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Evaluation of the CAMHS In-Reach to Schools pilot programme: Pilot progress and the Impact of Covid 19, supplementary paper to the Interim Report

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The researchers undertaking the case-study fieldwork were Rhodri Bowen, Sarah Lloyd-Jones Heather Pells and Val Williams.

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Glossary

Acronym	Definition
ACE	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
ALN	Additional Learning Needs
ALNCOs	Additional Learning Needs Co-ordinators
CAMHS	Children and Adolescent Mental Health Service
EP	Educational Psychology
GP	General Practitioner
LA	Local Authority
LHB	Local Health Board
sCAMHS	Specialist Children and Adolescent Mental Health Services
SENCos	Special Educational needs Co-ordinators
SPACE - Wellbeing	Single Point of Access for Children's Emotional Well-being and Mental Health
WG	Welsh Government
YMHFA	Youth Mental Health First Aid

1. Summary

The CAMHS In-Reach to Schools pilot programme

1.1 The CAMHS In-Reach to Schools pilot programme aims to build capacity (including skills, knowledge and confidence) in schools to support pupils' mental health and well-being and improve schools' access to specialist liaison, consultancy and advice when needed. The pilot programme operates in three areas:

- South East Wales (covering Blaenau Gwent and Torfaen / Aneurin Bevan University Health Board and South Powys / Powys Teaching Health Board);
- West Wales (Ceredigion / Hywel Dda University Health Board); and
- North Wales (Wrexham and Denbighshire / Betsi Cadwaladr University Health Board).

The evaluation of the CAMHS In-Reach to Schools pilot programme

1.2 The aim of the evaluation is to understand how the CAMHS In-Reach pilot programme is working, whether the objectives of the pilot programme are being met and how the pilot programme is understood by stakeholders across the pilot regions. The objectives of the evaluation are to:

- assess and evaluate the confidence and skills of teachers and schools in responding to emotional and mental health concerns of pupils, including early recognition and support;
- assess and evaluate the effectiveness of the pilots in responding to pupils with more serious issues and facilitating access to specialist support;
- review the process of implementing the pilots and whether the activity has been delivered effectively;
- examine how each of the pilots' areas is supporting pre-critical point referrals to CAMHS[1];
- identify good practice and support the work of multi-agency/co-working;

[1] I.e. timely referrals to CAMHS before mental health difficulties escalate and become critical.

- provide recommendations for future multi-agency working, good practice, research and policy and whether further evaluations are required to inform Welsh Government (WG) and Local Health Board (LHB) [and Local Authority (LA)] decisions on the potential of a future roll-out of the CAMHS In-Reach to Schools pilot programme.

1.3 A mixed methods approach was deployed, including:

- desk-based research, including both pilot documents and other research in this area;
- a baseline survey of school staff;
- qualitative case-study research, including visits to schools and interviews with LA, LHB and voluntary sector services, such as educational psychology (EP), CAMHS and school counselling; and
- engagement as a critical friend to the national pilot programme team and the pilot programme team in each area.

1.4 Findings from the desk-based research, baseline survey of staff, the first round of qualitative case-study research and engagement with the pilots are presented in the pilot programme evaluation's interim report, which is being published at the same time as this supplementary paper.

1.5 This supplementary paper is to be read as a follow-up to the interim report, and presents the data gathered through the second round of qualitative case-study research with a sample of school clusters, services, such as Child and Adolescent Mental Health Services (CAMHS)[2], school counselling, educational psychology and voluntary sector services, working with them, and interviews and discussions with CAMHS In-Reach Practitioners. The report aims to present the position for schools and services at the approximate midpoint of the pilot programme (early spring 2020).

[2] More specifically, specialist CAMHS (or sCAMHS). We have used "CAMHS" as this was the language used by respondents.

1.6 The report also provides a ‘snapshot’ of the impact of Covid-19 and the lockdown upon schools, pupils and services in late April and May 2020. These latter findings are drawn from a small sample at a period in time, when schools were responding to a fast-moving and challenging situation.

1.7 The closure of schools was announced on 18th March and when interviewed in April, May and in the case of one school, early June, schools were adjusting to their new role, supporting those most in need, including the children of key workers and vulnerable children[3]. The interviews offer a valuable insight into the types of impacts experienced by schools, including pupils and staff, and services, but cannot be considered a comprehensive or necessarily up to date account, as schools and services have now had more time to adjust, and should therefore be treated with caution. This report therefore provides a partial update on the pilot programme evaluation’s interim report. Although it was not the original intention to do so, it was decided to publish this supplementary report to aid with understanding of the unfolding picture, at a time when schools were increasing their operations and more pupils were beginning to attend schools in order to "check in, catch up and prepare" for the autumn term.

Key findings

Pupils’ mental health and wellbeing and support from the pilot programme

1.8 When asked (pre Covid-19) if pupils’ mental health and wellbeing had worsened over the last six months, there was a mixed response from schools and services. Some reported that it had worsened, with a spike in mental health difficulties, such as self-harming, reported in North Wales. However, other schools and services reported little change, albeit with significant and continuing high levels of concern about pupils’ mental health and wellbeing.

1.9 The extended closure of schools to all bar the children of key workers and vulnerable pupils (as a result of Covid-19) is expected to have a negative

[3] Defined as “children with a social worker or with Statements of special educational need” (WG, 2020).

effect upon pupils' mental health, due to the effects of social isolation, anxiety and impacts upon the family, such as unemployment, juggling home schooling and work, and difficulties accessing food and other necessities. During lockdown, schools were particularly concerned about keeping in touch with vulnerable pupils. Looking forward, they were concerned about what will happen when schools "increase their operations" and begin re-opening with the phased return of all pupils, and how pupils will cope with the transition back to school and 'normal' life, and what difficulties they may have as result of their experiences of the impact of Covid-19.

1.10 Feedback on pilot training and support (pre Covid-19) was generally positive and often very positive. School staff were reported to be more aware of mental health issues, although evidence of an impact upon practice was more mixed. As a result of the pilot programme's training and support, schools expect to be better prepared for responding to the impact of Covid-19 upon pupils' mental health and wellbeing than they would otherwise have been, but still reported that they will need more support from the pilot programme.

1.11 The pilot programme's training is not the only driver of changes in staff confidence and practice (in relation to pupils' mental health and well-being). There is evidence of synergies between training delivered by the pilot such as the Youth Mental Health First Aid course and training on, for example, Trauma Informed Schools delivered by partners like GwE (the North Wales Consortium of Schools). This is likely to enhance the impact of the pilot, but complicates attempts to isolate the pilot's impact.

School staff mental health and wellbeing and support from the pilot programme

1.12 Poor staff mental health and wellbeing is a significant concern in pilot schools and the evidence from interviews with school staff suggests that by shining a spotlight on the issue, the pilot has helped to highlight this. This increased awareness makes it difficult to judge if staff mental health and wellbeing was changing (pre Covid-19), although it was notable that some schools reported taking action to improve staff mental health and wellbeing

as a result of the pilot programme. As in the first round of fieldwork, budget cuts and pressure upon schools and staff linked to workloads, inspections and accountability, were seen as the key factors driving staff stress and low levels of wellbeing. In addition, a lack of confidence and problems accessing services (which the pilot aims to directly address), were also reported to be having a negative impact upon staff stress and wellbeing.

1.13 The impact of Covid-19 upon school staff has been generally negative. Initially some staff were reported to have been relieved that schools had closed and that they were no longer subject to the stress associated with 'normal' school life. However, staff were also reported to have struggled with changes in their professional practice, such as the moves to online learning, alongside changes in their personal lives, such as home schooling, caring for others, self-isolating and shielding. Like pupils, there are concerns about what will happen when schools increase their operations and how staff will cope with the transition (when this happens) and their experiences of the impact of Covid-19.

1.14 As in the first round of fieldwork, responses to pilot training and support (pre-Covid-19) focused upon staff mental health and wellbeing remained mixed. The evidence from interviews with school staff suggests that issues like the continuing stigma around mental health may make it harder to engage staff in discussions about their own mental health and wellbeing. Overall, school staff appear to have struggled to prioritise action to promote their own wellbeing in comparison with action to promote pupils' wellbeing. This is likely to be a cause for concern, if, as expected, staff mental health and wellbeing is negatively affected by Covid-19.

Access to specialist advice and liaison

1.15 In West and Mid and South Wales, there was consistently positive feedback about CAMHS In-Reach practitioners' provision of specialist advice and liaison to schools (pre Covid-19). This role was reported by schools to provide opportunities to reinforce and 'model' training, and also provided a link between schools and services, which, for example, helped improve communication and co-ordination of support. The skills and knowledge of

CAMHS In-Reach practitioners, combined with easy access to the service, are equally valued, as unlike many others sources of specialist advice and liaison, there is not a lengthy and bureaucratic referral process and/or waiting list. In North Wales where they are planning to pilot the specialist advice and liaison role, it appears that there will be demand for it.

1.16 The interviews with services and discussions with CAMHS In-Reach practitioners indicates that the impact of Covid-19 upon access to services has been mixed. There has been a sharp drop in referrals to specialist services like CAMHS in all three areas, which is a concern (as it is thought that children and young people's health needs are increasing), but also, more positively, an increase in partnership working in each area, aided by the move to online meetings.

Conclusions

1.17 There is a clear need, and strong support, for the pilot, and the impact of Covid-19 is expected to increase this need. The pilot programme allows schools to be better prepared than they would otherwise have been for the return of pupils and, to a lesser degree, staff. Nevertheless, they still want support from the pilots to help them prepare for schools increasing their operations, and the difficulties pupils and staff may experience when they return.

1.18 Overall, the pilot is working well, although further work to develop and refine training and support to promote staff mental health and wellbeing is likely to be needed. The latest round of fieldwork also highlights questions about the pilot programme's alignment with, and contribution to, (i) the national and regional Whole School Approaches to mental health and wellbeing which are being developed; and (ii) the responses of health and education services (and others) to supporting schools' response to Covid-19. The pilot programme is only a small part of the education and health system and there is a need for planning and co-ordination of support from across the system. Delivery of the pilot programme will also have to change as a result of Covid-19., For example, the crisis is likely to accelerate moves to deliver elements of the pilot programme online.

2. Introduction

The CAMHS In-Reach to Schools pilot programme

2.1 The CAMHS In-Reach to Schools pilot programme aims to build capacity (including skills, knowledge and confidence) in schools to support pupils' mental health and well-being (e.g. through training) and improve schools' access to specialist liaison, consultancy and advice when needed (e.g. by providing access to CAMHS In-Reach practitioners). These medium term outcomes are intended to contribute to long term outcomes, such as enabling schools to meet the educational needs of their pupils and reducing school staffs' stress. The pilot programme operates in three areas:

- South East Wales (covering Blaenau Gwent and Torfaen / Aneurin Bevan University Health Board and South Powys / Powys Teaching Health Board);
- West Wales (Ceredigion / Hywel Dda University Health Board); and
- North Wales (Wrexham and Denbighshire / Betsi Cadwaladr University Health Board).

2.2 Further details on the pilot programme's development and operation are provided in the pilot programme evaluation's interim report.

The evaluation of the CAMHS In-Reach to Schools pilot programme

2.3 The aim of the evaluation is to understand how the CAMHS In-Reach pilot programme is working, whether the objectives of the pilot programme are being met and how the pilot programme is understood by stakeholders across the pilot regions. The objectives of the evaluation are to:

- Assess and evaluate the confidence and skills of teachers and schools in responding to emotional and mental health concerns of pupils, including early recognition and support.
- Assess and evaluate the effectiveness of the pilots in responding to pupils with more serious issues and facilitating access to specialist support.
- Review the process of implementing the pilots and whether the activity has been delivered effectively.

- Examine how each of the pilots' areas is supporting pre-critical point referrals to CAMHS [4].
- Identify good practice and support the work of multi-agency/co-working.
- Provide recommendations for future multi-agency working, good practice, research and policy and whether further evaluations are required to inform Welsh Government and LHB [and Local Authority (LA)] decisions on the potential of a future roll-out of the CAMHS In-Reach to Schools programme.

2.4 A theory-based approach to evaluation, focused upon testing the CAMHS In-Reach to Schools pilot programme's logic model was used. In order to generate data to test the logic model and establish if, for example, activities and outputs were delivered and outcomes generated as expected, a mixed methods approach was deployed, including:

- desk-based research, including both pilot documents and other research in this area;
- a baseline survey of school staff;
- qualitative case-study research, including visits to schools and interviews with LA, LHB and voluntary sector services, such as educational psychology (EP), CAMHS and school counselling; and
- engagement as a critical friend to the national pilot programme team and the pilot programme team in each area.

2.5 Findings from the desk-based research, baseline survey of staff, the first round of qualitative case-study research and engagement with the pilots are presented in the pilot programme evaluation's interim report, which is being published at the same time as this supplementary paper.

2.6 This supplementary report presents the data gathered through the second round of qualitative case-study research with a sample of school clusters, and services, such as Child and Adolescent Mental Health Services

[4] I.e. timely referrals to CAMHS before mental health difficulties escalate and become critical.

(CAMHS)[5], school counselling, educational psychology and voluntary sector services, working with them, and interviews and discussions with CAMHS In-Reach Practitioners. The report aims to present the position for schools and services at the approximate midpoint of the pilot programme (early spring 2020).

2.7 The report also provides a 'snapshot' of the impact of Covid-19 and the lockdown upon schools, pupils and services in late April and May, and in the case of one school, early June 2020. These latter findings are drawn from a small sample of schools and services in Mid, South and West Wales during an unprecedented period. The closure of schools was announced on the 18th of March (with schools closing on the 20th of March) and when interviewed, schools were adjusting to their new role, supporting those most in need, including the children of key workers and vulnerable children[6] and moving to support home learning. The interviews offer a valuable insight into the types of impacts experienced by schools, including pupils and staff, and services, but cannot be considered a comprehensive nor necessarily up to date account, as schools and services have now had more time to adjust, and findings should therefore be treated with caution.

2.8 This report therefore provides a partial update on the pilot programme evaluation's interim report and aims to present the position for schools and services at the approximate midpoint of the pilot programme (early spring 2020). Although it was not the original intention to do so, it was decided to publish this supplementary report to aid with understanding of the unfolding picture, at a time when more pupils were beginning to attend schools in order to "check in, catch up and prepare" for the autumn term.

[5] More specifically, specialist CAMHS (or sCAMHS). We have used "CAMHS" as this was the language used by respondents.
[6] Defined as "children with a social worker or with Statements of special educational need" (WG, 2020).

3. Approach and methodology

3.1 Longitudinal case studies are a key part of the evaluation of the CAMHS In-Reach to Schools pilot programme. The case studies enable primary research (such as interviews) with education staff and the specialist services, such as CAMHS, Primary Mental Health Services, Educational Psychology and Families First services working with schools. The first round of case studies was undertaken in summer and early autumn 2019, and this report focuses upon follow up interviews conducted roughly six to eight months after the first round of visits in early 2020.

Site selection

3.2 The criteria for selecting case study sites were:

- willingness of the secondary school and a sample of its cluster primary schools to commit to the longitudinal study;
- at least one school cluster in each LA (i.e. Blaenau Gwent, Ceredigion, Denbighshire, Powys, Torfaen and Wrexham);
- a mix of school clusters in rural and urban areas across the three pilot areas;
- a mix of English and Welsh medium schools across the three pilot areas; and
- a mix of school clusters serving areas of high and low socio-economic deprivation within each pilot area.

3.3 Prospective schools were contacted by email and phone. Plain language information sheets explaining the evaluation were provided and as participation in the case studies element of the evaluation was voluntary, schools' choices were fully respected. This is likely to have introduced a degree of selection bias toward schools that were more interested and engaged in the pilot, but was regarded as unavoidable. Schools also gave other reasons for not choosing to take part, such as forthcoming Estyn inspections. Schools that chose to take part were interviewed using a semi-structured interview schedule.

3.4 During the first (baseline) round of fieldwork, the 22 schools were asked if they would be willing to be re-contacted to discuss a second visit in early 2020. All the schools agreed to this. Unfortunately, as outlined below, the second round of fieldwork was disrupted by the impact of the Covid-19 pandemic.

3.5 The fieldwork in North Wales was largely completed before the closure of schools in response to the Covid-19 pandemic in March 2020, with only one school unable to take part. However, the closures seriously disrupted fieldwork in West and Mid and South Wales. Contact was made with staff involved in the first round of fieldwork, where possible, before schools closed, but planned visits were either cancelled or put indefinitely on hold. In order to minimise pressure upon schools during a very difficult period, and at the request of the Welsh Government, fieldwork was put on hold in mid-March. Once schools had time to adjust, with the agreement of the Welsh Government, school staff in West and Mid and South Wales were re-contacted by email and/or phone in April to ask if they would be willing to be re-interviewed by phone. Not all responded, and in several cases, interviews that had been rearranged, were called off.

3.6 As the impact of Covid-19 was judged unprecedented and uncertain, when fieldwork restarted in late April and May, the opportunity was taken to ask schools and services in Mid, South and West Wales additional questions about the impact of Covid-19. The questions focused upon three key areas: the impact of Covid-19 upon: the school and its pupils; on the CAMHS In-Reach programme; and on other services. This included exploring the extent to which the programme meant schools were better prepared for the impact of Covid-19 and the implications for the programme when schools increase their operations. A copy of the original interview schedule is included in the interim report.

3.7 In total in the second round of fieldwork, 15 staff from 13 schools were re-interviewed. Table 1 provides a breakdown by pilot area for the first round of fieldwork in 2019 (documented in the pilot programme evaluation's interim

report) and the second round of fieldwork in 2020 (which this report discusses).

Table 1. Schools interviewed by pilot area and local authority in 2019 and 2020

Pilot area	Local authority	Primary schools (2019)	Primary schools (2020)	Secondary / all age schools (2019)	Secondary / all age schools (2020)
West Wales	Ceredigion	2		2	1
Mid and South Wales	South Powys	2	1	2	
	Blaenau Gwent	1	1	1	1
	Torfaen	2	1	2	1
North Wales	Denbighshire	2	2	2	2
	Wrexham	2	2	2	1
Total		**11**	**7**	**11**	**6**

Interviews with services

3.8 Key services were identified through interviews with schools. Staff from these services were interviewed during the first round of fieldwork in 2019 and interviewees were asked if they would be willing to be re-interviewed in early 2020. All but one agreed to this (one service felt they would not have much to offer in a second interview).

3.9 As with schools, the interviews with services in North Wales was largely completed before the lockdown and disruption caused by Covid-19, but the crisis seriously disrupted fieldwork in Mid and South Wales. As with schools, all fieldwork with services was put on hold in March 2020. Once services had time to adjust, and with the agreement of the Welsh Government, services in in West and Mid and South Wales were contacted in April and May to ask if

they would be willing to be re-interviewed by phone. As table 2 outlines, interviews were conducted with six staff from six services in North and West Wales, but no services in Mid and South Wales responded or chose to take part.

Table 2. Services interviewed by pilot area in 2019 and 2020

Pilot area	Services included in the study in 2019	and in 2020
West Wales	• The Educational Psychology Service	Yes
	• The School Counselling Service (i.e. Area 43)	Yes
	• The Youth Service	No
Mid and South Wales	• The Educational Psychology Service	No
	• The Education Welfare Service	No
	• Primary Mental Health Service	No
	• The School Nursing Service	No
	• Specialist CAMHS	No
	• The Youth Service.	No
North Wales	• Action for Children	No
	• The CAMHS Early Intervention Service	Yes
	• The Educational Psychology Service	Yes
	• The School Counselling Service.	Yes
	• The Inspire Project	Yes

Interviews with CAMHS In-Reach Practitioners

3.10 CAMHS In-Reach Practitioners in each region were redeployed following the closure of schools, and much of the pilot programme's work was put on hold. By May 2020, the pilot programme was beginning to restart work, and interviews and discussions with the CAMHS In-Reach Practitioners in each area provided additional information, primarily upon the impact of Covid-19 upon schools, pupils and the programme. This information was informed by

their continuing work and contact with schools, and discussions with other services in their area, and in North Wales, also by a small focus group with young people.

4. Detailed findings from the midline research with schools and services

Pupils' mental health and wellbeing

4.1 The picture schools provided of children and young people's mental health and wellbeing was mixed. A number of secondary schools, primary schools and services (such as school counselling services, CAMHS and educational psychology services) across all three areas reported that mental health difficulties, particularly more severe problems like self-harming, were increasing (and had increased since we last spoke to them). For example, as one pastoral leader in a secondary school described it:

> We're definitely seeing more self-harm in the younger years, some are coming from primary [school] already self-harming. I'd go as far to say that we have an epidemic in year 7.

4.2 However, some primaries reported no overall change since we last spoke to them, albeit from a high base, with schools reporting that (pre Covid-19 lockdown) anxiety in particular was still a serious issue. For example, as one primary school head teacher put it:

> No changes in the types or severity of mental health difficulties since the last time we spoke. Anxiety is still the biggest issue. Pupils are often anxious because their parents are anxious.

4.3 Several schools linked pupils' anxiety to their parents' anxiety and some were concerned that normal human emotions were becoming pathologised. For example, as one primary school head teacher put it:

> Anxiety and mental health have a much higher profile now, but we don't talk about the necessity of stress and anxiety and how it can motivate us and discipline us and how there is payback, a sense of euphoria when we get through something or achieve something.

4.4 As in baseline interviews, it was generally not clear to school staff interviewed whether the high and sometimes increasing levels of mental health difficulties were driven by an increase in awareness and identification

of need, and/or an underlying increase in need. For example, as one pastoral leader in a secondary school put it, when reflecting on what was driving the increase:

> Is it because kids are more comfortable talking about it or because there is an increase in these problems?

Staff mental health and wellbeing

4.5 Poor staff mental health and wellbeing remains a significant concern. By shining a spotlight on the problem, the pilot may have highlighted this. For example, as one pastoral leader in a secondary described it:

> Staff definitely have more awareness of mental health and this is definitely having a positive impact allowing people to talk about it more, to smile more.

4.6 A number of schools described steps taken to address this, often focused upon showing care and kindness to each other. For example, as one primary school head teacher described it:

> We were quite good at looking after each other before – Friday Fairy, bringing in treats, staff evening discussion session, exercising together, a social once a month, just holding someone in your thoughts, eating together, laughing together.

4.7 As in the baseline fieldwork, budget cuts and pressure upon schools and staff, linked to workloads, inspections and accountability (sometimes seen as an unfair "shame and blame" culture), were seen as the key factors driving staff stress and low levels of wellbeing. For example, as one pastoral leader in a secondary school described it: "Budgets are a massive stress on staff in schools" and as a leader in an all age school described it:

> Staff wellbeing is high on my agenda for when we all come back [the interview took place after lockdown]. We are a 'red' school and there is a lot of re-structuring happening which is very stressful for staff.

4.8 There were also concerns about the impact of funding cuts upon pupils. For example, as one primary school head put it:

> We're facing a reduction in the budget next academic year… the risk is that I have to make a decision to cut the two posts that deliver the nurture programme. The loss to pupils and parents will be massive...It's not an exaggeration to say that we will struggle to meet the needs of our children. ... It does keep me awake at night and is detrimental to my well-being.

4.9 There were concerns raised about the impacts of staff stress upon pupils. For example, as one primary school head put it: "If we're not in a good place, we won't be much use to the children or their families."

4.10 As the comments from a secondary school SENCo (below) illustrate, a lack of confidence (in relation to addressing pupil mental health difficulties) and problems accessing services, were also having a negative impact upon staff stress and wellbeing:

> Teaching is hard enough, but there are many days when I feel like an unqualified social worker. We're not qualified to make decisions around mental health and we have to accept what the pupils tells us. We're not qualified to do anything else. We make referrals to CAMHS, pupils don't always meet their thresholds and we have to do an emergency plan with the parent. We're fortunate we have the suicide and self-harm pathway here.

4.11 The impact of this upon staff was succulently summed by a primary school ALNCo who explained that "when children are in distress it is distressing for staff to deal with."

4.12 As in the baseline round of fieldwork, there were calls for supervision to help staff cope. For example, as a deputy head at a secondary school put it:

> Clinical supervision for those who deal with child protection/mental health issues and for those staff who've dealt with one-off incidents [would help]. Having someone in the school that staff could access on a regular basis would be good in terms of their own well-being.

4.13 Given the lack of supervision, for some staff in Mid and South Wales, the CAMHS In-Reach practitioners were seen as helping by providing re-

assurance, the opportunity to talk through an incident and even the chance to just 'off-load' their concerns.

4.14 However, issues linked to confidence in dealing with mental health and wellbeing and accessing services (which the pilot programme aims to address) did not appear to be as significant as factors such as workload and budget cuts (which are not addressed by the pilot programme), as the drivers of staff stress and ill-being. The pilot could therefore be seen as reducing some (but by no means all) causes of staff stress and poor wellbeing while also helping education staff better cope with stress and improve their wellbeing. This was valued, but was not sufficient to address the scale of the challenge, suggesting other action beyond the pilot is required.

Pilot training and support focused upon pupils' mental health and wellbeing

4.15 Feedback on training and support focused upon pupils' mental health and wellbeing was generally positive. In many schools, staff were reported by both schools and services to be more aware of mental health issues as a result of the training, although evidence of an impact upon practice was more mixed. For example, as a pastoral lead in a secondary school reported:

> It's made them more aware. However, teaching staff have very busy days. What do they do with that awareness?

4.16 Similarly as a primary school ALNCO put it, the training:

> … has helped staff to stop and think about the reasons for challenging behaviour instead of thinking of consequences for the child. They think about the root cause of the behaviour and what they can do for the child. [Although] Some staff slip into old habits. Some staff are really on board. It has made staff able to talk about it and to use the word mental health, without this being stigmatising.

4.17 The evidence from schools and services (in this latest round of fieldwork) suggests that the training provided by the pilot has contributed to increases in awareness, but the fieldwork strongly indicated that this was not the only

driver, and in areas like North Wales, training around Trauma Informed Schools and Adverse Childhood Experiences (ACEs) (which were not delivered by the pilot in North Wales) were particularly important. For example, as a primary school head (in North Wales) put it:

> All the training and initiatives we're undertaking has left us more confident in identifying and supporting pupils with low levels mental health difficulties. The ACEs training enables us to look beyond behaviours, to look at the bigger picture. The TA will now pick up on a pupil's mental health, it's much more a shared responsibility now, not just left to me as a teacher.

4.18 It appeared that in North Wales, ACEs and Trauma Informed Schools training gave a context to behaviour and wellbeing issues, while the Youth Mental Health First Aid (YMHFA) training (delivered by the pilot) gave information and skills around the impact of these. So in effect, the ACEs and trauma informed training makes more sense of the YMHFA training and makes it more effective. One CAMHS In-Reach practitioner reported that schools had described the different types of training as helping provide layers of understanding, that helped them look beyond behaviour to better understand its causes and therefore respond more effectively.

4.19 In Mid and South Wales, where the pilot has begun delivering work around trauma, similar impacts were reported. For example, as a pastoral lead in secondary school put it, it meant they were:

> More confident [and] more understanding. If a pupil had broken their leg you can see it and sympathise, but the mental health aspect is much more difficult. I have developed more tolerance to distress – developed models of understanding. So having this understanding reduces stress – as a teacher you can take it very personally if a pupil is telling you to 'fuck off' or throwing something at you – but if you can understand what is going on with the kid it is less personal and you can understand the factors behind it.

4.20 Staff in other schools made similar comments. For example, as a primary school head teacher put it:

> We already had quite good knowledge and understanding about identifying and supporting pupils with low levels MH difficulties. What the training has allowed us to do is *to observe more and be less reactive to behaviour* (emphasis added).

And as deputy head at a secondary school described it:

> We undertook a trauma-informed schools training day based on the ACEs model and staff got a lot out of that day, it explained how trauma impacts on the brain and explained how young people might react. *It gave staff more understanding, a higher level of tolerance and is encouraging us to be less punitive.* (emphasis added).

4.21 At its best, pilot work and other (non pilot) training was complementary, reinforcing each other, in some cases, refreshing earlier training (e.g. on ACEs) and improving both understanding and skills (such as identification and support strategies). More broadly, it was seen to be contributing to cultural changes in schools and supporting the development and implementation of the new curriculum for Wales (which includes a strong focus upon wellbeing).

4.22 The literature around Whole School Approaches to mental health and wellbeing (see e.g. Weare, 2015) suggests that changes in practice are more likely where there is cultural change. This was illustrated, in part, by the impact upon the way some staff now thought about pupils' behaviour, illustrated above (in the discussion of the importance of training around ACEs and trauma informed approaches), and as a primary school head put it:

> I think it's given us more empathy and encouraged us to use the emotion coaching more. We're conscious of our language, how we speak to pupils. We now accept that we are not there as fixers, we're there as listeners. It's more likely to come naturally after the training. We're more likely to

observe, to pause, to think. Be more analytical [to think] – 'what are they trying to communicate to us?

4.23 It remains difficult to isolate the impact of the pilot though and, as with the examples of the synergies between training delivered by the pilot and that delivered by other organisations, it could be argued that it is somewhat misplaced to try to isolate the pilot's impact. In some cases, the pilot is reported to have provided an "impetus" for change, and there were specific examples where individuals identified the impact. For example, as one pastoral lead in a secondary school described it:

> I am a child protection officer – three of us are – I was very concerned about a completed suicide a year ago – very anxious – when kids were assessed (I triage) some of the questions we were asked to ask were just horrific – to sit and ask kids about their end of life plan – it frightened me. Now I am more 'comfortable' having conversations about this prior to contacting the CAMHS emergency team. We have all developed the skills to have these tough conversations.

4.24 Nevertheless, both schools and services reflected upon the difficulties in isolating the impact of the pilot given the range of other activity in this area. Moreover, impacts upon schools where a lot of work had already been done (and therefore started at a higher baseline) have tended to be lower. For example, as one primary school head teacher put it: "Very little [impact on staff skills and confidence], we already had things in place" and a secondary school head teacher said: "Mental health and well-being have always been high on our agenda. I would say we've always been a vigilant school."

4.25 Schools and services also reported that in some cases it was too early to judge the impact; that the pilot's focus has been upon staff rather than pupils' mental health and wellbeing (so there had been limited impact upon staff skills and knowledge in relation to pupils); that releasing staff for training was difficult given supply costs and in one area (Ceredigion) difficulties finding supply cover (when supply cover was funded); and that there was a need to continue training to refresh skills and knowledge. CAMHS In-Reach practitioners also reflected on their surprise at some staff's response,

observing that staff had presumably already done ACE training, so it was unclear why training on Trauma Informed Schools, which had some similarities, was seen as such an apparent revelation by some school staff.

Pilot training and support focused upon staff mental health and wellbeing

4.26 Reponses to pilot training and support focused upon staff mental health and wellbeing remained mixed. There was praise and positive examples of the steps schools are taking to promote staff wellbeing, sometimes directly linked to pilot work. For example, as secondary head teacher put it:

> After the five ways to well-being [training], we have organised more staff activity sessions such as baking, sport, socials etc. It's still in it's infancy, but something we're keen to develop.

4.27 However, this was not a universal response. For example, a deputy head at a secondary school said that staff did not find the training was beneficial to them. The scope to implement the training in a busy working day and the limitations of the training, as it did not address the causes of staff stress, like the impact of budgetary cuts and heavy workloads were raised. In a similar vein, as a secondary school SENCo put it:

> We did the Five Ways to Well-being as a staff. I felt the trainer didn't really know us and suggesting that we do yoga isn't really going to sort out the structural causes of our stress. For example, I could do with not teaching 12 hours a week and having admin support… but I know because of funding restrictions, this won't happen.

4.28 As a pastoral lead in a secondary school observed, the stigma associated with admitting to having mental health difficulties was also a barrier; as they described:

> It is a struggle with staff. Staff don't want to ask for help. They want to deal with it privately – to go to a GP. We have offered staff training via the CAMHS In-Reach [pilot programme], the staff wellbeing training, but had a very low uptake, due to lack of time. The stress and pressure of teaching comes first. It is different when I talk to social care colleagues. They say

that they have their supervision to go to talk and have downtime, but teachers don't think like that. For staff from 3.30 to 5 they can either go home to their kids and have a glass of wine or go to the wellbeing training – so they go home. There is not enough time in the school day.

Access to specialist advice and liaison

4.29 In West and Mid and South Wales, there was consistently positive feedback about CAMHS In-Reach practitioner's role providing specialist advice and liaison, which provided opportunities to reinforce and 'model' training, and also providing a link between schools and services. The value was linked in particular to the knowledge and skills of CAMHS In-Reach practitioners. Ease of access is also likely to have been important though, as unlike others services, there is not a lengthy and bureaucratic referral process, and there are no waiting lists to access support. For example, as a pastoral leader in a secondary school described it:

> Working relationships have changed. [CAMHS In-Reach practitioner) is our link and that is a development…[She] is very visual – she comes in every week on Friday if she can or fortnightly. This has done wonders for the relationship as a service – so education [services and school] now have more understanding of what mental health [services] can offer, and mental health [services] have more understanding of how schools operate.

4.30 As they summed it up: "For me the difference [the pilot has made] is knowing I can phone someone and ask 'what do I do next' – and it is someone I know well". Where, as in Blaenau Gwent and Powys, this aspect of the pilot programme had been suspended due to staff ill-health, this aspect of the pilot programme was clearly missed. For example, as a deputy head in a secondary school explained:

> We are still not getting feedback from CAMHS, which is really noticeable while [the CAMHS In-Reach practitioner] is off.' For example, a girl was sent to a hospital for her eating disorder and was there for a while. Then one Monday she turned up in reception with her mother, all dressed up in

uniform and ready to go back into class. We knew nothing about what had happened, when she had been discharged, what follow up care she needed. Her mother just said 'see that she has some lunch'. We had had absolutely no information and so could not make a plan. And there was no [name of the CAMHS In-Reach practitioner omitted] to ring and find out what was happening (normally I would just have rung [the CAMHS In-Reach practitioner]). She was so brave to have come back that we could not send her home; it was amazing that she had come back. I spent most of the morning phoning people to try to understand what we were to do.

4.31 One primary school ALNCO also described the value of this role in relation to staff mental health and wellbeing. As they described they could:

> … chat with [name of CAMHS In-Reach practitioner omitted] for emotional support for staff if things are not good – such as a member of staff who was bereaved. This is very beneficial – to have a mental health professional able to give appropriate support. Otherwise [we] would need a referral to Occupational Health, but that is not really want you need.

4.32 In North Wales, where the specialist advice, support and liaison role is being developed, but has not yet been implemented[7], a number of schools reported that, as a primary school head succinctly put, this type of support has been "offered and [we] very much want it".

Joining up services and support

4.33 Children and young people's mental health services are often complex and fragmented and the pilot's role in joining up services, bridging gaps and facilitating the exchange of information was therefore seen as particularly valuable. This could improve communication to and from CAMHS (and other services) to schools so, for example, schools better understood pupils' needs and circumstances and issues identified by CAMHS could be fed back to schools, and schools could inform CAMHS work. These gaps could be caused by failures to share information, but also reflected cultural and

[7] School clusters in Wrexham and Denbighshire have been invited to express an interest in receiving consultations from the project.

professional differences. For example, as a primary school ALNCo observed:

> We need to close the gap between education professions and medical professions. We see children day to day and need to work together to narrow the gap – so that they respect our perspectives and we understand each other's concerns…[and] so we can educate each other….Joined up working is needed – some medical staff still seem to have an attitude that 'oh teachers think they know everything.'

4.34 In considering this contribution to joining up responses, it is notable that the pilot model does not include work with parents or carers. Nevertheless, there are examples in Mid and South Wales where schools have involved parents in consultations, and this is reported to have worked well. It is reasonable to assume that a more joined up response between CAMHS (and others specialist services), schools and the home is likely to be more effective in addressing pupils' mental health difficulties by, for example, ensuring greater co-ordination of work and consistency (and continuity) of messages, support and care (see e.g. CQC, 2018).

Referrals to specialist services

4.35 The CAMHS in-Reach practitioners' liaison role was particularly valued in Mid, South and West Wales. Schools generally reported that they now understood the different options for referrals (something the pilot programme's earlier work had contributed to), but valued being able to speak to a specialist when considering referrals. For example, as one primary school SENCo put it:

> It has been very useful to have the In-Reach worker come into school. She can really help when you are not sure whether a child needs a referral or not – this is always a concern in school. We always know that CAMHS is very busy and are wary of making referrals. It is so helpful to discuss the specific needs of individuals.

4.36 Similarly, as a secondary school leader put it:

> The key impact is knowing that she [the CAMHS In-Reach practitioner] can ring or email when an issue comes up – having that one contact who will respond, will push to get the right thing done.

4.37 Equally, as with changes in staff skills and confidence, improvements were not always attributed solely to the pilot. For example, as another secondary school leader put it:

> Relationships with Families First have changed with a change of personnel. The SPACE Wellbeing[8] structure really helps. We now know where to go when we have a need and the new Families First worker has taught us what referrals should look like. You learn the art of doing referrals to different agencies, they all vary. Now [name of Families First worker omitted] does our referrals to SPACE for us and we are learning from her how to shape a referral. Also we get really good feedback from SPACE via [name of Families First worker omitted]

Access to CAMHS and other specialist services

4.38 Access to CAMHS was reported to be generally good in North Wales (there was less data on the other two regions), with the notable exception of neurodevelopmental services, which was felt to have some knock on effects upon schools[9]. Nevertheless, there were still some concerns (in North Wales) about capacity and waiting lists for CAMHS and a demand for more advice and liaison from CAMHS/CAMHS In-Reach, and proposals to develop this through the pilot were, as noted above, therefore welcomed.

4.39 There were also concerns expressed about access to specific services in some areas, sometimes linked to the size, rurality and geography of some LAs, but also to cuts in services and raising of thresholds (outlined in the

[8] SPACE-Wellbeing, (the Single Point of Access for Children's Emotional Wellbeing and Mental Health) is a Gwent-wide initiative. Requests for support from schools and services are triaged by a multi-agency team which decides the best placed service(s) to meet a child or young person's needs.
[9] Although not directly addressing mental health difficulties, schools reported that a failure to identify and address neurodevelopmental disorders like autism and Attention Deficit Hyperactivity Disorder (ADHD), which may contribute to mental health difficulties and behavioural problems in schools, was a concern.

interim report on the pilots). For example, in some areas, some schools expressed difficulties accessing Educational Psychology, Social Services or Families First Services. There were also frustrations with the time needed to secure access to services. For example, as one secondary school SENCo put it:

> Another issue is the amount of work you have to do to get an intervention, several different referrals forms from 6-13 pages each to fill in. One Friday afternoon, I had six safeguarding issues to deal with, I was working until midnight to get the forms off. They had to go off that day. It's a long-term process securing intervention for a pupil. It would be better if there was more intervention face-to-face and less admin.

4.40 Equally, there were also examples of where access to services had improved. The pilot could therefore sometimes be helping fill gaps left by other services and in other places, complementing them. For example, as one secondary school leader put it: "Families First are coming in fortnightly and that is very helpful" and the pilot programme's role is helping address issues that "are beyond what Families First can help with".

Pilot implementation

4.41 Despite some initial teething troubles and problems with communication in North Wales, pilot implementation was generally seen by schools and services to be good across all three areas. The pilot was also seen as fitting well within the wider policy landscape. For example, as a representative of CAMHS put it:

> It [the pilot] fits into the Additional Learning Needs changes as well and with the ACEs agenda and a trauma informed approach. It creates common concepts and a common language for all agency staff and pupils and this is supported by the numerous multi-agency groups we have – mental health transformation, future generations, emotional resilience hubs, community hubs etc.

4.42 Nevertheless, in Mid and South Wales, there are still unanswered questions about how the pilot fits with efforts to develop Whole School Approaches (e.g. is the pilot's contribution primarily about changing culture and building capacity in schools through training and/or improving access to specialist advice, liaison and consultancy, when schools need it?). While in North Wales, although the pilot was felt to have improved links between services, including cross border links between services in Wrexham, Flintshire and Denbighshire (which was seen as new[10]), there were specific concerns about wellbeing policies being developed in parallel. For example, as an interviewee from one specialist service put it:

> We do however, need a strategic pulling together of policies. We had a well-being task and finish group that launched a well-being guidance for schools at a conference in Autumn 2019. We weren't aware that [the CAMHS] In-Reach [Pilot project] were [also] developing a well-being policy for schools in conjunction with heads.

[10] Wrexham and Flintshire have a tradition of working together which pre-dates the pilot. Denbighshire is not part of the pilot programme, but the pilot programme is reported to have strengthened links with services in Denbighshire.

5. The Impact of Covid-19 upon schools, pupils and services

Introduction

5.1 The impact of Covid-19 upon schools, services and pupils is unprecedented and not fully understood. As a recent position paper outlining priorities for research identifies, the pandemic and policy responses like lockdown, social distancing and school closures, is associated with "worries and uncertainties", an increased exposure to loneliness and isolation and "a sense of loss", including the loss of face to face social contact, people's livelihoods, freedoms, educational and leisure opportunities and support (p. 551, Holmes, et al, 2020). The paper concludes that:

> …a rise in symptoms of anxiety and coping responses to stress are expected [and] during these extraordinary circumstances, there is a risk that prevalence of clinically relevant numbers of people with anxiety, depression, and engaging in harmful behaviours (such as suicide and self harm) will increase (p. 548, ibid).

5.2 Looking specifically at children and young people, the review notes that:

> The pandemic intersects with rising mental health issues in childhood and adolescence…. Ascertaining and mitigating the effects of school closures for youth seeking care is urgent and essential, given that school is often the first place children and adolescents seek help (ibid).

It identifies that:

> Children, young people, and families will be affected by school closures. They might also be affected by exposure to substance misuse, gambling, domestic violence and child maltreatment, absence of free school meals, accommodation issues and overcrowding, parental employment, and change and disruption of social networks (ibid).

5.3 It also identifies that: those people (including pupils) with "existing mental health issues", may experience a "loss of access to mental health support, alongside loss of positive activities [which] might increase [their] vulnerability during Covid-19 lockdown." Similar concerns are raised about other groups of pupils, such as those with neurodevelopmental disorders like autism, who

"might be affected by changes and disruption to support and routines, isolation, and loneliness" (ibid).

5.4 Given this uncertainty and concerns, a small number of additional questions were added to interview schedules to try to capture the impact of Covid-19 upon schools, pupils and services. It is important to bear in mind that the evidence presented here is primarily based upon a very small sample of schools (n=6) and services (n=2) in the pilot programme in Mid, South and West Wales. This increases the risk that findings are unrepresentative or atypical. Moreover, they were captured at a distinct period of time, during a fast moving situation, so they represent a 'snapshot' that may no longer be up to date. These risks were somewhat mitigated by triangulating data from these interviews with schools and services, with data from CAMHS In-Reach practitioners (to, for example, check if the findings resonated with their experiences) and other research, such as the surveys and expert medical panel convened in March 2020 (Holmes et al, 2020), whose findings are reported above. The findings therefore, offer a valuable insight into the types of impacts experienced by schools, services and pupils, but cannot be considered a comprehensive, or necessarily up to date account, in what is a fast moving situation, and should be treated with caution.

Impacts upon children and young people

5.5 The extended closure of schools is expected to affect children and young people's mental health. For example:

- One secondary school and two services reported that the mental health and wellbeing of vulnerable children tends to be worse after the summer period out of school and this is a longer closure. In addition, some parents will be under stress and this may impact upon their children. As a safeguarding officer commented "I am afraid about what is going on in some people's houses" with concerns linked to factors like the "lack of space and money fears". Similarly, a primary school ALNCO reported that "Those [children] who had no wellbeing issues before, will afterwards. They are locked up with parents in an unsafe environment. We won't find them until they get back to school" and one service reflected upon how

children were often powerless in influencing negative relationships in their households, which they were now unable to escape.

- One school also raised concerns about the safeguarding risk presented by children spending even more time online, as in the school, one child had been under the Prevent programme[11], due to what he had seen online.
- One of the CAMHS In-Reach practitioners expressed particular concerns about pupils with neurodevelopmental disorders like autism, who were having to cope with the loss of routine, and who also experienced additional difficulties with social communication by phone or online.
- In contrast, one secondary school reported the closure might give families more time together and strengthen relationships. CAMHS In-Reach practitioners also reported that some pupils whose mental health difficulties, such as anxiety, were linked to attending school, had experienced a reduction in stress and anxiety as a result of the lockdown.

5.6 It was also reported that the impact started before the closure. For example, one school described having attendance go down to 38% in the week before they closed.

5.7 The crisis is impacting upon some families' ability to provide for basic needs. This issue was raised, particularly, by schools in more socio-economically disadvantaged communities. In these areas, parents were more likely to be reliant upon free schools meals[12], might be more vulnerable to losing their jobs (as the crisis has hit sectors like retail and hospitality, where low earners are over-represented, particularly hard (Joyce and Xu, 2020)) and tend to have fewer assets to draw upon.

5.8 The speed of change impacted upon children and young people. For example, one secondary school head teacher reported, "Many children were

[11] The Prevent Strategy is a cross-Government policy that forms one of the four strands of the strategy for counter terrorism. It includes a focus upon the anti-radicalisation of vulnerable adults and children.

[12] Although provision was made to provide access to free schools meals (which could be collected from schools), or for example vouchers or cash payments, some problems have been reported by families in accessing free schools meals provided by schools during the lockdown and with using vouchers in shops.

crying, especially those who felt confused about their exams."[13] One service highlighted how pupils will miss transition support (i.e. from primary and secondary school) due to school closures and this, in particular, is likely to have a greater negative impact on vulnerable children. Transition planning for those pupils in year 11 or year 13 has also been disrupted, and concerns were expressed about pupils seen as at higher risk of having problems with the transition from school, given for example their mental health and/or additional learning needs.

Care for the children of key workers

5.9 Arrangements for caring for key workers have caused some worries. One school, acting as a hub for keyworker children across the area, raised a concern about very small children (they have children from early years to 16 years in the hub – although only three of secondary school age) being 'dropped off' with different staff every day, into a strange environment that is not their school and how confusing it must be for such young children. There was also concern that staff needed almost to volunteer to work in the hub school (i.e. they could say if there were reasons that they should not), and this was causing anxiety over "deciding" to do something which it was felt could put their own family in danger.

Expected impacts when schools increase their operations

5.10 There are concerns about what will happen when schools increase their operations and the phased return of all pupils begins. For example, one secondary school teacher raised concerns about how children go from being fearful of each other, keeping away from others, to going back to a class of 30 with a closed door and all the noise of a busy school. This is seen as a particular issue for older pupils "they will be used to distancing", as the interviewee put it. Concerns about the levels of pupils' anxiety, which, as outlined earlier pre-dated the crisis, are a particular cause for concern, as the crisis may have made this much worse. As noted above, it was reported that the anxiety of some pupils fell once schools were closed (and they were

[13] On the 18th March, it was announced that summer's exams would not go ahead, and instead, it was proposed that GCSE and A-level pupils would be graded on the basis of work already completed.

no longer attending), but there are fears about how they will respond when schools increase their operations and the phased return of all pupils starts.

5.11 Some pilot programme staff feel that pupils and also staff returning to school will need time to 'unpack' and make sense of their experiences before they can learn or teach. One CAMHS In-Reach practitioner identified that young people were "scared about schools re-opening and going back", and also about how they "could be themselves" in a very different school context. She explained how young people described their fears of having to learn new social rules and expectations, whilst also re-establishing relationships, reengaging with schools and their learning and adjusting to the loss, where for example, friends and teachers could not return, because, for example, they were shielding or self-isolating. Young people also described their concerns about exams and catching up with their learning. CAMHS In-Reach practitioners also highlighted concerns that schools' focus upon addressing learning loss and catching up with the curriculum could come at the expense of focusing upon pupils' mental health and wellbeing, when the latter (i.e. mental health and wellbeing) is seen as a precondition for the former (i.e. learning).

5.12 The crisis is unprecedented and its impact cannot be accurately forecast. Notwithstanding the fears outlined above, one school and one service suggested that it was 'too early' to tell for sure what the impact upon children and young people would be, suggesting it could be far worse or better than anticipated. In addition, despite the concerns, one of the CAMHS In-Reach practitioners identified that some pupils and families considered vulnerable appeared to have been more "resilient" and to have coped better, than schools and services had feared.

Impact upon schools, services and staff

5.13 As noted, the accelerating speed of the crisis was a challenge as it gave schools and services little time to prepare. For example, as one primary school leader described it, "The change was so sudden it was almost impossible for staff to react." School staff have also had to cope with a massive change in their working practice in a very short space of time.

Continued uncertainty about the timing and process for a phased return of all pupils to schools was also a cause for concern.

School staff mental health and wellbeing

5.14 The crisis has had negative impacts upon staff wellbeing. For example, one primary school leader reported that there is a lot of pressure on staff because the school is asking staff to do what everyone else is being told not to do (i.e. go into work). Initially it was felt that some school staff were just relieved to be out of the pressure (which was described as a feature of daily school life). However, many others struggled with the swift and sharp changes required in their professional practice, including the shift from classroom to online learning and in some cases staffing hub schools caring for key workers and vulnerable pupils, in a very short space of time. It was also observed by CAMHS In-Reach practitioners that schools' ethos and expectations during lockdown have differed markedly. Some schools have been more concerned about ensuring continuity of learning whilst others have been more concerned about staff and pupil wellbeing, with the former, associated with higher levels of staff stress. Now, as the prospect of returning to school develops, some staff are reported by CAMHS In-Reach practitioners to have real concerns about what school will look like, and how it will happen.

5.15 Alongside the changes in their professional practice, it was emphasised by CAMHS In-Reach practitioners that school staff are also coping with the impact of the crisis on their own lives, and challenges like home schooling, caring for others, self-isolating and shielding and, in a few cases, sickness and bereavement. CAMHS In-Reach practitioners also reported that some staff who were self-isolating or shielding, have felt guilty at not being able to support colleagues in schools.

Keeping in touch with and supporting pupils

5.16 Keeping in touch with vulnerable pupils is a key concern for schools and staff. Only a very small proportion of vulnerable pupils[14] have attended schools since their partial closure in March 2020 (WG, 2020)[15]. Consequently, for example, in one all age school, the pastoral team identified a number pupils not attending who they have grave concerns about and were trying to keep in contact with. They have also developed a wellbeing pack that they have put on the school website. One secondary school lead identified 137 pupils who they had concerns about. The ambition was to ring each young person once a week but the interviewee cannot do it alone and said that it had been difficult to ask other staff to help.

5.17 Concerns about pupils' mental health and wellbeing (outlined above) is affecting staff wellbeing particularly where staff feel powerless to help**.** Schools (and staff) are reported by CAMHS in Reach practitioners to be increasingly concerned about vulnerable pupils becoming more vulnerable as the lockdown continues. Schools (and staff) are also concerned about Year 11 pupils who will not be coming back and ensuring that those that need support with their mental health continue to receive it, given the lack of opportunity for transition planning.

Partnership working between services and referrals to services

5.18 There has been an increase in partnership working in all three pilot areas. This has been driven by the need to respond to the crisis and the ways in which online meetings have made it easier for people (and services) to meet (for example, there is no travel time, no need to book rooms etc.). In North Wales it was also reported that the move to online meetings had meant services felt much "more included" in discussions in South Wales and had much more contact with a wider range of people and departments within Welsh Government than they would normally have. It was also observed that

[14] Vulnerable pupils are defined as "children with a social worker or with Statements of special educational need" (WG, 2020).
[15] Although the numbers have been steadily increasing since March 2020, during the week of 8 June to 12 June, on average, only around 6% of vulnerable pupils attended educational settings (ibid.).

the limitations on physical contact have also driven some people to connect more. It was, for example, reported that some people had more contact now with friends and colleagues, precisely because of the constraints, and the importance of what had before been taken for granted, like social contact, had grown for people.

5.19 Referrals for some mental health services have fallen sharply in all three areas. For example, in three local authorities, referrals to CAMHS were reported to be running at around a quarter to a third of pre Covid-19 levels. Because it is thought that mental health needs will have increased, it is assumed that this is because children and young people with mental health difficulties are not in contact with schools and services that could refer them. However, it was also observed by one CAMHS In-Reach practitioner, that need might have fallen for those pupils whose anxiety and stress were linked to school.

Implications for the programme

5.20 Where the pilot programme continued to provide support this was very much valued. For example, one primary school teacher reported that they had had an email from the CAMHS In-Reach practitioner that morning and said how important it was to have had it. It had been reassuring and offered email and telephone support. In contrast, in one county, CAMHS In-Reach practitioners are no longer readily available to school staff and associated services as they have been redeployed to focus on delivering their core CAMHS service. However, one service in this area reflected that this was not necessarily a bad thing, because CAMHS' "core service" included helping school pupils who were no longer at school.

5.21 CAMHS In-Reach practitioners in Mid and South Wales, who were temporarily redeployed but continue to work on the project one day a week, identified that although initially they had had very little contact with schools after the lockdown, by May contact was increasing. They reported that schools' concerns about pupils seen as vulnerable were mounting as the lockdown went on, and that schools had begun thinking about and planning for the time when schools would increase their operations. However, contact

had been limited to schools that had already been engaged with the pilot programme.

Impact on schools' capacity to cope with the impact of Covid-19

5.22 The pilot programme means schools feel they are better prepared than they would otherwise have been for the return of pupils, but they want support from the pilots to help them prepare for when pupils return. For example, when asked if the pilot programme meant they were better prepared for dealing with the impact of Covid 19, one primary school ALNCO replied :

> Yes, as we have upskilled certain members of staff. This had a big impact on the approach that we have taken and is a massive improvement. Wellbeing is now at the forefront for children and staff. As a result, we have made decisions on home learning that wellbeing is more important than doing the work… This has been big for staff – we all put wellbeing at the forefront.

5.23 Other schools identified other ways in which they felt the pilot programme meant that they were better prepared than they would otherwise have been. For example:

- one secondary school pastoral lead and a service felt that involvement with the CAMHS In-Reach pilot programme had enhanced their understanding of what they might be dealing with, when schools increased their operations.
- One primary school leader reported that the CAMHS In-Reach programme is going to be vital when all pupils and staff return to schools. They expect that schools will be dealing with bereavement, with the aftermath of neglect at home, and of the very high levels of anxiety being displayed by some parents. They have ELSAs (Emotional Literacy Support Assistants) who are bereavement trained, but feel that these staff will need increased and targeted support, because the needs of pupils are going to be "ramped up". The same school said that they expected that any help available around staff wellbeing would be very useful in future. As they put it: "this is high on my agenda when staff come back".

- One secondary school deputy head teacher reported that the pilot programme is needed more than ever as they (school staff) are “not counsellors” and are trying to plan for pupils returning to schools (once they reopen). They expect a number of pupils to have mental health difficulties given the “trauma” the pandemic will have caused – and the first task will be to “jigsaw together what has happened to people so that we can prepare”. The school says that before the pupils come back, they need to have made a plan, so they know how to respond to trauma, bereavement and re-adjusting: “we need to understand when grief is just grief – terrible and sad – and when it is a mental illness that needs support”. As they described it, “we need to know what support would look like, how do we recognise the real problems, and re-build cohesion after being apart”.

5.24 In order to help prepare schools, CAMHS In-Reach practitioners report that there is a suggestion from some schools, that the current period (when schools are closed), would be a good time to deliver training, and one primary school ALNCo reported that they have been able to use the time for training.

Implications for programme delivery

5.25 Delivery of the programme will have to change**.** As one CAMHS In-Reach practitioner put it: “we’ve got to rethink how we deliver”, as much of their model was based upon face to face work in schools. In response, the pilots are exploring the scope to deliver more training and consultations online and delivering training in venues where social distancing is possible. Online delivery creates challenges, but also opportunities, as it will reduce travel time, which has been a key challenge, particularly in larger more rural areas. However, in one area, it was also observed that platforms like Microsoft Teams limited the number of participants in each training session. This meant more training sessions were required, so that the total time required to deliver training online, was greater than delivering training face to face.

5.26 The crisis looks likely to accelerate moves to more online delivery of services. This bring new opportunities, but also challenges, and the evidence

base for delivering training and, in particular, advice support online (or by telephone), is less well established. In this context, it was notable that in Ceredigion, the local authority counselling service reported that they were relatively well prepared, as they had moved to an online counselling service before the crisis. Therefore, they were able to 'iron out' any "teething problems" with the system before demand for it increased as a result of school closures.

5.27 There may also be a need to "regenerate" demand from schools (as one CAMHS In-Reach practitioner put it), particularly those that had not engaged with the pilot programme. This is because during the lockdown, while pilot staff have been redeployed, they have not been actively working to stimulate demand from schools for their support. However, one CAMHS In-Reach practitioner reflected that the project has developed a strong base to work from, with good relationships in schools. Had this crisis happened a year ago, it was felt it would have been very much harder to re-engage schools.

5.28 The pilot programme is only a small part of the education and health system and there is a need for planning and co-ordination of support for schools in preparing for reopening. For example, like the pilots, Educational Psychology services and CAMHS are developing resources to support schools coping with an increase in pupils' needs, in areas like anxiety and bereavement. Therefore, there is a need to co-ordinate this support and training for schools. In some areas, the pilot programme is helping provide a local focus for co-ordination and 'joining up' the response.

The evaluation team's reflections

5.29 This crisis is unlike any other in recent memory and it is not possible to know what the impact of Covid-19 upon pupils' mental health and wellbeing will be. Nevertheless, it seems reasonable to assume that there will be an increase in mental health difficulties as a result of social isolation (children and young people not being with friends); increased levels of poverty (the call on food banks, for example, has risen sharply during the crisis); fear of association (coming to see other people as potentially dangerous); and bereavement. As outlined in the introduction, there is already evidence of the short-term

impacts upon children and young people's mental health and wellbeing. For example, surveys in the UK, such as those conducted by Save the Children (n.d.)[16], highlight the anxiety children and young people are experiencing now about their and their parents' health, access to food and also social isolation. This is consistent with evidence provided by children's charities to the Children's Commissioner for Wales. The survey commissioned by the Children's Commissioner for Wales (2020) and other forthcoming research should provide more information on the scale, extent and nature of these impacts.

5.30 Moreover, the impact upon children and young people's mental health and wellbeing may not simply fall way once the crisis ends and schools increase their operations. As outlined above, some schools are concerned about how pupils will adjust to returning to school, after an extended period out of schools, during which they have become fearful of social contact with other people. More fundamentally, experiences such as bereavement, parental stress and the difficulties families experience providing for their children's needs (e.g. as a result of the disruption of free school meal provision and difficulties accessing food as a result of isolation and/or income poverty) may be thought of as experiences of "trauma" (or adverse childhood experiences), if their impacts are long-lasting. If this is the case, a long-term increase in mental health difficulties may also be expected. The degree to which this happens and the numbers of children and young people effected, is likely to depend upon factors such as the severity and duration of the current crisis and also upon the response of schools and services (Holmes et al, 2020).

5.31 It is also not possible to know what the impact of Covid-19 upon school staff's mental health and wellbeing will be. The interviewees highlight the difficulties staff have experienced due to the speed with which the crisis evolved. In addition, as the first round of fieldwork illustrated, staff stress is associated with a sense of powerlessness, of not being able to help the

[16] It should be noted that there is insufficient information about sample sizes, methodology and approach, to assess how robust the results are.

pupils they are concerned about and not knowing what is happening to them; things many of those school staff interviewed are experiencing now. In addition, it will be important to consider the impact of staff's own personal and family experiences of the Covid-19 pandemic.

5.32 Therefore, there is a strong case for preparing for an increase in mental health difficulties and a reduction in wellbeing, and approaches such as Trauma Informed Schools, promoted by the pilots, may be an important part of schools' response. As the pilot programme evaluation's interim report outlines, the emerging evidence from the pilot was encouraging. This suggests that schools in pilot programme areas that have engaged with the pilot programme should be better prepared for any increases in staff and pupil mental health difficulties and ill-being, than they would have been in the absence of the pilot programme. It was also clear that schools valued the continuing support of the pilot programme during 'normal' (pre-crisis) times. Moreover, the small numbers of interviews conducted post crisis, suggest that there may be increased demand from schools for the support from the pilot programme, to help them prepare for, and cope with, increasing operations as schools reopen, and an expected increase in pupil and staff mental health difficulties and ill-being. Equally, as the pilot programme evaluation's interim report highlights, not all schools in pilot programme areas have engaged with the pilot programme, and these schools may be less well prepared to cope with any increase in pupils' and staff mental health difficulties.

5.33 In supporting schools to prepare for increased operations, it will be important to ensure that the pilot programme's response is planned and co-ordinated with that of other services, such Educational Psychology and CAMHS, to ensure that, for example, there is no duplication and support and guidance for schools is consistent.

5.34 Finally, while it is clear that the crisis has caused huge difficulties for the pilot programme, schools and pupils, and the human, social and financial costs are hard to overstate, it has also created opportunities. For example, moving more support and training online, may be more cost-effective, particularly in

larger more rural areas. Equally, the costs and effectiveness of advice, support or training provided online, are not yet known, and evaluation of these changes is likely to be required.

6. Conclusions

Pupils' and school staff's mental health and wellbeing

6.1 There were concerns about pupils' and school staff's mental health and wellbeing before the Covid-19 pandemic, and the evidence from the latest round of fieldwork suggests that these concerns have increased. There is already some evidence of short-term impacts upon children's, young people's and adults' mental health and wellbeing as result of Covid-19, from the fieldwork for this study and from other research (e.g. Holmes et al, 2020), and also reasons to believe that some of the effects may be longer lasting. There are also serious concerns about what will happen when schools increase their operations, and how pupils and staff will cope with the transition back to school and 'normal' life, and with the impact Covid-19 may have had on their lives.

The pilot programme

6.2 The pilot programme is valued by schools and services. The pilot programme's training and support around pupils' mental health and wellbeing, appears to be particularly effective when it integrates a focus upon building understanding of the causes of mental health difficulties (such as trauma and ACEs), with support to develop the skills needed by staff to identify, assess and support pupils with mental health difficulties. The advice, liaison and consultancy offered by the CAMHS In–Reach practitioners is particularly valued by schools in Mid, South and West Wales and there looks likely to be demand for it from schools in North Wales.

6.3 The evidence presented in the Interim Report, and gathered during this latest round of fieldwork indicates that the pilot programme's training and support around pupils' mental health and wellbeing, is generally more positively rated than the training and support around staff mental health and wellbeing. However, the picture is mixed and the pilot has helped raise the profile of staff mental health and wellbeing in some schools. Issues like the continuing stigma around mental health may make it harder to engage staff in discussion about their own mental health and wellbeing. Overall, school

staff appear to have struggled to prioritise action to promote their own wellbeing, as much as action to promote pupils' wellbeing. If, as expected, Covid-19 has a negative impact upon staff mental health and well-being, this is likely to be a cause for concern.

6.4 There is a clear need for the pilot programme, given high and sometimes increasing mental health needs amongst pupils and staff, along with the anticipated impact of Covid-19, and there is strong support for the continuation of the pilot programme. Delivery of the pilot programme will have to change though, given the impact of Covid-19 and, for example, the crisis is likely to accelerate moves to deliver elements of the pilot programme online. It will be important to identify the impact this has upon the pilot programme's cost-effectiveness.

6.5 The pilot programme also supports and makes an important contribution to wider policy and priorities, including national and regional plans to develop Whole School Approaches to mental health and wellbeing. Nevertheless, a systems wide analysis of how the pilot programme fits with other initiatives in health and education is required. In the short term, there is a need to ensure that the pilot programme's response to Covid-19 is planned and co-ordinated with that of other services, such Educational Psychology and CAMHS. This complex policy landscape means that it is difficult to isolate the impact of the pilot programme.

Next steps for the evaluation

6.6 The pilot programme has now been extended to July 2021 and consideration is therefore being given to how best to re profile the evaluation study to maximise its effectiveness.

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