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**Emotional Health and Wellbeing Service**

**Schools Survey of Need**

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# **Introduction**

The COVID-19 pandemic led to global, unprecedented changes and challenges. Nationally, schools ‘shut’ on the 23rd March 2020 and many NHS services ‘paused’ or had to rapidly re-design their service offer, in order to support the COVID effort.

In order to gain insight into the challenges faced by educational establishments, the EHWS Schools Survey was developed. The aims of this survey were as follows:

* Help the Emotional Health and Wellbeing Service (EHWS) to re-design their service in light of the changing needs during COVID-19.
* Help to make best use of the limited NHS resources available.
* Provide the EHWS and the wider network with a sense of what the respondents think they may need.

The original survey was piloted on a group of nine respondents, and their helpful comments and suggestions led to the final version of the survey (Appendix A). This online survey was open between the 12th to the 28th June. It was sent out via various networks, through multiple means, including staff daily briefings and the EHWS newsletter. The respondents were any staff member working in education establishments, across Cambridgeshire and Peterborough. 134 people kindly completed the survey and the results will be presented below.

# **Survey Results**

## **2.1 Descriptive Statistics**

### **2.1.1 Table 1. Establishment type and geographical area of respondents**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Establishment Type | Cambs | E. Cambs | Fenland | Hunts | P’boro | Total |
| College | - | - | - |  | 1 | **1** |
| Infant School | - | 1 | - | 3 | 1 | **5** |
| Junior School | - | - | - | 2 | - | **2** |
| Other (nurseries) | - | - | - | 2 | 1 | **3** |
| Primary School | 30 | 16 | 18 | 14 | 21 | **99** |
| Secondary School | 5 | 3 | 2 | 1 | 6 | **17** |
| Special School | 2 | 2 | 1 | 1 | 1 | **7** |
| Total | **37** | **22** | **21** | **23** | **31** | **134** |

Table 1 depicts the types of educational establishments and the geographical area where the respondents work. Cambridge (n=37) and Peterborough (n=31) had a good response rate. Primary schools (n=99) were also well represented amongst the sample.

### **2.1.2 Table 2. Respondent’s job role and geographical area**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Job Role | Cambs | E. Cambs | Fenland | Hunts | P’boro | Total |
| Deputy Head | 7 | 1 | 2 | 2 | 4 | **16** |
| Head of Subject | 2 | - | - | - | - | **2** |
| Head Teacher | 8 | 9 | 3 | 6 | 5 | **31** |
| Mental Health Lead | 4 | 2 | 6 | 3 | 2 | **17** |
| Other | 6 | 2 | 6 | 3 | 6 | **23** |
| Pastoral Support | 1 | 2 | 1 | 3 | 2 | **9** |
| Safeguarding Lead | 2 | 2 | 1 | 1 | 5 | **11** |
| Teacher | 7 | 3 | 2 | 4 | 7 | **23** |
| Teaching Assistant | - | 1 | - | 1 | - | **2** |
| Total | **37** | **22** | **21** | **23** | **31** | **134** |

Table 2 shows that the highest frequency responders were Head Teachers (n=31). The ‘other’ category contained staff members who were Pastoral Leads, SENCO’s, Inclusion and Administrators.

### **2.1.3. Table 3. Belonging to an Academy Trust**

|  |  |  |  |
| --- | --- | --- | --- |
| Education establishment | No | Yes | Total |
| College | 1 | - | 1 |
| Infant School | 5 | - | 5 |
| Junior School | 1 | 1 | 2 |
| Other | 1 | 2 | 3 |
| Primary School | 64 | 35 | 99 |
| Secondary School | 5 | 12 | 17 |
| Special School | 5 | 2 | 7 |
| Total | **82** | **52** | **134** |

Table 3 shows that the majority of the respondents were from Local Authority Schools (n=82) with 52 part of a Multi Academy Trust.

### **2.1.4 Table 4. Previously accessed the EHWS**

|  |
| --- |
| Has your school accessed support from the Emotional Health and Wellbeing Service previously? |
|  | **Not sure** | **No** | **Not heard of the EHWS** | **Yes** | **Total** |
| Cambridge | 9 | 3 | - | 25 | 37 |
| East Cambridge | 4 | 2 | - | 16 | 22 |
| Fenland | 5 | 1 | - | 15 | 21 |
| Huntingdon | 6 | 1 | 1 | 15 | 23 |
| Peterborough | 5 | 4 | 1 | 21 | 31 |
| Total | **29** | **11** | **2** | **92** | **134** |

Table 4 shows that 67 percent of the respondents had previously accessed the EHWS in some form (n=92). The EHWS launched in January 2018. Only 2 respondents had not previously heard of the EHWS.

## **2.2 Data Analysis**

### **2.2.1. Figure 1. What would be most useful for your education establishment in the short and long term?**

|  |
| --- |
| Percentage % |

These questions asked respondents to select from a five point scale of ‘Extremely’ to ‘Not at all’ on a range of options. Combined totals were calculated for those responses of ‘extremely’ and ‘somewhat,’ allowing us to examine the percentages of what would be most helpful for the options given. This is divided up into ‘short term’ (until the summer holidays) and ‘long term’ (from September onwards).

There was also an opportunity for respondents to share their thoughts around what else would be useful, or a space to elaborate further. Thematic analysis on 13 additional comments led to the following three emerging themes in response to the question around support in the short term:

* **Support for parents**
	+ Sending parents to work with a service away from school, to take pressure off staff
	+ Helpline for parents
* **In school assessments / intervention for children**
	+ Direct sessions for pupils
* **Resources**
	+ Shared resources to use with children to support transition
	+ Assembly type resources
	+ Signposting and drop in (virtual or actual) talking would really be useful.
	+ More leaflets about services

Six additional comments were made in relation to support in the long term:

* **Individual support for children**
	+ Who fall between CAMH and CHUMS
* **Support for parents**
	+ No lengthy referral process
	+ Direct helpline for parents
	+ Own services to discuss their offer/treatment with parents, and for parents not to rely on school to decipher what support services mean
* **Resources**
	+ To help children deal with their lockdown

### **2.2.2 Table. 5. Preferred training styles, broken down by geographical location**

|  |
| --- |
| What training style would be most beneficial? |
|  | **Cambridge** | **E. Cambs** | **Fenland** | **H'don** | **P'boro** | **Total** |
| Face to face | **13** | **4** | **5** | **8** | **8** | **38** |
| College | - | - | - | - | 1 | **1** |
| Infant School | - | - | - | 2 | - | **2** |
| Junior School | - | - | - | 1 | - | **1** |
| Other | - | - | - | - | 1 | **1** |
| Primary School | 11 | 3 | 5 | 4 | 3 | **26** |
| Secondary School | 1 | 1 |  | 1 | 2 | **5** |
| Special School | 1 | - | - | - | 1 | **2** |
| Link to training - discussion at later date | **9** | **6** | **4** | **4** | **12** | **35** |
| Infant School | - | - | - | - | 1 | **1** |
| Junior School | - | - | - | 1 | - | **1** |
| Primary School | 8 | 4 | 4 | 3 | 9 | **28** |
| Secondary School | 1 | 1 | - | - | 2 | **4** |
| Special School | - | 1 | - | - | - | **1** |
| Link to training - no discussion | **7** | **4** | **6** | **4** | **3** | **24** |
| Infant School | - | 1 | - | - | - | **1** |
| Other | - | - | - | 2 | - | **2** |
| Primary School | 4 | 2 | 3 | 1 | 3 | **13** |
| Secondary School | 2 | 1 | 2 | - | - | **5** |
| Special School | 1 | - | 1 | 1 | - | **3** |
| Facilitated virtual sessions  | **8** | **8** | **6** | **6** | **8** | **36** |
| Infant School | - | - | - | 1 | - | **1** |
| Primary School | 7 | 7 | 6 | 5 | 6 | **31** |
| Secondary School | 1 | - | - | - | 2 | **3** |
| Special School | - | 1 | - | - | - | **1** |
| Total | **37** | **22** | **21** | **22** | **31** | **133** |

Table 5 shows that the most popular method of training delivery was face to face, followed by facilitated virtual sessions and links to training with discussion time at a later date. The least popular option was to receive a link to training, with no time for discussion. There were 28 additional comments, which led to the following cluster of three themes:

* **Staff capacity**
	+ Releasing staff for training is a big issue
	+ Coming together logistically would not be possible
* **Staff factors**
	+ Difficult to motivate busy staff to watch pre-recorded training in their own time.
	+ Pressures from other work commitments would make the other choices of training less of a priority and possibly wouldn’t get completed.
	+ Mixed response for questions after training – one strongly for FAQ’s, one “really dislike just watching a video and being asked silly questions to check I was paying attention. I find it an insult to my intelligence.”
* **Type of training**
	+ Lots of support for and value placed in F2F training when restrictions ease

|  |
| --- |
| Percentage % |

### **Figure 2 Training Type**

###

These questions asked respondents to select from a five point scale of ‘extremely’ to ‘not at all’ on a range of different training options. Combined totals were calculated for those responses of ‘extremely’ and ‘somewhat’ per training option. This allowed the examination of percentages of what would be most helpful for the options given. Pupil wellbeing, Risk and Resilience, Staff Wellbeing and Attachment were the most popular. Respondents gave some thoughts around COVID specific support. There were 32 additional comments, which led to the following points:

* **Parents/Carers**
	+ Supporting their own children's mental health
	+ Support with transference of their own worries on to their children.
* **Family factors**
	+ Domestic Violence
	+ Death of a family member
* **Supporting pupils when at school**
	+ Concerns around being together again/accepting the ‘new normal.’
	+ Coping with changes/supporting with transitions/new routines
	+ Impact of sustained time spent in small bubbles
	+ Loss, isolation
	+ Explaining COVID to children/virus related concerns
	+ Managing worries generally
	+ Anger management
	+ OCD
	+ Behavioural support for school staff in managing children’s behaviour
* **Staff**
	+ To be able to recognise the impact that having to work through the pandemic has had on them and their own emotions and how this may play out in the classroom
	+ Mental health impact on staff
	+ Support for staff in talking with children about their emotions
* **Services**
	+ Reassurance about any next steps with signposting and support available/accessed
	+ Impact of disruption to existing support

Respondents were given an option of stating any other training that they felt their school would benefit from. Thematic analysis on six additional comments led to the following two themes:

* **Types of training**
	+ Domestic violence - child towards parent
	+ Parent training for behaviour difficulties that may be attachment related
	+ Anxiety disorders / low mood
	+ Challenging behaviour and anxiety.
* **Strategies and resources**
	+ Once staff have had some training - a whole session with practical strategies and resources so staff have them to hand in their classrooms
	+ Having a bank of resources provided, not just links to resources

### **2.2.3. Table 6 Do you think your setting will want mental health services to see pupils face to face in your school?**

|  |  |
| --- | --- |
| Geography &Education establishment |  |
| **No** | **Unsure** | **Yes, as long as it is ‘safe’** | **Total** |
| Cambridge | **1** | **11** | **25** | **37** |
| Primary  | 1 | 10 | 19 | 30 |
| Secondary  | - | 1 | 4 | 5 |
| Special School | - | - | 2 | 2 |
| East Cambridge | **1** | **3** | **18** | **22** |
| Infant  | - | - | 1 | 1 |
| Primary  | 1 | 2 | 13 | 16 |
| Secondary  | - | 1 | 2 | 3 |
| Special School | - | - | 2 | 2 |
| Fenland | **-** | **6** | **15** | **21** |
| Primary  | - | 4 | 14 | 18 |
| Secondary  | - | 2 | - | 2 |
| Special School | - | - | 1 | 1 |
| Huntingdon | **1** | **2** | **20** | **23** |
| Infant  | - | - | 3 | 3 |
| Junior | - | - | 2 | 2 |
| Other | 1 | - | 1 | 2 |
| Primary  | - | 2 | 12 | 14 |
| Secondary  | - | - | 1 | 1 |
| Special School | - | - | 1 | 1 |
| Peterborough | **-** | **6** | **25** | **31** |
| College | - | - | 1 | 1 |
| Infant  | - | - | 1 | 1 |
| Other | - | - | 1 | 1 |
| Primary  | - | 6 | 15 | 21 |
| Secondary  | - | - | 6 | 6 |
| Special School | - | - | 1 | 1 |
| Total | **3** | **28** | **103** | **134** |

Table 6 shows that the vast majority (n=103) of respondents reported that mental health services will be able to see pupils for sessions in their education setting, as long as it is safe to do so.

Thematic analysis on 16 additional comments led to the following points:

* **Direct interventions**
	+ Our students are more likely to access support in this way, and we could monitor uptake and engagement a lot better
	+ Pupils benefit from talking face-to-face, but this probably won't be possible until schools have reopened properly.
	+ Zoom/Teams/Skype would also be fine
* **Policies**
	+ Only if guidance and risk assessments say this is possible.
	+ It will be down to Academy policies.
	+ As long as it is within government guidance. We have space.
* **Safety and practicalities**
	+ Face to face support for children would be great but it will depend on it being safe to do this and space being available.
	+ We have a responsibility to keep staff, visitors and children safe. The current setup of bubble working wouldn't allow this.
	+ No space for this
* **Finances**
	+ Not if there is a cost implication
	+ We can only provide this for a couple of children due to limited financial resources

### **2.2.4 Table 7 Do you think it would be possible to provide appropriate spaces and access to technology (confidential/uninterrupted) within your setting for pupils to have online therapeutic sessions (with the clinician off site)?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Geographical location &Establishment type | Hopefully | No | Unsure | Yes | Total |
| Cambridge | **7** | **3** | **8** | **18** | **36** |
| Primary School | 6 | 2 | 6 | 15 | 29 |
| Secondary School | - | 1 | 1 | 3 | 5 |
| Special School | 1 | - | 1 | - | 2 |
| East Cambridge | **9** | **4** | **1** | **8** | **22** |
| Infant School | - | - | - | 1 | 1 |
| Primary School | 7 | 4 | 1 | 4 | 16 |
| Secondary School | 2 | - | - | 1 | 3 |
| Special School | - | - | - | 2 | 2 |
| Fenland | **9** | **3** | **1** | **7** | **20** |
| Primary School | 7 | 3 | 1 | 6 | 17 |
| Secondary School | 2 | - | - | - | 2 |
| Special School | - | - | - | 1 | 1 |
| Huntingdon | **7** | **-** | **3** | **13** | **23** |
| Infant School | - | - | 1 | 2 | 3 |
| Junior School | 2 | - | - | - | 2 |
| Other | 1 | - | - | 1 | 2 |
| Primary School | 4 | - | 1 | 9 | 14 |
| Secondary School | - | - | 1 | - | 1 |
| Special School | - | - | - | 1 | 1 |
| Peterborough | **9** | **-** | **4** | **18** | **31** |
| College | - | - | - | 1 | 1 |
| Infant School | - | - | 1 | - | 1 |
| Other | - | - | - | 1 | 1 |
| Primary School | 7 | - | 3 | 11 | 21 |
| Secondary School | 2 | - | - | 4 | 6 |
| Special School | - | - | - | 1 | 1 |
| Total | **41** | **10** | **17** | **64** | **132** |

Table 7 shows that the vast majority of respondents think that it would be possible to provide the space and technology within their setting for their pupils to access virtual clinical sessions, with 105 respondents stating ‘yes’ or ‘hopefully.’ However, 22 additional comments led to the following themes:

* **Policies and Government guidelines**
	+ Will depend on government guidance around social distancing, class sizes, whether bubbles will still be in existence - this is using up every available space in school.
	+ Appropriate risk assessment would need to be in place.
* **Safety and practicalities**
	+ Not possible for our young children
	+ Would need a member of staff to supervise all access to technology and there probably won't be enough staff to facilitate this.
	+ Depends on safeguarding aspects - for instance if parent has to attend or another staff member etc.
	+ Privacy and safety of a pupil unsupervised would be difficult in an enclosed area. Spare space is hard to find!
	+ Not sure how that would work for pupils with some types of special need
	+ A minimal amount at one time.
	+ Unsure how useful remote therapy would be
	+ Computer spaces are available, but it is difficult to make these completely confidential
	+ Pupil laptops unable to use video conferencing software.
* **Pupil choice**
	+ Mindful some pupils may not welcome this ICT approach
* **This could be possible**
	+ This would be really useful
	+ It wouldn't be difficult to put this in place and may work well for some of our learners
	+ Most students have a smart phone!

### **2.2.5 Figure 3. How concerned are you (for your setting) for the short and longer term around the following:**

#### **2.2.5.1\*Lack of support services**

Respondents were asked to elaborate on the ‘lack of support services’ point. Thematic analysis on 53 additional comments led to the following themes and comments:

* **Financial concerns**
	+ I think the financial impact of COVID will lead to cuts in public funding, especially for support services
	+ The last 10 years of austerity were bad enough but this could be even worse
	+ It’s out there but (we have) no money for it
* **Support for parents**
	+ Parent line needed
	+ It's hard to just refer parents to websites etc. when you're unsure if they will use them and when you think direct help is needed
* **Access to services**
	+ Batting back and forth from all the current services e.g. paeds say its CHUMS the child needs, CHUMS say its paeds the child needs, not serious enough for CAMH
	+ Prior to COVID 19 challenging and difficult to access services
	+ I am sure the support services are out there it is more knowing the process involved in accessing them
	+ Everything is based in the towns but our village is so rural with no public transport so often our most vulnerable need services to come to them
	+ We have a number of children for whom we have funded short term play therapy sessions with a view to referring them on to CHUMS if their needs persist or are considered by the therapist to be more complex. However, when we have referred to CHUMS the waiting list has been significant and the children are often discharged after one group workshop.
	+ I know that many services are at capacity and it worries me especially for the students that need support but I also do understand that it needs to be safe for them to access these services in the short term
* **Services capacity and wait times**
	+ What is there going to be available? How long will children have to wait?
	+ Services were already at a premium and stretched. Waiting lists prior to COVID 19 and thresholds were already particularly challenging to overcome.
	+ Outside professionals have been diluted and also allocated to cover different areas of need so are not available to support in school.
	+ Support services are at capacity and when children require support it takes so long
	+ We need support more than ever.
	+ We know that the capacity to support will likely be low but would like to “catch” children and families before they reach crisis.
	+ Waiting lists too long
	+ The threshold required to access services that is an issue. I would like to be able to prevent anxieties reaching these levels with early access to support.
* **Virtual access to services**
	+ Most support services are available on email and for phone calls.
	+ Many students are accessing support virtually (which is great) but family support/therapy has been difficult for some to access and it is also difficult for those students who struggle to talk on the phone/via chat.
	+ Not so much "lack of" but more in terms of the nature of: many children and families either cannot access digital / virtual support, or struggle to engage with it.
	+ Some children will have accessed, for example play therapy, but which isn't something that lends itself to remote support.
	+ Services are starting to reopen so I am not concerned if we can have virtual meetings or phone call advice / support for school staff, families and children.

* **Suspended services**
	+ Our Relate counselling support is suspended so that impacts some children.
	+ Everything can present as being on 'hold' which creates uncertainty and anxiety for some.
	+ Services are trying to find alternative ways to support schools but it does feel like face to face support from services is a long way off.
	+ I am concerned that the current climate will limit any available support in particular face to face consultations
* **Pressures on schools**
	+ Early Help Assessments placed onto school workload. I have no staff member to conduct these
	+ If staff member become ill with COVID then school closure is probable. If a teacher is ill with anything then we close that bubble - there is no capacity to cover gaps.

#### **2.2.5.2 \*\*Specific vulnerable groups of pupils**

Respondents were asked to elaborate on the ‘specific vulnerable groups’ point. Thematic analysis on 56 additional comments led to the following themes and comments:

* **Safeguarding**
	+ Those just below the level for Social Care involvement but with significant social and emotional needs exacerbated by challenging home circumstances.
	+ Those already on CP plan or who have had incidences during lockdown when trapped in the home
	+ Those vulnerable to domestic violence within the home
	+ Certain children are vulnerable to us but not on paper e.g. families who have met threshold for CIN but who have withdrawn consent.
	+ Like many others, we have seen a significant drop in the number of Safeguarding referrals and concerns being raised by staff and learners, which lead us to think things aren't being identified as they were previously. We have concerns about learners not being able to speak freely at home, particularly those with identified concerns prior to starting home learning
* **Parental and home factors**
	+ Those who have the long term effects of parents with mental health problems
	+ Parental academic difficulties / struggled with home learning
	+ Parental non-engagement / gone off the radar.’
	+ Children who are not and have not accessed any home learning
	+ Children who spend too long on screens - this will have intensified more during lockdown so social skills will have decreased
	+ Those families that do not speak a lot of English
	+ Families who now have a high level of debt and may have lost their jobs
	+ Parental addiction
	+ Those juggling needs of different aged children within their households and extenuating needs within their wide families, communities during COVID.
	+ The impact of time out of school will be most marked on disadvantaged children and those with difficult home situations
	+ Those families that move between areas and schools frequently.

**Child factors**

* + Young carers
	+ Those who are bereaved
	+ Those who have mental health problems
	+ Those who have fallen behind academically – broadening the gap
	+ Pupils with life limiting medical conditions
	+ PPF, GRT many have chosen not to attend or engage and many of these pupils are very behind already
	+ Pupils with ASD, ADHD, SEMH
	+ Year 6 pupils – no linking with new secondary school for transitions
	+ Children with EHCP
	+ Some children who were struggling before lock down are struggling more now.
	+ Those who struggle to have access to, or talk using technology
	+ Students who have been exposed to domestic violence during lockdown that we DO NOT know about.
	+ Children with poor emotional regulation and emotional literacy
	+ The impact of school closure on disadvantaged children, students with SEND and EAL is huge. I am particularly concerned about a second spike in the winter and the possibility of partial closure. These are the sorts of children who cannot work very well independently.
* **Children who are vulnerable and in school**
	+ They are coping brilliantly with all the changes, but this may not be the case as the weeks roll on, and more and more children are returning to school.
* **Students with Special Educational Needs**
	+ Struggle to understand what is/has happened.
	+ Attainment and understanding of their emotions.
	+ Those with specific health needs - managing those with high needs who cannot follow adult direction/ignore rules and children with toileting needs
	+ Children who are attending school at the moment and are unable to accept and understand the changes that are at present taking place within the school.
	+ Our SEND and pupil premium children have been less likely to engage in online learning and getting them back into work ethic and having a positive state of mind is going to be potentially difficult.
	+ Managing the mental health needs of children with autism can be difficult. We tend to be bounced from one service to another, “its autism”, “no it’s mental health”. We need better training as teachers on managing the mental health of children with autism and I also think that there needs to be a more holistic approach from professional services.

#### **2.2.5.3. concern around ‘something else.’**

Respondents were given the space to elaborate on anything else that they are concerned about for their setting. Thematic analysis on 11 additional comments led to the following themes and comments

* **Concern for head teachers**
	+ Receiving daily news and expected to make rapid changes without the staffing/finances to do so
	+ Hearing information through the media rather than from a top down well thought out approach
* **Government guidelines**
	+ Vague government direction which is given without thought to the practical implication of the changes
	+ Time to make changes following Government guidance. We are all extremely fatigued in school and need a break during the summer to recharge.
	+ We simply cannot fully open schools to all students whilst there are social distancing restrictions in place. We do not have the space, or the staff to do this.
	+ I think the government want to implement things too quickly without thinking about the logistics and practical things that schools need to do
* **Expectations & finances**
	+ Expectations of parents when hearing school information on the news / social media and therefore expecting school to respond without capacity to implement.
	+ Expectations of Local authority and timescales having to complete certain paperwork
	+ Planning for September - lots of unknowns
	+ I think funding will become a massive issue

### **2.2.6 Table 8. Best way to receive information about local services**

|  |
| --- |
| What is the best way for you to receive information about local services? |
| Staff designation | **EHWS Newsletter** | **Emails to school office** | **Healthy Schools Website** | **KYH website** | **Schools newsletter** | **Total** |
| Deputy head | 3 | 11 | 1 |  | 1 | **16** |
| Head of subject | 1 | 1 |  |  |  | **2** |
| Head Teacher | 8 | 14 | 1 |  | 8 | **31** |
| Mental Health Lead | 11 | 6 |  |  |  | **17** |
| Other | 13 | 5 | 1 | 1 | 2 | **22** |
| Pastoral Support | 4 | 5 |  |  |  | **9** |
| Safeguarding Lead | 4 | 7 |  |  |  | **11** |
| Teacher | 5 | 15 |  | 1 | 2 | **23** |
| Teaching Assistant | 2 |  |  |  |  | **2** |
| Total  | **51** | **64** | **3** | **2** | **13** | **133** |

Table 8 shows that emails to the school office (n=64) is the most popular way to receive information, followed by the EHWS newsletter (n=51).

## **2.3 Qualitative analysis of open ended questions**

### **2.3.1 What are your hopes for the future of your school?**

Thematic analysis on 93 additional comments led to the following themes and comments:

* **Safety**
	+ That we find a safe way to bring all of our pupils back in to school. That we make their journey into the main school from nursery and to the junior school positive and safe. That we are mindful of the impact this time has had on our young people, their families and our staff and we never forget that it has been different for every one of us.
	+ For schools to be able to manage the safety of staff and pupils and still provide an education with changes that are made
	+ Staff feeling safe at work and able to teach rather than more child care type activities.
* **Finances**
	+ That budget restraints lift and we can actually implement all the things we want to, to support our whole school community.
	+ That we get adequate funding to thrive rather than survive, for the sake of our kids.
* **Building on the positives from COVID**
	+ That we are able to build on what we have learnt about society and each other during this time and use that knowledge productively.
	+ To eliminate any negative stigma/legacy from the unprecedented times the COVID 19 has placed upon staff/pupils/parents. Use the situation to formulate/make changes for an 'improved' agenda/working methods
	+ To return to a better normal - more focus on everyone's positive mental health which will then deliver good progress in learning.
	+ We are at a moment of crisis but also a moment of opportunity.
	+ Perhaps also to learn some lessons from how we have operated during school closure and keep some of the successful systems of communication with families we have implemented. Exams come second - if children are happy and safe they will learn. We are working with staff on the kind of language they will use with children from September - the words ‘closing the gap’ and ‘catch up’ are banned!
	+ We are aiming for an air of calm confidence on the surface.
	+ That Mental Health is talked about freely.
* **Support services**
	+ For us to have a reliable resource to refer to who actually accepts children and helps them for as long as it takes!!!!!
	+ To be able to access service for the pupils quickly with direct interventions to take the pressure off schools.
	+ That pupils with poor emotional wellbeing and identified quickly with needs addressed (with guidance or support from external agencies more readily available). This will lead to the group of pupils receiving tailored intervention/support which will impact positively on behaviour and home life too.
* **Staffing**
	+ To have confident well trained staff who know where to signpost, when to signpost and when to support using their own practice.
	+ That TAs will still play a role within the classroom.
	+ That staff remain safe and well.
* **Pupils**
	+ That we can catch up all the children who are vulnerable and have not been in school. That we can work safely in school and care for everyone's well-being
	+ That when the time comes for all children to be back in the school environment we can support children and staff in the best way possible to aid a smooth transition back into school over a period of time.
	+ That the lockdown hasn't impacted children too much. That we haven't 'lost' some of our reluctant attendees permanently.
	+ That we will be able to get all year groups back to school in some way in September.
	+ I hope the children are able to adjust to being back at school and that we can continue to build their resilience to cope with both the everyday challenges they will come across in life as well as the extremes times like now.
	+ That we can support our students in being phased back into the school and returning to some sort of normality where routine, a positive culture and support for all students of varying levels can continue so all our young people feel safe and belong.
	+ We want to ensure all of our children are resilient and are happy coming to school. We want to support them with any ongoing worries they may have and reassure them. We want to be able to give them more specialised support should they need it.
	+ Children return safe and well. Am optimistic that the majority of children will show resilience and 'recover' quickly.
* **Parents**
	+ Parents take on responsibility for their child's learning.
	+ Parents trust the school to doing the right thing in respects to COVID 19.
* **School resources and wishes**
	+ We have the resources in house to support families before any issue escalates
	+ To be able to support children in all areas including emotional wellbeing, mental health etc. so that they feel safe at school and feel that they have people that they can talk to across the board. We are already in a good place but would like to see it happen across the whole school
	+ To continue to build on the positive progress that has been achieved under the current head.
	+ Return to normality. Putting our mental well-being a priority instead of league tables & statistics.
	+ OFSTED will not inspect schools for one year to allow schools to readjust and make the curriculum changes.
	+ More time for wellbeing and positive activities.
	+ To retain our head teacher
	+ A period of recovery over the next year - removed from external pressures: Baseline, SAT's, Y4 Multiplication test, Phonics Test - focusing on the well-being and self-confidence of pupils.

### **2.3.2 What are your hopes for the future of services that support children and young people?**

Thematic analysis on 84 additional comments led to the following themes and comments:

* **Accessibility, navigation and wait times**
	+ That enough thought and funding will be given to provide services which work together and consider the child in a holistic way without creating difficult hoops to jump through before children and parents can access services
	+ Self-referrals from parents
	+ That there will be a quicker referral process to access immediate support
	+ Wider access to support pupils as we are often told it does not meet the threshold, or services are limited.
	+ To support at an early stage when we see early signs and not when crisis has been reached.
	+ To have access to all services to enable the families to gain support quickly as they are asking for instant support when they contact schools.
	+ That children can access the help they need WHEN they need it, rather than having to complete a lengthy referral process, where they often don't meet threshold and if they do, have to wait months.
	+ Availability - waiting lists are often the most frustrating thing. Sometimes parents need a bit of encouragement to engage with a service, and then there is a long waiting list to get the support.
	+ For there to be a multi-faceted approach to supporting the most vulnerable families, in the sense that where a child may need a degree of emotional / mental health support, there may also be an unmet need within the family; the same where, for example, a parent is receiving / accessing mental health support services, for there to be parallel support for the children as well.
* **Capacity**
	+ They will be robust enough to cope with the ever increasing need.
	+ That they are able to offer the normal contact they offered before COVID. That their thresholds don't go up higher as a result of this pandemic.
	+ Well-funded, appropriate range of provision that schools and families are aware of.
* **Finances**
	+ I hope that the impact of COVID in terms of children’s mental health and the realisation of how wonderful the NHS is will ensure a steady and increased stream of funding.
	+ That more resources are invested in this vital area.
	+ That they are adequately funded, so that when we reach out to ask for help, and then there is sufficient support in place to actually help us.
	+ I hope additional resources are put into the services to allow them to cope with the back log due to services being suspended as well as what I feel may be an increase in demand.
	+ More funding to allow more children to be seen and helped.
* **Service offers**
	+ Facility to offer professional advice.
	+ Good training to help us support children and parents and intervention from services where this is not sufficient to meet the child's needs.
	+ That they can thrive and cope with demand and eventually offer us face to face support in our settings.
	+ They continue! Increased capacity to manage COVID-related mental health issues.
	+ For face to face support enabling relationship and trust to build to take place again.
	+ That the necessary support is available to parents and children easily; mental health, anxiety, attachment, bereavement etc.
	+ To be able to support with all aspects of emotional health and well-being and offer a robust face to face support system
	+ Quicker specialist support to act early.
	+ That we can have more direct contact with people who we can call, and who can come into our setting, to discuss children's wellbeing.
	+ Working with children even at primary and not just with adults - teachers and parents.
	+ There will be more services to support children SEMH needs. As the waiting list are currently too long.
	+ That there are some, that they actually do something useful. Funding becomes available
	+ I have always liked the opportunity to discuss verbally with a professional rather than type information into referral forms. Regular chats to check progress and tweak provision is also helpful.
	+ Support material for staff to implement as & when a level of normality is resumed in school. Easy access to support & guidance for individual pupils when required.
	+ I hope there is a focus on early intervention services and upskilling staff in school to ensure that any support has long term benefits within an institution.
	+ That the gap for the children between CAMHS and CHUMs is filled with appropriate support

### **2.3.4 Do you have any further thoughts you would like to share?**

Thematic analysis on 25 additional comments led to the following points

* **Future planning**
	+ It would be good to review the offering again in September when we know who and how the children are returning as this may affect anxiety levels and behaviour of both children and parents.
	+ Unknown territories of the effect COVID 19 will have on individuals, families, communities. Maintaining an overview and understanding of new legislations which seemingly change so frequently
	+ At the moment many of these issues are for me unknowns. Without seeing and hearing children's and staff concerns it is difficult to predict how much support will be needed.
* **Resources**
	+ I do feel that a universal pack of resources and activity ideas that is available in one space to access that schools can utilise with children in and out of school would be useful. Also for when all schools are fully up and running again to use as a programme on the transitions back to school to aid meeting the emotional health and wellbeing of pupils and staff
	+ Just a lot of info about mental issues and sometimes too much to make sense of it. Would be good if we had a local policy that we could follow and add to this with extra bits
* **School specific reflections**
	+ I am not very concerned because I have full confidence in my school head and our senior management to fully ensure the safety and well-being of the staff and children at all times.
	+ School is often expected to support staff, parents and children around mental health issues, when we are no better at doing so than any other member of the general population. We have been trained to develop children academically and for something as important as mental health, we need experts to be doing this work.
	+ I think schools have worked very hard to support all the key workers and need the summer to be able to relax with their families as they have not had a break
	+ It has seemed quite tricky at these times to get the support that some of our parents and children have needed. Much of the support has fallen on our shoulders.
	+ As a cluster of schools we aim to continue to be proactive in the classroom & prioritise the emotional well-being of our pupils. Any support & guidance would be welcomed to ensure we are doing our very best for the children.
	+ Mental health and wellbeing should be at the forefront of any thinking about a ‘recovery curriculum’. Barry Carpenter’s recent think piece is a good way to begin strategic thinking about managing school opening. I wonder if there is a possibility of mental health leads in school being able to share their thinking about reopening - maybe a ‘good practice’ toolkit, with ideas for supporting student and staff well-being. I also think it would be useful to have somewhere to share resources.
* **Pandemic reflections**
	+ As this pandemic is unprecedented, I believe we need to apply an unprecedented response to the next academic year until it is behind us. Constant government changes and updates has been extremely stressful and anxiety provoking for all. We just settle and the goal posts change quickly with high stakes of accountability - health and well-being. Greater time to accommodate Government changes with at least a month (not part of a holiday) to assimilate necessary changes would be appreciated.
* **Reflections on the EHWS**
	+ The support we have received from your services over the years has been invaluable and of a consistently high quality.
	+ Only that your service has been a good addition to our toolkit
	+ No magic wand but a friendly face and support always readily available
	+ As a special school we have had limited contact with the EHWB service. You supported us with some staff wellbeing workshops which were great but any support either with individual pupils or in helping us design our new therapeutic provision would be very welcome.
	+ We find your service useful, especially the duty line and 'what if?' conversations. We would love to have virtual training sessions for staff, especially if they could be accessed at any time and really like the idea of virtual support for children with a clinician.
	+ EHWS has always been an excellent service and I'm pleased that you are back! Thank you.

## **3. Concluding Remarks**

Cambridgeshire and Peterborough has a multitude of emotional and mental health services, provided through many different organisations. Some of these are ‘commissioned services,’ some are voluntary. Each service has its own access points, thresholds, inclusion and exclusion criteria and capacity issues, with different governance, policies and procedures they have to operate under. It is widely acknowledged that this is fragmented and not ideal.

One of the most common problems people experience is that when they are referred into a service, that service may reject the referral (as ‘inappropriate’ for their service) and signpost to other services. The referrer and family then have to try another service and the same thing could happen multiple times. This is a complex issue to fix and despite much effort in recent years it remains unresolved.

However, with COVID-19, it appears that we may be at the precipice of a paradigm shift in access to services. There is an appetite across a multitude of agencies to support children, young people and their families to not be ‘bounced back’ when a referral is unsuccessful. Ideally, the work would happen behind the scenes, with the referral being passed to the most appropriate agency, which can then contact the family directly and offer support.

We are closer to this happening than ever before. It is exciting that Fullscope Plus are paving the way an example of a collection of nine charities who have come together, to create this ideal offer between themselves. Furthermore, many more agencies (including CAMH, EHWS and Fullscope) are working together in partnership to try to find a way around the restrictions within their organisations for example with consent, governance etc., so that we can ensure the children, young people and their families receive the care they need, regardless of the entry point they find themselves at. Please see Appendix B for local service updates.

Attempts to ‘map the services’ have also been problematic, with the many different services being available, with slightly overlapping remits, with different access points. This makes for a complicated landscape. This is currently best captured using the iThrive Grid (Appendix C) although many young people and families will straddle multiple ‘quadrants’ of the grid.

Throughout this survey one of the themes related to resources. As a system, we have all been inundated with resources, reports, trainings; webinars etc. and this can be extremely difficult and tiring to navigate (see Appendix D for a selection of recommended resources). It can be hard to know what comes ‘recommended’ and if the resource will meet your particular need.

Providers who offer training to schools meet regularly to try to pull together a more coherent training offer for education establishments. We are almost at the point of publishing a competency framework that will be useful for schools to think about the resources they are accessing and whether they meet the needs of their staff group. Furthermore, the EHWS is pulling together a spreadsheet of the resources created post COVID across national and local organisations. This will be shared with schools before the autumn term.

The results of this survey are being fed into conversations with the Clinical Commissioning Group (CCG) regarding the commissioning of services in the future, with the aim of increasing collaboration and reducing ‘silo working.’ Stakeholder events will be held over the coming months and I would encourage you to access these and feed in your opinion as to what you would want to see in services of the future.

To summarise, although there will never be enough money in the system and capacity and waiting times are likely to always be an issue, work is happening between agencies to improve access, reduce frustration and ultimately provide faster, more appropriate access to the right service at the right time. This survey has been incredibly useful as a ‘snapshot’ into local need and the results are informing multiple service offers. Thank you for taking the time to complete the survey; it is very much appreciated indeed.

## **4. Appendices**

### **4.1 Appendix A. Schools Survey**

We understand that you cannot see into the future and things change rapidly. However, we believe it is important to ask you what you think your school will need and build any service changes around this, rather than make any assumptions.

Throughout the survey:

* ‘Short term’ is defined from now until the summer holidays.
* ‘Long term’ is from September 2020 onwards.
1. **What option best describes your job role (please only select one option)?**
	1. Deputy head
	2. Head of house
	3. Head of subject
	4. Head of year
	5. Head Teacher
	6. Mental Health Lead
	7. Pastoral support
	8. Safeguarding lead
	9. Teacher
	10. Teaching Assistant
	11. Other (please state)
2. **What is your education establishment (please select)?**
	1. College
	2. Infant school
	3. Junior school
	4. Middle school
	5. Primary school
	6. Pupil referral unit
	7. Secondary school
	8. Special School
	9. Other (please state)
3. **Is your educational establishment part of an Academy?**
	1. No
	2. Yes
4. **What geographical area is your school in?**
	1. Cambridge
	2. East Cambridge
	3. Fenland
	4. Huntingdon
	5. Peterborough
5. **Has your school accessed support from the Emotional Health and Wellbeing Service previously?**
	1. Yes
	2. No
	3. Can’t be sure
	4. Not previously heard of the EHWS
6. **What would be useful to your school/college in the short term (circle for each statement)?**
	1. Direct interventions around emotional and mental health for children and young people.

**Extremely Somewhat Neutral Not very Not at all**

* 1. Direct support for parents/carers around their children’s emotional and mental health.

**Extremely Somewhat Neutral Not very Not at all**

* 1. Group staff wellbeing support

**Extremely Somewhat Neutral Not very Not at all**

* 1. Individual staff wellbeing support

**Extremely Somewhat Neutral Not very Not at all**

* 1. Online training around mental health and wellbeing.

**Extremely Somewhat Neutral Not very Not at all**

* 1. Parenting Support

**Extremely Somewhat Neutral Not very Not at all**

* 1. Signposting to relevant services

**Extremely Somewhat Neutral Not very Not at all**

* 1. Telephone conversations about children or young people you have concerns about

**Extremely Somewhat Neutral Not very Not at all**

* 1. Virtual conversations about children or young people you have concerns about

**Extremely Somewhat Neutral Not very Not at all**

* 1. Something else (please state)
1. **What would be useful for your school/college in the longer term (circle for each statement)**
	1. Direct interventions around emotional and mental health for children and young people.

**Extremely Somewhat Neutral Not very Not at all**

* 1. Direct support for parents/carers around their children’s emotional and mental health.

**Extremely Somewhat Neutral Not very Not at all**

* 1. Group staff wellbeing support

**Extremely Somewhat Neutral Not very Not at all**

* 1. Individual staff wellbeing support

**Extremely Somewhat Neutral Not very Not at all**

* 1. Online training around mental health and wellbeing.

**Extremely Somewhat Neutral Not very Not at all**

* 1. Parenting Support

**Extremely Somewhat Neutral Not very Not at all**

* 1. Signposting to relevant services

**Extremely Somewhat Neutral Not very Not at all**

* 1. Telephone conversations about children or young people you have concerns about

**Extremely Somewhat Neutral Not very Not at all**

* 1. Virtual conversations about children or young people you have concerns about

**Extremely Somewhat Neutral Not very Not at all**

* 1. Something else (please state)
1. **The EHWS and other services currently provide a variety of training. What training style would be most beneficial for your school?**
	1. Online pre-recorded content to watch at a convenient time (no option for ‘live’ discussions).
	2. Face to face (worker to attend your school in person).
	3. Virtual sessions at a set time (to allow for questions and discussions with facilitator and colleagues).
	4. Links to training to watch at a convenient time, then a set time for group discussions and questions.
	5. Something else (please state).
2. **What content of training would be most useful?**
	1. Attachment

**Extremely Somewhat Neutral Not very Not at all**

* 1. COVID specific support (please state what specifically you would like at the end)

**Extremely Somewhat Neutral Not very Not at all**

* 1. Emotional intelligence

**Extremely Somewhat Neutral Not very Not at all**

* 1. Grief and bereavement

**Extremely Somewhat Neutral Not very Not at all**

* 1. Mentalisation

**Extremely Somewhat Neutral Not very Not at all**

* 1. Mental health forums (for Designated Leads for Mental Health only)

**Extremely Somewhat Neutral Not very Not at all**

* 1. Pupil wellbeing

**Extremely Somewhat Neutral Not very Not at all**

* 1. Risk and resilience

**Extremely Somewhat Neutral Not very Not at all**

* 1. Staff wellbeing

**Extremely Somewhat Neutral Not very Not at all**

* 1. Something else (please state)
1. **Do you think your school setting will want mental health services to see pupils face to face in your school (please select one option).**
	1. Yes, as long as it is ‘safe’ to do so
	2. No, logistically this won’t be possible with other demands on space/time
	3. Unsure
	4. Any further comments?
2. **Do you think it would be possible to provide appropriate spaces and access to technology (confidential/uninterrupted) within your setting for pupils to have online therapeutic sessions (with the clinician off site)?**
	1. Yes
	2. No
	3. Hopefully
	4. Unsure
	5. Any further comments?
3. **How concerned are you (for your setting) in the short term around the following:**
	1. COVID-19

**Very Somewhat Neutral Not a lot Not at all**

* 1. OFSTED

**Very Somewhat Neutral Not a lot Not at all**

* 1. Lack of support services (please state below what would help in your school)

**Very Somewhat Neutral Not a lot Not at all**

* 1. Pupil safety

**Very Somewhat Neutral Not a lot Not at all**

* 1. Staff safety

**Very Somewhat Neutral Not a lot Not at all**

* 1. Pupil sickness

**Very Somewhat Neutral Not a lot Not at all**

* 1. Staff sickness

**Very Somewhat Neutral Not a lot Not at all**

* 1. Pupil wellbeing

**Very Somewhat Neutral Not a lot Not at all**

* 1. Staff wellbeing

**Very Somewhat Neutral Not a lot Not at all**

* 1. Managing parent/carer anxieties

**Very Somewhat Neutral Not a lot Not at all**

* 1. Pupil academic attainment

**Very Somewhat Neutral Not a lot Not at all**

* 1. Retaining staff

**Very Somewhat Neutral Not a lot Not at all**

* 1. Safeguarding children

**Very Somewhat Neutral Not a lot Not at all**

* 1. Specific vulnerable groups of pupils (please state)

**Very Somewhat Neutral Not a lot Not at all**

* 1. School finances

**Very Somewhat Neutral Not a lot Not at all**

* 1. Translating government guidelines into practice

**Very Somewhat Neutral Not a lot Not at all**

* 1. Something else (please state)
1. **How concerned are you (for your setting) for the longer term around the following:**
	1. COVID-19

**Very Somewhat Neutral Not a lot Not at all**

* 1. OFSTED

**Very Somewhat Neutral Not a lot Not at all**

* 1. Lack of support services (please state below what would help in your school)

**Very Somewhat Neutral Not a lot Not at all**

* 1. Pupil safety

**Very Somewhat Neutral Not a lot Not at all**

* 1. Staff safety

**Very Somewhat Neutral Not a lot Not at all**

* 1. Pupil sickness

**Very Somewhat Neutral Not a lot Not at all**

* 1. Staff sickness

**Very Somewhat Neutral Not a lot Not at all**

* 1. Pupil wellbeing

**Very Somewhat Neutral Not a lot Not at all**

* 1. Staff wellbeing

**Very Somewhat Neutral Not a lot Not at all**

* 1. Managing parent/carer anxieties

**Very Somewhat Neutral Not a lot Not at all**

* 1. Pupil academic attainment

**Very Somewhat Neutral Not a lot Not at all**

* 1. Retaining staff

**Very Somewhat Neutral Not a lot Not at all**

* 1. Safeguarding children

**Very Somewhat Neutral Not a lot Not at all**

* 1. Specific vulnerable groups of pupils (please state)

**Very Somewhat Neutral Not a lot Not at all**

* 1. School finances

**Very Somewhat Neutral Not a lot Not at all**

* 1. Translating government guidelines into practice

**Very Somewhat Neutral Not a lot Not at all**

* 1. Something else (please state)
1. **What is the best way for you to receive information about local services? (tick all that apply)**
	1. EHWS newsletter
	2. Emails to school office
	3. Healthy Schools website (https://healthyschools.info/)
	4. Keep Your Head website (https://www.keep-your-head.com/)
	5. Schools newsletter
	6. Social Media
	7. Other (please state)
2. **What are your hopes for the future of your school?**

(Free text box)

1. **What are your hopes for the future of services that support children and young people?**

(Free text box)

1. **Do you have any further thoughts you would like to share (please also include any elaborations on previous answers)?**

(Free text box)

1. **If you would like to receive a summary of the results, please leave your email address here:**

(Free text box)

### **4.2 Appendix B: iThrive Grid**

### **4.3 Appendix C: Service updates**

#### Emotional Health and Wellbeing Service (EHWS)

* Staff across the EHWS will continue to work with the School Nurses with staffing Chathealth, the free confidential text messaging service for 11 – 19 year olds (07480635443).
* Children’s Wellbeing Practitioners are open to new referrals for CBT informed guided self-help online and can be accessed via email on ccs.ehw@nhs.net.
* Mental Health Support Teams will continue to work with the schools in Huntingdon and Cambridge on their whole school approach to mental health. They also offer CBT informed guided self-help online and the schools involved in their programme can access the service via ccs.mhst@nhs.net.
* Two new Mental Health Support Teams to launch in January 2021 in Peterborough and Fenland to a further cluster of schools (average 20 schools per MHST).
* Emotional Health and Wellbeing Practitioners, accessed via ccs.ehw@nhs.net will:
	+ Continue to offer ‘what if’ conversations and support navigating the system via the duty line
	+ Offer staff wellbeing sessions
	+ Training offer:
		- To change current training presentations into ‘workbooks’ with different functions for different audiences.
		- To review the abundance of training / webinars available, and collate this into a usable and useful document.
		- To support a forum for the designated leads for mental health to come together in the autumn term.

#### Healthy Child Programme: Parent lines

The Healthy Child Programme offers a text messaging service for parents & carers of children and young people aged 0-19 years. This intervention is delivered by Health Visitors and School Nurses. Parents can text with any concerns that they may have regarding their child’s health or wellbeing. Many of the parental worries or concerns can be managed over the text messaging conversation. Some result in signposting on to other services for support and some conversations result in a 1:1 intervention with the child, young person and their family to address the concerns raised. The service is operational Monday to Friday 9am-4.30pm  and the number to text is 07520 649887. For more information please go to [www.bit.ly/nhscambspboro-hcp](http://www.bit.ly/nhscambspboro-hcp)

#### Fullscope Plus

Fullscope Plus is a collaboration between Fullscope Partners: Blue Smile, YMCA Trinity Group, The Kite Trust, Centre 33 and Contributing Partners: Stars, Little Miracles, Young People’s Counselling Service and Chums.

The aim of Fullscope Plus is to collaborate to build and support the system-wide access that provide CYPF across Cambridgeshire and Peterborough with a listening ear, safety planning and help with practical issues.

Fullscope Plus wish to build both capacity and specialism to ensure that we can offer a comprehensive service.

Fullscope Plus will provide extra capacity to existing helplines; professionals and activities offered during COVID-19 outbreak and can be accessed by professionals by emailing fullscopeplus@fullscope.freshdesk.com.

The type of calls Fullscope Plus partners will handle will be referred from *professional access points* that provides users with someone to talk to and guided self-help around the impact of Covid-19 on their mood and wellbeing. We hope to extend this with the See Hear Respond campaign and offer therapeutic support. This is to be confirmed.

Fullscope Plus partners will provide a call back service following an initial inquiry to one of the public helplines/access points. When access points assess that the caller and their family could benefit from one of the specialisms, Fullscope Plus partners offer (this might be age, geographical location or specialism about their issues) they send a referring email to Fullscope Plus. A member of Fullscope Plus staff will contact the caller within 48 hours of receiving the email to ‘Freshdesk.’ If that is not possible the partner agency is responsible to let Fullscope Plus know to find an alternative solution.

Information that will be required by all referrers:

* Name of the caller (can be any chosen if not real)
* Phone number
* Date and time of call
* Nature of the call – initially identified concern to help us to find best service
* Area or location of the caller (great if post code is given).

#### YMCA Trinity Group

YMCA Trinity Group will be using the results of this survey to inform their mental health services for schools and to ensure provision meets changing needs. All schools will be given access to fully funded webinars for both parents and students. These will be live for those they work with, and then offered to others as pre-recorded resources. Initially the focus of these webinars will be about reflecting on the return to school and the challenges this has presented for schools, children and families. Feedback from these will then inform the content of future sessions that will focus on specific issues that arise as the fallout from the crisis continues.

In addition to these opportunities, YMCA Trinity Group continue to adopt a flexible and whole school approach to wellbeing using evidence based approaches led by clinical professionals and based on local needs you have identified. Services include 1to1 therapy, group work, staff training, parental support, awareness campaigns and staff wellbeing programmes. These will help schools address rising mental health issues and provide timely support where there are gaps or waiting lists for statutory services. For more information call 01733 373187, email lisa.smith@ymcatrinity.org.uk or visit their website [here](https://ymcatrinitygroup.org.uk/jobs-training/support-schools-menu-services/)

#### SEND

* Updating our (collective) understanding of need (where their learning is at, how they and their family have coped with time away from school).
* Supporting the transition of vulnerable students
* Seeking to promote the needs of particularly vulnerable / oppressed groups.
* Building the capacity in schools to meet the needs of children experiencing distress (without the need for an education, health and care plan).
* Liaising more closely with other agencies.

#### CHUMS

Chums currently offer;

* 1:1 virtual EWS - either over the phone or video calls
* 1:1 virtual bereavement support - either over the phone or video calls
* Anxiety group via Microsoft Teams
* Mental Health Resiliency Group via Microsoft Teams
* Rec service groups, Encore and Tactics both delivered via PowerPoint and are self-directed with regular calls from facilitators to help embed any learning.
* Tactics offer football/fitness drop-ins once per week, live via Microsoft Teams
* Duty line, direct access to a clinician every morning and every afternoon offering advice and guidance.

#### CAMH Learning and Development: Improving Outcomes Through Wellbeing

The details for the scoping of the CAMH Improving Outcomes Through Wellbeing online training have still to be finalised, but will consist of a downloadable workbook, web based tasks and resources as well as end of unit tests/quizzes.

The training includes special sections for schools using the models for whole school approaches formulated by Public Health England and the National Children’s Bureau. It provides frameworks for addressing stigma; promoting emotional wellbeing and resilience; the early identification of vulnerable children and young people with emerging mental health needs; the organisation of CAMHS and the roles and responsibilities of partner organisations such as schools; staged interventions, including crisis intervention and how and when to refer to other services and the wellbeing of the workforce. This will include an additional unit addressing the impact of Covid 19.

### **4.4 Appendix D: Resources**

**Local Websites**

There are two main local websites in Cambridgeshire that we would recommend you bookmark and familiarise yourself with, because this is where we try to coordinate the most up to date information:

Keep Your Head <https://keep-your-head.com/> brings together reliable information on mental health and wellbeing for children, young people and adults across Cambridgeshire & Peterborough.

Healthy schools <https://healthyschoolscp.org.uk/>

**Particular themes**

*Supporting the family as a unit / parents e.g. managing anxiety*

<https://www.minded.org.uk/Catalogue/Index?HierarchyId=0_39474_39477_39478&programmeId=39474&HierarchyId=0_39474_39477_39478&programmeId=39474>

<https://www.acamh.org/topic/anxiety-disorders/>

<https://www.cambridgeshire.gov.uk/asset-library/Emotionally-based-school-refusal-guidance.pdf>

Seven bite size online sessions aimed at parents (being marketed through Pinpoint, due July 2020)

 *Transitioning back to school in September*

Three online sessions aimed at school staff (launched May 2020: <https://www.youtube.com/watch?v=RSAW0X58yiE&feature=youtu.be>

<https://www.cambslearntogether.co.uk/asset-library/Corona-Virus-Schools/Recovery-following-Pandemic-PCC-Primary.pdf> and <https://www.cambslearntogether.co.uk/asset-library/Corona-Virus-Schools/Recovery-following-Pandemic-PCC-Secondary.pdf>

<https://www.bps.org.uk/coronavirus-resources/public/back-to-school>

<https://www.mentallyhealthyschools.org.uk/>

*Recovery curriculum resources for schools*

<https://barrycarpentereducation.com/2020/04/23/the-recovery-curriculum/>

<https://www.youtube.com/watch?v=weXOK8G9AwM>

*School wellbeing policies*

National Children’s Bureau - A whole school framework for emotional well-being and mental health - supporting resources for school leaders

<https://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20School%20Well%20Being%20Framework%20Leaders%20Resources%20FINAL.pdf>

A self-assessment and improvement tool for school leaders

<https://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20School%20Well%20Being%20Framework%20Leaders%20Tool%20FINAL1_0.pdf>

Public Health England: Promoting children and young people’s emotional health and wellbeing: A whole school and college approach

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf>

Youngminds: Why a Whole School Approach is important

<https://youngminds.org.uk/resources/school-resources/why-a-whole-school-approach-is-important/>

**Further useful websites**

CHARLIE WALLER MEMORIAL TRUST [**https://www.cwmt.org.uk/**](https://www.cwmt.org.uk/)

This charity provides free face to face and online mental health training for schools and workplaces.  They also provide free resources including a guide to developing a school mental health policy.

Anna Freud

<https://www.annafreud.org/what-we-do/schools-in-mind/resources-for-schools/mentally-healthy-schools/>

**Is a free website for primary schools, offering school staff, parents and carers, information, advice and practical resources to better understand and promote pupils’ mental health and wellbeing.** Schools in Mind is a free network for school staff and allied professionals which shares practical, academic and clinical expertise regarding the wellbeing and mental health issues that affect schools. The network provides a trusted source of up-to-date and accessible information and resources that school leaders, teachers and support staff can use to support the mental health and wellbeing of the children and young people in their care.