Report to:	Health and Wellbeing Board	Date of Meeting:	9 th June 2021	
Subject:		Mental Health in Sefton Schools		
Report of:	Director of Public Health	Wards Affected:	(All Wards);	
Portfolio:	Cabinet Member: He	Cabinet Member: Health and Well-being		
Is this a Key Decision:	No	Included in Forward Plan:	No	
Exempt / Confidential Report:	No			

Summary:

Progress report regarding activity to improve mental health in Sefton schools/colleges covering new services – Mental Health Support Teams, widened services – Kooth and QWell, and new partnership work – Wellbeing for Education Return and the new Children and Young People's Emotional Wellbeing Strategy 2021-26.

Recommendation(s):

- (1) The Partnership Board notes the progress made.
- (2) Provides comment as is needed.

Reasons for the Recommendation(s):

The Board provides oversight and comment on this key issue.

Alternative Options Considered and Rejected: (including any Risk Implications)

N/A

What will it cost and how will it be financed?

(A) Revenue Costs

No direct costs associated with the report.

(B) Capital Costs

No direct costs associated with the report.

Implications of the Proposals:

Resource Implications	(Financial, IT, Staffing and Assets):
No implications	
Legal Implications:	
No implications	
Equality Implications:	
There are no equality im	olications

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Raises the profile of work taking place within some of the most deprived and vulnerable communities in Sefton.

Facilitate confident and resilient communities: Shows partnership working to tackle the issue of poor mental health and well-being, with the goal of increasing resilience in both individuals and communities.

Commission, broker and provide core services: Raises the profile of the Well Sefton approach to commissioning, partnership working and delivering services.

Place – leadership and influencer: Highlights the work of local community and voluntary sector as leaders of change regarding health and well-being within Sefton.

Drivers of change and reform: Highlight work taking place within Sefton, as a catalyst for change.

Facilitate sustainable economic prosperity: Showcases different methods of partnership working covering health and wellbeing.

Greater income for social investment: Showcases work with the community and voluntary sector to strengthen a collaborative approach to the issue.

Cleaner Greener: N/A

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director for Corporate Resources and Customer Services(FD – 6399/21) and Chief Legal and Democratic Officer (LD –4600/21) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Engaged with schools and college, health partners and partners in community, voluntary and faith sector organisations

Implementation Date for the Decision

Immediately following the Committee meeting.

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Appendices: Appendix 1 - Children and Young People's Emotional Wellbeing Strategy

Background Papers: There are no background papers available for inspection.

1. Introduction/Background

- 1.1 Even before the Covid pandemic began work had been building within the Sefton partnership to improve the emotional health and wellbeing of children and young people in Sefton.
- 1.2 The indirect impact of Covid has been an increased focus on mental health, particularly when considering the effects of school closures, lockdown and social isolation on pupils, staff and parents/carers. What follows is a summary of various activities aimed at continuing to improve mental health in Sefton schools/colleges.

2 Mental Health Support Teams

- 2.1 Early in 2020 the Sefton Emotional Health and Wellbeing partnership led by Public Health and the CCGs were successful in securing £740k for two Mental Health Support Teams to work in Sefton schools.
- 2.2 The Mental Health Support Teams (MHSTs) will work in Sefton schools, as part of Wave 4 of the national roll-out. MHSTs are part of the system-wide local transformation plan for children and young people's mental health, working in schools and colleges to deliver early intervention for mild to moderate mental health issues and building on the support already available in schools, from local health and care services and voluntary, community and faith organisations.
- 2.3 Each MHST will support 8000 individuals or 20 schools. However, as the school and college population of Sefton is 37,500, not all education settings could receive support from the teams initially, however, the government is committed to providing future funding for every school and setting in England, and the partnership will bid for additional MHST funding as opportunities arise.
- 2.4 Since schools returned in September 2020, we have been working with them to establish which would be supported by the MHSTs. All schools were asked to submit an expression of interest to help establish which had the greatest need.
- 2.5 In total 47 x schools and colleges submitted an expression of interest which both shows the growing importance of mental health in schools and their engagement in the MHST project. After two meetings of key stakeholders and partners in late November and early December, it was agreed that 39 schools would be supported by MHSTs.
- 2.6 The focus and location of the Sefton MHSTs have been based on an assessment of the emotional wellbeing needs of children and young people in the area. In south Sefton, MHST 1 will work to counteract high levels of deprivation and health inequality. MHST 2 will support all transition year groups in other areas of Sefton i.e. years 6/7 and years 11/12.
- 2.7 A project team has been recruited to oversee the successful implementation of the MHST in Sefton. This has included the recruitment of eight new Education Mental Health Practitioners (EMHPs) who are being trained at Edge Hill University in evidenced-based therapies and interventions. Selected schools are being brought

- into the MHSTs in three phases to gradually build capacity during the year, so they are fully operational by early 2022.
- 2.8 In April 2021 we also received confirmation that a further bid for a 3rd Mental Health Support Team has been successful. Meaning from 2023 over 50% of Sefton schools/colleges will be supported, which is higher coverage than the majority of local authorities in the north west.

3 Wellbeing for Education Return

- 3.1 The Department of Education allocated Sefton funding to implement a new national training offer within all schools. The training and resources are intended to support education staff to promote children and young people, teachers and parents and carers' mental wellbeing and resilience and aid mental health recovery, in light of the impact of COVID-19 and lockdown.
- 3.2 The training package has been developed by the Anna Freud Centre and complements much of the work we have been doing with schools in Sefton over the last 2 years, and its implementation is being led by Public Health, and delivery provided by the Sefton Educational Psychology Service and local social enterprise Venus.
- 3.3 We used a completely digital approach, using Teams and Eventbrite to organise and hold sessions in two phases. The Wellbeing for Education Return training programme was free to all Sefton primary and secondary schools/colleges and comprised two 1.5 hour webinars which was run in two phases. Phase 1 December/January 2021, and Phase 2 February 2021.
 - **Phase 1:** This training focuses on whole school/college approaches, wellbeing and support of resilience building in the context of Covid-19.
 - Phase 2: This training focuses on those who may need additional support, including signposting for people across the Whole School/College community with one or more of; Loss, Bereavement, Grief, Anxiety, Low Mood, Stress, Trauma in the context of Covid-19.
- 3.4 48 schools/colleges undertook the training offer. Following the webinars attendees will be offered the opportunity to join forum sessions for ongoing support. The expectation is that each school/college would nominate a lead person(s) to undertake the training. They will then guide schools/colleges in developing a 'whole school/college approach' to embed the learning into their school.
- 3.5 All unspent money will be used to carry out further training covering subject matters requested by schools until the end of 2021. We have been made aware that additional funding is to be provided to continue activity with schools and colleges into 2022.

4 Kooth and QWell

4.1 Kooth has been available in Sefton for over 2 years and the number of users has grown to just under 2000 during that time. Following a successful evaluation of the service in the summer of 2020, the service has been re-procured on a 3-year

contract, with the option to extend for another year. The investment by the partnership of Public Health, the CCG and Children's Social Care has also increased, allowing the service to support more children and young people. The age range of those who can benefit from the service has also been widened from 11-18 to 10-25 year olds. The service continues to be well received and the first three months of 2021 saw a significant increase in both the number of users and their use of the service.

- 4.2 A Kooth Stakeholder Management group ha also met for the first time to provide oversight and performance management of the service. It will meet on a quarterly basis and its membership includes the three funding partners, schools, and children and young people meaning the voice of the child is at the heart of making sure the service works for its key demographic.
- 4.3 The Covid-19 pandemic has brought unprecedented levels of pressure onto local schools and their staff, resulting in new working practices, education delivery and an increase in the number of staff working from home. In response to this extra wellbeing services were brought into operation; notably the QWell online emotional wellbeing support service.
- 4.4 The QWell service is, in essence an adult version of Kooth and is available to anyone working in an education setting in Sefton, it is also available to Council workforce, and care home and domiciliary staff. It is worth noting that the main users of QWell are primary school teachers, and engagement activity will continue to take place with schools throughout 2021.

5 Emotional Wellbeing Toolkit

- 5.1 In March 2020 we launched our first Sefton Young Persons Emotional Wellbeing Toolkit to continue to support schools and colleges to improve their mental health offer.
- 5.2 It was developed using work originally undertaken during 2019 with the support of local headteachers, senior pastoral leads, voluntary, community and faith-based organisations, and other key stakeholders.
- 5.3 The Toolkit condensed the best practice described in national guidance and other sources into a simple checklist and it provides further information on accessing services and other support, together with a clear referral pathway.
- 5.4 The Toolkit was updated over the summer of 2020 and has been shared with schools to help them to deal not only with the impact of Covid but more broadly with the subject of mental wellbeing in schools. It will be refreshed each academic year, has been well received by schools and is an important part of our approach to ensure all schools have a robust and active whole school approach to mental health.

6 Children and Young People's Emotional Wellbeing Strategy 2021-26

6.1 As part of Mental Health Awareness Week in May 2021 Sefton Council launched the Children and Young People's Emotional Wellbeing Strategy. The strategy has been developed by Sefton Council, South Sefton Clinical Commissioning Group,

Southport and Formby Clinical Commissioning Group, Sefton CVS, Alder Hey Hospital and members of the Sefton Emotional Health and Wellbeing Board, in conjunction with children and young people in Sefton.

6.2 The strategy focuses on increasing access, building resilience and early identification of the mental health and wellbeing of children and adolescents through schools, school-based interventions and partnership working between healthcare, education and the community/voluntary sector. This key document will provide the strategy direction to link all partnership activity over the next 5 years to ensure that we continue to make good progress in helping all children and young people in Sefton to have positive mental wellbeing.

Appendix 1 - Children and Young People's Emotional Wellbeing Strategy 2021	-26

Sefton Children and Young People's Emotional Wellbeing Strategy 2021-26



Table of Contents

Introduction	
Progress	2
The THRIVE Framework	
Policy	4
The Statistics	5
Nationally	5
Sefton	5
The Effect of Covid	6
Our Focus	7
Children and young people	7
Families & carers	8
<u>Communities</u>	8
<u>Services</u>	8
Our Actions	9
How will we make this happen?	10
<u>References</u>	10



Foreword

Welcome to Sefton's Children and Young People's Emotional Health and Wellbeing Strategy. This strategy is complementary to the <u>Children and Young People's Plan 2020/25</u> and intends to set out the five-year strategy specifically to improve outcomes in emotional health and wellbeing for children and young people in Sefton. It will also reflect and support the work of the <u>Children and Young People Commissioning Strategy</u>, <u>The SEND Commissioning Strategy</u>, and any future strategies covering the wider economy and poverty.

The Strategy has been developed and is owned by the Sefton Emotional Health and Wellbeing Board, and was produced following consultation with key stakeholders. The Strategy is intended to be a working document which will be reviewed regularly to monitor achievements and areas for development.

It is for all stakeholders; professionals, parents/carers, volunteers and children and young people themselves to work together to reduce risk and promote protective factors. Ensuring that children and young people's emotional health and wellbeing support is available and that services prevent, act and intervene when required.

Our approach and service development over recent years has led to;

- The creation of the 'Sefton In Mind' Emotional Wellbeing Toolkit.
- The commissioning of Kooth.
- A successful national bid for two Mental Health Support Teams, to start in early 2021.
- The expansion of the emotional health and wellbeing offer of 0-19 School Nursing.
- The expansion of the Early Help offer via Family Wellbeing Centres and the community and voluntary sector.
- A university evaluated programme of building mental resilience in Sefton schools.
- The development of Adverse Childhood Experiences training for partners and stakeholders.
- The embedding of Trauma-Informed Training for schools and people working with children and young people.
- The establishment of the SYMBOL Group and Young Advisers, to make sure that the voice
 of children and young people are heard consistently and clearly influence policy and
 commissioning activity.
- Embedded the THRIVE Framework into commissioned and partnership work.
- Strengthened links with Sefton Camhelions and different engagement groups.

We look forward to making more progress in Sefton over the next 5 years.



Councillor Paul Cummins - Mental Health Champion



Councillor Joseph Kelly

– Cabinet Member
Children and Young
People



Councillor Ian Moncur
- Cabinet Member
Health and Wellbeing,
Chair of Health &
Wellbeing Board



Fiona Taylor - Chief Executive - South Sefton, and Southport and Formby CCG

Plan On A Page

Our priorities

- Ensure children's voices are heard.
- networks and groups that support young Engage with a wide range of youth
- core of decisions we make aboutthem. 2. Place children and young people at the
- wellbeing of children and young people by Ensure positive emotional health and empowering families to be resilient.
- Protect those at risk of harm.

Happy

3. Encourage fun, happiness and enjoyment

To enable positive mental health and

wellbeing through prevention where

support and access to services when ever possible and to provide timely

2. To enable children's health and

Healthy

- Children are ready for school.
- Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.
- Children and young people with Special Educational Needs and/or disabilities achieve their full potential

How we will do it people's futures. We recognise that and investing in children and young working, joint commissioning

Promoting partnership

Heard

strengthen protective factors intervention and prevention young people and their approach. Using early in the lives of children, to build resilience and Having a family families.

each organisation is just one part of a

whole system and that by working together we can makethe best use

provide support where it is

most needed.

the resources available to

0

adulthood. childhood and the transition Smoothing between

> **Ensuring that** delivered cost services are

. . .

Focus on prevention and

children and young people's mental timely support for

health

young people opportunities to

people. Giving children and

children and young

Listening to

Ensuring that delivered cost services are

effectively.

0 0 0

be engaged in decision making processes and give them as much influence as possible. This will be crucial to us in improving their future.

Our vision

ootential. We want them to feel loved, valued and heard, healthy, happy, and to achieve their full We want every child and young person to be

How we know if we've made a difference?

indicators from the Police, Health, Social Care, Public Health, Early Help, Active Sefton, Green Sefton and Sefton CVS. The plan will be measured through

We have chosen indicators to reflect each priority and theme, for example: Heard:

Rate of Children Meeting 'Good' for Work 3eing Child Centred (%)

Нарру:

Proportion of Pupils with Social / Emotional / Mental Health Needs (%)

Healthy:

Overweight or Obese at reception and Year 6 Proportion of Children Classed as

Achieving:

Key Stage 2 (ALL): % Achieving Expected Standard (Test RWM)

BnivaidaA

Introduction

There is no universal definition of emotional health and wellbeing, however, The World Health Organisation¹ defined emotional health and wellbeing as:

"A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

We know that poor mental health is perceived to be an increasing issue among children and young people. Research has demonstrated that approximately 200,000 young people are referred to specialist mental health services each year in England – putting increasing pressures on the services.

Poor emotional health and wellbeing (EHWB) in childhood can often have a lasting impact into adulthood. Having a trusted adult that they can confide in is important, especially if the child or young person has experienced, or is at risk of experiencing adverse childhood experiences.

High levels of inequality are also damaging to mental health and emotional well-being. Deprivation and social injustice erode mental health and well-being, they can also increase stress and reduce trust and interaction with services and communities. Personal resilience may help to mitigate the negative effects of inequalities, as well as promote personal and community capacity to deal with issues throughout life.

Parents/carers and communities/social groups can also have a positive impact on the emotional health and wellbeing of both groups and individuals. It is important to note that we will be focusing on actions that support children and young people outside of the school/education environment as a priority. Schools and education establishments have an important role to play in identifying and meeting the needs of children and young people. This requirement also became part of the revised OFSTED framework from September 2019.

Universal whole-school approaches are more effective than approaches based on targeted or classroom-based teaching, but should not be viewed as a short term, quick-fix solution to children and young people's emotional health. We have developed a 'Sefton Emotional & Mental Wellbeing - Good Practice Checklist' to help ensure a consistent and quality approach in education across the borough.

All key partners have a role in offering support and signposting children and young people towards positive activities. As well as identifying and referring young people to appropriate mental health services, and should be supported to develop good working arrangements with local mental health services.

The previous strategy has moved away from the 'tiered approach' to services and towards the THRIVE Framework (see page 4) this is a deliberate move to help de-mystify and simplify the system. We are also aligning services to the THRIVE Framework, to ensure that it is flexible and responsive to need, and makes use of best models of practice.

Although we have made progress within Sefton over recent years, inequalities still exist, but we are even more determined to make progress and at a swifter pace. Responding to the needs of

children and young people in Sefton if/when they change over the next five years. Ultimately, everybody – irrespective of role or organisation - has a part to play in helping to ensure positive emotional health and wellbeing not only for themselves, but for those around them as well.

Progress

We have looked at the last strategy and what is still important to our children, young people and their families. This plan has been shaped by the analysis of our performance and progress to date, alongside the trends identified in the Joint Strategic Needs Assessment (JSNA) which allows us to establish trends across a wide range of data. More importantly through consultation with a wide range of Youth Groups, Schools and Key Stakeholders and Professionals. we have also listened and what children, young people and families tell us has led us to identify a number of priorities for action over the course of this Strategy.

We recognise achievements since the last strategy to include:

- Early Years Foundation Stage (EYFS), achieving a good level of development, we are the highest in the North West (NW) and above the regional average.
- Sefton's Not in Employment Education or Training (NEET) group has improved over the 3
 year period, performing better than the Liverpool City Region (LCR) and staying in line
 with the North West.
- Sefton has consistently exceeded the England and North-West numbers, for children benefitting from the "Two Year Old Offer". Since the introduction of the Two Year Old Offer in 2009, Sefton has worked in close partnership with Health and Early Years settings to identify and engage with the families of rising two year old's who meet the criteria.
- We have seen a decrease in young people being involved with Anti-Social Behaviour, one significant reason could be we have issued Gang Injunctions along with the police, which have significantly decreased youth Anti-Social Behaviour in the Area. (80% of the cases are adults).
- Young Peoples Voices are being increasingly heard and influencing and shaping practice, policy and commissioning through SYMBOL (Sefton Youth Making Better Opportunities with Leaders), Make a Difference Group (Children in Care), CAMHLIONS, Young Advisors, Development of Co-production and Engagement with Children With Additional Needs through joint work between partners including Schools and Buddy Up. Work is underway to better co-ordinate these initiatives.
- Establishment of the Sefton Emotional Attainment Service (SEAS) Voluntary Sector Consortium.
- Successfully run an 18-month pilot testing mental resilience approaches within Sefton, the programme was evaluated by Liverpool John Moores' University.
- As a partnership, we have secured funding for two Mental Health Support Teams. One
 will cover areas of greatest need, the second will cover key transition points (Year 6 to 7,
 and Year 11 to 12.) The teams are due to begin working with schools and delivering the
 service in spring 2021.
- Developed a new Young People's Drug & Alcohol Service designed to better meet the needs of local people.
- Implemented a new online mental wellbeing support service Kooth. Following a successful 18-month pilot and successful evaluation, the service has been commissioned to continue for a further 3 years with a widened age range 10-25 and increased capacity, thanks to increased resources from the joint funders (Public Health, Children Services and the Clinical Commissioning Groups).

Overseen the development and implementation of bespoke training courses; 0-19 Storm, Mental Health First Aid. Adverse Childhood Experiences and helped practitioners adopt a 'trauma informed approach' to work with children and young people in Sefton.

The THRIVE Framework

We are moving mental health and emotional wellbeing services away from the traditional tiered service model to a THRIVE model - a national model based on needs of young people, rather than severity or diagnosis, and the support or evidence-based treatment they need to thrive and enjoy positive mental health and wellbeing. This way of working aims to ensure more children and young people can get access to the right help when they need it from a wider range of services and locations.

The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families. It aims to talk about mental health and mental health support in a common language that everyone understands.

The Framework is also needs-led - this means that mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways. The THRIVE Framework conceptualises the various needs of children, young people and families into five needs-based groupings shown in the diagram below. The THRIVE framework is also for;

- ✓ all children and young people aged 0–25 within a specified locality
- ✓ all families and carers of children and young people aged 0–25 within a specified locality
- ✓ any professionals who seek to promote mental health awareness and help children and young people with mental health and wellbeing needs or those at risk of mental health difficulties (whether staff in educational settings, social care, voluntary or health sectors or others).



Policy

Policy focus over recent years has been on increasing access, building resilience and early identification of the mental health and wellbeing of children and adolescents through schools, school-based interventions and partnership working between healthcare, education and the community/voluntary sector.

Due to this the role of 'who does what' in response to emotional health and wellbeing issues is shifting, and there is an increasing expectation that the mental health and wellbeing of children and young people can - and should - be tackled within all environments.

Over the past few years, the main drivers of national policy have come from the Department of Education's 2016 "Mental Health and Behaviour in Schools" advice for school staff report, Public Health England's 2015 "Promoting Children and Young People's Emotional Health and Wellbeing - A Whole School Approach" policy document and the 2015 Mental Health Taskforce, "Future in Mind" and the 2019 "NHS Long Term Plan".

In the longer term, the government have committed to the joint 'Children and Young People's Mental Health Green Paper' delivery programme with the Department for Health and Social Care, NHS England and Improvement, and health partners, including introducing new mental health support teams, developing training for senior mental health leads in schools and colleges, and testing approaches to delivering four-week waiting times for access to NHS mental health support.

Each identifies a series of recommendations for children and young people's mental wellbeing. Key themes, approaches and interventions for teachers, parents and children looking at promoting resilience, prevention, early interventions as well as improving access to effective support, creating a system without tiers and developing a whole system approach to mental health have been recommended.

This Strategy will support the aims and objectives of the NHS Long Term Plan, specifically:

- Improving mental health services for children and young people.
- Investing in expanding access to community-based mental health services to meet the needs of more children and young people.
- Support the delivery of new waiting time standards for eating disorder services.
- Ensure mental health support for children and young people is embedded in schools and colleges.
- Help ensure those experiencing a mental health crisis can access the support they need.
- Support a new approach to young adult mental health services for 16-18 year olds as they transition to adulthood.

Further to this, we will;

- Focus on support for disadvantaged or more vulnerable individuals and communities.
- Continue to work with education providers and schools/colleges to consistently embed the Sefton Whole School Approach to Mental Health.
- Annually refresh the <u>Sefton Emotional Wellbeing Toolkit</u>

•	Provide training opportunities which can be accessed by parents/Carers, teachers, the community, those supporting children and young people, and also for children and young people themselves.		

The Statistics

We will use evidence and statistics to support local service planning, development and implementation. In addition, we will also consult and engage with children and young people, and be guided in our actions and commissioned activity by the 'voice of the child'. In order to understand whether we are achieving good outcomes locally, it is useful to benchmark outcomes in Sefton against the national average and look at trends over time.

It should be remembered that mental health and wellbeing issues can often only be tackled by taking a multi-departmental and multi-agency approach to solutions since factors influencing outcomes include not only both primary emergency service activities but also wider determinants such as community development and social relationships; poverty; education; diversionary activity, family support and the impact of Covid-19.

Nationally

According to NHS Digital's 2018 National Children's Mental Health Prevalence data²:

- One in eight children and young people have one or more mental health disorders.
- Emotional disorders have become more common, whilst all other types of disorder, such
 as behavioural, hyperactivity and other less common disorders, have remained similar in
 prevalence.
- A quarter of girls aged 17 to 19 have a mental health disorder, and of this quarter, over half has self-harmed or attempted to take their own life.

National analysis has found that one in 10 children aged between 5 and 16 years experiences a mental health condition, and many continue to have a mental health condition into adulthood. Half of those with lifetime mental health conditions first experience symptoms by the age of 14, and three-quarters before their mid-20s. Conditions most frequently experienced in adolescence include:

- Anxiety and depression.
- Eating disorders.
- Conduct disorder.
- Attention deficit and hyperactivity disorder (ADHD).
- Self-harm.

Sefton

- The rate of admission to hospital for self-harm in the 10-24 age group is significantly above the national and regional average.
- Alcohol related admissions for children aged 0-18 in Sefton are above the national and local average rates and is a significant risk factor for mental health and wellbeing.

- The inpatient admission rate for mental health for those aged 0-17 is significantly above the national average (though these tend to be low numbers and fluctuate significantly year on year).
- Continued increases in children looked after by social care in association with higher than average levels of absenteeism for these children is cause for concern.
- Levels of absence in Primary Schools is above local and regional averages and may be indicative of children who have health and wellbeing issues that are not being addressed.
- It is difficult to estimate the size of the 'treatment gap' between those who meet the
 threshold for intervention through the Child and Adolescent Mental Health Service
 (CAMHS) programme and those who receive treatment, but estimates suggest it is
 significant.

The Effect of Covid

The Covid19 pandemic has had a radical and unprecedented effect on the way public services are delivered.

A recent national survey carried out by the charity YoungMinds⁴ about Covid-19 and its impact on the emotional health and wellbeing of children and young people found that when asked, 'What impact has the coronavirus crisis had on your mental health?' 81% agreed it had made their mental health much or a bit worse.

Partners have been working tirelessly to support both the immediate needs of pupils and families/carers, as well as planning ahead to reduce potential long term issues.

A survey of 1,260 pupils across Sefton in the summer of 2020 by the Sefton Psychology Service found that:

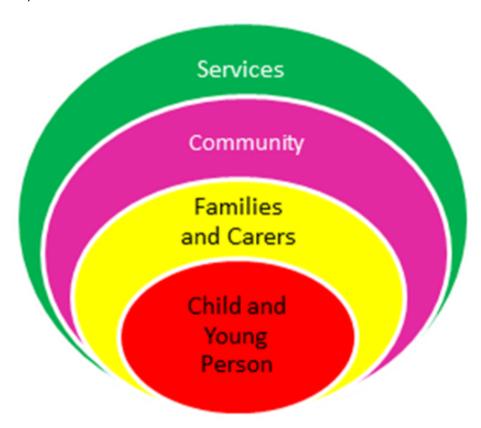
- Pupils have had mixed experiences during the lockdown period. For some, it has given them numerous opportunities and been an overall positive experience.
- Others have faced multiple and complex challenges during this time.
- It may not be appropriate to use a blanket approach to support when planning for the return to school – rather support should be targeted and individualised for those who require it.
- Friendships are extremely important to children of all ages and these social relationships are an important factor in a successful return to school.
- Many children are keen to return to the normality of school.
- Pupils expressed concern about the method of returning to school, requesting consideration be given to a phased transition.
- Secondary pupils reported more worries about the return to school than primary pupils.
- Many pupils (especially of secondary age) are worried that they have fallen behind with work and would like recaps, revision lessons and additional support from staff to solidify their understanding, rather than a focus on 'catching up'.
- Pupils have found there to be many challenges associated with home learning and are concerned about the consequences of this.
- Many children have enjoyed having more time and opportunity to do things they enjoy and develop new skills.

• Pupils are worried about their safety, as well as restrictions and changes in their school environment in response to the pandemic. Pupils would like reassurance and clear communication around any changes.

At the time of writing the long term effects of Covid-19 are not known, but reports are suggesting that the emotional and mental health toll could be significant. This strategy will flex and adapt to respond to any need that becomes apparent in Sefton.

Our Focus

We need to focus on the factors, structures and conditions that shape our opportunities for positive emotional health and wellbeing, not just for all children and young people, but also for those that are a part of their lives and have influences throughout their life such as families, communities and people working with them. This forms the basis of the Sefton Health and Wellbeing Strategy 2020-25 and will be our key areas of focus within this Strategy as well and are outlined below;



Children And Young People

This will be the main area of focus and will constitute the bulk of our work. We will focus on supporting the positive development of emotional health and wellbeing in all children and young people, covering all ages and circumstances.

Much of this work will be in partnership with education providers and the community and voluntary sector. But without exception we will also focus our attention on those not within mainstream education, those who are home-schooled, looked after children, special education needs (SEN), those with disabilities and those excluded or isolated by deprivation, poverty, digitally, socially or physically.

Families & Carers

It is essential to work with families as well as young people. Some groups of children will have behavioural difficulties in school that cannot be resolved without a family-focused approach. This kind of approach can identify difficulties in the home, which are leading to problems at school.

Working with families may include developing parenting skills and encouraging parents to engage with their child's education. This is important as improving parenting skills can effectively help support a young person with behavioural and emotional difficulties.

Communities

People experiencing mental health issues often become isolated from their community, and can lack the confidence to deal with practical matters such as debt issues, lack of support, bereavement or steps towards employment.

The partnership will take steps to complement support services which may be helpful to families, parents and carers. As well as working more closely with them, we will promote the wide range of community-based support which can have a positive impact on the EHWB of children and young people.

Services

The emotional health and wellbeing of parents/carers, staff and volunteers, and children and young people are interlinked. It is also important to consider the emotional health and wellbeing of parents, staff and volunteers. Supporting their emotional health and wellbeing can lead to reduced stress, better outcomes for children and young people, reduced sick leave, increased motivation and staff retention.

Our Actions

We believe by knowing where we need to focus our efforts, we can achieve change. One of the aims of this strategy is to help make the complex subject of emotional health and wellbeing easier to understand, and therefore easier to act on. Moving to the THRIVE framework has helped but more work is needed.

Further to this, we believe that by taking four simple actions we can help everyone (children and young people, parents/carers, education, communities) to understand the subject a little better, and feel able to contribute to positive emotional health and wellbeing in Sefton.

Our four key priorities will need co-ordinated partnership activities to make a difference and are outlined below:

HEARD

- Priority 1. Ensure children's voices are heard and families will get the right support and help at the right time.
- Priority 2. Engage with a wide range of youth networks and groups that support young people
- Priority 3. Place children and young people at the core of decisions we make about them.

HAPPY

- Priority 4. Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.
- Priority 5. Protect those at risk of harm
- Priority 6. Encourage fun, happiness and enjoyment of life

HEALTHY

- Priority 7. To enable positive mental health and Wellbeing through prevention where ever possible and to provide timely support and access to services when needed.
- Priority 8. To Enable children's health and development.
- Priority 9. Reduce health inequalities so children and young people can achieve good health.

ACHIEVING

- Priority 10. Children are ready for school
- Priority 11. Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.
- Priority 12. Children and young people with Special Educational Needs and/or disabilities achieve their full potential

How will we make this happen?

The Emotional Health and Wellbeing Board and its partners are responsible for delivering this strategy.

The Board will implement this Strategy by:

- Meeting regularly as a board and holding each other and wider partners to account.
- Progress activities and tasks within the Sefton Children and Young People's Plan 2021/25.
- Having a forward plan to ensure all elements of the strategy are progressed and reported on.
- Reporting on progress in delivering against the key ambitions as outlined in the strategy.
- Providing robust challenge and support to partners about these key ambitions to ensure that all opportunities to improve health and wellbeing further and faster are maximised.
- Having a performance monitoring framework in place, drawn from the key national outcome frameworks (NHS, Adult Social Care, Children's, Public Health, Marmot) which the Sefton Health and Wellbeing Board will scrutinise to ensure the strategy is delivering against the vision and ambitions.
- Reviewing progress on an annual basis and updating ambitions as required
- Utilising the work of SYMBOL, Young Advisers, Provider Alliance and others to ensure the
 voice of children and young people remains central in delivering the ambitions of this
 strategy.
- Reporting relevant governance structures, to key stakeholders, children and young people and residents of Sefton regularly.

References

- 1) World Health Organisation Geneva, Promoting Mental Health, 2004.
- 2) Mental Health of Children and Young People in England https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-inengland/2017/2017
- 3) Sefton JSNA https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/joint-strategic-needs-assessment-(jsna).aspx
- 4) Young Minds Survey https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/