

# **Swindon Mental Health Trailblazer**

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## **Consultation with Parents and Young People**

**April 2019**

### **Report**

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**in collaboration with Paul Dobson, STEP  
and Jacqui Watt, Swindon SEND families Voice**



## **Acknowledgements**

Most importantly we would like to thank the families, children and young people who took time to share their views with us. Thank you also to Paul Dobson, STEP and Jacqui Watt, Swindon SEND Families Voice, stakeholder agencies who made the time available to support the development and delivery of the consultation process. And finally, we would also like to thank the Clinical Commissioning Group (CCG) and Barnardo's colleagues Becky Lovegrove, Robert Coates, Marian Webb and Kate Dunn who provided valuable support, guidance and advice.

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## **1. Background of consultation**

In 2017, the Government published its [Green Paper for Transforming children and young people's mental health](#), which detailed proposals for expanding access to mental health care for children and young people, building on the national [NHS transformation programme](#). A key new initiative will be Mental Health Support Teams (MHSTs) Trailblazer which will take forward the government's vision and commitment to develop integrated mental health support within schools.

The first wave of Mental Health Support Teams will be set up in [25 trailblazer areas](#) of which 12 trailblazers will also trial a four-week waiting time. NHS England regional teams will support the trailblazers through this process. These trailblazer pilot areas will be evaluated and further trailblazer sites are now following.

The local Clinical Commissioning Group CCG has been awarded £2.3 million by NHS England (NHSE) with Barnardo's as lead provider working with other providers to deliver on the Trailblazer Mental Health Support Teams in Swindon until 2020/21.

Mental health support teams will:

- build on support already in place from school counsellors, nurses, educational psychologists and the voluntary sector
- support children and young people with mild to moderate mental health issues
- help children and young people with more severe needs to access the right support, and provide a link to specialist NHS services
- provide meaningful support and up skilling staff to be more confident with supporting children and young people within a school setting

Children, young people and families will shape the design and delivery of Mental Health Support Teams with co-production being the 'golden thread' that runs continuously throughout the Swindon Trailblazer project. The aim of co-production is to ensure service users' experiences, views and opinions feed into quality improvement and service development.

This report is the beginning of giving children/young people and families a voice in shaping the MHSTs. We will be sharing the outcomes with all stakeholders. Further opportunities will be provided for children/young people and families accessing the MHSTs to provide feedback and continue to help shape the design, delivery and evaluation of the MHSTs service in schools.

## **2. Introduction**

One in ten children will experience a mental health difficulty at least once before age 11, and many adults with lifetime mental health issues can trace their symptoms back to childhood. We also know that many children can wait up to ten years before effective diagnosis or treatment. Mental health support in schools can make a significant difference in a person's life (Heads Together 2019<sup>1</sup>).

## **3. Methodology**

This report draws on information gathered from one hundred parents and four hundred and thirty-six children and young people, representative of sixty-two primary, special, secondary schools and colleges and Educated Other Than at School in Swindon. (See appendices 1 and 2).

### **3.1 Identifying and selecting service users**

For this consultation, it was agreed that parents and young people would be identified by STEP and Swindon SEND families voice who are current stakeholder agencies based in the local area of Swindon. STEP and Swindon SEND families voice work with a wide range of parents, children and young people who have keen interest in mental health issues or who have accessed a mental health provision. It was also agreed that the survey be sent to schools.

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<sup>1</sup> ([Online at] <https://www.headstogether.org.uk/programmes/mentally-healthy-schools/>)

### **3.2 Young People Questionnaire**

STEP jointly formulated the survey structure with young people. A series of eleven questions were asked using survey monkey. (See appendix 3)

STEP carried out four focus groups with children and young people.

### **3.3 Parent Questionnaire**

Swindon SEND families voice jointly formulated the survey structure with parents. A series of nine questions were asked using survey monkey (See appendix 4).

### **3.4 Respondents**

- Children/young people's age ranged from 7-19 years. 54% females responded, Males 45% and 1 (1%) transgender. Sixteen ethnic backgrounds were represented in the survey. The majority (75%) of children/young people were from a White background. A profile (age range, gender breakdown and ethnicity) of the children and young people who were consulted is provided in appendices 5, 6 and 7). 93 (21%) children/young people considered themselves having a disability.
- A profile (ethnicity) of the parents that were consulted is provided in appendix 8.

## **4. Findings – Young People**

Young people from thirty schools/colleges and Educated Other Than School (EOTAS) responded to the survey.

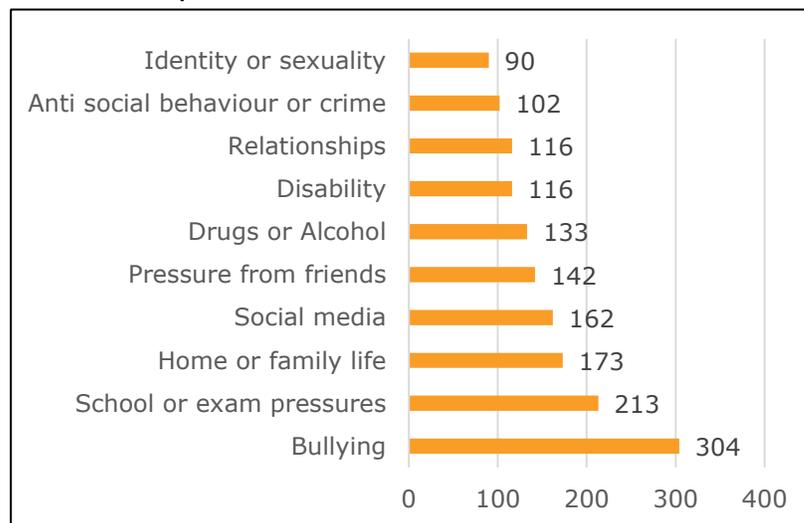
### **4.1 Main issues that cause young people's mental health problems**

It was identified by young people that a number of factors contributed to their mental health problems. Young people identified ten factors.

- Drugs and alcohol

- Anti-social behavior or crime
- Relationships
- Pressure from friends
- Bullying
- Home or family life
- Social media
- Disability
- Identity or sexuality
- School or exam pressures

School or exam pressures, bullying, home and family life and social media were identified as the four highest factors contributing to children/young people’s mental health problems in Swindon (See Fig 1). Some young people also identified the impact of ‘societal constructs’ which shaped how young people should look, act and speak. The other six factors identified by young people cannot be ignored and must be taken into consideration, as all ten factors have been prioritised as impacting on their mental health and well-being. Each of these factors received over one hundred responses with the exception of identity and sexuality.

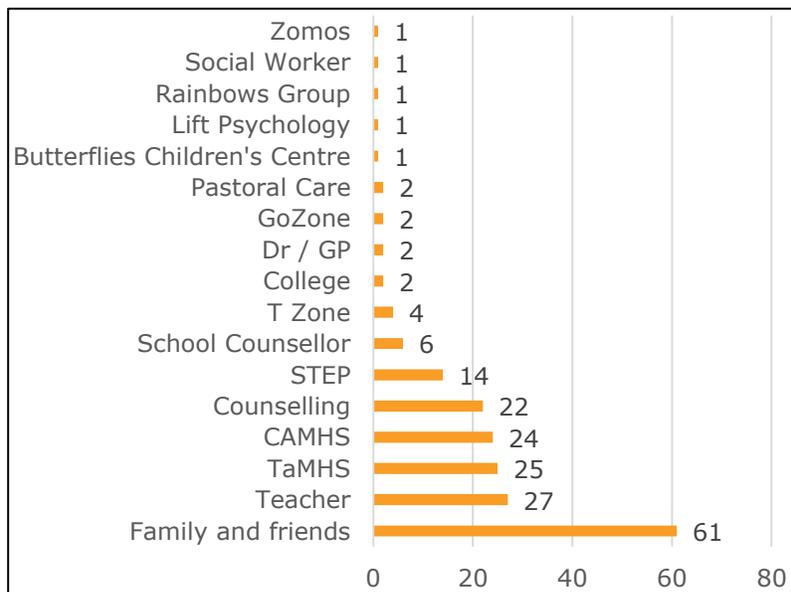


**Fig 1 – What do you think are the main issues that cause emotional well-being and mental health problems for young people?**

## 4.2 Support received from service/organisations

Two hundred and twenty-five (52%) children and young people who responded have had previous support from fifteen varying organisations and services. Two hundred and thirteen (95%) of these young people stated that the intervention/support received had helped. Specialist mental health services, counsellors, friends or family and STEP were identified as the organisations/services providing the most support for young people. Primary school children in particular identified family and friends as the best support.

Only two (1%) young people said GPs had provided help/support with their mental health. School nurses were not identified as providing any support. Twenty-seven (6%) children/young people, the majority primary school said teachers provided support. (See fig 2). These statistics could suggest that teachers are not young people's first point of contact for those who are experiencing mental health issues. It could also suggest that children/young people are unaware of where to get help or support with their mental health needs or there is inadequate support or information provided in school/college or GPs that children/young people can easily access. However, this evidence is not conclusive and needs to be further explored.



## Fig 2 - Organisations/Services providing support

There is a need to promote awareness of mental health resources and the support available at school and within the locality.

Children/young people said what was both helpful and unhelpful in accessing services. Staff and service were two key components that played a role in contributing to this.

### 4.3 Staff – What was helpful about staff?

- Staff that were *non-judgmental*
- Staff that *listened* to children/young people
- Staff that *built trust* with children/young people
- Staff that *explored confidentiality* with children/young people
- Staff that helped children/young people *to understand their feelings*
- Staff that helped children/young people *to express self*

*"Good listeners help me see helpful ways to deal with stuff". (Young person)*

*"Helped me to express how I felt, without being judged". (Young person)*

*"I trust them and no they won't tell other people about my problems" (Young person)*

### 4.4 Staff – What was unhelpful about staff?

- Staff *inability to build and establish good relationships* with children/young people

*"Didn't build relationship before working with me; i find it hard to open up to people I don't know trust" (Young person)*

- Staff *poor communication skills (unfriendly, unwelcoming and intimidating)*

*"The lady my mum and I had to speak to was not friendly and welcoming at all and made me feel intimidated and scared. She compared my anxiety to her being scared of a cockroach and also put me down a lot". (Young person)*

#### 4.5 Service – What was helpful about the service?

- A service that provided *a safe environment to speak*
- A service that provided *tools to resolve situations*

*"xxxx provided me with the treatment and support to take back my life and progress to completing school and getting better" (Young person)*

#### 4.6 Service – What was unhelpful about the service?

- A service with a quick *staff turnover*
- A service with a *long waiting list*
- A service that provided *inconsistent and infrequent support*
- A service that *did not contribute to change after intervention*

*"Not long enough, worker not helping" (Young person)*

*"Staff left. On number of wait lists for over a year now. Out of education due to school not helping by mishandling me and making my anxiety worse". (Young person)*

*"As it took a long time for my appointment and I'm still waiting for another one". (Young person)*

*"It wasn't one to one with xxxx. Didn't see the same person more than once. Felt let down by them. In some ways it did and helped me to be able to see I had a problem. But after countless times going xxxx and having counselling nothing's changed". (Young person)*

#### 4.7 Type of support needed for children/young people

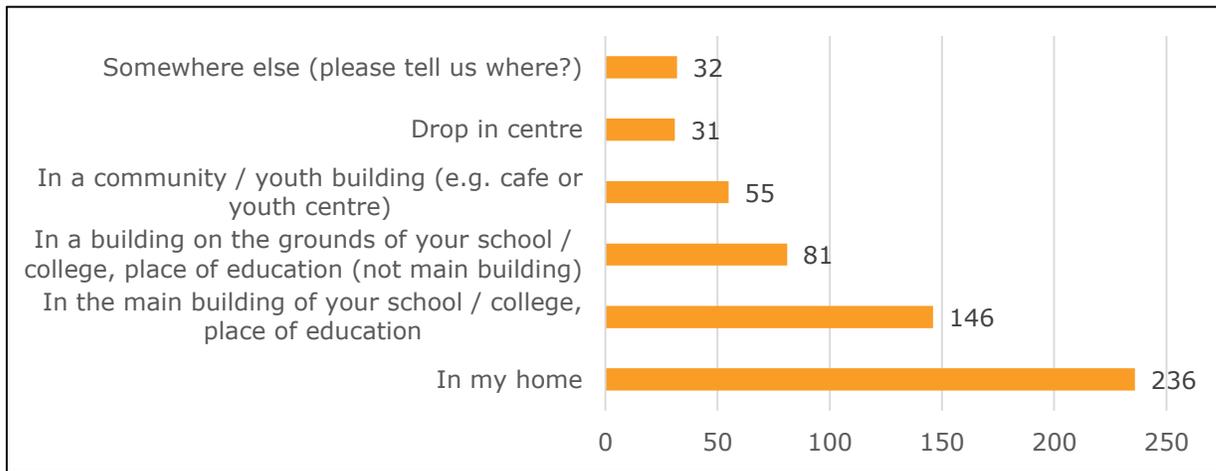
Children/young people identified a number of options that would be helpful to support their mental health and well-being for example, one to one support, group work, family

support and online support. Two hundred and fourteen children/young people identified family support as the best support option; however, the majority of responses were primary aged children which could suggest that younger children prefer to have their family involved when receiving services. This could also suggest that older young people prefer less family involvement while receiving services, however this is not conclusive evidence and would have to be explored with children/young people on an individual basis when receiving services.

One-one support was identified by both primary, secondary and college children/young people as one of the best options of support. A majority of children from two primary schools in particular, also opted for group work. Whilst online support for example (KOOH) received the least responses (25), it has been identified as a helpful option for some children/young people and would need further exploration with children/young people on an individual basis during their assessment.

#### **4.8 Places of support**

Young people identified home and school (including external building on school/college grounds away from main building), a drop-in centre and a youth centre or café in the community as the most suitable places to provide services. Notably, home and school were the most popular venues chosen for services, however, more primary aged children opted for home. This could suggest that children/young people were more familiar with these two environments (school and home) where they felt more comfortable and safe. (See fig 4). On the other hand, five young people provided further comments and suggested that a GP or a neutral venue away from college and home would be their preference. One size does not necessarily fit all young people which necessitate flexibility for those delivering mental health services.

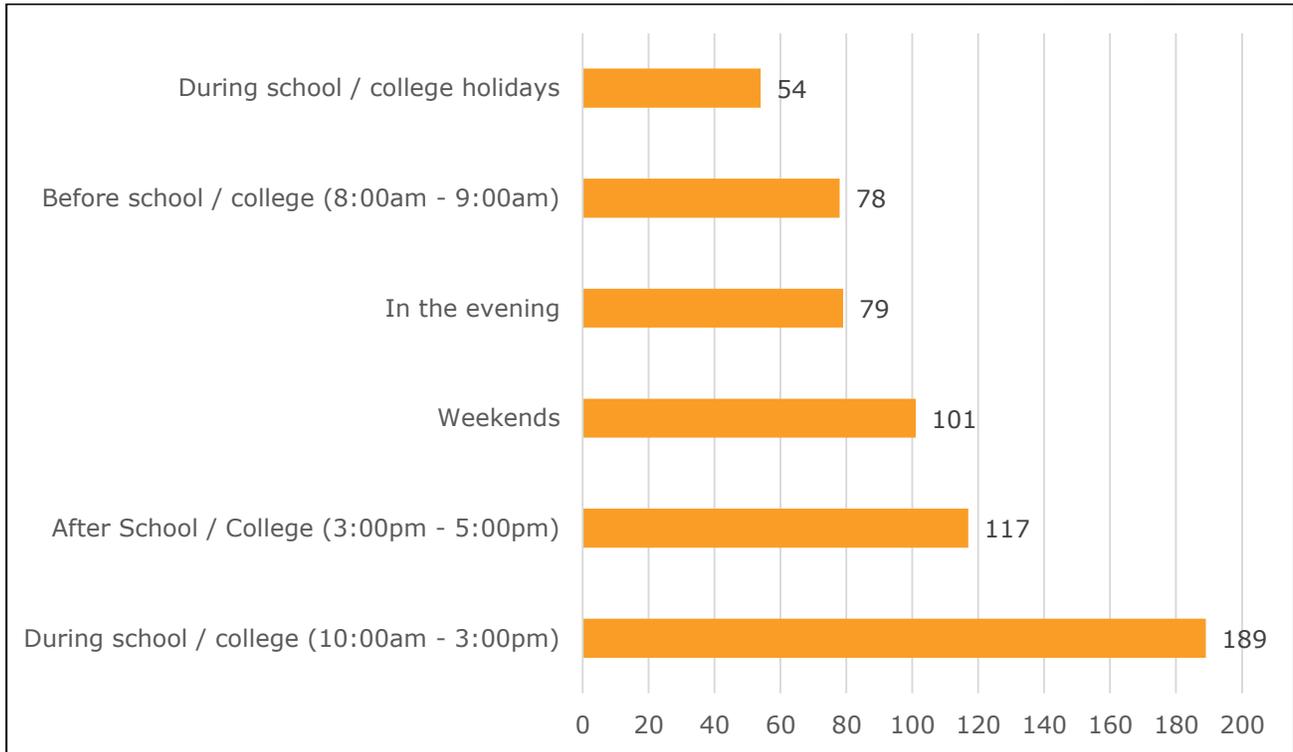


**Fig 3 - Where would you like to receive support?**

#### **4.9 Best times of support for children/young people**

Most children/young people would like to receive support between 10am-5pm, however, the majority of children/young people opted for 10am-3pm. During school/college holidays received the least response. Some children/young people opted for before school, in the evenings and weekends, however these responses were more represented by primary aged children and not older young people.

Children/young people have identified varying places and times for support, including some outside of school hours. This needs to be explored and considered with individual children/young people and appropriate measures put in place to support as well as safeguard children/young people to provide an accessible service.



**Fig 4 - Best times of support for children/young people**

## **5. Findings – Parents/Carers**

### **Social Emotional and Mental Health**

Ninety three (93%) of parents that responded had a child/young person with social, emotional or mental health concerns (SEMH).

#### **5.1 Schools represented**

There were forty-five schools represented in the parents' survey which included pre-school, infant, primary, secondary, special, Educated Other Than At School (EOTAS) and private (See appendix 2). Responses came from a wide range of schools and colleges from a minimum of one to a maximum of five responses in any particular school.

Seventy-two (72%) parents said their child/young person had someone in school they could speak with about their worries. 53% of these schools represented were primary schools; this could suggest that primary schools may have a more 'close knit' environment than secondary schools, where younger children were encouraged to have their worries/concerns voiced. However, this is not conclusive as in the young people's survey which included eleven primary schools, only 6% of children/young people said teachers/school provided help. This highlights that the perceptions of parents and children may differ.

95% of parents identified the need to improve the mental health support in schools. However, a small percentage (5%) of parents/carers said schools and staff were supportive, helpful and catered to their child/young person's individual mental health needs.

#### **5.2 What parents found helpful?**

Good relationships, experienced and accessible staff (for example, a mentor, pastoral care) and a whole school approach contributed to these schools having a good mental health and well-being ethos.

*"My child is extremely well supported in her current school, she has access to excellent pastoral care, a mentor and we have a good relationship with the staff at the school"*

*(Parent/carer)*

*"Experienced staff throughout the whole school in managing and supporting children who have suffered, trauma and abuse in their early years. However the school works extremely well with my child and she is very well supported". (Parent/carer)*

### **5.3 What parents found unhelpful?**

#### **5.3.1 Staff (School)**

Parents/carers identified that there was a *lack of understanding, awareness, knowledge, skills and expertise* amongst school staff and the ability to spot signs of mental health issues.

*"Not every child is considered when it comes to mental health. School need more training and gain more awareness of mental health". (Parent/carer)*

*"I believe our school is doing all they can but they are meeting barriers from their end. They have been fabulous in providing us with the support we need at home, but I feel they need more support in school. The teachers aren't trained to deal with every different type of mental health and that's hard for them". (Parent/carer)*

**Trained and equipped staff will be better able to facilitate conversations, provide appropriate support for both children/young people and parents as well as promote a whole school approach in mental health.**

Parent/carers also identified *communication* between the school and parent/carer as well as communication amongst staff as a concern.

*"Communication between staff isn't great at times and support for parents non-existent".*

*(Parent/carer)*

*"Communication between the school and us"(Parent/Carer)*

**Improved communication and partnership working will build and establish better relationships which will help to facilitate transparency between home and school and help to cater for the young person's mental health needs holistically.**

Only one parent/carer identified *bullying* in schools as impacting on young people's mental health and said this was not being addressed appropriately.

*"Seems Secondary children are ignored for reporting bullies. Too many youngsters are taking their own short lives because bullying at school is tolerated" (Parent/carer)*

Children/young people, (primary and secondary) also said that bullying was a major contributor to their mental health and well-being and was highly ranked (no. 1) in their perspective as impacting on their mental health and well-being. This could suggest that parents maybe unaware of the impact of bullying on young people's mental health or young people do not disclose when being bullied to their parent/carer.

**Schools should promote zero- tolerance in bullying through policies, practice and procedures to ensure that it is addressed effectively to allow young people to thrive in a safe environment.**

#### **5.4 Service (Mental Health)**

Parents/carers also identified that the *lack of appropriate support or funding for specialist support* impacts negatively on a young person's mental health as well as the whole family.

*"Services are pushed to the limit with cuts everything takes too long and the child suffers". (Parent/carer)*

*"So far, my experience has been truly horrible. My daughter is suffering which means we are all suffering. I have already thought about looking at other schools and she's only*

*been there since September. But I don't want to upset her routine and cause more anxiety for her". (Parent/carer)*

Parents/carers said *accessing support* from mental health services was nonviable or extremely difficult and *long waiting times for service/diagnosis and intervention* oftentimes contributed to this. Parents/carers said services need to be consistent and frequent.

*"More should be done to make known to children and parents how to access this help within school. I have no idea who would help my child or how he can access it".  
(Parent/carer)*

*"Everything feels like a fight to get help for your child". (Parent/carer)*

*"There is absolutely no mental health support offered to my daughter from this school. She does not cause any disruption in class, so is ignored. She suffers from social anxiety. I have been trying for two years to get some support for her mental health".  
(Parent/carer)*

*"Regular and consistent support" (Parent/carer)*

Young people also identified long waiting times and the inconsistency and infrequency of mental health staff support as issues that needed to be addressed.

**Services need to be quick and easily accessible without a long wait for help and support to prevent young people's mental health escalating. The need for preventative services is paramount.**

## **Conclusion**

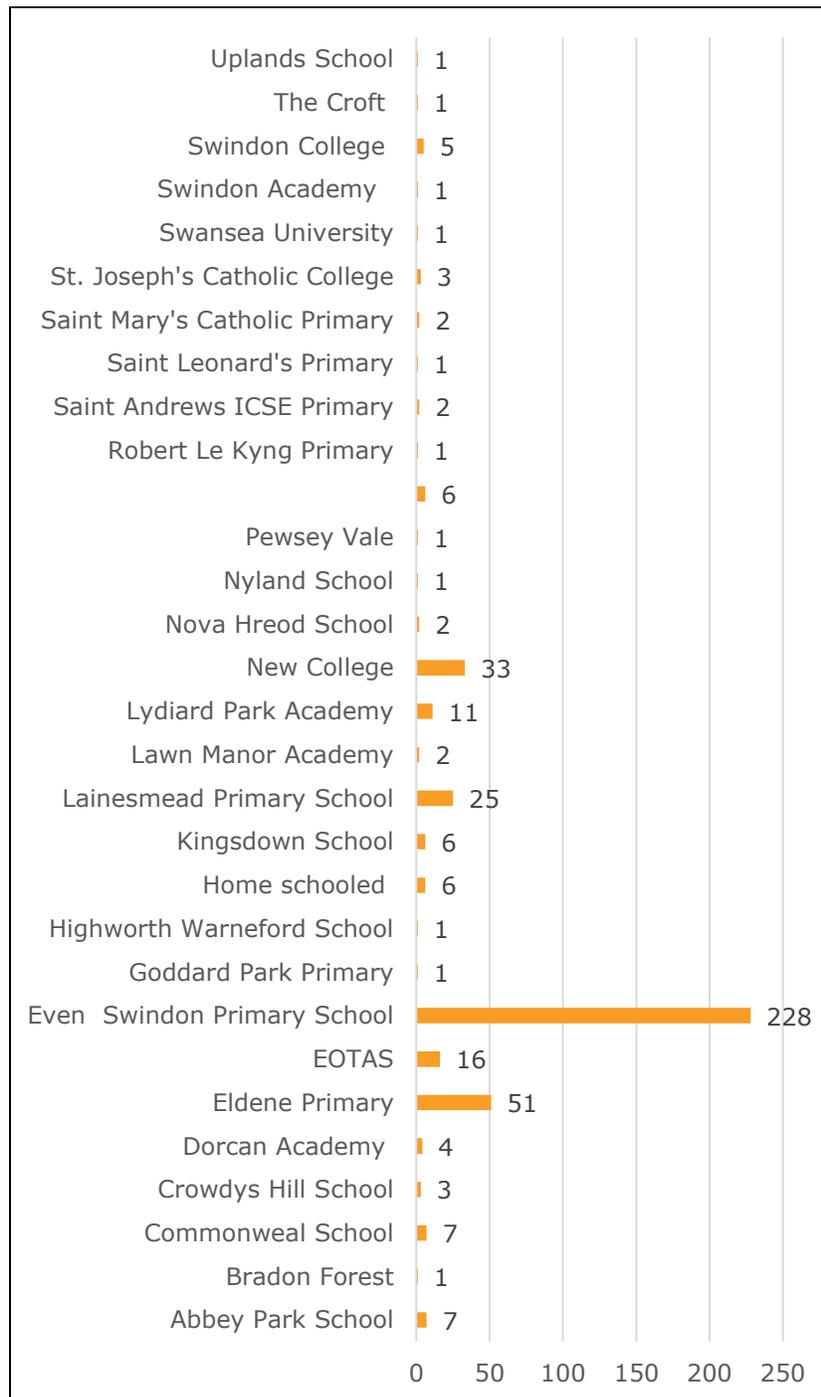
More and more school children/young people are struggling to cope with their mental health. Good mental health is necessary to thrive in life. If mental health problems are not tackled early there is the risk of failing the next generation. Mental health support in schools can make a significant difference in a child/young person's life. It is therefore paramount that factors mentioned in this report by children and young people and parents/carers, for example, raising mental health awareness, training and providing an accessible service, be addressed to ensure children and young people's mental health and well-being is a priority.

## **Recommendations**

1. MHSTs raising mental health awareness with children/young people, school staff parents/carers – (including the impact of bullying/exam stress).
2. MHSTs training school staff/parents/carers in basic mental health awareness – 'spotting the signs'.
3. MHSTs form and build trusting relationships with young people at the beginning of assessment and throughout.
4. MHSTs use outcome measures that inform and improve service delivery.
5. STEP consults with young people to develop information pack on mental health (where to get help, who can I talk to and confidentiality).
6. STEP consult with young people accessing MHSTs to evaluate the service.
7. Children/young people and parents/carers have quicker access to the right support and services.
8. Improved communication between school and parents/carers on mental health.
9. Further discussions with STEP and Swindon SEND families voice to disseminate information to parent/carers and children/young people.

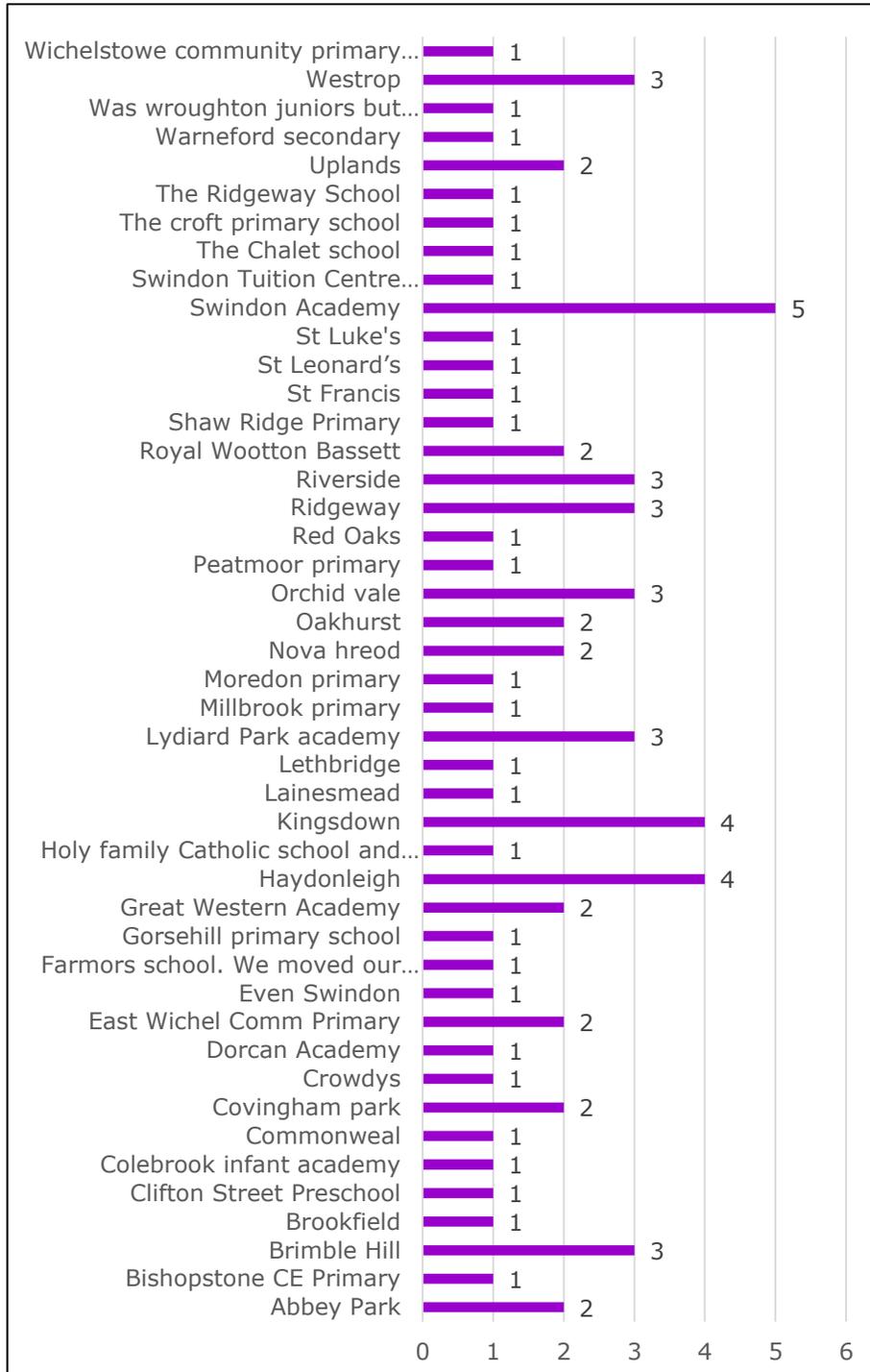
## Appendix 1

### Children/young people's educational setting



## Appendix 2

### Parent Educational setting



## **Appendix 3**

Young people's questionnaire

# **Mental Health Trailblazer - What Works For You?**

**The Clinical Commissioning Group is a collection of adults who are responsible for making sure that the best health care services possible are available to support the people who live in Swindon.**

**Swindon has been selected as one of just a few areas across the country to develop and deliver new mental health teams in schools to support the mental health and emotion wellbeing of young people in Swindon, receiving £2.3 million from the NHS.**

**They understand that it is important to listen to you, and that what you think matters.**

**By spending a few minutes answering the following questions honestly you will be able to help them design a service that best meets your needs.**

**1. How old are you?**

**2. What is your gender?**

Male

Female

Other (please tell us?)

**3. What is your ethnic group?**

- White - English / Welsh / Scottish / Northern Irish / British
- White - Irish
- White - Gypsy or Irish traveller
- Any other White background
- Mixed / multiple - White and Black Caribbean
- Mixed / multiple - White and Black African
- Mixed / multiple - White and Asian
- Any other Mixed / multiple background
- Asian / Asian British - Indian
- Asian / Asian British - Pakistani
- Asian / Asian British - Bangladeshi
- Asian / Asian British - Chinese
- Any other Asian background
- Black / African / Caribbean / Black British - African

- Black / African / Caribbean / Black British - Caribbean
- Any other Black / African / Caribbean / Black British background
- Any other ethnic group / background

**4. Do you consider yourself to have a disability?**

- Yes
- No

**5. Which school / college or other place are you educated?**

**6. What do YOU think are the main issues that cause emotional well-being and mental health problems for young people (please tick those you think are relevant)?**

- School or exam pressures
- Identity or sexuality
- Disability
- Social media
- Home or family life
- Bullying
- Pressure from friends

- Relationships
- Anti-social behaviour or crime
- Drugs or Alcohol

Other (please tell us?)

**7. Have you ever had support with your emotional well-being or mental health?**

- Yes
- No - **please skip to question 9**

If you answered **YES**, who gave you that support (TaMHS, CAMHS, Counsellor, Online Support, Friends or Family)?

**8. Did this support help you?**

- Yes
- No

Please explain why you chose this answer

**9. Whether you have had support or not, what do you think is or would be the best type of support for YOU?**

- One to one support
- Group work
- Family support
- Online support (such as Kooth)

Other (please tell us?)

**10. If you needed it, where would you like to receive support?**

- In the main building of your school / college, place of education
- In a building on the grounds of your school / college, place of education (not main building)
- In a community / youth building (e.g. cafe or youth centre)
- In my home
- Drop in centre

Somewhere else (please tell us where?)

**11. if you needed it, when would you like to receive support?**

- Before school / college (8:00am - 9:00am)

- During school / college (10:00am - 3:00pm)
- After School / College (3:00pm - 5:00pm)
- In the evening
- Weekends
- During school / college holidays

**Thank you for taking the time to complete this, your answers  
will help us shape the way children & young people will  
receive support.**

## **Appendix 4**

Parent's questionnaire

# **Parents and Carers Mental Health in Schools Survey**

**1. Does your children/young person have any Social, Emotional or Mental Health concerns?**

Yes

No

**2. What type of school does your child/young person attend?**

Pre-school

Primary

Secondary

Post 16

**3. What is the name of your school (optional)?**

**4. Between 0-100 how happy are you with the level of support for mental health in your provision for your child / young person?**

**5. What do you feel is missing from the mental health support offered by your provision?**

**6. Is there a 'safe place to talk' at your child/young person's provision where they can talk to someone privately (e.g. a Nurture Room, a separate room)**

Yes

No

**7. Does your child/young person have someone in school they can turn to if they have any worries?**

Yes

No

**8. Do you have any further comments you would like to make about mental health in schools?**

**9. What is your ethnic group?**

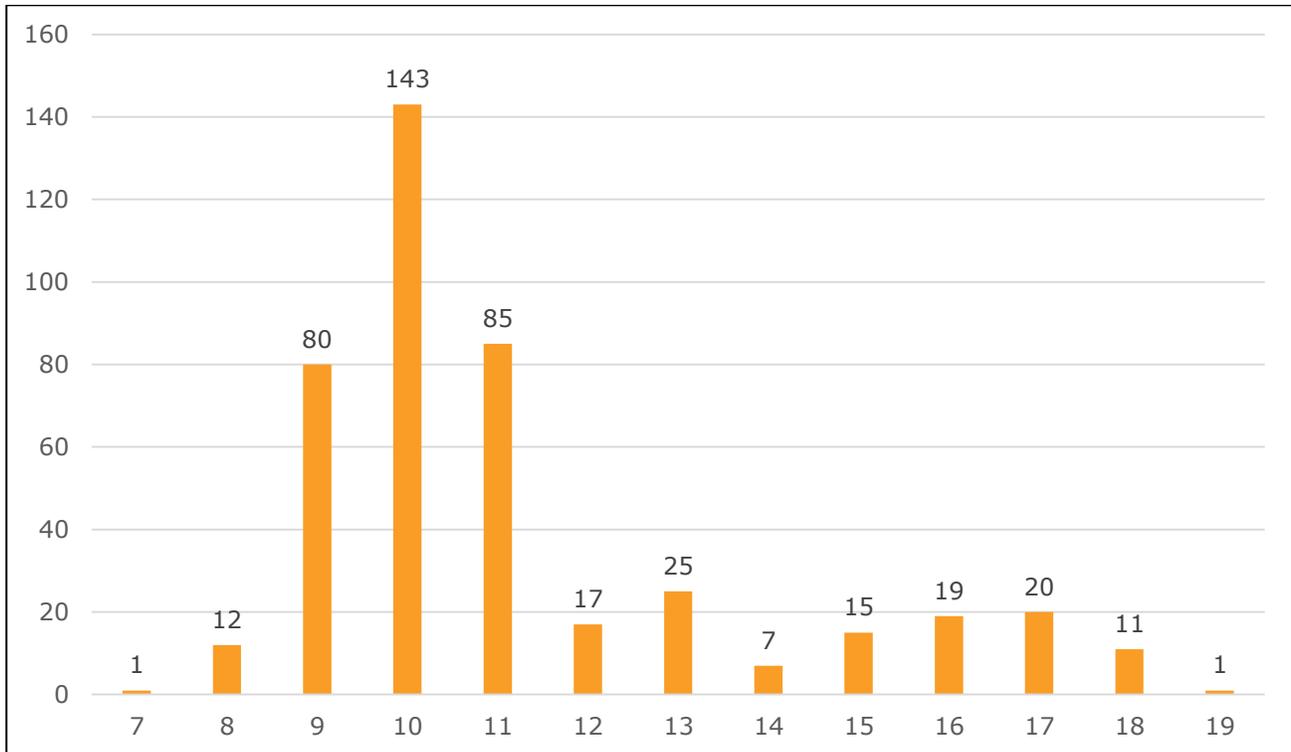
White - English / Welsh / Scottish / Northern Irish / British

- White - Irish
- White - Gypsy or Irish traveller
- Any other White background
- Mixed / multiple - White and Black Caribbean
- Mixed / multiple - White and Black African
- Mixed / multiple - White and Asian
- Any other Mixed / multiple background
- Asian / Asian British - Indian
- Asian / Asian British - Pakistani
- Asian / Asian British - Bangladeshi
- Asian / Asian British - Chinese
- Any other Asian background
- Black / African / Caribbean / Black British - African
- Black / African / Caribbean / Black British - Caribbean
- Any other Black / African / Caribbean / Black British background
- Any other ethnic group / background

## Appendix 5

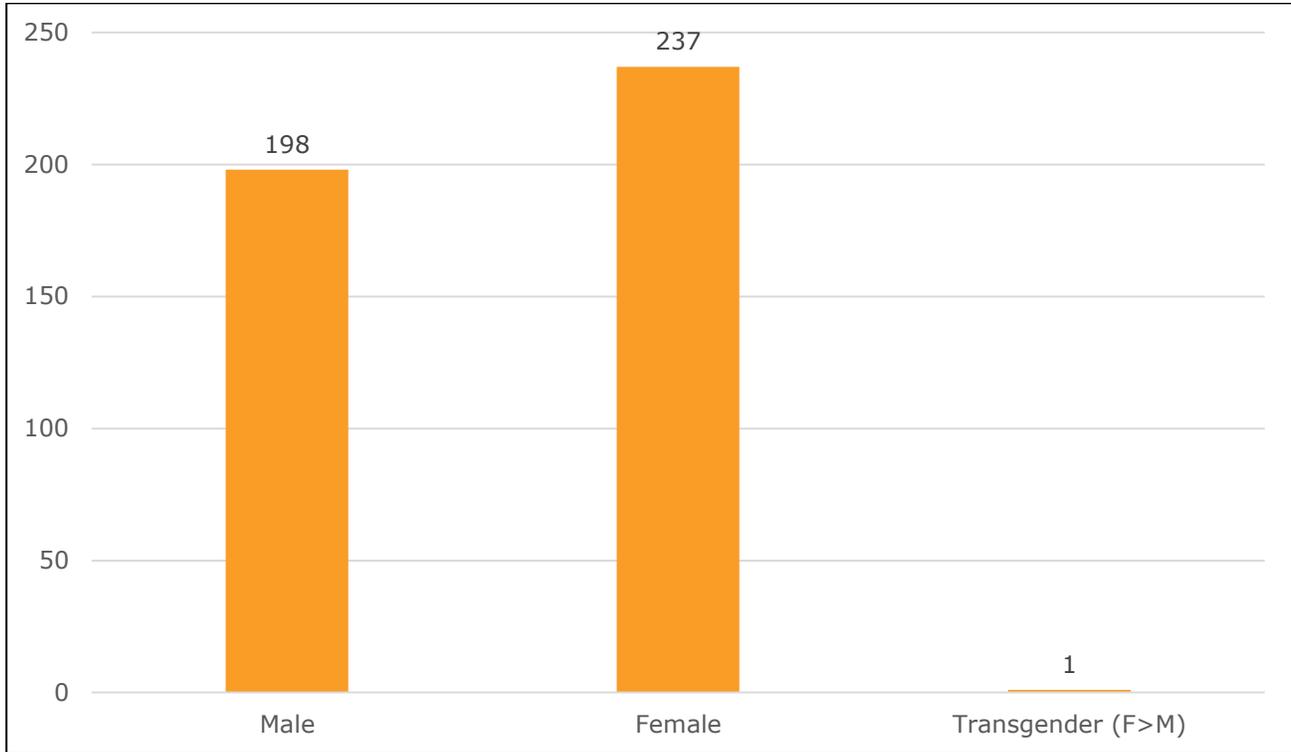
Children/Young people

Age Range



Appendix 6

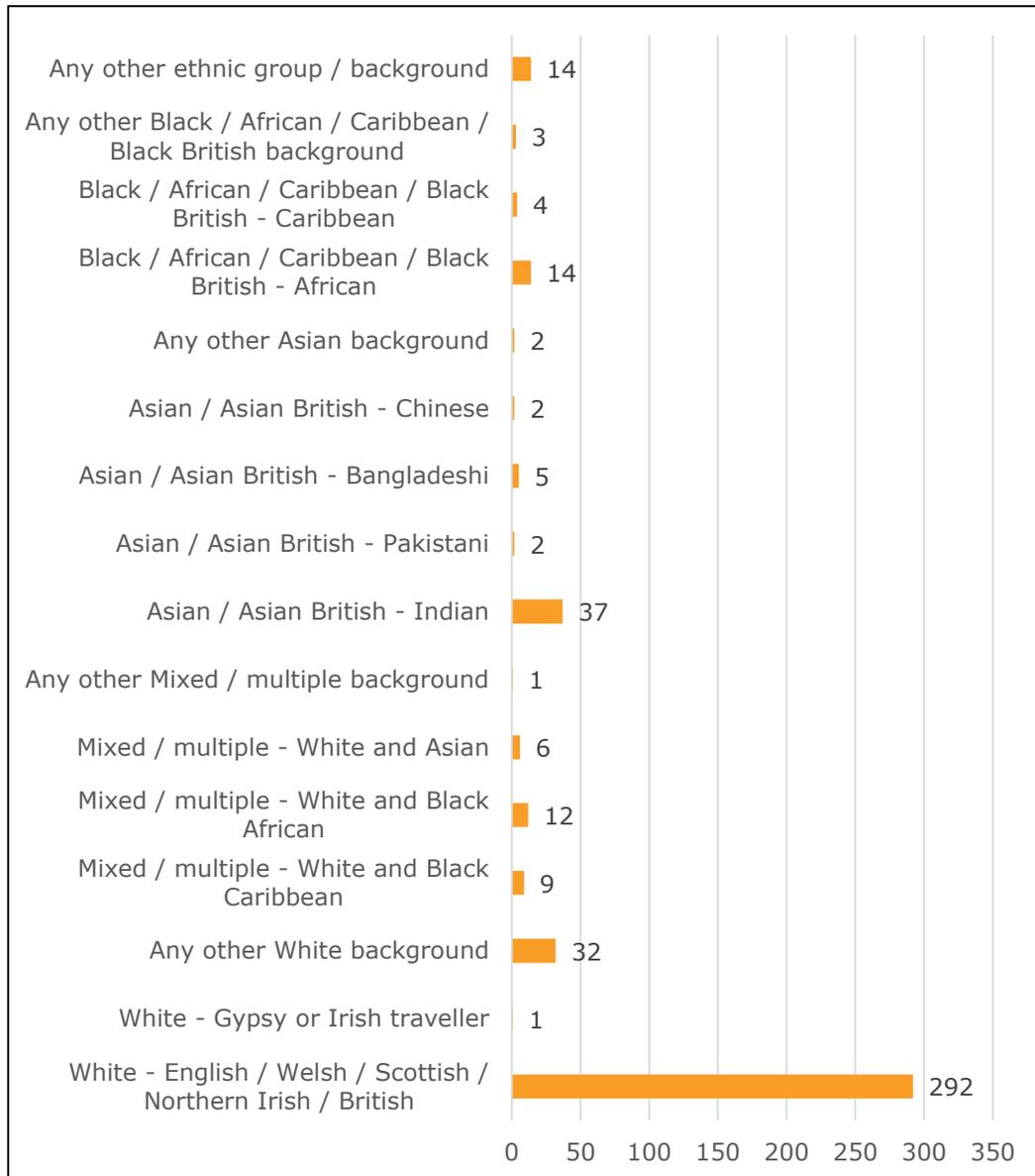
Gender Breakdown



**Appendix 7**

Children/Young people

**Ethnicity**



## Appendix 8

### Parents

#### Ethnicity

