental health issues – to tackle the stigma.'
Student Focus Groups.

'All students have to do PSHEe which includes a mental health awareness module. This helps them to recognise mental health problems within themselves, but also those around them.'
AEP Students' Focus group.

'Many of our young people lack resilience skills; they give up too easily and are unable to bounce back.'
Member of staff, AEP.

'We need proper designated time in the curriculum for PSHEe Learning about mental health and mental resilience could then be embedded.' **Member of staff, secondary school.**

Multi-agency working & communication

When asked if schools, parents and external mental health services should be more connected, the majority (95%) agreed there is room for improvement with suggestions to improve this including:

- There is a need for better communication between CAMHS (respecting confidentiality), families and schools – there is currently a lack of feedback following a CAMHS referral.

- Greater communication between external services and schools as well as the importance of having a joined-up approach between adult mental health services and schools.

- More information within schools and to parents/carers about the external services available.

- Having a CAMHS key worker/named key worker on site – this was particularly recognised by secondary schools.

- Training from agencies available to schools for both staff and parents.

- System needs to be more open, transparent, and flexible. Parents are often too scared to admit they are not coping and would benefit from being able to access services and information to help them.

- Within settings, the survey highlighted the need for better information about services available for young people.

Awareness of and use of CAMHS partners' services/knowledge of how to access was mixed.

- Secondary schools know **how to access a wide range of resources;** whereas

- Primary and AEP settings were less knowledgeable about how to access resources for interventions.

When asked about the support received from CAMHS, there was mixed response:

- Over 50% of responses were positive, (including training) and that support from CAMHS has had a positive impact on the child and family.

Has your school used /do you work with any of the following CAMHS partnership services?

54%	YPAS	
45%	FRESH	
40%	Believe in children Barnardo's	
40%	ADHD	
4%	None of the above	

38%	bully busters
33%	ADHD... Solutions
32%	RAISE
9%	pss*
45%	Don't know

- There were also positive responses from settings who had accessed CPD through CAMHS.

- Over 25% of responses talked about the length of waiting lists when referring to CAMHS as a barrier to accessing support, resulting in families disengaging.

- The referral criteria for Fresh CAMHS is seen as too stringent and can be inconsistent, resulting in children with ASD receiving limited support from Fresh CAMHS. The stringent criteria means some very vulnerable children are not receiving support, and some had **'real concerns'** that CAMHS do not engage enough with schools.

'We need better communication from schools to ease transition to alternative education providers. What have been the barriers to learning? What other interventions have taken place? We need to know what has gone before to be able to support our young people.'
Member of staff, AEP.

'We need a listening ear service, a pre-counselling option, sometimes this might mean full counselling isn't required.'
AEP Focus Group.

'In Liverpool, we need a community psychiatric nurse that works in schools – qualified professionals that are trained to help children.'
ADHD Parents' Focus Group.

'It would be useful if we were updated on the outcome of a CAMHS referral meeting, often a student will be seen, but we would like to support that young person following either diagnosis or the support pathway.'
Member of staff, secondary school.

Secondary school comments:

'Early intervention should be a priority. Children with challenging mental health needs are often not comfortable getting involved with the likes of Fresh CAMHS.'

'Some parents/carers don't want to have their children labelled and are concerned about the stigma around mental health, whereas others are looking for a diagnosis to enable them to access support they need.'

Whole School Approaches to **Mental Health & Emotional Wellbeing** in Liverpool

4.8 Strategies

The survey highlighted a range of strategies which are used to support the emotional health and wellbeing of pupils, staff and families. These included:

- Mindfulness
- Creative Child
- Seedlings
- Place2Be
- Think Yourself Great
- Adapted Nurture CAMHS
- Parents Survival ADHD (ten-week course)
- Relax Kids
- GP Champs
- Lego therapy
- Equine therapy
- P4C (Philosophy for Children)
- SAP (Student Assisted Programme)
- Assertiveness Group
- Heart Math Programme

The most well-used strategy across all settings was **behaviour management**, however this is also an area a large proportion indicated they would appreciate support with.

The least used strategy was around **co-morbid conditions** (whereby different forms of mental distress run side-by-side).

Restorative practice approaches are used by 40% of settings, with the remaining 60% indicating they either don't use this approach or would like more information about it. AEPs were the largest users of this practice, followed by secondary schools.

Whole School Approaches to **Mental Health & Emotional Wellbeing** in Liverpool

5.   Recommendations

Throughout this review, we have been looking at what is happening in education establishments throughout Liverpool. However, children and young people's emotional health and wellbeing is everyone's business, therefore these recommendations are not solely school related, they are much broader.

5.1 Whole School Approach

- Ensure all school/education settings have a mental health and emotional wellbeing policy, and that the role of non-school partners is clearly defined in the policy.

- Encourage/promote partners to have a mental health and emotional wellbeing policy which pays due regards to children and young people.

- Schools would benefit from the development of a Liverpool-based mental health and emotional wellbeing toolkit in order to aid the development of a whole school approach should be EHMWB across the city.

5.2 Family Support

- As part of the toolkit, proactively engage with families, outside agencies, and the wider community to promote consistent support for children and young people's health and wellbeing.

- The CAMHS Transformation Programme should seek to explore the opportunities to provide family-based support for EHMWB in school/education settings.

- Further research should be conducted to understand support required for families across all communities and cultures.

- CAMHS to provide ongoing promotion of the toolkit for parents.

5.3 Staff Training

- Through the MHEWB Partnership Board, review the current workforce training on EHMWB and resilience building in line with the findings from this report. Identify the gaps and develop proposals for strengthening provision across the city.

- Ensure wider promotion of EHMWB training to school-based staff through vehicles such as Open Space, EdNet, briefings, CAMHS / Mental Health Promotion.

- Ensure MHEWB training and awareness is an integral part of Continuous Professional Development – whole school mental health training and awareness for all staff (including governors).

- Ensure there is a Mental Health First Aid trained member of staff in every school, as there is for (physical) First Aid trained staff.

- Schools should consider providing awareness and further training around LGBT.

- The multi-agency workforce development strategy (being developed by the Families Programme Strategic Workforce lead, Wendy Moss, in conjunction with the LSCB) to include training and awareness raising for practitioners and parents/carers on adolescence.

5.4 Identification

Many of the recommendations relating to Identification are captured above, however the following specific areas should also be considered:

- More training on the range of assessment tools that can be used to identify issues.

- More support to tackle low level anxiety before it escalates.

- More support for parents to identify mental health problems; parenting courses, teaching parents how to communicate and play with their children.

5.5 Environment and culture

- The city should celebrate the good practice already in place and seek to build on this through a city-wide learning and sharing event to promote, communicate and establish the culture we want to develop across the city.
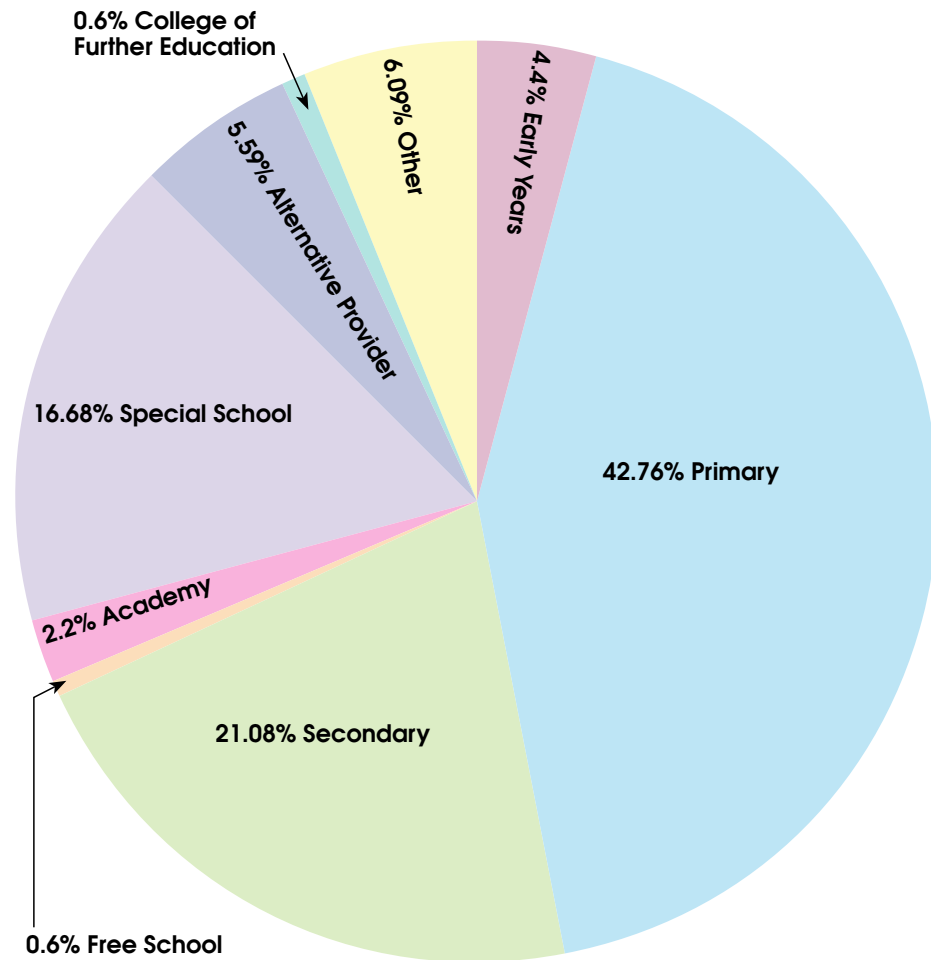
5.6 Interventions

- CAMHS to work with colleagues from special schools in order to identify suitable resources and support for students in their setting.

- There is some good practise emerging around bereavement in schools that needs continued investment.

- The CAMHS Partnership, as part of the Liverpool mental health and emotional wellbeing toolkit, to outline good practice regarding the evaluation of MHEWB activities (to build the evidence base across the city of 'what works').
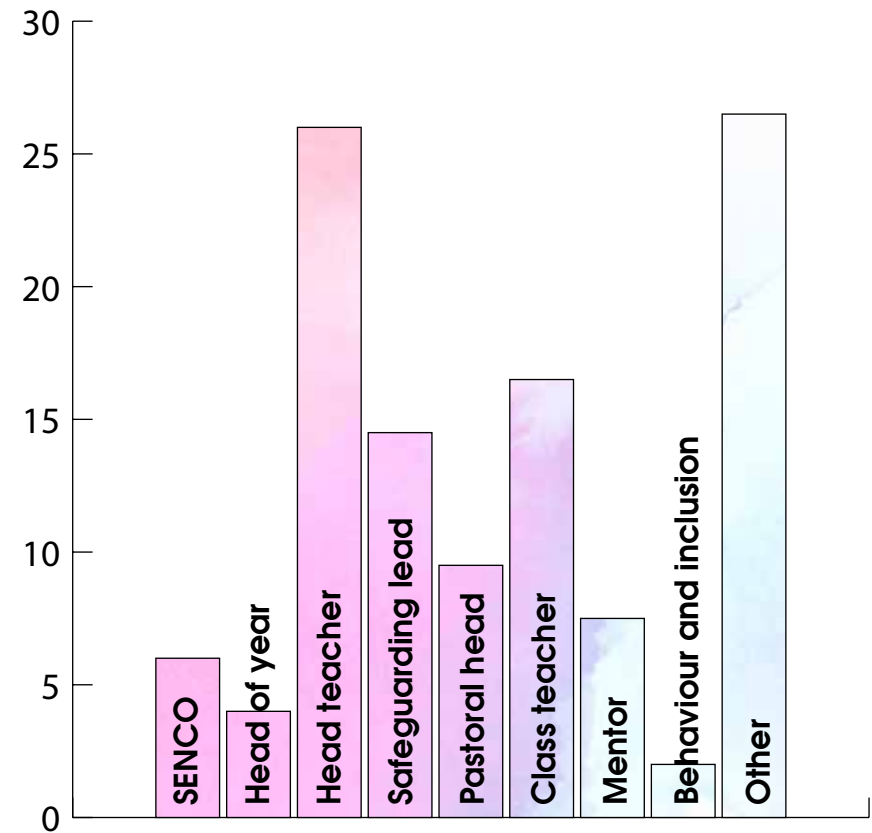
5.7 Strategies

- CAMHS commissioners should consider the range of strategies currently being used to support EHMWB in order to assess best value and future promotion.

- Strategies and training linked to behaviour management and co-morbidity should be linked to the CAMHS website so staff can access training.

Whole School Approaches to **Mental Health & Emotional Wellbeing** in Liverpool

Appendices

Appendix 1. Respondents and contributors

Fig 1. Breakdown of respondents by setting:

- 0.6% College of Further Education
- 6.09% Other
- 4.4% Early Years
- 5.59% Alternative Provider
- 42.76% Primary
- 16.68% Special School
- 2.2% Academy
- 21.08% Secondary
- 0.6% Free School

Fig 2. Breakdown of respondents by role:

Roles: SENCO, Head of year, Head teacher, Safeguarding lead, Pastoral head, Class teacher, Mentor, Behaviour and inclusion, Other

Fig 2.   Geographical spread of education establishments contributing to the review:

Legend:
- 🔴 AEP
- 🔵 Secondary
- 🟢 Primary
- 🟡 Children's Centre
- 🟣 SEN
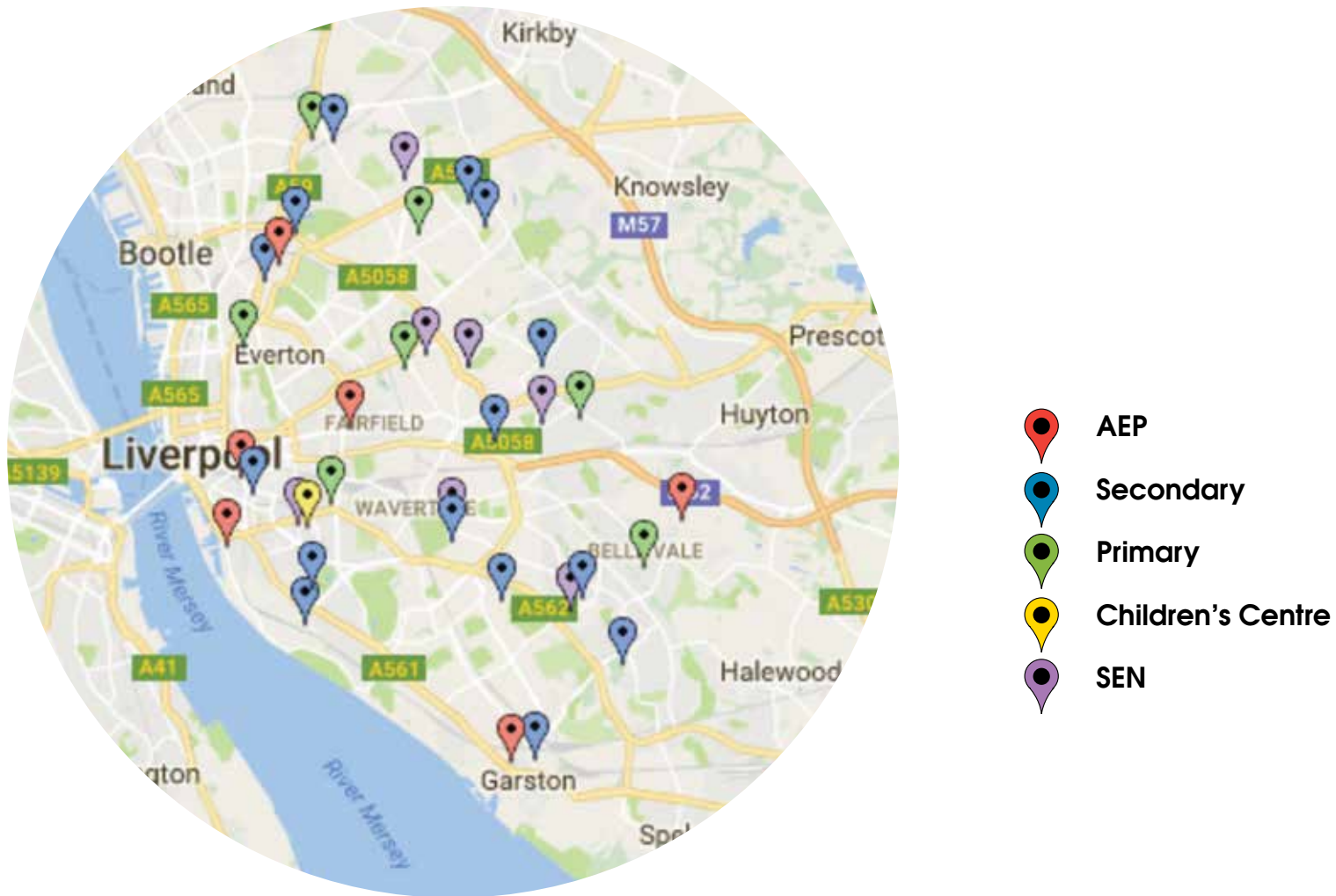
Case Studies

Wellesbourne Primary School

Blessed Sacrament Catholic Primary School

Faith Primary School

Alsop High School

Enterprise South Liverpool Academy

Broadgreen International School

St John Bosco Arts College

St Julie's Catholic High School

Focus Groups

Open Space

Time to Change – Liverpool Forum

Liverpool Schools' Parliament

1:1s

Walton Youth Project

Woolton High School

Faith Primary School

Granby Children's Centre

Smithdown Primary School

Mode Training

Employability Solutions

Cardinal Heenan Catholic High School

Abbot's Lea School

St Cecilia's Infant School

Palmerston School

Archbishop Beck Catholic Sports College

The Belvedere Academy

Liverpool City College

Blessed Sacrament Catholic Primary School

Wellesbourne Primary School

The Blue Coat School

Broadgreen International School

St Margaret Mary's Infant School

Belle Vale Community Primary School

Princes Primary School

Edge Hill University, Faculty of Education and Department of Law and Criminology

Youth Offending Team

Safer Schools Police Officer, Merseyside Police

Redbridge High School

Ernest Cookson School

Kings Leadership Academy

Calderstones School

Michael John Hairdressing and Beauty Training Academy

De La Salle Academy Liverpool

Everton Free School

Harmonize Academy

Royal School for the Blind

Sandfield Park School - Alder Centre for Education (ACE)

Liverpool John Moore's University

Youth Offending Service

King David High School

Tute Online Training Academy

Children's services - Liverpool & Sefton School Nurses Team

Jeff Dunne and the Liverpool Schools' Parliament

Parent Focus Groups/Meetings:

Redbridge High School

Broadgreen International School

Clifford Holroyde Specialist SEN College

ADHD Parent Forum (through Merseyside Youth Association)

Ernest Cookson School

Student Focus Groups

The Belvedere Academy

New Heights High School

Looked After Children

Barnardo's Action with Young Carers

Young Person's Advisory Service (YPAS & GRYO Gay Youth Are Out)

St John Bosco Arts College

Woolton High School

Ernest Cookson School

Redbridge High School

Clifford Holroyde Specialist SEN College

Broadgreen International School

Smithdown Primary School

Appendix 2.
References - key policies and useful links

Mental health and behaviour in schools - Departmental advice for school staff
https://www.gov.uk/government/uploads/system/uploads/ attachment_data/file/508847/Mental_Health_and_Behaviour_-_ advice_for_Schools_160316.pdf

Liverpool NHS CCG Transformation Plans
http://www.liverpoolccg.nhs.uk/media/1087/ liverpoolcamhstransformationalplan.pdf

Liverpool's Children and Young People Mental Health and Emotional Wellbeing Strategy 2014-17
http://www.liverpoolccg.nhs.uk/media/1088/cyp-mental-health-strategy_final.pdf

Children and young people's emotional health and wellbeing needs assessment Merseyside Oct 2012
https://www.liverpool.ac.uk/media/livacuk/instituteofpsychology/ researchgroups/lpho/90_child_&_yp_ehwb_n_ass_FULL_REPORT.pdf

Keeping children safe in education statutory guidance for schools and colleges
https://www.gov.uk/government/uploads/system/uploads/ attachment_data/file/550511/Keeping_children_safe_in_education. pdf

Counselling in schools: a blueprint for the future - Departmental advice for school leaders and counsellors
https://www.gov.uk/government/uploads/system/uploads/ attachment_data/file/497825/Counselling_in_schools.pdf

Future in Mind 2015 - Promoting, protecting and improving our children and young people's mental health and wellbeing
https://www.gov.uk/government/uploads/system/uploads/ attachment_data/file/414024/Childrens_Mental_Health.pdf

Promoting children and young people's emotional health and wellbeing A whole school and college approach
https://www.gov.uk/government/uploads/system/uploads/ attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf

Catch 22 School Based Mental Health Provision
https://www.catch-22.org.uk/services/
NSPCC School Based Mental Health Provision
https://www.nspcc.org.uk/services-and-resources/working-with-schools/

Places2Be School Based Mental Health Provision
https://www.place2be.org.uk/media/8489/ Headteacher%2520Guide.pdf

Pryjmachuk S, Elvey R, Kirk S, et al. Developing a model of mental health self-care support for children and young people through an integrated evaluation of available types of provision involving systematic review, meta-analysis and case study. Southampton (UK): NIHR Journals Library; 2014 June. (Health Services and Delivery Research, No. 2.18.) Scientific summary **https://www.ncbi.nlm.nih.gov/books/NBK262967/**

https://resilienceframework.co.uk/0/edit/-1

http://www.youngminds.org.uk/training_services/academic_ resilience

http://www.boingboing.org.uk/

Appendix 3. Student/Pupil Views

The following are a sample of quotes and statements made by young people of different ages, in different settings throughout the city during focus groups.

"Mental health means crazy to a lot of people."

"We do have mental health but it's misunderstood. It's about how your brain works, everyone needs to know this."

"Don't plaster celebrity messages of ADHD on the walls, it's so patronising. A noticeboard of where you can go to for support would be better."

"Mental health reminds me of horrible memories and it means health in the brain, depression, autism."

"The stigma is that you cannot see mental health so no one can tell how bad you feel."

"More emphasis is placed on physical health than mental health, it would be good if this would change."

"Mental health has a stigma, there is a lack of understanding, for example we were told depression makes you feel sad, anxiety makes you angry – but there is more to it than that."

"Reprioritise students with mental health needs, at the moment they come behind drugs and alcohol problems."

"Real life role models telling their stories is far more effective than lectures. It made us realise that you should not judge anyone as mental illness could affect anyone of us at any time in our lives."

"Everyone should be made aware of the Five Steps to wellbeing."

"Young people sharing their stories to reassure and educate students that you can overcome mental illness."

"Teachers need to be more observational and trained to spot triggers."

"Apps won't work because we would prefer to talk to someone."

"If I could learn to share my feelings I would like to."

"There are lots of young people who don't understand it but are going through it-they need to be able to recognise it."

"Funding is put into other areas but it feels like there is no funding put into mental health."

Whole School Approaches to **Mental Health & Emotional Wellbeing** in Liverpool

Appendix 4. Examples of good practice

Due to the constraints of the report, the following table summarises a selection of the wide range of approaches and good practice used throughout the city. Full details of each approach, and supporting case studies can be found on the following pages

Organisation	Organisation Type	Element	Good Practice Example
Calderstones School	Secondary School	Whole-School Approach (Leadership & Management)	In-house training
Archbishop Beck College	Secondary School	Whole-School Approach (Leadership & Management)	Signposting for students
Granby Children's Centre	Children's Centre	Family Support	Activities to engage parents
Smithdown Primary School	Primary School	Family Support	Activities to engage parents
Ernest Cookson	SEN School	Staff Training & Wellbeing	Mindfulness sessions for staff
Everton Free School	AEP	Staff Training & Wellbeing	Counselling for staff
Wellesbourne Primary School	Primary School	Identification	Learning mentor screening programme
Blessed Sacrament Primary School	Primary School	Intervention	Student Assistant Programme (SAP)
Faith Primary School	Primary School	Intervention	Heart Math Programme
Faith Primary School	Primary School	Strategies	'Think Yourself Great' programme for resilience
Blessed Sacrament Primary School	Primary School	Intervention or Targeted Support	Pets as Therapy
Alsop High School	Secondary School	Targeted Support	Access Centre
Young Person's Advisory Service	CAMHS Partner	Targeted Support	GP Champs
Blessed Sacrament Primary School	Primary School	Curriculum & Learning	Effective Use of Circle Time
Alsop High School	Secondary School	Curriculum & Learning	Booster and Nurture Groups
Broadgreen International School	Secondary School	Curriculum & Learning	Mindfulness Course
St Julie's Catholic High School	Secondary School	Curriculum & Learning	NOW Festival
Redbridge School	SEN School	Curriculum & Learning	Promoting Resilience

Whole School Approaches to **Mental Health & Emotional Wellbeing** in Liverpool

Calderstones School - Deputy Head has completed a CBT qualification and used it to train teachers and all pastoral staff. Part of this process including looking at themselves as staff, learning relaxation techniques and how to support the students emotionally. Emotional health and wellbeing training has been delivered across school to all staff. Teachers raise any concerns with pastoral staff. Although the school recognise that staff are not therapists and they know the boundaries, school wanted to develop different skills and approaches to support behaviour. The training has been cascaded to year teams and half termly staff receive training.

Archbishop Beck College - Staff have a PowerPoint on the desktop of all computers which gives lots of information about agencies that can help and support, including the Samaritans, Young Minds and Young Addaction.

Granby Children's Centre - Staff offer parents and families a wide variety of activities, including; adult colouring classes and 'feel-good factor', which aims to boost self-esteem and confidence.

Smithdown Primary School - Parents are involved in the school in many ways, including: summer fair (families brought a picnic and a picnic blanket); maths workshops; ESOL classes; bring your parent to school day.

Ernest Cookson - CAMHS run Mindfulness sessions for school staff.

Everton Free School - Staff can access counselling and can also refer themselves.

Faith Primary School - Run a 'Heart Math Programme' that ties in with the Mindfulness programme run by Kate Norfolk and is funded through The Quiet Place. Cost is £500-£1000. Children are asked to breathe in and think about someone that they love and appreciate. The lines go from red to green when they are relaxed (not releasing cortisol). Can also be played as games, e.g. a hot air balloon rising the more relaxed the child is.

Redbridge School – Staff promote resilience by setting tasks and activities to challenge students. These include; Duke of Edinburgh (DofE) work experience, taster courses for college, sports leadership award and the National Citizenship Programme.

Case Studies

Name of project/intervention/initiative:

Learning Mentor Screening Programme

Year Group: All years

Number of students: All students

Aim of the project/intervention/initiative:

The aim of this initiative is to ensure all children who are at risk of mental ill-health or poor emotional wellbeing are identified.

Why was it needed?

Staff became aware that some children were not accessing the help that they needed because they were not displaying any challenging behaviour in class. This initiative aims to reduce the number of children that 'slip through the net'.

How was this need identified?

This need was identified by school staff who were becoming concerned that some children's mental health and emotional wellbeing needs were not being met.

Description of what happened

Each term, along with their LSA, teaching staff complete a thorough assessment of each child's risk in different areas. This is split into four categories; general difficulties, behavioural difficulties, social difficulties, and emotional difficulties. Each category contains a number of statements for the teacher and LSA to assess the child against. The teacher and LSA score each child from 1 (no risk) to 3 (high risk). This information is then used to identify children who need support from either the learning mentors or outside agencies. It also includes information such as whether the child speaks English as an additional language or is on free school meals.

What was the impact?

Children who were not displaying challenging behaviour, but were still in need of support were identified earlier.

How is it evaluated?

This is evaluated in two ways. One method of evaluation is to observe how the child's risk level changes after receiving support. Another method is increased observation of those children receiving support.

If this intervention hadn't happened what would have been the impact on the student?

There would be an increase in children not receiving the support that they need.

How was this project/intervention/initiative funded?

This is funded as part of the Learning Mentor Programme.

Who else could benefit from this intervention?

This benefits everyone in the school and could be adapted to most settings

What support would you need to implement this intervention in other areas?

Schools need support from senior management, class teachers and learning support assistants to be able to implement this.

Name of project/intervention/initiative:
Student Assistant Programme (SAP)

Year Group: All

Aim of the project/intervention/initiative:
The aim of this intervention is to provide support for children. The programme is not intended as therapy, but simply provides a space for children to listen and to be listened to. SAP can be used with both primary and secondary children, and can also be used effectively with parents/carers and school staff.

Why was it needed?

It was needed to provide support to children that sometimes fall 'under the radar' but who may be struggling with their mental health and wellbeing.

It was noticed that this was happening with some children who were very academically able but could be dismissive of other children's emotions.

Description of what happened

SAP is a six-week intervention. On completion of the SAP training, the facilitator is provided with a programme booklet which contains a breakdown of each of the session's activities. SAP is unique, in that when a child is sharing their feelings or experiences during the session, no advice or verbal feedback is given (except for 'thank you for sharing'). Using body language to show empathy is encouraged, but the aim is to give the child a space to speak and be heard. At the end of the session, there is time for a biscuit and a drink, and it is at this point that any issues that have been brought up can be discussed further with the children if necessary.

What was the impact?

SAP has a powerful impact on the children and young people who take part. Staff recognised an improvement in the emotional wellbeing of the children who took part, and noted in particular that they had developed their ability to share, to listen and to say 'I'm having a bad day'. It is also helps children to see that they are not alone; other children have problems and worries too.

How is it evaluated?

Feedback from children, teachers and parents regarding children's emotional wellbeing.

If this intervention hadn't happened what would have been the impact on the pupil?

The wellbeing of children, particularly those who fall 'under the radar' would be lower. Children would be likely to achieve less as a result.

How was this project/intervention/initiative funded?

This is funded as part of the Learning Mentor role.

If funding was extended would you implement this project/intervention/initiative again and /or across the whole school?

Yes. This intervention is appropriate for the whole school but in order to be able to deliver it, staff need to be trained first.

Name of project/intervention/initiative:

'Think Yourself Great' (resilience programme)

Year Group: 5

Number of students: 3-4

Aim of the project/intervention/initiative:

This is a 12-week programme that aims to provide children with a number of strategies for overcoming difficulties.

Why was it needed?

This was needed as a result of low confidence in the children. Staff often witnessed children saying 'I can't do it' as well as children becoming very distressed over perceived failure.

Description of what happened

The group start by looking at how the brain works. They use 'Brain Gym' activities in order to engage both sides of their brains. After the 'Brain Gym' exercise children have water and share their news. Whilst they are talking about their news they use playdough as a way to keep focussed. The facilitator ensures that sharing news has a reflective basis, and children are encouraged to reflect on what they have done to achieve their goals or promises from the previous session. Any targets that the children are given are phrased as though they have been achieved, i.e. 'I have achieved good behaviour on the playground'. Finally, stories are used during the sessions to convey messages around themes such as 'never giving up' and 'imagining succeeding'.

What was the impact?

Teachers noticed a great improvement in the attitude of the children attending the group. Children were better equipped to 'bounce back' from any perceived failure.

How is it evaluated?

This was evaluated through observations by teachers and school staff.

Quote from staff member: "Out of all the interventions that we do, this is the one that the children enjoy the most. Children leave with the message that they are perfect the way they are".

How was this project/intervention/initiative funded?

This intervention was funded as part of the Learning Mentor's role.

Who else could benefit from this intervention?

This intervention has been adapted for KS1. However, the school have found that the KS2 intervention is better as it is more explicit in its message. For KS2, the use of metaphor in the stories encourages the use of creative thinking. However, in KS1, this does not have the same effect, as the younger children tend to take the metaphor in the stories literally.

What support would you need to implement this intervention in other areas?

In terms of this intervention, the school are happy with the way it is currently implemented. However, they do feel like they need support to move their interventions to the next level, and have expressed an interest in using the Cognitive Behavioural Therapy (CBT) model of thoughts, feelings and behaviours as a basis for future interventions. The school recognise that they will need additional training and resources to be able to implement this.

Name of project/intervention/initiative: Pets as Therapy

Year Group: KS2

Number of students: 6 students

Aim of the project/intervention/initiative:

This project was initially presented as a reading programme, and therefore its original aims are around improving the children's reading. However, since it's implementation, the project has become more focused on raising self-esteem and increasing children's sense of belonging.

Why was it needed?

This was needed as a way of supporting children who are harder to reach, as well as those who were less assertive or who were struggling to manage their anger.

How was this need identified?

Staff and parents identified problems in relation to the above. In particular, one child who attends this intervention was behaving very differently at home in comparison to school.

Description of what happened

In the session, each child gets time to sit and read to a guide dog. Each child gets approximately 15 mins with the guide dog.

What was the impact?

Children were able to build a two-way trust between themselves and the guide dog. This project also gave children a sense of belonging and responsibility and helped them to feel secure. As a result, children's self-esteem was raised and they became more active members of their class. They were also able to develop better connections with their peers. Out of the four children that started this project, two no longer need to attend any nurture sessions.

How is it evaluated?

This was evaluated through observations of children's behaviour as well as feedback from staff, parents and children.

Quote from student: "I like coming to read with Jess because she always listens to what you have to say no matter what".

If this intervention hadn't happened what would have been the impact on the student?

Children would be withdrawn and not engaged in lessons and with their peers.

How was this project/intervention/initiative funded?

This is a voluntary project provided by the school's welfare assistant and is also part of an LSA's timetable.

If funding was extended would you implement this project/intervention/initiative again and /or across the whole school?

The school are currently looking at expanding this project to early years after discussion with teachers indicate that some children are struggling to engage with the children and staff in their class.

Name of project/intervention/initiative: Access Centre

Year Group: All years

Number of students: Open to all students but currently used by 24

Aim of the project/intervention/initiative:

The aim of this initiative is to ensure students who may have previously been excluded (through anxiety transforming into bad behaviour), now remain integrated as part of the school community.

Why was it needed?

Staff became aware that students who may be suffering from anxiety or dealing with various personal issues can become distracting in class, and when not dealt with correctly can transform into bad behaviours, which as well as not being conducive for the student, can in turn become disrupting for the rest of the class.

Description of what happened

Originally open to KS4, the initiative now extends to KS3. It operates a primary school model whereby students who found working within a classroom environment to present a challenge can use the school's Access Centre which provides an alternative to the usual model of a class structure. Teachers deliver lessons to smaller number of pupils who attend the centre on either a part or full time basis.

What was the impact?

Alsop has always had low exclusion rates, however this initiative has seen an increase in the numbers of students continuing with their formal education, completing exams and fewer students exporting to college.

How is it evaluated?

By monitoring students' progress on an ongoing basis.

If this intervention hadn't happened what would have been the impact on the student?

There would be an increase in children not receiving the support that they need.

How was this project/intervention/initiative funded?

By the Pupil Premium Scheme, and also money previously used to pay for college placements which are no longer needed as a result of this programme.

Who else could benefit from this intervention?

This benefits everyone in the school and could be adapted to most settings

What support would you need to implement this intervention in other areas?

We would need more space and suitably trained staff to extend the service.

Name of project/intervention/initiative:
Year 7 Booster/Nurture Groups

Year Group: Year 7 (can extend to years 8 & 9)

Number of students: 30 students max (15 in each group)

Aim of the project/intervention/initiative:

The aim of this initiative is to smooth the transition from primary school to high school for those who are finding the change difficult or challenging to deal with.

It is aimed at Moderate Learning Disability (MLD) students who would have entered below the expected reading age of approx. 7 years. They tend to be some of the most vulnerable students in the year group.

Why was it needed?

Three years ago staff became aware that students joining the school were lacking in academic skills, which also impacted on self-esteem and confidence levels.

Description of what happened

The SENCO has one group and the primary trained teacher has the other. They work together on curriculum, moderation etc.

They focus on basic literacy and maths skills. These students are disciplined from MFL, English, Maths and Humanities.

Students receive continued support in year 8 but are integrated back into all lessons from yr9 onwards.

What was the impact?

We track progress using reading teats, SATS papers and levels. Many year 7 students reading, writing standards have been improved as a result of this approach, which has resulted in increased levels of confidence and self-esteem. This approach may extend to years 8 and 9, but by year 10 all students are together.

How is it evaluated?

By monitoring students' progress.

If this intervention hadn't happened what would have been the impact on the student?

Lack of confidence and low self-esteem as the pupils slipped behind the rest of the class.

How was this project/intervention/initiative funded?

It is paid for using the top up funding for students who are not at expected levels and also Pupil Premium money.

What support would you need to implement this intervention in other areas?

To extend provision we would need more space and funding to be able to appoint more SEN trained staff to support these students.

Name of project/intervention/initiative: Blossom project

Year Group: Blossom is a project delivered by Head of Year 10 to a small group of students in years 7 and/or 8.

Aim of the project:

It is a voluntary project run after school for 1.5 hours over 12 weeks. The aim of the project is to promote self-esteem, healthy body image, improve relationships and to also raise awareness of various topics such as self-harm, sexuality, substance abuse and eating disorders. However, the course of sessions can be tailored to meet other needs that students might have.

Why was it needed?

Parents often raised concerns and these are passed forward to inform the content of the course.

Description of what happened

The 12-week course focuses on particular topics, and ends in a celebration event.

What was the impact?

The impact of the course is that friendships are often forged and self-esteem visibly improves. Their social skills develop, they mature a lot and if serious issues are disclosed, support is offered to students much sooner. The school use past members of the Blossom project as peer mentors for younger students. They also deliver assemblies to younger students to raise awareness about the project.

If this intervention hadn't happened what would have been the impact?

Students could quite easily become withdrawn and so then problems could escalate. This could lead to poor or non-attendance and then students could be putting themselves into further danger. The biggest impact is how the students develop personally and the reduction in potential longer term problems.

How is it evaluated?

Students complete an evaluation form at the end of each session and at the end of the programme.

How was this project/initiative funded?

The project is funded through school funds.

What support would you need to implement this intervention in other areas?

The project is free and run by a non-teaching Head of Year. For the future, the school would like to run a programme for boys tailored again to their specific needs.

Name of project/intervention/initiative: Time to Change

Year group: Various

Number of students: More than 300

Aim of the intervention:

Aim was to tackle mental health stigma. School ran an assembly and had informal tea and coffee sessions to encourage students to talk and get together. MYA ran resilience sessions and a mental health awareness raising workshop. Amy Winehouse Foundation ran sessions with students to talk about mental health.

Why was it needed?

To raise awareness of mental health and to help Year 11 students recognise that everyone has mental health. It also provided strategies for Year 10 students going into Year 11 to support with exam stress and anxiety.

How was this need identified?

Through talking to staff and members of SLT. Also, a survey completed with MYA with stress buckets.

If this intervention hadn't happened what would have been the impact on the students?

A lack of awareness around mental health and a fear of talking about their own mental health.

Description of what happened

Time To Change ran coffee mornings to encourage students to talk. Assemblies were delivered to years 7,9 and 6th form posing the question 'What is mental health?' and sharing case studies.

Lessons around resilience were planned and delivered through PSHEe. MYA delivered a workshop with Year 11 around spotting signs and symptoms. Year 9 received a mental health awareness session, spotting signs and symptoms and knowing what support is available.

What was the impact?

The impact was that students had a much greater awareness of mental health and were happier to talk about it and open-up. Over time this will hopefully lead to less referrals.

How is it evaluated?

During the resilience lessons students completed a self-assessment to assess their understanding of mental health and taking steps to improve their own mental health.

Students also completed feedback and evaluation forms.

Staff are now more aware that students are happier talking about mental health and have a greater understanding of it.

How was the project/intervention/initiative funded?

The project was funded by Time to Change and MYA.

What support would you need to implement this intervention in other areas?

More input from specialised services and staff to oversee the delivery of it.

Name of project/intervention/initiative:
Mindfulness course delivered by Inspiring Futures

Year group: 12 and 13

Number of students: 16

Aim of the intervention:

The aim of the course was to teach strategies to a group of students to help them cope better with exam stress. Some vulnerable students were included in the group also to pre-empt stress in the future as they were showing signs of anxiety.

Why was it needed?

The course was needed as some parents had expressed their concern that they felt their child was struggling academically with their studies. Students had also shared with staff that they felt stressed. The twelve-week course was delivered to 16 students. It was mixture of practical sessions, role plays and discussion that the students really responded to.

If this intervention hadn't happened what would have been the impact on the students?

Stress problems could have escalated into something more serious. Students may well have dropped some of their subjects.

Description of what happened

The twelve-week course was delivered to 16 students. It was mixture of practical sessions, role plays and discussion that the students really responded to. Each session lasted an hour.

What was the impact?

It was a tremendous success. Feedback from the students was that they felt more confident, their stress levels were reduced which could be seen visibly by staff. One of the students who has ASD had the

confidence to run for Head Boy. He is now Deputy Head Boy and he stated that the course taught him how to reflect on his problems and put them into perspective. The course has been the catalyst to open many doors for him. His confidence has grown and he has many more friends now, as a result. He said: 'During the Mindfulness course I took in Sixth Form, I developed skills and strategies such as;

- Confidence in approaching teachers and other students
- I feel confident in giving my opinion in class
- It gave me confidence to get the most out of the India trip

I use the mindful breathing technique whenever I feel anxious or stressed.

Overall I think that this has helped me to boost my self-esteem and I would highly recommend this course to anyone else.'

The Mindfulness course certainly helped to provide a solution to stress but also helped to further develop the resilience skills of students. It prevented some students from dropping out of their studies as they felt overwhelmed by everything at that time.

How is it evaluated?

Feedback was obtained from both Inspiring Futures and students.

How was the project/intervention funded?

The cost of the course was funded by school. If additional funding was available school would want to roll it out to more students, staff and parents.

Name of project/intervention/initiative: GP Champs delivered by YPAS (learnt about it through Open Space event)

Year group: Year 8

Number of students: Up to 12

Aim of the intervention:

The aim of the intervention was to address a group of students with self-harm issues to develop their resilience skills, in order for young people to feel better equipped to deal with life challenges and to enable them to remain in school.

Why was it needed?

It was needed due to low level friendship issues that were leading to quarrels and all of the group showing early signs of self-harming.

Description of what happened

The students involved were very open and vocal about what was happening. They told the Pastoral Officer that as a group they were all self-harming due to their friendship breaking down. GP Champs is a six-week tailored programme, one session a week delivered to a group that covers a variety of topics. These include managing stress, self-harm, healthy relationships, drugs, alcohol, and mental health, when bad things happen.

What was the impact?

Feedback from the students has been very positive. The students are open and honest and now have strategies to deal with self- harm and how to stop. Over time we will be able to monitor the re-referrals in addition to monitoring the students closely for any repeat behaviours.

How is it evaluated?

Feedback was obtained from students and close monitoring of re-referrals. Feedback was also sought from meetings held with GP Champs.

If this intervention hadn't happened, what would have been the impact on the students?

Without this intervention their behaviour could have escalated into something more serious resulting in poor attendance, poor attainment and other health issues. The school would be very keen to repeat this programme again looking at other specific issues such as eating disorders.

How was the project/intervention/initiative funded?

There was no cost for this service. GP Champs is a part of YPA (a member of the Liverpool CAMHS Partnership).

What support would you need to implement this intervention in other areas?

We would need the expertise and support of GP Champs as they can tailor their support to meet the needs of the school.

Name of project/intervention/initiative: Brook Education

Year group: Year 10

Number of students: 3 students

Aim of the intervention

The aim of the intervention was to work with students around an area of concern for example self-harm, stress, behaviour issues.

Why was it needed?

The students had low self–esteem and needed a goal to aim towards to improve behaviour and attitude in school. Another student, who had taken an overdose, whilst on the waiting list for CAMHS took a second overdose so intervention and support was needed. Their Head of Year observed a change in their behaviour and so knew that extra support was required.

Description of what happened

Brook Education delivered three 1:1 hour-long sessions with all three students in school. The sessions were tailored to meet their individual needs e.g. Pre-CAMHS programme and self-esteem programme. Brook also delivered two assemblies to the whole of year 10 on stress and safety.

What was the impact?

The two students who had self–esteem issues became more confident and their behaviour in school has improved. The student that took the overdoses has not repeated this since and the programme gave her support whilst waiting for CAMHS.

"I really liked the sessions and I felt comfortable talking about my problems. I wanted more sessions but they were not available."

"The Brook staff were extremely helpful and wanted to support the different needs of the students. They also saw the importance of their service in supporting students until other services could take over due to long waiting lists."

How is it evaluated?

Improvement in behaviour and no repeat incidents of self-harm.

If this intervention hadn't happened, what would have been the impact on the student?

If the intervention had not have happened poor behaviour would have continued which could have escalated to something even more serious.

How was the project/intervention/initiative funded?

There was no cost for this project but it was limited to 3 x 1 hour sessions.

What support would you need to implement the intervention in other areas?

One member of staff explained: 'CAMHS once a month is good, but we need them more often. A fulltime counsellor in school would really support the emotional needs of the students offering them reliability and consistency in terms of trusting someone and building a relationship with them.'

Name of project/intervention/initiative:

In My Own Words – NOW Festival

Year group: Year group 9/10

Number of students: Number of students involved 10

Aim of the intervention

Part of the NOW Festival for schools. Aim was to promote mental health issues amongst young people.

Description of what happened

Schools took part in mental health workshops and learnt how to use drama to deliver powerful messages about mental health. St Julie's won the overall prize and so their piece In My Own Words was performed to a number of schools across Liverpool and also to all students in St Julie's.

The project was an opportunity to promote mental health through drama but in doing so it raised awareness of topical and sensitive mental health issues. The students involved really enjoyed the experience of performing, but they also saw the importance of spreading the message to all year groups in school. Going on tour also provided an opportunity to show their message off.

Students attended after school sessions to learn about mental health. As a cast they agreed that the aim of the performance should be:

- What do the audience want to take away with them?
- What impression do you want to leave them with?
- To show that you don't have to be pressured into making decisions
- To show that something quite small can have lots of effect on other people
- To show how speaking out about your own mental health is a positive thing.

At the same time students developed their own personal skills and their own awareness. They shared their experiences which helped them as a group. If the project had not happened much awareness raising around mental health would have been lost. Students may not have had the confidence to speak out about mental health.

What was the impact?

Drama is a brilliant way of tackling sensitive issues in PSHEe. It allows students to showcase their talent to other students and gives them an opportunity to perform.

The students gained such a lot from the whole experience. They now see the importance of spreading the message to all year groups in their school and with the tour an opportunity to reach out to students in other schools.

How is it evaluated?

After each performance students ran a question and answer session with the audience to gauge their views and knowledge. Evaluation forms were also distributed that gave audiences the opportunity to express any concerns or further issues.

If this intervention hadn't taken place what would have been the impact?

Potentially a lack of awareness and knowledge around mental health and a lack of confidence to speak about it.

How was this project/intervention funded?

NOW Festival was free to enter. MYA provided support

If funding was extended would you implement this project/intervention/initiative again and /or across the whole school?

Definitely. Drama is a great way to tackle and raise awareness of sensitive issues. It was a wonderful way to showcase the talent in our school. It also gave performers the opportunity to perform to a wider audience.

Name of project/intervention/initiative:

Rights Respecting School

Year group: All

Number of students: All

Aim of the intervention:

The aim of this project was to increase the students' awareness of their rights and to give students the opportunity to ensure that young people's rights are respected.

Why was it needed?

Not all young people are aware of their rights. As a SEN school for young people with physical, medical, emotional and learning difficulties, staff felt that it was vital that the students had an awareness of their rights, and what they could do if they felt that their rights were not being respected.

Description of what happened

As part of their Rights Respecting School status, classes at Sandfield Park have explored the articles in the United Nations Convention for the Rights of a Child UNCRC, with each class choosing three articles that meant something to them to explore further. The rights are clearly visible around the school via colourful displays, and rights are frequently referred to.

Staff at Sandfield Park are proactive in making sure that young people's rights are respected. They achieve this in a number of ways;

- A proactive and impactful School Council

- Assemblies about Rights

- Lunchtime clubs to support individual talents and interests, such as hair and beauty, debating and even a rock band!

- Ensuring that nobody is excluded due to medical or transport needs

- All teachers have a Rights Respecting section when planning along with a board in their classroom promoting different rights.

What was the impact?

Students at Sandfield Park are now passionate about their rights. Furthermore, they are proactive in making sure that the rights of other young people are respected.