

Social, emotional, and mental health (SEMH) review

April 2025

Contents

Executive summary.....	3
Introduction	3
Current SEMH service landscape in Ealing	3
Key challenges.....	3
Recommendations and next steps.....	4
Conclusion.....	4
Introduction.....	5
Current situation.....	5
Universal offer in schools	9
SEMH education provision.....	10
Ealing commissioned support.....	12
Benchmarking against the 2021 review.....	14
Current strengths in the system	15
Current gaps in the system.....	15
Recommendations.....	17
References	17
Contributors.....	19

Executive summary

Introduction

The Special Educational Needs and Disability (SEND) Code of Practice identifies social, emotional, and mental health (SEMH) needs as a key area of support.

SEMH needs manifest as both internalized (e.g., anxiety, withdrawal) and externalized behaviours (e.g., disruptive actions).

Schools often struggle to differentiate SEMH needs from other learning difficulties, leading to inconsistencies in support.

This review assesses SEMH provision across education, health, and social care in Ealing, using the 2021 review as a benchmark and is intended to support professionals across education, health and social care improve access to SEMH provision for young people in Ealing.

Current SEMH service landscape in Ealing

Ealing follows a graduated approach to SEMH support, aligning education services with the Thrive model used in health services.

Support is available at different levels, including universal (whole school), targeted (intervention programs), and specialist services (CAMHS, EAP, and EPC).

Mental health support teams (MHST) provide early intervention in schools but are inconsistently integrated with other services.

Ealing Alternative Provision (EAP) supports students who cannot attend school due to physical or mental health reasons but lacks capacity for hospital step-down reintegration.

Tier 2 services provide structured SEMH interventions, but there is no clear triage system, leading to confusion about service access.

Key challenges

Fragmentation of services

Different support services operate with overlapping roles, making navigation difficult for schools and families.

Inconsistent SEMH understanding in schools

Survey results show gaps in awareness around SEMH, particularly regarding anxiety and behaviour as a form of communication.

Waiting times and access issues

Long wait times for CAMHS and other interventions often force families to seek private support.

Exclusion and reintegration concerns

High rates of permanent exclusions among students with undiagnosed SEMH needs, coupled with slow reintegration processes.

Lack of a specialist SEMH school

No dedicated hospital school or specialized SEMH provision in Ealing.

Recommendations and next steps

Share the report more widely through the SEND and Inclusion Partnership Board and Children and Young People's Board Healthy Mind sub-group to obtain reflections and further inputs from Ealing Council's partner organisations NHS North West London ICB and West London NHS Trust.

Improve understanding of and access to SEMH service across the partnership for children, families and professionals: The current system is not clear or consistent, making it difficult for users to navigate, particularly in times of stress.

Establish a single point of access

A centralized triage system to streamline service referrals and reduce confusion.

Improve school SEMH training:

Develop a borough-wide CPD offer to enhance early identification and intervention.

Expand alternative provision and outreach:

Increase capacity in Ealing Alternative Provision (EAP) and Ealing Primary Centre (EPC), improve flexibility of support models, and explore a dedicated SEMH school.

Enhance early intervention and universal support:

Standardize mental health education in schools, ensuring consistent universal offers.

Redesign referral and reintegration processes:

Improve step-down support from hospital care, refine Fair Access Protocols, and strengthen exclusion prevention measures.

Conclusion

Ealing has a strong foundation of SEMH support, but gaps in service coordination, accessibility, and school-based understanding need urgent attention. By aligning services, enhancing school training, and expanding provision, Ealing can build a more effective SEMH support system for its young people.

Introduction

The Special educational needs and disability code of practice (January 2015) stated that one of the broad areas of need is 'Social, emotional and mental health difficulties' often abbreviated to SEMH. The code then goes on to state that:

'Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.' (p98)

It is not always clear whether schools understand that SEMH needs can result in both internalised and externalised behaviours. Additionally, it is not fully understood that not all externalised behaviours are as a result of SEMH needs and can be the observable result of other learning needs.

This review looks at the provision within Ealing, across education, health and social care and tries to identify strengths and areas that need developing. This review looks at the 2021 review and uses this as a benchmark.

The Children's Wellbeing and Schools Bill (March 2025) and The Families First Partnership (FFP) Programme Guide (March 2025) include a duty for safeguarding partners (local authorities, police and health) to make arrangements to establish multi-agency child protection teams (MACPTs), meaning that closer collaboration across the Ealing partnership is essential, as some the young people considered in this paper are amongst the most vulnerable in the borough.

P29 of the Families First Partnership (FFP) Programme Guide states 'As statutory safeguarding partners, local authorities, integrated care boards and the police already have a joint and equal duty to safeguard and promote the welfare of all children in their area – and should dedicate resource to discharge this duty.' This review has involved speaking with colleagues across all three sectors, as well as a survey for both school colleagues and parents/carers

Current situation

Although the health services in Ealing no longer use the term tier for different levels of provision, it can still be helpful to think of a graduated approach. Health currently uses a Thrive model (figure 1), which comprises of four sectors:

1. Getting advice – Those who need advice and signposting
2. Getting help – Those who need focused goals-based input
3. Getting more help – Those who need more extensive and specialised goals-based help
4. Getting risk support – Those who have not benefitted from or are unable to use help but are of such risk that they are still in contact with services



Within education, a graduated approach is often thought to be as the universal offer, targeted support and specialist support. The different terminology and the differing number of categories makes fitting the two systems together problematic.

There are many different services commissioned by Ealing Council in different ways to offer support for young people around social, emotional and mental health needs, many of which could be thought of as previously occupying the space known as tier 2. In addition, many schools buy in other services in the same space and parents/carers pay privately for provision.

CAMHS provision, known previously as tier 3, is now **3. Getting more help**. For children who are too sick to attend school, whether for physical and mental health needs, Ealing Alternative Provision are commissioned to offer an alternative education. Ealing does not currently have a hospital school and there does not appear to be an effective 'step-down' process for any young people who are discharged from hospital.

EAP currently have access to funding through the Specialist AP Taskforce, designed to create a multi-agency wraparound team for young people attending AP. The early signs of this are positive and the funding has been extended. This model could be looked at as a way of providing support in mainstream schools, although funding would need to be found for this.

Different schools use different services and even where the same services are in different schools, the way they are used is not consistent. Additionally, some of the offer from these services overlap (figure 2). Some services work predominantly with children and young people who display externalised behaviours and may be thought of as being at risk of suspension and/or exclusions, whilst other providers are used for children with internalised behaviours. What does not appear to be clear is that the root cause of internalised or externalised behaviours could be the same but would be supported in different ways.

Ealing's child and adolescent specialist mental health service (CAMHS) provide mental health assessment and treatment for children, young people up to their 18th birthday, and support for their families in Ealing. Early Intervention CAMHS are based within the wider community and provide mental health assessment and treatment for young people aged 0-18 experiencing mild to moderate mental health difficulties who reside within the London Borough of Ealing.

CAMHS also work with the families GP in Ealing up to their 18th birthday. Within this, there are two teams, one for 0-13 years and the other for 14 years + who provides assessment and treatment for a wide range of mental disorders, where it is anticipated longer term intervention is required, if the young person does not have a learning disability and/or attend a specialist school provision, including:

- moderate to severe presentations of depression
- anxiety disorders
- OCD
- PTSD
- attachment disorders
- mixed emotional and behavioural disorder and developmental trauma.

Ealing Mental Health Support Team (MHST) has different offers for primary and secondary schools. The primary schools offer is that each primary school has been allocated to a cluster. Each small cluster of primary schools in Ealing will be allocated a named practitioner who will work across the cluster to provide early evidence-based intervention for children and young people presenting with mild-moderate mental health problems such as anxiety and low mood.

Almost all of the work of the MHST in primary schools is with the parent or carer, rather than with the young person.

In high schools, each high school will have a named practitioner who will work in the school 1 day a week to provide early evidence-based intervention for children and young people presenting with mild-moderate mental health problems such as anxiety and low mood.

The named practitioner will meet with the designated school link worker at each school once a week 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.

A recently commissioned report by the University of West London (Supporting Ealing's schools to support children's mental health, 2024) found that there is a lot of support available in Ealing for children's mental health, but that the problem facing schools and families is finding the right support at the right time.

Support is offered in a variety of ways, with different costs, variable waiting times, some needing parental consent, others directly accessed by the young person, with or without needing a formal diagnosis, for ongoing on crisis support and of varying quality.

As it says in the report, 'For a child, family or school faced with distress, it is not easy to work out which way to turn, either initially or while waiting for a preferred type of support to become available.' (p16).

The report also notes that the provision frequently changes, with both physical and online directories being out of date almost as soon as they are published.

The report found that schools were frustrated with the MHST provision. Whilst it was acknowledged that the individual practitioners are 'excellent', there is too little support, and the practitioners do not liaise with external services as much as the DfE suggests is part of the role.

Schools report that communication with MHST is not good and the work does not reflect the fast-paced nature of working in a school. Alongside this, MHST feel that schools are equally unresponsive yet still demanding.

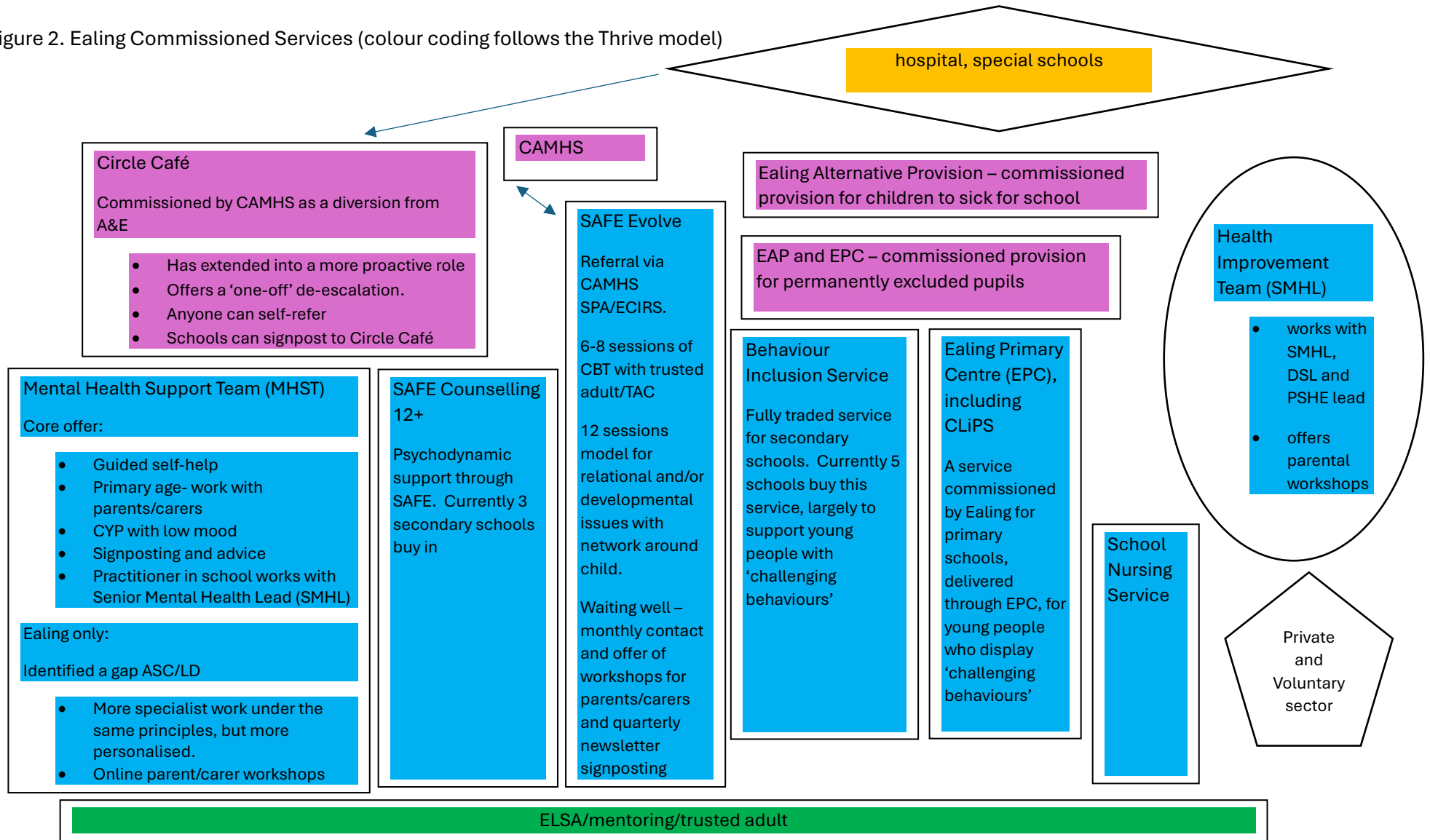
The report highlights another issue discovered during various conversations for this review, namely thresholds and terminology. MHST is commissioned to work with 'mild to moderate' need, but it is not clear what that looks like in practice.

SAFE Evolve also work with 'mild to moderate' cases, but it appears through discussion with both services, that they do not work with the same level of need.

Where a young person's mental health needs are being displayed as challenging or 'detrimental' behaviours, a parent/carer is asked to attend a parenting course before any support is offered by CAMHS. Many parents/carers are unable and/or unwilling to do this, meaning the young person cannot access support from CAMHS.

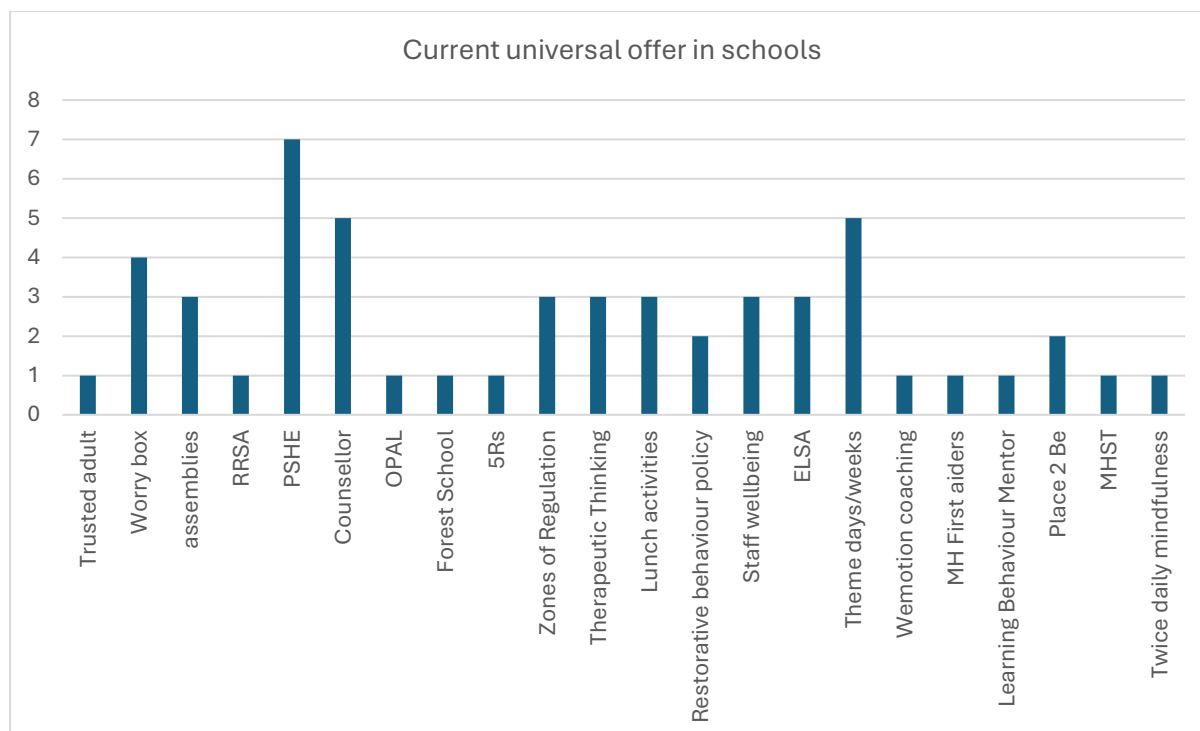
Whilst it is understood that there are funding and capacity challenges within the NHS, the frustration caused to schools who must continue to meet the needs of the young person is palpable and a better way of managing this situation needs to be found.

Figure 2. Ealing Commissioned Services (colour coding follows the Thrive model)



Universal offer in schools

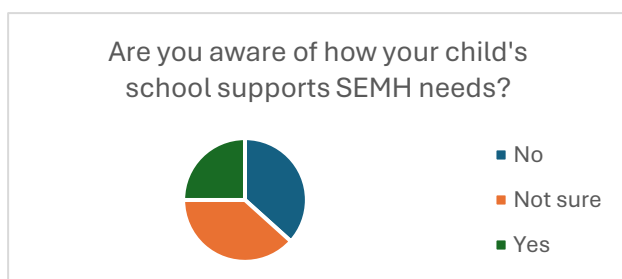
The current position in schools is variable. A survey was sent to all Ealing schools in December 2025 and 21 responses were received. At the same time, a parent/carers survey (which was created in association with Contact Ealing) received 60 responses. It highlighted that there are many initiatives around a 'universal offer' but that there was little consistency.



All schools have things in place to support young people but, in addition to the variable strategies, the results showed that there is not a consistent understanding of the term 'universal offer'. Many responses would fit better into a 'targeted' offer, such as Mental Health Support Teams (MHST), counsellor and learning behaviour mentors. Indeed, this may reflect a variable understanding of the term Social, Emotional and Mental Health (SEMH) needs.

Personal, Social and Health Education (PSHE) was seen as the most common way of offering universal support to young people for their mental health and wellbeing needs. In the report 'Supporting Ealing's schools to support children's mental health', both parents and young people felt that mental health needed to be spoken about more in schools and not left to theme days or 'mental health week'.

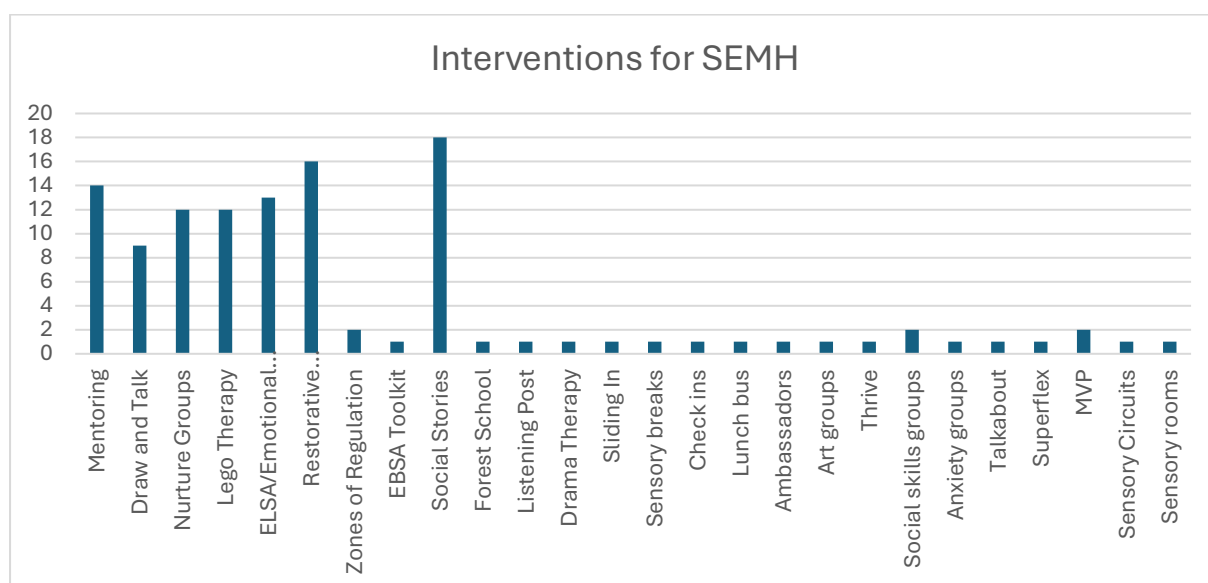
At the same time, a parent/carers survey (which was created in association with Contact Ealing) received 60 responses. When parents were asked whether they were aware of the universal offer available in the school their child attended, the results showed that they were not generally aware or were not sure.



SEMH education provision

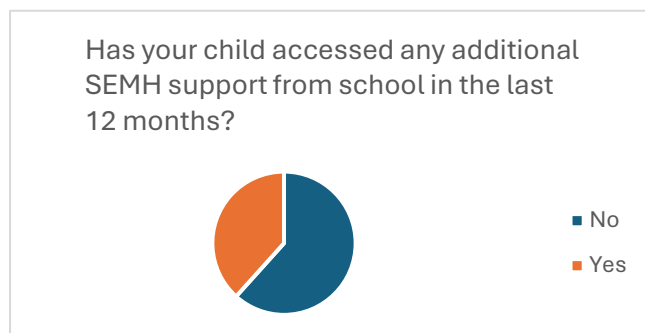
Within Ealing, all schools reported having a universal offer and targeted provision. Secondary schools reported a wide range of services that they use or commission, including drama therapy, counsellors, therapy dogs, MHST, SAFE team, emotional literacy support assistants (ELSA), Clinical professionals in schools service (CLiPS), SAFE Evolve and play therapy.

Through the survey, schools also identified the following interventions in place to support SEMH needs. Again, the variety is noticeable, although some interventions are more common than other. Interestingly, many of the interventions used are designed for specific needs that do not fit within SEMH (such as Lego Therapy and Social Stories, which were designed for work with young people with autism or speech and language needs.)



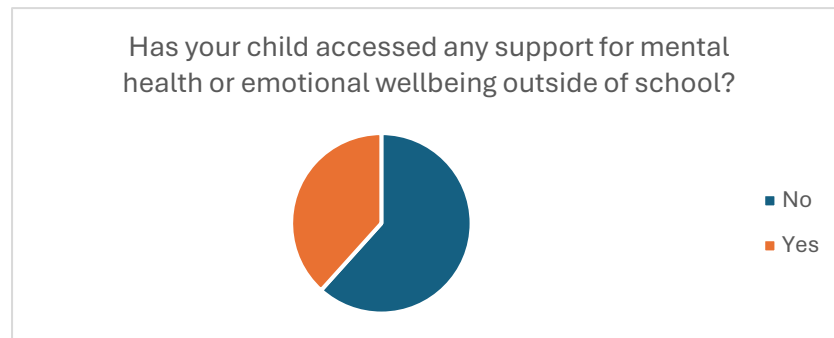
The report 'Supporting Ealing's schools to support children's mental health' also identifies the 'way in which support is provided to children and families is rather haphazard and depends very much on what the school buys in/has staff trained to do, whether there are spaces available etc.' (p17). This reflects the above survey results and shows the need for greater understanding of what is available and what is suitable for different young people.

When parents/carers were asked if they had accessed support for their child's SEMH needs within schools, the majority said no.



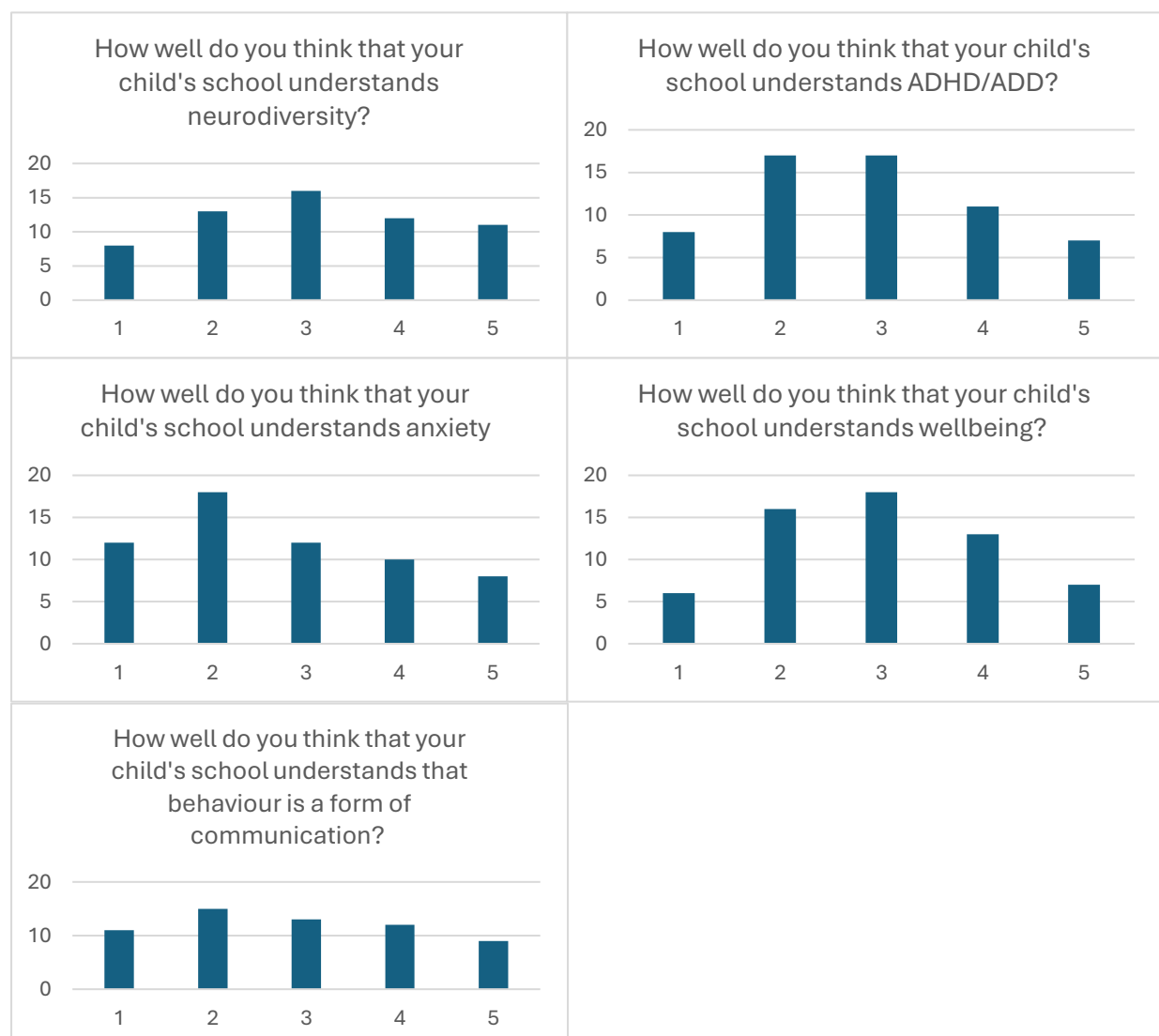
When asked how long this support took when it was sought, wait times varied significantly from 'immediately' to 3 years and 'a long time'. There were also examples of having to ask each new academic year for it again. Also examples of having to wait until a diagnosis were given.

The same was found about seeking support outside of school.



Again, there was significant variability in times waited, from 'no wait as it was private', to '6 months', 'around a year', 'years', '3 years', '5 years' and 'no support offered' for CAMHS and '1 year 6 months' for SAFE Evolve. Comments were received that respondents went private as they were 'told would never be able access NHS or LA support'.

Parents were also asked how well they felt their child's school understood a range of different needs. The results, shown in a series of graphs below, showed that there is a significant amount of work to do in terms of improving both the understanding overall and the consistency of that understanding from school to school. Key: 1 is not at all, 5 is very well



The mean score for each of the questions is shown in the table below.

How well do you think that your child's school understands neurodiversity?	3.1
How well do you think that your child's school understands ADHD/ADD?	2.9
How well do you think that your child's school understands anxiety?	2.7
How well do you think that your child's school understands wellbeing?	3.0
How well do you think that your child's school understands that behaviour is a form of communication?	2.9

Parents feel that anxiety is less well understood than other needs, such as ADHD and neurodiversity in general. Most common response from parents around behaviour being a form of communication suggests that schools do not understand this well.

Ealing's health-related behaviour survey (2023) highlighted the following areas for SEMH:

For Secondary schools, the recommendations were:

- Increase support for students experiencing low self-esteem and high levels of worry.
- Provide more resources and trusted adults for students to talk to about their concerns.
- Implement programmes to build resilience and coping strategies for dealing with stress and negative emotions.

In the primary phase, the recommendations were:

- **Boost self-esteem:** Implement programs that focus on building self-esteem and resilience among pupils. Encourage positive social interactions and provide support for those with low self-esteem.
- **Mental health support:** Increase access to mental health resources and support services for pupils who worry about their own health or the mental health of family members.
- **Promote belonging:** Foster a sense of belonging in school and the community. Encourage pupils to participate in school and community events and ensure they feel valued and included.

Ealing commissioned support

Fig 1 on page 3, shows the support provided by services commissioned by Ealing (this includes across education, health and social care. As previously discussed, many fit broadly into what would have been known as 'tier 2' or targeted support.

Having spoken with MHST, they sit across the new Thrive areas of 'Getting Advice' and 'Getting Help', whilst SAFE Evolve sit more across 'Getting Help' and 'Getting More Help'. It has been discussed that it is not clear what the term 'mild to moderate' needs mean, making it hard for schools, children and parents/carers to find the right service at the right time.

Additionally, not all schools buy-in the services commissioned by Ealing, but do buy others in. Clarity is needed on when each service should be approached so that, as recommended in the report 'Supporting Ealing's schools to support children's mental health', children get the support they need, not what is available. For this to happen, there needs to be a clearer triage system and commonality in the early assessments carried out by schools prior to referral.

The Behaviour and Inclusion Service (BIS) is a fully traded service for secondary schools, supporting young people displaying, as Therapeutic Thinking would say, 'detrimental behaviours', or to put it another way, pupils at risk of suspension or exclusion. Feedback in the summer of 2024 showed that 95% of school staff responses described BIS involvement as helpful and that nearly 80% of staff responses stated behaviour improved following BIS involvement.

In addition, 90% of staff responses found that pupils' interactions with adults at school improved following BIS involvement and all pupil feedback described working with BIS as helpful, and all except one felt that the Behaviour Consultant understood them. The indications are that three of the schools who buy in BIS will be increasing their time for 2025, but the current system does not allow for any flexible use of the skills within the service to support at the point of possible permanent exclusion.

In the 2021 review, Ealing Alternative Provision were highlighted as being able to offer this form of outreach alongside short-term placements; however, they are currently over capacity due the number of permanent exclusions and the previously slow reintegration process. The number of pupils who are found to have undiagnosed SEN whilst at EAP post permanent exclusion is also rising.

This suggests that schools are not identifying need early enough and not putting suitable intervention in place. This anecdotal evidence is backed up by the fact that, in 2023-24, 69% of the permanent exclusions were for pupils with No SEN, yet 49% of the permanent exclusions were for persistent disruptive behaviour. It is the same picture for suspensions where 64% of the suspensions were for pupils with No SEN but 35% of the suspensions were for persistent disruptive behaviour.

This data suggests that schools need greater support in being able to identify the needs of pupils who are displaying 'detrimental behaviours' and putting in effective support, but the current system does not allow Ealing to do this flexibly.

Ealing Alternative Provision and Ealing Primary Centre (EPC) are both commissioned to provide day 6 provision for pupils who have been permanently excluded. EAP is also currently commissioned to offer provision for pupils who are too sick to attend school, for both physical and mental health needs, regardless of the young person's age.

At present, there are no formal SLA in place for either setting and neither have delegated budgets. EPC does currently offer both outreach support and short-term placements for pupils displaying detrimental behaviours in school but EAP is currently not able to do this due the high number of secondary permanent exclusions and the low number of reintegrations.

Regarding the reintegration, the current format of the Ealing Fair Access Protocol does not allow for discussions in a multi-agency style on how pupils can be supported back into mainstream school. This is because the only sector represented is education, with the panel being largely made up of secondary school headteachers (or representatives) alongside EAP, the Head of Access and Inclusion and admissions.

There is currently no local authority involvement in the referral process for either outreach or medical referrals. In the best examples seen across London, such as Barking and Dagenham, Haringey and Enfield, there is a panel that looks at all referrals, chaired by an LA representative and including current headteachers and other colleagues from multi-disciplinary backgrounds.

Now, there is not enough commonality between the work of EAP and EPC and very little joined up working, although EAP and EPC do work successfully with a range of colleagues across different sectors.

The physical building at EAP is not sufficient to meet the rising demand for places for young people who are finding school challenging due to mental health needs. Additionally, one site is proving problematic in terms of the number of young people onsite and the mix of those young people. Where there is an issue of personality clashes, there is currently no alternative than the one site.

Both EPC and EAP also currently have several young people on their role with EHCPs, following permanent exclusions, where specialist placement has been agreed, but where there is no available place. This is across the broad areas of need, but this is compounded by the fact that Ealing does not have a specialist school for SEMH needs.

Benchmarking against the 2021 review

Key achievements and developments

- **Graduated approach to SEND and SEMH support:** A structured approach has been co-designed to ensure early identification and localized support for children and young people.
- **Therapeutic thinking implementation:** Adopted as the preferred approach to SEMH needs in 2022, with a dedicated Outreach Manager appointed in September 2023 (position to be reviewed due to vacancy in March 2025).
- **SEND Support Expectations & CPD Initiatives:** A refreshed SEND Expectations document is set for release in 2025, alongside a borough-wide CPD framework.
- **Risk assessment and data sharing:** Established termly SEND Risk Assessment meetings and improved data sharing mechanisms (e.g., monthly suspension panel, long-term vulnerable pupil panel).

Challenges and areas for improvement

- **AP and SEMH Funding Models:** Despite progress, challenges remain in clarifying funding streams and ensuring financial sustainability for AP services.
- **Limited Capacity in SEMH support:** A shortage of outreach placements and specialist SEMH school options, leading to prolonged placements in AP without additional funding.
- **Disproportionality in exclusions:** Over-representation of Black Caribbean pupils in suspensions and SEMH classifications persists, requiring targeted intervention.
- **Primary AP Expansion:** Need for increased EPC capacity to reduce permanent exclusions, with potential for a secondary centre.
- **Integration of Assessment Tools & CPD:** Expansion of non-specialist screening tools and training to support early identification of SEMH needs.

Next steps and recommendations

- **Enhance SEMH and AP funding transparency:** Finalize and implement new funding models by mid-2025.
- **Improve SEMH Provision:** Develop clearer pathways for specialist SEMH placements and outreach services.

- Strengthen Inclusion Efforts: Address disproportionality in exclusions through early intervention strategies and CPD.
- Optimize Data & Monitoring Systems: Continue refining reporting frameworks for suspensions, exclusions, and attendance.
- Expand Primary AP Capacity: Explore EPC expansion opportunities and improve integration with EAP.

Overall, while significant progress has been made in aligning SEMH and SEND support with the 2021 review, ongoing work is needed to address funding challenges, enhance outreach services, and ensure inclusive, high-quality education for all young people.

Current strengths in the system

Education

- The roll out and uptake of therapeutic thinking has been encouraging.
- EPC is highly valued. A survey of schools that used the outreach service in 2023-24 (with a 62% response rate), showed that 78% of schools rated the service as 'Outstanding' and 22% rated it as 'Good'.
- BIS is highly valued by the schools that use them and the buy in is increasing year on year.
 - 95% of staff responses described BIS involvement as helpful.
 - Nearly 80% of staff responses stated behaviour improved following BIS involvement.
 - 90% of staff responses found that pupils' interactions with adults at school improved following BIS involvement.
 - All pupil feedback described working with BIS as helpful, and all except one felt that the behaviour consultant understood them

Health

- MHST practitioners are well regarded
- Circle Café offers alternative to hospital when CYP are in a crisis moment

Social care

SAFE Evolve (Anna Freud) offers a 'waiting well' service

Joint

- The work being done and the practitioners carrying out the work are well thought of.
- There is a lot of work being carried out by Council commissioned services and also by private or voluntary sector partners.
- An independent report found there is a lot of support available for young people and families

Current gaps in the system

Education

- Lack of understanding for EBSA and anxiety in general, in schools, including a disconnect between need and school systems.
- Not enough capacity in AP for either physical or mental health provision. Provision for primary MH sits at secondary PRU. MH provision still currently requires CAMHS or equivalent referral

- No current capacity for support or outreach from EAP
- A lack of an SEMH specialist school/ARP places.
- Lack of resource and flexibility in BIS. Other Boroughs, with fewer exclusions invest much greater sums of money into the support services.
- EPC well regarded but again lacks capacity.
- Slow reintegration post PEx with no agreed end date for dual roll – FAP not designed to support.
- Lack of available AP and much of the private AP is expensive and variable quality.
- Variability of Universal offer across Ealing schools to support SEMH needs.
- Inconsistent approaches to early identification across Ealing schools.

Health

- There is no hospital school.
- Wait times for support for mental health needs are variable and, parents report, lengthy.
- No clear criteria for different 'tier 2' providers lead to inconsistencies.
- MHST offer in primary is less popular than secondary.
- Parents feel that the 'self-directed' help of MHST is not always helpful.
- The requirement for parents to attend courses before support is offered is not popular.

Social care

- Parents report that there is a lack of support available when requested.
- Cases sometimes closed when school absence, caused by emotional/wellbeing as it is seen as an 'education' issue.
- Parents report SAFE Evolve has significant wait times.
- There is a lack of understanding of the education system, especially around attendance processes.

Joint

- No clear step-down process from hospital to AP
- There is significant overlap and likely to be duplication of services that work in the 'tier 2' (Getting Help) space.
- Lack of consistency and joined up working in referral process for outreach

Recommendations

	Immediate	6-12 months	12-24 months	Resource implication time, staffing, other agencies/partners
Improve understanding of and access to SEMH service across the partnership for children, families and professionals	<p>A cross partnership working group is established to map the current system, identify gaps, and propose solutions through the working group; including section 19 and step up/down from hospital provision</p> <p>Create an action plan for a two-year project to improve SEMH provision across partnership</p>	Clear guidance and advice accessible via the local offer, allowing access to self-referral pathways and waiting well support	To be decided by working group	<p>Time commitment from the correct partners, as nominated by senior officers</p> <p>Commitment from all agencies to the process</p>
Establish a Single Point of Access	Establish criteria and terms of reference for SEMH education outreach panel for September 2025 start	Pilot use of the single point of access and invite feedback from users		Time for colleagues to be involved in the single point of access
Improve School SEMH Training	Develop robust SEMH CPD offer for schools	Roll out CPD programme and review following feedback from attendees		Planning time, space

Expand Alternative Provision & Outreach	Clarity on the tiered support and intervention including what provision needs to look like in the PRUs.	Review education provision for young people too sick for school, including location of provision and create medical needs services policy	Establish dedicated provision for young people too sick for school	Site and staffing for the provision
Enhance Early Intervention & Universal Support	<p>Thorough analysis of the Health-Related Behaviour Survey</p> <p>Ensure alignment between SEMH review and the SEND Expectations document</p> <p>Clarification of the funding model and the impact on the provision, including the role of the ICB to be established including expected changes over the next 12 months</p>	<p>Agree on Ealing model for continuing Therapeutic Thinking model</p> <p>Decide on the Council offer for SEMH support for schools post September 2026</p> <p>Create universal descriptors with common use and understanding of language across the partnership</p>	Roll out Ealing version of Therapeutic Thinking model	<p>Staffing for Therapeutic Thinking model</p> <p>Staffing for SEMH support offer</p> <p>Senior officers to work alongside their health partners to establish the impact of future funding changes</p>
Redesign Referral & Reintegration Processes	Review Fair Access Protocol and School to School placements processes for September 2025 implementation	New protocol in place and evaluated after one term and one year		

References

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EPC Outreach provider impact and evaluation report October 2024

Health-Related Behaviour Survey 2023

Supporting Ealing's schools to support children's mental health, Bronach Hughes, MBE, University of West London, 2024

Special educational needs and disability code of practice: 0 to 25 years Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities, January 2015

The Families First Partnership (FFP) Programme Guide Delivery expectations for safeguarding partners in England March 2025 © Crown copyright 2025

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