

## **Wiltshire Council Funded Emotional Wellbeing & Mental Health Services for Children and Young People**

### **Background**

1. A Whole Life commissioning approach enables the Council to plan support around each person, without creating artificial barriers between childhood, adolescence, adulthood and older age. It also helps services to see people's whole lives – their strengths, talents and aspirations – rather than their needs or disabilities.
2. Wiltshire Council's vision is to create strong communities where people can fulfil their potential; be actively involved and included in their local communities; make informed decisions and have control over their lives, and to be valued and included in society.
3. Children and young people should receive the support they need, at the earliest opportunity, to live independently and safely within their communities. They and their families need the right help, in the right place, at the right time to prevent emotional and mental health difficulties such as anxiety, low mood, depression, conduct and eating disorders reaching crisis point and stopping them from achieving positive life outcomes.
4. Children, young people, and their families tell us they want to remain living with their families, avoiding where possible the need for residential care both now and as they move into adulthood. Children and young people (especially those with special educational needs and disabilities) also tell us they want to live independently, take risks and try new things – but sometimes feel held back by the worries and anxieties of their parents, or because they cannot access the right support.
5. Around a quarter of people will experience a significant mental health problem during their lifetime, disrupting life, work and relationships. Those who experience poor mental health often experience health inequalities as a result of this, and people with severe and long-term mental health conditions die on average 15-25 years earlier than the general population. Early identification and treatment are critical to prevent difficulties escalating.
6. Around 8,855 children and young people (CYP) in Wiltshire (9% of the 0-17 population) have a diagnosable mental health condition.
7. This report outlines the emotional wellbeing and mental health services available to children and young people in Wiltshire.

## Wiltshire Council funding

8. Wiltshire Council directly commissions a range of bespoke services to ensure children and young people can access specialist mental health support provision, this includes:

Provider	Funding per annum	Position Update
Kidscape Rise Pilot	£13,727	Ended July 2022
Youth Mental Health First Aid training & resources	£18,000	Ongoing annual funding
Children and Young People Mental Health Network	£1,000	Re-launch to include review of terms of reference, agenda, attendees, themes, where it sits alongside other forums
Relate Time to Talk	£50,000	Contract end July 2022 – extension to March 2023
Barnado's - Advice & Information £70k - Positive activity £60k - Therapy £220k	£350,000	3 year contract 01/04/2020-31/03/2023
Parenting Programmes	£8,000	Ongoing annual funding
Primary Mentoring	£40,000	Ongoing annual funding via a service level agreement
Somehow Project	£30,000	Ended
Sexual Assault Counselling Pilot	£11,000	Funding until Mar 23 – procurement underway
Rethink – Mental Health Inclusion Service	Yr1 £267,792 Yr2 £268,753 Yr3 £274,818	3-year contract to end June 2024, currently in year 2
Harbour Project	£160,608	Funded by Designated Schools Grant

## Kidscape Rise Transition Programme

### Description

9. This programme teaches children the practical skills and social competencies they need to help them navigate the challenges they will face throughout their transition through adolescence and into adulthood. The project, previously known as RISE, was developed in 2000, first as a National Lottery funded national programme and, extended from 2021 as a locally funded pilot in Wiltshire.
10. The Wiltshire programme was specifically aimed at supporting primary school children transitioning to secondary school. RISE was delivered as a “Train the

Trainer” model, open to school staff or parents and carers. The programme was fully interactive with a range of content to suit different learning styles and included practical support for developing a positive sense of self, managing change, handling peer pressure, and developing positive relationships, recognising and responding to bullying and knowing who can help.

### **Aims & Objectives**

11. The aim of Kidscape’s peer mentoring programme is to improve the emotional wellbeing of children and young people by “matching” pupils of a similar age or with similar interests/experience with younger pupils in one-to-one non-judgemental relationships, to provide guidance and serve as positive role models.

### **Outcome**

12. 10 virtual sessions, engaging 23 Primary Schools, 8 Secondary Schools and 4 voluntary organisations, were delivered in Wiltshire in 2021/22. 27 primary school staff, 9 secondary school staff and 4 voluntary sector staff attended. The “train the trainer” approach enabled the project to be delivered on an ongoing basis.
13. Following RISE’s initial pilot, of the children who participated, 95% said they felt happier about moving to secondary school, 94% that they felt more confident about making friends, 94% that they felt more able to handle a bullying situation and 90% that they felt more able to ask for help.

### **Contract Review and Value for Money**

14. Funding ended in July 2022 but has been included in this report, as part of the wider budget. We are reviewing whether this is duplication between this service and the Primary Mentoring in-house service.

## **Youth Mental Health First Aid Training – Wiltshire Healthy Schools**

### **Description**

15. Youth Mental Health First Aid is an internationally recognised programme designed to promote awareness of psychological and emotional well-being and mental health and to support professionals to recognise and respond to mental health issues in 8–18-year-olds.
16. Wiltshire Council funds courses and membership for a mix of Wiltshire Council and school staff to be able to run mental health first aid courses to those who would benefit from them. Key areas covered within the course include emotional, mental, social and psychological well-being; eating disorders, self-harm and suicide; child, adolescent and family psychosocial development; depression, anxiety and psychosis; bullying, cyber bullying and promoting protective factors and good parenting.

### **Aims & Objectives**

17. The Youth MHFA course teaches attendees how to recognise the early signs of a mental health problem in young people, feel confident helping a young person experiencing a mental health problem and to be able to guide a young person towards the right support.

### **Outcome**

18. To date two waves of training sessions have been delivered, training leads from 61 Wiltshire schools and colleges. 41 schools are currently booked on cohort 3 which started in September 2022. A fourth cohort will begin in January 2023.
19. The Youth MHFA course complements other training offered by the Council around leadership in a whole school approach to mental health including Senior Mental Health Leads training and Healthy Schools Continued Professional Development.

### **Impact**

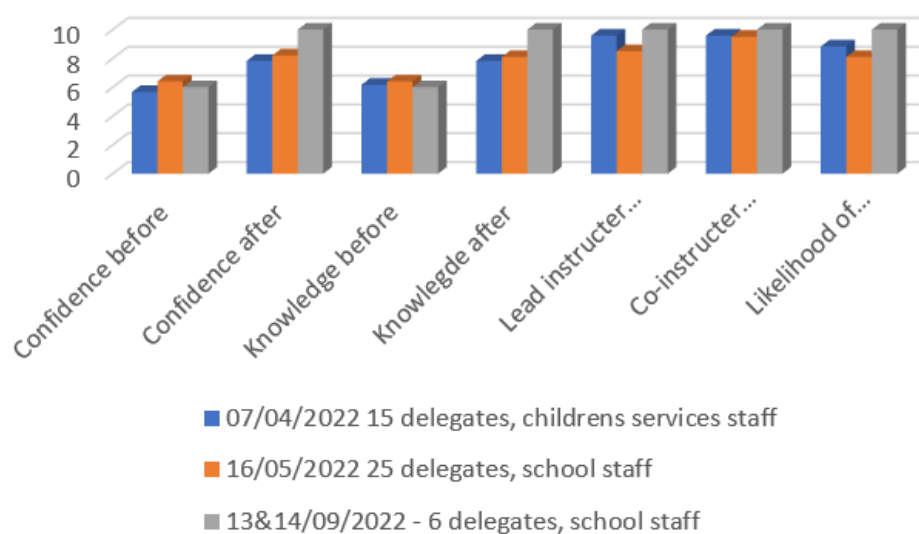
20. Delegates have become more aware of the signs of mental health issues and are better able to respond to the needs of 8-18 year olds by engaging in supportive conversations and signposting to support.
21. Evaluations are positive showing increases in knowledge and confidence, following the training. This builds the capacity of the children's workforce to effectively address the mental health needs of children and young people, with the aims of preserving good mental health, supporting early intervention, making appropriate and timely referrals and reducing demand on mental health services.
22. The following graph shows the YMHFA evaluation of the courses held this year:

Questions asked were:

- Confidence before
- Confidence after
- Knowledge before
- Knowledge after
- Lead instructor rating
- Co-instructor rating
- Likelihood of recommending the course

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## 2022 YMHFA evaluation outcome



### Stakeholder Feedback

- The course is in demand from a range of organisations and is recommended by key national agencies
- It has been accessed by foster carers, Children's Services staff and the Music Service
- It is an internationally recognised programme being used by many Council teams (some still buying from private consultants)
- It has been recommended and previously funded by the DfE. It is the key course in raising awareness around mental health
- In Wiltshire the course is regularly requested by schools, Wiltshire Police, School Nursing and the Voluntary Sector.

### Contract Review & Value for Money

- Reduced Council costs of paying for private trainers @£300 per course
- Reduced the costs for schools by 50%, therefore only paying £150 per person
- The YMHFA course has been agreed as the key course to use with the children's workforce in Wiltshire – including with Oxford Health and Educational Psychologists

### Children and Young People Mental Health Network

- This network was formed as a result of stakeholder and provider feedback that services should come together as a whole system to plan and deliver appropriate support for children and young people's mental health and well-being in Wiltshire.
- The network provides opportunities to bring children and young people together with stakeholders working to support children and young people's

mental health and to build a robust understanding of service delivery within the Thrive Model.

## **Aims & Objectives**

25. The network aims to support the six key priorities of:

- a. Being led by children and young people
- b. Bringing together stakeholders working to support children and young people's mental health
- c. Understanding demand and capacity within the mental health system
- d. Sharing information, advice and good practice
- e. Taking opportunities to share training, learning and to upskill each other
- f. Encouraging, supporting and innovating

26. The network achieves its aims by:

- a. Facilitating the direct involvement of children and young people
- b. Strengthening the approach to prevention
- c. Promoting awareness of children and young people's mental health
- d. Involving children, young people, parents and carers in the development and improvement of services
- e. Driving collaboration and reducing fragmentation
- f. Ensuring that stakeholders are informed of the service offers available in Wiltshire, and that these are clearly defined and that pathways/referral criteria is easy to understand
- g. Ensuring there is effective partnership working in support of the aims
- h. Supporting the strategic development of the services

## **Stakeholder feedback**

27. Quarterly member led newsletters are produced, sharing information on topics such as training courses available, links to government reports, information on national campaigns such as anti-bullying week.

## **Review**

28. Due to the pandemic the frequency of meeting and sharing of information reduced. Officers are in the process of relaunching the Network.

## **Relate Time to Talk Counselling**

### **Description**

29. The Time to Talk service involves a range of independent counselling services delivered to support children aged 7-11 years. The counselling services will be tailored to the scale, timetables, referral method, cohort, administration and evaluation reporting of each school. There are 15 schools engaged:

- Bowerhill - Melksham
- Forest & Sandridge - Melksham
- Rivermead - Melksham

- Greentrees – Salisbury
- Clarendon Jnr - Tidworth
- Clarendon Inf - Tidworth
- The Mead - Trowbridge
- Castlemead - Trowbridge
- Monkton Park - Chippenham
- St Mary's - Chippenham
- Ivy Lane – Chippenham
- Charter – Chippenham
- Redland – Chippenham
- Kings Lodge – Chippenham
- Aloeric – Chippenham

30. These schools were chosen due to not having access to Mental Health Support Teams. 316 children have had counselling between September 2021 and July 2022.

### **Aims & Objectives**

31. The service provision supports delivery of the following locally defined outcomes:

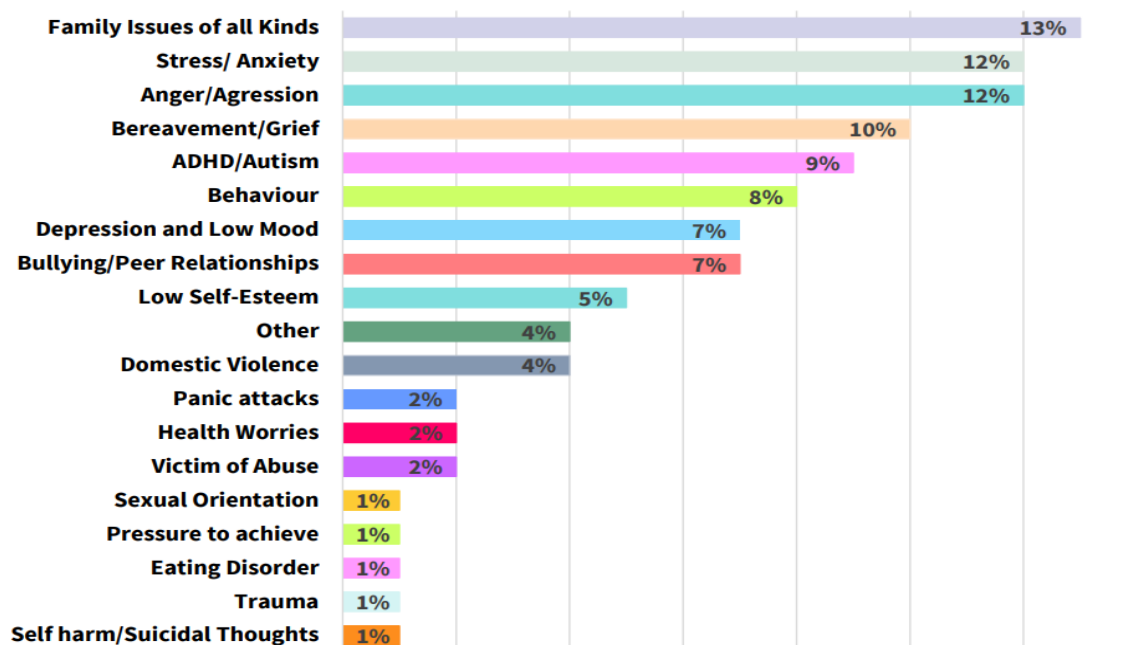
- a. More children and young people will enjoy good mental health, be 'resilient' and feel equipped to manage the usual ups and downs of life
- b. More children and young people with emotional wellbeing and mental health needs will be identified early and receive the right help at the right time through services working together across the whole system. They will be supported in community settings including schools, reducing the need for access to more specialised services
- c. Children and young people with more serious or longer-term mental health needs will be able to access support close to home and recover in welcoming, inclusive and supportive communities
- d. Parents/carers and professionals in universal settings and primary care will feel more confident and able to respond to emotional wellbeing and mental health needs and are clear about when and how to access additional support
- e. More children and young people with emotional wellbeing and mental health needs (including those who are vulnerable and disadvantaged) will have a positive and seamless experience of care and support (including a smooth transition to adult mental health services where appropriate). They are empowered and help is tailored to their individual needs and effects recovery
- f. Fewer children and young people will be admitted to hospital and those that are will be discharged to community support as soon as possible

32. The service provision also supports improvement in the following Public Health outcomes:

- a. Hospital admissions for mental health conditions (0-17)
- b. Self-harm hospital admissions (10-24)
- c. Locally defined outcomes

## Stakeholder feedback

33. Reasons for accessing the service are reported as follows:



34. As a response to the pandemic and the increasing shortage of counsellors, Relate started a Talk Zone 'out of schools' counselling service in September 2021, which is run alongside the Time to Talk service, and is part funded by BBC Children in Need. This service is offering free counselling to children aged 12-18 years of age if they self-refer. From September to December 2021 24 children were seen through talk zone, remotely using Zoom.

## Contract Review and Value for Money

35. In the 2020/21 school year, Relate delivered 1714 sessions, with 209 children benefitting from the counselling service.

36. The following is from the 2021/22 data report:

37. Qualitative figures from feedback form based on whether the service helped 'a little' and 'a lot':

- a. 93.75% children reporting an improvement in the problems they brought to counselling
- b. 93.75% children reporting an improvement in relationships at home
- c. 81.25% children reporting an improvement in relationships at school
- d. 100% children engaged in shaping the service (all children are asked to provide a feedback form and comments which are then used to help shape the service)



38. Outcomes around whether the service improved children's outlook:
- a. 87.5% children have good ideas about what to do when things feel bad
  - b. 81.25% children are able to talk to others about how they feel

## **Barnardo's Early Mental Health Service**

### **Description**

39. The service was set up to provide early mental health and counselling support for children and young people (5-18) who are registered with a GP in Wiltshire from April 2020. The activities within the contract include:
- a. Advice and information
  - b. Positive activities
  - c. Therapy (including online)

### **Aims & Objectives**

40. The Early Mental Health Service aims to:
- a. Provide community "connection" for children and young people needing early help and support around their emotional wellbeing and mental health in partnership with the Wiltshire Child and Adolescent Mental Health Service (CAMHS)
  - b. Improve the emotional wellbeing and mental health of children and young people by providing an early response to emotional wellbeing and/or emerging/low level mental health needs
  - c. Improve promotion of and access to the provision of self-care tools and resources that support children, young people and their families to help themselves, take responsibility for their health and wellbeing, and build resilience
  - d. Increase the early detection of mental health problems so that these can be addressed early on, thus preventing problems from getting worse and requiring a more specialist response
  - e. Improve outcomes for children and young people with emotional wellbeing and/or emerging/low level mental health problems through the provision of high quality, accessible, evidence-based interventions that work
  - f. Reduce demand on services delivered by general practitioners and specialist services (primary and secondary care, including CAMHS).
  - g. Improve awareness of local support and services with children, young people, parents/carers and professionals so that they are clear about what is available locally and how to access it
  - h. Improve access to services for children, young people and their families who are vulnerable/disadvantaged and hard to reach, by tailoring services to help remove barriers and meet their needs

- i. Improve transitions between key stages

## **Outcomes**

41. Figures from Q1 22/23:

- a. 12 blog posts published - World Health Day, Stephen Lawrence Day, Exams and assessments – tips to help manage, Stress Awareness month, Ukrainian Support Helpline, World Earth Day, National walking month, Mental Health Awareness Week, Pride month, The Queen's Platinum Jubilee, Men's Health Awareness Week, social media, mental health, and young people
- b. 142k website hits
- c. 5 Decider Skills groups started in Q1, 6 completed. 1 child/young people 1:1. 32 children and young people completed groups
- d. 35 children and young people commenced therapy – 2.6 new every week. 25 children and young people completed therapy, all with positive ROMS bar one, who stayed the same
- e. 70 children and young people attended the positive activities
- f. 113 children and young people accepted into service.

## **Stakeholder feedback**

42. 94% of children and young people said they would use the service again, 100% would recommend to a friend (with comments that they already had)
- Onyourmind.org.uk has been so helpful - thank you for the resource  
Thank you for coming back to me so quickly your website is amazing
  - We thought it was great that it was online so no direct focus on individuals and that you could participate at your own pace
  - Everyone worked as a team, no one was singled out. Everything was also explained very clearly, with a chance to ask questions
  - The understanding of feelings and that you are not the only one that feels that way and that it can feel different to other people.
  - It's good to get things off your back and talk about scenarios. Counselling has really helped me.
  - Very helpful. Nice to have someone safe to talk to.
  - Definitely - Mum and Dad (and now I notice too) said that it has actually helped me loads with my feelings
  - Thank you so much for today. X has been very anxious since he returned from his school residential trip and the session today really lifted up his mood (he was even able to go upstairs on his own to look for a pebble he made before, and he hasn't been able to go upstairs on his own for days because of intrusive thoughts). He was also able to recognise how much the session helped him. Thank you!!

## **Contract Review and Value for Money**

43. Contract monitoring reviews take places quarterly, with the next due in October.
44. Barnardo's provide a commentary alongside their figures.

## Key points made Q1:

- a. Staffing shortages are affecting what is able to be delivered, causing longer wait times. These are being addressed and roles are being recruited to, but it has caused a backlog for example:
  - The waiting list number for online /phone counselling is currently 2 so a very short wait.
  - For face to face sessions the number waiting is 41 equating to a 2-3 month wait. Barndao's have taken many steps to drive down waiting lists, i.e. introduce group options, been more flexible on appointment times, and their waiting list has been falling for some months. We remain in regular contact with all those on the waiting list and signposting is offered.
  - The Decider Skills waiting list is 71, they have 42 children/young people starting courses week beginning 10 Oct 2022.
  - They have courses planned up to the Christmas break as part of their drive to reduce the waiting list.
- b. Recruiting counsellors has been difficult, which is not uncommon in the current climate but both full time EMHPs have quit-officers will be reviewing payments if key posts are not recruited to
- c. Schools are making the majority of referrals
- d. Struggle to find a geographic location to meet with children and young people for co-production purposes

## Parenting Programme

45. We make a £8,000 contribution per annum to delivery of parenting programmes across Wiltshire, this provides resources, administration support and training. The remaining funding comes from Supporting Families Budget.

### Stop Parenting Programme 2016-2021

46. STOP Parenting Programme is a 10-week supportive programme for parents of 11- to 16-year-olds.
47. STOP was an evidence-based programme from the Ministry of Parenting. Delivery was a joint project involving Wiltshire Council, Wiltshire CAMHS and Wiltshire schools, including Thrive Hub Schools. Alongside STOP, PitSTOP training also took place during 2021. PitSTOP was based on the theory and content of the STOP programme but designed to be delivered on a one-to-one basis and is available to STOP trained facilitators.

### Triple P – Positive Parenting Programme

48. Triple P is for parents and carers of children aged 5 – 12 years. The programme is designed to give parents and carers the skills they need to raise confident, healthy children and teenagers and to build stronger family relationships. Triple P doesn't tell people how to parent, rather, it gives parents and carers simple and practical strategies they can adapt to suit their

own values, beliefs and needs. The benefits can be dramatic and long-lasting.

49. Triple P groups are 2 hours per week for 7 sessions and are free. Triple P groups are a great opportunity to meet other parents and carers in similar situations.

50. Triple P is offered as an early help option to prevent emerging mental health issues of children through appropriate support at the right time.

### **Time Out For Parents – Children with Special Needs**

51. The seven sessions are written by parents and professionals with input from many different families with experience of children with special needs. They aim to help parents/carers in meeting their child's needs, focusing on children aged between 3 to 11 years with additional or special needs.

52. A medical or formal diagnosis is not required for a parent or carer to attend and the groups are free of charge. These groups are being offered in partnership with the Wiltshire Parent Carer Council.

53. Time Out for Parents: Children with Special Needs is offered online via Microsoft Teams.

54. Wiltshire Council also has an online page on parenting courses. Our courses can help you find new ways and ideas to strengthen relationships with your children and young people, how to problem solve, reduce stress and understand and guide behaviour. You'll be encouraged to build upon your existing skills and learn from other parents and carers, allowing you to see that you're not on your own.

55. Time Out For Parents is offered as an option whilst parents are on the waiting list for SWAPP to try and reduce the demand on SWAPP and to reduce the impact on the mental health of children who are undiagnosed and need additional support which is not available elsewhere.

## **Primary Mentoring in-house service**

### **Description**

56. This service enhances early intervention and prevention through the provision of a mentoring programme for primary school age pupils (8–11-year-olds) who are at risk of developing social, emotional and mental health difficulties. Mentoring builds resilience and seeks to resolve many emerging social, emotional and mental health difficulties, thereby preventing these problems from getting worse.

We currently have 19 trained volunteers working across multiple programmes across the county.

### **Aims & Objectives**

57. More children and young people with emotional wellbeing and mental health needs are identified early and supported in community settings, particularly

schools, reducing the need for access to more specialist mental health services

58. Parents/Carers and professionals in universal settings such as schools and primary care are more confident and able to respond to emotional and mental health needs and are clear about when and how to access additional help
59. All children and young people with emotional wellbeing and mental health needs (including those who are vulnerable and disadvantaged) have timely access to the right support close to home and recover in welcoming, inclusive and supportive communities
60. More children and young people with emotional wellbeing and mental health needs have a positive experience of care and support which is good quality, empowers them, is tailored to their individual needs and provides access to treatment that works

## **Outcomes**

61. There were 44 Primary Mentoring matches between 1/9/2021 and 31/3/2022. The average number of days from referral to match was 32 days with the minimum being 0 (match done on the same day that written referral was received). The children were matched with a mentor for an average of 16 weeks.
62. Of the 15 children that completed their Primary Mentoring interventions starting and finishing data was collected from 12 children using an outcomes web. 9 of the 12 children (75%) scored higher overall at the end of the primary mentoring compared to the beginning. Generally, the children thought there were people that cared about them, that they could be helpful, and they enjoyed spending time at home.
63. The chart below shows the percentage change, for each of the outcomes' web questions, from the start of the primary mentoring to the finish. The area where the primary mentoring has made the most impact is the children's perception of their ability to deal with problems.

## **Stakeholder Feedback**

64. Some recent feedback from 31 children who completed a primary mentoring intervention includes:
  - a. 100% of the children felt they were listened to by their mentor
  - b. 92% were comfortable or fairly comfortable talking to their mentor
  - c. 100% of children felt safe when talking to their mentor
  - d. 92% felt that the mentor tried to understand them
  - e. 100% would recommend primary mentoring to their friends
  - f. 100% found the primary mentoring to be helpful
65. Qualitative feedback received included:

- a. Of the 31 matches made, feedback was collected in the child's own words on how the programme had helped them. Key areas included managing their emotions, socially interacting with peers, and having time away to come back to class feeling relaxed and ready to learn
- b. Feedback from schools indicated positive changes in behaviour and school. The significant change was in confidence to being able to respond to their peers, build friendships and resilience in managing difficult situations
- c. 1 school fed back on their gratitude of sessions being extended as it helped the children benefit the most out of the service
- d. Feedback was received from one parent where the child is normally socially shy and keeps feelings to herself but had been able to open more to her family for support and showed a significant improvement in confidence
- e. 2 mentors have fed back on their primary mentoring experience and how they supported the children. They indicated the importance of the child having time away from the class to gain independence and self-confidence. Another mentor commented on the importance of the initial meeting and the usefulness of having an independent adult there to explain the ground rules and level of support that can be given to the mentee. The mentors also expressed the skills needed including being able to prepare the child for closure, adaptable to change, interacting quickly to times of distress and building effective rapport with the children to feel trusted.

### **Contract Review and Value for Money**

66. This programme is delivered by the Children in Care and Young People's team. The team shares an annual report with commissioning. The service has been funded since 2016 and funds a 30hr per week support co-ordinator post, who has the responsibility of co-ordinating the project and training the 19 volunteers.

### **Somehow Project**

67. The SOMEHOW project was part of the Swindon, Wiltshire, and Bath and North-East Somerset Sustainability and Transformation Plan. The project related to the Getting Advice group of the THRIVE CAMHS model, bringing together health and education to support emerging difficulties in the area of social emotional and mental health (SEMH). The SOMEHOW model supported 16 cases in five primary schools in Wiltshire during the course of the project (2019-2022). The project delivered against the following key priorities:
  - **Prevention and early intervention:** To identify and address emotional and mental health problems early on and to deliver easy and timely access to the right help first time.
  - **Community resilience:** To empower adults working with children and young people, as well as to promote inclusive practice in mainstream settings.
  - **Digital innovation:** To address barriers to accessing specialist guidance for those working with children and young people in the community by reducing travel burdens and costs and ensuring processes are efficient.
68. The SOMEHOW model was an early intervention digitally-mediated multidisciplinary team (MDT) response. The SOMEHOW team was made up

of professionals from Wiltshire Children's Services: Educational Psychology Service, Behaviour Support Service, Oxford Health Child and Adolescent Mental Health Services (CAMHS), Specialist Special Educational Needs Service, and Virgin Care Speech and Language Therapy Service. The MDT met via videoconferencing technology to formulate specialised intervention plans for primary school-aged children (aged 4-10 years) presenting with early signs of SEMH difficulties. Formulation was a process of co-constructing a hypothesis or "best guess" about the origins of a child's difficulties. This process developed a narrative which provided the basis for an intervention plan tailored to the individual child. Key staff members and parents/carers delivered the intervention plan in primary school settings and at home.

### **Outcomes of the project include:**

69. Empowered key staff members working with children in primary schools and supported their day-to-day interactions, supported a joined-up approach between education staff and parents/carers, developed a better understanding of the child's needs and provided strategies to use across context
70. A general pattern of progress towards individualised goals from the perspective of the key staff member and parent/carer
71. Change in perceptions of the child by key staff members and parents/carers as well as small improvements in social emotional outcomes for children, with a general pattern of decreasing Strength and Difficulties Questionnaire scores and increasing Thrive<sup>®</sup> percentage scores
72. An overall positive experience of the SOMEHOW process for key staff members and parents/carers in relation to personnel, information provision, the help received, and the usefulness of the written plan
73. Evidence of systems changes from the project included:
  - a. Positive views of the SOMEHOW project by education staff and the MDT in relation to prevention and early intervention, a collaborative understanding of the child's needs, and access to support
  - b. Positive views of the SOMEHOW project by education staff and the MDT in relation to use of digital technologies for service efficiencies, change of practice, and meeting the communication needs of staff and parents/carers
74. The pilot project demonstrated success in the following areas:
  - a. Co-production of an efficient, joined-up, child- and family-centred service using innovative, digital approaches
  - b. Collaboration across SEND, CAMHS, and Virgin Care through the entire duration of the project, with interest in the principles of SOMEHOW to align with service goals
  - c. Provision of early support that is valued by education staff and parents/carers
75. The SOMEHOW project had relevance to:

- a. National recommendations (e.g. National Institute for Clinical Excellence (NICE) guidelines and Division of Clinical Psychology guidelines for differential diagnosis and formulation-based practice)
- b. Wiltshire strategic priorities (e.g. THRIVE mental health plan, SEND Inclusion Strategy, Autism Strategy)
- c. Existing pathways of support (e.g. Mental Health in Schools Teams (MHSTs) and the Autism Diagnostic Pathway)

76. The recommendation following the pilot was signposting to an MDT by Mental Health in Schools Teams (MHSTs) and the ongoing development of a clear pathway of support for schools that brings together health and education to support difficulties around SEMH.

## **Sexual Assault Recovery Counselling (SARC)**

### **Description**

77. A therapeutic counselling service was commissioned as a pilot in 2021 by the NHS England and NHS Improvement (NHSE/I) Health and Justice Team (Southwest), in partnership with the Office of the Police and Crime Commissioner and the Police. ISVA services are commissioned by the OPCC. The service provides specialist trauma informed counsellors to engage with children aged 4 and upwards who have experienced sexual violence. 22 children from Wiltshire were referred to this pilot service.

### **Aims & Objectives**

- 78. To reduce psychological distress as well as enhance and promote psychological well-being for Children, Young People and Adults
- 79. To promote and protect the mental health of Children, Young People and Adults who have survived rape and/or sexual abuse at any time in their lives
- 80. Advance the education of the general public and in the workplace in the prevalence and effects of rape or childhood sexual abuse
- 81. The alleviation of the effects of mental distress, depressive illness and post-traumatic stress caused by childhood sexual abuse
- 82. Reduce risk of self harm and suicide by developing personalised coping strategies
- 83. Reduce use of alcohol or illicit drugs

### **Outcomes**

84. Between March 21-March 22, there were 28 Wiltshire referrals out of 51



85. In that year 256 sessions were offered with an average of 14 sessions per completed case and 4% DNA rate

86. 85% of completed cases showed improvement across the 'revised children's anxiety and depression scale' and the 'outcomes written scale'. Of those that did not show improvement the scores remained the same

### **Contract Review and Value for Money**

87. A joint procurement exercise for Wiltshire and Swindon is underway with BSW Integrated Care Board and final decisions for the future service are being made. The service specification is being revised to ensure the new service meets the needs of all the children who would be referred.

88. There is no expectation that the future service will replicate current provision, indeed, there is an expectation that proposal should include innovation and redesign in order to achieve the updated requirements of the specification to make best use of funds to meet the needs of service users. The service will provide a range of evidence based, trauma informed, therapeutic interventions for adults and children and young people who have experienced sexual violence and abuse.

## **Rethink Mental Health - Social Inclusion Service**

### **Description**

89. Wiltshire Council is jointly commissioning and funding this service with Bath and North East Somerset, Swindon and Wiltshire ICB. The service is place based in the Wiltshire locality. The purpose is to create an 'inclusion network' in Wiltshire – a universal offer of online (and possible face to face) information, advice and signposting to those recovering from, and living with, mental ill-health.

90. The Rethink Mental Health Social Inclusion Service provides a community mental health service for young people over the age of 16 who suffer with mental ill health. The service has 4 main aspects of delivery which are:

- **Inclusion Support** - offering one-to-one support tailored to individual needs, helping to overcome mental health barriers by being involved and included in the local community. Direct emotional and practical support is provided by an Inclusion Coach. The support will typically be 8-12 sessions over a 3-month period
- **Mental Health Hubs & Drop-Ins** - delivery of community mental health drop-in hubs across the county - in Salisbury, Trowbridge, and Chippenham. The drop-in hubs are free for anyone needing support with their mental health and wellbeing
- **Peer & Volunteer Opportunities** - peer support and volunteer opportunities. Individuals can access guidance from peers who may have had similar experiences. Key opportunities for the service currently are: Community Hub

Volunteers (meeting and greeting others and providing local information); Digital Tech Buddies (helping people get online) and Travel Volunteers (supporting people to access public transport)

- **Online Mental Health Community** - Clic is a free online community to support mental health. Clic Wiltshire provides tailored advice, guidance and support. Developed by its users, the Clic Wiltshire platform has a strong peer support aspect with features such as Clic Chat and Forums where users can chat and share advice. There are also directories for services and support in an Information & Support section.

### Aims & Objectives

- Improved health and emotional well being
- Improved quality of life
- Improved levels of confidence and self esteem
- Increased social, health and digital inclusion
- Increased independence

### Contract Review and Value for Money

91. The last formal review took place in May 2022. Rethink report on a wide range of KPIs.

92. In 2021-22

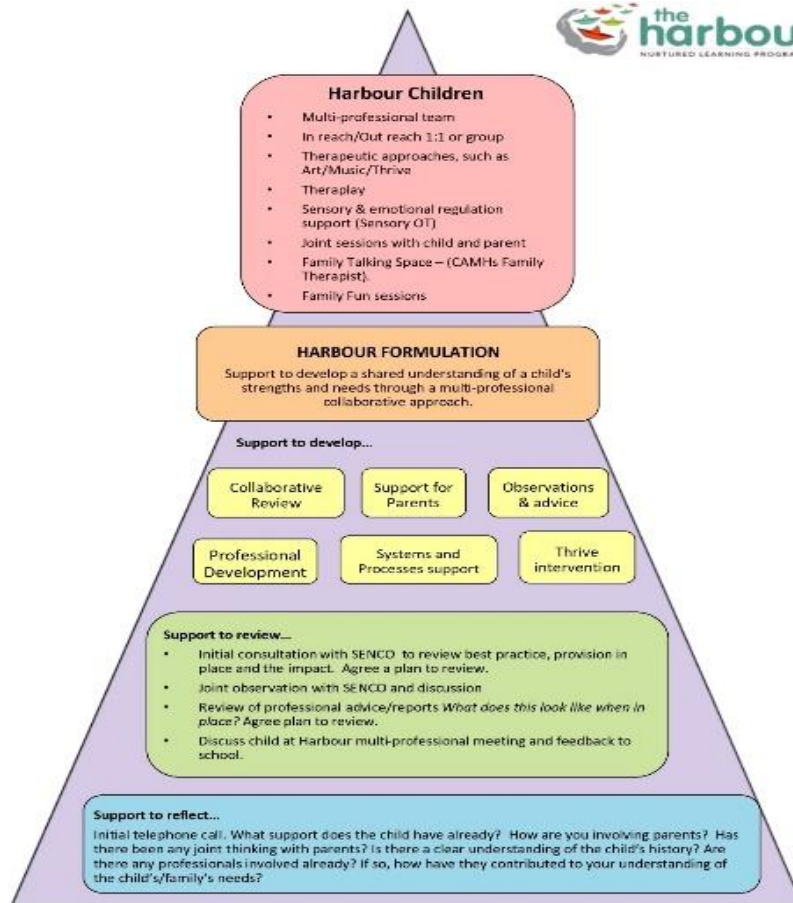
Number of people referred to service	462
Number of people declined by service	122
Number of people started using service	353
Number of people finished using service	123
No of Volunteers/Peers Recruited	13
No of members attending forums	266

- Peer Support - 5 digital tech buddies now in post and supporting clients
- 4 Volunteers supporting the local drop in Hubs
- Promotion and Networking, attending 10 groups in quarter 4 and 58 to year end
- 3 hubs continue to be attended well-North Chippenham, West Trowbridge & South Salisbury. Unfortunately, the fourth Hub East Devizes the attendance dropped off to 0 so the decision was made to cancel this hub and look to a different area possibly Durrington, Bulford or Tidworth moving forward
- Campaigns and awareness events promoted on social media, especially when linked with service (e.g. mental health, community, inclusion, social and loneliness), including significant service specific campaigns
- Establishing links with other organisations with a digital directive throughout Wiltshire (via 'Get Connected' group) to network and share resources. Collaborative work with this group including production of user-guides to aid service users with digital tasks and overcoming barriers
- Establishing more comprehensive service page within national Rethink website which included downloadable content and provide additional online

- information portal for service (e.g. integration of Welcome Pack)
- h. Improved digital/online marketing and promotion of service
  - i. Design and creation of marketing and promotion material for service delivery, including posters for: Community Mental Health Hubs; Digital Tech Buddy Scheme; Greener Health Project and Happy Cafés
  - j. Implementation of donated laptops (from Wiltshire Digital Drive) to be used by staff and volunteers at hubs

## Harbour Project

93. The Harbour Nurtured Learning Programme (NLP), set up in 2017, is designed to incorporate therapeutic approaches to enable primary aged children with emerging Social Emotional Mental Health (SEMH) needs to develop relationships and positively engage with learning in school. Since the pilot phase in 2017, the Harbour Project was developed to support 15 schools.
94. The Harbour Project is grant funded to provide the following services:
  - advice and signposting
  - tuition sessions
  - social activities
  - counselling
95. The aim of this engagement is to support young people to connect to their local communities, connect with each other and support their resilience and understanding. The Harbour Model as The Centre of Excellence is based on the development and delivery of eight core principles:
  - a. Activities that involve schools, families, and the child/young person with equal intent.
  - b. Activities that start at young ages.
  - c. Schemes that focus on sensory and emotional stability and resilience.
  - d. Schemes that equip families, schools and children/young people with practical coping and management skills that start with the child/young person.
  - e. Multi-disciplinary actions, that contain threads of input from a range of professionals and disciplines.
  - f. Clinical/behavioural interventions delivered via engaging and rewarding activities that can be translated into the home situation.
  - g. Opportunities that can be repeated or returned to in order to consolidate learning.
  - h. And all built into the appropriate key stage curriculum.
96. A development from the project was found to be the Pyramid model, which sets out the pathways open to an individual student who comes into Harbour.



97. The Harbour project published an update in December 2021, *Understanding children's strengths and needs in order to help them flourish*.

98. We recognise that the project is grant funded and is managed by the project schools, however it proposed that these arrangements are reviewed and a funding agreement is put in place with clear reporting mechanisms.

## Next steps

99. The THRIVE Framework is an integrated, person centred, and needs led approach to delivering mental health services for children, young people and families which conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support, we need to ensure we adopt this approach to our work.
100. The CAMHS contract is due to end in March 2025, the Council contributes £518,000 annually to this and we manage a £515,727 annual budget on behalf of the ICB. We have an opportunity to review and shape future early help, emotional wellbeing and mental health services for children and young people in Wiltshire.
101. In order to develop a commissioning plan, it is proposed that a local Emotional Wellbeing and Mental Health Strategy is developed. We also need to develop a system to identify and support children and young people at risk, enabling us

to work more proactively and effectively to support with the early signs of emotional and mental ill health. The end of the CAMHS contract enables us to look at the total resources for early help and how we commission these services.

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