

### 1) What is West Berkshire's Emotional Health Academy?

Children and young people in West Berkshire described to a partnership of very senior leaders their frustration with being given support with their emotional well-being or mental health as difficulties started to emerge. This was perhaps best represented by two young people explaining the impact of losing a friend to suicide, as the friend was held on a waiting list waiting for help and support.

The EHA was designed in restorative partnership with local children, police, health, schools, voluntary sector and social care partners. It reaches out into the community to local school, GP and community providers – where our children tell us they feel safe.

We have eight EHA workers with different evidence-based training delivering a range of inputs including:

- group work topics have included anger, anxiety, self esteem, friendships, body image and building resilience; and providing young people with the opportunity to raise other relevant topics (e.g. self-harm and social media)
- 1 to 1 interventions through specialist assessment, consultation and intervention including CBT and other evidenced based interventions
- classroom based interventions that focus on primary prevention, and the promotion of wellbeing and resilience
- community drop-in support through Family Hubs (Children's Centres), faith sector groups and voluntary sector targeted provision e.g. post 16s who are not in education or training (NEET).
- a range of training workshops to enhance the capacity of the professional workforce to respond to the mental health need of children and young people
- one full time dedicated worker in our Pupil Referral arrangements (PRU) supporting children and staff day-to-day
- one dedicated part-time worker working with Looked After Children, foster carers and schools.

In partnership with other specialist mental health providers, voluntary sector counselling, and autism focussed providers we have implemented a weekly Triage meeting. It serves as West Berkshire's point of entry for children and young people with emerging mental health difficulties. It is convened by the EHA Manager, reviewing all children and families who have self-referred or been professionally referred for emotional health support/intervention. The needs of the whole family are considered in partnership with CMHT and social care/family support partners, to holistically assess who is best placed to help a child or family. All



partners use the same outcome measures and progress is reviewed every six weeks. A child who self-refers is contacted within one working day.

## 2) What difference have we made?

### 2.1 Impact for our whole community

Since the introduction of the Emotional Health Academy in April 2016 **1628 children have received help and support** (this compares with 120 children receiving help at Tier 2 in 15/16). Help and support has been provided to a further 709 children in West Berkshire from EH Triage partners.

We review the impact on outcomes for every child referred to the Emotional Health Academy after six weeks of support or intervention using evidence based Routine Outcome Measures (ROMS). In 16/17 80% of children demonstrated improved emotional health outcomes and emotional functioning by six week review. In this period, only 25 were referred onto Tier 3 CAMHS for support and were accepted immediately, due to thorough assessment.

## 2.2 Impact on Outcomes for Looked After Children (LAC)

The EHA has delivered a series of workshops to social workers around how to understand and use the Strengths and Difficulties Questionnaire (SDQ) appropriately. **Prior to the EHA only 20% of LAC had a mental health screen and now 98.8% have been screened.** The EHA has led the development of a prioritisation matrix to respond to LAC children promptly, with differentiated responses dependent on their level of need.

# Overall 82.95% of therapeutic goals resulted in a positive difference in our LAC children's lives by their latest review.

### The differences these intervention goals have made to Looked After Children include:

- Increased feelings of safety and security in their placements.
- Improved quality of relationships with foster carer's and key school staff.
- Reductions in risky behaviours.
- Reduced emotional difficulties relating to low mood and worries.
- Reduced SDQ scores.
- Increased coping skills.
- Reductions in school exclusions and increased attendance.
- Increased engagement in education and successful attainment of GCSE scores.
- Increased engagement in positive recreational activities.

Further, the Looked After Children Service Manager described the support provided by the EHA LAC Clinician to their teams and staff helped to significantly reduce anxiety in the system. This was achieved in supporting the development of a comprehensive understanding of the LAC child's needs and risk, which had a direct impact on responding to periods of crisis or acute need that is a common feature to supporting LAC children.



### 3) Where next?

The EHA has generated significant national interest and has recently been presented at:

- Leeds Council's international restorative practices conference (November 16)
- A national DfE sponsored Innovations conference (March 17)
- Association of Directors of Children's Services (ADCS) conference (July 17)
- NHS England's & CYP Now's Future in Mind conference (July 17)

We are actively working with DCSs and Public Health leads who have an interest in the EHA model and are exploring whether to replicate it. In many cases, we are supporting these areas to consider how a restorative model of high challenge and high support, working 'with' each other and our communities, can lead to long-term system change and improved outcomes for children.

### 4) Contact us

If you'd like to discuss this further, please contact us:

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http://community.westberks.gov.uk/ - see 'Communities'/ Emotional Health Academy