

Learning from Targeted Mental Health in Schools Phase 1 Pathfinders

Summary report

Report for DCSF

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Abbreviations

ALS	Action Learning Set
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behaviour Therapy
PWBMH	Psychological Well-being and Mental Health
EP	Educational Psychologist
EWO	Emotional Well-being Officer
HT	Head Teacher
IAPs	Independent Appeal Panels
PMHW	Primary Mental Health Worker
PSHE	Personal, Social and Health Education
SEAL	Social and Emotional Aspects of Learning
SDQ	Strengths and Difficulties Questionnaire
TAC	Team Around the Child
TaMHS	Targeted Mental Health in Schools
YOS	Youth Offending Service

1. Introduction

The Office for Public Management (OPM) was commissioned by DCSF to design and deliver a series of Action Learning Sets (ALS) to support the 25 Targeted Mental Health in Schools (TaMHS) phase 1 pathfinders. OPM is a not-for-profit consultancy working with public sector organisations to improve outcomes. The ALS took place between July 2008 and June 2009. Participants were drawn from all pathfinders and divided into four groups based along regional lines. Participants included project managers, practitioners from schools and observers from the TaMHS 'Me and My School' National Evaluation.

This summary report draws together the key points of learning from the quarterly action learning set summary reports,¹ and 11 interviews with a range of people involved in delivering TaMHS. A fuller methodology and research tools for the report can be found at **Appendix Two**. The report is intended for TaMHS project managers and other relevant stakeholders in local authorities and primary care trusts.

The learning covers several processes associated with TaMHS in its inception, management, and delivery. The report does not include reflections on the content and delivery of the action learning sets which was evaluated at each session. Those interviewed included TaMHS project managers, practitioners in participating schools, Regional Development Workers (RDWs) from the National CAMHS Support Service (NCSS), the NCSS TaMHS Project Manager and both OPM ALS facilitators. Examples of effective practice, both from the interviews and the action learning sets, inform the report throughout, with individual pathfinders anonymised as agreed with the interviewees.

The report structure covers six specific themes. These themes formed the basis of the interview structure, although most are interlinked in some way.

The themes are:

- Partnerships and multi-agency working
- Choice of interventions and models of practice
- Engaging stakeholders (schools, children, young people and parents)
- Evaluation
- Financial planning
- Influencing system change in children's mental health services

Throughout the report, case studies and examples of good practice will be included in text boxes, including examples of the project impact on children and young people and their families.

Top tips for future pathfinders are included at **Appendix One**.

¹ A total of five ALS were held for each of the four regional groups and learning from the five summary reports has been incorporated into this report.

Online community

This report does not include a formal chapter addressing the use of the online community, however, we briefly outline experience of the community below.

During the first year of the Phase 1 Pathfinders, an online community hosted on the Department for Children, Schools and Families website was established to support both the Action Learning Set participants, and, more broadly, others involved in delivering TaMHS in the pathfinder areas. The purpose of the online community was to provide space for users to discuss and share ideas with colleagues from other pathfinders on issues arising in their pathfinders. It was intended to facilitate sharing of stories about what was working well in their areas, and the challenges they were facing. The aim was that colleagues would be able to learn from each other and share good practice around how to help TaMHS achieve its broad objective of improving mental health outcomes for children and young people. The main functionality of the community included discussion forums, document store, news, and calendar of key dates.

Unfortunately, there was very limited use of the online community despite communication, both by email and at the ALS, with the pathfinders about the benefits of using the space to share learning experiences. Although formal feedback was not collected on the use of the forum, anecdotal feedback received indicated that potential users did not have sufficient time to use the community, and it appears that it was not a high priority for the intended audience. This also suggests that face-to-face support and challenge was valued more by participants.

2. Policy context

Improving the mental health of children and young people is a critical priority informing the improvement of children's services. The Children's Plan published in December 2007 underlined this priority by announcing a full independent review of CAMHS services, with the goal of reviewing progress made in services directed at the educational, health and social care needs of children and young people at risk of experiencing mental health problems since the launch of Standard 9 of the Children's National Service Framework and the publication of Every Child Matters in 2004. The CAMHS Review reported in November 2008, and OPM supported the national review panel with this important study. The Review found support for approaches that incorporated issues around children and young people's mental health and wellbeing into universal services. In line with this approach, the TaMHS programme of work is tasked with finding innovative whole school approaches to improving child mental health outcomes in schools and as such is an important strand of this strengthened focus on child mental health.

The programme began in April 2008, when 25 local authorities and their partner Primary Care Trusts (PCTs) commenced pathfinder work. The phased national roll out of TaMHS commenced in April 2009, with 55 further local authorities and their partner PCTs (phase 2) joining the programme. The remaining 72 local authorities and their partner PCTs will join the programme in April 2010 (phase 3).

SEAL and the National Healthy Schools Programme

The TaMHS pathfinders are tasked to build on the success of National Healthy Schools and Social and Emotional Aspects of Learning (SEAL) programmes in both primary and secondary schools.

Both Healthy Schools and SEAL take a whole school approach. The Government has set a target for 75% of all schools to have achieved healthy schools status by 2009.

Drawing on the work of Daniel Goleman,² SEAL focuses on five domains: self-awareness, managing feelings, motivation, empathy and social skills. It develops those skills in both pupils and staff through:

- using a whole-school approach to create the climate and conditions that implicitly promote the skills and allow these to be practised and consolidated
- direct and focused learning opportunities for whole classes (during tutor time, across the curriculum and outside formal lessons) and as part of focus group work
- using learning and teaching approaches that support pupils to learn social and emotional skills and consolidate those already learnt
- continuing professional development for the whole staff of a school

As of July 2009, 89.5% of all primary schools and 64% of secondary schools were using SEAL. Funding is being provided to continue the phased delivery of SEAL across all schools until 2011.

The Healthy Schools programme also focuses on emotional health and wellbeing alongside personal, social and health education, healthy eating and physical activity. The criteria that schools have to meet to achieve healthy school status are linked to those used in the OfSTED self evaluations. Achievement of healthy schools status is used as evidence of schools' contribution to the five Every Child Matters outcomes within the Joint Area Reviews of children's services and local authority Annual Performance Assessments.

² Goleman, D. 'Emotional Intelligence', London: Bloomsbury, 1996

The TaMHS pathfinders

Whilst SEAL takes into account – and increasingly through the implementation of Family SEAL seeks to involve – parents, it is mostly a school-focused programme of work that aims to develop the social and emotional abilities of all pupils. The Healthy Schools programme also focuses on parental involvement and extends beyond the school to developing more effective liaison with external support agencies. The TaMHS project aims to build on these programmes of work by focusing on the needs of children and young people aged 5 – 13 who are at risk of, or are experiencing, mental health problems, and their families. The aims of the TaMHS are to:

- improve mental health outcomes for children and young people via interventions delivered through schools
- test ‘effective’ models of early intervention work within school-based settings, which have a clear impact on improving mental health outcomes for children and young people at risk of, and experiencing, mental health problems
- integrate effective early intervention models as part of wider local authority and PCT systems of assessment, referral and intervention work within targeted support services and specialist CAMHS
- understand the factors promoting the successful implementation of the effective models at a strategic and operational level so that these lessons can be further rolled out
- understand the barriers (structural, cultural, financial and professional) to the successful implementation of effective models of work in schools at strategic and operational levels

The work of the project is underpinned by the following principles:

- Maintaining a whole school focus to create the climate and conditions for promoting mental health
- Promoting the mental health of all pupils to prevent problems arising, and providing more targeted support for those already experiencing problems
- Using evidence-based approaches for whole school, group and individual support work

The aims of TaMHS are to be realised through the development of innovative models of evidence-based mental health support that bring together relevant partners and will be delivered through schools. An example of the evidence base is the ‘stepped care approach’ described in the National Institute for Clinical Evidence (NICE) guidance on tackling depression in children and young people.^{3,4} Each TaMHS area works through a cluster of primary and secondary schools and is supported through a partnership between its local authority (LA) and the relevant primary care trust (PCT) or trusts.

The TaMHS project is aimed at providing an opportunity for participating schools to extend and deepen their existing work on promoting mental health and supporting children with problems. It is this ability of targeted services to enable schools to build their own capacity to meet the needs of all of its pupils, as well as complement that capacity, that the pathfinders are tasked to explore. This approach has been enthusiastically welcomed by practitioners and managers attending the OPM facilitated learning sets to date.

³ ‘Depression in children and young people: identification and management in primary, community and secondary care’, Clinical guidance 28, NICE, September 2005

⁴ ‘Promoting children’s social and emotional wellbeing in primary education’, Public health guidance 12, NICE March 2008

3. Partnerships and multi-agency working

In this section we look at the use of partnerships and multi-agency working in the set-up and delivery of TaMHS.

Discussion around partnership working was a strong feature throughout the course of the ALS, and it was raised particularly at the initial sets because of its relevance and importance to securing an effective base for future work in the pathfinder sites. Working in partnership was identified as a **challenge** for many pathfinders, with specific challenges including difficulty identifying the distinctive characteristics of TaMHS and other initiatives connected to the PWBMMH agenda. Successful **communication about the role and purpose of TaMHS** is, therefore, crucial to gaining a shared understanding between partners and agencies involved in TaMHS. Multi-agency meetings in school settings were felt to be an effective way in identifying the extent to which **genuine** multi-agency working had taken place.

Success factors

Pathfinders were required to form partnership steering groups, however they have been set up in different ways. Typically, steering groups may include the project manager, commissioners, senior providers (i.e. from CAMHS), representatives from schools (primary and secondary), and third sector partners, among others. These multi-agency partnerships have been most successful where individual partners have taken responsibility and had ownership for the delivery of TaMHS. Groups such as these have brought together **partners at both strategic and operational levels**, whereas in other pathfinders the steering group and implementation groups have often been kept separate from each other. In some areas, where partnership groups consist only

of strategic leads and exclude operational practitioners, multi-agency working has not been as successful as it has meant that those working 'on the ground' delivering the project are not as aware of partnership arrangements. This confirms observations made by ALS facilitators suggesting that there are gaps between pathfinders in the extent of integrated working at both strategic and operational levels. The overriding message here is that **strong relationships** made at an early stage **between strategic and operational professionals** form positive foundations for the development of effective working arrangements to deliver TaMHS.

Areas for development

Particular challenges around **liaising and working with CAMHS** endured throughout the life of the ALS and were also raised in interviews. The main difficulties appear to lie in obtaining specialist advice from CAMHS to complement the work of TaMHS, indicating that CAMHS may still be viewed as a separate service to the work on PWBMMH in schools.⁵ Such perceptions transfer to schools having misunderstandings about CAMHS, including inaccurate expectations about CAMHS waiting lists (for example, a pathfinder reported waiting lists in their local CAMHS were thought to be lengthy when, in fact, the waiting time was minimal).

⁵ The relationship between CAMHS and TaMHS is explored further in chapter 7

Joint planning and delivery at different levels of intervention

Observations made at the initial ALS are indicative of the challenges of **joint delivery and planning** between those working at school level and in targeted and specialist services, as shown below:

‘Progress is being made on building on and further developing, links between schools, targeted and specialist services at the level of individual schools, clusters and at a strategic level. Challenges include engagement of schools’ improvement staff so that they see TaMHS as a school improvement tool, moving from sign-up to active engagement in schools and developing realistic and negotiated expectations between schools and other services.’ – 1st ALS

Effective processes positively influencing partnership working

There have been successes in multi-agency working at the early pathfinder stage following project inception, with pathfinders using multi-agency training sessions to build capacity among the professionals and services involved in delivering TaMHS.

Relationship management in multi-agency working was discussed heavily in the initial ALS, raising principles of open communication, willingness to change, and respecting difference as crucial success factors to working together and changing the way mental health interventions are configured in pathfinders. Furthermore, the success of pathfinder partnerships has largely been dependent on the existing networks of partners delivering CAMHS and the **commitment and maturity of multi-agency working** in those networks. It is clear that multi-agency working was more successful where there were **clear models demonstrating how partners work together**. In the initial action learning set, participants undertook a visioning exercise to identify their aspirational vision of what effective health and wellbeing outcomes for children and young people

in schools would look like. Critical success factors identified were the integration (and often co-location) of multi-agency teams focusing on the holistic needs of the child at both prevention and intervention levels. The visioning exercise also raised issues about some of the current challenges surrounding partnership working (such as competition between different sectors and tiers). Multi-agency working clearly still requires significant development in places in order to produce better outcomes for children and young people.

One of the strategies used to bring partners closer together includes **multi-stakeholder events such as launch events with schools** around developing school action plans to deliver TaMHS, bringing partners together to consult them at an early stage and identify priorities.

Weekly multi-agency meeting to discuss referrals

A pathfinder has introduced a weekly multi-agency meeting to bring together partners to discuss children and young people who may need referral to specialist services:

‘On a Monday morning, we’ve set up a process (a meeting of usually 1–1.5hrs) whereby TaMHS, CAMHS, pediatrics, the YOS, and someone from the young people substance misuse service, and IAPS come to discuss all referrals. It also gives people the opportunity to talk if an issue looks like [it might need] Tier 3 or 4 [intervention]. This reinforces multi-agency working as it makes sure there aren’t any children who miss out. It makes sure we are having a TAC model – all agencies know who is working with who, there’s no duplication. It ensures appropriate referrals which is one of our outcomes.’ – Project Manager

Key achievements

Feedback from those interviewed presents a varied picture of the extent and effectiveness of integrated working through TaMHS. As highlighted above, discussions with pathfinders show that strategic buy-in (including from Assistant Directors of Children's Services) helps bring agencies together at the operational delivery level, as well as facilitating two-way dialogue, which enables operational managers to lever change where it is needed. In one local authority, where an effective relationship exists between the strategic and operational levels, the project delivery team are able to access schools and PCT staff more easily which helps **accelerate the communication process**.

Multi-agency working to improve outcomes for individual children

The example below shows how effective partnership working has had a positive effect not only on the psychological wellbeing of a child in school, but also that of their parent. Through dealing with behavioural issues and their causes with support given by TaMHS, the child in this example is now able to participate in their education, achieve and is likely to be less disruptive with other children because they are now able to positively interact with others:

'[We had] the case of a child who had exhibited behaviour problems since nursery – he came to us when he was still having behaviour difficulties and we had put lots in place and were improving, but there was still lots of work to do. Now we've had joint working, and CAMHS have been involved... It has been a 3-pronged approach: [we have] dealt with Mum's problems, his problems and the whole family. His teacher the other day was saying that he now fits in as a normal child, he's just done SATS and gets on with other children, it's been really positive.' – **Inclusion Manager, Junior School**

Wider participation in partnerships

It is clear that the partnership arrangements used in TaMHS have helped strengthen – and in some areas re-establish – relationships between agencies, namely between health and education. TaMHS has also enabled a wider group of agencies to come together than in previous working arrangements between mental health support workers:

'They've brought new partners to the table – previously CAMHS have had good relationships with education but they didn't have Healthy Schools for example, and these people have been much more involved. Although the CAMHS partnership often invited these people, they didn't always attend but TaMHS has been much more specific to them and they have been much more engaged.' – RDW

Drawing on individual partners' expertise

Some of the ways pathfinders have encouraged greater understanding among multi-agency teams has been by facilitating discussion about individual's professional experience and expertise to understand what the different roles bring to the team. In some cases this has taken the form of an **inter-disciplinary 'induction'**, allowing professionals to meet and question each other, going beyond the idea of 'virtual' multi-agency teams. However, as well as recognising the discrete contributions different professionals bring, pathfinders have brought together multi-agency teams to **build capacity across partners**, for example, in the delivery of Hear by Right⁶ training on involving children and young people.

⁶ Hear by Right training has been developed by the National Youth Agency and offers tried and tested standards for organisations to improve their practice and policy on the participation of children and young people.

Sharing training with a range of partners

Pathfinders have helped a wide group of partners access training together, which demonstrates a commitment to developing a shared set of skills across agencies and providers in working according to common care pathways.

'All the training we opened up to the third sector, young carers, those working with young people with substance misuse problems, behaviour support, EWOs. They've accessed the training we've been on – this has kept the focus on sharing skills and knowledge and developing relationships. It's helped develop very clear pathways in schools so if a young person is identified as being a young carer, we can provide a very timely response because of the care pathways developed.' – **Project Manager**

4. Interventions and Models of Practice

Throughout the first year, the pathfinders have identified a shared vision of a positive shift from a reactive specialist services-based model towards promoting early intervention and prevention through the TaMHS model. There has been considerable plurality in the interventions and models of practice chosen in TaMHS, largely due to the different ways CAMHS is configured in local areas. With CAMHS often viewed as the closest relation to TaMHS, TaMHS pathfinders appear to mirror these differences.⁷

Experience sharing sessions have shown that some schools have been reticent or not yet prepared to have outside agencies intervene in school-based problems, representing a cultural clash between schools and health partners which could have affected the models chosen by pathfinders. This is confirmed by those project managers who have needed to adapt the TaMHS approach according to the context of individual schools or clusters.

TaMHS 'models'

Common features

TaMHS has often been **delivered in pre-existing cluster arrangements**, using the school cluster structure to distribute resources (in terms of primary mental health work posts, for example). At the first ALS it was clear that pathfinders expected their operational models to need to change and evolve over their three-year lifetime,

however, they were also restricted to some extent by the time they had to develop a framework with which to review their operational models.

Developmental challenges

The Department from the outset have emphasised that interventions developed through TaMHS should be evidence-based.⁸ There has also been an emphasis on innovative approaches and practice. Some pathfinders have reported challenges in knowing when innovation is appropriate (i.e. through using interventions with smaller evidence bases). For example, in the case of a therapist in a pathfinder who wished to use Advanced Integrative Therapy (a relatively new type of energy psychotherapy), the pathfinder had to choose whether to support the use of this intervention or to promote more widely-tested interventions such as pet therapy, whereby pets such as dogs are used therapeutically with children and young people. The freedom to innovate was also seen to be restrained by the **capacity of pathfinders to provide monitoring support** through clinical supervision, as well as the ethical implications of 'trying out' therapies on vulnerable children and young people. However, being pathfinders, it was expected that there should be some freedom to innovate and try-out potentially effective interventions, based on the professional expertise of those working in child and adolescent mental health services, while balancing this with the need for evidence.

⁷ Most of the information summarised in this chapter is based on details of models gained through interviews with project managers and those working directly in schools, as detailed discussion of TaMHS models did not feature strongly in the ALS. It is also important to note that the different models in schools took different amounts of time to implement, sometimes as a result of difficulties with recruitment, therefore pathfinders represented at the ALS were often at different stages of development.

⁸ DCSF have published a summary of existing knowledge and practice about effective interventions to help children in a school context who would broadly be described as having behavioural, social or emotional problems. This is intended for anyone involved in planning services for the TaMHS pathfinder project, including senior school staff and can be accessed here: <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00345/>

‘...there was a debate about using non-evidence-based approaches that – given practitioner wisdom – seem to be good bets. Their rationale for employing such methods is that the existing evidence-based approaches started out as good practice hunches.’ – ALS facilitator

In order to give an overview of and understand the model of TaMHS used in pathfinders, we have identified and outline four typologies of TaMHS approaches showing the core features of these models and their anticipated outcomes. As TaMHS has been developed in many different ways the typologies are not exhaustive but they show some of the features used in some approaches. For each model we summarise the pathfinder’s rationale for choosing this approach (where it was stated), and their perception of anticipated (or realised) outcomes for children and young people.

Type 1 – Modified CAMHS in schools

In this approach, TaMHS pathfinders have often built on existing processes and models either pre-existing in schools or in CAMHS teams, rather than ‘reinventing the wheel’.

The use of **Personal Support Plans (which provide support originating with a strengths-based assessment and ongoing clear accountability from those involved)** is an example of this, whereby targets are based around identifying strengths and working with specific practitioners with particular roles and remits in children’s PWBMH.

Examples of features

- Outreach service with the CAMHS team focusing on looked after children and children in need
- Replicating the model on community-based need through meeting children and young people outside a hospital base, in their homes
- Two outreach workers and an educational psychologist enabling the pathfinder to link directly with schools and staff within schools

who would sit with the virtual TaMHS team

- Employment of an Emotional Health and Wellbeing (EHWB) worker situated within high schools in the cluster
- Add-on PMHW model where PMHW resource is allocated to schools to provide additionality to their existing emotional and social wellbeing work with pupils
- PMHWs recruited to work directly with schools to build staff capacity and give them confidence to provide appropriate support to the children and young people about whom they have concerns, as explained in the example below:

‘We would identify teaching staff who could come off timetable and had some capacity to do EWB work. We were very clear that the schools that came into the plan would be doing SEAL so that the interventions would dovetail and they would have a much better understanding of the project.’ – Project Manager

Anticipated outcomes

The benefits of using a **type 1 approach** (adapted CAMHS model) are based on recognising the effectiveness of reaching children and young people in a community-based, non-stigmatising environment:

‘We’d had a similar model in CAMHS and that had developed really well in terms of fast tracking children and young people and picking them up when problems began rather than when problems had got entrenched. And meeting children and families where they wanted to be met... it’s about the logistical issues as well as the stigma that surrounds it. We now get our CAMHS professionals to get out of the hospital into the community and we find that families are a lot more responsive to that approach.’ – Project Manager

Type 2 – Building on whole school approaches

This model was typified by those schools which built on pre-existing effectively developed Tier 2 CAMHS, whereby CAMHS specialists were already working in the school setting. These projects often involved an extensive training programme to ensure capacity building for staff, thereby enhancing the sustainability of TaMHS once the project funding has ended. The model works by building on what schools already offer (Healthy Schools, SEAL etc). Pathfinders using the whole-school approach have often adopted a holistic offer by developing firm foundations at a universal level if they were not already in place.

Examples of features

A pathfinder has run whole-school music events involving large numbers of children, which has given children space to express their thoughts and emotions. Subsequently this has provided schools the opportunity to identify children who expressed concern about their psychological wellbeing and mental health, or issues their parents may have had. Other key features include:

- Working across Tiers 1-2 looking at bringing additionality to what is already going on in school structures
- Offering targeted brief interventions around CBT and solution-focused interventions
- Through the TaMHS model, building universal knowledge (in schools and among agencies) about integrated working and effective pathways for children's social and emotional wellbeing
- Established new pathways of working that are not only about the TaMHS project but also link to wider integrated working
- A 'bridging post' has been established between Healthy Schools and TaMHS, which has enabled the strategies to join up by connecting the emotional wellbeing agenda to PSHE

Support for staff

A key feature of the TaMHS model in many schools includes building **emotional health and wellbeing support around the needs of teachers and other staff** in schools. Many pathfinders appear to have introduced whole-school training and support on the needs of teachers who, as a result of helping administer an enhanced emotional health and wellbeing programme to pupils, may experience additional emotional pressure. Models **involving support for parents** also feature strongly in pathfinders' delivery models and are discussed in a later chapter.

Rationale for approach and anticipated outcomes

By addressing gaps in schools' current provision and building on existing partnership foundations, the whole-school model can strengthen the support already in place and ensure this is sustainable, as described in this example:

'The approach evolved but the direction [of the pathfinder] was basically around a recognition that: 1) there were some gaps in provision, 2) that there was an opportunity to develop some of the partnership working that it was evident still needed to be explored, 3) a recognition from the schools' point of view that very clearly there were some elements of work that needed to be happening, particularly around anxiety and depression, coping skills and resilience.' –
Project Manager

Type 3 – Multi-level approach delivered in schools

In some pathfinders, a multi-tiered approach has been used for children with different levels of need. For example, in one junior school, three types of support have been provided. With targeted support delivered on different levels according to need, specific interventions are offered for specific groups of children. This tends to involve more specialist CAMHS involvement than in the other models.

Example features of multi-level approaches (in a school with three types of support)

- Level 1: Working 1-to-1, this model is based on practitioners working with a child and providing parent support and counselling for pupils.
- Level 2: More targeted support in small groups in schools to provide additional support to children who may require it
- Level 3: Reinforcing SEAL: ‘...looking at SEAL and what can be done to support schools in its implementation (this is where the voluntary sector typically comes in with whole school approaches)’

As identified in Level 3 in this model, pathfinders are making extensive use of the third sector to provide interventions using a range of providers.

Rationale and anticipated outcomes

This model is similar to type 1, and is advantageous in that it also uses the expertise of the voluntary sector. The model also caters for the school population at different levels, providing the opportunity to identify those in need of higher-level support, alongside promoting the sustainability of using both preventive and intervention processes.

Type 4 – Needs assessment to inform school commissioning needs

In some pathfinders the focus in the first year has been on identifying the level of need in the school, looking at what children and young people’s psychological wellbeing and mental health needs are and what level of provision is currently available, rather than on delivering interventions. Using this information about need, pathfinders are helping schools understand what interventions they need to commission in order to produce good outcomes for children and young people. Needs assessments for the development of TaMHS can also be informed through other established integrated working processes including the CAF, Lead Practitioners and Team Around the Child.

Example features

- Baseline audit of staff capacity and skills
- Assess level of need among children and young people, including through direct engagement with them
- Staff training on commissioning interventions

Challenges

There are, however, challenges to this approach to TaMHS as it may be seen as closely linked to traditional ways of working, whereby schools assess need and commission services, continuing a services-led rather than outcomes-based approach to mental health interventions as explained by a RDW.

‘What’s happened is that what schools say they need and what they do can be different things. They’ve got people in to do those things rather than building on the skills they’ve got in school’ – RDW

Furthermore, this model may also affect sustainability as the commissioning of interventions depends on external provision rather than building the capacity of schools to deliver.

Rationale and anticipated outcomes

By spending the first year of TaMHS on the baseline audit and commissioning stage, and building capacity of teachers and staff, pathfinders are investing time in finding out what both staff and children and young people need rather than relying only on teachers to identify individual children, as shown below:

‘One of the difficulties is that if you ask in schools which children need extra help, they will identify some, but this is not the voice of the child. We’re now actually taking into account children’s opinions. It’s very useful at identifying children that have low self-esteem and [who] are not necessarily creating any difficulties for staff but still have mental health needs – the hidden minority I suppose.’ – Educational Psychologist

Key achievements of TaMHS models and interventions

Although pathfinders have taken different approaches, there were a number of common achievement themes identified, in particular relating to either service integration and promoting the team around the child, de-stigmatising mental health, and/or specific interventions that have resulted in improved outcomes. Specific examples are given below.

One example is a pathfinder in a metropolitan unitary authority which sees itself as a **‘community resource’**. This is helped by its physical location as, although it is in a school, it is situated next to a children’s centre and a Hospital School, helping it to integrate into wider community services. This type of service is very similar to how pathfinders viewed the ideal future of preventive interventions – in the visioning exercises (mentioned earlier in the report) – sitting in universal services but alongside interrelated levels of support.

A clear achievement of TaMHS is the work done in changing stakeholder attitudes to dealing with mental health issues and **reframing the language and attitude** traditionally associated with CAMHS, as described by a RDW:

‘It’s taken the myth out of CAMHS. There is a perception that PWBHM is about specialist services when you use the acronym CAMHS, but TaMHS has helped people understand it is everybody’s business. There’s been a greater awareness-raising just through getting to the place where we are now.’ – RDW

Other pathfinders quoted the main success of TaMHS as being in the ability of schools to draw on a range of interventions, specific examples being animal therapy; bridging holiday activities with work done during school terms; work with parents; and speech and language therapy.

5. Engaging stakeholders

Central to the success of TaMHS has been the engagement of a number of different stakeholders, organisations and individuals. This chapter considers the processes, strategies and impact of this engagement work.

Engaging schools

Securing effective engagement with schools lies at the heart of TaMHS and, therefore, it often arose as a central problem-solving issue in the ALS. Those involved in delivering TaMHS share the understanding that as the host setting for TaMHS, schools which implement psychological wellbeing and mental health measures have higher levels of attainment. Therefore, if pathfinders can help schools recognise this, schools' levels of commitment to the work of the pathfinder can strengthen.

For many pathfinders, school engagement appeared at some points to represent a success, and at other times a significant challenge. Particular issues that surfaced included **sustainable** engagement. Experience suggested that schools' capacity to engage may be affected by universal issues (such as pressure points in school term times), and contextual factors particular to individual schools such as high levels of deprivation, or staff turnover.

In common with the challenges experienced by pathfinders with multi-agency working, relationship management where there are different organisational cultures in health and education has been an important feature for pathfinders in gaining buy-in for schools. Challenges in achieving sign-up for the programme have shown the importance of **open dialogue within the context of strong relationships**. Several interviewees and ALS participants referred to these relationships, recognising that schools may be more likely to participate in TaMHS where positive relationships exist. Although a year into the pathfinders many

schools are now engaged, a lack of understanding of schools' culture on the part of some health practitioners, such as PMHVs, has meant that in some cases the two agencies have initially often not understood each other. The learning from this experience is that there is a need to allow time for building reciprocal relationships with schools.

Cluster working with head teachers and wider staff

One pathfinder found engaging clusters of schools an effective way to gain their participation, showing that existing networks are key to understanding the local educational environment.

'The main achievement has been: 1) about the role of myself being able to engage in a school cluster environment with head teachers and 2) the fact that we've used the Everybody's Business training to develop a good basic understanding of mental health within the wider school population, bringing together non-teaching staff and teaching staff. We had around 130 staff undertake that across all schools. Also we've strongly linked the TAMHS project to the wider extended schools cluster arrangements.' – Project Manager

Processes positively influencing engagement with schools

Outlined below are a number of examples of how pathfinders have positively engaged schools:

- A pathfinder project manager made an effort to visit every school to encourage them to participate in TaMHS
- Workshops were held at the set-up stage to advertise TaMHS and gain stakeholders' feedback about what they felt was needed. This consultative approach also included engaging children and young people to find out what they considered useful

'There was a meeting when they launched TaMHS in schools, [and] helped explain what it would look like. [There was] also a one-day workshop where they looked at the needs of our schools and what would be put in place. We came away with a clear idea of what we needed and what to put in place as a school' – Inclusion Manager, Junior school

- Inviting a school representative to attend the steering group meetings (a representative from both the primary and secondary sectors) and helping them realise the benefits of membership:

'Having project schools on the steering group gives an opportunity to share good practice and recognise that things are difficult... It's about getting people to think outside the box and getting people to see they're part of it. What is crucial to get across is that training has been a big part of engaging schools (a HT said 'we feel so much more confident') – it's good to actually say to schools that they're doing this already.' – Project Manager

- Sharing knowledge about TaMHS at regular cluster meetings
- Have head teachers and the Senior Management Team (SMT) on board right from the beginning

SMT champions

One pathfinder described how they had engaged effectively with schools through individual relationships with members of the Senior Management Team (SMT) in schools. By engaging with other key contacts (in addition to the head teacher) pathfinders help schools understand and implement the TaMHS agenda, gaining ownership, thereby schools are less likely to experience feeling 'done to' in TaMHS. In addition to championing the agenda, the role of the additional contacts in schools is helpful in terms of ensuring long-term implementation and in the sustainability of TaMHS.

'We set up arrangements with the SMT leads in high schools. Because we have a worker based in the schools, we had to be very clear about management accountability, child protection issues etc. We're able to go and resolve issues very quickly... we called it 'consolidation' of process so they could offload any thoughts. Some have accessed it and some haven't but we've tried to be as flexible as possible. We tried to set up a system where the consultant would drop in but we didn't appreciate this would look like failure [in some schools]. That's why we're using the SMT lead, who is comfortable bringing it up.' – Project Manager

Engaging children, young people and parents

Pathfinders have thought creatively about how to engage children and young people in TaMHS by using media that is attractive to them, for example using text messages, websites, and eye-catching printed material in awareness-raising activity around TaMHS. In delivering TaMHS, pathfinders have used art, music and drama which have helped present awareness of psychological wellbeing and mental health in an accessible and non-stigmatising way. In this way, TaMHS has played a role in normalising discussion around mental health issues, without necessarily using 'mental health' terminology which may have historically failed to reach those in need of support.

Key achievements in engaging children, young people and families

Families

As with engaging schools, multiple strategies have been used to engage parents, largely dependent on historical relationships in each pathfinder. One method involved liaising with an organisation representing parents to ask their advice on the best way to reach parents in each of the clusters. Other methods include inviting a member of organisations such as the **Parent Partnership** (an organisation offering information and advice to parents and carers of children with special

educational needs) to be on the TaMHS board, giving parent representatives an opportunity to directly influence decision-making in TaMHS.

In other areas, part of the TaMHS budget has been used to **build the capacity of practitioners from a variety of agencies** who come into contact with parents. The training is intended to raise practitioners' confidence about working with parents so that they can discuss concerns about children's mental health more easily.

To prepare the ground for future engagement, pathfinders are also using TaMHS funding to introduce family support sessions with practitioners in the voluntary sector and to train staff who will come into contact with parents over the summer period. This will enable all staff to feel competent and confident to approach parents about mental health issues.

The list below covers some of the common strategies used to engage parents:

- Identify what 'wellbeing' actually looks like from a starting point of what it means to be mentally 'well' and invite parents into school for developmental sessions on these themes. One pathfinder cited an example of using Parentline Plus to invite parents in to talk about transition for their children and used the opportunity to invite parents to talk about how transition felt for them (i.e. opening up mental health discussions by 'the back door')
- 'Expert' talks/sessions could be held in schools (or GP surgeries) on topical and typical stresses which may result in mental health issues, e.g. on sources of advice and support surrounding debt, job loss, stresses at Christmas, etc.
- Hold multi-family groups as a way to develop parents' confidence on discussing mental health and psychological wellbeing

Parental engagement

One pathfinder offered an approach for extensive **parental engagement:**

'Groups are running in schools based on CBT and the 'nurture group' model. Staff select children and parents to participate in an open group session. Parents bring and collect their children from the group and this provides an opportunity to engage. Further, parents also have 1:1 Targeted Mental Health in Schools sessions with staff from TaMHS to discuss their child's mental health and psychological wellbeing. The aim is to set up a parallel parents' group to run alongside the children's groups.' – 4th ALS

Children and young people (and families)

ALS participants have been keen to stress that children and young people should have a voice in how the pathfinder develops and have developed a number of ways to facilitate this, such as young people reference groups and discussions with children about what PWMH means.

The example overleaf illustrates the techniques one site has used to raise awareness of TaMHS and engage children, young people, and their families in participating in the pathfinder.

Using the voluntary sector and interactive events

Among other approaches using resources in clusters, pathfinders have drawn on the expertise of the voluntary sector because many organisations have significant experience of engagement with children, young people and their families.

'In terms of projects we're funding in order to promote engagement with schools and in education we've got an environmental charity and other agencies coming in, for example, to work in a sensory garden where young people can come and talk. Again, as it's a community project, it's enabled wider community involvement as well. Other projects include a community choir which went across several schools. The tickets for the project sold out within a very short amount of time – we had 100 parents and carers come to watch. Following that we're going to do a 2BME's Got Talent, which will be held after Christmas – it's generating a lot of excitement and encouragement.' – Project Manager

6. Evaluation

Questions around co-operation with and participation in the evaluation arose throughout the course of the ALS. We have used ALS participants' reflections about the evaluation and information from the interviews to assess what has been learnt about effective participation in the evaluation process.

In common with many aspects of securing the effective delivery of TaMHS, gaining buy-in from schools, parents and children is important in ensuring participation in the evaluation. Discussions at the ALS have demonstrated how important it is for TaMHS implementation groups to promote the evaluation and its aim to support services in better meeting the needs of children and young people, thereby ensuring high levels of participation. Local evaluations have also presented challenges, sometimes due to their delayed introduction by pathfinders where it may have been de-prioritised in view of extra time taken up by the start-up phase. On an internal project management level, pathfinders have found that it is helpful to start the planning process early and to allocate sufficient budget to the evaluation to prepare for this in advance. In other cases, it is thought that late implementation of local evaluations may be due to limited familiarity with local evaluation processes or understanding about measuring outcomes: **'Everyone understands that there's a need to do it but the problem is how can we evaluate outcomes, in real terms.'**

As pathfinders have been required to participate both in the TaMHS 'Me and My School' national evaluation and their own local evaluations, pathfinders experienced different challenges associated with each and these are reflected below.

The TaMHS 'Me and My School' national evaluation

Some ALS participants and a few interviewees commented that time pressures have been one

of the major challenges for pathfinders seeking to raise participation in the evaluation given that schools find it difficult to accommodate TaMHS evaluation in a timetable that has little space for additional projects. On both sides of the relationship, pathfinders have found that the setting-up phase of the evaluation took longer than expected, for a range of reasons including finding space and time in schools for children to complete SDQs. On gaining buy-in, pathfinders have needed to conduct PR exercises to raise awareness about the value of the evaluation, helping schools recognise the importance of holding comparative data to inform the future development of TaMHS.

There have also been several challenges around convincing schools about the need to evaluate TaMHS and how the national evaluation will be relevant to local settings: **'In terms of the national evaluation, there's still some scepticism about what the value of it will be locally.'** – Project Manager

Sustaining commitment to the evaluation

As shown in the following example, there have been varied experiences of participation in the evaluation, often connected to individual schools' buy-in to the SEAL agenda.

'Our participation has been pretty decent. For me, the key thing now is about how we're linking that into the direction of travel for Year two and three regarding individual schools – basically just looking at what the results are that have come out for individual schools and seeing if there's anything we need to explore that the national evaluation has shown up. To be honest, there are different levels of engagement with schools. The schools that have SEAL embedded already are thinking about how to look proactively at some of the issues that have come out here.' – Project Manager

Clearly emerging from feedback at the ALS has been concern about how 'user friendly' the letters informing parents and carers about the evaluation were. Pathfinders considered that seeking the consent of parents and carers was made more difficult by the **complicated wording** explaining TaMHS and the purpose of the evaluation. To improve accessibility and promote wider participation in the evaluation, pathfinders discussed alternative strategies with the national evaluation team, such as providing the information with a bilingual translation and including a short covering letter with the full details attached.

For some schools in rural areas with small cohorts of children, schools have not been able to make full use of the evaluation because questionnaire results for classes of 10 or fewer children were not returned by the national evaluation to avoid identifying individuals. One of the issues that arose is about the national evaluation **feeding back results to schools** in a way that can be useful to their own planning and approach to PWMH. In one case it was felt that by the national evaluation working directly with schools, Project Managers were at risk of being under-utilised in helping secure the engagement of schools. The fact that results are not disaggregated by school in some instances was seen as a central challenge to encouraging schools to participate.

Local evaluations

All of the ALS members recognised the need for strong local evaluations to demonstrate impact and guide their work. The common challenges to do with the local evaluation mostly related to delays with setting up the evaluation, and setting aside sufficient funding to carry it out. It has also been important for pathfinders to determine the outcome measures against which they wish to evaluate themselves, some may relate to outcomes for end users and others to improvements in the process around integrated working in children and young people's mental health service provision.

Local evaluations in a small number of areas have been jointly commissioned to make efficiency savings by sharing some processes. Some areas are using existing contractual frameworks to support their evaluations, whilst others are commissioning discretely for this strand of work.

7. Financial Planning

Learning about financial planning for TaMHS

Financial planning and a particular emphasis on carrying over budgets from one year to another arose as common challenges in the majority of ALS sessions. One of the most frequent issues concerned the TaMHS grant condition on carrying over only up to 5% of the budget from one financial year to the next. To help mitigate this, pathfinders should plan their budget allocations early, and a good understanding of procurement processes will help.

With a significant proportion of pathfinders experiencing difficulties or delays in the set-up and planning phase (due to recruitment or problems securing buy-in as mentioned elsewhere in this report), several would want to see some of the first-year funding reallocated to the second year. With several pathfinders experiencing challenges in engaging with CAMHS and recruiting or seconding suitably qualified staff, there are lessons for understanding the local environment and procurement processes.

Significantly, several pathfinders commented on the difficulty of 'front-loading' TaMHS funding, whereby pathfinders are given 100% funding in the first year, 80% in the second and 60% in the third. They felt this imbalance could be improved by restructuring the annual distribution of pathfinder funding, by allocating proportionally more to the second year when there are more financial pressures in staff costs for example, compared to the first year in which staff are gradually recruited.

Thinking innovatively

Building on lessons from the first year (2008-09) in which many pathfinders were not able to make full use of the available resources, and had to carry forward up to 5% of their first year allocation, pathfinders have taken steps to allocate resources to schools earlier or to plan in advance additional training budgets for which schools, or school clusters, can bid.

'From our point of view it was very much about using some of the funding to kick-start [the project] in the school environment to generate a positive feeling about TaMHS. We allocated money to schools to enhance their programme. We also used some money to organise EHWB activity days – we had to take a leap of faith that schools would actually utilise that. Some schools used that really well, some sent letters to the Director of Children's Services telling them what good experiences they had. Most of the schools badged their activity days under the TaMHS banner, which gave some really strong messages that went out in newsletters.' –
Project Manager

Processes positively influencing planning

Who is involved in ensuring effective financial planning?

Project Managers appear to carry the majority of responsibility for the financial planning of TaMHS, working alongside the lead contacts in schools. They are also responsible for reporting and being accountable to their audit teams to show where TaMHS funding has been spent. From discussions at the ALS, it is clear that there have sometimes been problems with using the allocated budget in time due to challenges with the recruitment of project managers at PMHWs. These delays to project implementation have had an effect on project start-up.

Good relationships and communication with local authority finance departments are essential to effective financial planning. In many cases finance managers have worked closely with those managing TaMHS budgets (usually the Project Manager). Among pathfinders where financial planning involves more than the Project Manager, one pathfinder has used a TaMHS management group (involving health delivery professionals including principal and senior educational psychologists) who are aware of what is happening in each cluster. The local authority commissioner is also significantly involved by advising on commissioning and helping to establish parameters and guidelines for pathfinders on how to make effective use of their budgets.

8. Influencing system change in children's mental health services

In this chapter, we outline the emerging trends pointing to how pathfinders are developing TaMHS as part of a wider system of mental health and psychological wellbeing support.

Positive changes in how schools view CAMHS

Several interviewees commented on changes in the way that children's mental health services are viewed in general, as explained in the following example:

'From the schools' point of view they [CAMHS] are now much more approachable. We're beginning to see much more clearly the type of referrals, the type of children that need to be referred to them as a caseload. But that hasn't always been easy for us as a school as the nature of our parents is that issues around mental health are very closed, related to cultural needs.' – School practitioner

Embedding TaMHS as a core part of the CAMHS strategy

There is considerable variability among pathfinders in the extent to which they are integrated with local authorities' CAMHS strategies, or whether TaMHS is viewed as an external addition to the schools' offer. Varying observations (often from RDWs who have an overview of several pathfinders in a given region) about how far pathfinders have embedded TaMHS within their current CAMHS suggest that, where TaMHS appears isolated from current service configuration, it will be harder to continue the approach once the pathfinder funding ends.

A barrier to full integration with CAMHS includes accessing support such as specialist advice from CAMHS. This has presented problems for several pathfinders. In respect of the distance between CAMHS and schools in one pathfinder, CAMHS has

been referred to as 'fortress CAMHS', suggesting that there is restricted interaction and dialogue between TaMHS and CAMHS in this particular area. At the ALS, a significant proportion of other ALS participants reflected on the difficulty of buy-in a coordination with CAMHS. However, according to local contexts, this may be to a greater or lesser extent. As discussed above, feedback from pathfinders shows that it is essential for project managers to have buy-in from strategic managers who support the shift towards universal preventive services such as TaMHS. The involvement of 'change advocates' or 'champions' could help improve the sustainability of TaMHS once the project has to be mainstreamed.

This corresponds with an observation made through problem-solving at the ALS where TaMHS integration with CAMHS was raised as a specific issue in one group:

'In some areas such as [Pathfinder] and with one PCT, there is active engagement with CAMHS as part of an integrated pathway. In other cases CAMHS is fairly remote or the service is very much a schools-based initiative.' – ALS facilitator

Using TaMHS to reshape the assessment processes around mental health

Whilst in some pathfinders there has been a strong emphasis on delivering universal services through TaMHS, in others there is a stronger focus on targeted interventions. This suggests there is varying promotion, in schools, of universal services which aim to increase preventive strategies and help to lessen the need for targeted intervention in the future. There may be many reasons for this, including concerns/issues about capacity to deliver universal preventive interventions on a large scale, or local contexts where there are high numbers

of children and young people in need of mental health interventions, in turn causing pathfinders to focus on children and young people not yet receiving CAMHS but with the highest level of need. In the first ALS, one of the pathfinders noted that schools were seeing the TaMHS pathfinder as an inverted triangle model, whereby specialist and targeted provision is addressed first, rather than the foundation level of universal provision. It is possible that a reason for schools choosing this approach is that they feel they already provide a significant level of universal services, and so wish to direct TaMHS funding to higher targeted needs.

In some areas TaMHS is being introduced in a context of wider structural change, such as local government transformation from two-tier to unitary authority status. Such changes may coincide with reconfiguration of CAMHS, and it can be problematic to situate TaMHS within wider system change. However, there are also benefits as, in this instance, the simultaneous and timely introduction of TaMHS alongside service reconfiguration has triggered re-thinking about care pathways for children and young people. With care pathways in development for children and young people along the continuum from universal to specialist support, the design of TaMHS, primary mental health services (and allied services with recently created posts including parent support advisors, family support, targeted youth workers), and CAMHS all have to be considered to formulate systems which ensure that children and young people with different needs are catered for, whilst avoiding overlap. Observations from the ALS facilitators indicate that some sites have pathways for using the CAF and coordinating services for children and young people with Lead Professionals. In others, although a pathway to CAMHS may exist, it may be isolated from other multi agency operational processes:

'The sites where things work best are where a generalised cluster linked multi-agency process already exists.' – ALS facilitator

Using the CAF

We have sought to understand pathfinders' experiences about how the CAF is being used by practitioners in schools for children with emotional health and wellbeing concerns. Evidence from the interviews shows that TaMHS is influencing the use of the CAF in some pathfinders, however, in others the CAF is still not a tool commonly used in schools.

In the example of one pathfinder, the CAF is an integral part of the service, however there is a pre-CAF stage which allows practitioners in schools to judge whether intervention provided by an external agency is the most appropriate action:

'The Common Assessment Framework is used as an assessment tool which can result in a referral to other agencies. The Local Preventative Group is contacted by phone by the school if they think a CAF might be necessary but there are three consultations before a decision is made on whether there will be intervention work involving a CAF – this helps buy-in to the CAF process.' – 3rd ALS

Using the CAF processes

TaMHS appears to have **increased the use of the CAF** to some extent, with some sites using an adapted version of the CAF, whilst retaining its principles of holistic assessment:

'If we have concerns about a child, we will fill in a pre-CAF checklist now – we had used them a bit before but we haven't always felt that the systems worked well and it's been a lot to complete. The pre-CAF checklist has helped us bring together our concerns at the children in concern meeting. Then we will work on that with parents. We share what we have and what needs to be worked on and what might happen. We have a child with very poor attendance, and an EWO has been involved with us – Inclusion Manager, junior school

School staff have indicated that raising awareness of the CAF through TaMHS has helped them to understand their responsibility to integrated working with other professionals, coinciding with schools' realisation that **'we have to pick up more of the social care side of things'** – Inclusion Manager, junior school. However, whilst staff may have increased confidence about the CAF, there are still concerns over the needs threshold for referral to social services, and staff understanding about what interventions can be put in place for those children requiring more support than that given by TaMHS, but not severe enough for social services. This anxiety would indicate that there is a need for TaMHS project boards to define what is meant by both universal and targeted support, and how these relate to specialised services.

Embedding system change and sustainability

The final ALS for Phase 1 pathfinders placed a significant focus on participants pooling learning from their pathfinders on how to create an environment in which they are able to effectively influence critical stakeholders to embed system change in children's mental health services. Pathfinders recognised several levers to promote the sustainability of TaMHS. Strategically, taking measures such as gaining the buy-in of lead elected members in the local authority (e.g. providing a shadowing opportunity as implemented in one pathfinder); liaison with the appropriate Children's Trust board member; understanding what the third sector does – and potentially could – provide; and identifying and working with selected 'school champions', are all ways of developing strong foundations which could help TaMHS succeed in being mainstreamed and an integral part of schools' agendas.

In addition to identifying the critical local stakeholders that TaMHS pathfinders need to influence, it is also useful for pathfinders to recognise that they may need to differentiate between their stakeholders in terms of the level and amount they need to influence them. For

example, there may be stakeholders who it will be important to engage at the beginning of the pathfinder, and those who will be more influential to long-term sustainability (such as the local media who can publicise TaMHS and also provide information on other mental health-related services in the local authority). It was acknowledged that, as it is generally not possible to influence everyone to the same degree, pathfinders may wish to strategically select the extent and timing of their engagement activity.

Given that it is ultimately imperative to influence commissioners to ensure the sustainability of TaMHS, there are a number of important processes which can help pathfinders secure engagement from commissioners (who, in some cases, may include a number of young people themselves). ALS participants thought that the main levers to bear in mind were having clear knowledge about the local agenda and context in which TaMHS would be commissioned; linking their aims to schools' attainment agendas; indicating short- and long-term measures to meet outcomes; knowing who the commissioners were; showing how TaMHS presents value for money and saves costs to society in the longer term; and illustrating how TaMHS links with other programmes in schools in order that it is not seen as something new. Through bringing a knowledge of the factors that will help influence commissioners, pathfinders can strengthen their influence to become an accepted and established part of local mental health services.

Communicating system change

There are some common barriers with communication about mental health between practitioners, managers and end users. Significantly, ALS participants thought that central government (DCSF and DH) had a key role to play in developing publicity material about TaMHS which local authorities could use to present clear and consistent messages to children and young people. To encourage wide acceptance of TaMHS, they also identified the need to use credible language that is universally understood by children, young people and parents.

26 - Influencing system change in children's mental health services

One pathfinder's bid included determined action based on meeting specific outcomes, and laid out plans to influence budget decisions ensuring TaMHS becomes embedded in the local authority's mental health services. This has guided the pathfinder's development since the beginning.

9. Conclusion

Throughout the different processes involved in the planning and implementation of TaMHS – from partnerships to influencing system change – there is a common theme of **relationship building**, which has an impact on the successful delivery of the pathfinders at several levels.

The experiences of Phase 1 pathfinders show that there have been many challenges associated with changing the culture of stakeholders' perceptions of mental health support for children and young people. However, TaMHS is playing an important role in bringing together professionals from the health and education sectors, and consequently providing opportunity for practitioners to share knowledge about how to meet the psychological and mental health needs of children and young people. The examples illustrated here show that agencies engaging in dialogue at all levels is fundamental to the success of these partnerships – from strategic planning and commissioning to operational delivery. By **cascading messages** about the role of targeted mental health interventions throughout these levels, TaMHS is raising the profile both of preventive healthcare and integrated working among all stakeholders.

At the macro level, buy-in and effective support for the agenda at Assistant Director (AD) level helps develop a strong foundation for the future of the pathfinder. AD commitment leads to **ownership from partners** on the project steering group, and subsequently allows pathfinders to benefit from their expertise and networks, which are needed to make connections with service managers in health and schools. Another significant learning point draws on the challenges that have been apparent in engaging CAMHS, evidenced in problems with gaining the support of the service to recruit or second suitably qualified practitioners. Despite these issues, progress appears to have been made over the course of the first year through sustained investment in **relationship-building with CAMHS**

to promote the role of targeted support provided by practitioners in schools.

Similarly, dedicated time spent engaging individual schools at the micro-level is essential in the set-up phase, often involving 'selling' the benefits of TaMHS to schools. It follows from this that positive collaborative relationships with schools provide a sound foundation for reaching parents and children and young people when schools are able to see the benefits of TaMHS. With schools and parents, an awareness of and sensitivity to the school environment and timetable is key to making these relationships work, as there have been particular challenges connected to mutual understanding of **different organisational cultures** in health and education. Facilitating an open dialogue with all partners is, therefore, key to establishing constructive relationships, contributing to a more effective whole-system preventive approach for children and young people.

The pathfinders' first year of the project has been a significant learning process for all concerned. We hope that the specific examples of their journey, contained in this report, will assist the second wave pathfinders in their endeavours to support Targeted Mental Health in Schools, and to promote better health and wellbeing outcomes for children, young people, their families and the communities in which they live.

OPM TaMHS project team, September 2009

Appendix One: Top tips

Based on observations made by ALS participants and interviewees, the following includes collated advice that Phase 1 pathfinders would pass to Phase 2 pathfinders. Some of the most common top tips are grouped below in sets according to benefits for different stakeholders:

For project managers

- Project managers should be involved in devising the original project plan and writing it so that they have influence with commissioners once it has begun
- Take a collaborative and relation building approach – **‘It’s got to be about dialogue and it’s got to be about working together. [Our pathfinder] was very good on the workshop day, they brought up working together and that it’s a no-blame culture’ – Inclusion Manager, Junior school**
- Develop strategic vision and ensure sign-up from all partners
- Developing relationships with head teachers and developing innovative projects in schools: do it collaboratively
- Deliver training packages yourselves, which also builds training capacity – this has helped Project Managers to build relationships with their teams, providing a greater understanding of the issues they face
- Scope existing practices, identify the evaluation process, and have a baseline audit to collect data from the beginning so that you can build on what’s there
- Keep a focus on the strategic intent and outcomes of TaMHS – **‘Don’t lose focus on why you’re trying to develop the services, ultimately it’s to improve the health and wellbeing of young people and improve the knowledge of staff that are working on it and when you’re designing the project keep that**

at the forefront of your mind as there are huge differences in our localities and you need to keep the children and young people in mind.’

- It is important to consider the sustainability of TaMHS from the outset because, after the three-year project, schools will need to decide whether and how to mainstream TaMHS

For schools

- Invest in whole-school training – get everyone involved from lunchtime supervisors, all the way through
- Build on what is already happening in schools relating to EHWP e.g. Healthy Schools Plus, SEAL etc
- Supporting schools staff’ own emotional and mental health needs can lead to better support for children and young people

For commissioners

- In drawing up plans for the design of TaMHS, commissioners and project managers could benefit from hearing from Phase 1 pathfinders, by visiting the sites or virtually networking to share information about successful project delivery

Don’ts (to avoid)

- Don’t lose focus on why you’re trying to develop the services: ultimately it’s to improve the health and wellbeing of young people and improve the knowledge of staff. When you’re designing the project keep that at the forefront of your mind, as there are huge differences in localities and you need to keep the children and young people in mind
- Don’t leave out any important stakeholders when you’re developing the programme
- Don’t lose sight of what is meant by ‘targeted’ services in view of a large agenda

- Don't expect things to happen very quickly – whilst TaMHS may be one person's top priority, it may not be the case for everyone else. Similarly, don't underestimate the lack of knowledge about TaMHS even after 12 months – there needs to be a continuous method of communicating to the wider school
- Don't always think about commissioning new services, but think about new ways of working
- Don't delegate all funding and decision making to schools without having robust delivery plans in place and outcomes agreed

Appendix Two: Methodology

In developing the summary report, a list of topic areas was drawn up with input from DCSF and the project managers from the NCSS and OPM, to ensure that the key learning points from the Phase 1 pathfinders were captured. The data used to inform these learning themes was taken from two sources: 1) the summary reports from each ALS round and 2) a set of 11 interviews with a selection of project managers, practitioners, regional development workers, the NCSS project lead, and the OPM ALS facilitators.⁹ In some cases, interviewees also provided some additional reports or other relevant material, which was sometimes used to supplement the information they provided through the interviews.

Interviews

Of the 11 interviews, eight were conducted by telephone by an OPM researcher, one was face-to-face, and the two interviews with the OPM facilitators were self-completed.

Typically, the interviews lasted one hour, and the participants were promised anonymity in the reporting, therefore the specific examples and quotes in this report are identified only by role in the TaMHS project, not name.

To ensure comparability across the interviews, the topic guide in **Appendix 3** was used to guide the discussion and collect data on the six themes.

⁹ Four of the interviewees (three RDWs and one Project Manager) were the same individuals who participated in scoping interviews in June 2008 to inform the design of the ALS. In returning to speak to some of the same individuals it was felt their reflections would provide valuable insight into the development of the pathfinders.

Appendix Three: Interview guide

Topic guide: Learning from TaMHS

The aim of these interviews is to hear from a range of people involved in delivering TaMHS (including project managers, those from schools, RDWs, the NCSS Project Manager and the OPM action learning set facilitators) about their learning from being part of TaMHS Phase 1 pathfinders. Information and examples of effective practice from the interviews will be used alongside learning drawn from the action learning sets to inform the summative report.

The interviews will cover your key learning points and achievements from the TaMHS pathfinders in the following areas:

- Partnerships and multi-agency working
- Choosing interventions and evidence-based practice, including what different TaMHS 'models' are used and why (what is their possible impact?)
- Engaging schools
- Engaging children, young people and parents
- Evaluation
- Financial planning
- Influencing system change in children's mental health services (including how pathfinders are developing TaMHS as part of a wider system of mental health support)

In addition we are interested in hearing about:

- What advice or recommendations would you give to others who are starting out as Phase 2 pathfinders?

*****Ask interviewees to provide EXAMPLES throughout*****

Partnerships and multi-agency working

What have been your key achievements in this area?

What processes have positively influenced partnership working?

Choosing interventions and evidence-based practice, including the different TaMHS 'models' used and why (what is their possible impact?)

Please briefly describe the TaMHS 'model' you chose/was chosen in your pathfinder. (Probe for specific interventions used)

What have been your key achievements in this area?

Why did you choose this approach and how do you expect the model to influence outcomes for children?

What was the evidence-base used to inform your choice of TaMHS model?

Engaging schools

What have been your key achievements in this area?

What processes have positively influenced your engagement with schools?/How have you overcome challenges in this area?

Which people have been key to securing effective engagement?

Engaging children, young people and parents

What have been your key achievements in this area?

What processes have positively influenced engagement with children, young people and their families?/How have you overcome challenges in this area?

Which people have been key to securing effective engagement?

Evaluation

What have you learnt about effective participation in the evaluation?

Probe – are their achievements/experiences different in relation to both the national and local evaluation?

What processes have positively influenced your participation?

Financial planning

What have you learnt about financial planning for TaMHS?

What processes have positively influenced your planning?

Who is involved in ensuring effective FP?

Influencing system change in children's mental health services

How are you developing TaMHS as part of a wider system of mental health support?

How far is TaMHS a core part of your CAMHS strategy (probe – is it integrated or does it appear to remain an 'add on' schools project?)

How far are you using TaMHS to help reshape your assessment processes around mental health and/or around the development of an integrated process of assessment, intervention and if necessary referral between mainstream services and CAMHS?

How are you using the CAF – what is the relationship between using the CAF and more specialist mental health assessments? (Has TaMHS influenced the use of the CAF?)

Top tips

What advice would you give to Phase 2 pathfinders starting out?

Is there anything else you wish to add?



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