LiveWell
SOUTH TEES

SOUTH TEES
JSNA
Joint Strategic Needs Assessment

JUNE 2024

MISSION

We will prioritise and improve mental health and outcomes for young people.

GOALS

Embed sustainable school based mental health support and support education partners in the establishment of whole school based programmes.

Contents

1. Introduction

1.1 Mission led approach

The South Tees Health & Wellbeing Boards have agreed to a "mission-led" approach, structured across the lifecourse. Each mission is a response to a significant local challenge, one where innovation, working together and aligning resources has a big part to play in driving large-scale change. The Missions each have a set of ambitious goals that further articulate and explain the Mission.

The JSNA will provide the intelligence behind the Mission(s) – it will develop our collective understanding of the Mission(s); the issues behind and the broad contributing factors to the current outcomes experienced. We are working across the Tees Valley authorities to develop a process on that footprint that facilitates deeper engagement from the ICB.

The vision and aspirations under the lifecourse framework already exist following previous development sessions of the LiveWell Board. The lifecourse framework consists of three strategic aims – start well, live well and age well.

Vision	Empower the citizens of South Tees to live longer and healthier lives		
Aims	Start Well	Live Well	Age Well
Aspiration	**Children and Young People have the Best Start in Life** We want children and young people to grow up in a community that promotes safety, aspiration, resilience and healthy lifestyles	**People live healthier and longer lives** We want to improve the quality of life by providing opportunities and support so more people can choose and sustain a healthier lifestyle	**More people lead safe, independent lives** We want more people leading independent lives through integrated and sustainable support

1.2 Start well strategic aim

There are three missions within the start well strategic aim. **The first mission relates to narrowing the outcome gap for children growing up in disadvantage, the second mission relates to improving education, training and work prospects for young people, and the third mission relates to improving young people's mental health.** The first goal within the third start well mission, and the focus of this needs assessment is to embed sustainable school based mental health support and support education partners in the establishment of whole school based programmes.

Aims	Mission	Goal
Start Well	**We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030**	**We want to eliminate the school readiness gap between those born into deprivation and their peers.**
		We want to eliminate the attainment gap at 16 among students receiving free school meals
	We want to improve education, training and work prospects for young people	**Extend offers of apprenticeships, training and work placements for young people to make the most of current and future local opportunities**
		We will significantly reduce the number of NEETs in South Tees by preventing disengagement and reducing/removing barriers to engagement in employment, education and training.
	We will prioritise and improve mental health and outcomes for young people	**Embed sustainable school based mental health support and support education partners in the establishment of whole school based programmes**
		Improve access to mental health care and support for children, young people and families, led by needs.

2. What is our mission and why do we need to achieve it?

2.1 We will prioritise and improve mental health and outcomes for young people.

Emotional resilience and good mental health are essential for children and young people to have the best start in life and to enjoy future quality and length of life. Without good mental health the potential that most children and young people have is made redundant, leaving them with the likelihood of poor prospects and health and well-being outcomes throughout life. Stress and toxicity can effect a child pre-birth and early childhood adverse experiences have a lifelong impact.

The prevalence of children and young people with mental health has continued to rise over the past 20 years and has been a growing concern at national level. This has resulted in a number of Government policies and advice. The situation has been further exacerbated in recent years by the Covid-19 pandemic and the worsening economic climate.

Poor mental health and well-being in children and young people can have far reaching implications for the individual, family, community, and society. Half of those with mental illness in adulthood experience their first symptoms by the age of 14, and this figure rises to three quarters by the time they reach 18 years of age. Research by Young Minds in 2022 found that nationally over 3.5 million people aged between 6 and 23 years have a probable or possible mental health disorder.

Poor emotional and mental health can manifest in many ways; self-harm, anti-social behaviour, eating disorders, school exclusion, school avoidance, sexual and gender identity, and risk-taking behaviours. All of which impact on the ability of children and young people to live a happy and rewarding life.

2.2 Prevalence

Research form the 2022 NHS Digital survey has indicated there is a worsening national picture with the rates of probable mental disorder increasing significantly between 2017 and 2021. In children aged between 6 and 16 this rose from one in nine to one in six and in those aged between 17 and 19 years from one in ten to one in six.

Applying the 2022 national survey results as shown in Figure 1 below to our local South Tees population we could expect to see:
- **6,290 7 to 16 year olds with probable mental disorders and,**
- **2,360 17 to 19 year olds with probable mental disorders.**

Figure 1: Rates of probable mental disorders (%)
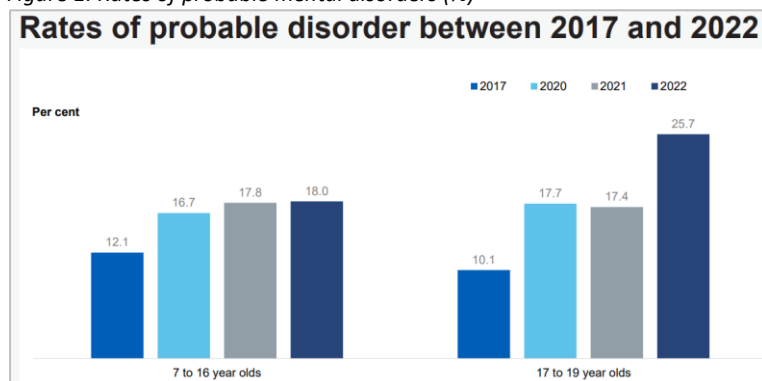
Source – NHS Digital

2.3 Resilience – Risk and Protective Factors

There are many risks, or adverse experiences, that can increase the likelihood of mental ill-health; the more risks the greater the likelihood. If a child experiences four or more of these in formative years then they can also be six times more at risk of participating in underage sexual activity, eleven times more likely to smoke cannabis and sixteen times more likely to try drugs such as crack cocaine or heroin (Public Health England, 2018).

RISK FACTORS

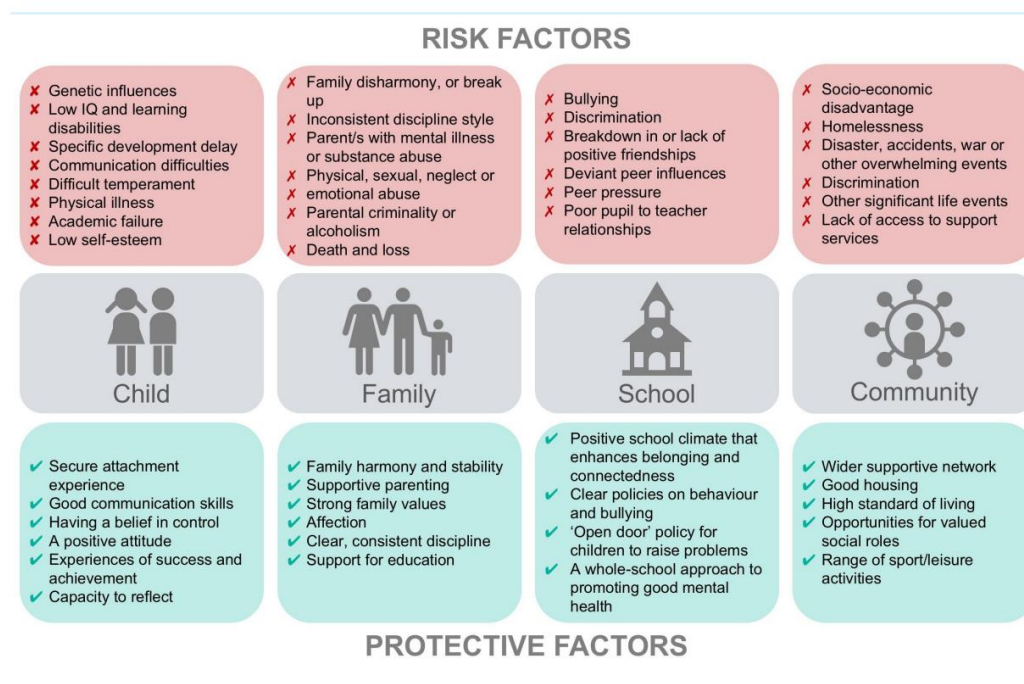| Child	Family	School	Community
✗ Genetic influences ✗ Low IQ and learning disabilities ✗ Specific development delay ✗ Communication difficulties ✗ Difficult temperament ✗ Physical illness ✗ Academic failure ✗ Low self-esteem	✗ Family disharmony, or break up ✗ Inconsistent discipline style ✗ Parent/s with mental illness or substance abuse ✗ Physical, sexual, neglect or emotional abuse ✗ Parental criminality or alcoholism ✗ Death and loss	✗ Bullying ✗ Discrimination ✗ Breakdown in or lack of positive friendships ✗ Deviant peer influences ✗ Peer pressure ✗ Poor pupil to teacher relationships	✗ Socio-economic disadvantage ✗ Homelessness ✗ Disaster, accidents, war or other overwhelming events ✗ Discrimination ✗ Other significant life events ✗ Lack of access to support services
✔ Secure attachment experience ✔ Good communication skills ✔ Having a belief in control ✔ A positive attitude ✔ Experiences of success and achievement ✔ Capacity to reflect	✔ Family harmony and stability ✔ Supportive parenting ✔ Strong family values ✔ Affection ✔ Clear, consistent discipline ✔ Support for education	✔ Positive school climate that enhances belonging and connectedness ✔ Clear policies on behaviour and bullying ✔ 'Open door' policy for children to raise problems ✔ A whole-school approach to promoting good mental health	✔ Wider supportive network ✔ Good housing ✔ High standard of living ✔ Opportunities for valued social roles ✔ Range of sport/leisure activities

**PROTECTIVE FACTORS**

SOURCE:PE SCHOLAR

Poverty is a significant risk factor and can have a number of effects on children's physical and mental health. Families in poverty are less likely to be able to afford essentials such as food and heating. Parents in poverty cannot provide a decent standard of living or take part in enjoyable activities with their children. They also face food insecurity and cramped living situations. All these issues impact children's mental health.

The 2023 Joseph Rowntree report on poverty states that their latest cost of living tracker, carried out in late October and early November 2022, illustrates the wide-ranging effect of the cost of living crisis on poorer households. Looking across the poorest fifth of families, the results present a truly shocking picture with more than 7 in 10 families going without essentials, around 6 in 10 not being able to afford an unexpected expense, more than half are in arrears, and around a quarter use credit to pay essential bills.

Figure 2 below shows the proportion of children (under 16s) who are living in low income families in South Tees in 2021/22. Relative low income is a family in low income before housing costs. A family must have claimed Child Benefit and at least one other household benefit. Absolute low income measures families in low income based on what low income looked like in 2011. In Middlesbrough there were 37.4% (11,184) of children living in relative low income families and 31.8% (9,521) of children living in absolute low income families. This is significantly higher than the England rate of 15.7%. In Redcar & Cleveland there were 27% (6,538) of children living in relative low income families and 22% (5,310) of children living in absolute low income families.

The Middlesbrough rate of relative low income families is 5th highest and the rate of absolute low income families is 3rd highest out of 150 local authorities in England. The Redcar & Cleveland rate of relative low income families is 23rd highest and the rate of absolute low income families is 19th highest out of 150 local authorities in England.

Figure 2: Children in low income families

Children in Low Income Families in South Tees (%)

■ Relative low income   ■ Absolute low income
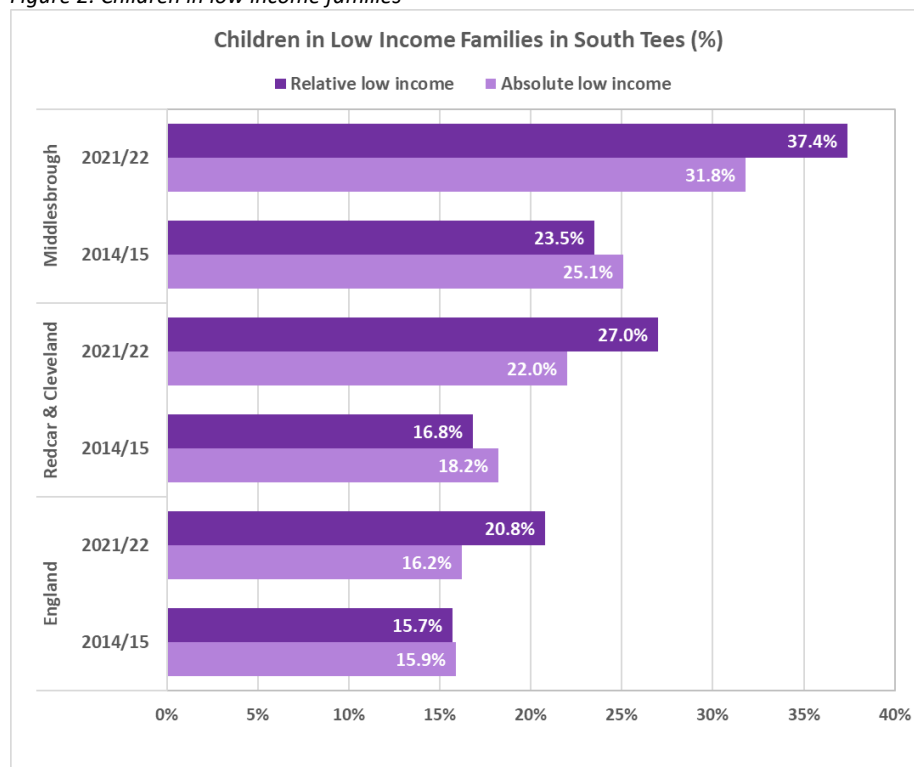
Source – Local Health, OHID

A child or young person who is being cared for by their local authority is known as a 'looked-after' child. They might be living in a children's home, or with foster parents, or in some other family arrangement. Evidence suggests that experiencing abuse or neglect increases the risk of a child or young person experiencing symptoms of trauma. These major adverse childhood events (ACE) can have long-term damaging effects on children and young people's physical and mental health.[1]

Figure 3 below shows the rate of children who are looked after in the North East in 2022. All local authorities in the North East have a higher rate compared to England. In 2022 Middlesbrough had 502 children looked after or a rate of 150 per 10,000 compared to 70 per 10,000 in England. Redcar & Cleveland had 341 children looked after or a rate of 125 per 10,000. The Middlesbrough rate was the 6th highest and Redcar & Cleveland was the 12th highest out of 150 local authorities in England.

Figure 3: Rate of children looked after

Children looked after in 2022 - Rate per 10,000

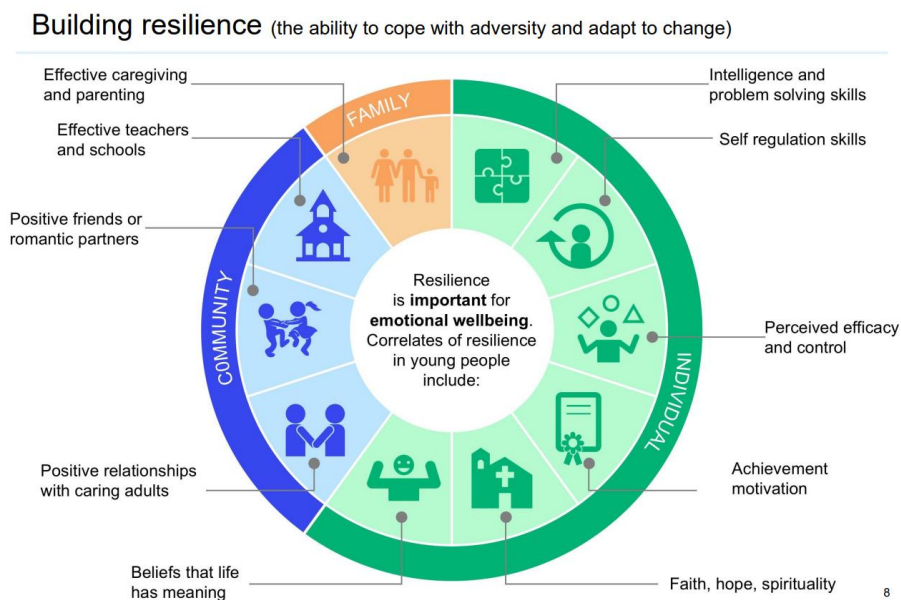| Area	Rate
Hartlepool	155
Middlesbrough	150
Stockton-on-Tees	133
Redcar and Cleveland	125
Gateshead	125
Darlington	123
Newcastle upon Tyne	116
Sunderland	102
County Durham	99
South Tyneside	96
North Tyneside	84
Northumberland	73
North East region	110
England	70
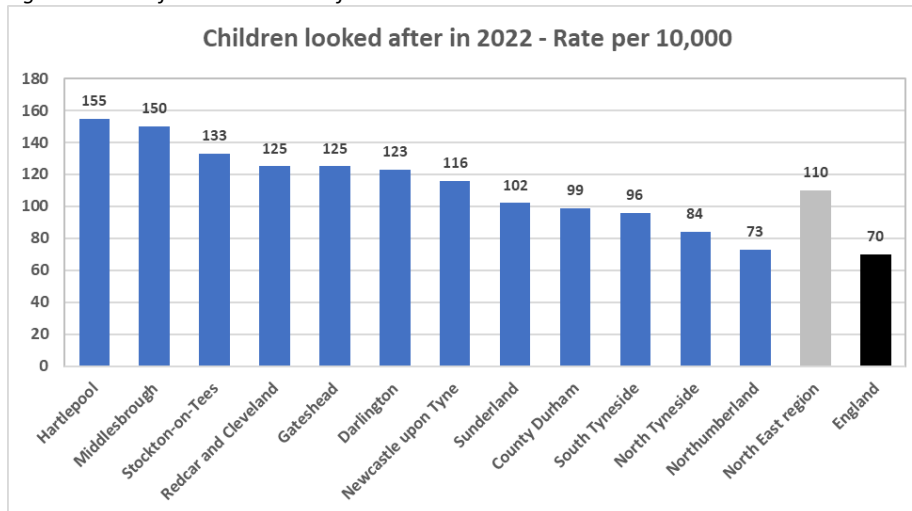
Source – Local Health, OHID

2.4 Protective Factors

While exposure to risk factors increase the likelihood of poor mental health the introduction of protective factors can provide mitigation by supporting children and young people to improve resilience and overcome challenges. Again, this is cumulative; the greater the risks the more protective factors are necessary.

Mitigating risk can be done in two ways:
- Reducing risk by removal from the causal situation. For example, through addressing safeguarding issues or addressing bullying or victimisation by removal from the situation.
- Introducing interventions and support mechanisms to improve resilience and the ability to respond to adversity and changing circumstances.

Building resilience (the ability to cope with adversity and adapt to change)

Effective caregiving and parenting

Effective teachers and schools

Positive friends or romantic partners

Positive relationships with caring adults

Beliefs that life has meaning

FAMILY

COMMUNITY

INDIVIDUAL

Resilience is **important** for **emotional wellbeing**. Correlates of resilience in young people include:

Intelligence and problem solving skills

Self regulation skills

Perceived efficacy and control

Achievement motivation

Faith, hope, spirituality

SOURCE: PE SCHOLAR

A focus on robust, long-term approaches to reduce risk factors and enhance protective factors is essential to sustainable improvements in children and young people's mental health.

3. What is our goal and why do we need to achieve it?

3.1 Embed sustainable school based mental health support and support education partners in the establishment of whole school based programmes

The majority of children and young people attend an education setting up to the age of 16; be that mainstream school or college or a specialist provision. They offer a safe space where the education and well-being of those attending is the primary aim. Schools are in a unique position as they are able to help prevent mental health problems by promoting resilience as part of an integrated, whole school approach that is tailored to the needs of their pupils. A whole school approach is one that goes beyond the teaching in the classroom to pervade all aspects of school life. Schools can provide a first line of defence – recognising signs and symptoms at a very early stage and preventing conditions escalating. Rather than being considered separately, a whole school well-being offer should be embedded within educational delivery. This intertwined approach works holistically to achieve positive outcomes for achievement, attainment, and overall well-being.

There is extensive research to demonstrate that risk factors in children and young people's lives can be mitigated, either wholly or in part, by the introduction of protective factors that improve resilience. Risk is cumulative; the greater the number of adverse experiences and level of disadvantage experienced the more protective factors are required. Education settings play an essential role in promoting resilience, particularly for those pupils who have less supportive and secure home environments. Schools should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems. All schools are under a statutory duty to promote the welfare of their pupils, which includes preventing impairment of children's health or development, and taking action to enable all children to have the best outcomes (*DfE, Keeping Safe in Education Statutory Education*).

Werner and Smith (1992) undertook a longitudinal research study looking at the impact of external protective factors on children and young people from difficult home environments. They concluded that a relationship with a trusted adult, for instance a member of school staff, could mitigate any risk factors experienced in the home or wider community. Benard (1991) states that social and economic deprivation impact adversely on the resilience of the young. School approaches, built on power sharing such as mentoring and cooperative learning, are advocated to strengthen these social bonds and to promote the protective factors of support, high expectations, and participation.

Schools should not be expected to act in the role of clinical experts but rather embed approaches in teaching practices and systems that promote trusted relationships; support basic needs, facilitate a sense of belonging, recognise the attributes of pupils and their role within the school community. Regular attendance in education settings is essential for all children and young people to benefit from an environment that will provide a safe space with the necessary protective factors to improve resilience and consequently achieve good emotional health; preventing and minimising the likelihood of mental ill-health at a young age and beyond. For those children and young people experiencing adverse children experience within the home and community, school can provide the only stability within their lives.

The 2022 Children and Young People's online survey, both young people and their parents and carers highlighted education settings as the most important place for improving the mental health of children and young people. Secondary school was seen to be the most important educational space, followed by primary school and then college and sixth form.

4. Key data and drivers for change?

4.1 School

In 2018 the Government published the non-statutory '**Mental Health and Behaviour'** advisory document which:

- Sets out schools' roles and responsibilities in relation to mental health and behaviour, within their existing duties;
- Outlines how schools can identify whether a child or young person's behaviour – disruptive, withdrawn, anxious, depressed or otherwise – may be related to a mental health problem, and how to support them in these circumstances;
- Provides advice and guidance on working with other professionals and external agencies where appropriate; and provides links to additional support available to schools, including frameworks, audit tools, evidence and resources.

In 2018 the Government published the **Transforming Childrens Mental Health Green Paper**. The paper identified 3 core proposals:

- To incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
- To fund new Mental Health Support Teams, which will be supervised by NHS children and young people's mental health staff.
- To pilot a four week waiting time for access to specialist NHS children and young people's mental health services.

The vision was for a roll out to 20-25% of the country by 22-23. South Tees received funding to launch mental health support teams in schools in 2021. Known locally as 'Inside Out' 3 teams are operational across South Tees in 60 settings. There is currently no further funding committed by the Government to extend this provision to fund additional teams either within South Tees or nationally.

Government guidance for schools on **mental health issues affecting attendance** was published in 2023. The guidance places importance on the school applying reasonable adjustments for pupils absent from school due to mental or emotional health issues.

4.2 Local Prevalence

Social, emotional and mental health (SEMH) needs are a type of special educational needs in which children/young people have severe difficulties in managing their emotions and behaviour. They often show inappropriate responses and feelings to situations. This means that they have trouble in building and maintaining relationships with peers and adults. They can also struggle to engage with learning and to cope in mainstream education. Children with SEMH will often feel anxious, scared and misunderstood. In 2022/23, SEMH was a common type of need amongst pupils with SEN support and those with an EHC plan in England. For SEN support, SEMH was the 2nd most common type of need with 229,723 pupils and for those on an EHC plan, it was the 3rd most common type of need with 54,598 pupils.

Figure 4 shows the rate of SEMH for pupils by year group between reception and year 11 (years 12 and 13 excluded due to low numbers) for 2022/23. There is a greater proportion of SEMH pupils in secondary school years, with the highest seen in year 11 in Middlesbrough and year 7 and 9 in Redcar & Cleveland.

Figure 4: Social, emotional and mental health needs by year group (%)

	Middlesbrough			Redcar & Cleveland			England
	Total	SEMH		Total	SEMH		SEMH
	No.	No.	%	No.	No.	%	%
Reception	1,956	22	**1.1%**	1,398	29	**2.1%**	1.3%
Year group 1	1,997	53	**2.7%**	1,561	52	**3.3%**	2.1%
Year group 2	2,005	73	**3.6%**	1,487	44	**3.0%**	4.4%
Year group 3	2,015	61	**3.0%**	1,522	48	**3.2%**	4.4%
Year group 4	2,045	71	**3.5%**	1,602	58	**3.6%**	2.6%
Year group 5	2,081	106	**5.1%**	1,657	81	**4.9%**	3.1%
Year group 6	2,056	87	**4.2%**	1,758	84	**4.8%**	3.6%
Year group 7	1,937	93	**4.8%**	1,813	112	**6.2%**	4.0%
Year group 8	1,845	79	**4.3%**	1,704	71	**4.2%**	4.3%
Year group 9	1,733	98	**5.7%**	1,619	100	**6.2%**	4.2%
Year group 10	1,742	89	**5.1%**	1,670	87	**5.2%**	4.2%
Year group 11	1,654	103	**6.2%**	1,616	73	**4.5%**	4.4%
Headcount	23,066	935	**4.1%**	19,407	839	**4.3%**	3.6%

Source – Department for Education, GOV.UK

Figure 5 below shows the proportion of pupils in primary, secondary and special schools with Special Education Needs (SEN) where the primary need is SEMH. Both local authorities in South Tees had higher rates of SEMH with 4% in Redcar & Cleveland and 3.7% in Middlesbrough compared to 3.4% in England. Rates have increased both locally and nationally over recent years with the highest rates seen in 2022/23. The rates locally equate to 946 out of a total 25,858 pupils in Middlesbrough and 859 out of a total 21,330 pupils in Redcar & Cleveland in 2022/23.

Figure 5: Social, emotional and mental health needs (%)
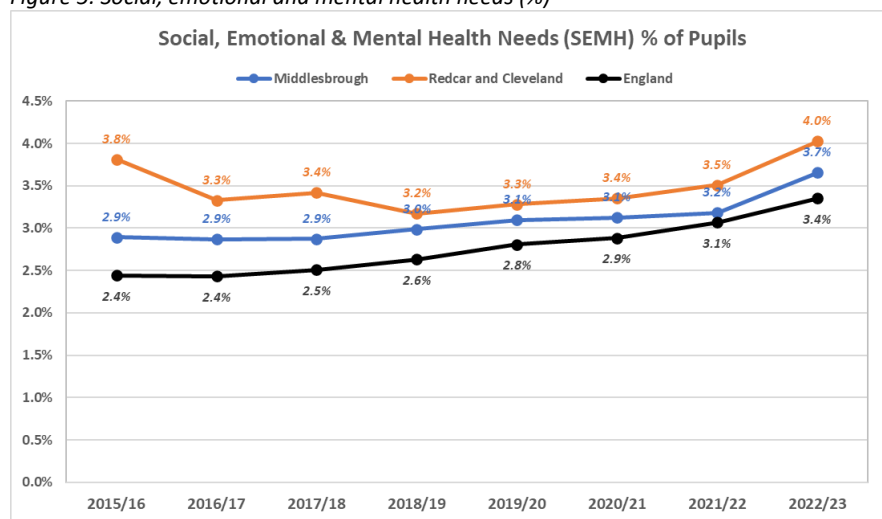
Source – Department for Education, GOV.UK

Figure 6 shows the rate of SEMH for pupils by sex. Nationally there is a greater proportion of boys who have SEMH compared to girls with 68.5% compared to 31.5%. The split is much greater for SEMH pupils compared to all SEN pupils. Locally there is a much greater proportion of boys who have SEMH compared to girls with 73.2% compared to 26.8%.

Figure 6: Social, emotional and mental health needs by sex (%)

		Middlesbrough	Redcar & Cleveland	England
SEMH	Boys (%)	73.2	71.6	68.5
	Girls (%)	26.8	28.4	31.5
ALL SEN Provision	Boys (%)	51.5	51.2	51.1
	Girls (%)	48.9	48.8	48.9

Source – Department for Education, GOV.UK

Evidence shows that children and young people from homes experiencing socio-economic disadvantage are more likely to experience emotional and mental ill-health. Pupils are defined as disadvantaged if they are known to have been eligible for free school meals at any point in the past six years (from year 6 to year 11) if they are recorded as having been looked after for at least one day or if they are recorded as having been adopted from care. Middlesbrough has a much larger proportion of pupils in key stage 4 in 2022/23 who were classified as disadvantaged at 44.7% compared to England at 26.2%. Redcar & Cleveland's figure was slightly higher than England at 28.9%,

Figure 7 shows the rate of SEMH by free school meal eligibility (FSM) for 2022/23. For all pupils Middlesbrough and Redcar & Cleveland have higher rates of FSM pupils with 39.9% and 30.2% compared to 23.8% in England. However, in Middlesbrough the proportion of SEMH pupils who are eligible for FSM is greater at 67% compared to 53.9% in Redcar & Cleveland and 46.4% in England.

Figure 7: Social, emotional and mental health needs by FSM (%)

	Middlesbrough				Redcar & Cleveland				England	
	Total		SEMH		Total		SEMH		Total	SEMH
	No.	%	No.	%	No.	%	No.	%	%	%
Eligible for FSM	10,326	39.9%	634	67.0%	6,433	30.2%	463	53.9%	23.8%	46.4%
Not eligible for FSM	15,532	60.1%	312	33.0%	14,897	69.8%	396	46.1%	76.2%	53.6%
Headcount	25,858	100%	946	100%	21,330	100%	859	100%	100%	100%

Source – Department for Education, GOV.UK

4.3 School Attendance

In 2023 the Government published **Mental Health Issues Affecting a Pupil's Attendance; Guidance for Schools**. The guidance makes a number of recommended actions to take with the pupil and family to encourage attendance and maintain education and advocates a whole school approach in supporting mental health. NHS Digital survey 2022 found that children with a probable mental health disorder were twice as likely to miss 15 days or more of school (18.2%) as opposed to those without a mental health disorder (8.8%).

Overall attendance in educational settings across South Tees runs slightly either side of national rates.

2022 - 23	Overall Attendance %			
	Redcar & Cleveland	M'Bro	National	Regional
All pupils	92.6	90	92.4	92.2
Secondary	91.4	87	90.8	89.9
Primary	94	92.9	93.8	94.1
Special	87.9	89.9	87	87.6

Persistent absence is significantly greater than the national average in Middlesbrough, except in special settings. The rate is below national level in all settings in Redcar and Cleveland.

2022-23	Persistent Absence (PA) %			
	Redcar & Cleveland PA	M'Bro PA	National PA	Regional PA
All pupils	23	33	24	24
Secondary	26.2	51	28	29
Primary	18.5	29	20	19
Special	29.3	23	40	36

4.4 School Exclusions

Anna Freud research (2021) evidenced that children and young people who were excluded from school were more likely to have behavioural difficulties, difficulties with peers and attention difficulties. Those who were excluded also had lower scores for positive wellbeing, emotional strengths and skills and support networks.

The research reached two main conclusions. It found that:
- as mental health difficulties increased, being absent from school increased;
- as the level of mental health difficulties increased, attainment results decreased.

There were 45 exclusions in secondary schools in Middlesbrough and 65 exclusions in Redcar & Cleveland. As a rate, Redcar & Cleveland is significantly higher at 0.78 compared to 0.31 in North East and 0.16 in England. The Middlesbrough rate is lower than Redcar & Cleveland at 0.51 but still higher than the England rate.

Figure 8: Permanent exclusions – 2021/22

		Middlesbrough	Redcar & Cleveland	North East	England
Total	Headcount	25,362	21,514	393,924	8,368,293
	Permanent exclusions	45	66	531	6,495
	Permanent exclusions (rate)	**0.18**	**0.31**	**0.13**	**0.08**
State funded primary	Headcount	15,910	12,793	220,885	4,655,489
	Permanent exclusions	0	1	21	758
	Permanent exclusions (rate)	**0**	**0.01**	**0.01**	**0.02**
State-funded secondary	Headcount	8,858	8,286	16,982	3,567,402
	Permanent exclusions	45	65	504	5658
	Permanent exclusions (rate)	**0.51**	**0.78**	**0.31**	**0.16**

Source – DfE, GOV.UK

The Middlesbrough suspension rate (fixed term exclusions) is the highest of all 151 local authorities in England for 2021/22 and the Redcar & Cleveland rate is the 2nd highest. There were also 155 suspensions in special schools in Middlesbrough and 69 suspensions in Redcar & Cleveland, higher than the North East and England.

5. What are we doing already in relation to this goal?

5.1 iTHRIVE Approach

Across South Tees the iTHRIVE approach and framework is used to map and describe the children and young people's mental health system. The THRIVE Framework for system change (Wolpert et al., 2019) is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families.

The THRIVE framework uses five main groupings to conceptualise the health and wellbeing needs of children, young people and families. The framework uses the following principles:

- Common Language Common conceptual framework (five needs-based groupings: Thriving, Getting Advice, Getting Help, Getting More Help, Getting Risk Support) shared across all target groups.
- Needs-Led Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need (at any one point, what the plan is and everyone's role within that plan). Fundamental to this is a common understanding of the definitions of needs-based groupings across the local system.
- Shared Decision-Making Voice of children, young people and families is central. Shared decision-making processes are core to the selection of the needs-based groupings for a given child or young person.
- Proactive Prevention and Promotion Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build on their own strengths including safety planning where relevant.

Many providers deliver services that span the quadrants and strong multi-sector provider partnerships and collaborations allow children and young people and families to better navigate and access the system.

Across South Tees whole school mental health support is articulated using the iTHRIVE approach.

5.2 Single Point of contact

Tees, Esk and Wear Valleys NHS Trust (TEWV) developed the single point of contact (SPOC). Children, young people, their families and schools have easy, streamlined access to the 'system' when they need help and receive the most appropriate support from the most appropriate service, based on their needs by referral into the SPOC. The aim is to have easy, streamlined access to services and reduce the burden on navigating a complex and complicated system. The SPOC comprises a team of TEWV, VCS providers and local authority representatives. This team aims to have a meaningful conversation with anyone who submits a referral in order to triage, assess where appropriate, and discuss within the partnership the most appropriate service to support our young people.

5.3 Whole school mental health support

All education settings across South Tees have access to whole school Getting Help mental health support. The Getting Help offer is a combination of service delivery by a strong local authority, voluntary and health sector partnership comprising:
- Inside Out (MHST)
- Getting Help VCS Collaborative
- South Tees Public Health HeadStart
- Tees, Esk and Wear Valleys NHS Trust

In line with 'Whole Pathway Commissioning' principles the service is funded via the ICB, South Tees Public Health, Redcar and Cleveland Council and external funders.

The main aim of the Getting Help service is to coordinate a whole systems approach, whilst responding to mental health difficulties at its earliest point. The service is designed to support the Getting advice and Getting Help quadrants of the iTHRIVE Framework. It offers an integrated provision with a range of individual, group and parent-led evidence-based interventions for children and young people and families, aimed at mild to moderate mental health difficulties.

The offer includes:
- Delivering pupil evidence-based interventions for mild to moderate mental health issues
- Supporting the mental health lead in each school or college to introduce or develop their whole school or college approach. For example, identifying and developing the schools graduated response to pupils' well-being, staff training, policy advice and guidance.
- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education:
- Fortnightly Multi-Agency Triage Huddles to discuss wider support needs for those who do not meet the criteria.
- Mental Health Leads in schools' networks have been established in each borough as a place to learn and share good practice.
- Staff training to upskill and support staff with their own mental health and that of pupils.

A Getting Help event was held in September to inform schools, pupils, professionals, and families about the service. The event was attended by:
- 31 school staff
- 50 professionals
- 10 parents
- 16 pupils

5.4 School Nursing

An emotional health offer for pupils is provided through the school nursing service. This includes access to one to one and transition support. Healthier Together Middlesbrough 0-19 service Healthy Child Programme offers emotional resilience and wellbeing via:
- Targeted one to one support via referral from the pupil, family or professionals.
- Healthy Body - Healthy Mind Transition sessions are provided for year 5 pupils.
- Initial health assessment offer of school age children not on educational role.
- A&E Proactive telephone calls to a young person with identified risk.

5.5 Getting More Help

TEWV NHS Trust remain the key service in the Getting More Help section of iTHRIVE and have the full multi-disciplinary team approach alongside the Crisis, Intensive Home Treatment, and Intensive Positive Behavioural support services to support young people with complex mental health disorder, who have not responded to a Getting Help intervention.

The crisis team are available 24/7 and are available for young people, carers, and professionals to talk through any concerns relating to young people presenting with complex, high-risk presentations. The crisis team are able to facilitate admission to hospital if required but will try to use the intensive home treatment approach in the first instance, unless clinically indicated otherwise. The crisis team cannot provide physical interventions, immediate access to medication or facilitate an alternative placement for a young person, but will work with partners to support a risk management plan for young people with complex mental health issues.

5.6 Neurodevelopmental Pathway

The primary focus of this pathway is to assess for Autism or ADHD and forms part of the Getting Help multi-agency triage huddle. Referrals will be subject to multi-agency assessment and diagnosis. A teacher/professional hotline is available for consultation on referrals and any required support. Young people on the pathway or post diagnosis with ongoing co-morbidity may be seen by the Inside Out MHST, Getting Help teams or Getting More Help team.

Approximately 45% of referrals are not accepted onto the pathway as the needs associated with these referrals are predominately aligned with trauma and/or adverse childhood experiences (ACEs). As a response, a pilot trauma offer has been developed and commenced delivery and is included in the Integrated Care Board (ICB) commissioning intentions going forward.

5.7 School based resilience approach

Public Health South Tees's HeadStart Service delivers a resilience curriculum across educational settings. An element of this is an accredited educational pathway called HeadStarters. HeadStarters is an incremental pathway that upskills pupils and students to become mental health champions within their setting, provide peer support and education, and harnesses the 'voice of a child' to design and deliver services. There are currently in excess of 2,500 HeadStarters from primary, secondary, special and post-16 settings across South Tees who have undertaken the pathway. The HeadStart service further provides primary to secondary transition support to all year 6 and 7 pupils in all schools across South Tees and a bespoke boys intervention.

5.8 Kooth

Kooth is a transformational digital mental health platform that launched in 2004. It gives children and young people aged up to 25 mmediate access to an online community of peers and a team of experienced, accredited counsellors. Access is free of the typical barriers to support - no waiting times, no referrals, no thresholds to meet, and complete anonymity.

5.9 Workforce Development

School based staff have access to a variety of free local training to enable them to better understand and respond to the emotional needs of their pupils. This includes:
- Tees Training Hub - increasing mental health knowledge and skills across a range of settings and professions in Teesside.
- Tees, Esk and Wear Valleys NHS Trust (TEWV) - training for people who work with children in Teesside who already have a basic knowledge of mental health with an emphasis on multi-sector working.
- TEWV Recovery College Online provides mental health and wellbeing information, resources, as well as free online courses, available for everyone.
- Public Health South Tees HeadStart service offers training to all educational settings on implementing a whole school resilience approach and link Governor training.
- VCS Getting Help and Inside Out MHST can provide tailored training to education settings linked to their individual whole school approach to improving EH&WB on a range of subjects.
- DfE Lead for Mental Health in Schools training.

5.10 Education School Support

The **0-25 Inclusion and Outreach Service and SEND services** across South Tees are involved in:
- Supporting schools to promote earlier identification of children with special educational needs (including those who may have mental health needs) and providing advice and guidance on the additional provision or adaptations required in school for their educational needs to be met.
- Coordinate, in partnership with education providers, referrals for home and hospital teaching services for children who are too unwell to attend school because of their mental health needs.
- Work with key partners such as CAMHS/ Getting Help practitioners to ensure a coordinated multi-disciplinary team response around the child and their family.

Redcar and Cleveland have resourced provision for those pupils at key stage 3 and 4 whose attendance at school is severely affected by school anxiety/phobia. STRIVE is a resourced provision where pupils can attend on a short-term basis to overcome their fears around school and build their confidence to return back to a mainstream setting.

Middlesbrough
Early Years and Family Hub Team employ a range of interventions that support families in their preparedness for children being school ready. The Early Years Development lead ensures all schools and settings are supported to understand curriculum expectations by sharing best practice and delivering staff professional development. Reviews of provision and the quality of education allow leaders a supportive opportunity to reflect on quality. The Early Years team work in collaboration with a range of health colleagues and the Voluntary Community Sector colleagues to offer families the best start.

Redcar and Cleveland

Early Years SEND Team plan the education pathway in partnership with parents, nurseries, and settings. The team support practitioners to implement strategies to support children to access learning environments alongside their peers, within their local community.

A collaborative approach is delivered in partnership with the Family Hubs, which deliver universal services and the Early Years SEND Team who deliver specialist support to meet the needs of children with SEN.

A multidisciplinary approach is used to plan targets for children involving the relevant NHS therapists, schools and other professionals working with the family to support their child.   SEND Support Plans are developed together, with SMART targets created to promote the child's development. Termly monitoring visits by the Early Years SEND Team are undertaken to ensure correct support is in place and enable children to make the best possible progress.

The Early Years Area SENCo chairs a termly SEND Network Meeting with PVIs to share good practice and identify any difficulties that the nurseries may be experiencing supporting children with SEND.

Early Help Assessments (EHA) are completed to identify strengths and areas of additional need for the child with SEN and the family. The assessments identify the support network around each family.

Families may be invited to attend one of the local Portage groups which supports children with ASD or Profound or Multiple Learning Disability. Parents have indicated that they value this service as it enables them to meet with other parents/carers of children with similar difficulties within a safe and supportive environment. The Early Years SEND Practitioner can also provide emotional and mental health support or may signpost the family to specialist services if appropriate.

The Early Years SEND Practitioner can also offer advice and guidance around financial support for the family such as Disability Living Allowance and Disability Access Funding. Parents/Carers are supported with their mental health by the team during home visits and in Portage groups.

5.11 School Attendance

Middlesbrough Council , supported by the DfE, has developed an attendance strategy to help support school leaders to address poor attendance. Additional staff will be recruited to provide targeted support to both schools and families. Joint working between social workers, schools, and families will help remove barriers in attending school for children with a social worker. Date sharing has been established across disciplines to facilitate a clear understanding of attendance concerns.

DfE has commissioned Barnardos to run an attendance mentoring programme in Middlesbrough where mentors work directly with children and their families when attendance is identified by the school as a significant issue. Middlesbrough LA is working in partnership to support this work.

Redcar and Cleveland Borough Council are implementing a Theory of Change model to support attendance, facilitating an ethos of attendance being everyone's business. This has been developed with parents and children and young people with lived experience, social care, Early Help, DfE and all managers in Education and schools.

5.12 Educational Psychology

In addition to statutory assessments the Educational Psychology services across South Tees provide additional support for the needs of pupils.

The **Middlesbrough Educational Psychology Service** is involved in:
- PROCLAIM – a project involving all schools, supporting them to become attachment-aware and trauma-informed.
- Emotional Literacy Support Assistant programme – a programme designed to equip support staff to address emerging mental health needs.
- Bespoke package of training and support designed to empower staff to focus on establishing connection and trust with children and young people.

The **Redcar and Cleveland Educational Psychology Team** have developed the bespoke 'Adults First' approach, which effectively drives intervention across schools. Adults First focus on parent/carer connection, alongside professionals working together as a team around the child/young person and supports shared understanding of need and effects positive action planning and intervention typically used with children and young people with Social Emotional and Mental Health (SEMH) Needs. The approach is currently under research scrutiny with positive outcome expected early in 2024. The focus is placed centrally upon main caregivers, providing them with carefully guided opportunity to retell their child's social and emotional developmental journey to date. The information gathered, and subsequently psychologically formulated, is used to map needs, and explore most-appropriate service intervention. Its mechanism drives efficient guidance and access to wider system's usage, and as such helps connection across the complex landscape that often defines the emotional well-being and mental health offer.

The **Redcar and Cleveland Educational Psychology Service** and **Specialist Teaching Service** have developed a comprehensive resource pack containing guidance on emotionally based school avoidance (ESBA) for all educational settings. To support schools directly a specialist teacher and teaching assistant for SEMH,who have a specialism in ADHD and EBSNA, works with the pupil, school, and family to overcome the barriers to school non-attendance.

5.13 Anglo America – Redcar & Cleveland

Achieve is Anglo America's Thriving Communities Programme designed to deliver long-lasting benefits for communities throughout the lifecycle of the Woodsmith project and beyond. Specific elements of the Achieve programme include support for schools with a focus on improving emotional health to improve achievement. This includes:
- HeadStart whole school resilience curriculum delivered in all secondary schools.
- Specific intensive support for targeted secondary pupils.
- Emotional well-being workshops for targeted year groups.

5.14 Integrated Care Board (ICB) 'Getting Help Consultation'

Through the implementation of national and local initiatives to provide earlier mental health support in schools and in the developments of the i-THRIVE framework (which emphasises prevention, promotion, and earlier support) many children and families are receiving support much earlier and are evidencing improved outcomes as a result. Through their commitment to deliver sustainable services, improve access and outcomes and reduce health inequalities the ICB are undertaking a consultation with children and young people to identify what is working well and areas for improvement. This will mainly be undertaken in educational settings and with service providers.

6. What are the key issues?

6.1 Sustainable commissioning of getting help whole school mental health support services

The Getting Help for Mental Health school collaborative service is delivered across all educational settings in South Tees.

WHOLE SCHOOL SERVICE PROVIDER	NUMBER OF SETTINGS SUPPORTED
Inside Out MHSTs	60
VCS Collaborative	30
HeadStart	31

Additional support is provided across the Getting Help offer by TEWV NHS Trust.

Funding for Inside Out MHST is committed by the Government and is incorporated into the ICB baseline budget. Currently funding is awarded on an annual basis.

Nationally, attention has been paid to increasing the availability of early support in education settings through the roll out of Mental Health Support Teams (MHSTs). Whilst significant progress has been made in rolling out MHSTs, with over 500 teams expected to be in place across the country by 2024, there have been significant concerns about the speed at which all areas of the country will have access to this additional support. Funding for future roll out is also yet to be decided, meaning there is no guarantee on how much further or how quickly this provision will be expanded.

The VCS collaborative is funded by the ICB to align services to those of the Inside Out provision. This is currently a short-term commission subject to review as part of the ICB forward planning processes. HeadStart South Tees has been established since 2019 delivering a whole school resilience model. The service now aligns with the Inside Out and VCS collaborative. In addition, HeadStart delivers the HeadStarter educational pathway and provides transition support for year 6 and 7 in all settings. HeadStart is funded by South Tees Public Health, Redcar and Cleveland Council, and Anglo America. This is currently a short-term investment and subject to review.

The current collaborative approach across all educational settings is an example of best practice. Short term funding arrangements across all partner organisations is a threat to the service. Should these services cease, the impact will be great as children and young people's mental health issues will not be identified and supported early and will potentially escalate into diagnosable disorders, significantly impacting on all outcomes and putting pressure on targeted and specialist services.
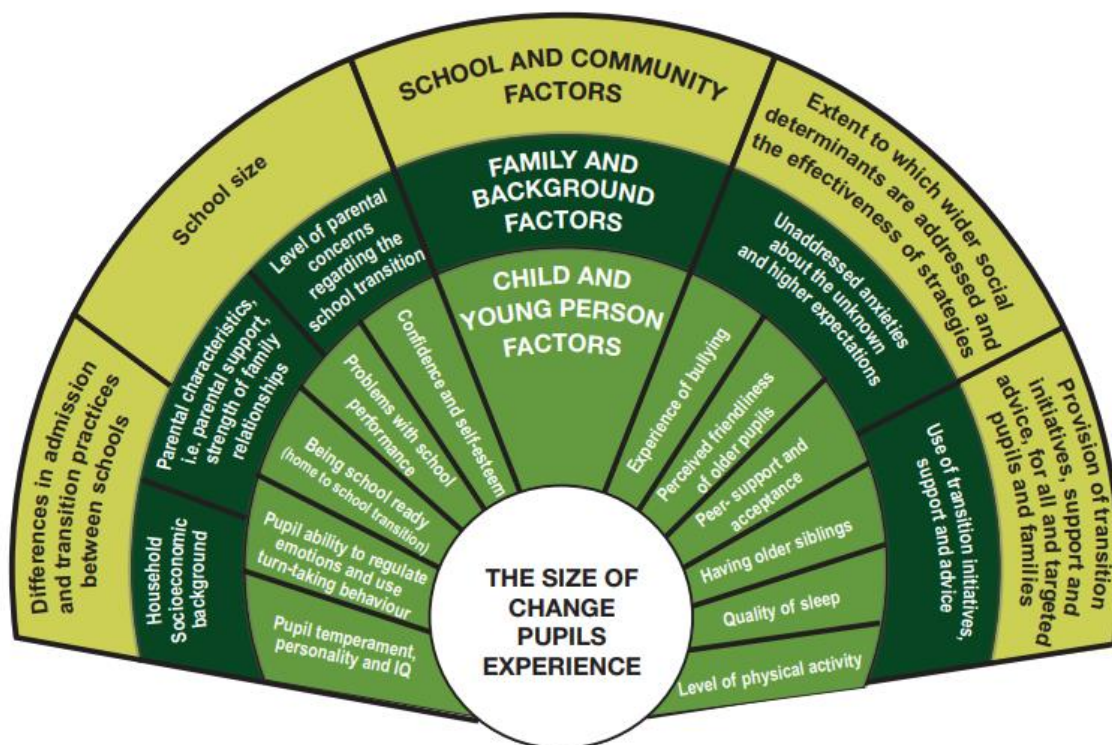
6.2 School Attendance

The 2022 Attendance Audit from the Children's Commissioner found that in Autumn 2021, 1 in 4 children were persistently absent. In 2018-19, this figure was 1 in 9 meaning that persistent absence has more than doubled in this time period. In Middlesbrough during 2022-23 for secondary aged children the figure was 1 in 2. The increase is likely in part due to the Covid pandemic and the legacy from the enforced absence for most pupils during the 2020-21 academic year. During 2022-23 overall attendance of children with a Child in Need or Child Protection plan in Middlesbrough was 70% meaning these children were missing a day and a half of school every week.

6.3 Transitions

School and college transition points are periods of great change for children and young people and this can induce a great deal of stress and anxiety regarding academic expectations, new environments and social relationships. A range of factors can influence the success of transition as illustrated in figure 9.

Figure 9: Factors influencing success of transition

Source – Institute of Health Equity.

6.4 Emotionally Based School Avoidance

Emotionally Based School Avoidance (EBSA) is the term used for pupils who have reduced or non-attendance at school as a result of emotional or mental health issues. Locally, school intelligence has highlighted that this is a worrying theme across South Tees and referral into Getting Help providers and educational psychology for this issue is significant.

7. What is the current evidence base?

7.1 Pupils with social, emotional, and mental health needs

- What children with mental health needs struggle with at school and what support is needed in this area (Berridge et al., 2021; Carroll & Hurry, 2018; Willis et al., 2021).
- The disproportionality in the attainment of pupils with special educational needs (such as gender, socio-economic status, ethnic background and exclusion rate) (Demie, 2022; Mowat, 2019).
- How head teachers define, identify and recognise underlying causes of pupils with social, emotional and mental health needs (Martin-Denham, 2021).
- How schools can promote well-being and support the social and emotional development of children (Al-Ghabban, 2018; Holt et al., 2022).
- What schools and mental health services can do about bullying of adolescents with severe emotional health conditions (Hart & O'Reilly, 2022).
- Exclusions amongst pupils with social, emotional and mental health needs (Lawson et al., 2022; Thompson et al., 2021).

The main recommendations put forward by the above papers include:
- Localised review of the support that is needed by children with mental health needs at school and the barriers to this.
- To measure the educational attainment levels in children with mental health needs.
- Studies to explore the experiences of children, families, and teachers in relation to the child's social, emotional, and mental health needs.
- Early identification and intervention of underlying difficulties (such as mental illness) is important to ensure secondary school children are able to effectively engage in their education as well.

7.2 Persistent absentees and school exclusions

- The link between school attendance and good health (Allison et al., 2019).
- The disproportionalities and consequences of being suspended from school (Belfanz & Fox, 2014).
- Statistics regarding permanent exclusion from schools in England (Black 2022).
- The relationship between school climate and chronic student absence (Van Eck et al., 2017).
- Risk factors for school absenteeism and drop-outs (Gubbels et al., 2019; McClusky et al., 2019).
- The link between neurodevelopmental disorders, mental disorders, self-harm, severe poverty, and school absence and exclusion (John et al., 2022; Levag et al., 2019; Shooter et al., 2022).
- The link between bullying, victimisation, and school attendance (Laith & Vaillancourt, 2022).

Interventions to reduce school exclusions and absences (Tobias, 2019). he main recommendations put forward by the above papers include:
- Future research should explore the school's climate and environment in relation to student absence.
- Qualitative research exploring the experiences and reasonings for school student dropouts and exclusions by students and teachers.
- Research exploring the underlying factors of school absences (such as bullying and mental health problems).

8. What do local people say?

8.1 HeadStarter JSNA engagement session

Pupils from primary and secondary schools across **South Tees** attended a workshop in December to discuss their views on mental health and the provisions available for support within their settings.

The main causes impacting on emotional well-being were identified as:
- Transition.
- Social media.
- Bereavement.
- Current affairs/news.
- Comparing with peers – school achievements.
- Family breakdown.
- Academic pressures.
- Family expectations of behaviours.
- Past behaviours impacting on opinion of school staff.
- Peer pressure and perceptions.

Those attending felt that poor emotional well-being results in:
- Loneliness.
- Isolation from friends and family.
- Inability to maintain relationships and friendships.
- Inability to regulate mood and emotions.
- Lack of concentration at school.

The key findings from discussions were:
- The majority of pupils attending the session preferred to access support face to face.
- Although a proportion liked accessing on-line support a number felt it often made things feel worse.
- Many pupils felt their teachers were easy to speak to but were often too busy.
- Peer support was identified as a good method to discuss difficulties and reach out for support during stressful times – both within school and the community.
- Youth clubs were identified as a good source of support and staff appeared to have the necessary skills to engage and support young people. However, it was pointed out that clubs are not available or accessible for all young people across South Tees.
- Safe spaces within school were felt important.
- Outdoor activities, art, music, and dance were all identified as tools for addressing emotional ill-health.
- Mental health should have the same importance as subject lessons and be part of the school curriculum.
- Children and young people want to contribute more to communications and publicity regarding mental health.
- There should be no waiting for support. A quick and easy process should be available in all schools.

8.2 SHEU SURVEY – Redcar & Cleveland

The year 7 SHEU survey was undertaken in Redcar and Cleveland secondary schools (sponsored by Anglo America education programme) in the 2022-23 academic year. 8 of the 10 settings completed the questionnaire; representing 624 boys, 571 girls, and 30 identified as other. Key results included:
- 29% of pupils had a low measure of resilience.
- 23% of pupils had a high measure of resilience.
- 82% of pupils think good mental health will be important for them to have a good life when they grow up and 73% think good physical health will be important.
- 37% of pupils are worried they won't have good mental health when they grow up and 40% are worried they won't have enough money to buy the things they need.
- 57% of pupils responded that when something goes wrong, they 'usually' or 'always' learn from it for next time, while 39% said they get angry or upset and feel bad for ages.
- 26% of pupils responded that they worry about school-work problems 'often' or 'all of the time'; while 40% said the same of exams and tests.
- 47% of pupils said they know an adult at school who they can talk to if they were worried about something, while 22% said they don't.
- 36% of pupils said they 'always' feel safe at school outside lessons and 77% said they 'always' feel safe at home.
- 77% of pupils said they know an adult at or outside school who they can talk to if they were worried about something, while 5% said they don't.
- 33% of pupils responded that they worry about problems with friends 'often' or 'all of the time', while 38% said the same of the way they look.

8.3 Healthwatch

A Healthwatch young person's survey in 2020 identified 6 key issues affecting 14 to 25 year-olds:
- The general stress and pressures of life,
- Access to support to discuss their issues,
- School and the expectations on pupils/students and the need for whole school approaches,
- Bullying in school and on-line,
- Social media and the impact of negative comments, lack of 'likes and comparing lifestyles of others,
- Family life and relationship issues, bereavement and loss and the impact of the home environment.

8.4 Getting help mental health support in schools service

Children and Young People accessing support from the schools Getting Help support across South Tees have identified range of issues impacting on well-being:

Primary	- Transition to secondary school - SATs - World conflict - Lack of activities in the local area - Climate change - Maintaining friendships
Secondary	- Lack of aspirations for the future - Pressures of social media - Community pressures

	• Lack of a trusted adult • Maintaining friendships • Loneliness
Post 16	• Loneliness • Pressures of social media • Friendships

This is manifesting in many ways:
- Being emotionally unready to learn
- Internalising feelings
- Anxiety
- Low mood
- Substance misuse
- Lack of confidence
- Low self-esteem and confidence
- Emotionally based school avoidance
- Behaviour
- Anxiety
- Low mood
- Emotional literacy

8.5 Getting help event

The event aimed at informing schools, professionals, pupils, and families of the whole school offer was attended by 10 school settings, 16 pupils, 10 parents and 50 professionals from the wider workforce.

Schools found it useful to learn more about the whole school support available. Professionals felt that the event gave them a better understanding of the support available and would help them in their job. The pupils attending enjoyed the event and the opportunity to talk about mental health. Further engagement with schools is on-going.

8.6 Schools

Mental Health Leads Network
Each school in South Tees is requested to nominate a senior mental health lead – as stipulated in the Mental Health and Behaviour in Schools green paper. All leads, and other relevant school staff, are invited to attend a half-termly network meeting. Schools attending have requested that network meetings:
- Facilitate school to school support,
- Provide support for staff well-being,
- Provide access to free resources and support for pupils,
- Training to better support the needs of pupils,
- Have experts deliver presentations on key issues.

Getting help/getting more help
Schools report that the Getting Help Mental Health Support offer is an effective service and beginning to have impact. TEWV NHS Trust are the main provider of Getting More Help service. There is a gap in terms of Getting More Help, both in terms of the availability of services for more targeted support and the potential cost to schools for onward referrals.

Boys' mental health

The last few years have seen an increase in the number of primary aged boys identified for Getting Help support. Presenting issues have included behavioural issues, healthy relationships, and internalising of stress. Nationally, in children aged 7 to 10 years, the prevalence of a probable mental disorder was nearly twice as high in boys (19.7%) as in girls (10.5%).

Transition

Feedback from the Educational Psychology Service in Redcar and Cleveland has identified that transitions and academic pressures are the major factors impacting on children in their service. They feel that school expectations are high, within the limited time available to complete a multitude of subject-requirements. Such context often leaves little available space and time for essential social and emotional well-being development.

Parents/families

Engagement with schools has identified a number of concerns regarding family/carers ability to support their children's emotional well-being.

- Schools are often faced with parents who cannot or do not acknowledge their own mental health difficulties and are reluctant to seek appropriate support for themselves, which then poses a challenge for professionals to ensure the appropriate support for their child.
- Some parents face significant challenges in communicating effectively with school due to poor mental health which makes supporting children effectively much more difficult.
- Children can mirror behaviour of adults around them and schools are facing challenges to identify and separate this from actual mental health difficulties.
- The proportion of children acting in the capacity as a young carer is increasing and placing additional pressure and stress on the lives of these children, in turn affecting mental health.
- Schools are needing to work harder to educate parents about mental health and the support services available to them.

Middlesbrough Virtual School

Children Looked After each have a Personal Education Plan in place to ensure they receive the support and guidance necessary to succeed personally and academically. Jointly produced with the child or young person they were asked about their mental health as illustrated below.

What our children and young people have told us about their current mental health in their PEPS - Virtual School

At each PEP the Emotional health and Well-being (EH&WB) of children and young people is captured, where there is less than good EH&WB a support plan is built around the young persons needs.

- 53.6% of school aged children report good EH&WB
- 9.9% report outstanding EH&WB
- 25.3% report EH&WB could be improved
- 11.1% report cause for concern

PEP SNAPSHOT OF EMOTIONAL HEALTH AND WELL-BEING

	Outstanding	Good	Could be Improved	Cause for Concern
No.	33	178	84	37
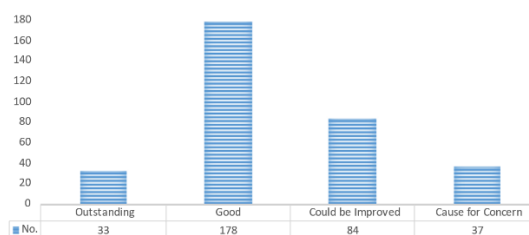
Source – Middlesbrough Virtual School

8.7 Kooth

During the period January to October 2023 a total of 1015 children and young people accessed on-line support from Kooth. Young people accessing support from Kooth have presented with the following issues:

Presenting Issues of 10-12yr olds	Percentage of users
Anxiety / Stress	48%
Self Harm	28%
Suicidal Thoughts	32%
Family Relationships	28%
Friendships	20%
Presenting Issues - 13-16yr olds	Percentage of users
Anxiety / Stress	39%
Self Harm	28%
Suicidal Thoughts	19%
Family Relationships	15%
Friendships	19%

8.8 Stakeholder Engagement

Middlesbrough Children And Young People's Emotional Well-Being Board
The board has been undergoing a period of development which has included a mapping of the system against the iTHRIVE principles to identify current provision and areas that require improvement. The board have identified the following priorities:
- sustaining school mental health services
- parenting support
- access to community provision.

Start Well JSNA Workshop
Multi-sector partners and stakeholders across South Tees attended a workshop in September 2023 to contribute to the JSNA planning process. Partners and stakeholders attending a JSNA workshop in September 2023 reported:
- A need for more effective working practices between health, education, and social care. Despite the improvements within the system there is still a lack of effective and meaningful collaborative practices between professionals.
- Data sharing between disciplines would improve our intelligence relating to service delivery and facilitate improved support for children, young people, and families.
- Professionals don't know what data exists or how to access it.
- The system of support needs to be more easily navigable for children, families, and professionals.
- The system needs to be clearly articulated so children and families understand the pathway and the roles and responsibilities of those organisations comprising the system.
- Front line staff have firsthand experience of need and the issues effecting communities. They need to be more involved in decision making and budget setting.
- Engagement and co-production with children, young people, and families is inconsistent and not representative of communities.

- School attendance is key to good outcomes – attending school will improve all outcomes for young people across the life course.
- Support for children and families needs to start in infancy, link to nursery and continue throughout the school years.
- Current economic climate is resulting in 'professional poverty'. We need to provide support in schools with a traditionally affluent catchment area to prevent long term implications.
- Services that have proven outcomes need to be sustained and a move away from short-term commissioning arrangements is essential.
- Commissioning should be informed by need and not designed based on the level of funding available.
- Training should be provided across the whole children's workforce – resilience approaches, trauma informed and attachment aware.
- Poor parental mental health is generally under reported. Referrals to the local perinatal mental health service are much lower than national prevalence estimates. Less than one parent per ward per month gets support from the local perinatal mental health service.
- Upon entry to school speech and language, and social, emotional, and mental health (SEMH) needs are key needs and demands for support has risen dramatically in the last two years.
- Organisations and services are still not sharing data and intelligence regarding families to better co-ordinate support.
- Commissioning and budget setting should be informed by what families need and how they want to receive them in the spirit participatory budgeting.
- Front line workers need to be involved in strategic priority setting as they have direct experience of need.
- Improving transitions, we know it is an area of challenge but it still hasn't improved as much as we would have liked.
- A more positive and promoting environment is still needed in some schools, rather than out-of-date punitive approaches that are out of touch with much of our local children and young people.
- Proportionate literacy support for new arrivals is a key area of need.
- Poverty proofing toolkit is not taken up enough by services and educational settings.
- Those families most in need of support are the least likely to access it due to the barriers caused by disadvantage.

8.9 Educational Psychology Services

Referrals to Middlesbrough's Educational Psychology Service for social, emotional, and mental health has remained at a consistent level since 2019 and represents 30% of school referrals.

9. What are the recommendations?

9.1 Commissioning

The South Tees Getting Help Mental Health offer for schools is an example of good practice. There is a strong and effective local multi-sector partnership which enables all educational settings to access Getting Help whole school support. Due to short term commissioning this is a vulnerable service.

A joint long term commissioning approach needs to be taken to maintain this vital service.

9.2 Parental Support/Co-production

Health literacy support for parents is needed. Professionals can tend to complicate things for parents when articulating the services available, why they are needed, and how they work. Further support on navigating the system and referral points needs to be simplified and be readily accessible.

An explicit and easily understood explanation, including a glossary of terms and explanation of roles and responsibilities of support workers, needs to be developed and maintained.

More formal routes of engagement need to be developed to ensure a representational view from parents and families.

9.3 System Data

A good range of data is collected from the system, but this is not held at a single point and not easily accessible.

To develop a greater understanding of the data collected across the system.

To develop data sharing agreements across sectors to facilitate a greater understanding of need and more effective design and commissioning of services.

9.4 Workforce Development

Consult on and review current training pathways for school based staff.

Develop a training model to meet needs for all professionals and settings and includes universal access to trauma informed and attachment aware training.

9.5 Getting More Help

Schools report a lack of Getting More Help support is available to them to address the targeted needs of pupils, including those who are marginalised.

Use the principles of whole pathway commissioning to seek to expand the current Getting Help model.

9.6 School Attendance

Full attendance at school would mitigate any risk experienced by pupils and have a substantial impact on all outcomes for children and young people.

Develop and improve working practices between education and health to improve school attendance.

9.7 Transition Points

Transition from year 6 to secondary and year 11 and 13 onwards are difficult periods for children and young people and can impact greatly on mental health.

Develop and improve working practices between education and health to support transition.

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