

**Children's Wellbeing Practitioner
Programme for the
London and South East
CYP IAPT Learning Collaborative:**
Reflections from Year One

INTRODUCTION

This brochure has been produced as part of our shared learning event to celebrate the first year of the CWP programme run as part of the London and South East CYP IAPT Learning Collaborative. CWP stands for 'Children's Wellbeing Practitioner', a new role that offers evidence-based interventions in the form of low intensity support and guided self-help to children and young people with mild/moderate mental health problems.

CYP IAPT Collaboratives throughout the country have set up CWP programmes in response to the target of offering evidence based intervention to 70,000 more children and young people annually by 2020, by training up 1700 new staff in evidence based treatments, as outlined in 'Implementing the Five Year Forward View for Mental Health'.

The CWPs work under guidance from experienced supervisors / service development leads with expertise in child mental health. CWPs and their supervisors / service development leads have received training delivered by world class training organisations and with teaching from leaders in the field that offers practitioners skills in 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)

In our first year, CWP services have been set up under the guidance of senior CWP Leads in 15 localities or 'partnerships', in services tailored to provide mental health support to children depending on local needs as part of local provision. We have a variety of service models, including the CWP program being offered within schools, CAMHS services, Local Authority and Third Sector organisations. The different models, outcome data and service user feedback will be showcased at the learning event. We hope that learning from this event will help to inform the development of this program over the next few years.

Dr. Wendy Geraghty
CWP Clinical Lead
(London and South East CYP IAPT Learning Collaborative)

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MEET THE CWP TEAM

Peter Fuggle – CWP Programme Director (UCL)

Derek Bolton – CWP Programme Director (KCL)

Wendy Geraghty – CWP Clinical Lead

Chris Ludlow – CWP Deputy Programme Director (UCL)

Louise Ellis – CWP Project Manager

Duncan Law – CWP Supervisor/Service Development Lead,
Course Lead

Alex Goforth – CYP IAPT Programme Lead

Sadie Williams – CWP Module Lead (KCL)

Laura Bowyer – Senior Clinical Tutor (KCL)

Helen Barker – Clinical Tutor (KCL)

Emily Ventre – Assistant Psychologist (UCL)

Jessica Rees – Assistant Psychologist (UCL)

Lette Vaessen – Assistant Psychologist (UCL)

Deepa Mavji – Research Assistant (KCL)

Stuart Lansdell – Practice Tutor (UCL)

Hannah Istead – Practice Tutor (UCL)

Joanne Jackson – Practice Tutor (UCL)

Vicki Curry – Lecturer (UCL)

Georgia Graham – Course Administrator (KCL)

Eleanor Storey – Course Administrator (UCL)



For any queries, please email: cypiapt@annafreud.org

BARKING & DAGENHAM CAMHS

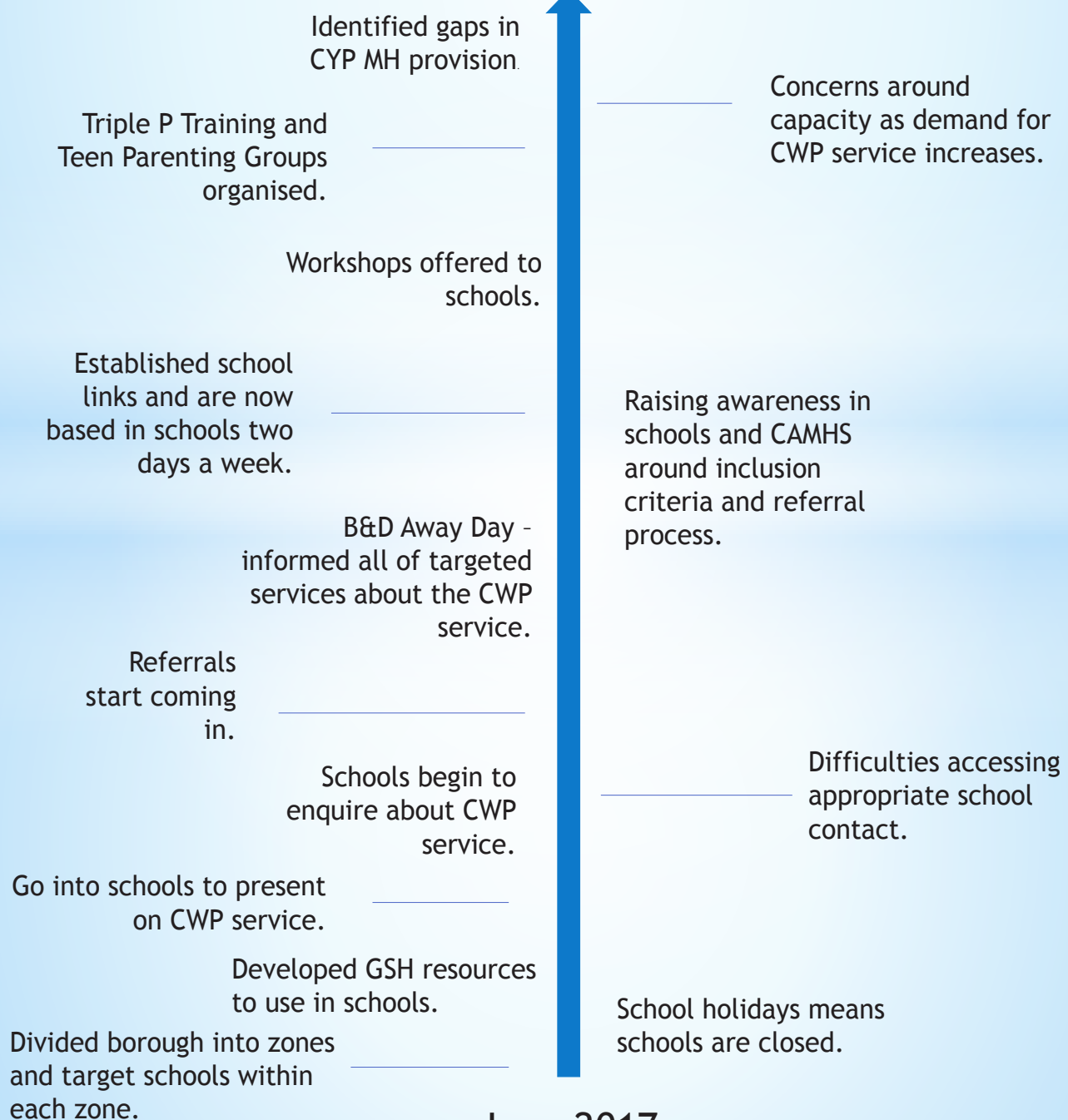
The CWP Service in B&D operates as a sub-service within CAMHS. Clients are referred by professionals using the single point of access CAMHS referral form.

Timeline showing the strengths and challenges of establishing the CWP service within local schools.

Strengths

March 2018

Challenges



June 2017

CWPs start in B&D CAMHS.

Barnet Children and Young People's Psychological Wellbeing Service

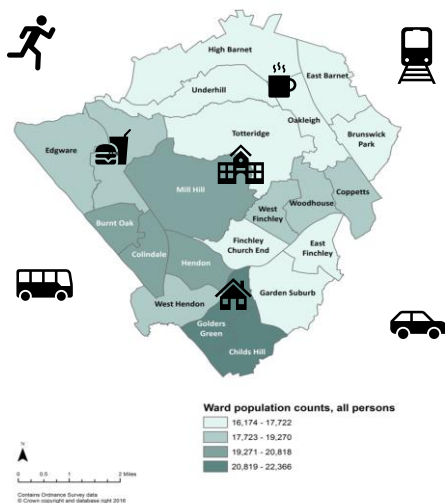
Aikaterini Stavrakaki, Justyna Parada, Ruth Cooper, Sarah Konn, Supervisor: Caroline Quinlan

Our team

We are 4 Children's Wellbeing Practitioners (**CWPs**) in training, offering up to 8 sessions of Guided Self Help (**GSH**) for children, young people and families facing difficulties around **anxiety**, **depression** and **behavioural** issues.

We are a part of **Barnet's Family Resilience Team**, sitting within the **Early Help** Services of Barnet Council. The team's work is focused on **early intervention** and consists of family support practitioners who deliver a range of evidence-based interventions for children, young people and families such as parenting programmes and mediation services.

Uniqueness of our Service



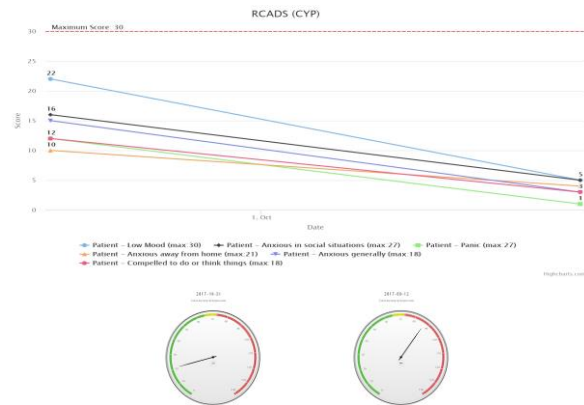
Unlike many **CWP'S** and **IAPT** practitioners, we work out and about in the community.

We visit children, young people and their families where it is most convenient to them: home, school, community and children's centres, even coffee shops and burger bars!



Barnet is not a small borough, so we use any means necessary to get there: cars, bicycles, buses, planes, trains and automobiles (well, maybe not any means!)

Outcomes



These graphics illustrate the before and after scores of a young person that engaged with our service on the Revised Child Anxiety and Depression Scale (**RCADS**) (Chorpita, Yim, Moffitt, Umemoto & Francis, 2000)

Resilience in Barnet

The term **resilience** is used to describe a situation when good outcomes occur for individuals or families in the face of adversity. An approach based on **resilience** involves looking for strengths and opportunities that we can build on, rather than for issues or problems to treat.

The aim of the Barnet Plan (2016) is to help families increase their **resilience** and providing the necessities for achieving their best.

Barnet's vision for achieving the best possible outcomes for the wellbeing of children, young people and their families by providing the resources to increase their **resilience** greatly matches the philosophy of the **CWP** programme and the provision of guided self-help.

Our aim as practitioners is to provide children, young people and families with the tools and

Referral route

- **Schools**
- **Child and Adolescent Mental Health Services (CAMHS)**
- **Common Assessment Framework (CAF)**
- **Multi-Agency Safeguarding Hub (MASH)**
- **Universal Plus Form**

Bromley Y

Emily Carter, Lynsey Davies, Jess Thompson,
Dan Willmott, Lou Stratford



Bromley Community
we|being
Service for Children and Young People

- Bromley Y is a long established local charity offering free therapeutic support to young people between the ages of 0 – 18 years
- Bromley Y hosts the Community Wellbeing Service: a single point of access service for CYP's emotional wellbeing
- CYPs are referred in, triaged and either offered therapeutic support at Bromley Y, signposted or referred on to a more appropriate local service.

Integrating CWP's into the Service

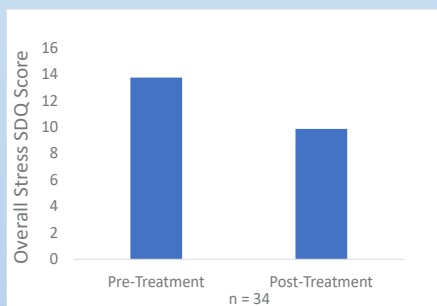
- Our referral and triage process effectively identifies low to moderate level clients suitable for guided self-help
- ROMs are sent to the parent or young person at the point of referral
- These scores help guide our triage process and indicate whether the young person will be suitable for guided self-help
- Escalation to a higher intensity intervention is a smooth process within our service

Workshops

- CWP's delivered an anxiety management workshop in a local secondary school to Sixth Form students
- Workshop was based on skills and techniques we acquired during training
- Workshop was well received and has now been adapted to an exam stress workshop which we will deliver to CYP's referred to our service specifically for exam stress
- CWP's are currently aiming to deliver workshops to parents of primary school children to around 80 schools in the Bromley borough

Clinical Outcomes

- Following guided self-help, pre-treatment SDQ scores (M = 13.74) were significantly reduced [t (33) = 4.29, p < .001] post-intervention (M = 9.85)
- RCADS total anxiety and depression raw scores also significantly dropped (M = 42.56) after guided self-help (M = 29.18) [t (31) = 3.81, p < .001]



Case Study

- A 17-year-old White British male was referred to our service for low mood and social anxiety
- Received 6 sessions of behavioural activation
- Client's activity log revealed how little time he was spending engaging in pleasurable activities.
- Throughout the intervention the client was able to identify life values and planned activities related to these
- Through increasing activities, the client's mood began to increase which was reflected in his improvement in symptoms

SDQ Subscales	Pre-Treatment	Post-Treatment
Overall Stress	16	9
Emotional Distress	5	1
Behavioural Difficulties	2	2
Hyperactivity and Concentration Difficulties	4	3
Difficulties Getting Along With Other Children	5	3
Kind and Helpful Behaviour	7	10
Impact of Any Difficulties on the Child's Life	3	0

Feedback from Clients

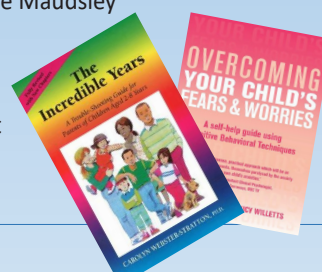
"It was very personalized and completely tailored to my child's needs. The care also evolved as our needs changed. Overall I was very impressed with the intervention and support given."

"These sessions have really helped us to accept the problems, pick the problems apart, try to solve the problems and come up with little tasks to face the problems head on and to give us skills to move forward stronger and happier."

"The appointments help by allocating the time to talk through the concerns in a controlled environment so that this can be discussed calmly and without too much emotion getting in the way."

Assessments

- CWP's have undertaken 62 service assessments
- CWP's have then taken these on for treatment, referred to higher intensity therapist or referred on to a range of services including:
 - Eating Disorders Unit at the Maudsley
 - Specialist Tier 3 CAMHS
 - Social Care
 - Bromley Changes
 - Bromley Children's Project
 - CASPA



Who are we?

Our Children's Wellbeing Practitioner Service consists of 4 Children's Wellbeing Practitioners and a Clinical Lead.

Jennifer Lee, CWP

Kelsey Parker, CWP

Cassie Ohlson, CWP

Amnah Shaikh, CWP

Clare Oakman, Clinical Lead

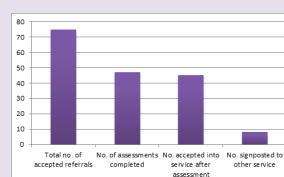
What do we do?

We offer guided self-help interventions for mild to moderate mental health issues for children 4-8 years presenting with behavioural difficulties, 4-17 years with anxiety and 11-17 years with low mood. For the primary age range we work primarily with parents, and 11+ years we work primarily with the young person.

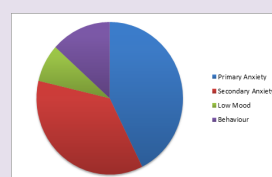
Referrals are received from professionals involved with the family directly to the CAMHS Single Point of Access (SPA) or may be forwarded to the SPA from the local authority Early Help Hub. Referrals are screened by the Clinical Lead before CWP's complete assessments.

Our intervention begins with an assessment with the appropriate parties, as outlined above. If the family wish to engage, and we feel they meet our criteria, we will provide an 8 week intervention; often a mixture of face to face and telephone contacts, at an agreed venue such as the local CAMHS clinic, school, GP surgery or home.

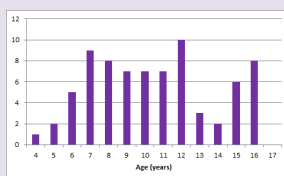
Following completion of the intervention we will offer a telephone review 4-6 weeks later. We work closely with specialist CAMHS as well as other agencies such as schools and health professionals.



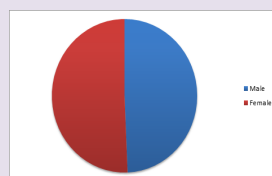
Referrals



Presenting Problem



Age



Gender

CLIENT FEEDBACK

I felt listened to, got feedback and they helped me deal with my anxiety and helped me in school.

Thank you so much, my child is a different person, she's so much more confident and happier now.

The general approach towards my daughters care was calm and patient and progressed at my daughters pace. She has improved under your care, and is more open to discussing her anxieties and talking in general.



A day in the life of a CWP – Jennifer

A typical day for me is heading straight to a family home to work with parents of a child with anxiety, I provide an hour slot for this but usually our sessions are around 50 minutes. I then drive to my next session at a secondary school to work directly with a teenager who is struggling with anxiety. After this I will head back to the office, via Waitrose to pick up something for lunch if I haven't been organised enough to prepare something myself! By the time I get to the office it's 12.30, lunch time, so I catch up on the gossip while having lunch in the kitchen.

After lunch I write up my sessions and do the necessary admin, this usually takes about 15 – 20 minutes per session. I then have around an hour and a half to do other admin such as respond to emails, make any phone calls I need to, writing letters or contact a new referral to book in for assessment. It's 3pm now and my next appointment is in the waiting room, 50 minutes later I return to my desk after a session with a teenager who is struggling with low mood. I write up the session before making sure I have all necessary work sheets and a clear plan in my head for the next day's sessions.

Learning from being a CWP – Q&A with Amnah

What have you learned while working as a CWP?

- To encourage parents to be the co-facilitator as this enhances the effectiveness of treatment.
- To give autonomy to the young people in their journey.
- How effective normalizing can be.
- How effective characters such as Minions, superhero's and Inside Out can be in inspiring children.
- Other stories of success can be useful for encouragement.

What have you enjoyed most about being a CWP?

Getting children involved in the parent-led anxiety program. It's good to see them gaining more understanding of the issue(s) and working together to achieve their goals.

What's been difficult?

Behavioral difficulties (in parents too!). Parents hoping for a magic cure.

What would you do differently?

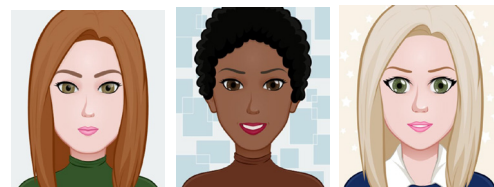
Ensuring other clinicians understand our role within the wider team.



ISLINGTON

- Islington is the 5th most deprived local authority in London and 24th in England
- Diversity:** 1/3 young people under 18 are White British, 1/4 are Black, African, Caribbean or Black British, 1/6 'Other White' ethnic group, with Turkish / Turkish Cypriot the largest category. 1 in 7 young people from a mixed ethnic group
- Mental health disorders:** prevalence of 14% vs national average of 10%. Conduct disorders have the highest prevalence, followed by emotional disorders and hyperkinetic disorders
- We are based in **CAMHS** and third sector service **Families First**, who provide practical support to families in Islington

Our CWP's



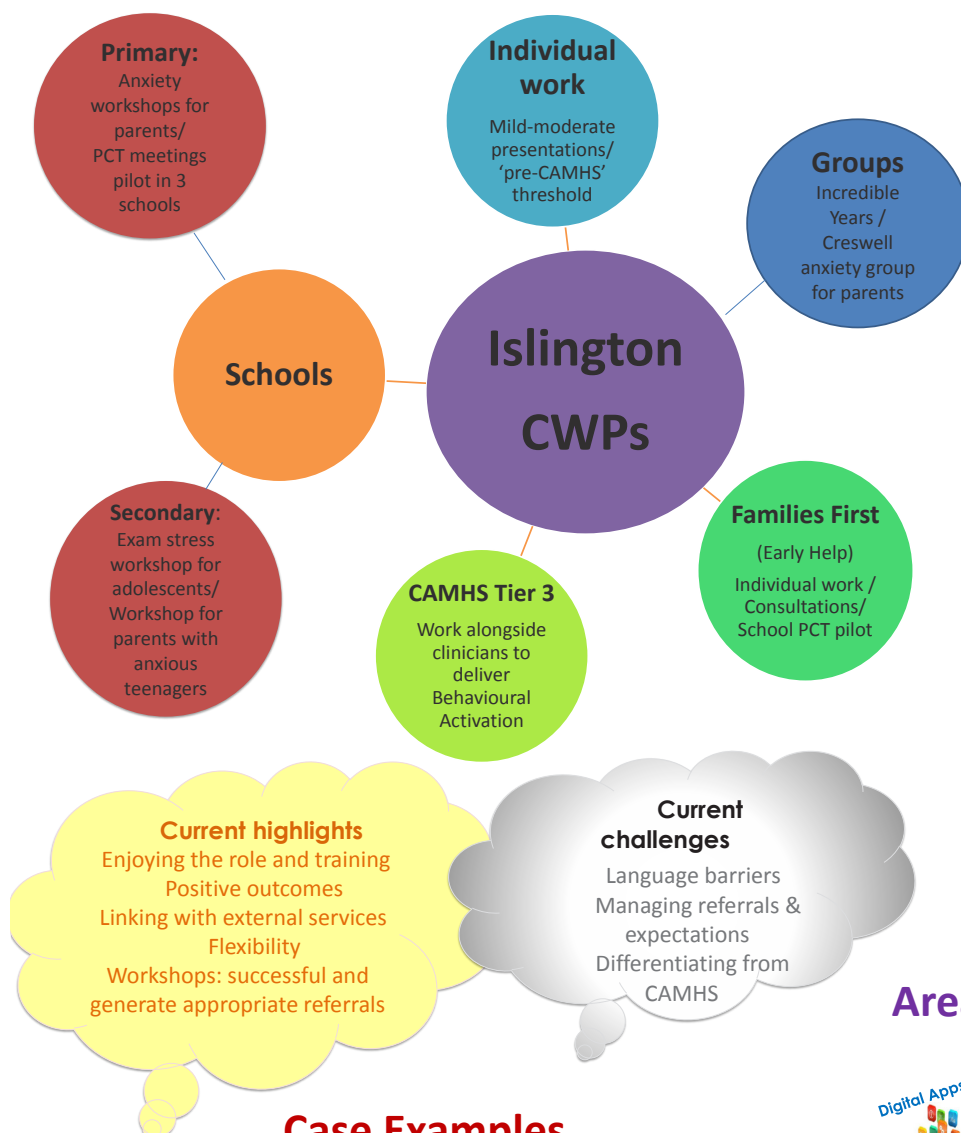
Grace West-Masters Kimberley Saddler Katie McDonnell

Referral pathway

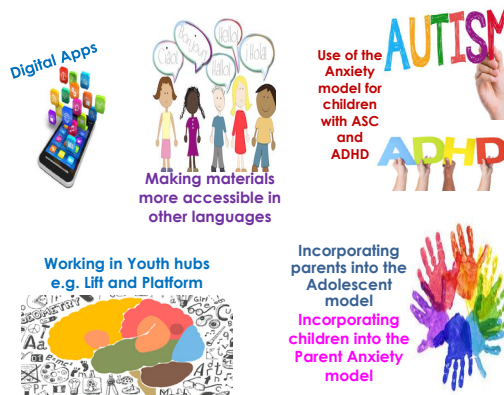


Families First

- ✓ Consultations with Family Support Workers about possible CWP cases
- ✓ Sharing resources
- ✓ Schools pilot: Attending Pastoral Care meetings with the Family Support Workers at their link schools, together with the School CAMHS clinician.



Areas for Development



Case Examples

<p>Case 1: Behaviour</p> <p>I found it difficult to manage my child's tantrums</p> <p>It made me feel really stressed. My CWP gave me lots of useful materials, including, reading from the Incredible Years book</p> <p>My CWP helped me to manage my own feelings better</p> <p>When I finished my sessions, my child's behaviour was much better!</p>	<p>Case 2: Adolescent Anxiety</p> <p>I had social anxieties and issues with feeling panicky a lot</p> <p>My CWP helped me to think positively rather than negatively</p> <p>When I finished my sessions, I felt much more relaxed and had no more panicky feelings!</p> <p>I had the option of having my sessions in school</p>	<p>Case 3: Child Anxiety</p> <p>My 9 year old daughter was unable to leave the house to play with friends as she worried about her father dying</p> <p>I felt so upset that my little girl was missing out on having fun</p> <p>My CWP helped me to manage my child's anxiety better, and challenge her beliefs in concrete ways that made sense to her</p> <p>When we finished the sessions, my daughter was able to go on play dates without feeling worried</p> <p>We reached all of our goals</p>
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Hammersmith & Fulham CWP

‘Reaching out earlier for better mental health’

“I never thought I would be able to put my hand up in class”

“I feel listened to and don’t feel as if I need to hide things” (Service Users).

Making a referral

Referrals to CWPs come through a single point of access and are then screened for suitability.

If accepted, you will be invited to an initial assessment, where together the CWP, child or young person and parents agree on the type of help they would like to engage in. CWPs are based at the Hammersmith and Fulham Child and Adolescent Mental Health Services (CAMHS) which is located on Glenthorne Road and easily accessible from Hammersmith station.

For more information on the CYP IAPT transformation and the role of CWP’s you can visit the following website:

<https://cypiapt.com>

Service-user Involvement Projects:

- Resource pack with GSH materials
- Mental health awareness poster for primary care and schools
- Evaluate existing materials e.g. leaflets, GSH books
- Forum to feedback their CAMHS experiences

“ The CWP is approachable and can offer individual work and group work with students. They also problem-solve difficulties around suitability of cases” (School SENCO)

Link to CAMHS team

- Referrals from SPA / via CCAMHS (Community CAMHS)
- Impact of CWP work on CCAMHS

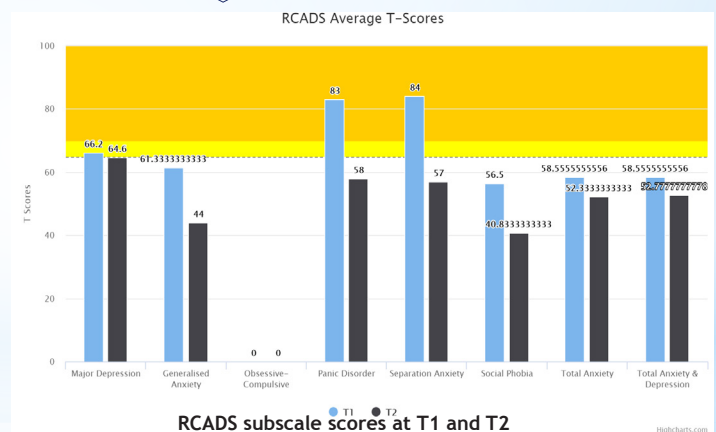
Caseload

- 25% taken off CCAMHS caseload
- Choice-partnership wait <4 wks from Sept 17
- CCAMHS - CWP cases: < 10% needed further work in CAMHS (5 from caseload of 61)

“I hope the CWP can continue in the team” (CCAMHS clinician)

“Responsive, caring, eager to learn, team players, creative use of brief and helpful interventions using evidence-based interventions” (CCAMHS clinician)

“Would like to see the model to be more sustainable” (CCAMHS clinician)



Work in schools:

- GSH intervention in primary, secondary and sixth form schools
- Groups - Friends for Life (resilience); STEPS (exam stress management)
- 50 + referred to groups in addition to CWP caseload
- Evidence for Healthy Schools awards
- Workshops and presentations at schools and community events to promote service and raise awareness of mental health



Meet the Team:




"I felt like I was listened to and I was given really good advice as what to do when I felt uncomfortable or anxious". (YP)

"My child's behaviour didn't change completely but I learnt how to create boundaries and to have more patience with him". (P)

I'm pleased that he felt he could confide in you, once again, thank you so much for helping him" (P)

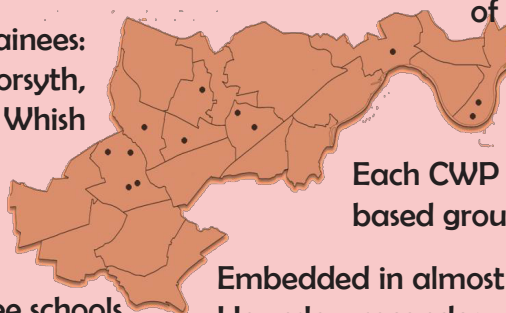
Hounslow CWP's

West London Mental Health 
NHS Trust

First cohort trainees:
Sarina Afzali, Becky Forsyth,
Kate Landowska & Ruby Whish

Based in Tier 2 CAMHS

Each CWP is located in three schools
- one primary and two secondary



Each CWP runs three mornings
of guided self-help per week (3x
sessions per morning)

Each CWP also co-facilitates school-
based group work

Embedded in almost half of
Hounslow secondary schools

Friends for Life

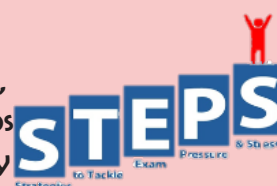
- 10-week social skills and resilience-building programme
- Run with Year 4, 5 and 7 classes
- Recommended by the World Health Organisation
- Can be run with both targeted and universal groups
- RCADs administered pre and post-programme.



Groups are co-facilitated with a member of school staff, contributing to the development of ongoing partnerships with schools, which fosters sustainability and opportunity for co-production.

Strategies to Tackle Exam Pressure & Stress

- Six-week exam stress group
- Run with targeted Year 10 group (whole year group screened)
- Adapted from computerised CBT programme
- Psychoeducation, activities & anxiety management techniques
- Exam stress questionnaire administered pre and post-group
- Run in affiliation with Liverpool John Moores University.



Case Study

- AB, 16, ♀, social anxiety
- Struggled with ordering her own food at restaurants and talking to strangers.
- 8 weeks: relaxation techniques, exposure hierarchy, weekly problem-solving.
- Lost motivation during exposure work.
- Motivational interviewing plus support of back up team → renewed motivation; tackled goals with conviction.

Feedback from young people and parents

I have found that I deal with situations better and am less stressed throughout the week

I like the way it is really practical and it gives me actual things to try out

I felt as if I was listened to at all times and I felt comfortable about saying anything personal.

Guided Self Help: Empowerment Beyond Intervention

Reviewing Post Intervention Progress at 6 Week Follow-Up

What is included in a 6 week follow-up?



Check in

Gaining an understanding on how the past 6 weeks have been.



Review

Discussing the clients experiences over the last 6 weeks.



ROMS

Completing all relevant Routine Outcome Measures.



Problem Solve

Finding solutions to any problems the client has faced.



Strategies

Reviewing strategies used and reflecting on their experiences using these.



Questions

Allowing time for the client to ask questions.

Why are follow-ups important to CWP's at CHUMS?

- ✓ Enables us to compare progress made on ROMS.
- ✓ To gain an understanding of whether GSH works long term.
- ✓ To gain service user feedback on our service & experience of GSH.
- ✓ Allows us to compare pre, post, 6 week and 12 week measures.

What does the research say?

There is a growing evidence base to show that there is continual or maintained progress at different follow-up time points after a GSH intervention.

Thirlwall et al. (2013)

194 children with diagnosed anxiety disorder (Received full guided CBT).

6 month follow-up = 76% no longer met criteria for diagnosis.

Thirlwall, K., Cooper, P., Karalus, J., Voysey, M., Willett, L. & Creswell, C. (2013). The treatment of child anxiety disorders via guided parent-delivered Cognitive-behavioural therapy: a randomised controlled trial. *British Journal of Psychiatry*, 203, 436-444.

Spence et al. (2011)

115 clinically anxious adolescents (Received online CBT)

12 Week follow up = Reduced symptoms of anxiety.

6 & 12 month follow up = Symptom reduction had maintained and/or further improved.

12 months = 78% of clients had no diagnosis of anxiety.

Spence, S. H., Donovan, C. L., March, S., Gamble, A., Anderson, R. E., Prosser, S., & Kenardy, J. (2011). A randomized controlled trial of online versus clinic-based CBT for adolescent anxiety. *Journal of Consulting and Clinical Psychology*, 79, 629-642.

Case Example

Age: 15

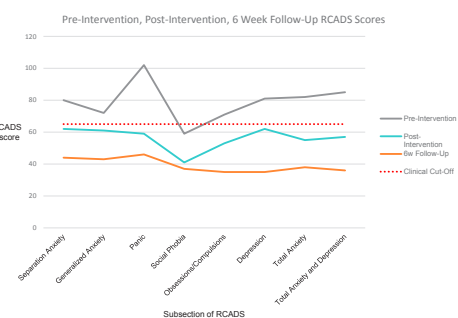
Gender: Female

Presenting Problem: Low Mood and Anxiety

Intervention: Behavioural Activation

Goal 1: To learn techniques to stop reaching maximum anger.

Goal 2: To challenge techniques being used to cope with stressful situations.



What happened: Session 8 to 6 Week Follow-up



Of clients improved or maintained progress on their Goal Based Outcomes



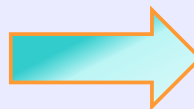
8 out of 9

Clients showed further reduction on 'Total Anxiety' Scores (RCADS)

100%
Of clients SDQ Impact Score dropped to '0'



All clients had a reduction in their 'Total Difficulties' SDQ score



What does this mean for GSH?

It works

longer term (without a CWP being present)

Symptom Reduction

Progress towards Goal Based Outcomes

Clients are using the techniques they have learnt

Supports people to take control of their mental health

What have our clients said at 6 week follow-ups?

"Things are very positive at the moment, family are bonding a lot more"

"Mum has continued with the questioning and thinking like a judge has helped me"

"Although I feel nervous trying new steps, I always feel better afterwards"

"I have been continuing to use my avoidance hierarchy and have now completed it"

"I enjoy spending more time with friends now, instead of just being in my room"

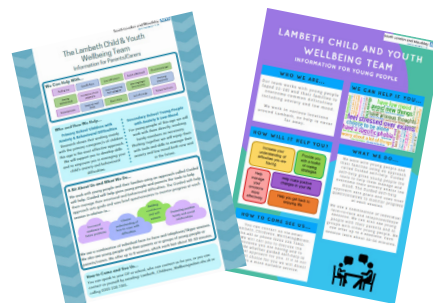
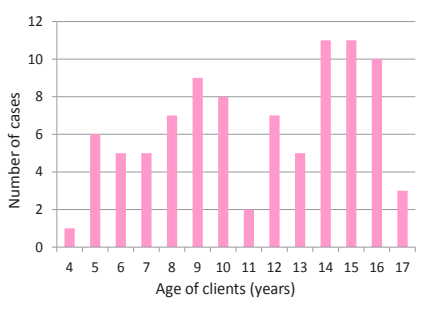
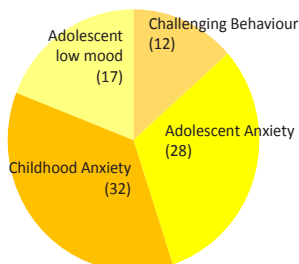


Lambeth Child & Youth Wellbeing Team

CWPs: Hannah Allcott-Watson, Jonathan Balbes, Nicky Gluckman & Apshana Haque
Supervisor: Annette Allen



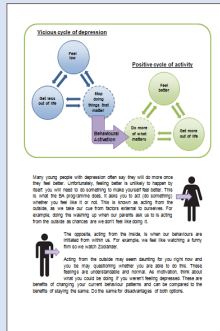
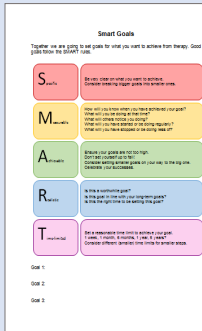
Presenting difficulties:



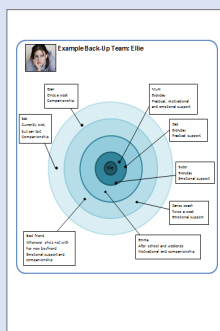
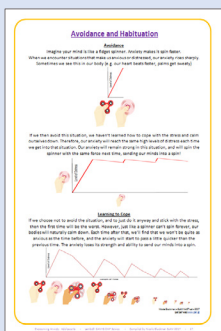
"The booklet was easy to understand and really relatable."

Total referrals = 118,
Accepted = 89

Youth Advisory Group: Felt they would call the number if they saw these flyers



CWPs created unique, engaging materials, which were compiled into Behavioural Activation and Anxiety self-help manuals (separate versions designed for young people, parents and therapists)



"I learnt how much I've been feeding my children's anxiety... It was very helpful"

"This has given me the tools to be a better parent"

Developed information sheet/flyers for parents, young people and professionals

Attended networking meetings with GPs, SENCOs, voluntary and community organisations (Young People Matter, Lambeth Youth Co-op, Metro)

Gave presentations at SENCO conference, GP protected learning day, school nurses business meeting, youth worker training day

Service development and promotion by CWPs and supervisor

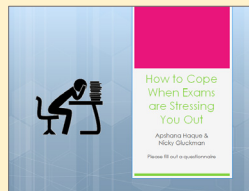
Promoted service within CAMHS teams

Attended LGBT training from the Lambeth Youth Co-op

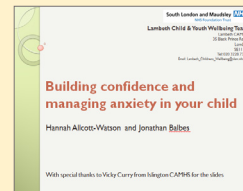
Developed pathways for referrals, risk assessments, referrals between tiers

Service delivery

- Delivered Guided Self Help, conducted 8 sessions face-to-face or over the phone, one-on-one or with families (with interpreters when needed)
- Co-worked with multi-disciplinary teams
- Engaged with local networks and services



- Delivered exam stress workshops in schools for young people



- Delivered childhood anxiety workshops in schools for parents

"Very good and insightful"

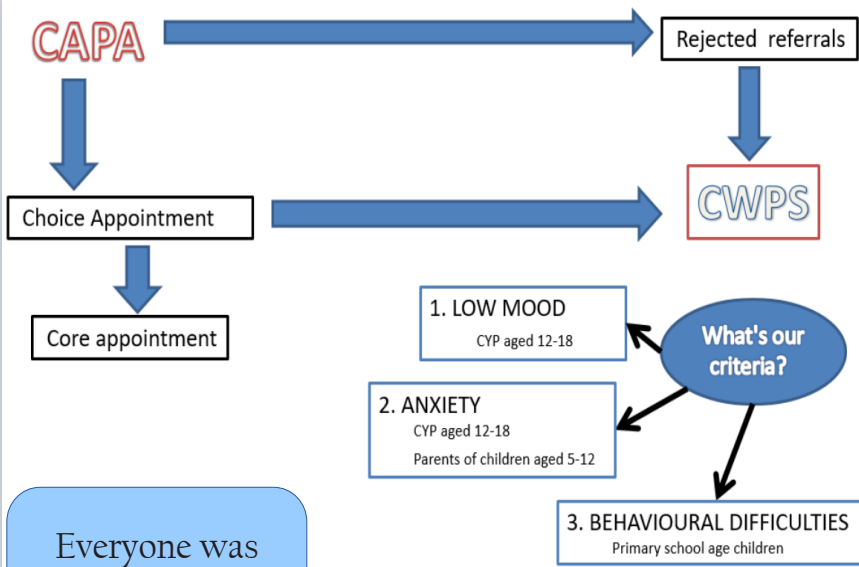
"People like you CHANGE the world"



Lewisham Child Wellbeing Practitioner (CWP) Service



Referral Pathway



I'm ready to venture into the ocean by myself and swim like never before

Girl, age 10

Everyone was really friendly and welcoming

Parent of girl, age 7

"85% of young people seen for a course of intervention showed improvements on their RCADS outcome measure scores"



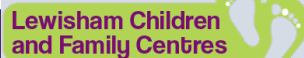
Thank you for listening to my problems

Girl, age 11

I really appreciated you giving me a space to talk

Boy, age 15

Agencies we liaised with...



Our CWP Service Context

Our CWP service is placed within the Norfolk and Suffolk NHS Foundation Trust, working in partnership with the Mancroft Advice Project (MAP), a 3rd sector organisation. The CWPs work at the interface between targeted Tier 2 services (MAP) and Tier 3 specialist CFYP service.

The CWP team works as a sub service within CAMHS to provide low intensity, evidence informed short term interventions to reach Young People who would not otherwise reach the threshold for Tier 3 Service, yet are considered too complex for Tier 2 service. Aligning our CWP service between the Tiers prevents young people falling below or between thresholds of services, ensuring access and early help as a priority.

Our CWP service was set up as a pilot, working within a unique age range of 14-16 year olds. This age group is proportionately the highest referring cohort in Norfolk, making up 20% of all referrals into CFYP services. The aim of our CWP service is to promote prevention of further difficulties later in life, use of secondary mental health services and supporting the step down and discharge of 14-16 year olds from service. This will optimise therapeutic resource and response in both Tier 2 and Tier 3 services.



What is CWP Treatment

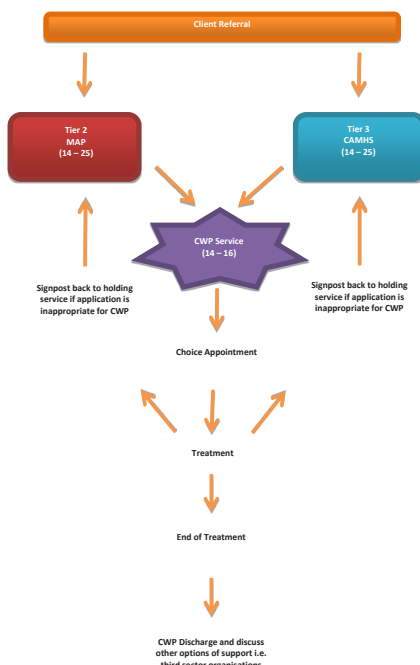
In Norfolk, we aim to provide a needs based approach to help address difficulties with young people's mental health. Young people can present with co-occurring problems and complexity and a needs based approach helps the young person to identify what might be impacting their life the most, providing each individual an opportunity to choose what they want to work on, whilst keeping within the context of the CWP framework.

At the start of treatment we offer a choice appointment, the young person feels they are empowered to accept the treatment or not.

The CWP's accept young people with complex mental health problems, as long as they can engage in the process of identifying a goal and want to engage in the CWP interventions.

We offer brief, focussed guided self-help, using evidence-based interventions which can be tailored to young people who are experiencing anxiety or low mood. We predominantly follow the recommended guidelines of four face to face sessions and four telephone sessions. Currently, we are working from a specific community Youth venue called Open in central Norwich, we have offered outreach to those who are unable to travel for their treatment.

Routine Outcome Measures play an important role in our sessions. The RCADs subscales provide a platform for managing risk as well as keeping a visual track of changes during treatment. Goal Based Outcome's keep the treatment focused on identified goals and highlight any potential problems that may be hindering progress. In addition we use Session Feedback Questionnaires and Experience of Service Questionnaires to gain feedback from young people.



Early Help Pathway (EHP) Team

NSFT recognises young people may require brief intervention that doesn't focus on case management. Therefore the Early Help Pathway (EHP) team works to reduce the likelihood of young people falling between service thresholds.

As CWP's we work alongside a wider EHP Team consisting of CBT Therapists, Psycho-dynamic Therapists and Counsellors who work with clients between the ages of (14 - 25). Working within a multi-disciplinary team allows for joint working across CFYP service, 3rd sector and collaboration with Schools and Colleges in Norfolk.

As many mental health difficulties emerge between the ages of 14–25, it is envisaged that by offering enhanced early help support we can prevent deterioration and reduce duration of untreated illness. Our EHP team has embedded use of Routine Outcome Measures (ROMS) in clinical practice to enhance positive outcomes for young people. During weekly allocation meetings we discuss client suitability with the ability to step young people up and down depending on case context and low intensity suitability (see referral diagram). An advantage of working within a Tier 3 service means we have the option to step up clients for longer term specialized therapy such as CBT, counselling, systemic therapy or for case management if a high level of risk is present. Additionally, we can step down cases to Tier 2 services, provided this was their initial point of referral, and sign post to a plethora of 3rd sector organisations based in Norwich.

Risk in CWP Norfolk

Working between Tier 2 and Tier 3 services leads to a variation of presentations of the young people we see. Included in this is the presence of risk of self harm and suicidal ideation.

Though the focus of work will not be on self-harm we believe that if young people are able to engage in treatment for fear or low mood, CWP is suitable.

To reduce the risk and promote safety within CWP treatment we make sure that:

- They are given a “keeping yourself safe form” to advise them who they can speak to for support
- Create a safety plan for when they feel at risk
- Check in each session whether there have been changes in risk presentation
- They are signposted to apps and reading materials to help their understanding of why they self-harm
- Where appropriate, discuss how the back up team is able to support the young person when they are struggling

As CWP's it is also important we feel supported when young people inform us about risk behaviours. Having the support of the Tier 3 team, procedures for safeguarding and trust protocols allows us confidence in discussing and managing risk with young people. This includes direct access to additional resources such as a dedicated Duty Team, Crisis Pathway and under-18s Intensive Support Team.

Pathways

In the past year these are some examples* of the pathways that are available to access CWP treatment:

Amy referred from Tier 2, completed CWP treatment then discharged from service

Louise referred from Tier 2, completed CWP treatment then returned to Tier 2

Emma referred from Tier 2, completed CWP treatment then stepped up to Tier 3

Greg referred from Tier 3, completed CWP treatment then stepped down and signposted to Tier 2 services

Sophie referred from Tier 3, completed CWP treatment then put on waitlist for Tier 3

Ruby referred from Tier 3, completed CWP treatment then discharged from service

*Names changed for confidentiality

Problems faced by CWPs	Solutions
Access to Service	When clients cannot access Norwich we arrange more convenient places to meet such as schools, GP surgeries and MAP buildings
Stigma against mental health building where CWPs originally based	Moved to a youth venue designed to be young person friendly with facilities such as a gym, a climbing wall and a cafe.
Communication between Tier 2 and Tier 3	Regular training with MAP. CWPs have attended MAP drop in to understand their service
Young people not wanting to miss school as in GCSE years	We have flexible working hours and utilise telephone sessions where easier for young people
Complexity of presentation from Tier 3 referrals	Suitability discussed at EHP allocation meetings. Regular supervision. When unsure joint assessments with CBT therapists are an option
Working across different systems has information transfer issues	Monthly steering group between two systems. Constant communication between the two teams and data teams so information is able to be shared securely

Thoughts for the future

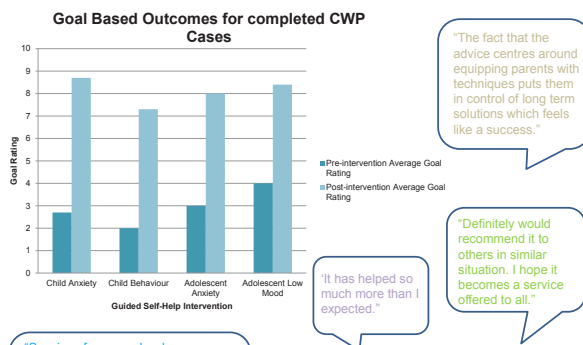
We have plans to improve Early Help for children and young people, one area is improving accessibility for young people across Norfolk. NSTF are strengthening resources by employing a new cohort of CWPS to work within the under 14's CAMHS service. By expanding outreach to work within schools, children's centres and GP surgeries we will be able to provide increased local outlets for people to attend in rural areas of Norfolk.

We hope to create a pathway that young people can self-refer directly to CWP thus developing a sense of self-efficacy for young people, creating a mutual and empowering environment. We want to collaborate with voluntary organisations to enable young people to access information about who we are and what we do. Eventually, our team will be distributed across our vast county, working in and around the surrounding areas of Norwich, Great Yarmouth and Kings Lynn.

In addition, as a result of CWP trialling the POD software the wider Tier 3 Youth Service will be implementing POD across the county beginning in March. Thus, improving patient outcome measures and evidence based practice for children and young people.

The Richmond Children's Wellbeing Practitioner (CWP) service is an early intervention service offering Cognitive Behavioural Therapy or parenting based Guided Self-Help to parents and young people. We offer four evidence based interventions for: child anxiety, behavioural difficulties in children aged 2-8, adolescent anxiety, and adolescent low mood.

Quantitative feedback using routine outcome measures has shown strong improvements across all four interventions. **Qualitative feedback** has been extremely positive, with both parents and young people saying they would recommend the service to others.

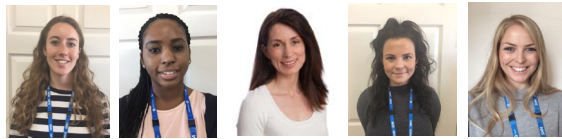


"Sessions for a couple who are separated have really helped with consistency and our ways of communicating with our son. I've been forced to stop and have time for him. I've been given tools to manage and regulate emotions, both his and mine."

"I was listened to and understood. Also has improved my mood and helped me enjoy myself more."

"My son is doing so well, he is like a different boy. He never seems worried and has become so much more confident."

Richmond CWP Service



Qualities that have fostered a positive team dynamic...

Group supervision
Own office
Socialising
Communication
Supportive
Varied working styles
Pooling resources
Collaboration
Shared decision making
Protected team time
Respect
Different personalities

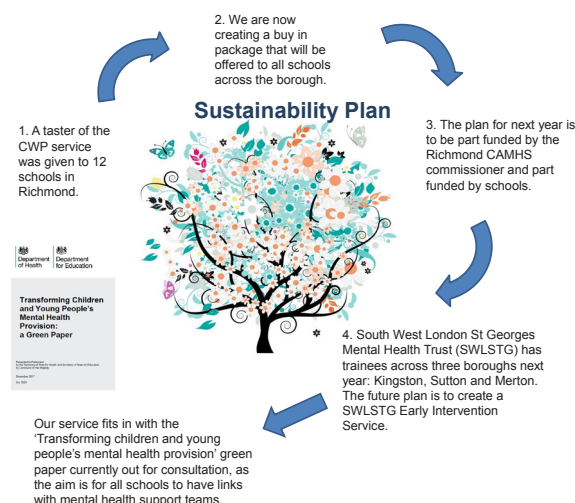
The team had a range of professional experience prior to starting the CWP Programme. Sharing our different skills and knowledge has helped to inform our practice...

Primary Assistant SENCO
Inpatient experience
Background in psychology
CAMHS Clinical Psychologist
EHCP co-ordinator
SEND support and intervention
Systemic Psychotherapy training
Working with families
Secondary Learning Mentor
Pupil Referral Unit
ABA training



The Richmond CWP service is based in schools.

These were the key elements that helped to make this a successful pilot:



Publicising to schools:

- Our supervisor spoke at the Head Teacher's Forum.
- An email was sent out to the pastoral team in all schools in Richmond explaining the service, criteria and expectations.
- Schools were selected on a first come first basis to ensure motivation of schools and a fair process.

Key expectations of schools:

- A designated staff member to be a CWP school link worker.
- Provision of a private room for sessions.

Initial meeting with school link worker to discuss:

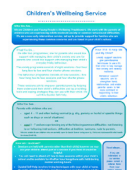
- Service context and interventions on offer.
- Inclusion and exclusion criteria to ensure appropriate cases. Vignettes were given to provide examples.
- Possible cases.
- Safeguarding procedures.
- Parental consent for sessions with young people.
- Filming.
- Practicalities e.g. referral process, timetabling, communication with young people and parents, publicising the service.



Key attributes of the school link worker:

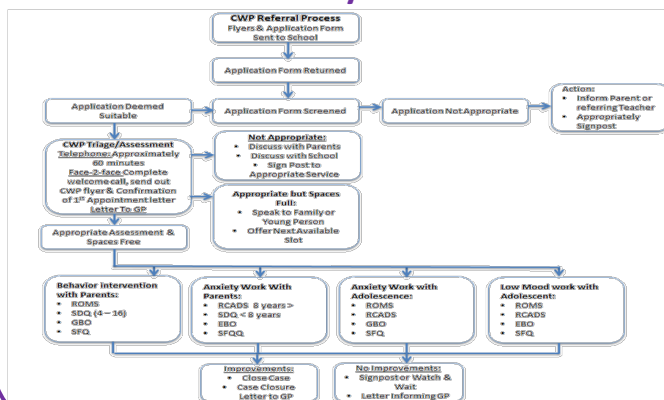
- Good relationship with young people and parents so they're able to identify possible cases and encourage participation.
- Invested in the success of the service.
- Regular contact with allocated CWP.

Examples of leaflets we've created to publicise the service:



Tower Hamlets CWP Service

Referral Pathway

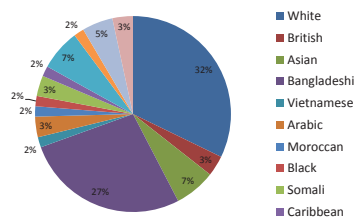


Total Referrals 2017/2018

- 75 Cases in Total
 - 27 Secondary School Referrals
 - 22 Primary School Referrals
 - 26 CAMHS Referrals
- 34 Open
- 8 Awaiting Consent
- 2 Awaiting Assessment
- 14 Closed
- 17 Signposted

Increasing Access To Diverse Population

Client Ethnicity



- Audio version of parent anxiety intervention for Bengali speaking families
- Audio version of parent anxiety intervention in English for Dyslexic parents
- Self-referral via application form rather than referral form.



Outreach, Groups & Workshops

- Primary school coffee mornings
- Parent and student assemblies
- Secondary school assemblies
- CWP stalls in secondary schools
- Parent anxiety workshops in primary schools
- Anxiety Management groups in secondary schools



School Feedback: "The parents responded well and were really well engaged in the workshop"
"It has broken down some of the barriers around accessing support"

Feedback from Parents and Young people:

"I've seen a huge change in my child since she started seeing you. Some of the things she's learnt have helped me with my anxiety too, like fight or flight and that anxiety can't hurt you"
"Thank you for the help, it has made me more happy"
"I would recommend this service to other parents"
"I was able to get closer to my goals"

Chantell Jones, Megan Jansen, Tugce Dolen and Zaffran Jami
Supervisor: Pennie Haywood

People Participation

- Gained feedback from CAMHS People Participation group about development of our service.
- Arranging our own PP events for parents and young people.

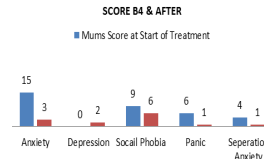


Case Example and ROMS

Self-referral for parent anxiety intervention.

8 sessions completed with 11 year old girl with mild anxiety.

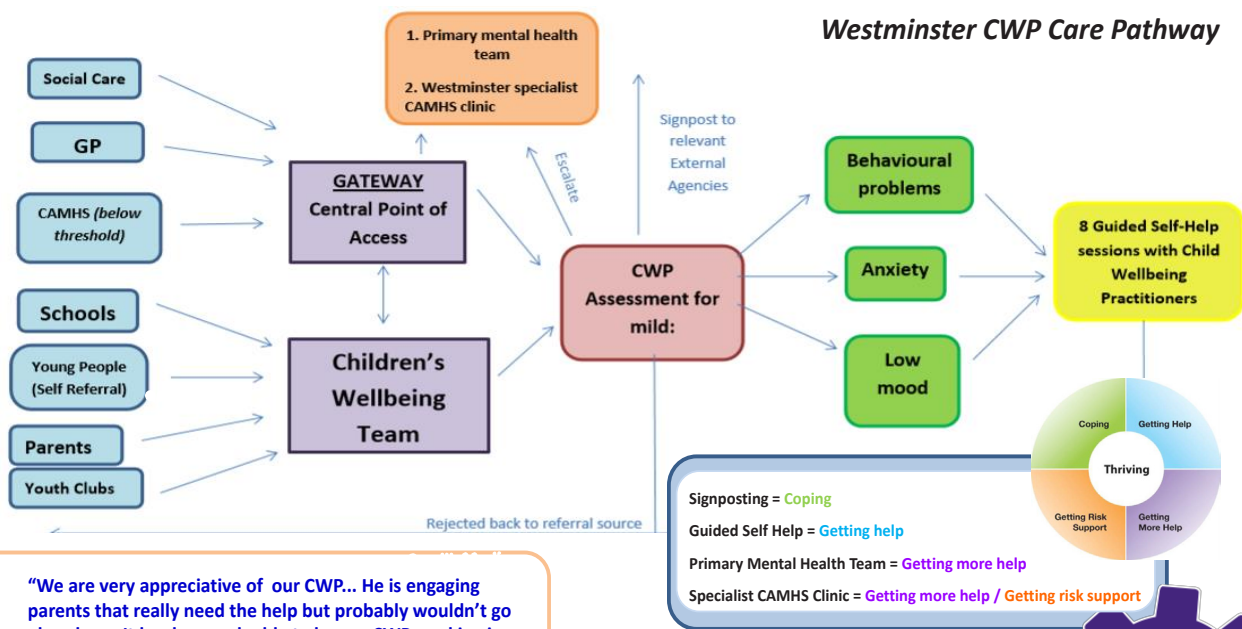
MEASURING MUMS PERCEPTION OF "X" ANXIETY SCORE B4 & AFTER



Goal Progression



"Thank you for the amazing support you have given to myself and X. Your invaluable time has changed our lives and I will be forever grateful"


Wellbeing for life


"We are very appreciative of our CWP... He is engaging parents that really need the help but probably wouldn't go elsewhere. It has been valuable to have a CWP working in our school"

Pupil/Parent Support Worker
St. Gabriel's C of E Primary School

9 out of 11 Westminster Secondary Schools are taking part in the CWP Project.

& 4 Primary Schools

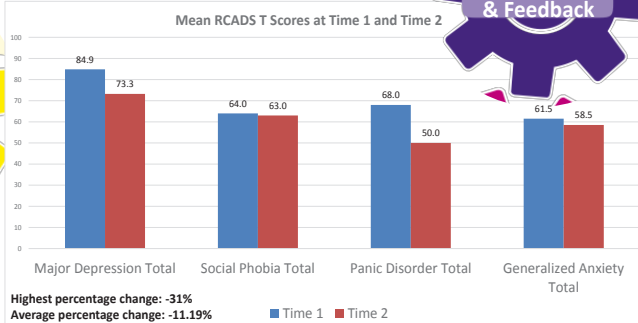
Time Line of progress



"Pastoral Coordinators are optimistic and happy... finally we have something (CWP Project) to offer a bigger group, not just individuals with Education Health Care Plans."

SENCO St. Augustine's C of E High School

Total of 52 cases: August – December 2017.



"The advice and help using a reward chart for my child behaviour was really good and worked, now my child is settled and behaving well."

Parent: Behavioural GSH.

"The sessions are great to talk about things that I'm worrying about."

Young Person, aged 16.

"I'm given advice on how to handle things which I wouldn't usually know. I'm able to open up and actually say what I feel in a safe area that means I don't have as many things in my mind."

Young Person, aged 11.

"I was really well listened to and the sessions were really relaxed"

Gender neutral Young Person, aged 15.



Postgraduate Certificate in CYP Psychological Wellbeing Practice (CWP)

KING'S
College
LONDON

Part of the National CYP-IAPT (Children & Young People Improving Access to Psychological Therapies) Programme



King's College London:

King's College London is one of the most prestigious universities in the UK, is regularly in the top 20 universities of the world and is a global leader in mental health sciences.

The CWP Course:

We are proud to offer a new PG Cert. in CYP Psychological Wellbeing Practice (CWP) as part of the CYP-IAPT (Children & Young People Improving Access to Psychological Therapies) Programme.

The CWP course aims to train graduates to offer brief, focused evidence-based interventions in the form of low intensity support and guided self-help to young people who demonstrate mild/moderate:

- Anxiety (primary and secondary school age)
- Low mood (adolescents)
- Common behavioural difficulties (working with parents for under 8s)

The Training:

The Children's Wellbeing Practitioner Postgraduate Certificate is a full-time, one year course with a mix of university lectures, workshops and skills days, alongside students working in child mental health services (CAMHS, third-sector organisations; schools etc.).

Throughout training staff at the university collaborate closely with site supervisors to enhance the CWP training experience and ensure there is a constant link between the training the CWP receives and the work they are doing with clients on site. Part of this includes site supervisors being invited to attend link days at the university about once a month.

Students are taught and supervised by world class training organisations and with teaching from leaders in the field. This course is an opportunity for students to develop skills in a range of new, evidence-based interventions and for services to contribute to changing the face of child mental health services for young people.

What the Students from our Initial Cohort have to Say:

Really energetic and enthusiastic lecturers who I feel are at the forefront of their field; The lecturers are all very friendly, engaging and interesting.

I also found the input from young people and parents very interesting.

I've found it really helpful to be taught by practitioners and to hear them reflect on and use examples from their own practice.

Interactive teaching - use of role play, videos and skills days. Lots of space for questions and feedback.

The CWP Course is lead by Prof. Derek Bolton and Dr. Sadie Williams. For more information contact our Programme administrator: cyp-iapt@kcl.ac.uk

Child and Young Persons Psychological Wellbeing Practice PG Cert



Overview

The programme is based at the Anna Freud National Centre for Children and Families. Students are trained in low-intensity psychological interventions for common child and adolescent mental health problems (i.e., conduct, anxiety, and depression).

Core modules

The programme is divided into three core modules, which run in parallel over the year. These modules include:

- Children and Young People's Mental Health Settings: Context and Values
- Fundamental Skills: Assessment and Engagement
- Evidence-based Interventions: Theory & Skills.

Teaching Format

The training consists of four components:

1. Plenary teaching sessions
2. Skills practice days (see Image 1). These days consist of (a) workshops, (b) skills practice, and (b) practice tutor groups
3. Placement (e.g., NHS CAMHS, local authorities, schools, and third-sector organisations) and onsite supervision
4. Assessment (e.g., case reports, reflective analyses, exam, placement portfolio, and clinical video submissions).



Image 1. UCL Teaching Day at the Freud Museum.

Teaching Team

The teaching team (see Image 2) is led by experts in child and adolescent mental health. The team consists of:

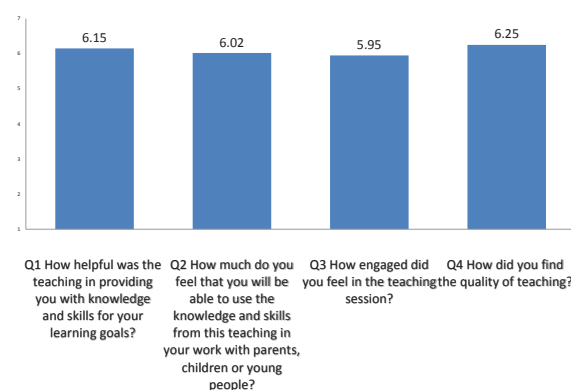
- Peter Fuggle, Programme Director
- Chris Ludlow, Deputy Programme Director
- Stuart Lansdell, Practice Tutor
- Hannah Istead, Practice Tutor
- Joanne Jackson, Practice Tutor
- Vicki Curry, Lecturer.



Image 2. Stuart Lansdell, Joanne Jackson, Hannah Istead, Chris Ludlow.

Student Feedback

Students ($n = 29$) were asked to give feedback on the quality of teaching on a 7-point scale at the end of every skills practice day (see Graph 1). Overall, student feedback was favourable. In particular, qualitative feedback indicated that students benefited most from practice tutor groups, live skills demonstration, and interactive learning sessions.



Graph 1. Feedback from UCL students regarding learning outcomes over a 6-month period (26-5-2017 – 15-12-2017), which equated to 20 teaching days. Feedback is reported on a 7-point scale, with higher scores indicating greater levels of satisfaction.

