CHESHIRE EAST: DEVELOPING EMOTIONALLY HEALTHY CHILDREN AND YOUNG PEOPLE

The Cheshire East emotionally healthy children and young people partnership is led by Cheshire East council's children's services, and is primarily funded from the council's public health budget.

Many organisations have been actively involved in developing the partnership including the NHS's local clinical commissioning groups (CCGs) and children's and adolescents mental health services (CAMHS), headteachers, and several voluntary organisations. As a council senior manager explained: "It's all partnership working. We work with schools, with the CCG, with health providers, with school nurses, health visitors, early years services, third sector organisations." As a health lead commented: "It is pretty unique in its nature and scope."

The partnership's aim is to support children and young people in becoming more mentally resilient: to be better able to manage their own mental health, to process what is going on in their environment, and to access specialist services should they need them. They want to reduce the number of children and young people attending accident and emergency services, or being inappropriately referred to the CAMHS.

The partnership's original focus was creating 'emotionally healthy schools', but they are now extending their reach into early years settings. "We have been really blessed in support from above. We have had investment in to this project year after year. The moral and ethical support is there but also financial."

INITIAL PHASE

In 2015 CCGs were required to produce a local 'children and mental health transformation plan' to implement the NHS's national 'Five Year Forward View' and 'Future in Mind' recommendations. The CCG lead initiated discussions with the

staff from CAMHS and two young people's voluntary organisations. That group then involved others, including the council's children's services and public health leads, and headteachers.

The organisations' concerns were informed by an extensive consultation with children and young people undertaken as part of developing the county's children and young people's plan. (Over 2,000 responded to a survey, over 800 participated in discussions, and a number helped to implement the plan.)

The consultation found that there was no agreed approach to mental health issues in schools. Some pupils reported that they felt undervalued or feared indiscreet or inappropriate responses. Many teachers, pupils and parents were unsure of where to go for support, or what support was available, and where to go to find it.

After considering many possibilities the partnership decided to focus on developing 'emotionally healthy schools'. Supported by both the council's public health funds, and CCG money, they ran six pilots in secondary schools in 2016, and asked Salford University to evaluate these. This was then extended in 2017 to include all primary and secondary schools.

THE APPROACH

The partnership uses the THRIVE model, with a focus on the initial stages of getting advice, support and help. As one of the leaders explained: "We are not trying to fix people. We want to take a preventative approach. We want to help professionals to recognise signs and symptoms and support children and young people in a graduated way. We want to try to avoid crises."

Cheshire and Wirral Partnership NHS Trust is the lead provider for the programme as well as running CAMHS. "That means there is a really smooth step up, step down process where the early intervention programme isn't quite enough

for them or when they've had an intervention from CAMHS and they are ready for more universal services it's a very easy transition."

EXPANDING TO INCLUDE EARLY YEARS SETTINGS

The partnership is starting to work with younger children. "If we only target children when they are 11 we are fighting crisis situations. So we said let's instead try and work with whole families, with children much younger, in early years settings, so that we are building resilience from a much earlier age."

A follow up survey of children and young people's emotional needs was conducted. "We wanted to better understand who they turn to for help and who they would like to help them. It was clear that most looked for emotional support from their homes –- but not all of them found it there. As a result more effort is going to go into helping parents to get better at responding positively to their children's emotional needs." (See the appendix for more details.)

ACHIEVEMENTS

Almost 97% of primary and secondary schools have accessed the 'tools for schools' programme. "They complete a self evaluation, then they receive bespoke training. We recommend that they access the whole school approach element of the training: then they access the modules that are relevant to them, the bits they need development on."

"Schools are reporting really good outcomes. Both in terms of staff saying that they are more confident to recognise and respond to emotional harm but also seeing differences in behaviour in the classroom. It is impacting on attainment, and children and young people's readiness to learn."

"Now our schools and partners do not make a knee jerk response with a referral to CAMHS. They are saying: What can we do within the community? What can we

do within the school? Let's support the child where the child already is instead of moving the child onto someone else."

"We have it as a golden thread through everything that we do so it becomes part of standard language. So whenever we talk about children's outcomes we are not just talking about their academic outcomes. When we talk about how they are doing at school we are not just talking about their attendance and their attainment. We are making it normal to be asking: "How do the children feel?" How is their behaviour?"

26 schools have been accredited by AcSEED for their work on emotional and mental health education, making Cheshire East the local authority with most accredited schools.

CAMHS is reporting a reduction in referrals, as well as more appropriate referrals. And: "Individual providers are reporting that people are leaving the different elements of support we are providing with improvement outcomes: managing their own mental health, accessing services should they need them, feeling more reliance, and to process what is going on in their environment."

150 unique young people per month are registering for support online; over 600 have attended drop in sessions; 300 have attended counselling (equating to around 2000 sessions); and 60 are accessing friendship groups.

KEY LEADERSHIP ACTIONS

Building mutual trust by:

Building on previous positive relationships "My chief executive and the council lead had conversations. That was key to making it happen. They brought everyone round the table." "All the people who were involved got on really well. They were of a similar mind, of a similar age, of a similar outlook on life."

Employing a facilitative style "We had regular meetings, chaired in open way, mediated discussions." "The council lead was contactable, he put time in. He worked hard talking to partners." "The chair was good at sense checking and asking for feedback, open, peer to peer."

Valuing all contributions As a voluntary organisation worker reported: "We felt valued. We never felt junior. We had an equal voice. There was no hierarchy." And another participant suggested: "You need to appreciate that different people and different organisations bringing different things."

Encouraging healthy debate "We had active challenging discussions. It helped us work through ideas and made sure we all understood and had covered all the bases."

Agreeing shared strategies by:

Listening to children and young people's concerns The partners have gone to great lengths to to better understand the nature of issues by seeking feedback from the intended recipients of interventions, children and young people.

Learning from elsewhere The partners have made use guidance and learning from elsewhere, such as NHS's guidance documents, the THRIVE model, and the CAMHS outcome and research consortium measures.

Identifying critical common concerns "You need to find common problem and a solution that works for everybody." "It needs to be an issue that is top of every-one's list." "To find shared outcomes you need to be pragmatic, give and take, find consensus. Get into the room with people, share your passions."

Resolving differences "Different organisations' objectives and target do not align." "There was tension, friction, wrangling.""We had a different view about

what the project should look like – but we found common ground with the others."

Ensuring senior management support "You need ethical and moral support, as well as financial support." "The Chief Exec is so supportive and really visible, she's fab."

Maintaining political commitment The previous Conservative council leader supported the project. In 2019 the council moved to 'no overall control' but the new council leader, a Labour member, continues to support the partnership's work. "I don't think the change in administration has made a difference to commitment to the programme. That stuff about children's services almost transcends the politics in the sense that both parties remain committed to working as hard as possible to improve children's services."

Experimenting, learning and adapting approach The partnership has developed by creating pilots, and learning from them. "Making time to reflect is important". For the six initial pilots, Salford University was commissioned to undertake an external evaluation.

Delivering results by:

Being interested, passionate and caring. "You have to want to make a difference." "You need to appreciate that fundamental transformations take a long time." "It takes energy and commitment."

Being flexible "You want to deliver the programme in the same way so that you can evaluate it. But different headteachers wanted to do it differently. We agreed in order to get school buy in." "The changing landscape is difficult to deal with. In year one had lots of different funding possibilities. You have to flex."

Promoting the partnership's successes "It's about profile – then you attract others who want to work in that way." "A lot of people have left and a lot of people

have come who are very committed to improving children's services for vulnerable children on an early help basis."

CHALLENGES

For the voluntary organisations involved in the initial stages, reconciling being both a provider and a partner "In a voluntary organisation it can be confusing being both funded and being a partner." "The shape of the idea changed quite drastically over time: it became much bigger. Lots of the objectives became blurred. People had different priorities. We would have preferred more clarity as deliverers."

Agreeing clear outcomes and milestones in the early stages when partners had so many different ideas and opinions Some partners would have liked more clarity sooner: "In the initial phases we never got a set of outcomes or milestones to work to – despite asking for these. It would have helped to have had more clarity about what we were aiming to do. And sticking with it. There was too much changing, constant influencing."

Initially demand for CAMHS's services increased as a result of the programme "What we found at the start of this programme is that the number of referrals into mental health services increased but that was a positive, because that means people are recognising when children and young people are needing 7that support. Then through the learning, as that's evolved, that's plateaued."

Fully demonstrating the value of the programme when the greatest impact is likely to be long term "In any transformation work you do with children and young people it's very difficult to get immediate outcomes." "I think long term we will see even more outcomes because we will see how these children are when they reach 16. People who are close to work we can see the small wins, so that we know that things are going well."

ADVICE FOR OTHERS

As one of the leaders advised: "It takes commitment, trust and time. In any transformation work you do with children and young people it's very difficult to get immediate outcomes."

And another: "We undersell the relationships that make collaboration work."

MORE DETAILS

'Transforming Children and Young People's Mental Health in Cheshire East 2016-2020' produced by Eastern Cheshire CCG, South Cheshire CCG and Cheshire East Council:
https://moderngov.cheshireeast.gov.uk/documents/s54646/Cheshire%20East%20CYP%20LTP%202017%20Update.pdf

'Cheshire East Children and Young People's Plan, 2019 to 2022' produced by the Cheshire East Children's Trust partnership:
https://www.cheshireeast.gov.uk/livewell/care-and-support-for-children/working-in-partnership/childrens-trust/childrens_trust.aspx

THRIVE Model:
http://implementingthrive.org/about-us/the-thrive-framework/

Salford University's Evaluation of the initial six pilots:
https://moderngov.cheshireeast.gov.uk/documents/s55869/EHS%20Research%20Evaluation%20Final%20Report.pdf

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This case study is based on interviews conducted in both late 2019 and in spring 2017.

Appendix: Finding out about children and young people' concerns

The council's new early years commissioner describes the process of finding out more about children and young people's concerns.

"We engaged with over 500 children, using different formats for the different age groups. For example, with very young ones or ones with special needs we spoke to them through play. We went to their events. We did survey through schools of the older children who had the cognitive skills to complete questionnaires. One of the first questions we asked them was: 'If you feel emotionally unwell who helps you?' in really simple language. Then the next question was: 'If you feel emotionally unwell who would you like to help you?'."

"We worked with children with medical needs or children from migrant communities, children from mainstream education, children with special educational needs, older children, younger children – so we got the breadth of representation. The overarching theme was that most children turned to someone within their home if they needed support. It wasn't services, it wasn't online."

"There were a lot of tick boxes but there were three texts and a lot of children just wrote 'my mum'. So there was a real: 'when I'm feeling unwell I want my mum'. With the young ones we spoke to them through play. we did it with teddy bears and role play. They were asked how they would look after the teddy and it was very much: 'We'll take them home and we'll give them a cuddle'. The nurturing element came through very strongly."

"For the second question: 'Who would you like to help?' More people would have liked support from their mums than said 'mum helped'. There is a gap between what is being offered and what children would like. So we are trying to make sure that we empower parents within the home to respond positively to the children's needs through our early years work, helping build that attachment. We are asking parents for example "How does that make your child feel?". Really getting that

kind of language through from a very early stage – and we will follow that child through."