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)
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
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**

- Identified gaps in CYP MH provision
- Triple P Training and Teen Parenting Groups organised.
- Workshops offered to schools.
- Established school links and are now based in schools two days a week.
- B&D Away Day - informed all of targeted services about the CWP service.
- Referrals start coming in.
- Schools begin to enquire about CWP service.
- Go into schools to present on CWP service.
- Developed GSH resources to use in schools.
- Divided borough into zones and target schools within each zone.

**March 2018**

**Challenges**

- Concerns around capacity as demand for CWP service increases.
- Raising awareness in schools and CAMHS around inclusion criteria and referral process.
- Difficulties accessing appropriate school contact.
- School holidays means schools are closed.

**June 2017**

- CWPs start in B&D CAMHS.
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 CWPS 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!

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 resources to tackle their issues early on before they escalate.

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 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 CWPs 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

- CWPs 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 CYPs referred to our service specifically for exam stress
- CWPs 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

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

- CWPs have undertaken 62 service assessments
- CWPs 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

SDQ Subscales

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Pre-Treatment</th>
<th>Post-Treatment</th>
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<tbody>
<tr>
<td>Overall Stress</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Emotional Distress</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Hyperactivity and Concentration Difficulties</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Problems Getting Along With Other Children</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Kind And Helpful Behaviour</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Impact Of Any Difficulties On The Child’s Life</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Pre-Treatment

Post-Treatment

n = 34
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!). Ensuring other clinicians understand our role within the wider team.

What would you do differently?
I felt listened to, got feedback and they helped me deal with my anxiety and helped me in school.
The general approach towards my daughter’s care was calm and patient and progressed at my daughter’s pace. She has improved under your care, and is more open to discussing her anxieties and talking in general.

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

CLIENT FEEDBACK

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.

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 Olsion, 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 behavioral 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.

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.
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

Primary: Anxiety workshops for parents / PCT meetings pilot in 3 schools

Individual work
Mild-moderate presentations / 'pre-CAMHS' threshold

Groups
Incredible Years / Creswell anxiety group for parents

Secondary: Exam stress workshop for adolescents / Workshop for parents with anxious teenagers

CAMHS Tier 3
Work alongside clinicians to deliver Behavioural Activation

Families First (Early Help)
Individual work / Consultations / School PCT pilot

Current highlights
Enjoying the role and training
Positive outcomes
Linking with external services
Flexibility
Workshops: successful and generate appropriate referrals

Current challenges
Language barriers
Managing referrals & expectations
Differentiating from CAMHS

Case Examples

Case 1: Behaviour
I found it difficult to manage my child's behaviour.

It made me feel really stressed.  
My CWP gave me a list of simple materials, including reading from the Incredible Years book.

My CWP helped me to manage my own feelings better.

When I finished my sessions, my child's behaviour was much better!

Case 2: Adolescent Anxiety
I had social anxiety and was very worried about school.

My CWP helped me to think positively rather than negatively.

When I finished my sessions, I felt much more relaxed and had a more positive feeling.

Case 3: Child Anxiety
My 9 year old daughter was unable to leave the house to play with friends as she worried about her father dying.

I felt so upset that my little girl was missing out on having fun.

My CWP helped me to manage my child's anxiety better and challenge her beliefs in concrete ways that made sense to her.

When we finished the sessions, my daughter was able to go on play dates without feeling scared.

We reached all of our goals.

Referral pathway

CAMHS (Duty/Choice)
Schools, GPs, Self-referrals, Families First, Health visitors, Incredible Years referrals (when parents cannot attend a group)

Weekly screening meeting

Telephone triage

Session 0 triage: Accept/decline referral

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

- Use of the Anxiety model for children with ASC and ADHD
- Incorporating parents into the Adolescent model
- Incorporating children into the Parent Anxiety model
- Working in Youth hubs e.g. Lift and Platform
- Making materials more accessible in other languages
- Incorporating parents into the Adolescent model
- Making materials more accessible in other languages
Hammersmith & Fulham CWPs

‘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

“I hope the CWP can continue in the team” (CAMHS clinician)
“Responsive, caring, eager to learn, team players, creative use of brief and helpful interventions using evidence-based interventions” (CAMHS clinician)
“Would like to see the model to be more sustainable” (CAMHS clinician)

“ 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)

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

Table 1: Mean RCADS Sub scale Scores at Time 1 and Time 2

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RCADS Average T-Scores

RCADS subscale scores at T1 and T2
Improving Access to Psychological Therapies
Non clinic based County Wide Service

Sit within Families First Early Help Intensive Family Support Teams

Referrals via Triage panels, Internal & external Services

Evidence Based Practice, Guided Self Help, 1-2-1 sessions, Group Work, Advice & Guidance

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)
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.

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.

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.

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

"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"

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

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Lambeth Child & Youth Wellbeing Team

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

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

Presenting difficulties:
- Adolescent low mood: 17
- Challenging Behaviour: 12
- Adolescent Anxiety: 28
- Childhood Anxiety: 32

Total referrals = 118, Accepted = 89

“People like you CHANGE the world”

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)

“People like you CHANGE the world”

“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”

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

“Very good and insightful”

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

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

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

Promoted service within CAMHS teams

Service development and promotion by CWPs and supervisor

Developed pathways for referrals, risk assessments, referrals between tiers

Attended LBGT training from the Lambeth Youth Co-op

Presenting difficulties:
- Adolescent low mood: 17
- Challenging Behaviour: 12
- Adolescent Anxiety: 28
- Childhood Anxiety: 32

Age of clients (years)

Number of Cases

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

“People like you CHANGE the world”
Referral Pathway

CAPA → Rejected referrals → CWPS

1. LOW MOOD
   CYP aged 12-18
2. ANXIETY
   CYP aged 12-18
   Parents of children aged 5-12
3. BEHAVIOURAL DIFFICULTIES
   Primary school age children

What’s our criteria?

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”

Agencies we liaised with...

Thank you for listening to my problems

Girl, age 11

I really appreciated you giving me a space to talk

Boy, age 15
Advice Project (MAP), a 3rd sector organisation. The CWPs work Our CWP service is placed within the Norfolk and Suffolk NHS therapeutic resource and response in both Tier 2 and Tier 3 referrals into CFYP services. The aim of our CWP service is to the highest referring cohort in Norfolk, making up 20% of all 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 CFPY 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 this service. This will optimise therapeutic resource and response in both Tier 2 and Tier 3 services.

Norfolk and Suffolk What is CWP Treatment

In Norfolk, we aim to provide a needs based approach to help address difficulties with young peoples 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 CWPs 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 ROA’s 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.

Problems faced by CWPs

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

#### Goal Based Outcomes for completed CWP Cases

<table>
<thead>
<tr>
<th>Goal Based Outcomes</th>
<th>Pre-intervention Average Goal Rating</th>
<th>Post-intervention Average Goal Rating</th>
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<tbody>
<tr>
<td>Child Anxiety</td>
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<tr>
<td>Child Behaviour</td>
<td></td>
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<tr>
<td>Teen Low Mood</td>
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<tr>
<td>Teen Depression</td>
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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…

#### Sustainability Plan
1. A tender of the CWP service was given to 12 schools in Richmond.
2. We are now creating a buy-in package that will be offered to all schools across the borough.
3. The plan for next year is to be part funded by the Richmond CAMHS commission and part funded by schools.
4. South West London St George’s Mental Health Trust (SWLSTG) has received a grant to run across the borough next year. St George’s, St Mary’s and Maida Vale.

### Booklets
Our team has created three new guided self-help booklets: a booklet for young people completing the CWP programme for anxiety, an information booklet for the parents of young people completing the CWP programme for anxiety, and a booklet for parents completing the CWP programme for behavioural difficulties. Alongside this we have created practitioner manuals for each intervention.

#### Richmond CWP Service

The Richmond CWP service is based in schools. These were the key elements that helped to make this a successful pilot:

- 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.
    - Possible cases.
    - Parental consent for sessions with young people.
    - Safeguarding procedures.
    - Possible cases.
    - Practicabilities 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 their 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:

#### Qualities that have fostered a positive team dynamic…

- **Primary Assistant SENCO:**
  - Inpatient experience
  - Youth in mind psychology
  - CAMHS Clinical Psychologist
  - SEND support and intervention
  - Systemic Psychotherapy training
  - Working with families
  - Secondary Learning Mentor
  - ABA training

#### Sharing our different skills and knowledge has helped to inform our practice…”

#### Our service fits in with the ‘Transforming children and young people’s mental health provision’ green paper currently out for consultation, as the aim is for all schools to have links with mental health support teams.
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

Increasing Access To Diverse Population

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"

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 VIEWS PREVIOUS TO "Y" ANXIETY
SCORE IN & AFTER

Goal Progression

"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

"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"
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.”  

“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.”

“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”  

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

“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 GDH.  
Young Person, aged 18.

“I was really well listened to and the sessions were really relaxed”

Gender neutral Young Person, aged 15.

“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.

Highest percentage change: -31%
Average percentage change: -11.39%

9 out of 11 Westminster Secondary Schools are taking part in the CWP Project.  
& 4 Primary Schools

Time Line of progress

April 2018

February 2018

November

October

September 2017

Year 2

Year 1
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:

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

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.

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
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).

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.

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.