

Agenda

Children's Services and Education Scrutiny Board

Monday, 8 January 2024 at 6.00 pm
At Council Chamber, The Council House, Freet Street, Oldbury, B69 3DB

1 **Apologies for Absence**

To receive any apologies for absence.

2 **Declarations of Interest**

Members to declare any interests in matters to be discussed at the meeting.

3 **Minutes**

7 - 20

To confirm the minutes of the meeting held on 13 November 2023 as a correct record.

4 **Urgent Additional Items of Business**

To determine whether there are any additional items of business to be considered as a matter of urgency.



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|---|---|-----------|
| 5 | The effectiveness of the Sandwell Children's Safeguarding Partnership's response to serious child safeguarding incidents | 21 - 30 |
| | To consider and comment upon Sandwell Children's Safeguarding Partnership's (SCSP) compliance to its statutory functions for responding to serious child safeguarding incidents and the procedures in place around Child Safeguarding Practice Reviews. | |
| 6 | Child Friendly Sandwell | 31 - 52 |
| | To consider and comment upon Child Friendly Sandwell. | |
| 7 | Health and Wellbeing of Students - Thrive Board Update | 53 - 178 |
| | To consider and comment upon the work of the Sandwell Thrive Board in the development, implementation, and review of its strategic plan to ensure that the emotional mental health and well-being needs of children and young people in Sandwell are met. | |
| 8 | Scrutiny Action Tracker | 179 - 188 |
| | Standing item to consider and note progress on implementation of actions and recommendations. | |
| 9 | Work Programme and Cabinet Forward Plan | 189 - 202 |
| | Standing item to consider the Children's Services and Education Work Programme and future items on the Forward Plan. | |

Shokat Lal
Chief Executive

Sandwell Council House
Freeth Street
Oldbury
West Midlands

Distribution

Councillor Hinchliff (Chair)
Councillors Chambers, Allcock, Ashraf, Choudhry, Fitzgerald, W Gill, Mayo,
Pall, Uddin and Weston

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Minutes of Children's Services and Education Scrutiny Board

**Monday 13 November 2023 at 6.00pm
in the Council Chamber, Sandwell Council House, Oldbury**

Present: Councillor Hinchliff (Chair);
Councillors Chambers (Vice-Chair), Allcock, Choudhry, Pall
and Weston;
Yvonne Ologbo - Parent Governor representative.

Officers: Michael Jarrett (Director of Children and Education);
Sally Giles (Assistant Director – Children’s Commissioning,
Partnerships and Improvement);
Balwant Bains (Head of Virtual School);
Kelly Harris (Skills & Employability Service Manager);
Connor Robinson (Democratic Services Officer).

In Attendance: Councillor Hackett (Cabinet Member for Children, Young
People and Education)

36/23 **Apologies for Absence**

Apologies for absence were received from Councillors Ashraf, W
Gill, and Mayo and Barrie Scott Co-opted Member - Church of
England dioceses of Birmingham and Lichfield Representative.

37/23 **Declarations of Interest**

There were no declarations of interest.



38/23 **Minutes**

Resolved that the minutes of the meeting held on 11 September 2023 are approved as a correct record.

39/23 **Additional Item of Business**

There were no additional items of business to consider.

40/23 **Post 16 Pathways**

The Board received an update on the post 16 pathways available to young people in Sandwell. The period of transition from full time education to post 18 destinations was important to help guide young people to achieve their aspirations. Education, Employment and Training figures had been generally good in Sandwell for those young people aged 16-18, however, post 19 figures had raised challenges.

The Board noted the following key headlines:-

- the Council had a statutory duty to provide targeted careers support for vulnerable young people;
- Sandwell Connexions was the team responsible for delivering the service in Sandwell which supported vulnerable groups including those young people involved in the youth justice system, those with attendance issues, Children in Care, those with SEND and those with family issues;
- since the raising of the participation age in education, the monitoring of post 16 outcomes had become an important aspect of Sandwell Connexions focus;
- the September guarantee meant there was a statutory duty for Connexions to return data on the placements of those young people aged 16-18;
- for 2022/23 1.7% of young people were Not in Education, Employment or Training (NEET) , this was an improvement over the 2021/22 figure of 2.6%;



- Sandwell ranked in Quintile 1 in the Country for its 16-18 NEET figures, which equated to 7th in the Country;
- the figures for September 2023 demonstrated Sandwell was ahead of the national and regional average;
- in August 2022 87.3% of Sandwell's young people in care aged 16 in Employment, Education or Training (EET), this had improved and in August 2023 it was 90.6%;
- the percentage of care leavers aged 17 and 18 in EET had been 60% in August 2022 and 71% in August 2023;
- the percentage of care leavers aged 19-21 in EET had been 44.5% in August 2022 and 48.6% in August 2023, this was below the England (62%) and West Midlands (60%) average;
- the percentage of those young people with SEND who were NEET was less than the West Midlands (9.4%) and England (9.7) average at 8.3%;
- the specialist EET support for children in care and care leavers included:
 - bespoke Sandwell Connexions Career advice and guidance programme from year 8 to year 11;
 - access to the aspire to higher education programme;
 - a NEET panel allowed social workers to refer young people towards career advice and support;
 - ringfenced apprenticeship opportunities across the Council and Sandwell Children's Trust;
 - the employment and skills team building a bond with care leavers to support them in accessing opportunities.
- the specialist EET support for young people with SEND included:
 - Connexions advice and guidance;
 - those with an Education, Health and Care Plan (EHCP) would be supported up to the age of 25;
 - supported internships where those with SEND were given a work placement;
 - supported apprenticeships which was aimed to follow any internship;
 - the support of a specialist employment team to support those with SEND.
- since 2021/22 there had been 2070 apprenticeships started;



- the take up of apprenticeships since 2016/17 had reduced by 46.6%;
- apprenticeships were not just for young people; the take up for those under 19 was 430, those aged between 19-24 was 650 and those aged 25 plus was 990;
- there was less opportunities for level 2 apprenticeships which had made it more difficult for young people to access apprenticeships;
- of the apprenticeships offered, 44% had been advanced apprenticeships (level 3), 29% higher apprenticeships (level 4) and 27% intermediate apprenticeships (level 2);
- the Council's apprenticeship programme was award winning;
- under the apprenticeship levy 954 apprenticeships had been started across the Council and schools;
- the age range accessing the Council's apprenticeship programme was between 16 and 62; 599 had been new entrants which had included a number of young people and those who were care leavers;
- those young people aged 19-24 who had been in receipt of out of work benefits was 2600 in August 2023 which accounted for 9.1%, this was above the West Midlands (6.7%) and National (4.9) averages;
- the causes of youth unemployment had been attributed to:
 - end of or reduced funding streams and support available;
 - lack of skills and experience for vacancies available;
 - mental health and anxiety;
 - lack of work experience;
 - financial barriers – benefit reliance/apprenticeship wage;
 - generational worklessness;
 - lack of willingness to travel outside of the borough for opportunities.
- measures introduced to reduce youth unemployment included:
 - introduction of the Accelerate programme which aimed to support young people in getting the experience necessary to move into employment;



- the Sandwell Youth Hub at the YMCA in West Bromwich which was a partnership between the Council and the DWP;
- the UK Shared Prosperity Fund which had replaced the European Social Fund;
- introduction of jobs and skills support using the Commonwealth Games legacy funding;
- the children in care and care leavers NEET strategy;
- Local Supportive Employment strategy with the DWP for those with SEND;
- growing the supportive internship model in the Council;
- the Council's Skills and Employment Strategy had been refreshed.

Following comments and questions from members of the Board, the following responses were provided and issues highlighted:-

- young people between 16 and 18 were required to be in employment, education or training, post 19 however, young people had more of a choice and could choose to drop out;
- for those young people who had left care, the Council was in a position to work with them to encourage them to take the necessary steps to enter and remain in employment, education or training;
- it was not entirely clear why the youth unemployment figures in Sandwell were so high, it may be down to young people leaving education and not been able to find, for a number of reasons, employment or training;
- the strategies and programmes were anticipated to support young people enter employment;
- sometimes employers put up barriers to young people accessing work through their requirements;
- the Council was focused on reducing the NEET figures amongst care leavers and increasing their access to opportunities;
- the Council was working to reduce youth unemployment and bring it in line with the national average;
- understanding the reasons behind the 16-18 EET figures and post-19 NEET figures was a strategic priority for the Council;



- work was required to understand the transition from childhood to adulthood for care leavers and the support they require;
- a number of children in care and care leavers would have had very negative and difficult upbringing and as a result struggle in the transition to adulthood. It was important that the Council supported them in entering EET;
- the Council utilised social media to publicise the Accelerate programme and other support available;
- figures related to unemployed young people who were SEND and had an EHCP were not available;
- through the Commonwealth Games legacy, funding had been dedicated to particular pathways to support young people's wellbeing;
- the Council had invested £1 million of Covid emergency funding into a health and wellbeing programme which supported programmes that addressed children's and young people's mental health;
- the demographic breakdown of those unemployed was available;
- it was important that career guidance and support was led by the young person; it was not the role of officers and support workers to direct young people but rather explore opportunities and guide them towards those areas;
- the Council had fed back with regional partners the issues around the lack of level 2 apprenticeships and the knock-on effect it had when recruiting;
- the DWP had approached the Council with regards to the establishment of a Youth Hub in Sandwell. The Council had been working with the YMCA in West Bromwich to establish the Hub which had been open from October 2023. The aim was to support young people who were on Universal Credit and who were economically inactive.

Resolved that:-

- (1) a further report is brought to the Children's Services and Education Scrutiny Board highlighting the barriers that exist for young people accessing Education, Employment or Training



post-19, and the measures in place to reduce youth unemployment;

- (2) the Director of Children’s Services provides feedback to the Board on the Council’s provision of supported internships for young people and those with SEND;
- (3) the Children’s Services and Education Board is provided with an update on the work and impact of the Youth Hub that had recently opened.

41/23 Sandwell Virtual School

Sandwell Virtual School aimed to promote achievement, raise attainment and ensure equality of opportunity and to enhance the life chances of all Children in Care.

The Virtual School Head was the lead responsible officer for ensuring that schools had the arrangements in place to improve the educational experiences and outcomes of the authority's Looked After Children, including those placed out-of-borough.

The Board noted the following key headlines:-

- Sandwell Virtual School for Children in Care had an intentionally high expectation for children so that they were given every opportunity to access the very best education possible and achieve their potential;
- a dedicated team comprising of a headteacher, operations manager, advisory teachers and support workers provided support to those children and young people in care;
- Ofsted had made repeated positive statements on the Sandwell Virtual School including:
 - “the virtual school has high expectations for children in care”
 - “[the children in care] are well supported and make progress in their education and learning”



- “Children have access to a range of social and educational opportunities”
- Nationally there were around 82,000 children in care which continued to increase and was expected to reach 100,000 by 2035;
- the most common reason for children to move into care was - at risk of abuse or neglect – which accounted for 54,270 children (66% of all cases);
- males accounted for 56% of the cohort, compared to 51% in the overall child population in Sandwell;
- Children in Care were predominantly older aged 10-15 years old and accounted for 39% of children, those aged 5-9 years were 18%, those 1-4 years 14% and those less than 1 year old 5%;
- The Virtual School was responsible for 503 children;
- approximately 48% of Sandwell children in care attended school outside of Sandwell, with 93% attending schools in and within 20 miles of Sandwell;
- of the schools attended by children in care:
 - 16 percent of the overall Children in Care cohort attended an education setting rated ‘outstanding’ by Ofsted;
 - 88% percent attended an education setting that was Ofsted-rated ‘good or outstanding’;
 - only 1 percent of the cohort attended a setting judged to be ‘inadequate’ by Ofsted;
 - children attending inadequate schools were provided with additional support;
- Pupil Premium came directly to the Virtual School. Based on the Personal Education Plan of each child, the funding was then moved to the child’s educational setting;
- Virtual School retained a proportion of that funding where it provided a creative curriculum which included:
 - arts and crafts day;
 - film making workshop;
 - Easter arts festival and theatre performance;
 - an introduction to acting at the Wolverhampton Grand Theatre;
 - a prosthetics workshop.



- a joint Aspire to University programme was run across the wider Black Country:
 - Sandwell had the highest proportion of students in the programme;
 - those children on the scheme were identified in year 6 and they were worked with to encourage them;
 - there were 129 young people across years 8-13 on the programme;
 - in 2023 there were 10 graduates of the programme all heading in positive directions.
- the attendance at school from children in care continued to be higher than the national average at 93.9% compared to 92.5%;
- of the 503 children in care there had been 106 cases of suspensions from school (21% of suspensions) involving 45 individuals from the cohort;
- the Virtual School engaged 554 service partners and carers in training over the 2022/23 academic year;
- the Virtual School ran a Music Provision Programme which allowed those children from year 4 to 7 to engage with free music lessons;
- the Personal Education Plan completion for the 2022-23 academic year indicated that 94% had been completed;
- quality assurance showed that 69% of those completed were judged as good or outstanding with 10% being inadequate;
- the Virtual School took a strategic leadership role in promoting the educational outcomes of Children with a Social Worker;
- the Virtual School worked in partnership with the Albion Foundation working directly with children and young people in care;
- the NEET figures for those leaving care continued to fall; work with Connexions meant that every child in care from year 8 received a careers interview;
- Key Stage One outcome data demonstrated:
 - there was a rise in attainment in all areas: Reading +19%, Writing +7% and Maths +17%, closing the gap between children in care and all Sandwell children.



- 31% of the Key Stage Two cohort had SEND/EHCP or SEND support, and there remained a gap in the cohort attainment;
- of the 29 children with no SEND, the outcomes surpassed those of all Sandwell Children in Reading Writing and Maths.

Following comments and questions from members of the Board, the following responses were provided and issues highlighted:-

- parents had fed back to Councillors that the Albion Foundation had undertaken good and important work for the local community;
- teacher assessments in 2021/22 meant that figures could not be compared to a regular school examination year, it was also the case that at small numbers individuals could significantly impact the statistics;
- there was a programme that distributed support packs to those pupils who had been identified as struggling in education;
- there was a programme of support that worked with carers and children in care to identify those who would benefit from additional academic support;
- the aim was to bring down the numbers of children in care educated outside of the Borough but that was dependent on the number of carers available and the location of the child in the Borough;
- there was a national issue with regards to the availability of foster carers;
- the number of suspensions was high, and intervention work was undertaken to work with the children involved to address concerns and challenges.

42/23

ASEND Inspection Outcome and Next Steps

The Board received an update on the ASEND Inspection conducted by Ofsted and the Care Quality Commission (CQC) between 19 June and 7 July 2023. The inspection evaluated against the new



Ofsted and CQC inspection framework which was launched in January 2023.

The revised framework evaluated the effectiveness and impact of local area partners and the extent to which children and young people with SEND, including those who attended Alternative Provision, were receiving consistently good experiences leading to consistently good outcomes.

While the inspection had been positive, the inspection had found that children and young people with SEND, and those who attended Alternative Provision, received inconsistent experiences leading to them achieving inconsistent outcomes in Sandwell. This was referred to as a 'category 2' outcome for the local area partnership.

A category 2 outcome meant that the local area partnership would submit to routine monitoring by Ofsted and CQC and supported by the Department for Education (DfE) in making the necessary improvements and within agreed timeframes. Following the inspection, all local areas were required to publish a local area inclusion plan by 2024. Sandwell would be publishing theirs ahead of the deadline set by the DfE.

The three areas for improvement noted by Ofsted and CQC were:

- area leaders should strengthen multi-agency working across the partnership between education, health and social care, so that children and young people's needs were identified and assessed in a more efficient and timely manner;
- area leaders should develop co-production with children and young people with SEND at a strategic level so that children and young people played a key role in developing improvement strategies and plans;
- area leaders should increase the number and range of short break opportunities to support the needs of all children and young people with SEND, including those with complex needs and post-16 young people.



The recommendations would be taken on board and actioned, which included incorporating them within the local area inclusion plan.

The inspectors were highly complementary about the renewed energy and vision shared across the partnership for children and young people with SEND, and the new SEND eco-system transformation programme launched by the local area partnership in June 2023. This had given the inspectors a very clear understanding that the local area partners, through the self-evaluation, were accurate in their judgements and the actions they were taking to improve the experiences and outcomes of children and young people with SEND.

The senior leaders of the Sandwell local area partnership for SEND were pleased that the inspection was both developmental and helpful and confirmed the accurate self-evaluation of the partnership.

Following comments and questions from members of the Board, the following responses were provided and issues highlighted:-

- the placement of children and young people with SEND out of Borough was to do with the needs of those individuals; local authorities nationally were not in a position to meet the needs of every child within their boundary and therefore were required to place and educate some children out of Borough to unsure their specific needs were met;
- the provision offered was very often based on need, it was often that needs changed and services were required to adapt, working with partners across services was required to identify and meet the needs of children with SEND;
- the Council had been working with local college providers in Sandwell and neighbouring authorities to identify their ability to meet the needs of young people with an EHCP and SEND;
- there were a number of children on a reduced timetable; the figures were at the lowest point that they had ever been, however, it was acknowledged that in some circumstances this approach was best for the children involved;



- local authorities would be required after 2024 to provide a comprehensive vision for those children with SEND, Sandwell had already developed a vision, however it was in need of a refresh.

43/23 **Scrutiny Action Tracker**

The Board noted progress on actions and recommendations from previous meetings.

44/23 **Work Programme and Cabinet Forward Plan**

The Board noted the Cabinet Forward Plan as it related to Children, Young People and Education.

Meeting ended at 7.40pm

Contact: democratic_services@sandwell.gov.uk



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Report to Children’s Services and Education Scrutiny Board

8 January 2024

Subject:	The effectiveness of the Sandwell Children’s Safeguarding Partnership’s response to serious child safeguarding incidents
Director:	Director of Children and Education (DCS), Michael Jarrett
Contact Officer:	Children’s Safeguarding Partnership Manager Gillian_Ming@sandwellchildrenstrust.org

1 Recommendations

- 1.1 That the Board considers and comments upon Sandwell Children’s Safeguarding Partnership’s (SCSP) compliance to its statutory functions for responding to serious child safeguarding incidents and the procedures in place around Child Safeguarding Practice Reviews;
- 1.2 That the Board notes the emerging themes, the action and activities undertaken to implement lessons learned and reduce the likelihood of reoccurring incidents.

2 Reasons for Recommendations

- 2.1 The premise of the Sandwell Children’s Safeguarding Partnership (SCSP) sees nothing as more important than children’s welfare. Every child deserves to grow up in a safe, stable and loving home. Children who need help and protection deserve high quality and effective support. This requires individuals, agencies and organisations to be clear about their own and each other’s roles and responsibilities and how they work





together to safeguard and promote the welfare of all children across Sandwell.

- 2.2 Whilst it is parents and carers who have primary care for their children, local authorities, working with partner organisations and agencies, have specific duties to safeguard and promote the welfare of all children in their area. The SCSP have specific duties to ensure that there are joint responsibilities encompassing the local multi-agency arrangements for the purposes of safeguarding and promoting the welfare of all children, including the actions to be taken if they believe a child has suffered or is likely to suffer significant harm, through to having robust processes in place following a child related incidents where abuse and/or neglect is known or suspected to be a causal factor, and a child has died or been seriously harmed.
- 2.3 In compliance with the requirements for undertaking rapid reviews as outlined in Chapter 5 of Working Together 2023, timescales for the statutory review processes are set in this guidance and monitored by the NCSPRP. All Rapid Reviews have been submitted to the NCSPRP within the prescribed 15 working days timescale, with the NCSPRP concurring with the decision of the SLPR panel in 18 of the 20 serious incidents considered.
- 2.4 Where LCSPRs have been commissioned, these should be completed through to publication within 6 months, however due to other competing processes i.e. criminal and/or coroner's investigations this is not always possible. The SCSP have published 6 of the 13 LCSPRs in full. 3 LCSPRs are currently embargoed awaiting the conclusions parallel proceedings and 3 remain in progress.
- 2.5 The SCSP framework for undertaking this function is highly regarded both regionally (in shaping the regional guidance and devising a toolkit for undertaking the duties in response to serious safeguarding incidents) and nationally where Sandwell has been referenced as an area of good practice for this function and cited by the NCSPR in their annual report for 2020/21.



3 How does this deliver objectives of the Corporate Plan?

	<p>Best start in life for children and young people</p> <p>The aim and work of the SCSP is about building a strong, competent, confident workforce who children and families are able to trust and rely upon, where practitioners have the skills and expertise to adapt their response to secure engagement by being alert and recognising where parents or carers may not be acting in the best interest of the child or where children may be experiencing abuse, neglect, and exploitation as a result of actions by parents, carers or other individuals in their lives.</p>
	<p>Strong resilient communities</p> <p>With a focus on improving relationships with community groups, the work of the SCSP has a foundation based on approaching families and their wider networks and communities with empathy, respect, compassion, and creativity.</p> <p>Through the use of strengths-based approaches and effective tools to improve working relationships with parents and carers, there is an improving picture of what is working well and how their strengths could support them to effect positive/sustainable change.</p>

4 Context and Key Issues

4.1 Working Together to Safeguard Children abolished Local Safeguarding Children’s Boards with the introduction of Local Safeguarding Partnerships (LSPs) in 2018, giving equal responsibilities to 3 statutory agencies (Local Authorities, Police and ICBs) for agreeing the local multi-agency safeguarding arrangements. Sandwell have added a fourth equal statutory partner, Sandwell Children’s Trust, who deliver the children’s social care functions on behalf of the council. These four key agencies are known locally as Sandwell Children’s Safeguarding Partnership (SCSP).



- 4.2 The four leading partners at SCSP must agree on ways to co-ordinate their safeguarding functions; act as a strategic leadership group in supporting and engaging other partners and stakeholders; and implement local and national learning including from serious child safeguarding incidents, the process for undertaking rapid and local child safeguarding practice reviews and setting out the arrangements for embedding learning across organisations and agencies as defined in Chapter 5 of the recently published Statutory guidance Working Together 2023.
- 4.3 When a serious child safeguarding incident becomes known, the SCSP must consider whether the case meets the criteria and threshold for a local review. If it is determined that the criteria is met to undertake a local child safeguarding practice review, a serious incident notification and rapid review must take place.
- 4.4 Serious Child Safeguarding Incidents are defined as cases in which:
- a) abuse or neglect of a child is known or suspected and
 - b) the child has died or been seriously harmed
- 4.5 Serious harm includes (but is not limited to) serious and/or long-term impairment of a child's mental health or intellectual, emotional, social or behavioural development, as well as impairment of physical health and/or cases where impairment is likely to be long-term, even if this is not immediately certain. Even if a child recovers, including from a one-off incident, serious harm may still have occurred
- 4.6 On behalf of the local authority and the SCSP, SCT has the initial duty to notify the DfE, Ofsted, the National Child Safeguarding Practice Review Panel (NCSRP) and the SCSP of all serious incidents that meet the above criteria.
- 4.7 A Serious Incident Notification (SIN) must be completed by SCT within 5 working days of becoming aware of the incident and is the catalyst that activates a Rapid Review. This must be undertaken by the elected Sandwell Learning from Practice Reviews panel (SLPR) on behalf of the SCSP and a decision reached as to whether or not the case has the potential for further learning using the following criteria:



1. The case highlights or may highlight improvements needed to safeguard and promote the welfare of children, including where those improvements have been previously identified
2. The case highlights or may highlight recurrent themes in the safeguarding and promotion of the welfare of children
3. The case highlights or may highlight concerns regarding two or more organisations or agencies working together effectively to safeguard and promote the welfare of children
4. The case is one the NCSPPR has considered and has concluded a local review may be more appropriate.

- 4.8 In considering whether or not further learning is required, the SLPR panel must also have regard to circumstances where:
- a) There are causes for concern about the actions of a single agency
 - b) There has been no agency involvement and this gives cause for concern
 - c) More than one local authority, police area or ICB is involved, including in cases where families move around
 - d) The case may raise issues related to safeguarding or promoting the welfare of children in institutional settings.
- 4.9 The decision of the SLPR panel and the outcome of rapid reviews must be shared with the NCSPPR within 15 working days of receiving the initial SIN.
- 4.10 Since the inception of the SCSP on 1st April 2019, and up to December 2023, there have been 20 serious child safeguarding incidents across Sandwell which have been referred and scrutinised through the Rapid Review process.
- 4.11 Of the 20 cases considered by the LPRP, 13 (65%) have met the criteria for further learning and improvement activity, known as a ‘Local Child Safeguarding Practice Review’ (LCSPR). A breakdown by year is as follows:

Table 1.

Year	Number of Rapid Reviews	Number resulting in LCSPR
2019-20	4	3
2020-21	8	5
2021-22	2	1
2022-23	3	2



2023-24 *current year	3	2
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- 4.12 LCSPRs are intended to identify learning and improvements, both within Sandwell and potentially beyond. Where the NCSPPR have concurred with the decision of the SLPR panel that further learning can be obtained, the SCSP must commission and complete a LCSPR and publish within 6 months unless they consider it inappropriate to do so. In such a circumstance, they must, as a minimum publish the recommendations and actions that are considered appropriate to publish.
- 4.13 Across the 13 LCSPRs that have been initiated over this period, there are evidential themes that have emerged as categorised under the headings as follows:
- 4.14 The SCSP have robust systems and structures in place to manage and oversee each stage of its functions in response to serious child safeguarding incidents and have highlighted the above themes based on the findings from reviews in Sandwell.
- 4.15 For each LCSPR, the SCSP maintains a summary of any recommended improvements to be made by individuals or organisations to safeguard and promote the welfare of children, with action plans clearly outlining what is required of the SCSP and agencies both collectively and

<u>Emerging Theme</u>	<u>Reoccurring in no. of LCSPRs</u>
Under 1s	7/13
Child from Black and minoritised ethnic background	6/13
Mental ill health of parents/carers	10/13
Issue with information sharing/communication	13/13
Neglect	10/13
Core safeguarding procedures/processes (e.g. application of thresholds, quality of assessments, plan progression)	10/13
Substance/alcohol misuse (child or parent)	8/13
Domestic abuse	7/13



individually, and by when, and focuses on improving outcomes for children.

4.16 The emerging themes following serious safeguarding incidents as referenced above can be tracked to the activities being undertaken across the SCSP workstreams, and in some areas have been elevated for specific pieces of work (e.g. neglect, pre-birth work, cultural competence).

4.17 Evidence and examples of actions resulting from the learning from reviews are:

- The development of a Cultural Competence Framework and associated training (to be rolled out in early 2024) to support professionals to have greater cultural awareness and sensitivity when engaging with families from all backgrounds;
- dedicated position (2year fixed term) supporting the Early Help Partnership and Sandwell Community Voluntary Organisations (SCVO) in strengthening the community links, roles and responsibilities for safeguarding to improve engagement with families, including families from minoritised backgrounds as influenced by a survey undertaken with young people, parents/carers and professionals;
- development of the Sandwell Unborn Baby Network to identify and provide support at the earliest possible stage to vulnerable pregnant mothers who are not subject to statutory services;
- introduction of the Tackling Neglect subgroup to lead on the partnership strategy, associated training and embedding of the Graded Care Profile 2 assessment tool (GCP2) to better identify and respond to child neglect;
- commissioning by the Domestic Abuse Strategic Partnership of 2 additional workers for women's refuges to provide support to children and families (Family Support Worker and Empowerment and Engagement Co-ordinator);
- support the introduction of the '*Infants Crying is Okay, Never Shake the Baby*' (ICON) programme across Sandwell to help new parents cope with crying babies in the early days of parenthood;
- strengthening of links between the work of SCSP and the Child Death Overview Panel, including representation at all Joint Agency



Response meetings following the sudden unexpected death of a Sandwell child (this is unique to the Black Country);

- extend the SCSP Multi agency Training catalogue, adding specific courses such as ‘Hidden Men.’ Webinars have been introduced upon publication of LCSPRs to share the learning with frontline practitioners and first line managers. Learning from all reviews has had a significant influence on updating of existing courses such as Core Working Together and introducing new materials to support practitioners, such as ‘Techniques for supporting with challenging conversations as well as use of language/labelling (e.g. moving away from terms such as ‘disguised compliance’ and ‘hard to reach families).

5 Implications

Resources:	<p>There are no specific financial implications arising from this report.</p> <p>There is dedicated capacity to support all functions related to the statutory review process and SLPR functions via the Practice and Quality Review Officer role funded from Partners’ annual financial contributions.</p>
Legal and Governance:	<p>In accordance with Working Together 2023, LCSPRs must be published in full (unless there are compelling reasons not to do so). Copies of LCSPRs are ratified by the SCSP and reports are shared with the Chief Executive of Sandwell MBC, Chief Executive of Sandwell Children’s Trust, Leader of the Council, DfE, Ofsted, Secretary of State and NCSPRP, Police and Crime Commissioner and the Integrated Commissioning Board</p> <p>LCSPR reports are also made publicly available on the SCSP and NSPCC websites.</p>
Risk:	<p>There are no risk implications arising from this report.</p> <p>Although, where LCSPRs are in the public domain there is the potential for reputational risks. Mitigation</p>



	strategies are always considered throughout the publication planning process.
Equality:	This report is for information only and the actions contained within the Board's plan will have their own Equality Impact Assessment (EIA) as required.
Health and Wellbeing:	At times when children suffer serious injuries or death as a result of abuse or neglect, understanding not only what happened but also why it happened can help prevent reoccurrences, improve our responses in the future and support partners in keeping children safe which underpins their right to have good health and wellbeing.
Social Value:	As a partnership our vision is for all children to be safe at home and in their communities, where they are loved, cared for and have the stability to grow healthily and to achieve their ambitions. The values which underpin the work of the SCSP are captured in the statements below: We will put children at the heart of what we do Together we will make Sandwell safer for children We will always listen, learn and improve We will have respect for each other and recognise and respond positively to difference We will be positive about the future, and have aspirations for Sandwell's children, be solution focused, committed and innovative.
Climate Change	There are no direct associated implications in relation to climate change.
Corporate Parenting	This report and associated activity of the safeguarding partnership board is considered at the Corporate Parenting Board as appropriate.

6 Appendices:
[2022/23 Sandwell Children's Safeguarding Partnership Annual Report](#)

7. Background Papers

[Working Together 2023](#)



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Report to Children’s Service and Education Scrutiny Board

8 January 2024

Subject:	Child Friendly Sandwell
Director:	<p>Director of Children and Education Michael Jarrett Michael_Jarrett@sandwell.gov.uk</p> <p>Assistant Chief Executive James McLaughlin James_McLaughlin@sandwell.gov.uk</p>
Contact Officer:	<p>Sally Giles – Assistant Director – Children’s Commissioning, Partnerships and Improvement Sally_Giles@sandwell.gov.uk</p> <p>Samantha Harman - Holiday Activities and Food Programme Manager samantha_Harman@sandwell.gov.uk</p> <p>Sarah Sprung – Senior Lead Officer – Policy and Strategy Sarah_Sprung@sandwell.gov.uk</p> <p>Jack Whitehouse – Lead Officer – Policy and Strategy Jack_Whitehouse@sandwell.gov.uk</p>



1 Recommendations


- 1.1 That the Board considers and comments upon Child Friendly Sandwell and identifies any recommendation it wishes to make to Cabinet.

2 Reasons for Recommendations

- 2.1 A report will be considered by Cabinet at its meeting on 17 January 2024. The report seeks approval to submit an expression of interest, and subsequent application, to UNICEF to become a child friendly borough, the reasons for which are set out below.
- 2.2 A child friendly city is a city that respects and promotes the rights of children and young people and provides them with opportunities to participate in its social, cultural, political and economic life. Developing a child friendly city involves engaging with children and young people as active citizens, ensuring their safety and well-being, and creating inclusive and accessible spaces and services for them. A child friendly city is not only beneficial for children and young people, but also for the whole community, as it fosters social cohesion, diversity, sustainability, and innovation.
- 2.3 The guiding principles of building a child friendly city mirror the overarching principles of the UN Convention on the Rights of the Child. The initiative requires adoption of the following principles for good governance;
- equity and inclusion
 - accountability and transparency
 - public participation
 - adaptability and sustainability
- 2.4 Delivering a child friendly borough would support the Council to deliver its commitments to equality and diversity and key elements of both the Corporate Plan and the Improvement Plan. It will also represent the Council living its values, being ambitious, inclusive, customer focused and accountable.
- 2.5 From the results of the boroughwide representative Budget Consultation run in 2023, we know that the most important area of Council business to residents are the services delivered to Children and Young People.



3 How does this deliver objectives of the Corporate Plan?

	Working towards and achieving Child Friendly status would impact positively on all strategic objectives and unify the council in the delivery of the Corporate Plan and the wider five board partnership priorities.
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4 Context and Key Issues

- 4.1 A child friendly city is a city, town, community or any system of local governance committed to improving the lives of children within their jurisdiction by realising their rights as articulated in the UN Convention on the Rights of the Child (UNCRC) which is the most widely ratified human rights treaty in history and has helped transform children's lives.
- 4.2 The challenges for children and young people post pandemic are greater now than ever. Adopting a child friendly framework puts children centre stage and encourages a conversation about what the future for children and young people living in Sandwell should look like. This requires a commitment to ensuring that every child has the best possible childhood, regardless of where they live, how much their parents earn, their cultural heritage or their complex needs.
- 4.3 Placing children and young people at the heart of the shared public realm is a moral, economic and public health imperative. Only by engaging consistently with children and young people, considering the evidence and highlighting what works, can we begin to influence policy to give these issues the priority they deserve. By doing this we can then take the steps necessary to create genuinely child friendly communities, towns and neighbourhoods, which will deliver benefits felt by the community as a whole. Examples where the child friendly approach has impacted on children's lives include Child Friendly Cov successfully partnering with two major utilities companies to price cap utility bills for care leavers transitioning to independent living and Child Friendly Leeds roll out the Safe Space programme in conjunction with their business ambassadors, training over 200 staff members and creating a network of safe spaces across the city.
- 4.4 Whilst Sandwell does not have child friendly status, we have much to be proud of. Current areas of good practice, some of which have been in



place for 10 years, that support Child Friendly status include:

- SHAPE FORUM
- Children and Young People Engagement Strategy
- Sandwell Play Service – Go Play Sandwell
- Play Sufficiency
- Universal and targeted youth service offer
- Just Youth website
- Poverty Proofing in schools
- Young Peoples Version of the Corporate plan
- Corporate Parenting Programme
- Your Voice – Sandwell Children’s Trust
- Rights Respecting Schools programme in some schools
- 21st Century Child programme
- Pilot school streets programme

Research and Development

4.5 An officer working group has completed research into a range of models that may be adopted to achieve a Child Friendly Sandwell. Essentially there are two options available: -

1. UNICEF Child Friendly Cities,
2. Develop our own Sandwell Child Friendly Borough Programme.

4.6 Appendix A details the requirements for each of these approaches and the pros and cons for each, together with the financial implications.

4.7 Officers have engaged with peers from the London Borough of Lambeth, Cardiff Council and Southampton City Council. Lambeth and Southampton are on their journey to becoming a UNICEF Child Friendly City and Cardiff has recently gained the accreditation. These conversations have identified that the strengths of the UNICEF approach are: -

- The expectation that it is a top down, council wide approach, which holds participating councils to account,
- The model supports a cultural change in council’s decision-making processes,
- The model includes support, training and scrutiny from UNICEF,



- UNICEF UK recognition, once achieved, would have a positive impact on a council's reputation and can act as a positive catalyst to leaver in additional income from external sources.

4.8 Officers have also engaged with peers from Leeds and Coventry Councils who are implementing their own child friendly approaches. From those conversations it has been determined that: -

- A bespoke framework often but not always delivers a 'bottom up' approach and has limited impact at a boroughwide strategic level.
- An accountability partner would need to be procured to build in scrutiny to the process, the cost of which would be similar to the cost associated with the UNICEF programme.
- There would be more flexibility with this option both in terms of the framework and timescales.

Consultation Process and Preferred Option

4.9 Following the research phase of the work the two options were taken forward to Leadership team on 26 September and then to a Leaders meeting on 11 October 2023.

4.10 Due consideration was given to the pros and cons for both approaches, together with the resource requirements to deliver. Consideration was also given as to whether it was the right time for Sandwell to embark on a journey towards being a child friendly borough.

4.11 Given that the cost of both approaches was similar, members felt that it would be better to progress with the UNICEF framework for the following reasons: -

- Internationally recognised – has more meaning than a locally designed framework.
- The training and support offered through UNICEF would have a positive impact on the cultural changes required to deliver a child friendly borough.

4.12 Officers attended a meeting of the SHAPE Youth Forum on 30th November to determine whether progressing towards a child friendly borough was something that young people living in Sandwell would support.



4.13 Young people present at the SHAPE Youth Forum made the following comments: -

- Lots of officers come to SHAPE to ask our views, with the exception of the Corporate Plan, we never hear back from them.
- We often feel that adults try to make children act in a more adult way, rather than making the environment more suitable for children.
- We want to be able to prioritise areas for improvement.
- Over the last 10 years of the SHAPE survey there have consistently been the same issues and priorities coming forward from children and young people across Sandwell, it feels like nothing has changed. If becoming a Child Friendly Borough would help address this, it is a positive.

4.14 A Vision 2030 event was held with partners from the Sandwell Business Ambassadors and the five statutory partnership boards (Safeguarding Children's Partnership, Safeguarding Adults Board, Safer Sandwell Police and Crime Board, Health and Wellbeing Board and the Corporate Parenting Board) on 30th November. Whilst the main discussion focused on the refresh of the Vision there was reference to the need to retain a focus on children and young people. Partners particularly saw the long-term benefits of focusing and investing in our children and young people.

Next Steps: UNICEF – Child Friendly Cities and Communities Expression of Interest

4.16 The expression of interest requires the council to evidence:

- Motivation and readiness – Is this the right time for us?
- Vision – Do we have a clear vision of what we want to achieve?
- Commitment to child centred practice – Can we build on existing commitments to child's rights and child centred practice?
- A meaningful commitment to children and young people's participation- Are we committed to children's ongoing, meaningful participation and involvement in decision making?
- Commitment to reflective practice and learning – Are we committed to reflective practice, experimentation and ongoing data collection and monitoring?
- Commitment at all levels and cross-council buy in - Do we have political commitment to the programme, and can we ensure commitment across the wider council?



- Governance and coordination – Will there be robust, transparent local governance structures in place?
- Place based approach. Can we take an inclusive, community-wide approach to our delivery of the programme?
- Costs and resourcing – Can we commit to paying the direct programme fees and ensure adequate resources are available locally for a minimum of three years?
- Commitment to improving local standards and outcomes – Can we detail how the programme will help improve standards and outcomes and identify key performance indicators to help us achieve this?

4.17 To oversee both the expression of interest and subsequent application process it is suggested that this would be best managed through the establishment of a Member Working Group with Cabinet, Scrutiny and Opposition representation. The Group would also be responsible for determining the post accreditation approach so that we maintain and continue to build on best practice.

4.18 We would expect to be able to submit our expression of interest in February 2024. Following which we will be able to identify the key milestones in our journey to becoming a Child Friendly Borough.

Finance, Resourcing and Governance

4.19 The financial cost of progressing with the UNICEF Child Friendly Cities programme is £35,000 per annum. We know from speaking to other local authorities that it will take between three and five years from expression of interest to assessment and award of the status. This would mean the Council would incur maximum costs of £175,000.

4.20 In year 1 – 2024/25 the required £35,000 will be met by redirecting Covid recovery funding. In future years we will seek corporate sponsorship and any additional funding required will be met from the base budget.

4.21 Embarking upon the child friendly borough journey will require commitment and staff resource from all areas of the Council. It is a cultural change model that will benefit the Council as a whole and our wider community, putting children and young people at the heart of all council services, functions and decisions.

4.22 Whilst some co-ordination and project management resource have been identified within Children’s Services and the Assistant Chief Executive’s



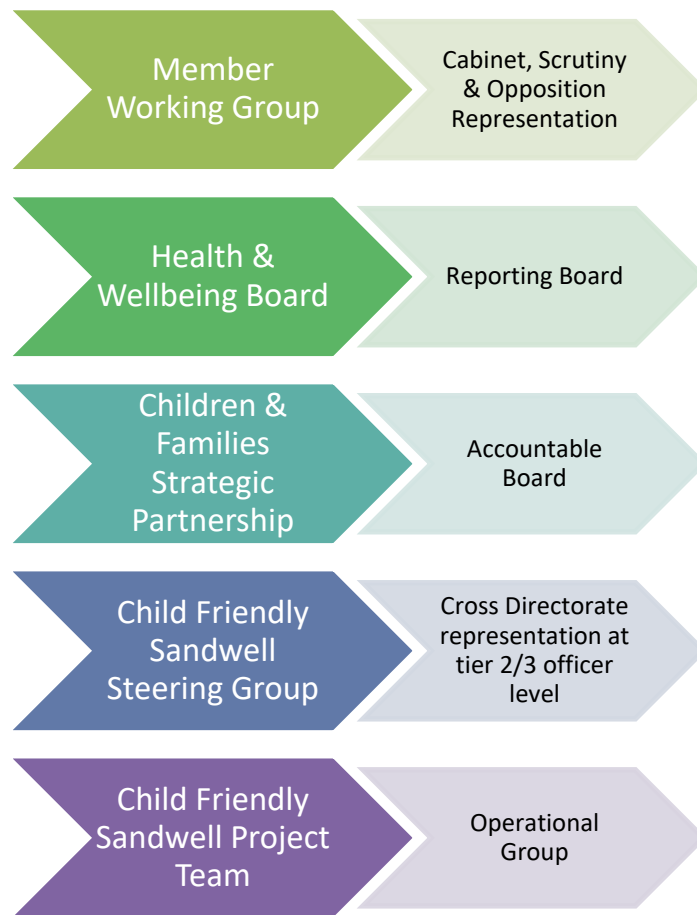
area there is a need for long term commitment of staff resources across the Council including (but not limited to): -

- Communications
- Community Partnerships
- Finance
- Legal and Governance
- Housing
- Regeneration
- Public Health
- Borough Economy
- Strategic Partnership Business Managers

4.23 Council wide commitment will ensure that we can progress with this agenda as one council and equally realise the benefits of working in a child friendly way.

4.24 Whilst the Member Working Group and Officer Steering Group will be paramount to driving the project forward, wider governance is also required to draw in the expertise, intelligence and support from partners. The diagram below sets out the proposed governance arrangements: -





4.25 The Council has recently been successful in its bid to secure Health Determinants Research Collaboration (HDRC) funds which will: -

- Enable the Council to become more research active.
- Support evidence-informed decision making to improve wider determinants of health.
- Establish place-based partnerships involving local authority, higher education institutions, voluntary and community sector, NHS and wider health partners.

4.26 The Child Friendly Borough programme will be able to benefit from HDRC activity by means of consultation, engagement, analysis and evaluation.



5 Implications

<p>Resources:</p>	<p>The cost to the Council for each year of undertaking the UNICEF Child Friendly Cities programme would be £35,000. Funding has been identified for 2024/25 from redirect of Covid recovery fund in future years it will be sought from corporate sponsorship and any additional built into the base budget as detailed in 4.20</p> <p>The assignment of a lead officer from each directorate to represent on the Child Friendly Sandwell Officer Working Group, to manage both the EOI, application processes and any subsequent related CFS work programmes moving forward.</p>
<p>Legal and Governance:</p>	<p>There are no direct legal implications arising from these recommendations. Robust, transparent governance arrangements will be built into the process.</p>
<p>Risk:</p>	<p>A full risk assessment will be undertaken by the Officer working group as part of the application phase of the activity and be monitored by the Officer's working group and reviewed regularly through the Member Working Group.</p> <p>Child Friendly Sandwell is a Labour Manifesto Pledge, not progressing this could have an adverse reputational impact.</p>
<p>Equality:</p>	<p>Progressing towards child friendly status would have a positive impact on equality across the borough. As part of the expression of interest phase of activity a full Equality Impact Assessment will be undertaken to ensure that the process maximises opportunity to address inequality across the borough.</p>
<p>Health and Wellbeing:</p>	<p>Children's capability to generate well-being is shaped through relationships they have with other people and the spatial conditions of their everyday life adopting a child friendly way of working can improve health and wellbeing not only for our younger population but also wider communities and residents.</p>



Social Value:	Sandwell Business Ambassadors were engaged in the consultation as part of the Vision 2030 event. Embarking upon a child friendly journey aligns well with their priority around raising aspirations. CFS will provide opportunities for children and young people to influence procurement processes, policies and cultural change across the Council and wider partners.
Climate Change:	Adopting a child friendly approach requires the council to analyse the impact decisions have on the lived experiences of children and young people in Sandwell which includes the commitment to our climate change targets.
Corporate Parenting:	Embarking upon a journey to being a child friendly borough will require extensive consultation and engagement with children and young people across the borough. This will include our care experienced children and young people.

6 Appendices

Appendix A – Option appraisal for becoming a child friendly borough.

7. Background Papers

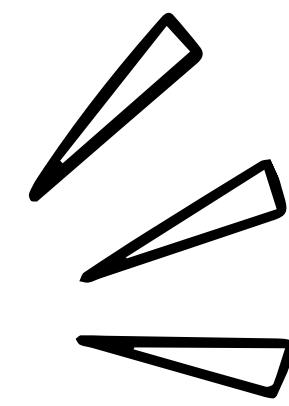
[The UN Convention on the Rights of the Child](#)
[UNICEF Child Friendly Initiative Guidance Note](#)
[UNICEF Child Friendly Cities and Communities Handbook](#)



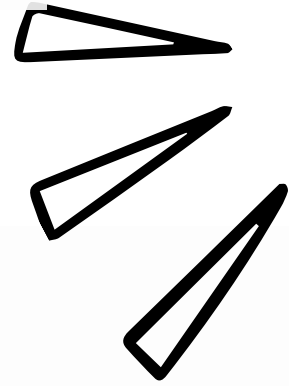
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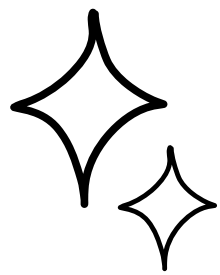


Child Friendly Sandwell



Option Appraisal





Why become child friendly



Since 2018 children and young people have been telling us what is like to grow up in Sandwell. SHAPE surveys, Make your Mark and Play Sufficiency Assessments all have recurring themes – they may be using different phrases but the messages are the same.

UK research highlights the real difficulties currently faced by children and young people and the impact the wider public realm has on their lived experiences.

[State of the Nation Report 2022](#) – Central Government

[The Good Childhood Report 2023](#) – The Children’s Society

[Mental Health of Children and Young People in England](#) – NHS Digital

[Child Health Inequalities driven by Child Poverty in the UK](#) – RCPCH

[Childhood Obesity is Where You Live Important ?](#) – Nuffield Trust

[Cities Alive – Designing for Urban Childhoods](#) – ARUP

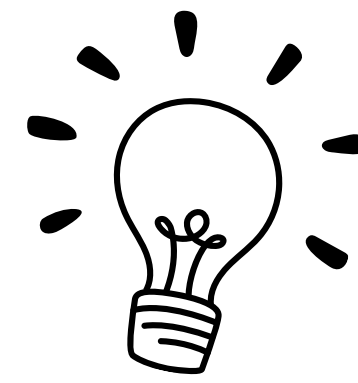
[‘Young People Ditching Ambitions over UK Cost of Living’](#) – The Guardian

[‘Poor housing a growing barrier to school attendance’](#) – The Guardian

Options

UNICEF Child Friendly Cities
Programme

Go it alone and develop our own bespoke
Child Friendly Borough Programme



UNICEF Programme

It takes between three to five years for a city or community to be recognised as a UNICEF UK Child Friendly City or Community. The framework is split into four distinctive phases:

1. Discovery

2. Development

3. Delivery

4. Recognition



UNICEF Programme



Cost

- £35,000 direct costs to UNICEF pa minimum of 3 years as a council wide commitment.
- Indirect costs associated with the coordination of the programme.

Pros

- Globally recognised
- Structured framework
- Requires a top down approach
- Cabinet Members support for the UNICEF model
- Support and training provided
- Access to other support networks

Resource

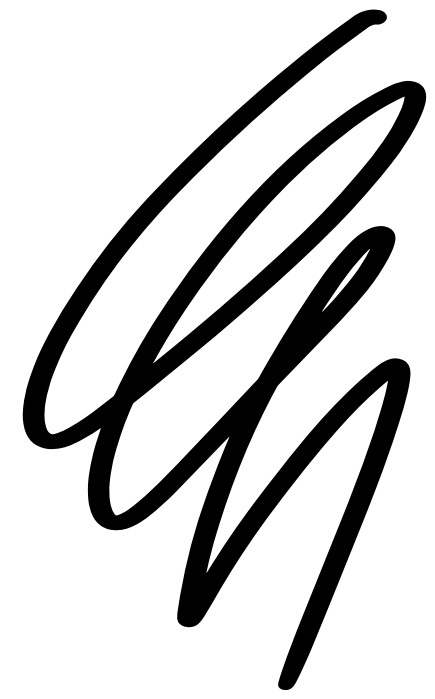
- CE or Director to Champion the programme
- Lead Member
- Lead identified in Children's Services
- Establish Local Steering Committee
- Corporate Support Identified
- Project management/support?
- Directorate leads to be identified

Cons

- Limited flexibility within the parameters of the programme
- Cost
- Timescales - defined by UNICEF It could take longer

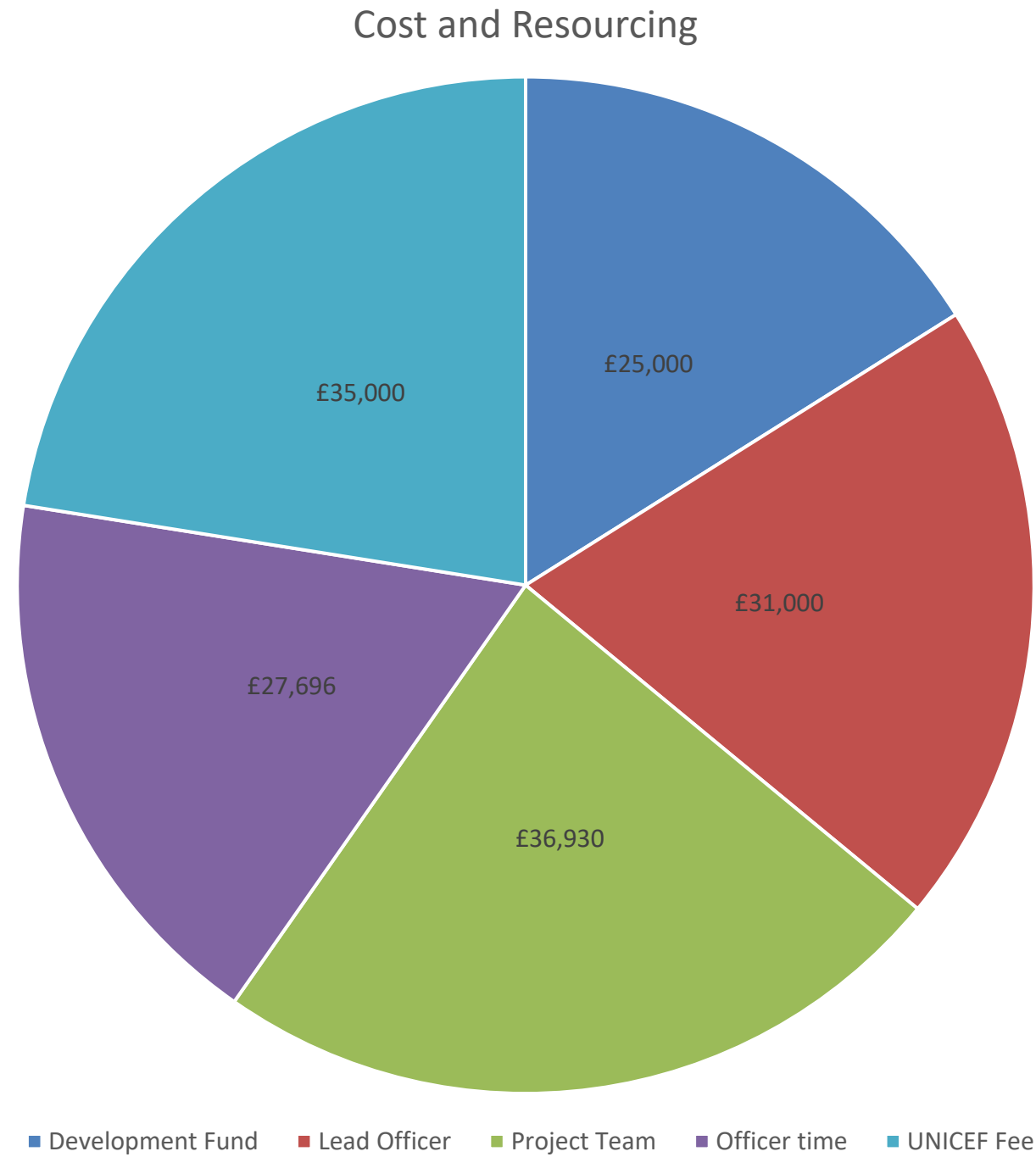


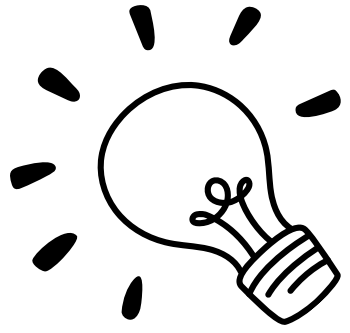
UNICEF Programme



Cost

- Development Fund
- Lead Officer 0.5 post
- Project Team – project officer and corporate support officer.
- Officer time allocation per directorate 0.25 x 3
- UNICEF annual fee
- **TOTAL £155,626**





Bespoke Model

High level commitment to embed a child rights approach

Staff resource to develop framework

Ongoing training and delivery support

Identify external evaluation partner



Bespoke model

Cost

- 35 to 40k pa for the duration of the programme for an evaluation partner as across directorate commitment
- Indirect costs to develop the framework and coordinate the programme
- Training costs

Resource

- CE or Director to Champion the programme
- Lead Member
- Lead identified in Children's Services
- Corporate Support Identified
- Project management/support?
- Directorate leads to be identified

Pros

- Flexibility in the framework design
- Build on existing work
- Timescales

Cons

- Timescales
- Costs
- Identifying how outcomes are evaluated
- Local recognition only
- Potential for the programme to not succeed
- Bottom up approach

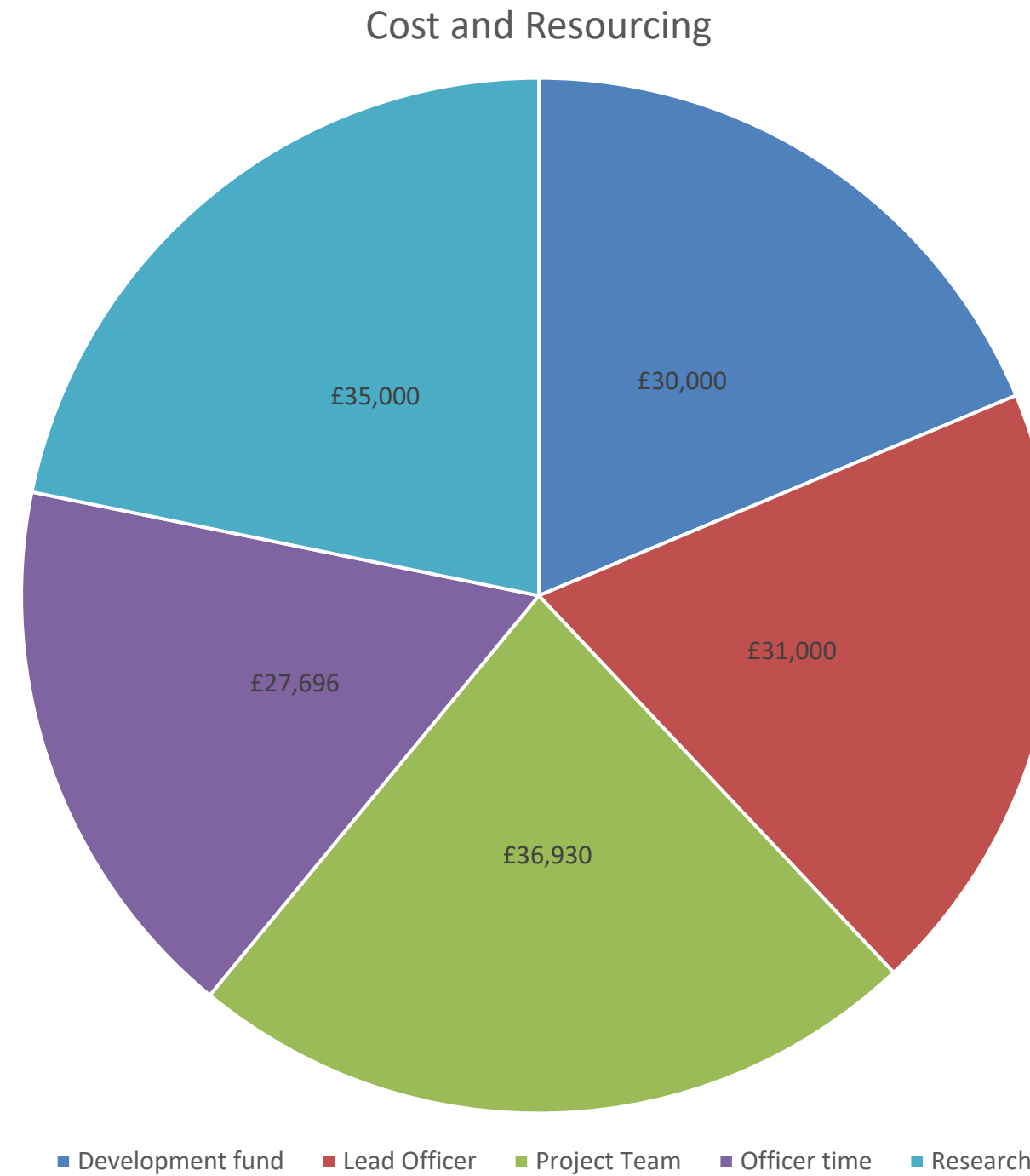
Bespoke Programme



Cost

- Development Fund
- Lead Officer 0.5 post
- Project Team – project officer and corporate support officer.
- Officer time allocation per directorate 0.25 x 3
- Research, evaluation partner

TOTAL £160,626



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Report to Children’s Services and Education Scrutiny Board

8 January 2024

Subject:	Health and Wellbeing of Students – Thrive Board
Director:	Director of Children and Education, Michael Jarrett
Contact Officer:	Mags Courts Head of CAMHS Commissioning Black Country Healthcare NHS Foundation Trust Margaret.courts@nhs.net Sally Giles, Assistant Director – Children’s Commissioning, Partnerships and Improvement Children and Education Service sally_giles@sandwell.gov.uk

1 Recommendations


- 1.1 That the Board considers the work of the Sandwell Thrive Board in the development, implementation, and review of its strategic plan to ensure that the emotional mental health and well-being needs of children and young people in Sandwell are met.

2 Reasons for Recommendations

- 2.1 The purpose of this report is to provide an update regarding how services are supporting the emotional wellbeing and mental health of students.



3 How does this deliver objectives of the Corporate Plan?

	Through a multi-agency approach, Thrive Board seeks to ensure that children and young people have access to emotional mental health and well-being help to meet their needs when they need it most.
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4 Context and Key Issues

- 4.1 Sandwell Thrive Board was established in November 2021 and is responsible for the development, implementation, and review of a strategic plan to ensure that the emotional mental health and well-being needs of children and young people of Sandwell are met in a timely, effective, and sustainable manner.
- 4.2 The Board has a strategic focus, with representation from health, education, social care, police, schools and the voluntary sector. It is chaired by the Senior Children and Young Person Mental Health Commissioner, Black Country Healthcare NHS Foundation Trust. Members work within their respective governance and monitoring processes of each organisation, to enable timely development and delivery.
- 4.3 The Thrive Board reports into the Children and Families Strategic Commissioning Partnership and the Black Country Health Care CYP Mental Health Programme Board.
- 4.4 The Operational Group reports to Thrive Board and is a multi-agency group who are delivering outcomes against 8 identified priorities.
- 4.5 In January 2024, the board will be reviewing the eight priorities that were previously identified by members, to determine whether these priorities remain current. The objective is to ensure that our focus and resources are being directed in the most effective way.

Key issues: Health and Wellbeing of Students

- 4.6 NHS England, Mental Health of Children and Young People in England report (wave 4 - November 2023), found that 20.3% of eight to 16-year-



olds had a probable mental disorder, among 17 to 19-year-olds, the proportion was 23.3%, while in 20 to 25-year-olds it was 21.7%. It is identified that the rise in rates of probable mental disorders between 2017 and 2020, has continued at similar levels in all age groups between 2022 and 2023. Among 8- to 16-year-olds, rates of probable mental disorder were similar for boys and girls, while for 17 to 25-year olds, rates were twice as high for young women than young men.

- 4.7 In November 2022, the Corporate Parenting Board conducted a deep dive into physical, emotional and mental health services. Voices of Sandwell Forum (VOS), a forum for children in care, and the Forum for Independent Young Adults (FIYA), a forum for care experienced, provided their collective views of support services in Sandwell and what they felt.
- 4.8 In December 2022, the SHAPE Forum organised a takeover day at the Thrive Strategic Board meeting, which also included members from FIYA. Young people collectively shared their experiences and perspectives on the support they received for emotional wellbeing and mental health in Sandwell.
- 4.9 The takeover sessions, in conjunction with the SHAPE 2022 report, have provided valuable insights into the challenges faced by Sandwell's children and young people in relation to their emotional wellbeing and mental health. The SHAPE 2022 report has identified recurring themes in the mental health issues faced by children and young people.
- 4.10 Our young people have told us:
- They do not know what services are available in Sandwell, how they can access them and if they need to be referred or can self-refer;
 - services do not support if a young person does not or may not be able to attend an appointment;
 - when you are approaching adulthood, it is difficult to get support as you are nearly an adult;
 - there is limited support once you do have a diagnosis;
 - bullying is not always dealt with;
 - services do not communicate with each other (including GP's);
 - they are especially worried about youth violence and gangs, being bullied and school/college work especially around exam time.



4.11 The importance of addressing the feedback received from the forums has been recognised. As a result, an analysis was conducted on the comments to understand how the concerns raised by young people were being or could be addressed. This audit analysis allowed for the identification of potential gaps in support and areas that required improvement. The majority of the comments from the young people correlated with the actions in the Thrive action plan. This correlation indicates that the views of the young people align with those of the professionals and services regarding the future direction for the Thrive Board.

4.12 However, it was identified that a small number of comments did not correlate with the plan and instead pertained to specific experiences. These comments are valuable for considering service delivery and best practices. The analysis has been shared with the forums individually for their feedback to ensure a thorough review and input from all parties involved.

4.13 **Black Country Health NHS Foundation Trust (BCHFT)**

4.14 Following a period of high referrals over the last 9 months, Single Point of Access (SPA) referrals have decreased, reducing from 1256 to 1162. However, it is acknowledged that compared to the same quarter last year, there's an increase of 412 referrals, which is a 54% rise. Despite the fluctuations in referrals, the average waiting time from referral to assessment has improved, decreasing from 13.3 weeks to 11 weeks.

4.15 Re-referrals into SPA for the same reason has continued to decrease, with referrals for a different reason also decreasing by 20% suggesting that when young people have been seen in services, they feel that their issues have been addressed.

4.16 The average waiting period for Children in Care (CiC) CAMHs Specific support has seen a significant reduction, decreasing from 11.3 weeks to approximately 6.6 weeks. The average duration of an intervention for CiC stands at 211.6 days. 15 referrals were successfully discharged following interventions with no re-referrals for additional support. This team also offers a consultation model for social workers to help explore difficulties presented by child/young person or offer advice and guidance when there is potential for placement breakdown as well as a range of other issues relating to the young people and their emotional mental health and wellbeing.



4.17 **Mental Health Support Teams – Black Country wide activity data April – September 23.**

4.18 Over the past six months, mental health teams in the Black Country have continued to deliver interventions in four key areas. The whole school approach has led to an increase in group activities, support for senior mental health leads and the wider school staff which has been enable young people to connect with a trusted adult. Data from the second quarter, includes the school holiday period (21 July 23 to 5 September 23) despite anticipated lower engagement, activity continued to increase. A request for locality-specific data have been submitted to gain insights into the delivery in Sandwell, it is expected that this information will be available by the Spring term

4.19 **School Nursing**

4.20 During the last financial year, the service held 20,759 cases. These cases ranged from weight management to child protection, including approximately 9,500 cases from the National Child Measurement Programme (NCMP). Out of these, 1,061 cases showed noticeable improvements in emotional health and wellbeing upon closure.

4.21 The service is currently working with the commissioner (Public Health) to analyse and provide a further breakdown of the data, to enable a better understanding of the outcomes for children, young people, and families who use the service.

4.22 In the last academic year, all schools were offered roadshows, 17 secondary schools accessed the support available.

4.23 Delivery of emotional health sessions was extended to all schools for Year 6 students, focusing on transition, only five primary schools chose not to participate.

4.24 'Here 4U' sessions were offered to all secondary provisions on a monthly basis. This is currently being reviewed to identify capacity to become fortnightly sessions where a need was identified, at present data unable to be provided.



4.25 The CHATHealth text messaging service is an text messaging service for young people, from 9 am to 4 pm. During the last academic year, the service received a total of 307 messages.

4.26 **SEND**

4.27 In the current academic year, there has been a notable shift in the distribution of Education, Health and Care Plans (EHCPs) across different educational levels.

4.28 In Secondary education, just under half, 41%, of the EHCPs are attributed to Social, Emotional or Mental Health issues. This is a significant proportion when compared to Primary education, where the corresponding figure stands at 19%. It is worth noting that this figure for Primary Education has seen a decrease from around 47% in the previous year, 2021.

4.29 Specifically, there has been a substantial decrease in the number of Nurseries EHCPs, a trend typically observed in September, as most children transition from nursery to reception. Conversely, there has been a significant increase in the 'Above NCY 15' group, attributed to older students joining this category. However, it is anticipated that this figure will decrease over the course of the academic year as EHCPs are ceased for young people who have exited the education or training system.

4.30 **Education**

4.31 During Half Term 6 (June – July 2023), it has been observed that there is a 6% decrease in the number of young people categorised as Children Missing from Education (CMfE). The primary reasons for this are emotional and behavioural issues.

4.32 During the half term 6, the attendance team received 131 of welfare referrals, with 195 children missing from education with the primary reasons for these absences pertained to issues of emotional wellbeing and mental health.

4.33 Over the summer period, it was identified that schools were struggling to provide clear reasons for these student absences. This issue has since been addressed and rectified with a new list compiled to provide a



clearer oversight of the reasons behind student absenteeism. This improved clarity will enable us to offer more appropriate and targeted support to our students moving forward.

4.34 Our commitment remains to ensure the welfare of all students and to provide an environment conducive to their emotional and mental wellbeing. We believe these measures will greatly assist in achieving these goals.

4.35 **Phase 2 Emotional Wellbeing programme March – August 2023**

4.36 386 young people have benefitted from accessing support. The most significant presenting issues are:

- 28.6% lacking in confidence and self-esteem;
- 13.5% home and family relationships;
- 9.1% struggling with friends, relationships and isolation;
- 7.3% school behaviour;
- 79.5% of referrals have been received from schools, with 16.95 from external agencies and 3.6% of young people have self-referred for support;
- Referrals received are evenly split across all 6 towns;
- 39.6% of children accessing support are from secondary schools, 24.4% are from year 6 and 7 (transitional years).

4.37 **Key Developments and initiatives**

4.38 Over the past 18 months, partners have made significant efforts to enhance the provision of emotional wellbeing and mental health support for children and young people in Sandwell. Through various strategies, there has been a focus not only on the children and young but also on their support networks.

4.39 **I-Thrive Framework**

4.40 The Future in Mind national strategy included the I-Thrive framework to group children together according to their level of need, allowing children and young people to move more flexibly around and between services.

4.41 In order for this to occur in Sandwell, work has been undertaken to understand and map all the services that are available across the



framework including those that are non-commissioned and also commissioned via BCHFT and the Local Authorities/Children's Trust. This has included those services that are considered thriving all the way up to getting risk support.

- 4.42 In the context of emotional mental health and wellbeing, this collaborative process involves shared decision-making and is categorised into five distinct, needs-based groups: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help, and Getting Risk Support. The model places a strong emphasis on the prevention of mental health issues and the promotion of mental health and wellbeing. (Appendix 1 - IThrive model).
- 4.43 In Sandwell 'Getting Help' services are commissioned by BCHFT and currently no joint commissioning occurs in Sandwell. These services are commissioned, recurrently, from local voluntary sector organisations who enter their activity onto the Mental Health Service Data Set (MHSDS). Other services are grant funded via other means, but these are non-recurrent.
- 4.44 BCHFT commission digital services with the objective of providing our young people who might find it difficult to access mainstream services or prefer to access an online emotional mental health and wellbeing offer. BCHFT continue to commission Kooth as a contribution to the 'signposting and getting advice services' and the 'getting help services' within the Thrive model and this will include children in care and care leavers, although not specifically for this group. The offer includes:
- A chat function for a young person to drop in to speak to a readily available counsellor;
 - a messaging function for young people to contact the service;
 - a schedule function to provide booked sessions with a named counsellor on a regular basis;
 - a range of forums, all of which are pre-moderated, to offer facilitated peer support for CYP;
 - they also provide crucial first steps towards getting further therapeutic support;
 - live discussion groups – run by professionals (with all comments moderated) to enable groups of CYP to interact with each other in a safe environment;
 - an online magazine will full content moderation, creation and



which includes opportunities for CYP to submit their stories or write articles, all of which is moderated;

- information, activities and self-care tools and resources on the site for CYP to download.

4.45 BCHFT have received funds from the National Health Service England (NHSE) to develop a different digital offer with WYSA, to support children and young people who are currently waiting for intervention. WYSA is an Artificial Intelligence (AI) wellness coach that BCHFT has commissioned to provide a safe, non-judgmental space for young people to discuss any concerns they may have. From the point of download, young people can access all of WYSA's self-help tools, which include over 150 exercises ranging from mindfulness and meditation to therapeutic tools for anxiety and depression, for a period of 12 months.

4.46 SHAPE board young people were commissioned to develop a young person iThrive model, aimed to support young people's understanding of the model, services that can be accessed and within which strand the services are accessed. Young people have co-produced a supporting video providing a visual understanding of the model. This is being rolled out to schools through the educational physiology team, mental health support teams and educational attendance officers.

4.47 **Mental Health Support Teams (Reflexions) in schools**

4.48 Mental Health Support Teams were implemented in January 2019 to carry out interventions, particularly around low-level anxiety and depression, alongside established provision such as counselling, Inclusion Support Services, and school nurses building on the menu of support already within schools. Sandwell have been successful in accessing teams in wave 2,4 and 8 with 51 schools accessing support (appendix D). In January 2024 wave 10 will be implemented which will enable additional schools to be offered a MHST team. Each wave aims to provides support to 8,000 -10,000 students.

4.49 There are 3 core functions of a Mental Health Support Team in Schools:

- To deliver evidence-based interventions for mild-to-moderate mental health issues;



- support the senior mental health lead (where established) in each school or college to introduce or develop whole school or college approach and;
- give timely advice to school and college staff and liaise with external specialist service to help children and young people to get the right support and stay in education.

4.50 NHS England, Health Education England and DfE, visited Sandwell MHST on 27th March 2023. The purpose of the visit was to learn and understand how MHST is going in Sandwell, together with a focus on development areas. Initial feedback was positive with strengths identified and potential development areas for MHST leads to review and take forward. There continue to be concerns relating to:

- The quality of referrals and information being received;
- the number of referrals being received from schools;
- activity which can be attributed to MHST in the MHSDS;
- a clear understanding of the MHST role within schools;
- staff recruitment and retention – national shortage.

4.51 The issue of staff recruitment and retention continues to pose significant challenges, with vacancies for positions such as qualified low intensity practitioners and qualified Cognitive Behavioural Therapy (CBT) therapists identified as in short supply nationally. Strategic leads and teams continue to be proactive in ensuring that delivery continues with focused areas to support children, young people and staff:

- LGBTQ+ (Rainbow Reflexions);
- BAME operational group - currently reviewing ethnicity data and how it informs the service delivery;
- whole School Approach - standard menu of workshops delivered to schools;
- Craft 'n' Chat - school holiday programme;
- advantage Programme with Wolverhampton Wanderers & West Bromwich Albion Football Club.

4.52 Further developments are already planned for 2024:

- Launch events for wave 10 schools in January 2024;
- re-launch events for waves 2,4,6 & 8 in February 2024;
- re-focus the offer event for all non-mainstream settings March 2024;



- additional offer within the whole school approach covering Self Harm, Trauma Informed, Eating Difficulties;
- focused developments are underway including: Autism & Mental Health, ADHD & Mental Health, Staff Wellbeing;
- pathways to support to home schooled, children and young people at risk of exclusion and those children who present with emotional based school non-attendance.

4.53 Education – Attendance Service

- 4.54 The attendance service been implementing a series of improvements the service. While Sandwell’s attendance figures align with national statistics, there is growing concern regarding the reasons provided for non-attendance. The service is actively collaborating with partners to address these concerns and bolster the support for schools and to children and young people to return to school.
- 4.55 There are 9 new school attendance support officers (SASO), have allocated schools (12/15 schools) and conduct a termly ‘Attendance Audit’ with each school. This audit is a comprehensive review of the school’s approach to attendance, identifying areas that may need to be addressed on a whole school approach. The audit covers various aspects, including the appointment of a specific governor for attendance, the review of policies, and the implementation of reward schemes.
- 4.56 The findings from the audit help formulate a plan on how we can provide support to the school or direct them to relevant partner agencies. In addition to the audit, the SASOs also hold ‘Cases Causing Concern’ meetings with schools and parents. These meetings aim to advise on collaborative steps that can be taken to improve attendance.
- 4.57 The Attendance Solutions Panel has been established which is a multi-agency group that convenes every three weeks. This panel allows schools and School Attendance Support Officers (SASOs) to present cases where all conventional strategies have been exhausted, and we collectively seek innovative solutions or suggestions to enhance attendance through our partner agencies.
- 4.58 It was identified that the knowledge of our school attendance officers around emotional wellbeing was limited, there has been a targeted approach to improve this and presentations on emotional-based school



avoidance and emotional wellbeing programme, as well as question-and-answer sessions with Child and Adolescent Mental Health Services (CAMHS) and Single Point of Access (SPA) service managers have taken place.

4.59 In collaboration with the Step-Together Project, monitoring attendance data before and after the initiation of the programme is in place, with targeted work of those children that required additional. There are regular meetings with Sandwell Council of Voluntary Organisations (SCVO) and health professionals, including General Practitioners (GPs), to share how they can be more aware of the triggers that they may see and the impact of these on school attendance.

4.60 Sandwell Emotional Wellbeing Programme – Phase 2

4.61 Sandwell Council has continued to utilise some of its allocation of government Covid-19 Emergency Funding to address the demand for emotional wellbeing needs which has continued following the pandemic. Cabinet approved additional funding for the Emotional Wellbeing programme, with an allocation of £550,000 for the financial year 2022/23 and £500,000 for the financial year 2023/24.

4.62 Alba Consultancy completed the initial evaluation of Phase 1, (June 2021 to December 2022). The evaluation concluded that the project had a significant impact on children and young people of all ages, reflecting the ethnic composition of the local community across the borough of Sandwell. Involvement within the programme has also been beneficial for the 13 provider organisations involved. They have seen growth in their capacity and capability, and have fostered important relationships with each other, schools, and other agencies.

4.63 The evaluation provided recommendations which has support the strategic planning for Phase 2:

- Utilise data to inform future programmes;
- providers to demonstrate outcomes to meet the programmes outcomes;
- triangulate findings, provide feedback to families and schools;
- for a common language and classifications to be used when recording profile data;
- children and young people to co-production of any future



programmes.

4.64 Phase 2 (October 2022 – December 2023) of the programme has been successfully implemented. Schools were encouraged to apply for the programme, sharing the specific needs which are present, SCVO facilitated matching providers with schools. This process has resulted in 51 schools gaining access to support. The programme has provided support to over 2600 children and young people since June 2021 (Appendix E).

4.65 To strengthen the consistency of emotional wellbeing language young people receive, all providers have attended sessions with the Inclusion support team to have a clear understanding of the Sandwell emotional wellbeing charter mark and the Happy Mind, Healthy Me curriculum.

4.66 Phase 3 of the programme will run January 2024 - June 2025. An additional allocation of £500,000 has been made from the Covid response funding. This brings the total funding to £2,150,000 over a span of three years.

- Extension of current Phase 2 provision with existing providers;
- open grants to support community-based provision based on identified needs/gaps;
- CAMHS and Inclusive Learning Service -Charter Mark extending engagement with voluntary arrangements.

4.67 The programme was nationally recognised at the Municipal Journal Awards 2023 where it was shortlisted for its partnership and innovative approach to provide early intervention and support to children and young people around their emotional wellbeing and mental health.

4.68 **Children in care and care leavers ‘Getting help’ service**

4.69 There was a need identified for a dedicated service for these children and those with care experience to access ‘getting help’. Sandwell Council has allocated £400,000 from Covid funds for this purpose. The services are scheduled to run from January 2024 to March 2025.



4.70 Three pilot projects will be implemented based on a review of needs:

- An emotional wellbeing assessment to be provided to support a Child and their wider network when they first enter the care system;
- support to be provided to children and young people who have experienced placement breakdowns. Preventing further breakdowns and to ensure stability for the young person and adults they live with will also receive support at this stage;
- a 'getting help' service will be provided for care leavers.

4.71 The funding is non-recurring and through these pilot programmes, any savings made should be used to fund long-term services for children in care and those with care experience, through an invest to save model.

4.72 **ICB Health inequalities funding**

4.73 This strand of funding has enabled a target approach to supporting children and young people where gaps in provision have been identified. Providers will be delivering programmes focussed on supporting young black boys, new arrival children and unaccompanied asylum-seeking children, 16-25 years old and family support providing parental awareness sessions to upskill parents and carers to support their children's emotional well-being and mental health.

4.74 Additional assistance has been recognised for the emotional wellbeing of headteachers. Through discussions and interactions with school learning communities, headteachers have expressed their thoughts and needs. Starting from the Spring term of 2024, coaching and counselling services will be available for the following 12 months. A resource has been developed and shared to support the wider educational teams, with a focus on ensuring widespread access to support.

4.75 **Emotional Wellbeing Service Directory**

4.76 Following consultations with schools through the LINK programme and young people through the takeover sessions, it has been identified that there is a lack of understanding and awareness of the services available and how to access them.



4.77 In response to this, the Thrive Operational Group, as part of a broader initiative to map available services, has developed and launched a Sandwell-specific directory for emotional wellbeing and mental health services in April 2023 (appendix F). This directory is for professionals, children, young people, and their families and has been distributed to all schools, community organisations and held on Family information service webpage and Sandwell Just Youth.

4.78 An initial consultation has already been conducted to assess the directory's appropriateness and its usage with users. The feedback received has been positive with users identifying they liked the layout, having increased awareness of the number of services available and the direct link to the service website. Further reviews will continue to ensure the directory remains relevant and user-friendly.

4.79 **Social, Emotional Competency Framework – Public Health**

4.80 The Social Emotional Competency Framework was launched in January 2023, to support the identification of training needs within Sandwell services that work with children and young people, a multi-agency social emotional mental health competency framework has been produced.

4.81 The framework is aimed at all staff, who would be considered to be part of the workforce that directly and indirectly work with children and young people, by outlining role appropriate levels of skill, knowledge and training. It aims to encourage all staff to work together to support the children and young people of Sandwell, and each other, knowing their limitations and how to escalate concerns.

4.82 Since the launch, the framework has been promoted and shared across a wide range of partnership boards including Joint education group, Primary and secondary partnerships and education learning communities (Appendix G). Regular monitoring of its use is in place and as of 30th November has been an additional 81 downloads of the framework. An impact survey is planned for January 2024 which will provide valuable insight into the use and effectiveness of the resource.

4.83 **School Nursing**

4.84 The school nursing service provides interactive emotional health and wellbeing roadshows in secondary schools. These roadshows are



designed to engage students and promote emotional health and wellbeing. The effectiveness of these roadshows is measured by the number of attendees and through evaluations.

4.85 In addition, the school nursing service offers 'Here for You' drop-in sessions in secondary schools. These sessions provide students with direct access to a school nurse. For students who prefer anonymity, the Chat Health text messaging service is available. This confidential service allows young people to seek support while maintaining their privacy.

4.86 A comprehensive health assessment is conducted to understand the emotional health and wellbeing of the students. This assessment involves asking specific questions to establish a baseline and measure outcomes. Depending on the results, the school nurse may intervene directly, provide guidance, or make referrals to appropriate services.

4.87 The service works collaboratively with Reflexions, a partnership that involves discussing and sharing referrals. This collaboration also includes making referrals to a single point of access to streamline the process. This integrated approach ensures that students receive the necessary support for their emotional health and wellbeing.

4.88 **Senior Mental Health Leads (SMHL) and Forums**

4.89 SMHL are responsible for creating a whole-school approach to supporting mental health and wellbeing within their education setting. Whilst it is not a statutory requirement for schools to have a mental health lead, it is strongly recommended by both the Department for Education and the Department of Health that every school to have a Senior Mental Health Lead (SMHL) in place by 2025.

4.90 The latest DfE data, highlights Sandwell have a total of 92 schools that have successfully trained a School Mental Health Lead (SMHL). Sandwell have the highest rate of individuals trained in the West Midlands region. A full review of remaining schools without an SMHL is in place to understand why and how support can be provided to ensure that each school accesses the £1200 training grant and training before the deadline March 2025.

4.91 To support the SMHL's, Inclusion Support services are providing termly peer support forum to provide a supportive community, offering ongoing



help and encouragement that improves confidence, motivation, and help make a significant difference in their schools. These sessions have been success in enabling individuals to share good practise, identify trends that are presenting within schools and how different schools are addressing these. This comprises CPD led by the Educational Psychology Team and also networking between the SMHLs to identify challenges

4.92 Within the last 8 weeks the Department of Education have announced additional funding to support schools with access to training a 2nd member of staff where the initially trained member has left the school. The release of additional training provides an opportunity for the new school Senior Mental Health Lead to feel comfortable in their role having received some training to support their school community.

4.93 **Summary**

4.94 The Thrive board acknowledges the progress made across agencies but recognises that there are still areas to develop and deliver to enhance mental health services for children and young people.

4.95 Despite the availability of data, there is still lack a comprehensive understanding of the needs of our children and young people. There is continued concern with regards to the absence of recurrent funding, which is crucial for providing consistent early intervention support for those children who need it. There is a continuous rise in referrals for children's emotional wellbeing and mental health across all aspects of the Thrive Framework. These issues underline the need for more focused attention and resources to better support our children and young people.

4.96 As part of the next steps, a comprehensive mental health needs assessment will be conducted by Public Health to better understand the mental health needs of our children and young people. The Thrive board has planned a workshop to develop a strategy and a clear plan based on the needs assessment, ensuring that the priorities for 2024/25 are aligned. The Thrive board will be the decision-making body for children and young people's emotional wellbeing and mental health in Sandwell.



4.97 These measures aim to enhance the support provided to our children and young people, and to ensure their mental health needs are adequately met.

5 Implications

Resources:	The nonrecurrent funding provides uncertainty and instability of delivery services and the ability to plan for long term programmes to make a sustained impact.
Legal and Governance:	There are no legal and governance implications arising from this report.
Risk:	There are no risk implications arising from this report
Equality:	The services are open to all and do not discriminate with some specifically targeting some protected characteristics.
Health and Wellbeing:	If the services are not provided, it could likely lead to negative effects on the health and wellbeing of our communities.
Social Value:	The service provides social value by directly influencing the services provided to Sandwell's young people.
Climate Change:	There are no climate change implications arising from this report.
Corporate Parenting:	Without targeted service, Children in care and care leavers are more likely than their peers to have poor life outcomes and struggle with their long-term physical, mental health and emotional wellbeing

6 Appendices

Appendix A - Thrive Model

Appendix B - Feedback from young people forums and audit of comments

Appendix C - List of schools with a Mental Health Support Team (Wave 2,4 and 8)

Appendix D - Evaluation of Emotional wellbeing programme Dec 2022.

Appendix E - List of grant allocations made in Phase 2 - Emotional Wellbeing Programme 22/23.



Appendix F - Emotional Wellbeing Service Directory for children, young people and families

Appendix G - SEMH Competency Framework timeline for roll out 2023.

7. Background Papers

NHS England (2023) Mental Health of Children and Young People in England report (wave 4 - November 2023). Available at:

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up#:~:text=Key%20Facts,20%20to%2025%20year%20olds.>

(accessed 16th November 2023)



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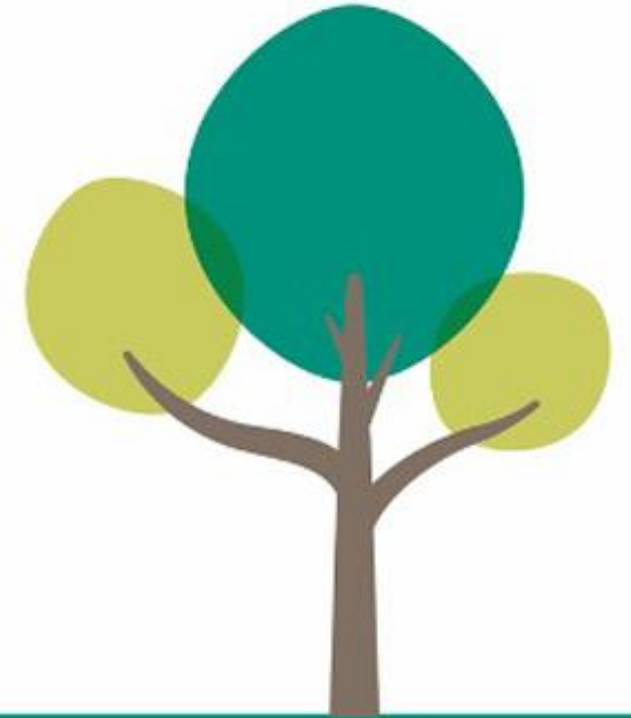
Thrive Model



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VOS, FIYA and SHAPE Forum feedback relating to emotional wellbeing and mental health services in Sandwell

‘You said, we did’





Background

Page 76

Children and young people shared their views on emotional wellbeing and mental health services in Sandwell.

VOS and FIYA member attended the Corporate Parenting Board in November. This was a deep dive into health which included emotional wellbeing and mental health. The forum attendees presented a slide with their experiences.

There was also a young people 'takeover' at the Thrive Strategic Board in December organised by SHAPE. FIYA members also attended.

The comments were all collected together

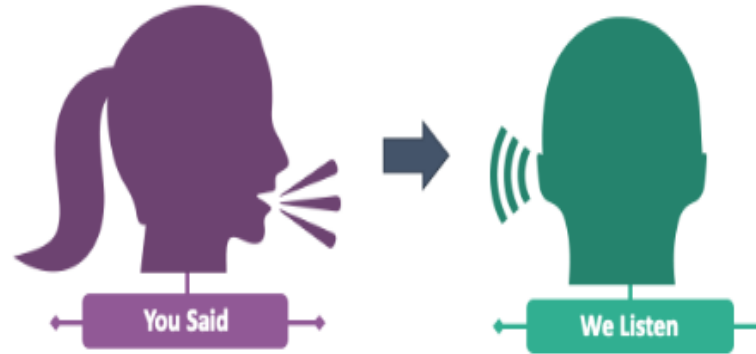
The Thrive Strategic Board and The Operational Thrive (Ops) Group have a plan that guides progress in Sandwell. This was being updated from April.

The Ops group doubled checked that there was something in this plan that matched each comments that children and young people made.



The Audit

The Ops group double checked that there was something in this plan that matched each comments that children and young people made. This makes sure that the Ops group heard what was said and did something to follow up on the views. The Ops group answered every comment. Only a few didn't match something on the plan.



This was emailed back to the chairs for sharing, talked about in the forums and then shared again. Time was given to think about the information.

Because every comment was answered, this was a lot of reading. The forums were asked how they want this to be more user friendly. The new few slides will summarise the key points.





You Said

No support for young adults experiencing emotional health issues

No outreach services

Unless your mental health issues are 'serious', you won't be supported effectively

You get a set amount of sessions and an abrupt cut off

6 sessions are not always enough

Work needs to start with early intervention - help sooner before their mental health issues have escalated and they need high-level support

They should be able to choose how they want to be spoken to (face-to-face, via email, via text, over the telephone etc)

Not everyone needs medication

Mental health doesn't stop at 5pm on a Friday and young people need 24/7 access to support.

They do not feel that 20 minutes sessions once a week is enough

Services need to be accessible when young people need rather than when people can give them the time

We did

We created a new directory for children, young adults and their families.

It includes many services for many ages and level of need, so you should find something to matches what you want.



You Said

Training and awareness for staff so they can support

Young people are worried about speaking out due to stigma and fear of how people will see them

We did

Increased opportunities in schools to attend training, join networks and find out about services

Encouraged many schools to take up the senior mental health lead training, the Charter Mark offer and Reflexions (MHST) service.

Supported the Senior Mental Health lead meetings

Created a SEMH competency framework

Planned mental health events across Sandwell and included mental health in other planned events

Arranged more trusted adult courses





You Said

When young people first come into care there is no counselling or talking therapy completed at the very start of their journey

Ongoing support for care leavers who are not at crisis point

There is no support plan in place for when they leave care. Often just referred to GPs

We did

Funds have been secured for a pilot 'getting help' emotional wellbeing service for children in the care system and care leavers up to 25, The service that will be used has seen all of the young peoples views

The 18+ task and finish group (for care leavers) has drafted a directory just for care leavers. They now have it to make it their own.





You Said

Primary schools often buy in private services like play therapists

Don't waste money on services that are not good – you need to check them

Schools need a list of what must be checked before mental health professionals can be bought in to schools (i.e. check they have the correct qualifications and certificates) as currently there is nothing that does that

We did

The Ops group added a new action of the plan for this, to produce a framework, to support schools when employing councillors and therapists.

It will help schools know what qualifications and accreditation is required to be a counsellor, therapist etc. and how to check this. Some guidance has been found to support this.





You Said

The THRIVE model - Everything is written in 'adult's' language and will not be understood by children and young people

We did

SHAPE have co-produced a diagram and a video to explain the THRIVE model to young people. This included vulnerable groups of young people.

There was an event called 'Thriving in Sandwell' in May for professionals. It included a launch of the THRIVE model and included the video.

The video is included in a Thrive PowerPoint made for all services to use.



You Said

Young people identified the following vulnerable groups who need additional support with their emotional wellbeing and mental health:

- Neurodiverse young people
- Young people leaving school and not in Education, Employment or training (NEET)
- Young carers
- Children in care
- Young people coming to the country

There is also faith and cultural issues regarding accessing mental health support services

We did

The plan includes support for all of those groups.

Some funding has been put in place for extra support for some of these groups



You Said

Ages 16 – 18 when in care/ leaving care creates enough of a struggle without any extra mental health issues

Services prolong referrals for those over 17 as they know you will end up in adult services so it would be better for them to wait until they're 18 and then speak to their GP again

We did

There is a transitions network where professionals from both older children and adult services share their role in transitions and plan to improve things

Funding was put in place for 16 to 25 year olds to help with this gap

BCHFT Transition hubs will support 18-25-year olds from vulnerable groups including transition from CAMHS to AMHS (from 17.5 years old) and care leavers





You Said

When young people are going through so much, they don't want to tell anyone. It comes down to who is a trusted adult and who they trust and want to open up to and speak to

Young people need a trusted adult who they can go and feel comfortable to speak to.

We need to bring back the belief that schools are holistic – and teachers are not just there to educate. Good mental health will mean a better education.

We did

High numbers of staff have attended trusted adult training and have more training and resources to help a child in school who is struggling





You Said

Strengths and Difficulties questionnaires are very intrusive

Services are not pursued when young people do not attend due to reasons beyond their control

Not enough communication between services

Not enough communication – GPs aren't told where young people are placed, and they don't know themselves so there is no multi-agency approach. Everyone should be able to access the necessary files of young people to act in their best interests

Cross border issues – a Sandwell child may go to a Birmingham school but the access to services becomes difficult and long to even get support

They aren't asked whether they 'want' to receive a service – they are just placed in one

We did

These are all of the comments that do not link directly to the plan, so they will be shared with all relevant services so they can take this on board within their practice and development





Thank you for to all of the young people for taking the time to share your views with everyone involved in the meetings. It is really helpful and it makes a difference.



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Mental Health Support Teams -school list

Wave 2	Wave 4	Wave 8
Primary Schools		
Old Park Primary	Galton Valley (FP for MLD+)	St Mary Magdalene CE Primary School
St Gregory's Catholic Primary	Glebefields Primary	George Betts Primary School
Hargate Primary (FP for HI and SEMH)	Hall Green Primary	Hanbury Primary School
Harvills Hawthorne Primary	Perryfields Primary	Pennyhill Primary School
Springfield Primary	St James CE Primary	Cape Primary School
Crocketts Community Primary (FP for Physical / Medical Needs)	Summerhill Primary	Causeway Green Primary School
Ferndale Primary School (FP for ASD / Complex Needs)	Tameside Primary Academy	Gospel Oak School
Lodge Primary	Tividale Hall Primary	Yew Tree Primary School
Brickhouse Primary	Holy Trinity Primary	Victoria Park Primary Academy
Timbertree Primary	Joseph Turner Primary	Bearwood Primary School
	Jubilee Park Academy	Wednesbury Oak Academy
	Lightwoods Primary	
Secondary Schools		
Bristnall Hall Academy (FP for ASD)	Health Future UTC	St Frances Xavier School
Ormiston Forge Academy	Q3 Academy Great Barr	Shireland Biomedical UTC
George Salter Academy	Shireland Collegiate Academy	Wood Green Academy
Perryfields Academy	Wodensborough Ormiston Academy (FP for ASD)	Q3 Langley
		Holly Lodge
		Sandwell Community School
Special / AP		
The Westminster School		Shenstone Lodge & Braides
Virtual School		
Albright Education Centre		
Total 17	Total 16	Total 18

Evaluation of the Emotional Wellbeing Grant Programme in Sandwell

For SCVO

Final report
December 2022



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1 Introduction

This report presents the findings of an evaluation of the Emotional Wellbeing (EWB) Grant programme of funding in Sandwell during 2021-2022.

The government's Covid-19 Mental Health and Wellbeing Recovery Action Plan 2021¹ had three stated objectives:

1. To support the general population to take action and look after their mental wellbeing.
2. To prevent the onset of mental health difficulties, by taking action to address the factors which play a crucial role in shaping mental health and wellbeing outcomes for adults and children.
3. To support services to continue to expand and transform to meet the needs of people who require specialist support.

Within this context Sandwell Metropolitan Borough Council (SMBC) made a decision to channel £1,000,000 through the local voluntary and community sector (VCS) to support the mental wellbeing of children and young people in the Borough. The funding programme was managed and administered by SCVO on behalf of the Council.

The first funds were awarded in July 2021. It was initially intended that funded activities should run until the end of August 2022 at the latest, although this end date was later extended for some service providers to enable continuity of support towards the end of the year.

The purpose of the funding was to:

- Make available to all school aged children in Sandwell support that enables them to address challenges with their emotional welling and mental health, and to develop personal strategies that build their confidence and resilience.
- Target those children and young people identified as requiring additional support or access to specialist services where such support is currently not provided.
- Provide support for children and young people identified as being impacted by domestic abuse, including family support where possible.
- Deliver immediate support in light of an expected surge in demand from Summer 2021 and scale up, develop, test and refine the model during delivery up until the end of August 2022.

The questions that this evaluation seeks to answer relate to its impact on the beneficiaries (the children and young people participating), the providers, and the local system:

1. What needs have been addressed and difference has been made to the lives of the young people supported through the programme?
2. What legacy will it have for the provider organisations in terms of their capacity, capability, organisational development, external relationships? What lessons have they learned?
3. What relationships have been established and what capacity has been developed within the local system that will enable partners – the council, provider organisations, partners (including schools) and SCVO to be more effective, stronger and more resilient?
4. To what extent has the support been available equitably to all children and young people in the borough? What more could be done to ensure fair and equitable access?

¹ Policy paper: Covid-19 Mental Health and Wellbeing Recovery Action Plan, updated April 2021

The evaluation framework, used to identify the data collection methods needed, is appended to this report.

The following approach was used for the evaluation:

- Initial meeting with SCVO project coordinator and follow-up correspondence to obtain information about the provider organisations and funded projects.
- Review of documents including funding applications; funding awards; monitoring reports; notes from meetings.
- Initial and regular (usually monthly) meetings with all providers to address the evaluation questions throughout the course of the programme.
- Observation of one of the projects in operation.
- Attendance at provider and panel meetings held during the course of the programme.
- Final interviews with all providers, stakeholders and the SCVO Chief Executive Officer (CEO) and Project Manager to reflect on the legacy of the programme and lessons learned.
- Analysis of the monitoring data provided by the providers to SCVO relating to the demographic profile of the children and young people participating and the impact of the intervention on them.

In the final interviews, some questions were asked regarding the funding process:

- Was the chosen approach (grants administered through SCVO) the most effective one?
- How effective was the process in promoting the opportunity and engaging credible/capable providers?
- How effective was it in making good and informed grant decisions?

While the primary focus of this report will be on the four questions (set out above) relating to the programme's *impact*, it also comments on the *process* that was adopted.

Grants totalling £993,492 were awarded under the programme. Although the programme was extended until the end of December 2022, the numerical data used in this evaluation covers the period until the end of August 2022, when expenditure of the funding totalled £708,106 and 2032 children and young people had been supported. This expenditure represented 71% of the total funding. Findings are therefore likely to represent an underestimation of the full impact of the programme.

2 The local context

Strategies, partnerships and priorities

The Emotional Wellbeing Grant programme aligns with SMBC's Corporate Plan² Ambition 4: "Our children benefit from the best start in life...".

It may also be seen as falling within Sandwell's Early Help Strategy, which was developed by representatives from a wide range of different organisations in Sandwell, including schools, health workers, voluntary and community organisations, Sandwell Police and Fire, and Sandwell Council Children's Services. 'Early Help' is defined as 'an approach to working with children and families who are below the threshold of targeted and social care intervention but require help that may involve more than one organisation that stops problems emerging and supports families to improve their situation'. The strategy's aim is for all agencies to work together more effectively and efficiently to help meet children's and families' needs at the earliest point.

² Vision 2030 Sandwell

For Public Health in Sandwell, the programme aligns with the prevention work contained in its mental health and suicide prevention strategies.

The Sandwell Children's Trust works with children from families, delivering social care where needed but also supporting children with multiple and complex needs who have not met the threshold for social care. Its ethos is about the right support at the right time, offering services they feel comfortable to access, reducing the risk that they will reach crisis point.

Sandwell CAMHS uses the THRIVE framework³ which conceives of the mental health and wellbeing needs of children, young people and families through five different needs-based groupings: Getting Advice and Signposting, Getting Help, Getting More Help, and Getting Risk Support. Emphasis is placed on the prevention and promotion of mental health and wellbeing across the whole population. Children, young people and their families are empowered through active involvement in decisions about their care, which is fundamental to the approach.

It was decided that this funding programme would address the 'getting advice and signposting' and 'getting help' aspects of the framework.

The Sandwell Wellbeing Charter is a school's opportunity to commit to improving the mental health and wellbeing of everyone connected with the school. The Charter Mark consists of three elements:

1. The Charter Mark School Audit
2. The Healthy Mind, Happy Me Curriculum
3. The Pupil Well-being Survey

The programme is co-ordinated by the Council's Educational Psychologists and is free to all schools in Sandwell. After three years a school can renew its Charter Mark. Over 90% of schools in the borough are now participating.

The Council has worked with the Anna Freud National Centre for Children and Families over a number of years. In 2019 Sandwell participated in the DFE Link Programme: a national initiative led by the Anna Freud Centre to bring together education and mental health professionals, to develop a systematic and sustainable approach to children and young people's mental health. Professionals from the health service, schools and the voluntary sector attended these events in Sandwell. A network of mental health leads in schools has emerged from this process.

The CASCADE framework⁴ is a tool developed for use with stakeholders working with children and young people (CYP) to identify levels of joint working across seven key domains. It is intended to help partners find ways of working together more effectively to better support CYP's mental health.

The framework comprises seven key domains of interagency working on which respondents are invited to rate their current levels of working.

- **Clarity** on roles, remit and responsibilities of all partners involved in supporting CYP mental health
- **Agreed** point of contact and role in schools/colleges and CYP mental health services
- **Structures** to support shared planning and collaborative working
- **Common** approach to outcome measures for young people
- **Ability** to continue to learn and draw on best practice
- **Development** of integrated working to promote rapid and better access to support
- **Evidence-based** approach to intervention

³ Thrive framework for system change (Wolpert et al, 2019)

⁴ www.annafreud.org

The VCS in Sandwell

For SCVO to take on the role of managing and administering a grant programme such as this on behalf of the Council aligns with its core mission, to *“support the Voluntary and Community Sector to grow and develop, and support the sector to forge strong links with communities and partners.”* Specifically, it contributes its strategic aim of capacity building:

A strong and responsive Voluntary and Community Sector: working with VCS providers to develop a sector offer which is as inclusive, effective and environmentally sustainable as possible

SCVO has a strong track record of building capacity of VCS organisations at every stage through understanding opportunities; preparing applications that articulate an organisation's strengths; developing a project proposal; and managing and monitoring implementation.

Early in 2021, SCVO was aware that a number of VCS providers with the skills and experience to deliver work under the EWB grant programme were struggling to maintain viable services. In March 2021 they were coming to the end of short term Covid-support funding and were facing a severe loss of income, and yet they were key to delivering emotional wellbeing support to children and young people in the borough. The funding programme represented an opportunity to safeguard the capacity, skills and experience that would be needed.

3 The EWB grant fund programme

A Project Manager was appointed by SCVO in April 2021 to administer the funding programme, with the CEO retaining oversight and overall responsibility.

In the early stages, SCVO consulted with relevant VCS providers about the emotional wellbeing issues facing children and young people arising from Covid and their capacity to respond to them.

Programme funds were awarded via a competitive grant funding application managed and administered by SCVO.

A panel of experts, convened by SCVO in May 2021, met throughout the programme, to make decisions regarding the targeting and awarding of the funds. This Steering Group, chaired by the CEO of SCVO, comprised:

- Assistant Director, Children's Commissioning, Partnership and Improvement, SMBC
- Head of Commissioning for CAMHS, Black Country Healthcare, NHS Foundation Trust
- Senior Specialist Educational and Child Psychologist for Mental Health, SMBC
- Service Manager and Clinical Lead, Black Country Healthcare, NHS Foundation Trust
- Consultant, Public Health, SMBC
- Strategic Lead for Early Help, Sandwell Children's Trust

There were three funding rounds:

1. In June 2021 selected applicants were invited to apply for up to £40,000. These applicants were selected on the basis that they would be able to begin immediately and deliver their project during the summer of 2021. This would enable services to be sustained, allowing time to recruit key staff for September. A total of £231,909 was awarded in this round.
2. In September 2021 a further round was launched without the same funding limit, open to all applicants who met the eligibility criteria (see below). A total of £456,783 was awarded in this round.
3. A Winter 2021-2022 round was launched in December 2021, targeted at providers of counselling services. A total of £304,800 was awarded in this round.

There were three criteria of eligibility to apply for funding:

1. The provider was a not-for profit organisation.
2. The provider was currently delivering activities and support to children in Sandwell.
3. The provider met stated requirements for working safely with children and young people.

Prior to the first round, SCVO identified and held meetings with those providers that were identified as meeting these criteria and potentially capable of delivering immediately, in order to assess their readiness and gain their input into designing the application process.

Prior to each of the second and third rounds, SCVO held at least one briefing workshop for potential provider applicants.

The application form asked ten questions, accompanying guidance notes were issued, and applicants were invited to contact SCVO for any assistance required in completing the form. The questions covered:

1. Amount of money requested.
2. Name of project.
3. Project description.
4. Project beneficiary description.
5. Project impact and evidence of impact.
6. Project link with other local agencies to ensure inclusive access.
7. Project budget and ability to scale up or down with a different level of funding.
8. Risks and challenges to delivery.
9. Plans for sustaining the service at the end of the funding.
10. Outline timetable of activity.

The following projects working directly with children and young people were funded through the programme.

Table 1: Funded projects

Project name	Project description	Target group	Provider
Round 1			
Blues School Programme	6 x weekly small group sessions for children reaching criteria	13-19 yrs	Action for Children
Bouncing Back	1 hour for 2 weeks whole class sessions	Years 5, 6 & 7	
Extra Time	Mentoring Plus – average of 30 hours contact time	9-18 yrs at risk of offending	Albion Foundation
Our Future	One-to-one sessions(6-10 depending on need) and group support	5-18 yrs living with domestic abuse at home	Black Country Women's Aid
BEAM	Brief interventions via telephone, online or drop-in non-clinical interventions	5-18 yrs	The Children's Society
EmpowHER	Mentoring (10 hours) and group activities	Girls aged 9-12 and 13-16	Creative Academies
B Cre-8rive	4 sessions (each 1-2 hours) of support via creative activities	8+ yrs	Kaleidoscope Plus
Emotional Wellbeing Mentor	Individual mentoring (12 sessions) and group work	9-19 yrs	Krunch
Round 2			
BEAM	Brief interventions via telephone, online or drop-in non-clinical interventions	5-18 yrs	The Children's Society
Gilrs CAN	Mentoring (10 hours) and 2 day trips	Girls aged 9-12 and 13-16	Creative Academies

Project name	Project description	Target group	Provider
Be Positive	Mentoring (6-12 sessions) and structured sport and physical activity	11-16	Sport4Life
Making a Difference	Lego/art/music therapy in 6 x 2-hour sessions	Primary and SEND children	4 Community Trust
Real Relationships	Individual mentoring and group work (6-12 sessions)	9-19 yrs	Krunch
Round 3			
Lyfeproof	10 x 1 hour counselling sessions	12-18 yrs ethnic minorities at risk of offending	Aspire4U
Counselling for Children	Therapy Dog sessions Family art therapy sessions One-to-one counselling	0-18 living in refuge	Black Country Women's Aid
Sandwell Helping Hands	Weekly group sessions and one-one counselling for four weeks	5-11 yrs with or awaiting diagnosis of ASD or ADHD	Family Action
Time for You	One-to-one counselling (6 sessions)	8-18 yrs negatively affected by Covid	Relate
Future Foundations	One-to-one counselling (6 sessions)	5-18 yrs	Murray Hall Trust

A wide diversity of support was funded, ranging from brief one-off interventions to longer term intensive work. In addition to one-to-one and small group work, some providers undertook work with large groups of children and indirect work with staff.

Black Country Women's Aid (BCWA) had been in receipt of funding from the Police and Crime Commissioner and from the Ministry of Justice (MoJ) which had enabled them to increase their capacity during Covid. However, for 2022-2023 there was a reduction in the MoJ funding of £130,000 across the borough, which meant that BCWA had to remodel its service, raising the threshold for their involvement and requiring them to refer on to other agencies those families who did not meet that threshold. An underspend in the EWB grant programme provided funding to BCWA for a Children and Young People's Independent Sexual Violence Advocate (ChISVA) in this context of financial constraint.

SCVO established a network of providers to share information and best practice and to strengthen connections within the voluntary sector. This network met online six times in the course of the programme.

4 The needs addressed and difference made to the lives of the young people supported through the programme

The impact of Covid on the mental health of children and young people

All the providers noted the impact of Covid on the children and young people they worked with, and on their expectation that these impacts would last long into the future. For a child, the period of Covid and lockdown represents a large proportion of their life. Whatever their age, they will have been deprived of the normal interaction that school and leisure activities bring to that stage of their development.

Action for Children observed that the proportion of children and young people scoring 20 or over on the CES-D⁵ score and therefore eligible for the Blues Programme, had increased from 30% before to 40% after Covid.

Families were locked down together, not being able to see their wider family and friends, perhaps with financial implications of Covid. One provider noted more disclosures by children of parents using alcohol. Where there is domestic violence and abuse, the period of lockdown created a pressurised environment for children and young people unable to go to school.

Face-to-face personal communication suffered and young people were observed to have lost confidence. Some, it was noted, appeared to have forgotten how to play with and talk to each other. As lockdown and restrictions lifted, and children needed to re-integrate into the school community, issues of anxiety and low confidence came to the surface.

As a teacher interviewed for this evaluation observed, prior to Covid emotional wellbeing issues would normally be *“handled with a chat and monitoring, but without the ability to do that they escalated and became magnified. The usual outlets for support were not available”*.

Lockdowns broke the normal daily structure for children, especially important for those with additional needs. Following lockdowns, teacher absences with Covid removed the consistency and familiarity from children that is so important for those with additional needs, causing stress and anxiety.

Covid also had an impact on the children with additional needs who would normally learn to mask their emotions at school. That ability was affected and, when they returned after lockdown, schools saw more challenging behaviour from them.

During lockdown self-harm and suicide ideation decreased because the triggers for them – academic pressure and bullying – were removed. One provider observed that they then spiked on return to school.

Bad behaviour, including in therapy sessions, was observed by some workers. Younger children were pushing boundaries, perhaps as a result of being out of school so much, at home with parents who were unable to set house rules. Young people were observed to be joking and *“being comedians”*, thinking that causing disruption is acceptable.

There were some evident developmental delays for children as they came out of Covid. Many had been at home with parents who left them to their own devices, so that they did not know the behaviour that would be expected of them in school. This may be particularly noticeable for the early years, ages four to seven. Hence, when they returned to school full-time aged seven, they had not had the expectations established in them of normal, acceptable behaviour. Some did not understand that fighting with other children is not acceptable; some may not be fully toilet trained, some may have speech delays.

For children in their transition years, Covid came at an important developmental stage of growing independence. Messages of it being ‘unsafe’ to leave home can have a substantial impact on their confidence.

In 2020 the transition programme for Year 6 pupils, in which they would have visited their new schools and classrooms and met their new teachers, was postponed. That cohort studied at home for much of 2021 and then started in Year 8 as they moved into becoming teenagers.

⁵ Center for Epidemiological Studies – Depression

While many providers were able to adapt their method of service delivery during Covid, reaching children by remotely through technology, the problem was especially acute for children under 11 who agencies had no access to.

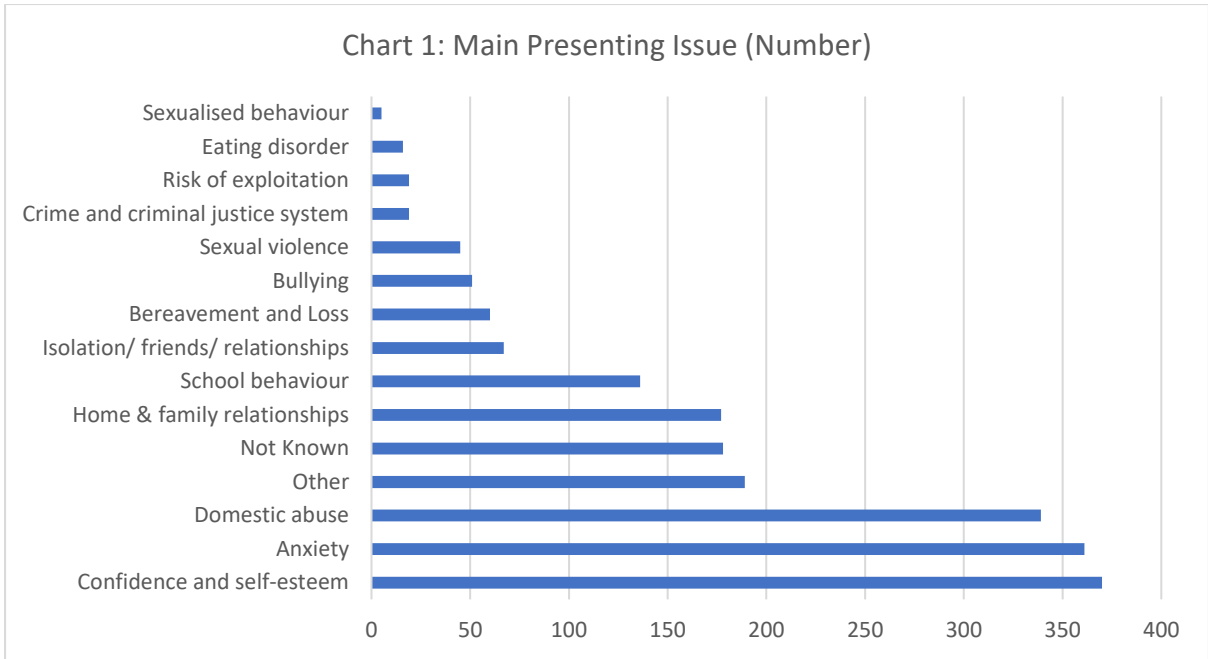
Information about Covid in mainstream and social media raised children's awareness of illness, risk and mortality. As several providers observed, children now knew about viruses in a way they would not normally, placing a pressure and a worry on them that would previously have been confined to adults. One provider saw this worry being compounded by news of the war in Ukraine, which removed an assumed sense of security for children, creating a context that 'anything could happen'. Children pick up their parents' fears from them but may not be able to express them to each other.

Several providers, at the end of the programme, referred to parents' financial worries, which children were made aware of during lockdown and are likely to be heightened in the current economic climate.

The data collected from providers reveals that, of the 2032 children and young people who were supported by the programme the primary issue or concern presented by them was recorded as 'confidence and self-esteem'. This issue was recorded against 370 children and young people or 18.2 % of the total. 'Anxiety' was recorded against 361 (17.8%) of those referred followed by 'domestic abuse' which was recorded against 339 or 16.7% of referrals (Table 2, Chart 1).

Table 2: Main presenting issue

Presenting Issue	Number	%
Anxiety	361	17.8
Bereavement and Loss	60	3.0
Bullying	51	2.5
Confidence and self-esteem	370	18.2
Crime and criminal justice system	19	0.9
Domestic abuse	339	16.7
Eating disorder	16	0.8
Home & family relationships	177	8.7
Isolation/ friends/ relationships	67	3.3
Risk of exploitation	19	0.9
School behaviour	136	6.7
Sexual violence	45	2.2
Sexualised behaviour	5	0.2
Other	189	9.3
Not Known	178	8.8
Total	2032	



For the analysis, ages were grouped into broader categories: pre-school (0-4 years); primary (5-9 years); transitional (10-11 years); secondary (12-16 years); sixth form (17-18 years) and post-school (19-25 years).

Charts 2 - 12 present the results of cross tabulations of presenting issue data by age, gender and ethnicity. Tables presenting the full data are to be found in the Appendix.

From these it can be seen that, for the pre-school age children, the most significant presenting issue is 'home and family relationships', for the primary age group it is 'domestic abuse', for the transitional age group it is 'confidence and self-esteem' and for the secondary age group and the sixth form age group it is 'anxiety'.

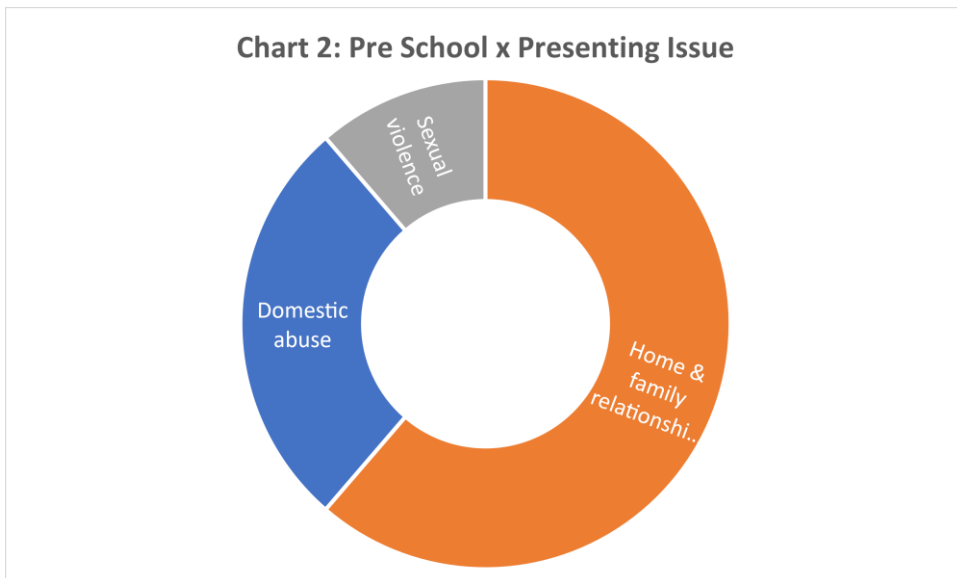


Chart 3: Primary School x Presenting Issue

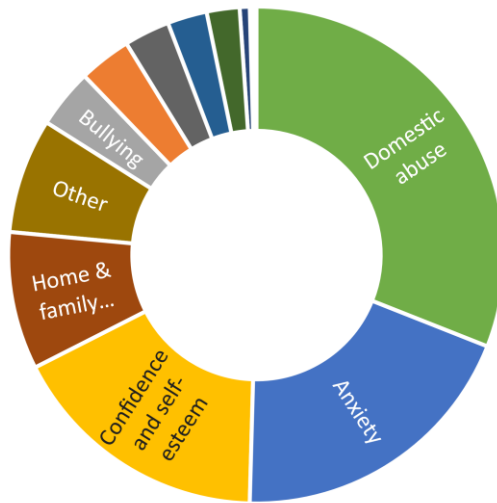


Chart 4: Transitional Years x Presenting Issue

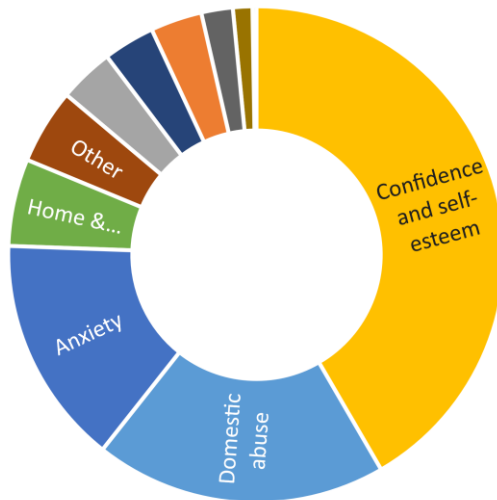


Chart 5: Secondary School x Presenting Issue

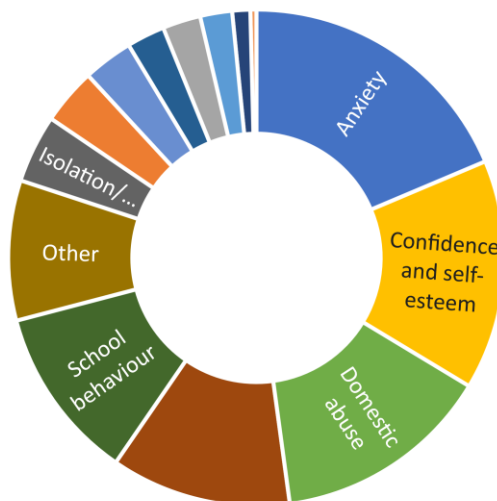
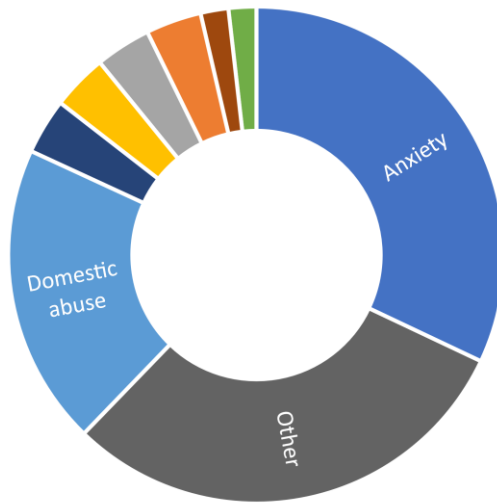


Chart 6: Sixth Form x Presenting Issue



For girls and young women, the most significant presenting issue was 'confidence and self-esteem', but for boys and young men it was 'domestic abuse'.

Chart 7: Females x Presenting Issue

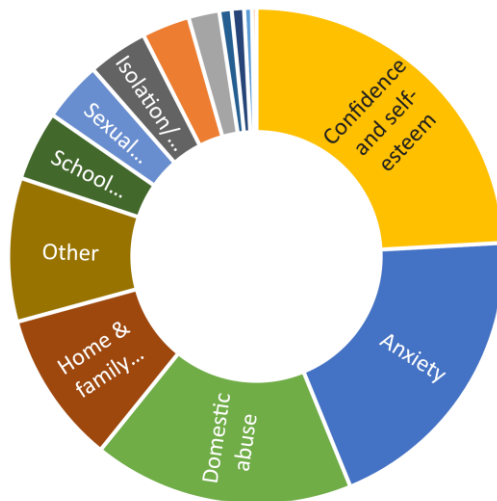
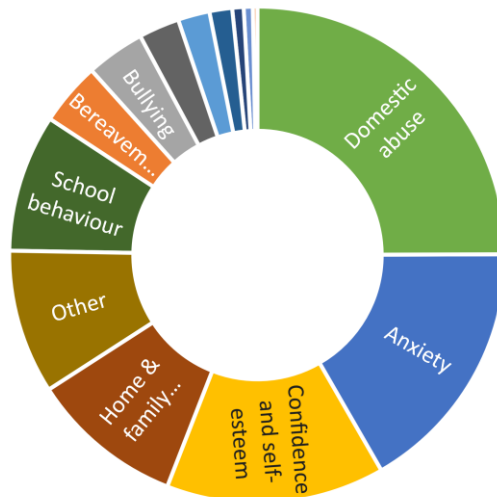


Chart 8: Males x Presenting Issue



For the analysis, ethnic categories were grouped as follows:

- 'Asian' includes Asian British Bangladeshi; Asian British Chinese; Asian British Indian; Asian British Pakistani; Asian other.
- 'Black' includes Black African; Black Caribbean; other Black, Black British or Caribbean background.
- 'Mixed' includes Mixed White and Asian; Mixed White and African; Mixed White and Caribbean.
- 'White' includes White English, Welsh, Scottish, Northern Irish or British; White Irish; White Roma; Other White background.

For children and young people within the combined Asian ethnicity group the largest presenting issue was 'domestic abuse' as it was for the combined Mixed ethnicity group. For the combined Black group, it was 'confidence and self-esteem'. For children and young people within the combined White group two presenting issues carried equal weight, namely 'domestic abuse' and 'anxiety'.

Chart 9: Asian (all) x Presenting Issue

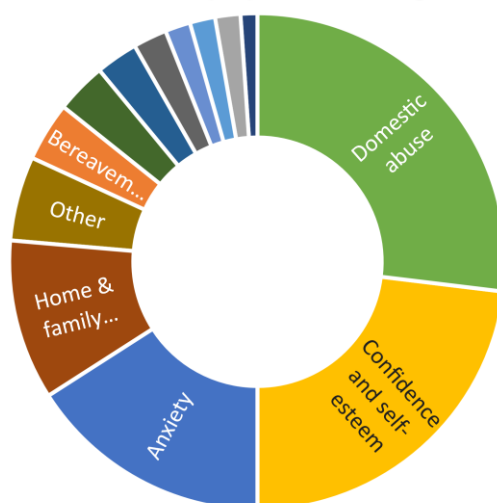


Chart 10: Black (all) x Presenting Issue

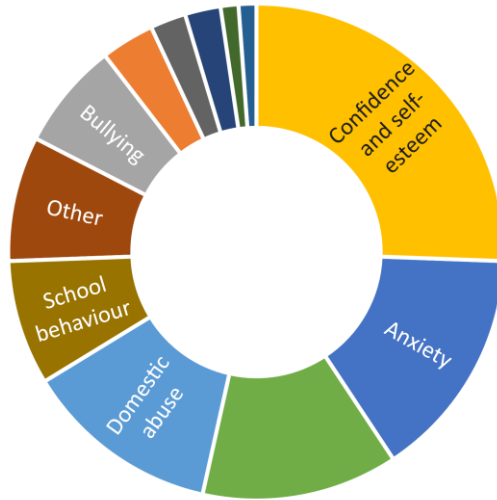
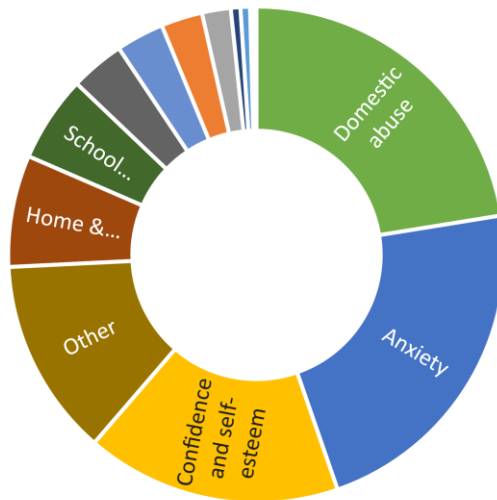


Chart 11: Mixed (all) x Presenting Issue



Chart 12: White (all) x Presenting Issue



Monitoring reach and impact of the programme

Through the application process, providers were asked to describe their methods for evidencing the reach (i.e. demographic profile) and outcomes of their intervention. In order to support providers in getting activities up and running without undue delay, it was felt to be preferable to allow them to use their existing monitoring systems rather than impose new ones upon them.

In March 2022, the providers were asked to provide evidence of reach and impact, based on their data collected to date, in order to assess the potential to read across and enable analysis of the whole of the programme. At this point it became apparent that no such analysis would be possible using providers' existing systems, and so SCVO created a monitoring spreadsheet with common fields for demographic profile data, tailored to each provider individually for their outcome data, to enable a programme-wide analysis.

For demographic profile data, this spreadsheet requested for each participant:

- Age
- Sex
- Ethnicity
- Home post code
- School attended
- Presenting issue

For outcome data, the spreadsheets listed the outcome measures and required information on 'distance travelled' (i.e. difference in score before and after) for each participant.

For the purposes of analysis, in order to assess the overall effectiveness of the programme in achieving its aims, these outcome measures have been grouped into the following five overarching outcomes:

- Reduced isolation
- Reduced anxiety
- Improved confidence and self esteem
- Improved resilience
- Improved safety in the home

For each of these totals have been calculated for those participants who have reported a higher score at the end, those who have reported a lower one, and those who have stayed the same. Given the different scoring mechanisms employed by the various providers, the actual 'distance travelled' in terms of the number of points has not been used.

While the data produced by providers enables analysis of the overall reach and impact of this funding programme, the following limitations should be noted:

- The 'distance travelled' was measured immediately following the intervention/activity and, although this may have been sustained, there is no evidence regarding this.
- As some providers acknowledged, there is a tendency for children to wish to please, thus reporting an improvement.
- The fact that a participant reported a lower score immediately following the intervention/activity may be as a result of feelings raised and confronted, which may lead to improvement in the longer term.
- The interventions varied enormously in nature and scale (e.g. creative or physical activity, counselling and mentoring; individual and group work; one-off and longer-term). This evaluation does not claim to assess the quality of an individual intervention or compare one with another and should not be used for that purpose.

- There was no control group and therefore no counterfactual to assess what the results may have been for a comparable group of children and young people who were not reached through the programme.

It was noted through the interviews with stakeholders that there was no observable reduction in numbers referred to CAMHS during the period that the programme was in operation. However, as has already been noted, Covid is believed to have had a damaging impact on the mental wellbeing of many children and young people, and so it may have been expected that numbers of referrals would otherwise have risen during this period.

Moreover, a number of the children and young people who were reached by the programme are likely to have been experiencing 'low level' emotional wellbeing issues that would not ordinarily have come to the attention of CAMHS. It is possible (but cannot be proven) that participation in this programme has given them the tools and resilience that will reduce the likelihood of them needing the services of CAMHS in the future.

Results: the impact of the programme

Table 3 and Charts 13 to 17 set out information regarding the impact of the whole programme on the emotional wellbeing of the children and young people it supported.

Provider outcome measures were mapped against the five themes:

- Isolation
- Anxiety
- Confidence and self esteem
- Resilience
- Safety at home

Table 3: Outcome measures

	Isolation		Resilience		Confidence and self esteem		Anxiety		Safety at Home	
	No.	%	No.	%	No.	%	No.	%	No.	%
Improve (>0)	928	94	1009	90	1067	81	998	77	40	46
Decline (<0)	14	1	11	1	40	3	42	3	7	8
No Change (=0)	45	5	102	9	211	16	257	20	40	46
Total	987	100	1122	100	1318	100	1297	100	87	100

Chart 13: Impact on isolation %

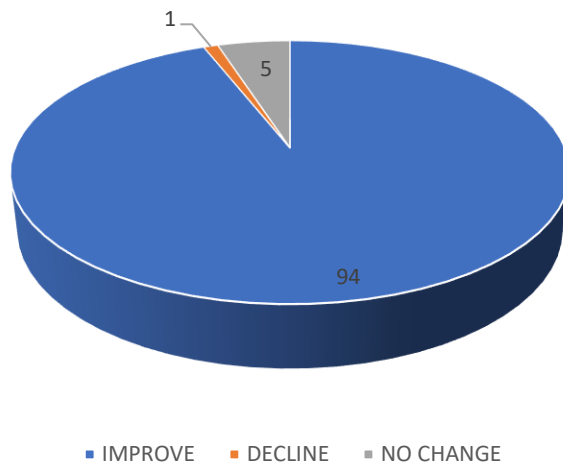


Chart 14: Impact on resilience %

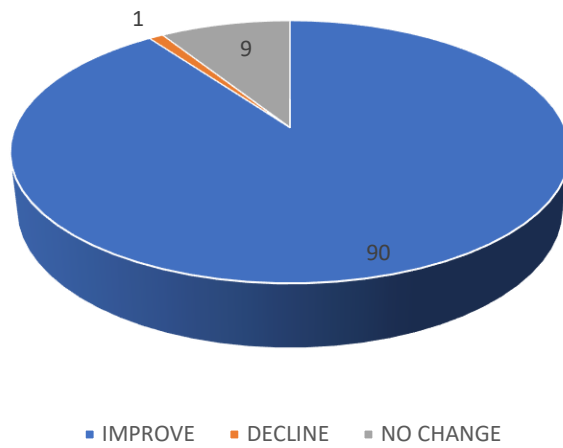
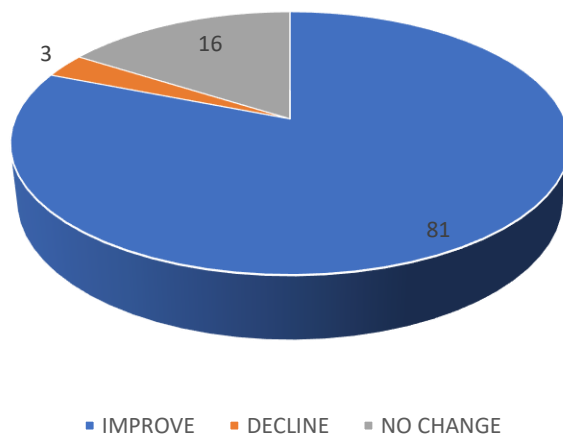
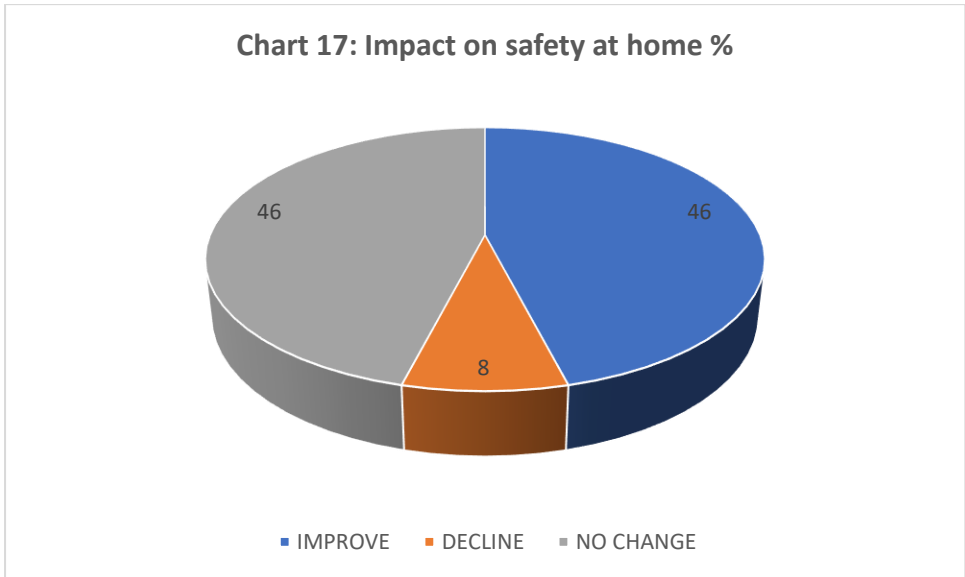
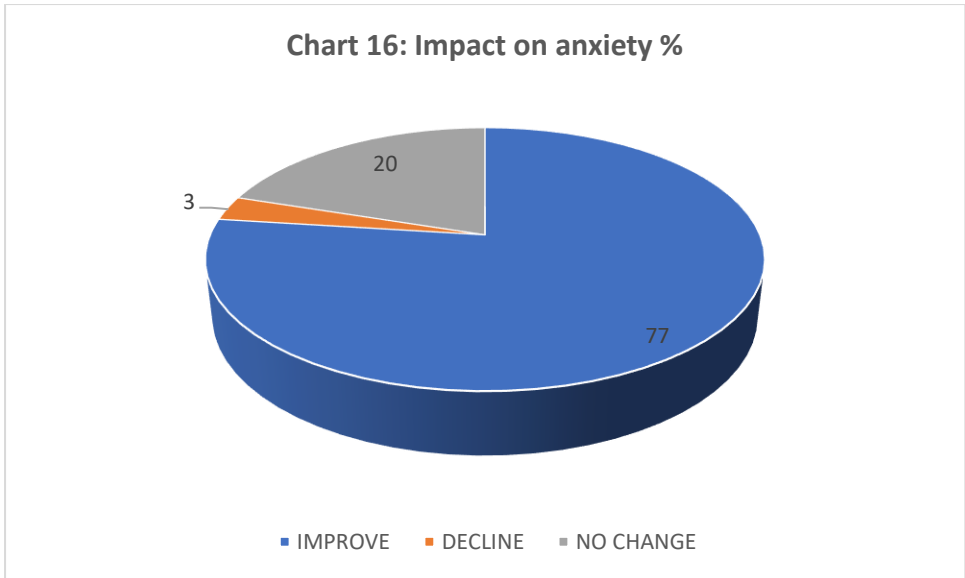


Chart 15: Impact on confidence and self esteem %





It can be seen that significant improvement across four of the five themes has been achieved by the programme.

'Confidence and self-esteem' improved by 81%, 'anxiety' reduced by 77%, 'resilience' increased by 90%, and 'isolation' reduced by 94%.

In terms of the 'safety at home' of beneficiaries the results are less conclusive with 46% of beneficiaries showing an improvement in this regard but 46% also showing no change. In only 8% of cases however did the situation worsen.

This category relates to the emotional wellbeing of children who are subject and/or witness to domestic violence, which, as has been discussed elsewhere in this report was significantly impacted by the Covid lockdowns. It may well be that the negative impacts on children and young people's emotional wellbeing that arise out of domestic violence take longer to be ameliorated than some of the other issues being measured, such as confidence and resilience. The domestic circumstances in which the violence and abuse occurred may also be more resistant to change and thereby continue to impact on the children and young people concerned despite the interventions offered through the programme.

Case studies illustrating the impact of the programme are provided below:

C, a 13-year-old girl, had a history of self-harm and presented with anger issues. In the first session she revealed suicide ideation and the counsellor worked with her on developing a protective behaviour plan so she knew what to do in a crisis. In following sessions, CBT-based interventions were used to help with the anger including mindfulness techniques, trigger recognition, and changes in the body. C said she believed that having someone listen without judgment made the biggest impact on the way she coped, to the point that she no longer had suicidal thoughts.

E, a 15-year-old girl, had witnessed domestic abuse over a number of years and her grandmother, who had been an important support to her, had recently died. She felt sad when she thought about the past and the effect that it had had on her mother. Her father, struggling with anger and known for drug use, was still present in her life. The sessions included helping her to understand and express her emotions and drawing up a safety plan in response to her father's behaviour. As a result, E learned to express her emotions and came to terms with changes in her family life. She learned how to keep herself safe and who she could talk to if she felt unsafe or anxious.

S, an 8-year-old girl, suffered with anxiety and was very worried that her grandfather, who was seriously ill, would die. At first she was unable to talk about it and the counsellor used a 'blob tree' to help her choose an animation of an emotion without trying to discuss it first. Subsequent sessions focused on helping her to express her emotions, which she did through drawing 'worry monsters' to show what her worry looked like. She was then able to show these to her parents. To help her with panic attacks she was shown breathing techniques as well as focusing on the five senses. With the counsellor she drew a support map to understand the people who could support and guide her.

A had an autism spectrum disorder diagnosis and was selectively mute, only speaking at home. She struggled with her feelings and emotions at school. During her first session she started to build a relationship with the key worker and read from the 'mood monster' card. She attended all sessions and engaged well, taking part in activities, both writing and verbalising her responses. She completed a 'helping hand', naming people she could go to for support if she needed to, both at school and at home. In the final celebration group event she spoke about her time in the sessions.

P, a girl in Year 6, had recently moved with her family to a new home and school to get away from a violent father. She was anxious, especially about her mother who was unwell. Over six sessions she was given time and space to express her worries and it was apparent that she gained self-awareness in regard to her emotions. The school reported that they saw a transformation in her over this period, managing her emotions, talking about her feelings and getting involved in social activities. The support had aided her transition to secondary school.

K presented with anxiety issues around using public transport. She described buses and trains as 'claustrophobic' and had experienced panic attacks in relation to her anxieties. Over five sessions (three by phone, two face-to-face), she developed a plan which involved taking some short, manageable journeys at first, with the goal of being able to go on a family holiday that had been pre-planned. In her final session she was pleased to report that she had been on a school trip which she had enjoyed, taking an aisle seat on the coach so that there was enough space around her.

J had an autism spectrum disorder diagnosis and struggled with his feelings, leading him to becoming very distressed, tearful and frustrated. After completing a 'volcano in my tummy' activity he described how feelings in his tummy sent signals to his brain, and sometimes getting a headache when he was angry, hitting his head on the table. J

described a train journey, using this analogy to describe his emotions at the different stations he passed through.

M had previously been living with her mother who was an alcoholic. She had recently moved to live with her father and stepmother. She found showering and bathing to be traumatic, became angry and lashed out in anger at home, and struggled to go to school. She attended the first session with her father and had difficulty in communicating with the counsellor. Over the course of the three sessions she became happy to talk and progressed to discussing her feelings using a 'how full is the water bottle' metaphor.

T, a girl in Year 13, had been struggling with low moods, lacked motivation, and had poor personal hygiene as a result. She was falling behind with her school work, which had been causing anxiety and frustration. She had tried setting herself a plan for the week but this had made her feel overwhelmed. As a result of one session, she felt able to set herself just one or two small goals, as small as having a shower or brushing her teeth, each day. She felt pleased to have been able to share what was going on and was eager to focus on solutions and strategies.

Children and young people taking part in the programme made the following responses:

"Talking to someone...someone who understands and does not judge"

"My anger has got less and I am able to speak about how I feel"

"I feel that these sessions really helped me as it made me feel that it is ok to have bad days and it is ok that you need to speak to someone"

"I have been able to cope more with my emotions. I have been given methods on how to calm myself down when going through worry or my panic attacks"

"You listen and take in what I'm saying and can understand and relate"

"You're really easy to talk to and open up to"

"It has definitely helped my self confidence"

"I love doing this because it helps with stress and anger"

"My favourite bit of the session was breathing"

"I liked the positivity jar"

Asked about the impact of the programme on a group of children in her school, a teacher responded:

"We found something that works, made an impact. You could really see a difference!"

The Director of Children's Services and Education, interviewed for this evaluation, wished to express his appreciation for the work done by all concerned to achieve these outcomes:

"I'd like to recognise and thank the partners who have stepped up to the plate. They have worked tirelessly, creatively and flexibly to deliver better and sustained outcomes for young people. That's hugely appreciated."

5 The legacy for provider organisations

Capacity

Some of the provider organisations needed to recruit new staff in order to deliver the service to the level that they had bid for. One used the funding to build on their established team;

some of the new staff having additional languages. The new staff bring skills and experience that enrich the organisation.

Another provider used the funding to train an existing member of staff to the required level, hence giving them greater capacity to deliver in the longer term. They were also able to recruit an administrator, enabling front-line staff to focus on delivery and improving the organisation's efficiency.

One provider was able, through the funding, to offer more work to their existing staff who have been able to develop their experience.

For BCWA the funding enabled them to maintain their capacity, providing an essential bridge between funding rounds from the Ministry of Justice.

Capability

This funding programme was focused on organisations bidding for funds to deliver projects and services that they already had a track record in. However, several of the providers used this to extend their work in some way, including piloting new approaches. One provider undertook more individual mentoring in addition to the group work that they had focused on in the past. Another took the decision to focus on younger children, where there was a lack of provision but for whom demand was high. A third learned new skills through adapting its approach by working with migrant children.

Many of the providers referred to having offered their services remotely in order to keep them going during lockdowns. A few observed that Zoom has opened up a new channel of working with service users, some of whom have fully embraced it.

Pre-booked video or phone calls enable a young person to use their booking as evidence of an appointment to allow them to book out of school. Young people can engage more easily at home and do not have to negotiate absence from home with their parents.

However, while most children are happy to use Zoom for counselling some may lack the technology or private space (i.e. their own bedroom). For the 5-11 year age group, remote working may be problematic because the worker cannot be sure who else may be in the room at the time.

Organisational development

During Covid, one of the provider organisations had closed its base in Oldbury but the work generated by the EWB funding programme gave it the impetus to reopen it. It has been in conversation with other VCS organisations, including other providers, to explore creating a network of potential bases.

Several of the providers had been forced by the pressure placed on them to deliver for the EWB programme to develop new approaches to their work. One has reviewed the organisation's work force planning so that everyone has some capacity to take on new work, meaning that in future they will be able to start with minimal delay. Another has reviewed its referral, screening and review process so that it can take on, allocate, and make onward referrals more efficiently.

A provider that had experienced staff churn has ensured that their staff are able to work across all projects. This ensures there is workload balance across the organisation between staff working with more and less challenging young people and minimises the risk to loss of service when staff leave.

Another provider evolved a service so that when a parent attends they are now seen and briefed separately from the young person. This means that expectations of what the service

can provide are made clear and any issues that the parent may have are identified at the outset. If the parent requires support they can be referred on appropriately.

One provider has used the experience of having to adapt to changed expectations regarding the flow of referrals to their service as a learning experience. They are using this to inform their construction of a delivery timetable for another funding bid that they are preparing.

Several providers have developed tools to support their interventions, including online resources.

External relationships

A number of the providers referred to the fact that delivering this programme of work had created opportunities to build their presence across the borough, through both their relationship with schools and the visibility of the programme to agencies such as CAMHS.

While most providers, because of the time pressures to deliver, had worked with schools where they already had a relationship, a number had invested time in developing relationships with new schools, building their profile and reputation in the process. Several of these schools have come back asking for more support.

Some providers developed new relationships with schools as a result of taking referrals from another provider whose waiting list prevented them from doing the work.

One provider referred to having "*developed a deeper relationship with schools and reignited old relationships*" through the funding.

Another provider has, through this programme, been able to demonstrate to the schools they work with their wider offer and the benefit that the children derive from these activities.

One who had not worked with these particular schools before had received very positive feedback and hoped that working with them "*has set a seed for the future*".

Some providers reported that the funding had allowed them the flexibility to work in community venues as well as schools. One had engaged with children through scouts and guides, community centres, youth centres, churches and faith centres. Through their activities, another provider has been able to engage with community centres and colleges in the borough.

One provider had used the funding to develop its work with an arts therapist and an animal (dog) therapist. This had proved to be a productive relationship which is likely to be developed in the future.

Several providers used the programme to extend their reach to parents. For some this was targeted, but for one at least it evolved as some parents chose to stay and watch the session, leading to the facilitator doing some work with them too.

Sustainability

A number of providers noted that, early successes often led to the school concerned and, in some cases, other schools, valuing their contribution and asking for further delivery:

"the positive feedback we received from this project helped open the doors to schools we hadn't worked with before".

One used case study examples to encourage take-up by other schools.

Several providers referred to the fact that they are able to use the work delivered under this programme as part of their track record when applying in future for funding for similar projects.

Several providers observed that a secondary school is more likely to use them again, once they have seen the positive impact of activities on their pupils.

One provider was funded to work with a primary school that has since commissioned them independently to provide support to pupils. They now have a staff member at the school one day per week throughout the academic year.

Another has already secured funding from one source to continue their work until early 2023 and has submitted an application to another source for this to be extended further.

One provider reported that they now have the confidence to charge for their work. They realise that there is a demand that they cannot meet without requiring income.

One provider while delivering work under this funding programme, was asked by a social worker to provide respite support to give parents a break. In addition to the income, this will provide a track record and credibility to do this work in future.

BCWA, recognising that it is notoriously difficult to secure funds for counselling for domestic violence and abuse, hopes to include therapeutic work as part of the core service of the refuge. They have also produced a document that will enable professionals to understand what they can do to support a child living in an abusive household, recognising the importance of this in the event that they may not be funded to offer this support themselves.

Several providers have held workshops which may also be attended by parents and professionals. This will enable them to know where to go to in future when issues affect the children and young people in their care. They will be able to recognise what is needed and know how to access support so that the situation is less likely to escalate into a crisis.

6 Relationships established and capacity developed within the local system

The provider network

The main mechanism by which providers were brought into contact with each other was through the provider meetings convened by SCVO. These were held remotely and were well attended.

A number of providers remarked on the fact that being online made it less of a time commitment and therefore easier to attend. One, however, observed that meetings held on Teams do not allow for the kind of informal conversations and networking that can take place at meetings held in-person.

The meetings were universally welcomed as a means by which providers got to know about the services that each other provided and enabled them to put a face to a name. While the Chief Officers of the provider organisations may have had knowledge of and contact with each other, this was a rare opportunity for managers and practitioners at operational level to have contact and share information about each other's activities:

"I have a much better understanding of what support is out there for young people and there is clearly a great breadth and depth of support for young people".

Several providers have made contact with each other subsequently, outside these meetings, including to explore potential opportunities for collaboration.

One provider described developing *"strong and positive relationships with other community organisations"*.

The provider meetings were highly participative, inviting attendees to share information about their activities, what was going well and any challenges they were encountering. Several providers interviewed for this evaluation remarked on the fact that this generated a sense of collaboration rather than competition:

"It helped bridge the gaps between us all and has been done without the usual sense of competition that pervades the voluntary sector".

"The usual atmosphere of competitiveness...wasn't around and people were genuinely keen to try and support each other's efforts".

However, while this was the majority view, one provider remarked that *"the meetings felt less like networking and more like 'peacocking' – everyone showing off"*. It may be that this was at least in part a result of the meetings being remote rather than in-person, when there is more potential for networking.

As a result of these meetings and the improved understanding of other organisations' activities, several providers were able to make subsequent referrals to each other. One provider meeting was used to encourage referrals to The Children's Society BEAM service, and the Project Manager convened a special meeting for the round 3 counselling service providers to facilitate referrals from BCWA to other providers of cases that fell below their new threshold.

Two providers collaborated, as a result of their involvement in this programme, to put together a funding bid to create a video. While this was unsuccessful, the groundwork has been done for any future similar opportunities that may arise.

A number of providers referred to the role that the Project Manager has played behind the scenes in effecting introductions between providers.

A survey of seven providers at the July 2022 provider meeting identified that five would like such meetings to continue in future if there is a further funding programme, provided they were a funded provider. A further two would attend whether or not they were funded. Most would like such meetings to address their understanding of the needs of local young people and their families and how they are changing; the bigger picture of strategic discussions and commissioned activity; and improving linkages with larger partners such as the council, Children's Fund and Health.

Should the network continue to meet, one provider felt that more use could be made of Teams, allowing providers to upload information for each other to access.

One provider identified that more could be done to coordinate their efforts in order to avoid duplication and maximise coverage. The development of a common consent form was suggested by one provider, to minimise delay in the event of onward referral to another provider.

Another more ambitiously still, envisaged the development of a consortium, led by SCVO, to enable this group of small providers to build on this experience and bid for other funding.

The wider system

Overall, there was evidence of improved understanding of and confidence in other agencies and the whole system as a result of engagement in this programme.

Several stakeholders expressed an aspiration that the system should be more dynamic, responsive and tactical, able to shift and flex in response to changing needs. It was generally felt that, while this had not been fully achieved through the programme (largely because the data was lacking), there were early signs of promise:

"We're moving in the right direction".

"EWB is one small part of a larger agenda where we need to be joining up, and although we have made progress there is still more progress to be made".

Specifically, there was some concern that more 'joining up' is needed between the CAMHS Single Point of Access (SPA) and providers. One provider approached the SPA for referrals and received a substantial number from them, an outcome that was considered beneficial to both parties as well as to the children and young people concerned.

However, this relationship between the SPA and providers was not established across the piece, which may be seen as a missed opportunity for this funding programme. The SPA was not informed of all the providers and their offer, which meant that they were not only unable to make referrals to them, but did not signpost on any children or young people who did not meet their threshold. Thus, some shortcomings in communication within as well as between agencies may have impacted on the full effectiveness of the programme.

Also, with regard to effective 'joining up', the issue of records was also raised. One stakeholder was concerned that there will be no record of the work done by VCS providers who were working with children also known to CAMHS. The need for families to formally agree to information sharing was identified, so that CAMHS would be notified of the outcome of the referral.

The Council's Senior Transformation Lead for Emotional Wellbeing and Mental Health was referred to by one provider as *"a great advocate...and is already making a difference"*. Another, however, expressed disappointment with the *"lack of connectors – those in positions of influence who can act as conduits for the VCS to gain access to children and young people who need them"*.

One provider developed a relationship with the school nurse service, who they needed to reach out to girls for conversations about issues such as puberty and body changes but did not feel qualified to deliver. It transpired that this work is part of the school nurse curriculum, but that school nurses had not been invited into particular schools. The provider was able to facilitate an introduction to those schools, enabling the school nurses to gain access.

Several providers referred to contacting GPs directly in order to encourage referrals, and one provider noted that they have received a number of referrals from agencies such as the police and Social Services.

SCVO's oversight of the programme appears to have played a central role in facilitating the link between the VCS providers and other agencies in the system. Examples include:

- Brook was struggling with its waiting list for working with young people on relationships. This came to the attention of Public Health. The SCVO Project Manager had supplied her with a list of the funded projects and so she approached Krunch to see whether they could take any young people from the Brook waiting list. This meant that the young people were seen considerably earlier than they would otherwise have been.
- Relate was introduced by the EWB Project Manager to Public Health who will now be sending out information about the counselling offer to Head Teachers.
- Relate attended the Smethwick Town meeting run by a member of SCVO staff. This enabled her to raise Relate's profile and hand out leaflets. As a result, she established contact with Sport 4 Life who offer a walk to school service. This may be a useful thing to be able to offer to children who need to regain their confidence in returning to school.

The Children's Society recently prepared a paper to Cabinet, presenting an action plan for Zero Tolerance for Suicide by 2030. This will be a way in which this programme has legacy beyond the young people currently being directly worked with. If the action plan is agreed, it

will filter back to the strategic bodies and from there into the ways in which services are delivered and how they can be enhanced. They are also on Black Country Mental Health Service Suicide Prevention Board so able to influence policy and practice beyond delivery of BEAM.

7 The extent to which support has been available equitably across the borough

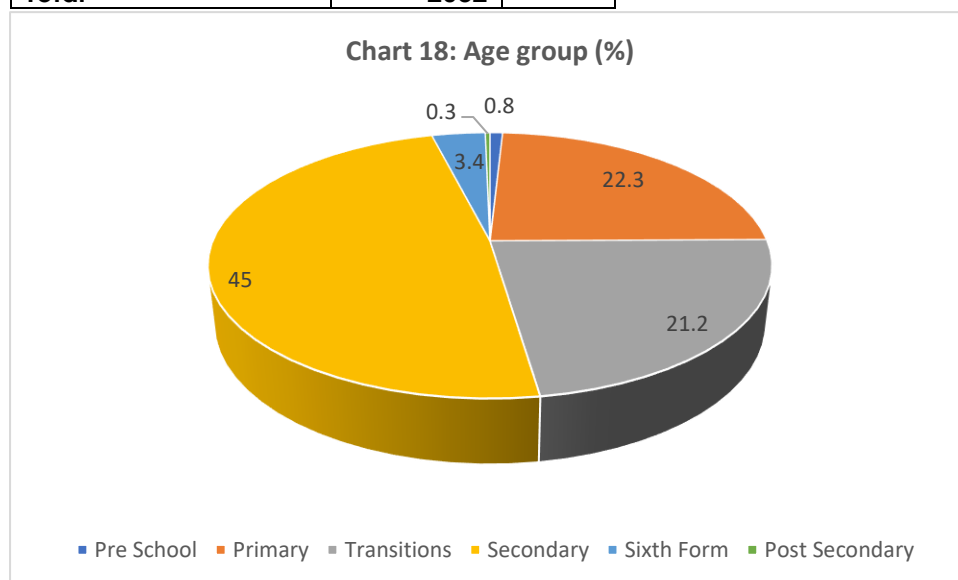
Overall, there were 2032 children and young people who benefited from support through the EWB Grant programme.

Some of the following tables have been simplified for presentational purposes. Tables showing the detailed results breaking down the age bands, ethnic groups and home post codes are provided in the Appendix.

Age

Table 4: Age of beneficiaries

Age	Number	%
1 – 4 (pre-school)	19	0.8
5 – 9 (primary)	455	22.3
10 – 11 (transitional)	431	21.2
12 – 16 (secondary)	915	45.0
17 – 18 (sixth form)	70	3.4
19 – 25 (post school)	10	0.3
Not known	132	6.5
Total	2032	



In terms of age groups, the majority of those supported were of secondary school age (12 to 16 years inclusive) accounting for 45% of the total, with children of primary school age (5 to 9 years inclusive) the next largest group, accounting for 22.3% of the total. However, the programme recognised the significant challenges experienced by children aged 10 and 11 years old who were in the transitional years between primary and secondary education. This transitional period can be an emotionally difficult time for children under normal circumstances, but was made even more so by the impact of the Covid pandemic as discussed earlier in this report.

As can be seen 21.2% of the total group supported by the programme were children from this transitional age group.

Gender

Of the 2032 children and young people supported by the programme, well over half (55.4%) identified as female with 40.6% identifying as male. The larger proportion of female beneficiaries may be accounted for by the fact that some of the projects specifically targeted girls and young women. A small proportion (3.1%) of children and young people identified as Other, which includes those who preferred not to specify their gender.

Table 5: Gender

Gender	Number	%
Female	1125	55.4
Male	824	40.6
Other	63	3.1
Not Known	20	1.0
Grand Total	2032	100

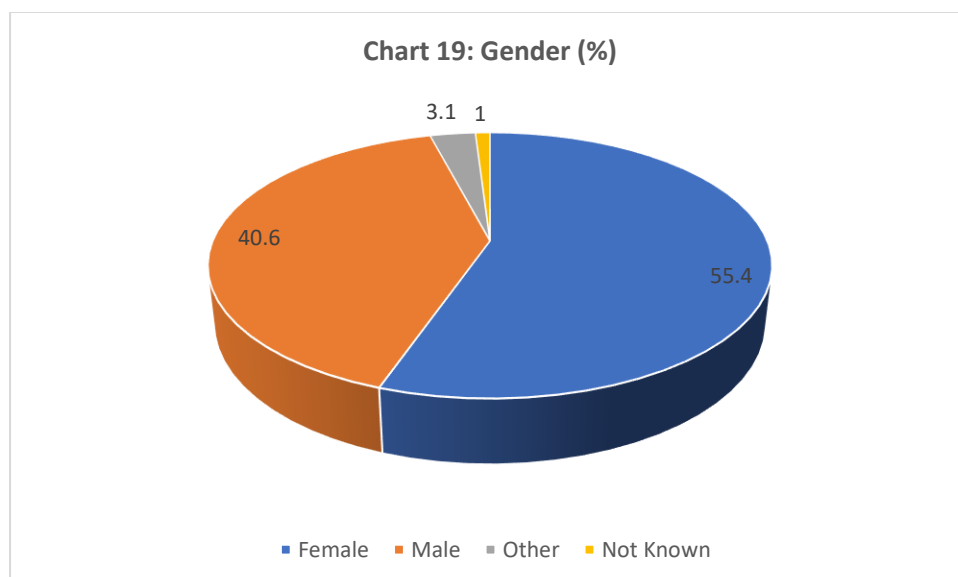
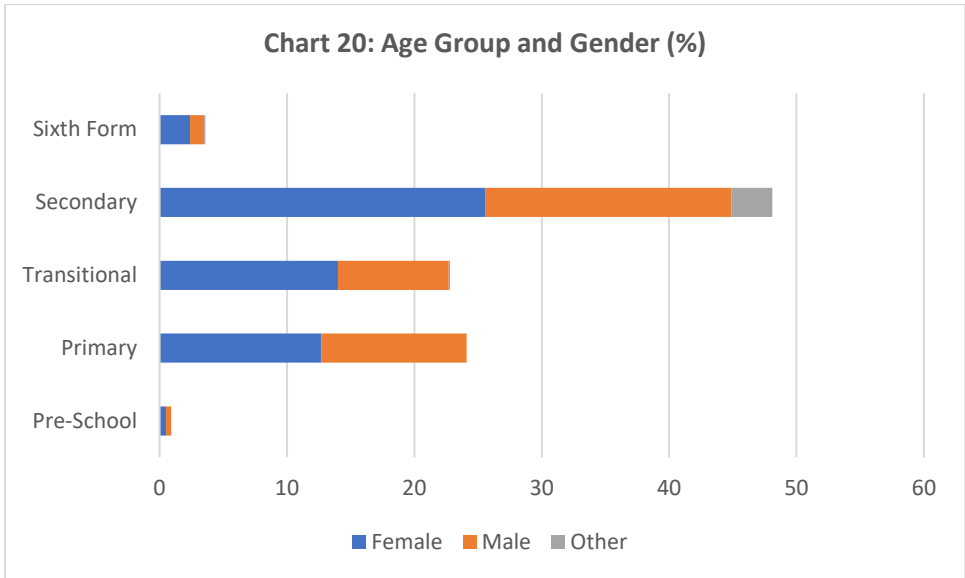


Table 6 and Chart 20 present a cross tabulation of age and gender and this shows that, in the largest overall age group (secondary), 25.6% of the beneficiaries were female and 19.3% were male. In the primary age group 12.7% of the beneficiaries were female and 11.4% male and in the transitional age group 14% were female and 8% were male. The substantial majority (61) of the 63 children and young people identifying as Other were in the secondary age group.

Table 6: Age and gender

	Female %	Male %	Other %	Total %
Pre-school	0.5	0.4	0.0	0.9
Primary	12.7	11.4	0.0	24.1
Transitional	14.0	8.7	0.1	22.8
Secondary	25.6	19.3	3.2	48.1
Sixth form	2.4	1.1	0.1	3.6
Total	55.2	40.9	3.4	

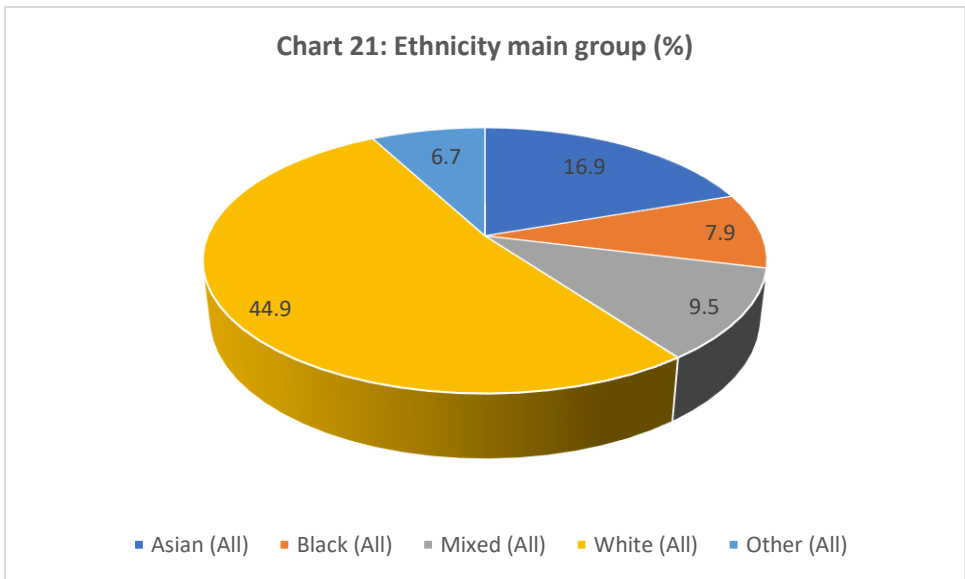


Ethnicity

The ethnicity categories used in this report were taken from the 2021 Census. There was significant variance in classifications used by provider organisations to record ethnicity and those that differed from the Census categories were reallocated accordingly. One provider organisation did not record ethnicity at all.

Table 7: Ethnicity

Ethnicity	Number	%
Asian	345	17.2
Black	161	7.9
Mixed	195	9.5
White	913	44.9
Other	137	6.8
Not known	281	13.8
Total	2032	



Of the 2032 children and young people supported by the programme, the largest group came from a white background which accounted for 44.9 % of the total. The largest single group within the overall white group was the White English, Welsh, Scottish, Northern Irish or

British group which accounted for 42.7% of all of the children and young people supported by the programme.

The largest number of non-white beneficiaries came from the combined Asian group who made up 17.2% of the total, with those from the combined Mixed background group the next largest at 9.5% followed by the combined Black group at 7.9%.

Given the high proportion of beneficiaries (13.8%) whose ethnicity is not known, comparison with the wider population of Sandwell as revealed by the 2021 Census is problematic. However, it does appear to broadly reflect the wider community which (as revealed by the 2021 Census) is 57.3% White, 25.8% Asian; 9.8% Mixed, 3.7% Black and 3.4% Other.

It should be noted that 281 children and young people, or 13.8% of the total, were recorded as 'not known' in terms of their ethnicity. This may be due in large part to the challenges of securing an individual's profile information when the activity concerned does not provide an easy means of so doing (for example a whole class activity). Nevertheless, it is an issue that warrants further consideration going forward.

Table 8 and Chart 22 present a cross tabulation of the age and ethnicity data and this shows that in the largest overall age group (secondary), young people from combined Asian backgrounds accounted for 8.6% of the total number of beneficiaries. Young people from combined Black backgrounds accounted for 3.7%, young people from combined White backgrounds accounted for 25.1% and young people from combined Mixed backgrounds accounted for 6% of the total of all beneficiaries.

Table 8: Age and ethnicity

	All Asian %	All Black %	All Mixed %	All White %	All Other %	Total %
Pre-school	0.4	0.2	0.3	0.1	0.0	1.0
Primary	4.3	2.8	2.8	12.8	1.0	23.7
Transitional	5.5	2.1	1.9	12.2	1.6	23.3
Secondary	8.6	3.7	6.0	25.1	4.6	48.0
Sixth form	1.1	0.5	0.3	2.0	0.2	4.0
Total	19.9	9.3	11.3	52.2	7.4	

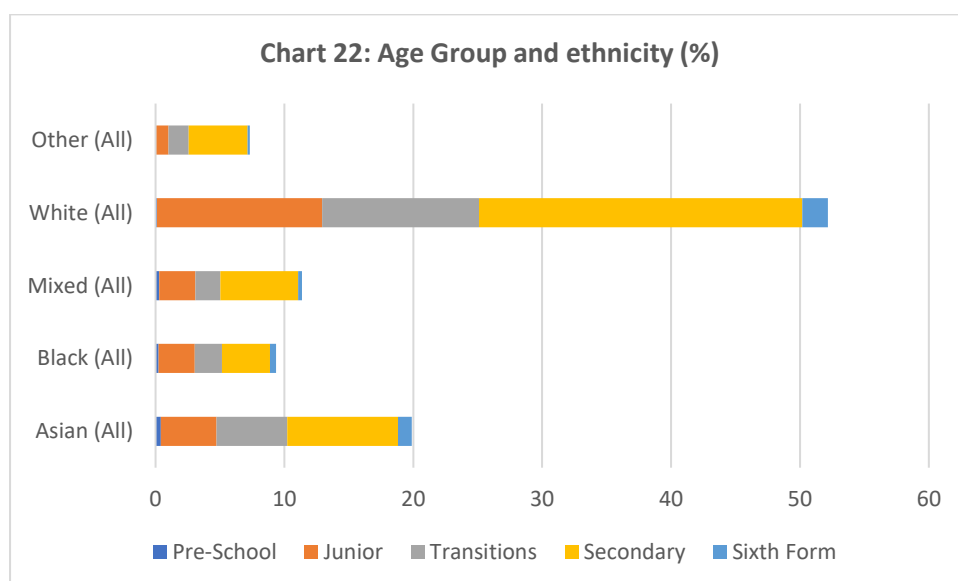
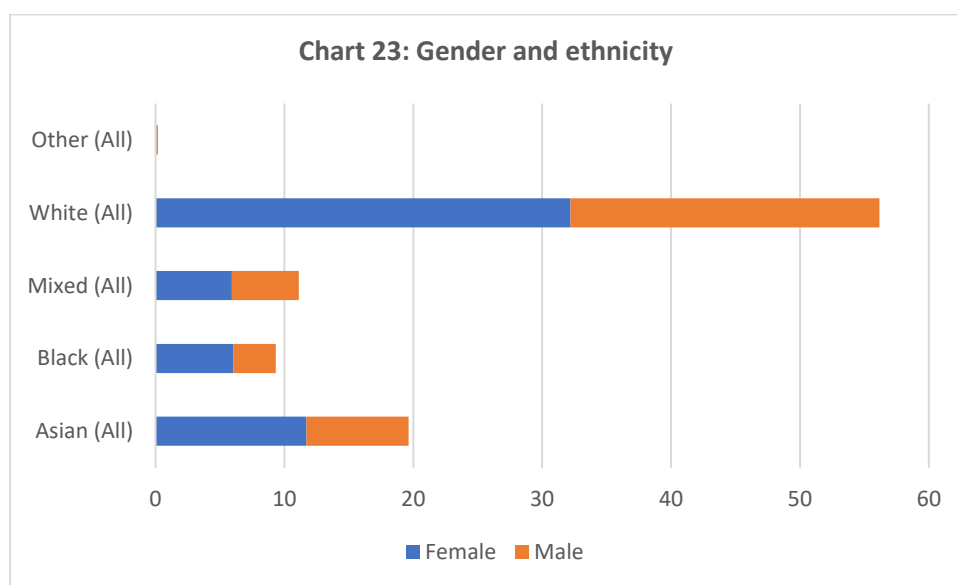


Table 9 and Chart 23 present a cross tabulation of gender and ethnicity data, showing that within the combined Asian group 12% of all the beneficiaries were female and 8% were male, whilst in the combined Black group 6% were female and 3% were male and in the

combined White group 32% were female and 24% were male. In the combined Mixed ethnicity group, 6% of all of the beneficiaries were female and 5% were male.

Table 9: Gender and ethnicity

	All Asian	All Black	All Mixed	All White	All Other	Total
Female	11.7	6.1	5.9	32.2	0.1	56.0
Male	7.9	3.3	5.2	24.0	0.1	40.5
Other	0.1	0.0	0.0	3.5	0.0	4.0
Total	19.7	9.4	11.1	59.7	0.2	

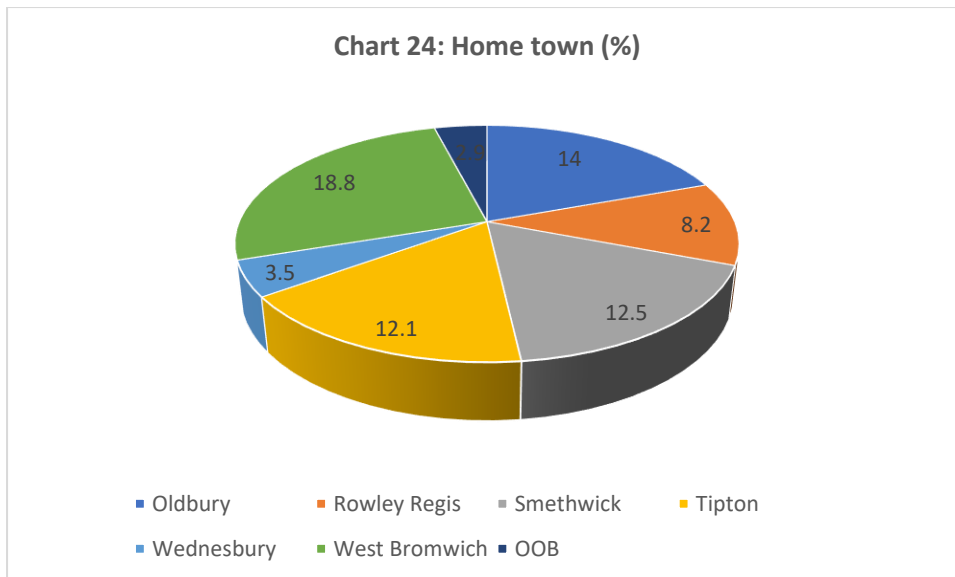


Home town

Of the 2032 children and young people supported by the programme, the largest number were recorded as having a home post code within the town of West Bromwich (18.8%). Oldbury provided the next largest cohort at 14%, followed by Smethwick at 12.5% and Tipton at 12.1%. Children and young people from Rowley Regis accounted for 8.2% with those from Wednesbury accounting for only 3.5% of the total. There were 64 children and young people (2.9%) whose home post code fell outside of the Borough of Sandwell, but this number is accounted for by the fact that some beneficiaries live in neighbouring authorities but attend Sandwell schools.

Table 10: Home town

Town	Number	%
Oldbury	283	14
Rowley Regis	167	8.2
Smethwick	256	12.5
Tipton	246	12.1
Wednesbury	71	3.5
West Bromwich	382	18.8
Out of borough	64	2.9
Not known	563	27.7
Total	2032	



An objective of the EWB Grant programme was to ensure equality of access and distribution to all children and young people in the Borough, achievement of which might be measured in terms of how well the programme beneficiary home post code profile matches that of the residential profile of those aged 0 to 18 years in Sandwell as recorded in the 2021 Census. If so, there are some discrepancies which would suggest that further work needs to be done on this objective should the funding programme be extended.

Census data for 2021 shows that the total population of Sandwell aged 0 to 18 years is 86,871, which when broken down into the child and young person population of the six towns in Sandwell is as follows:

- West Bromwich 20,596 (24%)
- Smethwick 18,419 (21%)
- Oldbury 13,621 (16%)
- Rowley Regis 12,829 (15%)
- Tipton 11,089 (13%)
- Wednesbury 10,317 (12%)

Schools

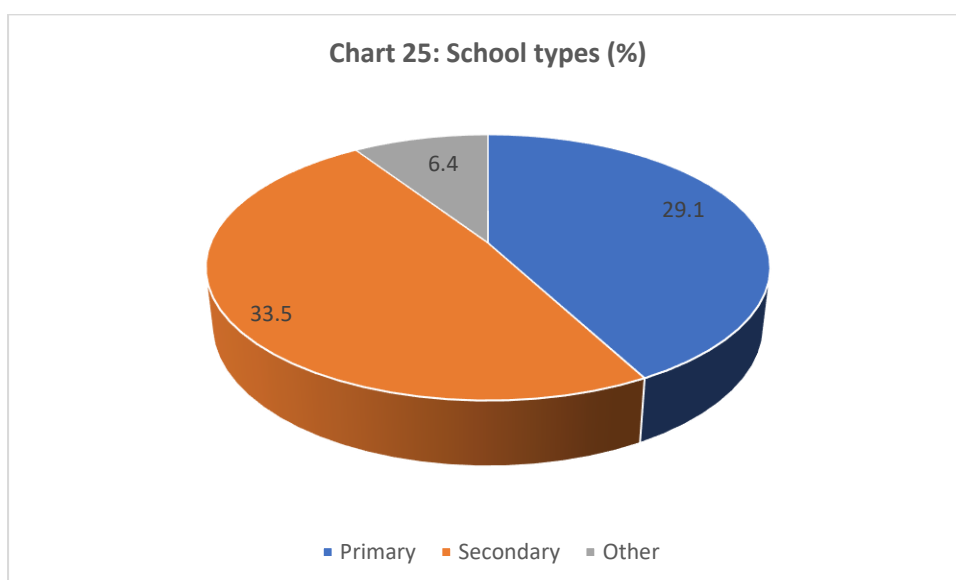
Schools were identified as the key vehicle through which to both identify and engage the prospective beneficiaries of the EWG programme. Provider organisations went to great lengths to market their services to schools and to work with schools to ensure that any educational and logistical challenges encountered by schools through their engagement with the programme were minimised.

The programme was delivered within 105 schools in the borough overall made up of 67 primary schools (64%) and 38 secondary schools (36%). In total there are 150 primary and secondary schools in Sandwell so the EWG programme has been successful in engaging with 70% of all schools in the Borough. The full list of schools is provided in the Appendix.

There were 132 children and young people (6.4% of the total) who accessed support from the programme via a community group or other non-school environment.

Table 11: Schools

School type	Number	%
Primary	592	29.1
Secondary	680	33.5
Other	132	6.4
Not Known	628	30.9
Total		2032



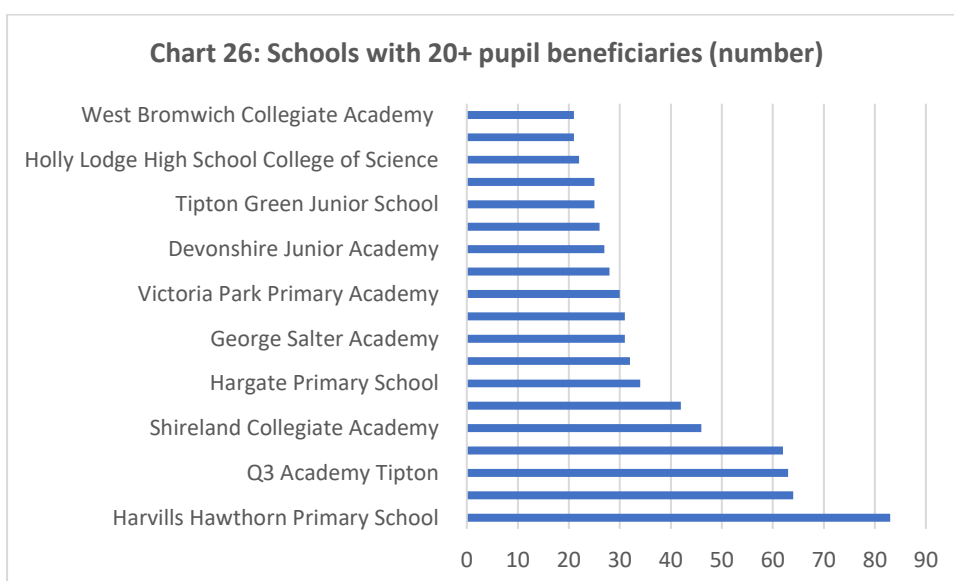
Over 600 beneficiaries had a recording of 'not known' when it came to the school they attended, almost 31% of the overall total. Given the focus of the programme was centred around schools in Sandwell, this 'not known' figure is disappointing and, as with the recording of beneficiaries' ethnicity as referenced above, is an issue that should be addressed going forward.

Of the schools engaged with the programme, most pupil beneficiaries (83) attended Harvill Hawthorn Primary School, representing 4.1 % of all the children and young people supported. The Q3 Academies in Langley and Tipton and St Michael's Church of England High School each provided just over 3% of all the pupil beneficiaries with beneficiary numbers from these schools being 64, 63 and 62 respectively.

Table 12: Schools with Most Pupil Beneficiaries (20+)

School	Number	%
Harvills Hawthorn Primary School	83	4.1
Q3 Academy Langley	64	3.1
Q3 Academy Tipton	63	3.1
St Michael's Church of England High School	62	3.1
Shireland Collegiate Academy	46	2.3
Oldbury Academy	42	2.1
Hargate Primary School	34	1.7
Summerhill Primary Academy	32	1.6
George Salter Academy	31	1.5
Sandwell Valley School - Sandwell LA	31	1.5

School	Number	%
Victoria Park Primary Academy	30	1.5
Ormiston Forge Academy	28	1.4
Devonshire Junior Academy	27	1.3
Stuart Bathurst Catholic High School, College of Performing Arts	26	1.3
Tipton Green Junior School	25	1.2
Health Futures Universal Technical College	25	1.2
Holly Lodge High School College of Science	22	1.1
Phoenix Collegiate	21	1
West Bromwich Collegiate Academy	21	1



Extending the reach

Broadly speaking, the initial aspiration for the programme was that it should reach as many children and young people as possible to respond to the surge in demand for emotional wellbeing support in the context of a system that was already overstretched. It was hoped that more services would be provided at an earlier stage than would be expected to require a referral to CAMHS.

The programme was designed to provide localised, responsive support and to build an infrastructure that would bring capacity to the system. Overall, these aspirations were felt by stakeholders to have been achieved.

The lack of time and resource for marketing the programme was, however, identified as a factor limiting its reach beyond those schools already working with the providers, and the need for this to be incorporated in any future programme. One stakeholder identified the Sandwell Inclusion Service as key to getting information about any future programme to schools.

Several stakeholders referred to children who are educated at home and the need to ensure that they are able to access support. It was pointed out that in school there is a range of adults to offer some form of support.

It was also recognised that mental health still carries a stigma for some, and that some children and young people may prefer not to associate themselves with an emotional wellbeing service that is offered through school.

For children not in school, or preferring not to access support through school, a number of stakeholders and providers identified the diverse range of small community-based organisations as providing a potential point of access. However, it was also noted that it would be important to know who and where these children were, and which organisations were most likely to be able to reach them.

The Children's Society BEAM service was noted to be a community-based service with the potential to reach such children. A BEAM session was observed for this evaluation and a report of this is provided in the Appendix.

For a more lasting impact, one stakeholder felt that in future, support should be extended beyond the child to their family:

"If you want anxiety or low mood to be resolved and that to be maintained, you need to support the families to manage their children".

One stakeholder, however, expressed concern about the short-term non-recurrent nature of the funding, pointing out that this means that *"our young people are saying we don't know what there is and we will never be able to tell them!"*

Targeting the funding

Both stakeholders and providers acknowledged that, as a result of the 'broad brush' approach that had been adopted to delivery, driven by the tight timescale and lack of data, the offer had not been accessed equitably in all parts of the borough. Indeed, schools that providers had worked with in the past tended to benefit from that pre-existing relationship. One provider had noted that one school had three providers working with them on projects funded by this programme.

There appears to be a lack of comprehensive data at present by which current provision of emotional wellbeing support in school can be mapped. Several stakeholders highlighted this as an essential prerequisite to targeting.

A stakeholder observed that the Educational Psychologists (through the Charter Mark) and Public Health both held data relating to the existing support in schools, that could be deployed to developing such a map.

Another observed:

"Between us all we have a lot of information but there is no one place you can look for it...And it should be a collaborative picture and it should be maintained and owned".

Several stakeholders highlighted the importance of raising awareness of emotional wellbeing and its impact on the child's performance in those schools that do not currently take up the offer:

"They think that school is school and emotional wellbeing isn't their issue".

"It's trying to get schools to understand that if you can get a child's emotional health and wellbeing right, then the impact will be that the child will be aspirational and will achieve things".

It was also noted, however, that targeting schools that had not benefited from the funding should not be at the expense of those with the greatest need, irrespective of whether they have benefited in the past.

One stakeholder suggested that CAMHS data should be used to develop a profile of the young people most in need of support. This could be used to target future funding, not only through schools but also potentially through the local community organisations that serve them.

The point was made by several providers that, in future, the application process should identify the target groups (e.g. by age, sex, ethnicity, school) to be worked with so that this could be incorporated by providers into their project plan.

8 The process

Management, delivery and oversight of the grant programme

While the Council's decision to administer the grant programme through SCVO was largely pragmatic, based on the need to get the money out to those who needed it quickly, all of the stakeholders involved believed on reflection that it was also the right decision in terms of the outcomes achieved. It did indeed mean that the money was spent, something that several stakeholders commented as being an achievement in itself. A procurement process would have been time consuming, more expensive and the Council did not have the capacity to manage it.

SCVO was also acknowledged to have a track record in programme management and, specifically, overseeing and administering grants. Their knowledge of and relationship with the local VCS was observed by several stakeholders to be critical:

"Their ear is very close to the ground to pick up the issues and respond in a non-bureaucratic way".

"In Sandwell SCVO are the people who know what is going on on the ground so it was the right thing to do".

"They have reach into services and organisations that statutory services would never be able to access".

The decision to use the local voluntary sector (as opposed to national VCS organisations with no current local presence) was also welcomed by stakeholders:

"Local providers should be able to identify clearly the needs of the local population, especially if they've been there for some time".

One statutory sector stakeholder also welcomed the additional perspective that the VCS can bring:

"We've all got our professional identities that we are rooted in, but the VCS can rise above that".

It was also pointed out that, from a corporate responsibility point of view, local organisations will recruit locally and take on local volunteers. Larger organisations from outside the area may talk about match funding, but they may not offer a local model, relying instead on a model that they use elsewhere.

One stakeholder did, however, raise the question of whether a large award to a single provider might have given the programme greater visibility, particularly for schools.

From their own perspective, SCVO was pleased to be able to use their knowledge of and relationship with the sector to be able to influence the funding process. However, unlike in previous grant funding programmes, they were required this time to be proactive and adopt a leadership role. Whereas on previous occasions, the purpose, scope, activities, target cohort and outcomes for a grant funding programme would have been dictated to them by

the commissioner (in this case the Council), on this occasion it was left to SCVO to take on this leadership role.

SCVO recognised that decisions would be needed about the priorities for awarding the funds and that it was by no means an expert in young people's emotional wellbeing. Hence, the CEO held meetings in the first few weeks with the Council officer initially involved, then consulted with relevant stakeholders including the VCS providers already delivering the work that was envisaged:

"We brought together the partners who had an understanding of the issues. We couldn't go to one place, we needed to be the convenor of those conversations".

While not unwelcome, the role necessitated a degree of *"asking, running, chasing, convening"*.

At times SCVO made mechanistic decisions about the application and award process, but at each stage took care to build consensus amongst the stakeholders. This partnership approach was fully endorsed (and indeed expected) by the Council, recognising the importance of the input from specialists and the need to work strategically across Sandwell.

While stakeholders generally welcomed the process by which they came together and, through discussion, reached agreement, some expressed some concern that there remained a problem of tangible evidence for all their decisions:

"I'm left with a niggling worry about what we understand about the need...How do we know we are responding in the right way with this money?"

"We have brought our professional opinions but do we always have the evidence to base this on?"

"We had lots of mentoring in the offer this time but we don't have a framework as to what good mentoring looks like".

Several stakeholders referred to the pace of decision-making, recognised as having been necessitated by the deadlines that had been set. In spite of that, SCVO and the Steering Group took advantage of opportunities for learning as the programme developed. For example, that lack of clarity that became evident in the first iteration of the application form was improved in the next version; and gaps in provision that emerged following the award of grants in the second round were addressed through the third.

It was initially envisaged that, aside from the small allocation of funds in the first round to ensure that activity could take place during the summer holiday 2021, the rest of the funding would be awarded in the September funding round. This would have meant awarding around £150,000 to each of five or six organisations. However, as it transpired, provider organisations lacked the appetite for such a large piece of work, realising that they lacked the capacity to deliver on this scale and preferring more incremental, sustainable growth.

Stakeholders interviewed for this evaluation endorsed the partnership approach that was developed for overseeing the process. The organisations represented covered the areas of expertise needed and individuals brought complementary perspectives.

However, several stakeholders noted, retrospectively, that they had lacked the young person's perspective, and one suggested that in future consideration should be given to consulting with the SHAPE programme⁶ over young people's representation on the Steering Group and involving them in programme design in future. Another stakeholder suggested that representation from Education might have played a useful role.

⁶ <https://www.justyouth.org.uk/shape>

The award process was felt by stakeholders to have been robust and transparent. There was healthy discussion and challenge with a view to reaching decisions that would have the best outcomes.

This funding programme sat within a broader framework of delivery and partnership working as outlined above. Nonetheless, it was noted by stakeholders that the process of coming together as a small group of individuals to make decisions generated a stronger sense of partnership and mutual understanding:

"You really learn about each other and take ownership of the decisions".

"We're working closer because of this than before".

"It's been an opportunity to work together to make a difference".

That said, it emerged from some of the interviews that, as a result of people wanting to work effectively but at pace, some differences in approach and working styles emerged, resulting in silo working or without a truly cohesive approach. It was felt that there may be scope to attend to some of the different working styles:

"I don't think we are yet working in a cohesive way".

"You have to work at those differences and misunderstandings".

A number of stakeholders applauded SCVO for its management of the whole programme:

"In terms of the coordination and roll out of the programme, SCVO has been phenomenal in what it has achieved in a short time; the professionalism with which they do it and the challenge that they give partners. They have been fundamental to its success. If it had been done without them we may not be in the strong position that we are".

"They were able to pull it off, so it's a thank you to them for managing it all. They did a good job. And keeping people to task – they always brought meetings back to the decisions that needed to be made."

Several remarked on the importance of the Project Manager role in providing the necessary information to the panel; steering them through the paperwork; and reminding them as necessary about "what was in and what was out" of the funding purview.

The application process

On the whole, those providers who were interviewed for this evaluation had been directly involved in writing the application for their organisation. One commented on the value of this in giving 'ownership' of delivery. Several highlighted the particular importance of involving people who know what was viable in terms of targets and timescales for delivery. However, there did not appear to be a correlation between those applications where deliverers were not involved in the bid writing and those projects that had experienced problems in their ability to manage the project effectively.

Providers who had been involved generally found the application process to be "not too long", clear and straightforward. Several referred to the fact that it was similar to their previous experience of working with SCVO and that this familiarity was useful. The fact that there was a named person to contact with any queries was appreciated.

A few providers referred to the fact that they had been invited to negotiate the details of their application following its initial submission. For most this was accepted as part of the process of refining their application, although one of these expressed bewilderment, and saw it as time consuming without fully understanding the thinking behind it. For the Steering Group, this element of negotiation was important in ensuring that proposals were robust and cost effective, offering value for money.

A number referred to the fact that their bid was based on a tried and tested approach, which made preparing the application more straightforward.

One provider, however, found that the application form was designed for service delivery rather than for a salary, and that there was therefore a challenge in establishing KPIs against salary hours. It was suggested that in future an application form should incorporate different or additional questions for those asking for funds to cover a salary.

Another provider understood from the call for applications that there was a ready demand for support and based their application on that premise, so that they framed their application *"in 'action' rather than 'development' terms."* They later discovered that no such flow of referrals was forthcoming, so had to do more development work than had been anticipated.

Several referred to the *"quick turnaround"* but, as one commented, *"that's not unusual"*.

A notable learning for SCVO was the need to establish with an applicant how quickly they could mobilise their resources to begin delivery. This was especially important in the first round, although the tight timescale meant that it was also a feature in future rounds. Applicants, keen to secure the funding, may be tempted to over-state their ability to begin work quickly, and the panel needed to be able to assess how realistic they were in this assertion.

"We need them to be up front with us; how do we encourage real and honest conversations about that? Because that affects the viability of the programme."

Applicants were asked to assess the implications on their costings of scaling their provision up or down, depending on availability of funding. This brought into focus the provider's approach to calculating its budget, distinguishing between fixed and variable costs.

One stakeholder felt that more could have been done at the application stage to ensure that the provider had the necessary contract management processes in place, along with performance and outcome monitoring.

Effective delivery

The timing of the award decision was a factor for several providers. For one, because there were some delays in the application being finally agreed, some self-employed staff that had been engaged had moved on to other work.

Two other providers received their award too late in the term to set anything up until after the forthcoming school holiday. For one provider this did not give them enough time because delivery itself needed to start at the beginning of the term in order to have the necessary number or weeks for completion.

A number of providers commented on the short-term nature of the funding and the impact this had on their ability to recruit and retain staff. One pointed out that, for such a short-term position, most applications were from people *"fresh out of university"* lacking the skills and experience for what is generally understood to be a demanding and stressful role. A number referred to staff leaving during the course of the project, a likely contributory factor being the need to secure a more permanent (or at least a longer-term) appointment.

Two providers experienced difficulties in getting the referrals that they had been expecting, based on their understanding of the need (in terms of increased need for mental health support for children and young people in the borough) and previous experience of delivering the service.

One indicated that there had been a mis-communication at the outset, leading to their understanding that there was a waiting list of children and young people needing support

ant that there would be an immediate flow of referrals from a SPA. They had an expectation that there would be a “*partnership – or network – of providers, creating an energy and synergy, an infrastructure for referring on and receiving referrals*”.

The other referred to a tendency for agencies to refer ‘upwards’ (escalating the level of support) rather than consider a more preventive approach as an option. It was also noted that they had not received any referrals from other VCS providers, with the possibility that this was a result of protectionism over caseloads and funding.

More positively, providers were able to identify some of the features of effective delivery. Several mentioned the launch of the Early Help website which was used to network with other providers and market their project to schools and other organisations and generate referrals.

Many providers referred to the difficulty in getting into schools and the consequent tendency to work with those where they already had an established relationship. One provider targeted schools that had signed up to the Charter Mark. This was partly a factor of time: the pressure to get started with delivery as soon as possible.

Communication with secondary schools was generally felt to be harder than with primary schools, largely because of size and the fact that any message is likely to pass through several hands.

Several providers reported on the difficulty of getting secondary schools to release pupils in the lead-up to exams. One commented that, while the school appeared to be giving priority to academic achievement over emotional wellbeing, this may be short-sighted in that an emotionally healthy child may actually achieve more.

One provider noted that, while secondary schools may be reluctant to engage during the run-up to exams, primary schools were generally open to support. They have more children with additional needs but not enough funds for additional support, so they welcomed this provision.

One provider noted that they had found it historically difficult to gain access to faith schools. Some, who already feel mistrustful of external agencies, may fear being judged.

It was also noted that schools at this time were struggling to manage the risk of Covid, and there was a reluctance from some to invite external staff into the building.

Finding the right person in the school and using them as a single point of contact was identified by many providers as being crucial to access. This might be the SENCO, the lead for mental health or safeguarding, or in secondary schools the pastoral head.

A number experienced problems of communication with schools, even after their presence was agreed. Several referred to rooms (or appropriate rooms) not being booked; children not being reminded of the session or released to attend. One provider referred to an occasion when no room had been booked, it then took half an hour to find a vacant one, and the room was unsuitable for group work. The same provider described another occasion when the school brought six children along for the session but, when the provider returned to their office where they kept their records, it transpired that one of the children was not on their list.

It was suggested that spending time at the outset, laying down the foundations with the school with regard to working practices, safeguarding and confidentiality could help to avoid problems arising. One provider noted that the relationship with the school, however, requires constant attention throughout. Several providers, on reflection, would wish to have appointed their own administrator to organise the logistics of delivery.

One provider suggested having a programme 'champion' at SCVO who could take part in initial meetings with schools in order to establish expectations on both sides, including a requirement for the school to have a named key contact. The presence of the funder at such a meeting had been found by them to be 'really useful' in another locality where they operate.

On the whole, once in the school, the project staff were treated respectfully and several providers reported that schools had come to value their presence and asked for further provision. However, there was one instance of a mentor with a criminal record being identified as a safeguarding risk, being excluded from the school and notifying the safeguarding lead about him.

Monitoring reach and impact

For the Steering Group, the ability to measure the reach and impact of the funding was, of course, important to knowing the difference it had made to the lives of children and young people in Sandwell. That said, there was an acknowledgement articulated by one member, that the level of effort and sophistication of monitoring procedures needs to be proportionate to the level of funding. While one might expect a sophisticated measurement of the impact of £1m of funding, it is important to remember that for the providers, most of the funding awards were for under £50,000; some of these for around £20,000.

There was general agreement amongst providers that clarity around what was expected of them in terms of monitoring would have been welcomed from the outset. Those involved in rounds 1 and 2 were particularly affected by the decision, in March 2022, to require providers to complete an excel spreadsheet provided for them by SCVO rather than to submit their return in their own format.

From SCVO's perspective, the lack of monitoring data being submitted by providers throughout the programme hindered their ability to monitor outputs and outcomes throughout its duration, and hence their ability to make modifications as responsively as they would have wished.

There was general agreement that a common data set for demographic information should be required of providers and dismay that this may not already be collected by all. However, one provider pointed out that, when working with large groups (e.g. whole classes) they do not routinely collect such data for individuals attending.

There was also general agreement (with a few notable exceptions) about the need to provide good quality outcome data and that, for a funding programme such as this, that it is reasonable for the funder to require this in a common format.

The most common view was that, in future, SCVO should make clear from the outset the outcomes that it wants providers to achieve through their intervention. The provider should then assess their outcome measures and identify those that relate to those outcomes so that these can be monitored and reported to SCVO. They may also continue to use their other measures for their own purposes. The proposed measures should be submitted at the outset for agreement by SCVO to avoid any problems later on.

As one provider observed, *"it's not about quantity but quality"* and that *"data serves a strategic purpose"*.

A few providers, however, did not feel that the value of common measures was justified *"because this reflects the diversity of the work everyone is doing"*.

One provider pointed out that the impact of a brief intervention is more difficult to measure than that of a longer-term engagement, and – by implication – that there may be an inherent flaw in any attempt to devise a common measurement across the programme.

Several providers raised the challenges involved in gathering data, especially in the sensitive context of emotional wellbeing. For example, it may feel discordant to end a positive therapeutic experience by getting participants to complete a form:

"You have to balance the need for evaluation – adding in questions – with the impact it may have on the quality of delivery".

The issue was raised of who should be asked about the impact of an interaction. The child or young person may feel obliged to be positive in order to please the service provider. One provider suggested that parent(s) may provide useful additional perspective. Another experienced specific difficulties in getting very young children to complete any form of monitoring and relied upon the views of professionals (other than those who had been involved in the interaction itself).

Another provider, however, emphasised the need for the voice of young people themselves to be heard: *"professional views should always be backed up by the view of the young person"*.

A stakeholder endorsed this view:

"The child's voice needs to be triangulated with the family's and the school's, so that it isn't just about them saying they feel better, but others seeing the evidence. So that we know that the help and support will be long lasting and not just a sticking plaster".

In terms of improvements to the data collection requirements, one provider suggested that a common spreadsheet should be used for children of all ages, even when the service had been delivered separately in primary and secondary schools. It was pointed out that this would avoid the risk of duplication if a child who received the service moved up from Year 6 to Year 7, and avoid confusion if the child was aged 11.

Another provider felt that it would be useful to monitor referral sources and onward referrals, to assist in any assessment as to the true value of the network of providers.

A number of providers emphasised the need for qualitative data in the form of quotes and case studies in addition to the quantitative data that needs to be collected.

9 Conclusions and recommendations

Conclusions

The VCS provider organisations delivered support to over two thousand children and young people of all ages and broadly reflective of the ethnic composition of the local community, across the borough of Sandwell, widely acknowledged as an impressive achievement.

As the Director of Children's Services and Education remarked:

"I'd like to recognise and thank the partners who have stepped up to the plate. They have worked tirelessly, creatively and flexibly to deliver better and sustained outcomes for young people. That's hugely appreciated."

Reaching pupils in over 70% of schools and some community venues in the borough, the programme has made a substantial impact on its stated outcomes of reducing isolation and anxiety, improving confidence and self-esteem, and building resilience. The programme also targeted children living with domestic violence and abuse, and made an impact, albeit more limited, on their feelings of safety at home.

The thirteen provider organisations themselves were strengthened from the experience, gaining capacity, capability and developing important relationships with each other, with schools, and with other agencies.

SCVO led a partnership of key agencies from the statutory and voluntary sectors in driving the process.

Recommendations

1. Any future programme should be informed by the data regarding need, which should make use of CAMHS data as well as that obtained through this programme.
2. Grant awards should be dependent on the applicants' capacity and ability to:
 - a. Demonstrate that their proposed intervention will address the programme's stated outcomes.
 - b. Identify the measures that they will use to monitor those outcomes.
 - c. Triangulate their findings, drawing on feedback from family and schools in addition to the beneficiaries themselves.
 - d. Provide regular (e.g. monthly) monitoring data to trigger enable the award of further funds to be responsive.
3. With regard to monitoring requirements:
 - a. A common language and classifications should be used when recording profile data, especially ethnicity. This can be achieved by the mandatory use of drop-down menus.
 - b. The 'not known' category and any blank spaces on spreadsheets should be eliminated so that providers are required to provide full information for each child.
4. Considerations should be given to involving children and young people in co-production of any future programme.

Appendix 1

Evaluation framework

Evaluation question	Data to be collected	Data collection methods
What needs have been addressed and difference has been made to the lives of the young people supported through the programme?	<ul style="list-style-type: none"> • Outcome data produced by providers 	<ul style="list-style-type: none"> • Initial meeting with SCVO project coordinator • Initial meeting with each provider • Bi-monthly check-in with each provider • Visits to sample of activities
What legacy will it have for the provider organisations in terms of their capacity, capability, organisational development, external relationships?	<ul style="list-style-type: none"> • Project plans • Project materials • Organisational charts • Training and professional development records • Staff and management reflections 	<ul style="list-style-type: none"> • Bi-monthly check-in with each provider • 6-weekly provider meetings • Final interviews with project managers and delivery staff
What relationships have been established and what capacity has been developed within the local system that will enable partners – the council, provider organisations, partners (including schools) and SCVO to be more effective, stronger and more resilient?	<ul style="list-style-type: none"> • Notes of panel meetings • Notes of provider meetings • Participant reflections 	<ul style="list-style-type: none"> • Meeting(s) with panel • 6-weekly provider meetings • Individual interviews with council and SCVO managers and staff

Evaluation question	Data to be collected	Data collection methods
To what extent has the support been available equitably to all children and young people in the borough? What more could be done to ensure fair and equitable access?	<ul style="list-style-type: none"> • Output data • Activity mapping • Participant reflections 	<ul style="list-style-type: none"> • Bi-monthly check-in with each provider • Analysis of output data • Meeting(s) with panel • Individual interviews with council and SCVO managers and staff • Final interviews with project managers and delivery staff

Appendix 2

The Children's Society: BEAM

Observation report

About BEAM

BEAM is a drop-in service for young people (0-25 years) with emotional health and wellbeing issues. The ethos is to move the children and young people on, helping them to develop the skills to build their own resilience. The model is one of coaching and challenging rather than counselling.

During the pandemic the service was provided over the phone and bounded by 20-30 minutes (except in cases of crisis or safeguarding) to help the team manage the resource and the young person to understand the value of time.

Sandwell Beam had drop-ins in Cradley Heath, Wednesday and now Smethwick. It was formerly in St Martin's Six Form College in West Bromwich but the hall was too cavernous and intimidating, and Leroy moved it to Smethwick community centre.

At each drop-in there were a minimum of three members of staff, plus other staff and trained volunteers. The Manager's presence is to manage the situation, which is unpredictable in terms of the number of young people attending, their ages and presenting issues.

The set-up is similar to a café, with each young person (and if present their parent) talking to a member of the team. There is music playing quietly so that people do not feel overheard.

The young person should not expect to come back the following week, but their return is left open. If they do come back, they should not expect to see the same member of the team. Communicating with another adult is seen as a useful skill to develop.

Notes from the observation

The observation visit took place on 23 August at Haden Cross Community Fire Station. Present that day were the Project Manager and two members of the youth work/counselling staff. All three were very enthusiastic about their work and able to provide extensive information about and insight into the operations of the project.

The observer learned that access to the support service on offer was open to all and did not require an appointment. Pre-registration of the young person was helpful but not essential as this could be completed on the day.

Therefore, the young person could present with almost any problem or presenting issue, from the mundane to the acute and be guaranteed a service.

This required the counselling staff to be very agile, adaptable, experienced and focused.

The young person would meet a counsellor for half an hour during which time they would be encouraged but not mandated to share whatever issues were troubling them. The session would always include time for reflection and agreeing the next steps, but again these steps could be small and benign or large and significant, dependent on the young person's engagement in the process.

Of particular interest to the observer was the 'built in' uncertainty in the model for both young person and counsellor. Every time the young person attended the drop s/he was likely to meet with a different member of staff, indeed this is almost the preferred

approach and runs counter intuitively to perceived models of counselling where trusting and consistent relationships are built between counsellor and client over a number of sessions.

The maximum time available for the young person and the counsellor in any session is 30 minutes and, whilst most other counselling models would set time limits on sessions, this is a particularly challenging time frame in which to make progress on what may be quite acute or entrenched issues.

However, what became clear is that this built-in uncertainty was a powerful way of making the young person focus on what was troubling them and what might be done to ameliorate the problem, putting a responsibility on them in a sense to make use of the resource and the opportunity on offer. They were entirely free to choose to not return or pursue the offer of support, but if they did choose to attend further sessions they needed to have contributed to identifying the way forward and taking action.

This model also put an onus on the counsellor to be very focused and clear with the young person, to identify their concerns and help them shape solutions and, most critically, to communicate all of that succinctly and effectively to one of their colleagues who would most likely be meeting with the young person the next time they came to the drop in. This was a challenging but also very empowering work model for those equal to the task, which the BEAM staff clearly were.

On the day the observer visited only one young person attended with their mother. This young person struggled with the disruption caused to their life and demeanour after spending time with their father, who was divorced from the mother and recently returned to the community after a spell in prison.

No personal or specific details pertaining to this case were shared with the observer and the session with the counsellor was conducted at a desk on the opposite side of a very large meeting space and was therefore essentially completely private as would be expected.

However, the observer witnessed the Project Manager skilfully engaging both the mother and the young person as they arrived and conducting his own brief assessment/triage of the issues. The young person was then introduced to the counsellor who took them to a desk across the meeting space whilst the Project Manager continued to engage and 'counsel'; the mother in an unstructured but clearly very helpful way, judging by her demeanour and positive body language.

At the end of the session both mother and young person departed seemingly happy and satisfied with the outcome.

The observer also departed at this point having spent 2 hours at the drop-in. It is not known whether there were other attendees to the drop in that day. However, whilst the delivery model has a great deal to say in its favour and is very much focused on the needs of the young people being supported, it would seem to present challenges with regard to cost effectiveness, if three or more members of staff are as regularly underutilised as they were on that occasion.

Nevertheless, the observer was greatly impressed by all concerned and came away from the visit both enthused and intrigued by the approach taken to deliver support to young people.

Appendix 3

Detailed tables

Age

	Age (Years)	Number	%
Pre School	1	5	0.2
	2	3	0.1
	3	8	0.4
	4	3	0.1
	Total	19	0.8
Primary School	5	33	1.6
	6	45	2.2
	7	75	3.7
	8	137	6.7
	9	165	8.1
	Total	455	22.3
Transitional Years	10	235	11.6
	11	196	9.6
	Total	431	21.2
Secondary School	12	174	8.6
	13	196	9.6
	14	245	12.1
	15	161	7.9
	16	139	6.8
	Total	915	45
Sixth Form	17	57	2.8
	18	13	0.6
	Total	70	3.4
Post Secondary	19	1	0.0
	20	4	0.2
	23	1	0.0
	24	1	0.0
	25	3	0.1
	Total	10	0.3
Not Known		132	6.5
	Total	132	6.5
	Grand Total	2032	100

Ethnicity

	Ethnicity	Number	%
	Asian		
A1	Asian Or Asian British Bangladeshi	22	1.1
A2	Asian Or Asian British Chinese	5	0.2
A3	Asian Or Asian British Indian	108	5.3
A4	Asian Or Asian British Pakistani	92	4.5
A5	Any other Asian Background	118	5.8
	Total	345	17.2
	Black		
B1	Black African	21	1.0
B2	Black Caribbean	30	1.5
B3	Any Other Black, Black British or Caribbean Background	110	5.4
	Total	161	7.9
	Mixed		
M1	Mixed White and Asian	35	1.7
M2	Mixed White and Black African	9	0.4
M3	Mixed White and Black Caribbean	83	4.1
M4	Any Other Mixed or Multiple Ethnic Background	68	3.3
	Total	195	9.5
	White		
W1	White English, Welsh, Scottish, Northern Irish or British	868	42.7
W2	White Irish	2	0.1
W3	White Roma	1	0.0
W4	Any Other White background	42	2.1
	Total	913	44.9
	Other		
O1	Other Ethnic Group Arab	4	0.2
O2	Any Other Ethnic Group	133	6.5
	Total	137	6.8
	Not Known	281	13.8
	Grand Total	2032	100

Home Post Code

Town	Beneficiary Home Post Code Area	Number	%
Oldbury	B68	164	8.1
	B69	119	5.9
	Total	283	14
Rowley Regis	B65	108	5.3
	B62	10	0.5
	B63	7	0.3
	B64	42	2.1
	Total	167	8.2
Smethwick	B66	109	5.4
	B67	141	6.9
	B16	1	0
	B17	3	0.1
	B18	2	0.1
	Total	256	12.5
Tipton	DY4	242	11.9
	WV14	4	0.2
	Total	246	12.1
Wednesbury	WS10	62	3.1
	WS1	9	0.4
	Total	71	3.5
West Bromwich	B70	257	12.6
	B71	125	6.2
	Total	382	18.8
Out of Borough	Total	64	2.9
Not Known	Total	563	27.7
Grand Total		2032	100

Full school list

School	Number	%
Primary Schools		
Abbey Infant School	1	0.0
Abbey Junior School	1	0.0
All Saints CE Primary School	8	0.4
Annie Lennard Primary School	6	0.3
Blackheath Primary School	13	0.6
Bleakhouse Primary School	1	0.0
Brandhall Primary School	1	0.0
Burnt Tree Primary School	13	0.6
Cape Primary School	4	0.2
Causeway Green Primary School	11	0.5
Christ Church CE Primary School	13	0.6
Crocketts Community Primary School	3	0.1
Devonshire Infant Academy	1	0.0
Devonshire Junior Academy	27	1.3
Galton Valley Primary School	6	0.3
George Betts Primary Academy	16	0.8
Glebefields Primary School	4	0.2
Great Bridge Primary School	6	0.3
Hall Green Primary School	2	0.1
Hamstead Junior School	2	0.1
Hanbury Primary School	7	0.3
Hargate Primary School	34	1.7
Harvills Hawthorn Primary School	83	4.1
Hateley Heath Primary School	1	0.0
Holy Trinity CE Primary School	15	0.7
Holyhead Primary Academy	1	0.0
Joseph Turner Primary School	17	0.8
King George V Primary School	1	0.0
Lightwoods Primary School	2	0.1
Lodge Primary School	3	0.1
Lyng Primary School	8	0.4
Moat Farm Infant School	6	0.3
Moat Farm Junior Trust School	15	0.7
Moorlands Primary School	1	0.0
Newtown Primary School	2	0.1
Oakham Primary School	2	0.1
Ocker Hill Infant School	1	0.0
Old Hill Primary School	1	0.0
Old Park Primary School	2	0.1
Our Lady and St Hubert's Catholic Primary School	4	0.2
Park Hill Primary School	7	0.3
Pennyhill Primary School	4	0.2
Perryfields Primary School	19	0.9

Reddal Hill Primary School	11	0.5
Rood End Primary School	10	0.5
Rounds Green Primary School	4	0.2
Rowley Hall Primary School	15	0.7
Ryders Green Primary School	1	0.0
Sacred Heart Primary School	15	0.7
Shireland Hall Primary Academy	2	0.1
Springfield Primary School	1	0.0
St James' CE Primary School	10	0.5
St Margaret's CE Primary School	2	0.1
St Martin's CE Primary School	3	0.1
St Matthew's CE Primary School	3	0.1
St Philip's Catholic Primary School	19	0.9
Summerhill Primary Academy	32	1.6
Tameside Primary Academy	1	0.0
Temple Meadow Primary School	2	0.1
The Priory Primary School	3	0.1
Tipton Green Junior School	25	1.2
Tividale Community Primary School	1	0.0
Tividale Hall Primary School	8	0.4
Uplands Manor Primary School	13	0.6
Victoria Park Primary Academy	30	1.5
Wood Green Junior School	4	0.2
Yew Tree Primary School	2	0.1
Total	592	29.1
Secondary Schools		
Bristnall Hall Academy	59	2.9
Corngreaves Academy	1	0
George Salter Academy	31	1.5
Gospel Oak (RSA Academy)	7	0.3
Health Futures Universal Technical College	25	1.2
Highpoint Academy	3	0.1
Holly Lodge High School College of Science	22	1.1
Impact Independent School - Dudley LA	1	0
Jubilee Park Academy	9	0.4
Mesty Croft Academy	6	0.3
Ocker Hill Academy	2	0.1
Oldbury Academy	42	2.1
Ormiston Forge Academy	28	1.4
Ormiston Sandwell Community Academy	8	0.4
Perryfields High School Specialist Maths & Computing College	18	0.9
Phoenix Collegiate	21	1
Q3 Academy	5	0.2
Q3 Academy Great Barr	5	0.2
Q3 Academy Langley	64	3.1

Q3 Academy Tipton	63	3.1
Sandwell Academy	18	0.9
Sandwell College	9	0.4
Sandwell Community School (Ages 11-16)	5	0.2
Sandwell Valley School - Sandwell LA	31	1.5
Shenstone Lodge School (Residential)	5	0.2
Shireland Collegiate Academy	46	2.3
Silvertrees Academy	4	0.2
St Michael's Church of England High School	62	3.1
St Paul's Church of England Academy	2	0.1
Stuart Bathurst Catholic High School, College of Performing Arts	26	1.3
The Brades Lodge	4	0.2
The Meadows School (Ages 9-19)	1	0
Timbertree Academy	1	0
Walsall College	1	0
Wednesbury Oak Academy	1	0
West Bromwich Collegiate Academy	21	1
Wodensborough Ormiston Academy	8	0.4
Wood Green Academy, A Specialist College of Sport, Math & Computing	15	0.7
Total	680	33.5
Other		
Other School or community group	91	4.5
Sandwell Residential Education Service	1	0
Tipton Muslim Girls Group	13	0.6
Lion Action Farm Centre	15	0.7
Looked After Children in Education (LACE)	12	0.6
Total	132	6.4
Not Known	628	30.9
Grand Total	2032	

Age group and presenting issue (%)

	Anxiety	Bereavement and Loss	Bullying	Confidence and self-esteem	Crime and criminal justice system	Domestic abuse	Eating disorder	Home & family relationships	Isolation/ friends/ relationships	Other	Risk of exploitation	School behaviour	Sexual violence	Sexualised behaviour	Grand Total
Pre School	0.00	0.00	0.00	0.00	0.00	0.29	0.00	0.65	0.00	0.00	0.00	0.00	0.12	0.00	1.06
Primary School	5.36	0.94	1.06	4.71	0.06	8.54	0.18	2.47	0.82	2.06	0.00	0.71	0.59	0.06	27.56
Transitional	3.42	0.77	0.82	9.54	0.00	4.36	0.00	1.30	0.77	1.12	0.00	0.47	0.29	0.06	22.91
Secondary	8.42	1.65	1.12	6.77	0.94	6.42	0.53	5.30	2.00	4.12	1.12	5.12	1.47	0.18	45.17
Sixth Form	1.06	0.12	0.00	0.12	0.12	0.65	0.06	0.12	0.06	1.00	0.00	0.00	0.00	0.00	3.30
Grand Total	18.26	3.47	3.00	21.14	1.12	20.26	0.77	9.84	3.65	8.30	1.12	6.30	2.47	0.29	100

Gender and presenting issue (%)

	Anxiety	Bereavement and Loss	Bullying	Confidence and self-esteem	Crime and criminal justice system	Domestic abuse	Eating disorder	Home & family relationships	Isolation/ friends/ relationships	Other	Risk of exploitation	School behaviour	Sexual violence	Sexualised behaviour	Grand Total
Female	11.3	1.8	1.2	13.8	0.3	9.7	0.5	5.7	2.2	5.4	0.5	2.6	2.2	0.2	57.2
Male	6.6	1.6	1.5	5.6	0.8	9.8	0.3	3.9	1.0	3.7	0.6	3.5	0.2	0.1	39.2
Other	0.1	0.0	0.3	1.4	0.0	0.0	0.0	0.0	0.2	0.1	0.1	1.3	0.1	0.0	3.6
Grand Total	17.9	3.4	2.9	20.8	1.1	19.5	0.8	9.6	3.5	9.1	1.1	7.4	2.6	0.3	100

Ethnicity group and presenting issue (%)

	Anxiety	Bereavement and Loss	Bullying	Confidence and self-esteem	Crime and criminal justice system	Domestic abuse	Eating disorder	Home & family relationships	Isolation/ friends/ relationships	Other	Risk of exploitation	School behaviour	Sexual violence	Sexualised behaviour	Grand Total
Asian (all)	2.9	0.7	0.3	4.2	0.3	4.9	0.2	1.9	0.4	1.0	0.5	0.6	0.3	0.0	19.7
Black (all)	1.3	0.3	0.6	2.2	0.0	1.1	0.0	1.1	0.2	0.7	0.2	0.7	0.1	0.1	9.3
Mixed (all)	1.5	0.4	0.3	1.6	0.3	2.2	0.1	0.7	0.6	0.9	0.2	0.9	0.2	0.0	11.1
White (all)	10.7	1.3	0.9	8.0	0.3	10.8	0.3	3.5	1.7	6.2	0.1	2.7	1.5	0.1	52.1
Other (all)	0.4	0.0	0.3	2.8	0.1	0.3	0.0	0.2	0.3	0.1	0.1	1.7	0.1	0.0	7.8
Total	16.7	2.6	2.3	18.8	0.9	19.2	0.6	7.4	3.2	8.9	1.0	6.5	2.2	0.2	100

Age group and full ethnicity (%)

	A1	A2	A3	A4	A5	B1	B2	B3	M1	M2	M3	M4	W1	W2	W3	W4	O1	O2	Grand Total
Pre-School	0.00	0.00	0.06	0.06	0.29	0.00	0.00	0.23	0.00	0.00	0.23	0.06	0.12	0.00	0.00	0.00	0.00	0.00	1.05
Junior	0.29	0.23	1.29	0.76	1.75	0.00	0.18	2.63	0.53	0.00	1.34	0.94	12.22	0.00	0.06	0.53	0.06	0.94	23.73
Transitional	0.47	0.00	1.99	1.46	1.58	0.00	0.29	1.81	0.35	0.00	0.64	0.94	11.75	0.00	0.00	0.41	0.06	1.52	23.26
Secondary	0.35	0.06	2.45	2.81	2.92	1.29	0.99	1.46	1.05	0.47	2.51	1.99	23.67	0.12	0.00	1.29	0.00	4.56	47.98
Sixth Form	0.18	0.00	0.53	0.18	0.18	0.00	0.29	0.18	0.12	0.00	0.12	0.06	1.81	0.00	0.00	0.18	0.06	0.12	3.97
Grand Total	1.29	0.29	6.31	5.26	6.72	1.29	1.75	6.31	2.05	0.47	4.85	3.97	49.56	0.12	0.06	2.40	0.18	7.13	100

Gender and full ethnicity (%)

	A1	A2	A3	A4	A5	B1	B2	B3	M1	M2	M3	M4	W1	W2	W3	W4	O1	O2	Total
Female	0.69	0.12	3.46	2.94	4.49	0.58	0.86	4.61	1.09	0.29	2.82	1.73	1.32	0.12	2.82	27.94	0.00	0.06	55.93
Male	0.46	0.17	2.65	2.36	2.30	0.69	0.86	1.73	0.92	0.23	1.90	2.13	0.98	0.12	1.56	21.31	0.12	0.00	40.50
Other	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.28	0.23	0.00	0.00	3.57
Grand Total	1.21	0.29	6.11	5.30	6.80	1.27	1.73	6.34	2.02	0.52	4.72	3.86	2.30	0.23	7.66	49.48	0.12	0.06	100

Emotional Wellbeing programme – Phase 2 funded provision

Organisation	Project Name
4Community Trust	Creative Art Therapy-Don't be BLUE Art/Music/Lego Therapy.
BCWA	Therapeutic Support for CYP affected by DA
BCWA	CHISVA plus Counselling for CYP affected by sexual violence
Krunch	1-1 Intensive Mentoring (10 sessions per CYP)
Murray Hall	Future Foundations 2- 6 sessions of Counselling per CYP plus Parent involved in 2 sessions plus group for parents to learn support skills.
Relate	Sandwell CYP EWB Project (6 counselling sessions per CYP)
Sandwell Young Carers	Social Skills and Relationship Mentoring for Young Carers
Sport4Life	Be Positive- Mentoring and Sports Activity Support for 11-18 year olds.

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If you are having a medical emergency or you are in a life-threatening situation, please call 999 or attend your local A+E department.



Emotional Well-Being and Mental Health Directory for Sandwell Children, Young Adults and their Families

April 2023

Please Note:

- These are a list of resources and are in no way indicating endorsement of any services.
- Information is correct at point of printing in April 2023

We would like to thank all of our partners who have been involved in creating this directory:



The THRIVE Model



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If you are reading this on a computer/tablet, you can press ctrl and click on the blue writing to link to that service in the directory

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Crisis support

Local Support

Black Country 24 hr Helpline

0800 008 6516 or text on 07860 025 281

Open: 24 hours a day, 7 days a week

Web: <https://www.blackcountryhealthcare.nhs.uk/contact-us/help-crisis>

People of **all ages** who are a Black Country resident can call the Freephone number or send a text to receive support. They provide confidential support for people experiencing increased distress, anxiety or any other urgent mental health difficulties or concerns. You can also visit the Sanctuary Hubs.

CAMHS Crisis Team

07816 075 218

Open: 8 am – 8 pm

Web: <https://www.blackcountryminds.com/crisis-button/>

If the emergency is related to a young person's mental health who is usually already known to CAMHS, aged **up to 18**, you can contact CAMHS Crisis Team on the above number during their opening times.

National Support

Child Line

0800 1111

Open: 24 hours a day, 7 days a week

Web: www.childline.org.uk

Available for anyone **under 19 years old**. The number is free to call. Help and advice about a wide range of issues, talk to a 1-to-1 counsellor online through your free account in chat, email or post on the message boards. Help is also accessible in BSL.

Samaritans

116 123

Open: 24 hours a day, 7 days a week

Address: Freepost Samaritans letters

Email: jo@samaritans.org

Web: <https://www.samaritans.org/>

Call, email and write a letter for free (no postage required!). There is also a free Samaritans self-help app. They provide confidential emotional support for people who are experiencing feelings of distress, despair or have suicidal thoughts. This is for **any age**.

Local support

4 Community Trust

0121 752 5659

Address: 63A Crosswells Road, Oldbury, B68 8HH and Wiltshire Way, West Bromwich, B71 1JU

Web: : www.4communitytrust.co.uk

4CT Emotional Health & Well-being service is working alongside schools and the community of Sandwell offering wellbeing programmes to help improve and understand emotional and physical health of **children**. We work with therapists and have trained staff members offering Lego Therapy, Creative Meditation, Yoga Therapy, Art Therapy, and Music Therapy and offering courses to **parents** on some of the more difficult aspects of parenting.

All Age Eating Disorder Service

0121 612 8301

Open: 9am - 5pm, Mon to Fri

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/eating-disorder-service>

The All Age Eating Disorder service sees people **over the age of 5 years old** who have an eating disorder such as Anorexia Nervosa, Bulimia Nervosa or Binge eating disorder. Providing care and treatment to those who have Avoidant Restrictive food intake disorder and are the highest risk levels. They are a full multi-disciplinary team and aim to guide people through recovery from their eating disorder and build a meaningful life. Their Outreach element works to provide intensive support to their really sick patients to manage risks and hope to prevent specialist eating disorder hospital admission. They deliver evidence-based treatments delivered 1-to-1 or through groups and work with other internal and external services to ensure all needs are met.

Ask Marc

0121 289 6402

Address: 1st Floor Lanchard House, Victoria Street, West Bromwich, B70 8HY

Email: info@askmarc.org.uk

Web: <https://askmarc.org.uk/>

Ask Marc (Male Abuse Referral Centre) is a project to support **men** affected by domestic abuse, stalking, and rape and sexual violence. They offer independent, confidential advice and support to help men be safer, make choices, and move forward with their lives.

Autism West Midlands

0121 450 7575

Open: 9 am - 4 pm, Mon to Fri

Email: info@autismwestmidlands.org.uk

Web: <https://www.autismwestmidlands.org.uk/>

They use their expertise to support autistic people and those who care for them, including families. The helpline is for **parents, autistic adults, carers and professionals** who live in the West Midlands to discuss concerns they have about autism before and after diagnosis. They can also provide information about autism and local support services such as community supported living, residential support, community support services and more. Parental support in Sandwell includes autism advice appointments, 1-to-1 targeted support within the home, training, coffee mornings, support groups and other events. Some of the services are run in the children's centres.

Black Country Support After Suicide

0800 008 6516

Open: 10 am – 6 pm, Mon to Fri *and evening appointments can be pre-arranged*
Saturday & Sunday, *appointments can be pre-arranged*

Email: blackcountrysupportaftersuicide@rethink.org

Web: <https://www.rethink.org/help-in-your-area/services/community-support/black-country-support-after-suicide/>

They provide support for next of kin and close family members who are bereaved by suicide in the Black Country who are of **any age**. The team have experience in working with bereavement and they are from a range of backgrounds. A translator or interpreter is available if requested. You can self-refer or refer someone else to this service via the website or email.

Black Country Women's Aid

0121 553 0090

24 hour helpline: 0121 552 6448

Text or WhatsApp: 07384466181

Open: 9 am – 9 pm, Mon to Fri

Address: The Cedar Centre Sandwell, 1st Floor Landchard House, Victoria Street, West Bromwich, B70 8HY

Email: info@blackcountrywomensaid.co.uk

CHISVA Email: ISVA@blackcountrywomensaid.co.uk

Web: <https://blackcountrywomensaid.co.uk/>

Black Country Women's Aid provide a range of services for **women** such as domestic abuse refuge and community support; rape; sexual violence and childhood sexual abuse support; Forced Marriage and honour-based violence support; and support for female offenders and women with complex needs. They also offer specialists counselling for **children** who are victims of sexual violence. CHISVA (Children's Independent Sexual Violence Advice) service supports **children ages 5 - 18 years** in Sandwell and the wider Black Country who have experienced rape or sexual violence. They provide practical and emotional support, including support through the criminal justice system. Referrals are via agencies such as the police, social services, sexual assault referral centres, GPs, schools, parents and self-referrals.

Brook

Web: <https://www.brook.org.uk/outreach-and-education/sandwell/>

Free and confidential sexual health service for young people **under the age of 25**, we provide advice, condoms and relationship counselling, we signpost to STI testing and contraception. We provide a 1-to-1 service to referred young people who will benefit from our education and well-being sessions. Sessions can also be run within schools.

CAMHS Crisis Interventional and Home Treatment Team (CIHTT)

07816 075 218

Open: 8 am – 8 pm, 7 days a week, 365 days a year

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/camhs-crisis-interventional-and-home-treatment-team-cihtt>

The Crisis Intervention & Home Treatment Team is for young people already known to CAMHS. It aims to provide a timely service, enabling them to respond both quickly and intensively to children, young people and their families and/or carers. The service is for children and young people **up to age 18** in Sandwell and Wolverhampton. This means that they offer specialist services to those children and young people whose mental health is having an impact on their daily functioning (usually due to risk and / or severity of mental illness) and who require urgent intervention. The overall aim of the team is to reduce the frequency of admissions into a Child and Adolescent Inpatient Unit, keeping children and young people at home with their families, where they can receive a specialist intensive CAMHS support.

Child and Adolescent Mental Health Service (CAMHS)

0121 612 6620

Open: 9 am – 5 pm, Mon to Fri

Web: <https://www.blackcountryminds.com/>

CAMHS work with **all children up to 18 years old** with complex, severe or enduring emotional and mental health problems who are registered with a local GP. To access these services, you must be referred by a professional, for example school staff, social worker, or health professionals through to SPA (Single Point of Access).

Cranstoun Sandwell

0121 553 1333

Open: 9 am – 5 pm, Mon to Fri except bank holiday

Address: Cranstoun Sandwell, Alberta Building, 128b Oldbury Road, Smethwick, B66 1JE

Email: sandwellreferrals@cranstoun.org.uk

Web: <https://cranstoun.org/help-and-advice/alcohol-other-drugs/sandwell/>

Cranstoun Sandwell provides free and confidential advice and support to **adults** who would like to talk about alcohol or drugs. They use a person-centred and flexible approach to help you, your family and friends to make positive changes. You will have access to information and advice, assessments, drug and alcohol detoxification, family information and support, 1-to-1 sessions, group sessions and programmes, health MOTs, recovery focused treatment, needle exchange, prescribing services and recovery champions. You can self-refer via the referral form on their website or a professional can refer you.

Criminal Justice Mental Health Team

Open: 9 am – 5 pm, Mon to Fri except bank holidays

Email: bchft.criminaljusticeteamsandwell@nhs.net

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/criminal-justice-mental-health-liaison-team>

The Criminal Justice Mental Health Team (CJMHT) provides a single integrated offer to the whole Black Country population known to the criminal justice services. The team comprises of qualified nursing staff trained in a variety of assessment and treatment options who provide short to mid length engagement for specified individualised plans of care. They work with numerous agencies such as probation, police, prison and **17+** transferring from the youth justice services to

probation. They assist with Multi-Agency Public Protection Arrangements (MAPPA), mental health treatment requirements, secure services and approved premises.

Cruse Bereavement Support Sandwell

General enquiries automated answering service: 0121 558 1798

Cruse Helpline listening support: 0808 808 1677

Open: 7 days a week

Email: sandwell@cruse.org.uk

Web: www.cruse.org.uk and <https://www.hopeagain.org.uk>

Hope Again is the youth website of Cruse Bereavement Support for **young people**. They offer support and advice solely online to children and young people who have lost loved ones.

DECCA

0121 569 2201 or call 07500 785 889 or text 07781 472 746

Email: Decca_Team@sandwellchildrenstrust.org

Web: <https://www.ourguideto.co.uk/>

Decca (Drug Education, Counselling and Confidential Advice) 1-to-1 Counselling and other services are available for drug and substance misuse for young people **up to 18**. The counselling approach is tailored to each individual and you can access this by a self-referral or by being referred by a professional.

Early Intervention in Psychosis / Early Access Service

0121 612 6716

Open: 5 pm – 8 pm, Mon to Fri

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/early-intervention-early-access-service>

The Early Intervention in Psychosis Service (EIS) is a specialist community mental health team who offers support to young people and adults **aged 14 – 35 years** who are going through a first episode of psychosis, or who seem at risk of going through a first episode of psychosis.

Elements SEMH Support

07398 694 790

Email: info@elementssupport.com

Web: <https://elementssupport.com/>

Elements is a creative social and emotional mental health support service for children, young people and adults in supportive roles. They work with young people **aged 7 years – 18 years old** mostly within schools but also those who live in residential care/foster care and those who attend college. The services that they offer include Creative 1-to-1 SEMH mentoring, Dynamic group work and the “Drip by Drip Day by Day Experience” for professionals.

Every Child Needs a Mentor

0800 644 4881

Web: <https://www.everychildneedsamentor.com>

Every Child Needs a Mentor (ECNM) is an award-winning specialist youth mentoring organisation that helps to provide asset-based mentorship to support children and young people from the **age of 8 – 18 years** old to achieve and flourish in their confidence and well-being. ECNM provide mentoring programmes to help children to improve their mental health, attainment, self-esteem, and mindsets so they thrive in their learning, life, and families. By providing mentorship

we support schools, parents, local authorities, and other youth-based organisations to empower, equip and enable the children within their care. There is a charge for the service.

Family Action Helping Hands Black Country

07970 994 528 or 07729 046 673

Open: 9 am – 4 pm, Mon to Fri

Email: helpinghandsbc@family-action.org.uk

Web: <https://www.family-action.org.uk>

A Helping Hand to **parents and families of children with Autism/ADHD** or on a pathway being assessed. They offer workshops, available virtually or face to face, where they explore behaviours of little/young people with additional needs. Their workshops: TIM: Understanding my behaviours as I have different needs; group sessions to discuss, behaviour, sensory needs, coping strategies; and more. Support is in areas such as learning coping techniques, sharing experiences in a safe space, family sensory sessions, and more. You can self-refer or be referred by another agency.

Family Action Family Line

0808 802 6666 or text 07537 404 282

Open: 9 am – 9 pm, Mon to Fri - *out of office hours is a text crisis line run by shout*

Email: familyline@family-action.org.uk

Web: <https://www.family-action.org.uk/what-we-do/children-families/familyline/>

FamilyLine is a free service available to support **adult family members** on all aspects of family life issues via telephone, text message and email. Whether it's emotional support or practical advice on any aspect of parenting or broader family issues.

Heal Hub

0121 622 3603 or text 07562 692 353

Email: mhteam@lyfeproof.co.uk

Web: <https://healhub.org.uk/>

Heal Hub is a community-led programme that gives young people **aged 12 – 25 years old** the opportunity to shape their own mental health support. They offer free therapy online and in person for those who want to talk about things in their past, calm their anxiety, understand their feelings, and more. They use a variety of therapy methods. Therapists are available in the evenings and you can self-refer, a parent can refer, or a professional can refer a person via the website. Please contact the team before making a referral.

Health Exchange

0121 663 0007 or 0800 158 3535

Email: info@healthexchange.org.uk

Secure Emails for referral forms: scwcsu.wellbeingteam@nhs.net

Web: <https://www.healthexchange.org.uk/services/mental-wellbeing/>

The Mental health and Wellbeing service can support you if you are feeling low, suffering from depression, anxiety or stress. We provide support through 1:1 therapy, online support, local activities and group workshops. Individuals meet with a personal Psychological Wellbeing Practitioner. We have a youth psychological service and an online platform for **16-25 year olds**, an adult psychological service for **25+ adults**, early help triage and group workshops.

Inclusion Support

0121 569 2777

Email: inclusion_support@sandwell.gov.uk

Open: 8.30am – 5.30pm Mon -Thurs and 8.30am – 5.00pm Fri

Referrals can only be made from SENDCO's in educational settings. Inclusion Support includes educational psychologists, advisory teachers for Social Emotional Mental Health, Complex Communication and Autism team and the Preventing Primary Exclusions Team. They mainly work with **young people** in educational settings to provide advice and guidance to support young people's emotional health and well-being. Work includes: support following Critical Incidents, support for young people who are experiencing Emotionally Based School Non-Attendance (EBSNA), training for schools and parents to promote positive mental health, support to help autistic young people to understand and regulate their feelings and emotions and direct work with young people in their settings whilst building capacity in primary schools by developing staff skills to support children who are at risk of permanent exclusion.

Kaleidoscope Sanctuary Hub

0121 289 6111

Open: 6 pm – 11 pm, Mon to Fri and 12pm – 11 pm Sat to Sun

Address: Sandwell Sanctuary Hub, Hope Place, 321 High Street, West Bromwich, B70 8LU

Web: <https://www.kaleidoscopeplus.org.uk/sanctuary-hub/>

This service is for anyone aged **18 years old +** who is registered with a doctor in Sandwell and identifies as having primary mental health need. They can support you personally or if you are concerned about a family member or friend. You will be able to speak to a friendly support worker, who will give you a safe space to talk. We will listen, support, offer advice and empower your recovery journey. Counselling support available for people aged 18+, face to face appointments, along with telephone, text and email support. SSPARK Midlands Bereavement Support Group is on site on the first Tuesday of the month.

Kidscape

Call or WhatsApp: 07496 682 785

Email: parentsupport@kidscape.org.uk

Web: <https://www.kidscape.org.uk/>

This confidential service provides **parents** a space to help when a child is being bullied, in any context. The helpline is there to support parents, carers and family members who are concerned about a child who is being bullied. Parents / carers are in charge of what they want to share. The Parent Support Advisor will listen and explore the situation with you and offer advice and support as appropriate.

Kooth

Open: The website is 24 hours a day, 7 days a week

Counsellors are online 12 pm – 10 pm Mon to Fri and 6 pm – 10 pm Sat to Sun

Web: <https://www.kooth.com>

Kooth is a non-referral, online service that provides anonymous and personalised mental health support for Children and Young People **11-25 years old**. Sign up for free to access magazines, forums, activity centres, messaging, and live counselling.

Krunch

0121 552 5556

Open: 9 am – 5:30 pm, Mon to Thurs and 9 am – 1 pm, Fri

Address: Sandwell Christian Centre, Langley Crescent, Oldbury, West Midlands, B68 8RE

Email: krunch@krunch.org.uk

Web: <http://krunch.org.uk/>

Krunch works with young people aged between **9 – 19 years old**. They offer 1-to-1 therapeutic mentoring interventions, group workshops on dedicated current issues and alternative education placements for children and young people with SEND. They use a trauma informed, person-centred approach to building relationships with a solution-focussed approach to goal setting in mentoring. Their services are delivered at their premises or out in school/college sites and in the community.

Life in Community CIC

Text or Call 07752 659 257

Open: 11 am–3 pm, Mon, Wed, Fri

Address: St Johns Hall, Upper Church Lane, Tipton, D74 9ND

Web: <https://www.lifeincommunity.org.uk>

Support for residents aged **18 plus** living in Tipton, who wish to improve their health and well-being. We offer phone/Zoom support, as well as practical help face to face. We provide assistance to individuals with low-level mental health issues, via our listening and counselling service (charged at £10ph). Furthermore, we also deliver exercise sessions and advocacy support for those who feel that they need their voice to be heard.

Murray Hall Community Trust

01902 826 306 or 01902 826 308

Open: 9 am – 5 pm, Mon to Thurs and 9 am – 4:30 pm Fri

Email: cts@murrayhall.co.uk and info@murrayhall.co.uk

Web: <https://www.murrayhall.co.uk>

A number of different projects are offered to support Young People with their mental health and wellbeing, managed by the Creative Therapeutic Services team. They work directly with **children and young people** in need of support using a range of therapeutic and counselling techniques to offer a bespoke therapeutic service. We offer 1-2-1 and group counselling support in school, online and face to face in our centre. Specialisms can include domestic abuse, loss and separation, looked after child, trauma and self-harm. In addition to our fully funded projects, we also offer a bespoke paid service to schools and other agencies on request.

POhWER

0300 456 2370 or text 'pohwer' with your name and number to 81025

Open: 8 am – 6 pm, Mon to Fri except bank holidays

Email: pohwer@pohwer.net

Web: <https://www.pohwer.net/sandwell>

POhWER provides information, advice, support and advocacy to **adults** who experience disability, vulnerability, distress and social exclusion. Services in Sandwell include NHS complaints advocacy, Independent Mental Capacity Advocacy (IMCA), including Deprivation of Liberty Safeguards (DoLS), Relevant Person's Paid Representative (RPPR), Independent Mental Health Advocacy (IMHA) including an issue-based advocacy service for informal inpatients of Sandwell (Hallam St) Hospital via drop ins and Care Act Advocacy. All POhWER's services are free, independent and confidential.

Reflexions (Mental Health Support Teams)

0121 612 6620

Open: 9 am – 5 pm, Mon to Fri

Email: bchft.reflexions@nhs.net

The Mental Health Support Team (MHST) for schools (Reflexions) is an initiative that provides additional mental health support to children and young people **aged 4 to 18 years** through educational settings. Reflexions has three core functions: to deliver evidence-based interventions for mild-to-moderate mental health issues such as low mood and anxiety; support each school or college to introduce or develop whole school or college approach; give timely advice to school and college staff, and liaise with external specialist service to help children and young people to get the right support and stay in education. We also support parent and carers to manage their children's mental health. Reflexions works with external specialist services, where appropriate.

Relate

0121 643 1638

Open: 5 pm – 8 pm Tues, 12 pm – 3.30 pm Wed and 6 pm – 9 pm Thurs

Address: Old Municipal Buildings, Freeth Street, Oldbury, B69 2AB

Email: info@relatebirmingham.co.uk

Web: <http://www.relate.org.uk/>

Counselling service Web: <https://sandwellearlyhelp.info/service/727>

Relationship counselling, youth counselling, psychosexual counselling. They provide relationship counselling to **couples, individuals and families** at a charge. Their 1-to-1 **youth** counselling service is free of charge for children and young people **ages 8 – 18 years old** in the Sandwell area and is available through video call or phone. Other languages spoken by us are Punjabi, Hindi, and Urdu.

Sandwell Advocacy

0121 520 8070

Address: 28 Wood Street, Tipton, West Midlands, DY4 9BQ

Email: sandwelladvocacy@btconnect.com

Web: <https://sandwelladvocacy.org/>

The SAVE Project (Sandwell Advocacy Voice and Empowerment) provides an advocacy, enabling and support service for children and young people **aged 5-18** who are experiencing poor mental health and/or behavioural issues, that empowers them to ensure that their rights are respected and their views and wishes are heard at all times. The Project will support children and young people to build confidence and skills to enable them to speak up for themselves so that they feel listened to and involved in decision making. Also, to have choices regarding accessing appropriate support services and build relationships of trust with other professionals. Our Advocacy for Young Carers Project also takes a family orientated approach to supporting children and young people who take on caring/supporting responsibilities in the home, there is also a focus on emotional wellbeing and mental health as part of this offer.

Sandwell African Caribbean Mental Health Foundation

0121 525 1629

Open: 9.30 am – 5 pm, Mon to Fri

Address: Kuumba Centre, Boulton Road, West Bromwich, West Midlands, B70 6NW

Email: info@sacmhf.co.uk

Web: <https://www.sacmhf.co.uk/>

The Sandwell African Caribbean Mental Health Foundation provides a range of culturally responsive services for **people of African and Caribbean descent** who are affected by mental ill health. They provide practical, emotional, and social support in addition to training and skills development. Some services that they provide include outreach support, bereaved carers support service and carer's support. The iMATTER Project (for young people **aged 11 – 25 years old**) provides bespoke support packages designed to guide them through to longer periods of wellness. Ujima is a forum that organises monthly meetings, organising social activities, support to make new friends, and more.

Sandwell Crisis Resolution and Home Treatment Team

0121 543 4100

Open: 24 hours a day, 7 days a week

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/crisis-resolution-and-home-treatment-team>

This service is for adults aged **18 – 65 years old** going through a severe mental health crisis as an alternative to hospital admission. They offer a flexible patient centred service and aim to treat individuals with minimum disruption to their lives. To access this service, you need to be referred by your GP or your mental health team. The team consists of Consultant Psychiatrists, Community Psychiatric Nurses (CPN), Psychologists, Support Time Recovery Worker (STR), administrative staff, and Occupational Therapists (OT). The team will take into account your cultural needs whilst caring for you.

Sandwell Healthy Minds

0121 612 6650

Open: 9am – 5 pm, Mon to Fri except bank holidays

Email: bcpft.sandwellhealthyminds@nhs.net

Web: <https://www.sandwellhealthyminds.nhs.uk/>

Sandwell healthy minds/ Sandwell IAPT supports people who are experiencing problems such as stress, anxiety, low mood and depression. You must be **aged 16 and over** and registered with a GP in Sandwell. The service provides ways to improve mental well-being through a range of interventions such as Cognitive Behavioural Therapy (CBT), counselling, and Eye Movement Desensitisation Reprocessing (EMDR). They also provide specialist therapy services for maternal well-being, South Asian counselling, African-Caribbean counselling, and trauma focused therapy. Digital workshops and computerised CBT are also available. You can either self-refer or be referred through your GP to access these services.

Single Point of Access (SPA)

0121 612 6620

Address: SPA is based within Sandwell CAMHS, 48 Lodge Road, West Bromwich, B70 8NY

Email: bchft.sandwellspa@nhs.net

Web: www.BlackCountryMinds.com

Single Point of Access (SPA) is for all children **up to 18** registered with a G.P in Sandwell. Any professional can refer and the services involved in SPA range across the Thrive model (Getting advice, getting help, getting more help, and getting risk support). The team can decide which is the most suitable service for the circumstances, this can include giving advice or signposting, onward referrals to other services including Kooth, Kaleidoscope, Murray Hall, Specialist CAMHS and the Crisis Intervention and Home Treatment Team. There is a wide offer of therapeutic interventions available from the services who work in partnership with SPA.

Single Point of Referral (SPOR)

0121 543 4280 / 4285

Open: 9 am - 5 pm, Mon to Fri

Address: Quayside House, Rounds Green Road, Oldbury, B69 2RD

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/single-point-referral-spor>

The Single Point of Referral (SPOR) team is an assessment and signposting service, providing a single point of entry and a first level gatekeeping service into mental health services for **adults 18-65 years old**. They provide comprehensive assessments, including risk assessments and formulate a structured discharge plan of care to meet the individual needs. The team receives referrals mainly from General Practitioners.

SinglePoint Plus Family Hub Oldbury

0121 544 1393

Address: SinglePoint Plus Family Hub, First Floor, 66-68 Birmingham Street, Oldbury, B69 4DE

Email: singlepoint-oldbury@live.com

Web: <https://www.singlepointplus.org/>

SinglePoint services are available to **all families** and the wider community in Oldbury and the surrounding areas. They offer opportunities such as days out, community courses, workshops, upskilling sessions, healthy lifestyle groups, community resilience champions, volunteering, community mentoring, family support and counselling. Family support and counselling is available for children who attend SinglePoint's partner schools and their families. This service is confidential and you can access this via the school.

Specialist Perinatal Mental Health Community Service

01384 314 455

Email: Bchft.perinatal@nhs.net

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/perinatal>

The team support **women** with mental health difficulties during preconception, antenatal and postnatal periods (**before and during pregnancy and after the baby is born**). This may include women who have a previous history of serious mental health difficulties or women who are experiencing mental health difficulties for the first time. Examples include bipolar disorder, puerperal psychosis, depression, anxiety, OCD and bonding difficulties.

The Kaleidoscope Plus Group providing Primary Mental Health

Contact via Single Point of Access (SPA): 0121 612 6620

Email: Bchft.sandwellspa@nhs.net

Web: <https://www.kaleidoscopeplus.org.uk>

The service supports both **children and young people and parents/ carers** with emotional wellbeing and mental health concerns. This may include individual or group support with anxiety, low mood, depression, understanding anger and aggression, loss and bereavement, managing low self-esteem, building confidence, emotional regulation, encouraging self-care and better sleep hygiene, or support with family mediation. Depending on the referral received may depends on the type of support that is offered to the child or young person in supporting their recovery.

The Recovery College

0121 543 4061

Open: 9 am -5 pm

Address: Quayside House, Rounds Green Road, Oldbury, B69 2RD

Email: info@therecoverycollege.co.uk

Web: <https://www.therecoverycollege.co.uk/>

The Recovery College provides an educational learning environment for **adults** who have an interest in, or personal difficulties with, mental health. Their courses celebrate successes and build on existing skills and strategies rather than highlighting problems or failures. Their mission is - Recovery: A journey through learning together. All of their courses are co-created and delivered by people with both professional and lived experience. They hope to support you on your journey to live a full and satisfying life by inspiring connectedness, hope and optimism, identity, meaning and purpose and empowerment.

The Wellbeing Crew

Charlotte 07723 054 873 and Sue 07515 328 562

Email: charlotte@thewellbeingcrew.co.uk and sue@thewellbeingcrew.co.uk

Web: www.wellbeingcrew.co.uk

We provide innovative Mental health & holistic wellbeing support services in schools for **young people and education staff**. There is a cost to schools for this service. Our offer to children includes holistic counselling, developing emotional intelligence, chill skills, mindfulness, meditation, peer massage, yoga for students, workshop, and wellbeing days. Our offer to staff includes wellbeing training days, workshops, therapy, and counselling.

The West Midlands Regional Children and Young People Sexual Assault Service

0808 196 2340

Open: 24 hours a day, 7 days a week

Web: <https://westmidsregionalcypsas.co.uk/>

If you or a **child or young person** you know has experienced sexual assault, you can contact The West Midlands Regional CYPAS for help and advice 24/7. If you are **under 13 years old**, you will need to be referred to the centre by a social care professional or the police. If you are **13 years old or older**, you can make an appointment to come to the centre without a referral from a professional. They offer counselling and other services. You can also access resources via their website.

Tough Enough To Care

07572 314 953 (Not 24/7) or text support : Text for free to TOUGH to 85258 24/7

Email: Info@toughenoughtocare.org

Web: <https://toughenoughtocare.org/>

Tough Enough To Care offer separate peer support groups for men and women, giving a non-judgmental, safe space for people to support each other and be supported. Groups run at varied times and locations throughout the UK, check website for details of your nearest group. Tough Enough To Care also offer mental health awareness sessions, Mental Health and Suicide First Aid training as well as providing confidential online support via email & social media.

National support

ADDISS

Web: <http://www.addiss.co.uk/>

ADDISS has a wide range of resources about all aspects of ADHD and associated conditions, with special sections for **parents, children, teenagers and professionals**.

Anxiety UK

03444 775 774 or text 07537 416 905

Open: 9:30 am – 5:30 pm, Mon to Fri

Web: <https://www.anxietyuk.org.uk/>

Anxiety UK offers a wide range of services for **all ages** including therapy service; helpline and text service; courses and groups; calm club; research fund; webinars; and anxious times magazine. You can access the helpline number above for a free one-off chat, for ongoing help, you will need to pay a membership fee.

Beat

0808 801 0677

Open: 9 am – midnight, Mon to Fri and 4 pm – midnight, Sat, Sun and bank holidays

Email: help@beateatingdisorders.org.uk

Web: <https://www.beateatingdisorders.org.uk/>

Beat is a national service that encourages and empowers people of **all ages** to get help quickly with their eating disorder. The sooner someone starts treatment the greater their chance of recovery. The free to call helpline is open 365 days a year, including bank holidays. Advice and information are available on their website and you can search for local support in your area.

Counselling Directory

Web: <https://www.counselling-directory.org.uk/>

A place to find qualified and professional Counsellors and Psychotherapists in your local area and their fees.

Family Lives

0808 800 2222

Open: 9 am – 9 pm, Mon to Fri and 10 am – 3 pm, Sat to Sun

Email: askus@familylives.org.uk

Web: <https://www.familylives.org.uk/>

Help for people of **all ages** with all aspects of family life such as bonding with your new baby, dealing with tantrums, positive discipline, bullying, communicating with teens and divorce and separation. They provide a helpline, advice website, live chat and parenting/relationship support groups.

Hearing Voices Network

Forum: <https://forum.hearing-voices.org/>

Web: <https://www.hopeagain.org.uk>

The website has resources to find healthy coping strategies, when additional help is needed and information on 'hearing voices' (which is used as an umbrella term) and includes seeing visions and having other similar experiences (including touch, taste and smell). You can access the online forum for a small fee.

Mental Health Foundation

Web: <https://www.mentalhealth.org.uk>

Charity that provides free resources and advice on various mental health conditions and how to manage your own mental health.

Mind

0300 123 3393

Open: 9 am – 6 pm, Mon to Fri except bank holidays

Email: info@mind.org.uk

Post: Mind Infoline, PO Box 75225, London, E15 9FS

Web: <https://www.mind.org.uk>

Offers advice and support to people of **all ages**. You can use their website to find your local crisis team, advice on how to cope in a crisis if it is not an emergency, and support materials for young people. If you are not a native English speaker Mind can provide an interpreter, you just need to ask for the Language Line service when you call.

MindEd

Web: <https://minded.org.uk>

At its heart, MindEd provides practical knowledge that gives **adults** confidence to identify a mental health issue and act swiftly, meaning better outcomes for the **child or young person** involved. Advice on depression, anxiety, ADHD, self-harm and more.

Mind Side by Side

Open: 24 hours a day, 7 days a week

Web: <https://www.mind.org.uk/information-support/side-by-side-our-online-community/>

Mind Side by Side is a supportive online community for **over 18 year olds** where you can talk about your mental health with others who understand what you are going through. It provides a safe space to listen, share and be heard. The online platform is available 24/7 and moderated daily from 8:30 am to midnight.

MoodGym

Open: 24 hours a day, 7 days a week

Web: <https://moodgym.com.au/>

Moodgym is an online self-help program designed to help users **16 years old and older** to prevent and manage symptoms of depression and anxiety. It is an interactive, online self-help book which teaches skills based on Cognitive Behaviour Therapy (CBT).

National Bullying Helpline

Helpline: 0300 323 0169

Telephone: 0845 225 5787

Open: 9 am – 5 pm, Mon to Fri

Web: <https://www.nationalbullyinghelpline.co.uk/>

The National Bullying Helpline is a national confidential volunteering service that will listen to people of **all ages**. You can discuss topics such as bullying in school, workplace bullying, gaslighting or anything else in relation to bullying. There is some advice and help guides for people of all ages on their website. The helpline is free to call, however if you call the telephone number then you will be charged.

NHS Mental Health Services

111

Open: 24 hours a day, 7 days a week

Web: <https://www.nhs.uk/mental-health/>

NHS 111 Web: <https://111.nhs.uk/>

Call for free and you can get advice through their website. If you go through the 111 website above and answer the questions, someone will call you back. They assist people of **all ages** to find the best place to get help if you cannot contact your GP during the day, or when your GP is closed.

No Panic (under 18s)

0330 606 1174

Open: 3 pm – 6 pm, Mon, Tues, Wed, Fri and 3 pm – 8 pm, Thurs and 6 pm – 8 pm Sat

Web: <https://www.nopanic.org.uk>

Under 18s can receive support with anxiety, panic, phobias, obsessive-compulsive disorder or any other anxiety related problem. There is a youth hub with resources on the website as well as advice for parents. The No Panic app will be available soon.

No Panic (over 18s)

0300 772 9844 or access their pre-recorded crisis message on 01952 680 835

Helpline Open: 10 am – 10 pm, 7 days a week

Crisis Message Open: 24 hours a day, 7 days a week

Email: sarah@nopanic.org.uk

Web: <https://www.nopanic.org.uk>

Those who are **18 years old and older** can receive confidential support across the UK. They can help and support those living with panic attacks, phobias, Obsessive Compulsive Disorders (OCD) and other related anxiety disorders. No Panic also provides support for the carers of people who suffer from anxiety disorders. There are also resources on the website that can be accessed for free to support you on various mental health topics. Resources for carers and parents are also available. The No Panic app will be available soon.

OCD Action

0300 636 5478

Open: 9:30 am – 8 pm, Mon to Fri

Under 18s Email: youthhelpline@ocdaction.org.uk

18 years + Email: support@ocdaction.org.uk

Web: <https://ocdaction.org.uk/>

On this site, you can download information and resources, join online forums and meet other people of **all ages** with Obsessive Compulsive Disorder (OCD). If you would like to speak to someone confidentially, you can call the number above or email them. You may need to leave a message and they will get back to you as soon as they can.

Papyrus and HopeLine

0800 068 4141 or text on 07860 039 967

Open: 9 am – midnight, 7 days a week

Email: pat@papyrus-uk.org

Web: <https://www.papyrus-uk.org/>

Confidential support for people **up to 35 years old** who feel suicidal. You can call for free, text or email. The **children's** hotline is called HopeLine UK and **parents, carers and guardians** can also ring if they are concerned about a young person in crisis. They also offer advice on their website relating to coping techniques, distraction techniques and dealing with anxiety. You can search for free apps through the website for both android and iOS.

Rethink Mental Illness

0808 801 0525

Open: 9:30 am – 4 pm, Mon to Fri except bank holidays

Email: advice@rethink.org

Post: Rethink, PO BOX 18252, Solihull, B91 9BA

Web: <https://www.rethink.org>

Webchat service is open Monday to Friday (*except bank holidays*) from 10 am – 1 pm. Offers practical advice and support to people of **all ages** on issues such as the Mental Health Act, community care and welfare benefits, living with mental illness, medication and care. You can also find local services.

SANEline

0300 304 7000 or request a call back on 07984 967 708

Open: 4 pm – 10 pm, 7 days a week

Email: support@sane.org.uk

Web: <https://www.sane.org.uk>

SANEline is a national out-of-hours mental health helpline offering specialist emotional support, guidance and information to anyone affected by mental illness, including family, friends and carers. This is available for people **16 years old and over**. To request a call back leave a message with your first name and phone number and they will call you back within a few minutes.

Shout

Text SHOUT to 85258

Open: 24 hours a day, 7 days a week

Web: <https://giveusashout.org/>

Shout 85258 is an anonymous, free, and confidential text support service for **anyone**. If you are struggling to cope and need to talk, their trained Shout volunteers are here for you, day or night. They can help with issues such as anxiety, stress, depression or sadness, suicidal thoughts, self-harm, panic attacks, loneliness, isolation, abuse and bullying.

Survivors of Bereavement by Suicide (SOBS)

Web: <https://uksobs.org/>

The service exists to meet the needs and overcome the isolation experienced by people over 18, who have been bereaved by suicide. The website includes resources and there is a survival support group online for men on every second Tuesday of the month.

The Girl with the Curly Hair Project

Web: <https://thegirlwiththecurlyhair.co.uk/>

The Curly Hair Project is a social enterprise which supports people on the autistic spectrum and the people around them, founded by autistic author Alis Rowe. It offers animated films, comic strips and diagrams to make their work interesting and easy to understand. It offers a wealth of research on the website.

The Mix

0808 808 4994 or text THEMIX to 85258

Phone open: 4 pm – 11 pm 7 days a week

Text open: 24 hours a day, 7 days a week

Email: <https://www.themix.org.uk/get-support/speak-to-our-team/email-us>

Web: <https://www.themix.org.uk>

Confidential support available for those who are **under 25 years old**. You can ring, text, email or use the 1-to-1 chat feature on the website. This is a free service that provides you with support and advice.

The National Autistic Society

Open: 9 am – 3 pm, Mon to Fri

Web: <https://www.autism.org.uk>

The National Autistic Society can be contacted through the website. You can browse topics on their website to receive advice and guidance, there is an autism service directory, and there is also an online community where you can talk to your peers and volunteers about autism this is accessible by **anyone**. They also have an autism impatient mental health casework service.

Voice Collective

Email: info@voicecollective.co.uk

Web: <https://www.voicecollective.co.uk/>

They support **children and young people** who see visions, hear voices, and have other 'unusual' sensory experiences or beliefs. They offer coping strategies, tool kits and a support forum. In addition, they support families/parents and offer training for youth workers, social workers, mental health professionals and more.

Winston's Wish

0808 802 0021

Web: <https://www.winstonswish.org/>

We support grieving **children and young people** after the death of someone important. Anyone can reach out to us directly using our on-demand services, including live chat, helpline, email and text support. We also offer one-to-one sessions with bereavement support workers and counsellors, however these can only be accessed by making a referral. Anyone aged 13 or over can refer themselves. If you're 12 or under, please speak with a trusted adult. Our expert team provide bereavement support for **parents, carers and professionals** who are looking for childhood bereavement advice and support.

Youth Beyond Blue

Web: <https://www.beyondblue.org.au/>

Information, resources and support for young people dealing with depression and/or anxiety. Youth beyond blue aims to empower young people aged **12 – 25 years old**, their friends and their parents/carers.

YoungMinds and YoungMinds Parent Helpline

Parents Helpline: 0808 802 5544

Open: 9:30 am – 4 pm, Mon to Fri

Web: <https://www.youngminds.org.uk>

Young Minds offer free, confidential online and telephone support, including information and advice, to any adult worried about the emotional problems, behaviour or mental health of a child or young person **up to the age of 25**. They offer three different services to **parents and carers** who are concerned about their child's mental health, up to the age of 25. There is a helpline, web chat and email.

Apps

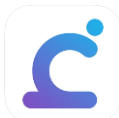


7 Cups

Available on Android and iOS

Web: <https://www.7cups.com/>

7 Cups is a free app where it can connect you anonymously and securely to real listeners in a 1-to-1 chat. A 7 Cups listener doesn't judge or try to solve problems and say what to do. They just listen. They are also accessible for chat via their website. It is free to sign up. They also offer an online counselling service via their website for a small fee.



Calm Harm

Available on Android and iOS

Web: <https://calmharm.co.uk/>

Calm Harm is a clinician-developed free app that helps manage the urge to self-harm. This is for young people 13 years old and over.



Headspace: Meditation and Mindfulness Made Simple App

Available on Android and iOS

Web: <https://www.headspace.com/>

Live a happier, healthier life with just a few minutes of meditation a day on the Headspace App. Meditation has been proven to help with mental health, stress and anxiety. There is a 14-day free trial then a small monthly fee.



Stay Alive Suicide Prevention App

Available on Android and iOS

Web: <https://prevent-suicide.org.uk/>

Stay Alive is a free pocket suicide prevention resource. You can use it if you are having thoughts of suicide or if you are concerned about someone else who may be considering suicide. This app has some helpful features that you can personalise to help you e.g. safety plan, upload important photos and videos to your life box, fill in your reasons for living and much more.

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**SEMH Competency Framework
timeline for role out**

SEMH Competency Framework timeline for role out	
Target Audience	Timescale
Employees of Sandwell Council and Sandwell Children's Trust.	Jan – Feb 2023
Employees of Sandwell Education Providers	Jan – Mar 2023
Employees of Sandwell Council Commissioned Services/Grant Recipients	Jan – Mar 2023
Employees of Sandwell Children's Safeguarding Partnership members	By March 2023 (Meeting Date TBC)
Employees of Thrive Board members	By Mar 2023 (Meeting date TBC)
Employees of Early Help Partnership members	By March 2023 (Meeting Date TBC)
Employees of Sandwell Suicide Prevention Partnership and Community Mental Health Partnership members	21 st March 2023
Employees within wider CYP workforce in Sandwell incl. public, private and voluntary sector in Sandwell	Apr – Sept 2023
Foster Carers and Adoption Services	Apr – Sept 2023
Employees within Black Country ICS who work within Sandwell	Jul – Sept 2023
Dissemination analysis to determine gaps	Sept 2023
Dissemination within any identified gaps	Oct – Dec 2023

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Report to Children’s Services and Education Scrutiny Board

8 January 2024

Subject:	Tracking and Monitoring of Scrutiny Recommendations
Director:	Law and Governance Surjit Tour Surjir_tour@sandwell.gov.uk
Contact Officer:	Connor Robinson Democratic Services Officer Connor1_robinson@sandwell.gov.uk

1 Recommendations







- 1.1 That the Board notes the responses to the recommendations since the Board’s last meeting.
- 1.2 That the Board notes the progress on implementation of those recommendations.
- 1.3 That the Board determines what action it wishes to take where progress is unsatisfactory.
- 1.4 That the Board determines which actions/recommendations no longer require monitoring.



2 Reasons for Recommendations

- 2.1 To facilitate the effective monitoring of progress on responses to and press with implementation of recommendations made by the Board and identify where further action is required.
- 2.2 Effective monitoring of recommendations facilitates the evaluation of the impact of the scrutiny function overall.

3 How does this deliver objectives of the Corporate Plan?

	Best start in life for children and young people	<p>The scrutiny function supports all of the objectives of the Corporate Plan by seeking to improve services for the people of Sandwell. It does this by influencing the policies and decisions made by the Council and other organisations involved in delivering public services.</p> <p>Effective monitoring of recommendations made supports this and allows scrutiny to evaluate its impact.</p>
	People live well and age well	
	Strong resilient communities	
	Quality homes in thriving neighbourhoods	
	A strong and inclusive economy	
	A connected and accessible Sandwell	

4 Context and Key Issues

- 4.1 The attached Appendix details the responses to actions identified and/or recommendations made by the scrutiny function and progress on the implementation of those previously approved.



5 Implications

<p>Resources:</p>	<p>Any resources implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet.</p> <p>Any specific resource implications for the Board’s attention are detailed in the Appendix.</p>
<p>Legal and Governance:</p>	<p>The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.</p> <p>The Local Government and Public Involvement in Health Act 2007 places a duty on the Executive to respond to Scrutiny recommendations within two months of receiving them.</p> <p>NHS service commissioners and providers have a duty to respond in writing to a report or recommendation where health scrutiny requests this, within 28 days of the request. This applies to requests from individual health scrutiny committees or sub-committees, from local authorities and from joint health scrutiny committees or sub-committees.</p>
<p>Risk:</p>	<p>Any risk implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet.</p> <p>Any specific risk implications for the Board’s attention are detailed in the Appendix.</p>
<p>Equality:</p>	<p>Any equality implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet.</p> <p>Any specific equality implications for the Board’s attention are detailed in the Appendix.</p>



Health and Wellbeing:	Any health and wellbeing implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet. Any specific health and wellbeing implications for the Board’s attention are detailed in the Appendix.
Social Value:	Any social value implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet. Any specific social value implications for the Board’s attention are detailed in the Appendix.
Climate Change:	Any climate change implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet. Any specific climate change implications for the Board’s attention are detailed in the Appendix.
Corporate Parenting:	Any corporate parenting implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet. Any specific corporate parenting implications for the Board’s attention are detailed in the Appendix.

6 Appendices

Appendix – Tracking and Monitoring Table

7. Background Papers

None.



Children's Services and Education Scrutiny Board				
22 Feb 2023	Scrutiny Engagement with Youth Services SHAPE Board	Following feedback from the SHAPE Survey and Youth Summit. Further consideration would be given to future engagement with children and young people. All scrutiny chairs and vice-chairs to consider possible future workshops with young people.	Democratic Services	All scrutiny chairs and vice-chairs have been asked to consider a workshop.
20 March 2023	SEND Post-16 Provision	“that the Cabinet Member for Children and Education give a response to the Children’s Scrutiny Board on his plans to increase the number of inclusive apprenticeships offered by the Council and its contractors”	Cabinet Member for Children, Young People and Education	Report considered in November 2023.
	Impact of Lockdown on Children and Families	That the Chair of the Thrive Board presents a report to the scrutiny Board outlining its work and the impact of, in relation to the impact of the pandemic on students’ mental health and well-being.	Democratic Services	Report coming to the January 2024 meeting.
	Impact of Lockdown on Children and Families	That representatives of the SEND Strategic Board/SEND Operational Board report to the Board on the services and support provided to SEND	Democratic Services	Report scheduled for January 2024 meeting.
	Impact of Lockdown on	That the Chair of the Children’s Services and Education Board writes to the Chair of the	Democratic Services	Report to be coming to the March 2024 meeting.

	Children and Families	Corporate Parenting Board to request details of their plans to address the challenges faced by children in care and care leavers and to understand how the pandemic has impacted them and what has been done to address this.		A workshop had been arranged with young people to hear challenges and successes.
	Impact of Lockdown on Children and Families	that the Director of Children and Education is proactive in considering suitable locations in the Borough for specialist sixth-form free schools which are funded by central government;	Director of Children and Education	The council submitted an application for a Free School earlier this year but the application was unsuccessful. The bid window for subsequent rounds is yet to be published but will form the basis of the SEND Transformation Programme.
	Impact of Lockdown on Children and Families	that the Council joins the Department for Education's 1-2-1 attendance mentoring pilot to monitor issues in schools across the Borough.	Director of Children and Education	Regular meetings in place with the DfE Attendance Advisor Training for staff to be showcased with other Councils as exemplar practice
	Impact of Lockdown on Children and Families	that, the Cabinet Member for Children and Education pledges to improve and increase the Borough's educational assessment data in line with the national average by 2027, in line with the aims and objectives of Vision 2030;	Cabinet Member for Children, Young People and Education	Sandwell is part of the Government's Priority Education Investment Area along with 23 other priority LAs. The programme submission has been approved by the Minister and the interventions with schools commences in the spring term 2024. At the end of the programme, July 2025, the partnership board expects an increase in educational attainment levels to at least national levels if not above.
	Impact of Lockdown on	that the Cabinet Member for Children and Education writes to the Secretary of State for	Cabinet Member for Children,	The DCS will work with the Cabinet Member to confirm a letter to the government.

	Children and Families	Education, to request that the Government actively engages with education practitioners to understand the long-term problems caused by the national pandemic and prepare appropriate resources to help children and young people recover academically, socially and psychologically.	Young People and Education	
	Impact of Lockdown on Children and Families	That the Director of Children and Education encourages and supports schools in the Borough to provide sports programmes and extracurricular activities to help children catch up in all areas of lost learning and experiences and to improve mental and physical health;	Director of Children and Education	The DfE have provided a range of guidance and interventions aimed at closing the attainment gap as a result of the pandemic. The DCS has shared all these resources across the sector and school improvement colleagues are working with schools to implement interventions as appropriate.
	Impact of Lockdown on Children and Families	that the Director of Children and Education reviews the Council's partnership working with education providers and the Sandwell Children's Trust to ensure that actions, outcomes and best practice work are shared to ensure we are working cohesively together.	Director of Children and Education	The DCS sits on the Joint Executive Group for education providers across Sandwell and has senior leadership representation on all other education governance provision. Partnership working is integral to these partnerships and the Children's Trust provides reports and updates to JEG as required.
	Impact of Lockdown on	That the Cabinet Member for Children and Education investigates ways to connect with	Cabinet Member for Children,	A) Created a role within Youth Service to develop leadership and mentoring

	Children and Families	<p>young people and offer extra support, mentoring and encouragement including, but not limited to:-</p> <ul style="list-style-type: none"> a) establishing a peer mentoring programme; b) encouraging social youth work, sports, drama, and outdoor activities; c) engaging with local businesses to improve the number of available apprenticeships; d) supporting a holistic youth services experience which accompanies physical and digital offer; e) supporting and championing the new Eco Bus with young people's involvement. 	Young People and Education	<p>opportunities for young people for next 12 months.</p> <p>B) Reviewed and refreshed the youth offer to provide young people with opportunities to engage in a wide range of activities through both our core offer and external funding opportunities including Holiday Activities & Food, Violence Reduction Partnership, Adventures Away from Home, West Midlands PCC funding and Safer Streets Fund.</p> <p>C) The Employment and Skills team continue to work with local employers to increase the numbers of apprenticeships available in the borough and are delivering a range of engagement activities such as Accelerate to encourage young people to apply</p> <p>D) Continue to work in partnership with a range of partners, including the voluntary, community sector, Youth Organisations in Uniform West Midlands and Council departments to promote and deliver a holistic youth offer.</p> <p>E) Young people have been engaged in developing the specification for 2 x new youth buses, including developing a brief for the exterior design and fit out for the interior, including equipment and activities. A wider group of young people will be given the opportunity to vote for the final exterior design.</p>
	Impact of Lockdown on	that the Cabinet Member for Children and Education writes to the Secretary of State for	Cabinet Member for Children,	Letter has been drafted and will sent in due course.

	Children and Families	Education, to lobby for recurrent yearly funding which will allow for consistent support to address young people's emotional wellbeing and (low level) mental health as we recovery from COVID and the impact that it caused, whilst supporting the Council's ambition to improve academic performance, socialisation, conversation, mental health and wellbeing;	Young People and Education	
	Impact of Lockdown on Children and Families	That, the Director of Children and Education works with multi-agency partners to support, engage and monitor the stability within the early years settings;	Director of Children and Education	The Lead Early Years Manager for Sandwell has taken this action forward and works with all early years provision. The annual sufficiency assessment is used to identify and address capacity challenges and to focus on funding requirements across the sector.

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Report to Children’s Services and Education Scrutiny Board

8 January 2024

Subject:	Cabinet Forward Plan and Board Work Programme
Director:	Law and Governance Surjit Tour Surjir_tour@sandwell.gov.uk
Contact Officer:	Connor Robinson Democratic Services Officer Connor1_robinson@sandwell.gov.uk

1 Recommendations







- 1.1 That the Board notes the Cabinet Forward Plan (Appendix 1), which sets out the matters programmed to be considered by the Cabinet;
- 1.2 that the Board notes its work programme (Appendix 2), which sets out matters to be considered by the Board in 2023/24;
- 1.3 that, the Board considers whether any changes or additions are required to its work programme and in doing so, has regard to the Prioritisation Tool (Appendix 3).



2 Reasons for Recommendations

- 2.1 A strong and effective work programme underpins the work and approach of Scrutiny.
- 2.2 It is good practice for work programmes to remain fluid, to allow for scrutiny of new and emerging issues in a timely manner.

3 How does this deliver objectives of the Corporate Plan?

	Best start in life for children and young people	The scrutiny function supports all of the objectives of the Corporate Plan by seeking to improve services for the people of Sandwell. It does this by influencing the policies and decisions made by the Council and other organisations involved in delivering public services.
	People live well and age well	
	Strong resilient communities	
	Quality homes in thriving neighbourhoods	
	A strong and inclusive economy	
	A connected and accessible Sandwell	

4 Context and Key Issues

- 4.1 Scrutiny is a member led and driven function, driven by members' commitment to improve services and thereby people's lives.
- 4.2 An annual work programming event, involving chief officers, executive members and key partners, was held in June 2023 and all boards approved their work programmes for 2023/24 at their first meeting of the municipal year.



- 4.3 Boards have responsibility for their own work programmes, and it is good practice to keep them under review, to allow for new and emerging issues to be scrutinised in a timely manner.
- 4.4 Scrutiny Procedure Rules allow any member of the Council to request that an item is added to a scrutiny board’s work programme, subject to certain provisions.
- 4.5 Before including an item on its work programme the Board must have regard to the Prioritisation Tool attached at Appendix 3, to ensure that the scrutiny activity will add value and work programmes are manageable.

5 Implications

Resources:	Any resources implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet. Any specific resource implications for the Board’s attention are detailed in the Appendix.
Legal and Governance:	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000. The Local Government and Public Involvement in Health Act 2007 places a duty on the Executive to respond to Scrutiny recommendations within two months of receiving them. NHS service commissioners and providers have a duty to respond in writing to a report or recommendation where health scrutiny requests this, within 28 days of the request. This applies to requests from individual health scrutiny committees or sub-committees, from local authorities and from joint health scrutiny committees or sub-committees.
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6 Appendices

- Appendix 1 – Cabinet Forward Plan
- Appendix 2 – Board Work Programme
- Appendix 3 – Prioritisation Tool

7. Background Papers

None.



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The following items set out key decisions to be taken by the Executive:-

	Title/Subject	Decision Maker	Public or exempt report? If exempt – state reason for exemption	Decision Date	Pre or post decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
1	<p>Child Friendly Sandwell</p> <p>Contact Officers: Sally Giles, Samantha Harman, Sarah Sprung</p> <p>Director: Michael Jarrett</p>	<p>Cabinet – Children, Young People and Education (Cllr Hackett)</p>	<p>Public</p>	<p>17 January 2024</p>	<p>Children’s Services and Education Scrutiny Board – 8 January 2024</p>	<p>Report and associated appendices</p>



	Title/Subject	Decision Maker	Public or exempt report? If exempt – state reason for exemption	Decision Date	Pre or post decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
2	<p>Sandwell Residential Education Service fees and charges Approval to implement term-time charges for Sandwell Residential Education Centres for 1 August 2024 to 31 July 2025 period</p> <p>Contact Officer: Chris Davies</p> <p>Director: Michael Jarrett – Director of Children and Education</p>	<p>Cabinet – Children, Young People and Education (Cllr Hackett)</p>	<p>Public</p>	<p>17 January 2024</p>		<p>Report</p>



	Title/Subject	Decision Maker	Public or exempt report? If exempt – state reason for exemption	Decision Date	Pre or post decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
3	<p>Determination of Admission Priorities for Sandwell’s Community and Voluntary Controlled Schools 2025/2026</p> <p>To agree admission priorities for community and voluntary controlled schools</p> <p>Contact Officer: Donna Williams</p> <p>Michael Jarrett, Director of Children and Education</p>	<p>Cabinet Children, Young People and Education (Cllr Hackett)</p>		17 January 2024		<p>Report by: Director Children and Education:</p> <p>Appendices</p> <p>Appendix 1: Admission arrangements for community and voluntary controlled schools in Sandwell for 2024/25</p>



ONE COUNCIL
ONE TEAM











	Title/Subject	Decision Maker	Public or exempt report? If exempt – state reason for exemption	Decision Date	Pre or post decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
4	<p>Proposed Relocation of Causeway Green Primary School to Brandhall Village Development, Oldbury To approve the procurement of a school development to replace existing facility</p> <p>Contact Officer: Martyn Roberts</p> <p>Director: Michael Jarrett - Director of Children and Education</p>	<p>Cabinet – Children, Young People and Education (Cllr Hackett)</p>	Public	7 February 2024	No	Report by Director of Children and Education















ONE COUNCIL
ONE TEAM

Work Programme 2023/24















Children's Services and Education Scrutiny Board

Meeting Date	Item	Links with Strategic Aims	Notes
3 July 2023	Corporate Parenting Board		
11 September 2023	Sandwell Children's Trust 6-month Performance Review Headline on: • Fostering • Children in our care and our care leavers	  	
	Annual Regional Adoption Report	  	
	Education Investment Area and Priority Education Investment Area developments – update and progress.	 	
	SEND Inspection Headlines		



13 November 2023	<p>Post-16 Pathways – provision and outcomes for young people.</p> <p>The take up of training, apprenticeships and further education. Mainstem and Special Provision</p> <p>Reducing unemployment amongst young people.</p> <p>Provision for those who are NEET and NEET SEND.</p>	 	
	Virtual School Outcomes	 	
	SEND strategy and inspection outcomes		
8 January 2024	<p>The effectiveness of the Sandwell Children’s Safeguarding Partnership’s response to serious child safeguarding incidents</p>	 	
	Childhood Obesity—Invite Health Scrutiny	 	<i>Deferred</i>
	Child Friendly Sandwell		
	Attainment of SEND students - SEND Strategic Board/SEND Operational Board – update		<i>Deferred</i>
	Health and Wellbeing of Students - Thrive Board Update	 	

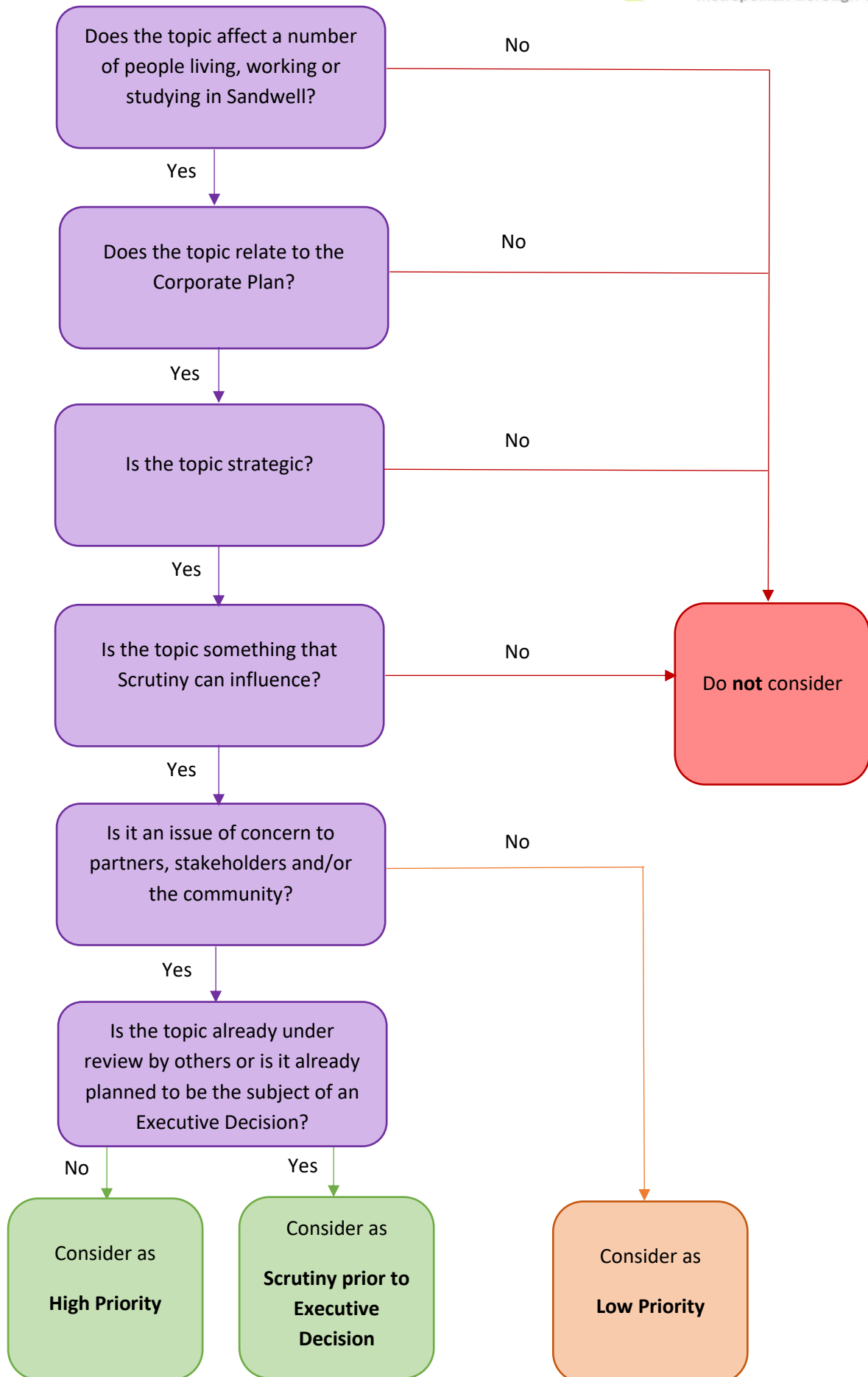


			
25 March 2024	Sandwell Children's Trust 6-month Performance review Spotlight on: • Locality working • Accommodation strategy • Early Help	  	
	Residential Children's Homes – sufficiency strategy	   	
	Transition to Adulthood	  	
	Corporate Parenting Update	  	

Items to be scheduled



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