Embedding interagency working between schools and mental health specialists: a service evaluation of the CASCADE workshops

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Abstract

There is increasing focus on the need for schools to work more effectively with specialist mental health providers but there have been historic challenges in embedding closer interagency working. This paper reports the results of a service evaluation of a two-day workshop designed to facilitate improved working between schools and children and young people's mental health services (CYPMHS).

Mental health leads from 255 schools, mental health professionals and other key stakeholders all took part in one of 26 two-day workshops across the UK. The impact on interagency working was examined using changes in pre- and post-survey results, changes in self-reported aspects of interagency working and 10 local reviews of practice.

The pre-post questionnaires showed improvements in interagency working (e.g. 55% of school leads reported being in 'monthly' or 'continuous' contact with NHS CYPMHS[1] at follow-up, compared with 24% at baseline). The group-completed CASCADE framework showed an overall increase in collaborative working, although some areas continued to report significant challenges such as in relation to common outcome measures. The local reviews found positive changes in interagency working, in terms of building relationships, improved communication and sharing good practice.

This service evaluation of the workshops found some evidence of improved interagency working between schools and CYPMHS but more controlled research is needed to consider generalizability and scalability.

Key words:

Mental health; intervention; schools; CAMHS; CYPMH; joint working; children

[1] **NHS CYPMHS** is used throughout this paper to describe Child and Adolescent Mental Health Services: CAMHS. **CYPMHS** is used to describe all children's and young people's mental health services.

Introduction

Schools are increasingly seen as key sites to support mental health, for example in England the government has just announced embedded mental health support in schools as a key plank of their mental health policy (DHSC & DfE, 2018). The importance of schools as part of the wider system of mental health support has been known for some time, with teachers often being the most commonly contacted mental health support (Ford, Hamilton, Meltzer, & Goodman, 2007). There is a great need to work more effectively and potential for schools to become a hub for integrated working between different agencies, increasing access and reducing stigma (Wolpert, Humphrey, Belsky, & Deighton, 2013), as many children are in contact with multiple agencies (Ford, et al., 2007). Historically schools and specialist mental health services have struggled to work well together (Ford & Nikapota, 2000; Rothì, Leavey, & Best, 2008; Vostanis et al., 2011). Waiting lists, service availability and lack of flexibility are barriers and sources of dissatisfaction for schools (Allison, Roeger, & Abbot, 2008; Rothi & Leavey, 2006) whilst the small teams staffing specialist services can feel besieged by the level of need. Teachers often feel excluded from the mental health care management of their students, resulting in frustration as they are affected professionally by such decisions (Rothi & Leavey, 2006) whilst specialist services seek to balance confidentiality with school reporting. Lack of clarity of roles and remit within and across mental health services and multi-agencies can create gaps in provision. The long-term challenges in the relationship between schools and mental health services are well established (Masten et al., 2005; Weare, 2000) and include issues with access to services, confidentiality, staff training and development and protectionism over budgets on both sides (Pettitt, 2003). Improving this relationship and communication can help improve satisfaction with services and support for children and young people (Allison, et al., 2008; Wolstenholme, Boylan, & Roberts, 2008).

This paper reports on a service evaluation of an attempt to bring schools and children and young people's mental health services (CYPMHS) within localities closer together by involving them in a two-day workshop designed to help:

- improve joint working between school settings and CYPMHS;
- develop and maintain effective local referral routes;
- support the development of a lead contacts in schools and in specialist NHS CAMHS.

The workshops were based on the 'CASCADE framework' (Wolpert & Cortina, 2018). The CASCADE framework involves considering seven aspects of interagency working: 1) **C**larity on roles to address lack of knowledge of others' roles and responsibilities and develop informed working relationships (Pettitt, 2003); 2) **A**greed best use of key points of contact to avoid unnecessary delays in communication (Rothi & Leavey, 2006); 3) **S**tructures to support shared planning and collaborative working to aid joint working (Weare, 2000) (Wolpert, et al., 2013); 4) **C**ommon approach to outcome measures for young people to ensure aligned goals and priorities (Wolpert et al., 2017); 5) **A**bility to learn and draw on best practice to ensure an

evidence-based approach (Wolpert, et al., 2017); 6) **D**evelopment of integrated working to promote rapid and better access to support (Wolpert et al., 2015); and 7) **E**vidence-based approach to continuing evaluation of intervention (Grol & Wensing, 2004; Vostanis, et al., 2011). At each workshop participants rated themselves as a locality against each of these areas on a four point scale (Wolpert & Cortina, 2018).

The CASCADE workshops comprised two sessions, which are delivered at least six weeks apart by two professionals with a background in mental health who were trained to deliver the workshops. The sessions employed a blended learning approach, drawing on an articulated logic model (see Figure 1 below) and evidence-based approaches to training and system transformation, including motivational interviewing techniques (Burke, 2017; Miller & Rollnick, 2012), which encourage attendees to consider and address barriers to action. The workshops were led by the Anna Freud National Centre for Children and Families (AFNCCF) working in collaboration with others and focused on ensuring that schools and CYPMHS worked in partnership to embed learning as part of sustainable organisational change in order to improve mental health and resilience for all children, young people and their families within the locality. The workshops used a combination of reflection, action planning and review to benchmark local collaborative working using the key criteria from the framework, such as 'Clarity on roles, remit and responsibilities' (for example, identifying a single point of contact (SPOC) within schools). Ecorys UK worked alongside the programme to audit the work as part of a service evaluation commissioned by the Department for Education (DfE). This paper is a collaboration of AFNCCF and Ecorys to summarise key findings from the training around interagency working between mental health and education professionals.

[Insert Figure 1]

Methods

Sample

Sites taking part in this programme were all selected as part of the SPOC trainings led by NHS England and the DfE between 2015–16. 27 Clinical Commissioning Groups (CCGs) offered workshops within their areas. 255 schools across 22 UK areas nominated mental health leads to join these workshops. All those involved were invited to contribute to a pre-workshop baseline survey and a follow-up survey 10 months later carried out by Ecorys UK.

In addition, Ecorys organised a series of 10 local area reviews, chosen to cover a range of different area involved in the workshiops in terms of socio-demographic characteristics and types of schools. Each local area's review included interviews and focus groups with key stakeholders including the CCG strategic lead, NHS CYPMHS strategic and operational staff,

school lead contacts and teaching staff, and partner organisations from CYPMHS. The interviews were conducted using semi-structured topic guides.

Procedure

A 'training for transformation' approach was adopted to embed long-term, sustainable and locally owned collaborations between schools and mental health professionals. Mental health leads in schools were brought together in the workshops with mental health specialists from the NHS, the voluntary and community sector, and beyond, to improve interagency working through the facilitation of a shared view of the strengths and limitations and capabilities and capacities of education and mental health colleagues, increased knowledge of resources to support the mental health of children and young people, more effective use of existing resources, and improved joint working between education and mental health colleagues.

The use of the CASCADE framework (described above) was used to support attendees to pragmatically view their current interagency working. Attendees were asked to rate themselves across each of the seven domains at each workshop (see Figure 2). An initial group CASCADE – which involves all participants at the workshop rating themselves on the seven domains of the CASCADE framework (any disparity in ratings is discussed and a consensus sought; if no consensus emerges the rating with the majority of votes is recorded as the group's rating) – was completed for each training area in the first part of the training and then re-visited at the second workshop. Responses from both workshops were recorded for all areas.

[Insert Figure 2]

As this was a service evaluation of a service development initiative which only involved adults in their professional capacity commenting on their experiences, it was determined that it was not appropriate to seek ethical approval. Participants were informed upon agreeing to complete the survey that their anonymised comments might be additionally used in publication.

Measures

Pre- and post- questionnaires were completed by school lead contacts and NHS CYPMHS, to measure changes over time in levels of joint professional working and knowledge and confidence in relation to mental health issues, using Likert-type scales and data on numbers of consultations and referrals. Questions on joint professional working included the frequency of contact with NHS CYPMHS, specialist mental health support within the school and other mental health services; questions about the most recent consultation, the mental health support within the school and the local CAMHS. Questions on knowledge and mental health issues included the frequency with which mental health leads spoke to their students – and to their parents and carers – about mental health and wellbeing, their confidence in doing so, whether they had

attended training and who had provided it. The baseline survey took place in the autumn of 2015 with follow-up after 10 months. Due to the small number of respondents in NHS CYPMHS, these responses were not analysed.

The CASCADE framework (see Figure 2) is is designed for use with stakeholders working with children and young people to identify levels of joint working across seven key domains of effective joint working (Wolpert & Cortina, 2018). Scores on the CASCADE framework were obtained via a group voting and feedback exercise, facilitated by the trainers, whereby participants arrived at consensus on a score for each of seven key indicators, on a 4-point scale (Major challenge = 0, Good elements of practice = 1, Widespread good practice = 2 and Gold standard = 3).

The 10 local area reviews were conducted in the summer and autumn of 2016 to explore local lessons learned from implementation, successes, challenges and how these were overcome, as well as future plans. Each local area review involved interviews with key strategic and operational stakeholders from the selected training sites, including CCGs, NHS CAMHS, schools and partner organisations, and the collection of documentary evidence and data.

Analysis

Microsoft Excel (2010) and IBM SPSS Statistics 22 for Windows (IBM Corp., 2013) were used to perform the data analysis. The survey data was extracted and cleaned, before matching the baseline and follow-up responses to measure change across different outcome measures. Descriptive statistics (means and standard deviations) and paired-samples t-tests were used to investigate changes following the workshops. Percentages were examined for the CASCADE framework and changes in ratings were analysed using Wilcoxon rank-sum test with Bonferroni adjusted *p-values* of .007 (.05/7).

A 'hybrid' approach was adopted for the coding and analysis of interview data (Ritchie & Spencer, 1994). The original audit objectives formed the basis of the domains for the local reviews, and information from participants was considered in relation to the following key domains: designing and setting-up the trainings, training implementation, adjustment and learning; and outcomes and planning for sustainability.

Results

Sample characteristics

Overall 255 school attendees joined the first workshop. The baseline survey of school lead contacts was completed by 65% of school attendees (166 out of 255). The baseline survey suggests that the training schools were, on average, comparatively well-resourced and offered a range of mental health support. Eighteen NHS CYPMHS staff completed the baseline survey.

Only those who completed the first survey were sent a follow up survey. Of the 166 school attendees who completed the baseline survey, 49 (29.5%) completed the follow-up survey. Only two NHS CYPMHS staff completed the follow-up survey. The sample of school attendees all identified as mental heatlh leads in their school, but the majority had a range of other roles within the schools: 29% were inclusion co-ordinators, 27% were special educational needs co-ordinators (SENCOs), 18% were assistant headteachers, 8% were deputy headteachers, 8% headteachers and 8% were learning mentors. The majority (54%) were from primary schools. Overall 17 of the 22 training areas were represented in the final sample.

Pre/post questionnaire

At baseline less than a quarter (24%) of mental health leads reported being in 'monthly' or 'continuous' contact with NHS CYPMHS, whereas at follow up this had risen to over half (55%). Contact with specialist mental health support within the school also increased from 29% reporting contact on a 'monthly' or 'continuous' basis at baseline and 41% at follow up. There was less change in contact with other mental health services in the local area, though the respondents who said 'never' at baseline reduced, while contact 'a few times per year' and 'every few months' increased (see Figure 3).

[Insert Figure 3]

With regard to the average number of consultations between schools and NHS CYPMHS during a 10-month period, there was also a modest, but non-significant increase in average numbers, from a mean of 6.8 at baseline to 8.2 at the follow-up stage ($p = 0.16$). Figure 4 shows the types of contact with an NHS CYPMHS professional. At follow-up, the most common type of contact with NHS CYPMHS was making referrals and seeking professional advice or consultation. The number of times this contact was to make referrals increased from baseline, as did the number of times this contact was to attend multi-agency training. This coincides with an increase at follow-up (M = 2.58, SD = 0.64) in understanding of referral routes to specialist mental health support for CYP ($t = -2.57$, $p < .01$) from baseline (M = 2.21, SD = 0.74). However, the number of times this was for panels or reviews, or for seeking advice, reduced from baseline to follow-up.

[Insert Figure 4]

Figure 5 shows that there was an increase in the proportion of respondents that felt that arranging their most recent consultation with a mental health professional was 'very easy'. This rose from 3% at baseline to 25%, at follow up. At baseline 53% of respondents reported that it was 'not so easy' to arrange a consultation, and at follow-up this had reduced to 23%.

[Insert Figure 5]

Looking specifically at NHS CYPMHS, where the increase in satisfaction between baseline and follow-up was significant ($p < .001$), Figure 6 breaks down the responses on the satisfaction of referral handling by NHS CYPMHS. While 61% at baseline were either 'not at all satisfied' or 'not very satisfied', and only 39% were 'fairly satisfied' or 'very satisfied', by follow-up this had reduced to 14%, with the remaining 86% being 'fairly satisfied' or 'very satisfied'.

[Insert Figures 6 and 7]

Figure 7 shows that 28 of the respondents (57%) specified that their schools are now jointly working with CAMHS to deliver training on mental health issues following the training. 18 of the respondents (37%) stated that they now have inter-agency referral protocols or procedures in place. 82% of respondents were either very confident or quite confident that a SPOC within CAMHS and schools will help meet the needs of staff and students in the longer term. 85% of school leads who attended the workshops agreed on action points which tended to be around investing in additional training for staff and conducting training needs analysis of staff. There were also new joint working arrangements between CAMHS and schools mainly to deliver training on mental health issues.

The CASCADE framework findings

A group CASCADE was completed in both workshops in all but one area (N = 25/26). Responses across the domains at both phases can be found in Table 1. As the training was the first time the CASCADE framework has been used, its reliability was checked and shown to be strong ($\alpha = 0.79$). A Wilcoxon Signed-Ranks Test indicated that CASCADE framework ranks were statistically significantly higher (improved) at workshop II than workshop I ($p < .0007$) for all seven CASCADE categories.

Table 1. Ratings of aspects of joint working on the CASCADE framework (percentages) and Wilcoxon Signed-Ranks Test results.

		Major challenge	Elements of Good Practice	Widespread Good Practice	Gold Standard	*Z*	*p*[a]
Clarity on roles, remit, and responsibilities of all partners involved in supporting CYP MHS	I	40.0%	60.0%	0.0%	0.0%	*-3.58*	.000
	II	3.9%	69.2%	26.9%	0.0%		

Agreed best use of key points of contact in schools and CYP MHS	I	32.0%	68.0%	0.0%	0.0%	-3.88	.000
	II	0.0%	53.9%	46.2%	0.0%		
Structures to support shared planning and collaborative working	I	88.0%	12.0%	0.0%	0.0%	-3.88	.000
	II	19.2%	69.2%	11.5%	0.0%		
Common approach to outcome measures for young people	I	84.0%	16.0%	0.0%	0.0%	-2.97	.003
	II	46.2%	42.3%	11.5%	0.0%		
Ability to continue to learn and draw on best practice	I	68.0%	32.0%	0.0%	0.0%	-3.87	.000
	II	15.4%	80.8%	3.9%	0.0%		
Development of integrated working to promote rapid and better access to support	I	60.0%	40.0%	0.0%	0.0%	-3.74	.000
	II	23.1%	57.7%	19.2%	0.0%		
Evidence-based approach to continuing evaluation of intervention	I	68.0%	32.0%	0.0%	0.0%	-3.74	.000
	II	11.5%	88.5%	0.0%	0.0%		

[a]The Bonferroni adjusted *p-value* was < .007 to be significant.

Local area reviews

The interviews were involved 124 people in all (61 school staff, 31 NHS CYPMHS staff, and 20 other CYPMHS staff, including voluntary sector providers and educational psychologists, and 12 mental health commissioners).

Interviewees across the 10 local areas generally reported that the workshops were beneficial in terms of 'coming together' to build relationships, as well as sharing information, knowledge and good practice, and supporting action planning.

The interviews indicated that networking emerged as the primary benefit of attending, with participants typically reporting that they valued the opportunity to meet with representatives from other services, within a supportive environment. As one CCG lead put it:

'There was a sense of coming together and building an identity: "This is who you all are. These are your challenges. This is what mental health services are commissioned to do. This is what is going on in schools.'

This was echoed by a school lead attendee:

'It was a good opportunity to come together...to chat these things through and share ideas. Meeting CAMHS in that environment was useful because you get to meet the clinician, and that's important because it helped us to build a relationship with people you are going to work with.'

A key aspect of the workshops was bringing together groups who had up until then found it difficult to meet.

'Some of it was really, really useful, just getting CAMHS and schools in a room together to be able to talk across issues and them understanding each other's challenge.' (CCG lead)

'Very valuable overall, and provided a good opportunity for networking.' (CAMHS lead)

'It was a good opportunity initially – there lots of people there...Everybody was there and it was really interesting to get everyone's views.' (School lead)

'Fantastic generally, learnt a lot about mental health. Content was very good. Networking was helpful as made contacts…The CASCADE framework was very useful in helping to simplify and clarify things…and to help prioritise.' (VCS lead)

Several interviewees noted that there was a degree of tension and stress in the first workshop, but that this was necessary to surface:

'The workshops met expectations and were generally positive overall… Though day 1 was tense, felt it was necessary before could move on – people needed to offload and feel like they had been heard…' (School lead)

There was also common consensus that this had changed by the second workshop:

'The second workshop had the advantage of greater familiarity and trust, compromise.' (CCG lead).

The workshops were seen as an important source of information-sharing. Schools valued the information they received about available support within the area, of which they had previously been unaware, while NHS CYPMHS were able to gather direct feedback from schools on their current mental health provision. This helped to identify where local resources were being under-utilised.

'What it showed me was just how much good stuff was going on, but you don't get to hear about it, whereas a lot of good stuff is going on, it just needs to come together'. (School lead)

'That really helped me think about how much work they already did. Helped me realise how overwhelmed they [schools] were, and think about what they do, what can cope with...what I really took from that was how resourceful schools actually were.' (CAMHS lead)

While there were substantial variations between training sites, those involved in the local area reviews all reported having better access to information and feedback from NHS CYPMHS, compared with before the training, in the most promising examples found within the evaluation.

'You go on so many of these workshops, and then it's, but what now? Whereas I left knowing there was a 'what now' – there was definite clear objectives to it – we would be looking at the referral process'. (School lead)

The workshops afforded an opportunity to challenge the practice of routing referrals via GPs, in cases where it was not a requirement to do so. This helped to ensure the ongoing involvement of schools beyond the initial point of referral, including getting parental consent and agreeing more effective ways of sharing information on outcomes.

Some challenges were highlighted, such as ongoing tensions between agencies and having more time for the training to run to give greater opportunity for building relationships.

'There was lots of mumbling in the room. CAMHS said they offer this…but schools know they don't…Something about developing a common language – health think education do not understand, don't think they know it which is patronising…' (School lead)

'The training should have been run over a year with the same resources. It would have been enormously more effective because there would have been the possibility of really building relationships.' (Mixed group)

Overall interviewees identified the following benefits of the workshops, in broadly this perceived order of significance:

- building relationships

- sharing information, knowledge and good practices
- supporting action planning.

Discussion

Overall, findings from both the pre-post survey and the local area reviews suggest that the workshops aided joint working between school settings and CYPMHS, helped clarify effective local referral routes; and supported the concept of a lead contact in schools and specialist NHS CAMHS. There was also evidence that the workshops contributed to a shared view of the strengths and limitations and capabilities and capacities of education and mental health colleagues, increased knowledge of resources to support the mental health of children and young people, and more effective use of existing resources. That over half of school lead contacts reported being in 'monthly' or 'continuous' contact with NHS CYPMHS at follow-up, and that contact with specialist mental health support within schools increased and referrals were reported to be easier, suggests the workshops had been effective in helping to improve communication. Additionally, there was an increase in school staff's satisfaction over the way that referrals were handled by NHS CYPMHS. Responses to the survey showed that there was more training during and following the training programme. There was an increase in the number of times the contact between agencies was about attending multi-agency training, and 57% of respondents specified that the schools were working with NHS CYPMHS to deliver training on mental health issues as a result of the training.

While the CASCADE framework showed an overall positive change to collaborative working within the training areas, the fact that after the second workshop some respondents still indicated they were in the 'major challenge' category on six of the seven domains on the CASCADE framework suggests there is further work to be done, particularly in some areas (such as common outcome frameworks and to some extent in relation to evidence-based practice).

The local area reviews suggested that the workshops helped increase joint working, improved communication and provided an opportunity to share knowledge and good practice. Attendees felt by coming together in a structured environment they were able to gain a better understanding of others' roles and responsibilities and of difficulties being faced. Given the typical prior tensions in relationships between stakeholders, as were highlighted in the local area reviews, the successful building of relationships is a considerable achievement. Although the workshops might have started off with a tense atmosphere, they were generally felt to have provided a forum for discussing issues openly and honestly, and many reported that their relationships with other services improved as a result. They were also felt to be useful for information-sharing, which often helped to identify where local resources were being underused. However, there were some reports that the timescale for the training was too short, and that it could have been run over a year.

Overall, it appears that respondents felt the workshops facilitated a relationship between professionals that was otherwise difficult to initiate. Although the scope of the workshops was broad, the fact that professionals started communicating and making those channels clearer, for example by managing referral pathways, is evidence of progress in the right direction, and this improved communication provides a foundation for future work. The findings suggest the potential added value for bringing NHS CAMHS and schools together for joint planning as a means for improved working in a climate of limited resources and high level of need, although more work is necessary to identify how this can best be delivered in a sustainable way.

Limitations of this service evaluation

Given that this was a service evaluation rather than a research project, there are clear limitations to how far the results can be taken as generalizable. The schools who took part in the initiative were not necessarily representative of a wider population of schools. The baseline survey, for example, suggests that the training schools were, on average, comparatively well-resourced and offered a range of mental health support. Furthermore, given that only 29.5% of attendees completed the survey at both time points provides another potential source of bias. It may be that only those most positive about the workshops completed the survey. It is also possible that those completing the surveys, knowing they were part of a training, felt pressure to report certain things. Reponses from mental health professionals in relation to the survey were so low that they could not be included in this study, which would have provided an additional perspective on interagency working.

In hypothesizing about the impact of the workshops, other activities relating to child and young people's mental health should also be taken into account as it is not possible to disentangle the influence of the trainings from the implementation of other initiatives nationally at the time, such as CYPMH and Wellbeing Local Transformation Plans.

It should be noted that the CASCADE framework is not a validated tool. It provides a useful pragmatic tool for discussion around an areas level of joint working across several domains (rather than being a discrete outcome measure), requiring agreement between stakeholders and was facilitated by trainers which has the potential to introduce further bias. Trainers followed a set protocol to reduce this possibility and facilitate consensus amongst attendees rather than offering input but the psychometric properties of the framework have not been assessed.

Conclusion

There is intense current policy interest in helping schools and mental health services work more effectively together. Recent key policy in England has emphasized the central role of schools in supporting the mental health needs of children and set out an ambition for new trailblazers

which will seek to embed mental health services more effectively in schools (DHSC & DfE, 2018). The findings from this service evaluation have implications for these new trailblazers. First they suggest that bringing school and health staff together can aid mutual understanding and allow them to find more productive ways of working together. They would suggest that these initial meetings may be tense and that work needs to be done to address long held prior misunderstandings and misperceptions that may have previously got in the way of collaborative working. Use of the CASCADE framework and potential workshops along these lines may help this process. The findings would suggest that a focus on practical steps to understand and clarify roles and responsibilities for partnering organizations may be crucial element to ensure successful collaboration.

One of the areas of challenge identified by the evaluation was the lack of agreed outcome metrics across systems and the lack of agreed approaches to evidence-based practice. The new trailblazer sites should take the opportunity to address these issues from the start to embed best practice in this regard.

Overall, the workshops were successful in regard to their aims and therefore could be beneficial if rolled out more widely (which we understand the current UK government is seeing to take forward). In doing so, key issues around scaling up and sustainability would also need to be addressed. In particular, the present evaluation highlighted the need to consider potential barriers to interagency working from the outset, such as the prior level of joint working between education and mental professionals and their staffing capacity.

The results of this service evaluation suggest the need for further controlled research to further examine now to develop, implement, and sustain mental health services and school partnership programmes that are meaningful and successful for young people.

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