

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,
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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.

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 multiagency 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 questionand-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	There are no legal and governance implications
Governance:	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	If the services are not provided, it could likely lead to
Wellbeing:	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	There are no climate change implications arising from
Change:	this report.
Corporate	Without targeted service, Children in care and care
Parenting:	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: 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)















