Working in partnership

Introduction to the case study practice examples

This practice example is aimed at school staff and policy-makers wanting to understand how schools and colleges work in partnership with NHS Children and Young People Mental Health Services (NHS CYPMHS)[a]. It is part of a series of five practice examples focused on mental health provision in settings. The other four practice examples are:

- Developing a whole organisational approach;
- Developing a preventative approach;
- Identification and assessment of needs; and
- Engaging parents and families.

They draw on learning from case studies which formed part of research on support for mental health and character education in schools, colleges and alternative provision across England [1,2,3,4]. The case study schools were selected based on their reported active engagement in provision for mental health and character development. The case study settings included mainstream (both LA maintained and academy) primary and secondary schools and further education colleges. Where there was transferable learning for mainstream settings, the practice examples also contain findings from special schools and Pupil Referral Units (PRUs).

This practice example provides a brief overview of case study schools' and colleges' experiences of working in partnership with NHS CYPMHS and the facilitators needed to make this partnership successful. The paper also discusses the benefits and challenges of collaborative working and highlights some of the resources needed to undertake such work. Finally, some top tips on how to develop partnership working, for example with NHS CYPMHS, drawing on the experiences of staff at the case study schools and colleges are provided as well as a short resource section of further suggested reading.

Overview

Schools and colleges saw partnership working as a triangle between education, health and social care. In the context of supporting mental health in schools the most important partnership was between schools/colleges and NHS CYPMHS. Better partnership working between schools/colleges and NHS CYPMHS was considered crucial to providing better support for a child with mental ill health. Schools and colleges had different experiences of working with NHS CYPMHS. Some had little contact with or little information passed to them from NHS CYPMHS. Others were noticing an

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[a] Mental health provision for children and young people in England is provided under the umbrella of Children and Young People's Mental Health Services (CYPMHS). The CYPMHS framework incorporates all professionals working with children and young people, from universal provision through to specialist inpatient and outpatient services. The services that are funded by the NHS are known as NHS CYPMHS. These are services that were previously (and still are in many areas of the country) called NHS CAMHS.

improvement in partnership working between themselves and NHS CYPMHS with the school or college being invited to review meetings, and passed information about children or young people accessing NHS CYPMHS. For the rest, the relationship was working well with good communication in both directions.

Facilitators

There were two main interconnected facilitators for more collaborative working between schools and colleges and NHS CYPMHS:

- **Building a relationship between staff in schools and NHS CYPMHS** was important for more joined up partnership working. This was achieved through staff at schools and NHS CYPMHS spending more time working together, either through staff at schools proactively contacting NHS CYPMHS or through having a member of staff from NHS CYPMHS linked to the school. Having a multi-agency approach to support children and young people with mental ill health was an important mechanism to share good practice, provide advice to staff at the school and provide better support for a child.
- **Good communication with information flowing in both directions** was essential for effective partnership work and schools and colleges needed to return NHS CYPMHS professionals' phone calls and emails and vice versa. Schools and colleges tended to report improved communication where they had built a relationship with NHS CYPMHS.

Benefits

Schools and colleges valued good relationships with NHS CYPMHS and highlighted several benefits. For example, one LA maintained secondary school was part of the Mental Health Services and Schools Link Pilots which explored how schools and NHS CYPMHS could work more effectively together. As a result of the project the school had a named NHS CYPMHS worker who could provide the school with advice and support about referrals to NHS CYPMHS; advice about appropriate support for students with mental ill health; and staff training.

In one PRU, NHS CYPMHS were more visible after the start of their project which increased NHS CYPMHS time in the setting from a few hours every other week to three days a week. Having this presence had resulted in lowering barriers to accessing support and reducing stigma around using NHS CYPMHS for both the staff and students. Young people were now starting to engage with NHS CYPMHS and this was attributed to the service being much more visible and accessible in the PRU. The NHS CYPMHS staff were now viewed as part of the wider school team which had led to this improvement in engagement by young people. Having NHS CYPMHS more closely linked with the PRU had also resulted in quicker response times for providing support to young people.

Having a good information flow between schools and colleges and NHS CYPMHS resulted in improved support for a child or young person. School staff felt it was important for NHS CYPMHS professionals to talk to the school as staff knew the child and could offer an informed perspective about how the child was progressing and coping. If schools and colleges received information from NHS CYPMHS, staff felt they were in a better position to provide support for children.

Challenges

There were various challenges noted by schools and colleges who worked with NHS CYPMHS. These included:

- **Fluid and increasing thresholds** for services with no clear criteria available regarding the threshold level. This made it very difficult for schools to assess if a child would be deemed eligible for support from NHS CYPMHS.
- **Long waiting times and limited capacity of NHS CYPMHS** were highlighted, which often left schools and colleges having to try to support children and young people while they waited for their first mental health service appointment.
- **For some schools and colleges, staff needed knowledge of a wide variety of different mental health services.** This was mainly due to the location of the school falling into different NHS CYPMHS or because the young person was transitioning from NHS CYPMHS to adult mental health services (AMHS).
- **Information sharing and ensuring confidentiality**. Schools and colleges found it beneficial to have information about a child or young person's mental health care in order to plan appropriate support for them. When this information was not provided, it could adversely impact on the support that schools and colleges could put in place, and be very time consuming to chase the information. Obtaining information from parents could be challenging if the parents were unable or unwilling to engage in the process.

Having a good partnership with NHS CYPMHS helped schools and colleges with these challenges. For example, having a named contact at NHS CYPMHS allowed staff an opportunity to discuss the eligibility criteria in connection to specific children and young people. Also, staff noted that information sharing often improved once a partnership between schools/colleges and NHS CYPMHS had been developed as there was greater understanding of the benefits of sharing information. However, these challenges were generally outside the school or college's direct control, and collaborative working only partially resolved these issues.

Resourcing

Staff time was identified as the main resource needed for developing a good partnership between schools and colleges and NHS CYPMHS. Having dedicated people to support the partnership work in both schools and colleges and NHS CYPMHS resulted in the best partnerships and, therefore, the best support being provided to the child or young person. Difficulties accessing NHS CYPMHS had resulted in schools and colleges having to provide more targeted support for their students which also required additional resourcing.

Key learning

There were some useful areas of key learning and top tips provided by the case study schools and colleges, including:

- Allowing time, both day-to-day and over a period of time, to build meaningful relationships with external agencies including NHS CYPMHS. Schools and colleges may need to invest in a staff member to have this remit.
- A direct email address is a better form of communication between teachers and NHS CYPMHS professionals as their schedules can often conflict making it hard to speak to one another on the phone.
- NHS CYPMHS professionals need to make it clear to children and young people and parents why it is so important for them to share information with the school. There needs to be greater emphasis on the practitioner to get that consent to enable schools and colleges to provide appropriate support.

- Having a written agreement about what information needs to be exchanged between schools and colleges and NHS CYPMHS was very helpful.

References

1. Marshall, L; Rooney, K; Dunatchik, A and Smith, N. (2017) *Survey of Character Education in Schools in England.* London: DfE
2. Marshall, L; Wishart, R; Dunatchik, A and Smith, N. (2017) *Supporting Mental Health in Schools and Colleges – Quantitative survey.* London: DfE
3. White, C, Gibb, J, Lea, J and Street, C. (2017) *Developing Character Skills in Schools. Qualitative case studies.* London: DfE
4. White, C, Lea, J, Gibb, J and Street, C. (2017) *Supporting Mental Health in Schools and Colleges – Qualitative case studies.* London: DfE

Resources and further reading

Department of Health/NHS England (2015) *Future in Mind. Promoting, protecting and improving our children and young people's mental health and wellbeing* www.mentalhealthpartnerships.com. This document makes a number of proposals to improve mental health services for young people by 2020.

Royal College of Psychiatrists (2015) *NHS England update on progress with Future in Mind.* www.rcpsych.ac.uk. Provides an update on the progress made against the proposals to improve mental health services for children and young people in Future in Mind.

Anna Freud Centre CASCADE training for Schools and NHS CYPMHS Partnership training: www.annafreud.org.uk. The training comprises of two workshops delivered at least 6 weeks apart. The workshops are for Education and Mental Health professionals and aim to bring together representatives from up to 10 schools and their local NHS CYPMHS, building stronger links and communication between these professionals.

Day, L; Blades, R; Spence, C and Ronicle, J. (2017) *Mental Health Services and Schools Link pilots: evaluation report.* London: DfE. An evaluation of the project which aimed to improve partnership working between schools and NHS CYPMHS.