

**Contract for Primary Schools**  
**Ealing Mental Health Support Team**

**1. Introduction:**

Mental Health Support Teams (MHSTs) are the government's response to the green paper 'Transforming Children and Young People's Mental Health Provision'. Ealing MHST consists mainly of Education Mental Health Practitioners (EMHPs) and Child Wellbeing Practitioners (CWPs). Our Mental Health Support Teams will refer to EMHPs as 'Educational Wellbeing Practitioners' (EWPs) and the EWPs will be a mixture of qualified practitioners and trainees. Educational Wellbeing Practitioners and Child Wellbeing Practitioners will both be performing the same roles and will hereafter be referred to as 'the practitioner'. The MHST's will also have more senior staff who will closely supervise the practitioners as well as providing some support to schools themselves when appropriate. Ealing MHST is based in Ealing Primary Centre.

The MHST provides brief, focused, evidence-based interventions for the parents of children presenting with early signs of mild-moderate mental health problems such as anxiety and challenging behavior (who otherwise would not reach the threshold for CAMHS support).

**2. Our offer to Primary Schools:**

**Each primary school has been allocated to a cluster – See Service Delivery Plan.**

Each small cluster of primary schools in Ealing (consisting of between three to five schools in each cluster) will be allocated a named practitioner who will work across the cluster to provide evidence-based interventions for the parents of children presenting with early signs of mild-moderate mental health problems such as anxiety and challenging behaviour. This will be equivalent to 1 - 1.5 days of practitioner time per week across the cluster dependent upon pupil numbers.

The named practitioner will meet with the designated school link worker at each school once per term to discuss possible referrals, update the link worker on existing cases and to discuss other interventions such as groups and workshops that may be helpful to the school population.

The practitioner will organise a joint cluster meeting with the link workers from all schools in the cluster once per term so that schools can think about what interventions (groups, workshops, trainings) would be useful to plan across the cluster. These interventions will be open to all schools within the cluster.

Alongside the offer of a whole school approach, the practitioner will have a small caseload across the cluster, each practitioner will offer one parent intervention per primary school. When a referral is made by the school, the practitioner will discuss which referrals are most suitable for the MHST, and will signpost the link worker to more appropriate services where relevant. Accepted referrals will be seen in order of referral, unless clinical need dictates that a young person/ family needs to be prioritised.

If a group is planned with parents or children, this will count as 2-3 pieces of work (depending on the group and the amount of work that needs to go into developing and delivering this). Groups currently available for parents of primary school aged children are:

- Child anxiety
- Managing difficult behaviour
- Brain buddies

Brain Buddies is the only group intervention delivered directly to primary school aged children, this is an intervention that aims to promote self-regulation in children through developing their ability to understand, identify and develop strategies for regulating their emotions.

The MHST also offer a range of workshops which include:

- Improving school attendance workshops
- Wellbeing workshops
- Transition workshops
- Exam stress workshops

Assemblies, coffee mornings, staff and parent workshops are also part of our offer and can be tailored to meet the need of the school in discussion with your practitioner. Each cluster will have one training session per term allocated. The topic for this training session should be discussed with the practitioner in the cluster meeting in advance so that they can have time to design and prepare the presentation. Ideally this should be something that is not already offered by another service or provider in Ealing although there could be an opportunity for working jointly with other services.

In addition, all primary schools that have MHST practitioners can access the **MHST+ Learning Disabilities and Autism Practitioners Service (LDAPS)**. This MHST+LDAPS work with children who have been given diagnoses of learning disabilities and/or autism or who have been referred for assessments in relation to these diagnoses. They offer early intervention support for mild to moderate mental health needs (e.g. low mood, anxiety and challenging behaviours to children, their families and school staff.

Please see the MHST+LDAPS flyer for more information.

School link workers can refer children to MHST+ who meet the following criteria:

1. Have a diagnosis of autism or learning disability (or children who have been accepted on the waiting list for these diagnostic assessments)
2. Present with mild to moderate anxiety, low mood and/or challenging behaviour
3. Are likely to benefit from CBT for anxiety, VIG intervention for attachment/relational difficulties or a challenging behaviour intervention

The MHST+LDAPS will offer assessments of appropriate referrals to inform which interventions could be most useful to meet the need of the child/young person.

**Please note:** MHST+LDAPS will not make referrals for assessments of Autism Spectrum Conditions or Learning Disability.

### **3. Commitment needed from Primary Schools:**

#### School liaison:

The school will allocate an appropriately trained, link worker to the named practitioner. This would usually be the school SENCO, Mental Health Lead or other senior leader or if not, someone who reports to them. Most importantly, they must have an understanding of the mental health services

available for children in Ealing and have oversight of which services are already involved with children. The link worker will be the initial point of contact for school staff interested in referring a child to the MHST and they must be able to identify appropriate cases for the MHST using the guidance provided

The link worker will promote the MHST service within the school and will seek out appropriate referrals to discuss with the practitioner.

The link worker will meet with the named practitioner twice per term. One of these meetings will be between the link worker and the named practitioner to discuss possible referrals anonymously. The other meeting will be with the named practitioner and all link workers from the whole cluster to discuss need and plan support needed across the cluster. These meetings may be virtual.

The MHST practitioner will also have the opportunity to meet the SENCO on a regular basis.

The practitioner will have timely and direct contact with the DSL/Deputy DSL to discuss Safeguarding risk concerns as they arise and to make an agreed joint plan of action, see Section 4 below.

Referrals from link workers and school staff will be accepted on completed referral forms and provision of basic information required for the NHS clinical systems.

Link workers will seek out parental consent for any direct work to take place (in line with NHS procedures).

School staff are asked to give adequate notice for workshops, training or other whole school interventions, to enable practitioners to develop materials for the intervention.

Once a referral is deemed appropriate, the link worker will obtain informed consent from the parent using the forms provided to the school and then complete the MHST referral form which will be forwarded to a central email address ([ealing.mhst@nhs.net](mailto:ealing.mhst@nhs.net)). The family will not be seen or contacted until the referral form and consent forms have been fully completed, received and processed by the team.

The school will ensure that clinical and evaluation measures requested will be completed and returned to practitioners when necessary.

If schools, do not respond repeatedly to attempted contact by the MHST practitioner or fail to provide appropriate referrals, a senior member of the team will arrange a meeting to problem solve difficulties. If difficulties persist, the team will withdraw from offering support in the school until any issues can be resolved.

#### Facilities required:

The school will ensure that the practitioner has access to a quiet, private and appropriate therapeutic space within the school to see parents and run groups/workshops.

The school will ensure that the practitioner has access to staffroom facilities (etc.) and can print materials for sessions, groups (etc.) for the school within the school.

#### 4. Safeguarding Children and Young People

Safeguarding Children (SGC) is a statutory duty under the Children Acts 1989 and 2004 in which all relevant organisations, including Mental Health Support Teams (MHSTs), must act to safeguard children at risk of abuse and neglect.

To support with Safeguarding Children and Young People, the MHSTs will have a West London NHS Trust (WLNHST) Local Safeguarding Children Lead, who will link in with the school Designated Safeguarding Lead. The WLNHST Local Safeguarding Children Lead will be supported by the Safeguarding Children Team/Named Nurse for Safeguarding Children and Young people ([SafeguardingChildren@westlondon.nhs.uk](mailto:SafeguardingChildren@westlondon.nhs.uk) or [wlm-tr.safeguardingchildren@nhs.net](mailto:wlm-tr.safeguardingchildren@nhs.net)). WLNHST Local Safeguarding Children Lead be guided by WLNHST Trust Safeguarding Children Policy (S18).

**Safeguarding and promoting the welfare of children are defined as:**

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

#### **Safeguarding referrals**

Any safeguarding referrals that are needed following information obtained by the MHST practitioner will be done by the school Designated Safeguarding Lead (DSL) jointly with MHST practitioner.

- A copy of the referral will be shared from the DSL to the MHST practitioner.
- The MHST practitioner will record this onto the clinical documentation system (RIO) in the **“Safeguarding (Think Family)”** area. This needs to be in the **“Referral for Children Safeguarding”** under **“Referral from other organisation to LA”**.
- The DSL will also update the MHST practitioner on the outcome of the referral to Social Care so that this can also be recorded onto clinical documentation system (RIO).

We aim to work to an agreed approach when tackling issues of safeguarding and risk, where we need urgent access to the school DSL but are unable to do so, we will make a Social Care referral directly.

#### **Challenge & Escalate**

All professionals have a duty to act assertively and proactively to ensure that a child's welfare is the paramount consideration in all professional activity. Therefore, all professionals must challenge the practice of other professionals where they are concerned that this practice is placing children at risk of harm.

In these situations, the MHST practitioner will be guided by WLNHST Trust Safeguarding Children Policy (S18). The initial stage of Challenge & Escalate will be with the MHST practitioner and line manager or WLNHST Local Safeguarding Children Lead discussing these with the DSL jointly. If these cannot be resolved WLNHST Local Safeguarding Children Lead will contact WLNHST safeguarding team.

## 5. Identifying appropriate referrals:

The MHST provides brief, evidence-based intervention for the parents of children presenting with early signs of mild-moderate mental health problems such as anxiety and challenging behaviour.

The MHST uses guided self-help approaches and these are designed for parents who have a fairly clear idea about at least one goal for improved wellbeing, can make the time commitment to make a series of appointments and are ready to take active steps to face the challenge of making changes.

**The MHST is a school-based service and as such only referrals from schools will be accepted.** We encourage other clinicians who feel they have an appropriate case for the MHST to discuss this with the school in the first instance and the link worker can refer if they also deem the case to be appropriate.

Referrals must meet the criteria stated below:

Children who present with the following will need more intensive interventions and should be signposted to relevant services;

- If the child is currently seeing CAMHS or has a diagnosis of:
- Obsessive-Compulsive Disorder (OCD)
- Conduct Disorder
- Experience of abuse, domestic violence or trauma
- If the child is currently exhibiting self-harming behaviours or suicidal thinking
- If the parents are not motivated to engage in a parenting intervention
- If the parents are unable to attend weekly sessions at the school or remotely

We offer guided self-help to parents as early intervention for children who present with mild to moderate mental health problems such as anxiety or challenging behaviour who attend primary schools in Ealing where we have a MHST practitioner.

Challenging behaviour may present as;

- Emotional outbursts
- Physical outbursts
- Difficulties with siblings
- Difficulties with friendships/relationships
- Difficulties following routine (e.g. getting ready for school, getting ready for bed)
- Difficulties following instructions at home or at school

Child anxiety may present as;

- Excessive worrying
- Specific phobias and separation anxiety
- Worries about what other people think of them (parents, friends, teachers)
- Worries about safety (of self and others)
- Reluctance to take part in activities/lessons
- Avoiding certain places or situations
- Worries about getting things right/tests

- Constantly seeking reassurance
- Easily upset or scared
- Often complains of butterflies/tummy aches/headaches

The above lists are not exhaustive, link workers and MHST practitioners should discuss all potential referrals on an individual basis, if the child is presenting with complexities outside of the remit of the MHST, the practitioner will signpost the link worker to more appropriate relevant services.

This Contract is for .....Primary School.

We confirm that we have read the information above and agree to ensure the requirements from school are met in accordance with this contract.

	Name	Signature	Date
SENCO			
School Mental Health Lead			
School link worker			
MHST Practitioner			
MHST Team Lead			