Children's Wellbeing Practitioner Programme for London and the South East: Reflections from Cohort Four
INTRODUCTION

This brochure has been produced to showcase the work presented at this year’s Shared Learning Event, to celebrate the third year (fourth cohort) of the CWP programme delivered by the London and South East CYP IAPT Learning Collaborative. CWP stands for ‘Children’s Wellbeing Practitioner’, a role that offers evidence-based interventions in the form of low intensity support to children and young people with mild/moderate emotional wellbeing and mental health problems. The third year of this programme marks a new phase in this development where larger numbers of CWPs are offering interventions to more children and young people in services across London and the South East.

The CWP training programme was set up in response to the Government’s ‘Five Year Forward View for Mental Health’ (2016) which acknowledged the need of greater mental health provision for children and young people. This set a target of offering interventions to 70,000 more children and young people annually by 2020, by training up 1,700 new staff in evidence-based treatments.

CWPs and their Supervisors / Service Development Leads have received training delivered by King’s College London and University College London, in collaboration with the Anna Freud National Centre for Children and Families. These post graduate certificate courses have trained the CWPs to offer brief focused evidence-based interventions with children and young people experiencing:
- Anxiety (primary and secondary school age)
- Low mood (adolescents)
- Common behavioural difficulties (working with parents for under 8s)

CWP services have developed locally to provide emotional wellbeing and mental health support to children and young people, which has resulted in a wide variety of service models. This diversity in approach, data from the outcome of the interventions and service user feedback will be showcased at this year’s Learning Event. We hope to take stock of everyone’s achievements, reflect on the impact that this training has on service development and, most importantly, demonstrate how it offers effective support to children and young people with mild to moderate difficulties.

Claire Evans, Head of CYP MH Workforce Development at Anna Freud National Centre for Children & Families
Jessica Richardson, Co-Director and Clinical Lead of CYP MH at Kings College London
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WHO ARE WE?
We are a new team of Children’s Wellbeing Practitioners (CWPs) based in Surrey. We are part of the Surrey Child and Adolescent Mental Health Service (CAMHS) Early Intervention Team.

WHAT DO WE OFFER?
As a new service we have developed our service to fit the needs of the local community. We work in partnership with selected primary and secondary schools, offering 6-8 sessions of 1:1 Guided Self-Help (GSH). In addition to this, we also offer or have created:

- Group sessions
- One offs workshops
- Drop in sessions
- Assemblies and PSHE lessons
- Self-help YouTube videos
- Resources
- Easy read manuals
- Audio recorded manuals

CWP intervention
Signposted elsewhere
Referred to CAMHS
Discharged

Assessment Outcomes

Guided Self-help

Referrals
Referrals Received: 135
Referrals Accepted: 125
Discharge prior to assessment: 10

Assessment:
Assessment completed by another team: 4
Note: additional (2) assessed

Intervention:
CWP Intervention Offered: 91
- Child Anxiety (61)
- Behavioural Difficulties (31)
- Low mood (22)
- Hyperactivity (1)
CWP Intervention Completed: 31
- Discharged: no further therapeutic support required: 24
- Further support required: 8
- Discharged before completion: 3
- Note: (1) due to COVID-19

Referrals not CWP appropriate: 20

GSH Interventions
A total of 81 clients were offered GSH interventions.

Average RCADS and SDQ scores over time.

Average GBO scores over time.

Client Feedback

- "She gave me advice and a positive view of my situation"
- "I enjoyed all of it. It was really easy to come and see you"
- "I felt listened to and was given very helpful tips"
- "Everything was supportive and helpful"
- "I was given lots of techniques to make me feel better when I'm stressed"
- "I really feel comfortable being me and talking about my problems"
- "I have realised other people experience the same thoughts as me"
As trainees, we were placed in different localities around the Kent and Medway area. Along with our CWP training we have also learned how to work as part of an existing multi-disciplinary team which has helped immensely with our successes.

Cases for all Kent: 160
Individual Total: 71
Group Total: 89
  - Individual Anxiety: 44
  - Individual Child Anxiety: 7
  - Individual Behaviour: 10
  - Individual Low Mood: 10
  - Group Anxiety: 36
  - Group Child Anxiety: 43
  - Group Behaviour: 10

Average GBO ratings of clients who have completed interventions:

- 98.6% of clients showed progress in some or all of their goals
- 65.7% of clients showed progress in all of their goals
- 68.8% of our clients are diagnosed or awaiting assessment for neurodevelopmental difficulties.

Service User Feedback:

“...really helpful, listened well, never judged, pointed us in the right direction.”

“...she was able to have a connection with you. We all really appreciate this.”

“before the sessions everything felt like a blur. But now... I can manage it”

“...every session was well explained... I liked how we reviewed the homework, trouble-shooted anything and then learned the next strategy”
REFLECTIVE GROUP

To lift the mood of the group following temporary service closure due to COVID-19, we began to deliver the low mood intervention to one another.

Initially, the group was a place to look back on our experience with delivering the interventions.

The group is on a rotating basis so all trainees take turns in leading it.

The group has now become a space to try out different evidence based therapeutic activities. Not only has this helped build practitioner confidence but it enables our service to provide compassionate care which has been found to improve treatment outcome.

We each completed the intervention tasks at home and reflected on our experiences during the group sessions. Doing this enabled us to put ourselves in the young people’s shoes and see things from their perspectives.
Amelia, Nicola, Anna & Kathy

We are a Tier 1-2 CAMHS service and are based in eight schools across Richmond and Kingston. Our roles are term-time only and we see parents and young people in schools. From our service-based learning task we identified a gap in our service-user feedback and involvement.

“**The advice and suggestions have helped tremendously, beyond my expectations. In a short space of time, my son has become more confident and independent.**” – Parent

“**I felt listened to. I’ve learned how to manage things by myself. I got given useful coping methods that are really helpful. It was very easy to share my thoughts and feelings and I was treated very well,”** - Adolescent

“**It helped us to manage some of the more difficult mental health cases in school that we were struggling to signpost outside school. The fact it occurred in school meant that disruption for the student was low,”** - Primary Link worker

In addition to Experience of Service Questionnaire (ESQ) we set out to seek more qualitative feedback from every family; asking them verbally at the end of each intervention and offering them the opportunity to provide written comments, pictures or recordings of their experience. The following audit data includes work completed by both trainee and qualified CWPs.

**Key audit findings for future service development are:**
- There is a lack of representation in referrals from adolescent males
- Referrals for BAME students are not reflective of the wider population in Kingston
- Families fed back that they found the lack of provision over the summer holidays unhelpful
New service

Slow start

Referrals commence

Covid-19

Online sessions

Workshops

I got help to figure out my anxiety and achieve goals

I was taken seriously

I wasn’t laughed at

I was listened to

A. Anxiety  C. Behaviour

C. Anxiety  Low Mood

**Case study**

Challenging behaviour case with dad of 9y boy:
- School work suffering as not focusing
- Poor boundaries at homework time
- Unclear instructions – too adult
- GBOs increased from 4 to 7
- Promising school report
- Now focuses first, plays later!

**Diversity in Southwark**


**Average RCADS Scores**

Pre-intervention  Post-intervention

**Average GBO Scores**

Goal Score

0  20  40  60  80  100

Goal 1  Goal 2  Goal 3

Pre-intervention  Post-intervention
As a team, we received **61 referrals** between January 2020 and July 2020 from schools we are each assigned to as well as other organisations in Sutton such as other schools, CAMHS, and Off the Record.

**Referrals by Source**

- Assigned Schools (50)
- Other (11)

**Referrals by Gender**

- Female: 20
- Male: 41

**Referrals by Ethnicity**

- White British: 30
- Black British: 8
- White Other: 5
- Mixed: 4
- Other: 3

**Referrals by Intervention**

- Child Behaviour (16)
- Adolescent Anxiety (13)
- Adolescent Low Mood (5)
- Child Anxiety (10)

We have collectively delivered **42 GSH interventions** to parents and YP face-to-face or via video/phone call.

We have delivered **16 workshops** to over 160 parents online via Microsoft Teams.

**Workshops**

- Helping teenagers manage their emotions
- Transition back to school after lockdown
- Transition to secondary schools questions and answers
- Good sleep habits and managing problem areas

**Sutton CWP Team**

Talibah B, Hannah M, Zara T & Claire W

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**Uses and benefits of supervision considering complexities within our work**

- Working with diverse beliefs about mental health
- Considering individual additional needs
- Complex family difficulties
- Managing boundaries with over-sharing
- Service engagement issues
The story of the new Merton CWP service

Autumn 2019
That's when we got to know our borough. We visited the Youth Offending Service, Family Therapy Services, Children's Services, Mental Health organisations, CAMHS... our local libraries and coffee shops too!

January 2020
We moved into our new base: a primary school in Mitcham.
We started accepting referrals from the school's SENCO.

We are family
We ran a primary school coffee morning. We introduced our service and raised awareness of GSH for child anxiety to parents.

We also ran Year 12 and 13 PSHE workshops, in which we quizzed students on their knowledge of the symptoms & causes of anxiety and low mood. We then did some psychoeducation and presented our service offer. We received many referrals through these workshops.

We conducted webinars in response to the Covid-19. We delivered transition back to school after lockdown: managing children’s worries webinar to parents of children in primary schools.

Numbers
We expanded our referral intake from 1 to 6 schools.
We work with 6 schools, 5 primary schools and 1 secondary school.

Workworkwork
We have worked with 59 families

Adapting for ASD
We adapted the Challenging Behaviour manual to meet needs of children who have received an ASD diagnosis or are awaiting an assessment.

- New materials were created such as on one-on-one parent-child social coaching to increase social skills within the family, peer social coaching to improve social skills with peer group, and creating a support network for the parent, as it can be isolating caring for a child with ASD.

- Adapted Special Play, which included spotlighting, encouraging eye contact and social skills such as turn-taking.

- Created handouts for parents to use visual supports including story boards and visual schedules, to decrease anxiety surrounding changes and transitions.

Reach for the stars
Average goal based outcome scores

- Challenging Behaviour
- Child Anxiety
- Adolescent Anxiety
- Adolescent Low Mood

First session
Final session
**Brent, Harrow & Hillingdon CWP Service**

- CWP service based in CAMHS, with outreach to local primary and secondary schools and links to community organisations.
- 50-65% of the population identify as BAME. Large Christian, Hindu & Muslim populations.

**Community** — signposting, establishing local links

- 12 Schools across 3 boroughs
- 6 Secondary (N = 32)
- 6 Primary (N = 38)

**Team diversity and positive team morale** (support, drive, humour and a good outlook)
- Virtual working via Zoom – well-received by families and young people
- Efficient transition - no delay in referrals throughout Covid-19 lockdown period
- Introducing online workshops for children, young people & parents, in groups & classrooms
- Flexibility – creatively adapting to new ways of working

**Outcomes**

- Total number of cases = 181

  - Average RCADS Score
  - Average SDQ Score

**Challenges**

- Higher rates of non-attendance, opting out, disengaging due to Covid-19 lockdown
- Sessions disrupted as routines change – young people returning to school
- Shift from face-to-face to Zoom – adapting to virtual sessions
- Increased levels of anxiety due to the pandemic
- Tackling school-related difficulties during lockdown period - some young people feeling less anxious when not at school
- Working from home – maintaining wellbeing and work/life balance during lockdown

**Feedback**

- “Our son was struggling…, and we, in turn were struggling… things have been much more straightforward for us as a family since then.” - Parent (Behavioural difficulties)

- “I quite liked it [Zoom sessions], it was fun. I think it’s a good alternative to doing sessions in person, given the current situation.” - Secondary school Head of Year

**Highlights**

- Workshops (N = 76)
  - Year 6 Transition
  - Adolescent anxiety groups
  - Parent anxiety and behaviour

- Tier 3 CAMHS (N = 35)

- Virtual working via Zoom – well-received by families and young people
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- Flexibility – creatively adapting to new ways of working

**Outcomes**

- Total number of cases = 181

  - Average RCADS Score
  - Average SDQ Score
**Introduction**

The Ealing Children’s Wellbeing Service forms part of Ealing CAMHS (West London) and sits within SAFE (Supportive Action for Families within Ealing) funded by the local authority. CAMHS comprises of Clinical Psychologists and Family therapists. SAFE comprises of family support workers, counsellors, social workers. CWPs deliver guided self help (GSH) interventions to young people and families within clinic. However, the COVID-19 pandemic caused significant changes to the delivery of GSH. This led CWPs making adaptations to the delivery of GSH manuals to ensure sessions continued to be delivered in a safe, effective and therapeutic manner.

**Case Study**

JY is a 13 year old with separation anxiety precipitated by a physical health condition. JY was offered guided self help for adolescent anxiety.

Sessions were initially delivered face to face. Due to COVID-19, sessions transitioned to telephone at the request of JY and parents.

**Feedback**

“The CWP was kind, and I liked having time to talk about how my physical health problem affected me”

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**Challenges and opportunities of remote interventions during COVID-19**

**Challenges**

- Access to technology, space and privacy for CYP
- Adapting graded exposure and BA in meaningful and safe ways
- Managing risk and safeguarding when working remotely
- GDPR and security of recording sessions and contacting clients over email

**Opportunities**

- Widens access to the service (no travel, no missing school, flexible appointment times)
- Can be helpful for the clinician to see the YP in their own environment – aids formulation around systemic and environmental factors
- Video contact can be ‘in vivo exposure’ for socially anxious clients

**Implications for the future:** Opportunity for CWP service to develop a remote working service, which could be sustained post COVID-19 in order to provide flexibility of working, and widening access for service users in line with the CWP IAPT principles.
Adapting to the needs of students during the COVID-19 pandemic and beyond

Hammersmith and Fulham CAMHS
Children’s Wellbeing Practitioners (H&F CWP)

Introduction

The creation of Mental Health Support Teams (MHST) reduced the scope for CWPs to provide GSH to schools (Department of Health, 2017). Nonetheless, H&F CWPs have traditionally had a good partnership with William Morris Academy and offered an exam stress group, to students completing GCSE and A-level exams. Due to COVID-19 and the impact on exams, we liaised with the Student Services Manager to determine what would be most helpful for students.

Method

Based on discussions with the school, we created a survey to explore the need of students. The survey included a check-in with their mental wellbeing, whether they needed any tailored support on anxiety or low mood, and their preference of receiving this support.

Results

Figure 1 details students rated over mental health during COVID-19. Figure 2 shows mental health related concerns rated by students.

We also asked students their likelihood of attending a live virtual workshop and 59% rated they were unlikely. Based on the results and further liaison with school, we created two 30 minute pre-recorded presentations on general stress and anxiety and on low mood. These were added to the school website for students to access and information on how to refer to our service was also provided.

Conclusions and moving forward:

Our results along with research (Sweeney, Donovan, March & Forbes, 2019) suggest that virtual support can be more accessible and favoured over face to face support for some adolescents. This highlights that working in this way would benefit the needs of students and emphasises the importance of working collaboratively with MHST moving forward; to ensure that care is delivered in the right place and time for students (Department of Health, 2015).

References

Haringey CWP Service: COVID-19 Pandemic Response

Who we are

We support families of children and young people aged 4-18 years old.

We offer early intervention for child anxiety and challenging behaviour, and adolescent anxiety and low mood, in the form of guided self-help.

COVID-19 Pandemic Response

Involvement with other CAMHS activities:

- Quality Improvement
- Auditing
- Dissemination of i-Thrive

Increasing access to online CWP work:

- CYP lead and local GPs
- Haringey Early Help: awareness and attended meetings to identify referrals
- Haringey schools: 18 primary schools and 8 secondary schools to raise awareness and identify referrals
- Haringey and London Gender services to link up for workshops and referrals into the service

Shifting the CWP interventions online:

- Sessions via zoom and telephone
- Webinars on child anxiety, child challenging behaviour and adolescent mood management
- Recorded online seminar on Positive Parenting
This year, Cohort 4 and 5 have further embedded in the Tier 2 Community Team, attending the weekly multi-disciplinary team meeting and delivering Guided Self-Help (GSH) in clinic.

We have also expanded our offer to include remote sessions, for both 1:1 and group interventions.

**Case Study**

1. 11 year old girl of Chinese origin referred for GSH from Tier 3, while awaiting a neurodevelopmental assessment.
2. Her mother was offered remotely delivered GSH for Challenging Behaviour.
3. The parent-SDQ ratings showed improvement throughout the intervention.

**Future Service Goals**

1. To increase CWP involvement in Participation groups. To create a parent group, in addition to the young person group.
2. To continue delivering and expand remote service delivery.
3. To further promote GSH in Hounslow, in order to reach an increasingly diverse population.

"I never thought I'd see so much progress in such a short space of time. At the beginning I questioned why I was doing the [parent] work but the intervention has been so helpful for the whole family." **Parent**
Who are we?

Islington CWP service sits within a CAMHS tier 3 service, providing tier 2 early intervention to children, young people and families in Islington.

2020 Population diversity: 48% White British/Irish, 10% Asian/Asian British, 12% Black/African/Caribbean/Black British, 20% Other White (with Turkish/Turkish Cypriot the largest category) and 10% from a mixed background.

Mental health disorder prevalence of 14% vs national average of 10%.

2020 Socio Economic Deprivation: 6th most deprived local authority in London and 53rd in UK.

What have we been up to this year?

We have joined Islington’s Social, Emotional & Mental Health (SEMH) Service.

CAMHS

CWPs

Isledon

SEMH

Barnardo’s

Targeted Youth Support

Brandon Centre

✓ Gives CYPs greater access and choice of services
✓ Reduces wait times
✓ Allows a more joined up experience for CYPs trying to access support for their mental health.

We have brought some of the previous cohorts’ ideas to life.

Joint sessions incorporating parents into the adolescent model and children into the parent led model.

Workshops in Youth hubs e.g. Lift and Platform.

Started to adapt the Anxiety model for children with ASC.

We still plan to...

Make materials accessible to deliver workshops in languages other than English.

Use the Anxiety model for children with ADHD.

Preliminary findings suggest that remote sessions:

- Increase flexibility and accessibility
- Should be offered as a choice as standard practice
- Harder to access for people with complex needs.

We have developed a survey and are collecting data about peoples experience of remote sessions.

Service User Experience of Remote Therapy Survey - for people who have done remote therapy.

We have learnt about remote working.

- Team tea breaks
- Boundaries
- Practicing with children ‘in vivo’
- Utilising YouTube and online games
- Suitable desk space
- Utilising screen share

Victoria Catline
Hannah Day
Evelyn Smith
Pioneering the Point1 CWP Programme

We are: Chris, Esther, Katie and Lin. We are the first CWP cohort in a Third Sector Organisation in the Norfolk Region.

Challenges
1. Completely new team within a developing service
2. No parent led pathways
3. Limited policies and procedures for CWPs
4. Large geographical area to cover
5. Covid-19

Achievements
1. Developing relationships within and between services.
2. Embedding a parenting intervention pathway
3. Establishing the remit of the role
4. Increasing accessibility by working in the community
5. Making adaptations e.g supporting other staff in using GSH

Where do we fit?

GSH Interventions Completed

• The total amount of ‘meaningful contacts’ we have had with young people and families is: 67
• The total amount of GSH interventions we have completed is: 48

Here is some of our feedback...

Young Person
“I liked that everything I said was heard and I found the worksheets (like the problem solving) were very helpful”

Parent
“Tailoring the strategies to examples of my child has been helpful. It’s increased my understanding and confidence”

Manager
CWPS’s have breathed life into our service and established new and exciting pathways of treatment for CYP and their families.

Who have we been Supporting?

Who have we been Supporting?

- The total amount of ‘meaningful contacts’ we have had with young people and families is: 67
- The total amount of GSH interventions we have completed is: 48
We are five Children Wellbeing Practitioner's; Amanda, Charlie, Elaine, Ellen and Fiona who work for Children Families and Young People Under 18’s service in Suffolk within Norfolk and Suffolk NHS Foundation Trust.

Introduction
From Timid to Tiger is an evidence-based CBT informed parenting programme for children aged four to nine years who are experiencing problematic anxiety and behavioural difficulties.

Why do we use this intervention?
• Our service is not commissioned to support challenging behaviour, however this intervention supports managing some problematic behaviours seen in anxious children.
• From Timid to Tiger incorporates anxiety management techniques and parenting advice adapted from Webster-Stratton (2006).

Covid-19 Adaptations
Prior to the Covid-19 Pandemic TTT groups were held within the community. To enable the groups to continue, the following adaptations were made:
• Groups are held virtually on Microsoft Teams
• Invitations and materials needed for sessions are emailed to parents
• Materials are adapted such as use of videos instead of role play
• Group size: maximum 7

Why do we use this intervention?

Covid-19 Adaptations

Conclusion
From measuring average and pre and post RCADS scores from six recent participants of the From Timid To Tiger group, it is evident that:
• Post-intervention scores are indicative of improvements in all areas of the RCADS, despite a focus on anxiety.
• This supports Cartwright-Hatton et al (2011) who found that 57% of 74 anxious children were free of their main anxiety disorder compared to a 15% of the control group from this intervention.
• It does need to be considered, however, that the results above are from the Parents RCADS and therefore may not reflect the child's perception.

Week | Content
--- | ---
1 | Introductions and basic concepts: 7 confident thoughts, anxiety pyramid and thoughts, feelings and behaviours.
2 | Securing the Parent-Child bond through Play
3 | Understanding Children's Anxiety
4 | Using Praise to Build Confidence
5 | Using Rewards for Motivation and Setting Limits
6 | Managing Children's Worries
7 | Using Withdrawal of Attention and Consequences
8 | Review, Managing School and Celebration
The Essex Child and Family Wellbeing Service provides support for families, child and young people across Essex. The CWP role was brand new to services and was integrated into a multidisciplinary team made up of School Nurses, Health Visitors and Healthy Family Support Practitioners. We are partnered with the Emotional Wellbeing Mental Health Service in Essex.

Meet the team!

Running Virtual Transitioning Back to School after Lockdown Workshops

Offering regular check ins

COVID-19

Creating videos to support the return to school

Intervention s offered virtually

The pie chart shows how many types of each intervention we have delivered. We noticed that majority of referrals and interventions delivered were for Childhood Anxiety.

Since February 2020 we have received a total of 110 referrals into the CWP services. The table above shows the numbers of accepted referrals where work has been completed and how many were declined referrals who were signposted to other services.