



# **OUTREACH SERVICE ACTIVITY AND OUTCOME MONITORING REPORT**

**Academic Years  
September 2020 – July 2022**

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## **1) Introduction:**

The Gloucester House Outreach Service is an integrated multi-disciplinary team of experienced practitioners across health and education. The team include clinical nursing, art therapy, teachers and outreach support workers. We currently have a vacant CAMHS practitioner post.

The service is uniquely positioned to provide support and multi-disciplinary expertise to schools, networks, Local Authorities and other settings in a number of ways including: .

- staff training
- working alongside staff to enable them to provide effective interventions and support to individuals, groups or systems in the school to develop and maintain behaviour for learning
- direct 1:1 psychosocial/teaching and interventions by therapists and education staff for pupils at home, in care-homes and in community settings such as libraries.
- Local Authority Support for assessment, intervention and transition for pupils they're struggling to place

Whilst referrals to the Outreach Service are often for individual pupils we do accept systemic referrals and the work we undertake is often with the staff and networks rather than the individual pupils themselves. Children and young people are referred to the Gloucester House Outreach Service for a range of reasons, including:

- being at risk of exclusion
- having been excluded and out of school
- Local Authorities who are not able to find suitable provision and seek our help with interventions to support a pupil's readiness for school alongside supporting the network to find suitable provision
- Supporting pupil transition

All pieces of work have a key link worker to coordinate the work, ensure reports and outcomes are gathered and inform the next stages/ evaluations of work. The key link worker gathers information in relation to the network and facilitates network communication. This '*working together for learning and development*' is a fundamental pillar of our approach to ensure joined up, meaningful and effective work takes place. Our focus across all of our work is building capacity in individuals and teams/families and developing understanding and skills for working with children with SEMH needs. This includes internal capacity building within the pupils themselves. One of our key principles and aims is to support inclusion and improve the life chances for this group of pupils

Our individual interventions provide therapeutic education for children and young people, which may be enhanced by adapted therapeutic interventions, and or parent work.

## **2) Referral data:**

During the two years this report covers we supported 24 systems, children and young people. All of the work included working in partnership with professional networks, families and staff around the child- offering training, consultation, strategies, and capacity building. Some of the work included direct work with children/young people.

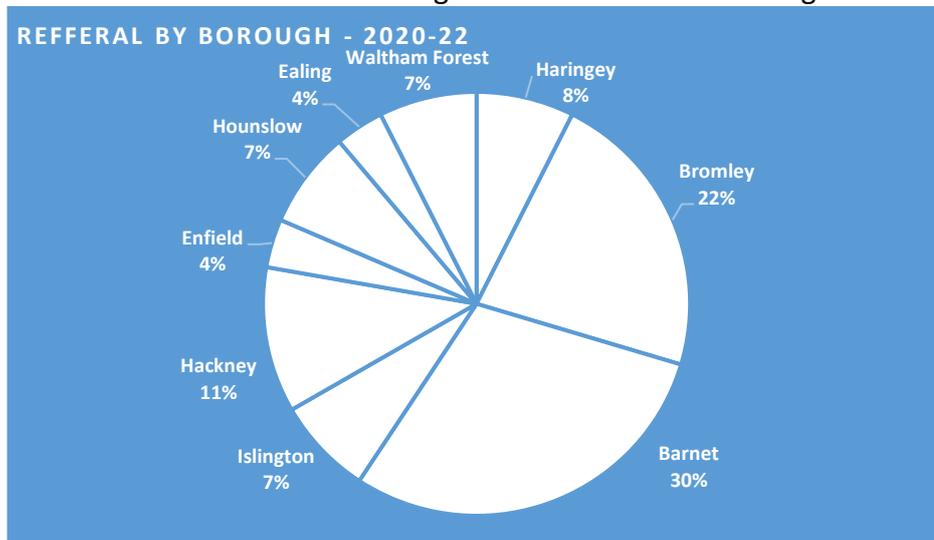
11 of the 24 (46%) were out of school

5 of the 24 (21%) were out of school then supported to a new school

5 of the 24 (21%) transitioned from one school to another school

3 of the 24 (12%) were at risk of exclusion and supported to remain in school

The referrals came from 9 boroughs in the London and SE Region.



Whilst most of our work is commissioned by Local Authorities a proportion of these figures include work commissioned directly by schools.

## **Demographic Details of Referred Young People**

100% of the pupils referred have one or more of the following risk factors (Adverse Childhood Experiences)

16% were LAC and a further 12% lived with parents/carers that were not their birth parents  
64% social work involvement

100% were known to or had been referred to community CAMHS

100% pupils have Education Health Care Plans (EHCPs)

72% have a diagnosis of at least one specific SEN, including ADHD, ASD, Dyslexia and Dyspraxia.

84% underachieving academically

84% are at risk of exclusion or have been out of school following exclusion or school refusal

48% came from black and minoritised ethnic background

### **3) Examples of interventions**

#### **Direct 1:1**

##### Context

- 14 year old
- Adopted-early trauma and attachment difficulties
- Known to CAMHS for a number of years- but not engaging.
- School refusal and running away
- Parent child relationship was strained
- Child engaging in risk taking behavior- self harming, running away, challenging staff

##### Intervention

- Providing a manageable education package
- Working with Network
- Zone of regulation (self-regulation intervention)
- Therapeutic Art sessions
- Parent work

##### Outcome

- Pupil improved behavior for learning, academic levels and improved confidence and self esteem
- Improvement in the relationships at home- parents felt better able to understand and respond to child's need and was able to see positive progress in their child.
- Improved communication between multiple agencies
- Pupil was able to engage with local CAMHS intervention
- Pupil was supported to move to a new school
- Reduction in risk taking behavior

#### **Indirect – Individual**

##### Context

- Year 6 child in Primary school
- EHCP- SEMH, ADHD,ASC
- Risk of exclusion
- Taught almost exclusively out of class
- No peer relationships
- Abusive towards support staff
- Not engaging in learning
- Parent finding child behaviour difficult to manage at home

##### Intervention

- Observation, Assessment and consultation
- Observation feedback on strengths and areas for support
- Training- ASC, Strategies, Behaviour as a communication
- Reflective Practice Space for staff
- Lego Therapy with Outreach staff alongside school staff
- Review meetings with network

- Parent work
- Transition support to secondary school

#### Outcome

- Pupil having more time with peers and learning in class with support
- Support staff more confident and adaptable to respond to child's need
- Teacher able to plan for pupil to be in the class
- Improvement in pupils peer relationships
- Improved parental capacity to manage their child's behaviour at home
- Increased consistency and communication between home and school
- Additional support offered at home through signposting to local services.
- Support to child and school around transition
- Child remained in school throughout and transition successful

### **School Consultation**

#### Context

- School requesting support in meeting needs of pupils with SEMH
- Focus on needs of a small identified group of children

#### Intervention

- Review of school systems
- Parent engagements sessions
- Training on Neurodiversity
- Staff Reflective Practice

#### Outcome

- Staff reported feeling more confident in responding to needs of pupils
- Staff reported training had given them physical practical 'tools' strategies to work with the pupils
- Parent engagement with school improved

#### **4) Education Outcomes for pupils who receive direct educational teaching**

##### **Maths:**

Autumn 2020-Summer 2022 Progress in Maths during this timeframe illustrates that all long-term outreach cases made the expected progress in Maths from their baselined starting point. Pupils engaged well in Maths in person and online. In the Summer Term 2021, it was noted that some pupils would benefit from moving to the AQA Maths GCSE and Entry Level curriculum. They were assessed using this framework and gaps noted and planned for. Autumn 2021-Summer 2022-

Pupils continued working through the AQA Maths GCSE and Entry Level frameworks successfully. The pupils for whom this framework was relevant, well exceeded their targets (by more than 10%) in the areas of Maths studied during this time.

##### **English:**

Significant improvements were made by all pupils in reading and spelling; all pupils achieved at or above the expected levels of progress in reading.

Staff observation and pupil self-assessment indicated an improved confidence and willingness to engage in reading and spelling activities

Reading and Communication, Vocabulary, Grammar and Punctuation; the majority of pupils made progress above the expected rate of progress.

Writing: During this timeframe, progress was variable. This area of the curriculum was particularly impacted by virtual sessions but significantly improved once we returned to face to face teaching. .

During 2021-22 pupils progressed above their predicted levels in writing.

##### **Personal Development (including SMHC and PHSE):**

All pupils made progress in SMSC between autumn 2021 and summer 2022 including developing independent life skills by using alternative spaces and public transport for their education sessions.

During this timeframe, data concerning pupil's behaviour for learning and emotional and social development was collected using the QCA. This data showed progress made in learning behaviour and emotional behaviour but less in social behaviour. The indicator for an increase in social behaviour is specifically linked to peer group relationships. For the pupils that are not in school this is a harder score to reach.

We have tried to implement a group art therapeutic space for these pupils but have not yet been successful in their engagement in this. This area of work is one we will be considering for future development. Qualitative data does indicate that pupils show improvement in relationships with parent or care giver and staff. The service also encourages and plans for opportunities for pupils to engage in community activities where and when possible. This leads to an improvement in independence and social communication skills.

## 5) Mental Health Outcome Data

In addition to measuring academic and behavioural data we measure mental health outcomes to evaluate progress. The measures we use aim to capture a holistic perspective from clinical/education team, parents/carers and self (aged >11yrs).

GHOR uses the Strengths & Difficulties Questionnaire (SDQ) and the Children' Global Assessment Scale. GHOR gathers this data for indirect and direct work with pupils.

### **Strengths & Difficulties Questionnaire**

The SDQ is a quantitative, diagnostic questionnaire which tracks the improvement or deterioration of symptoms relating to the following disorders:

- Emotional Problems – issues around anxiety and depression, emotional wellbeing and outlook on life.
- Conduct Problems – negative interactions with others, ability to adhere to boundaries
- Hyperactivity – issues around attention, seeing tasks through, can be connected to ADHD
- Peer Problems – whether the child has friends, how they view and interact with peers
- Prosocial – the child's outlook on the world and their ability to engage with activities, such as education and leisure activities
- Impact – the perspective of how the above issues affect those around the child i.e. family, friends, teachers.

The questionnaire is made up of 30 primary questions 5 subsequent broader questions. The scale gives a likelihood of diagnosable issues in the above areas. The higher the score the more likely it is that the young person is suffering from those conditions.

### **Overview:**

- **68.4% of active cases completed SDQ's with at least a time 1 (T1) and time 2 (T2) score**
- **90.9% of those that completed SDQ's demonstrated overall improvement**
- **61% of pupils showed progress in the area of emotional problems**
- **46% of pupils showed progress in the area of conduct**
- **46% of pupils showed progress in the area of hyperactivity**
- The *impact* rating measures the overall day to day distress and impact for the family of the child's needs and difficulties. It is a measure of both how the child is presenting but also how equipped, supported and able the parents and carers feel they are to manage.
- **38% of parents and carers noted a reduction in the impact of their child's needs on their day-to-day functioning as a parent/ family.**
- The *prosocial rating* indicates how well children are able to relate and play with one another without incident. **23% of pupils showed an improvement in their prosocial functioning.** Given that many of our pupils are socially isolated we recognise this as a limitation to the impact in this area for some of our pupils.

- **15% of pupils showed progress in relation to peer problems**
- Overall the data evidences that we continue to make a significant positive impact on some of the most vulnerable and for some 'high risk' children and young people.

### **Children's Global Assessment Scale (CGAS)**

The CGAS is completed by the clinician or key – link worker of a pupil, referrer and/or our own education staff, ideally all three however in some cases it has proven challenging to get enough data from the network around the child.

The scale rates a young person's functioning from 1-100. 1 being severe problems that require the child to have 24 hour care due to severe aggression, self-harming/self-care etc. and would usually be scored for acute psychiatric in-patients.

Therefore the higher the score the better the young person is perceived to be functioning.

### **Overview**

- 55.5% of all cases had gathered CGAS data from 2020 to present
- 74% were recorded an improvement to their score
- 6% either showed no improvement or data was not complete

For the majority of pupils their general functioning and mental wellbeing continues to improve despite the pandemic and families are feeling increasingly equipped to understand and manage their child needs.

## **6) Adaptations and Impact of Covid**

The outreach service made a number of adaptations throughout the pandemic to ensure continuity of service and contact for our vulnerable children who were out of school.

### **Timeline**

March – April 2020: All sessions remote and delivered on Zoom

May –July 2020: Some in person sessions, risk assessed on a case-by-case basis

- September 2020 – January 2021: Hybrid of remote and in person sessions. January-February 2021- All remote
- February- April 2021- Hybrid remote/ in person. No more than one household a day, risk assessed on a case by case basis. Staff testing twice a week.
- April 2021- Present – Return to in person working with no limit on households per day, with some remote work where suitable for child's needs or timetable. In person protocol followed of calling before visit to check if anyone is isolating or has symptoms, hand washing, social distancing and working in a ventilated room

## QI Project

We conducted a QI project in January 2021 to find out what our young people and families experience of online sessions were during the pandemic. This is what emerged/what the findings were.

Parents/carers:

Valued the sessions being able to continue which allowed the child to maintain structure in their day. Furthermore, all our families reported feeling supported throughout the pandemic by the consistency offered by the service.

Some parents/carers reported that the child appeared more focused and engaged on zoom.

The main limitation was the lack of social contact as many of the children were isolated at home.

Therapeutic interventions were more difficult for children to access remotely

There were mixed views on sessions returning to in person- the biggest motivator for this was the social contact and to support the child to engage in the more therapeutic interventions

Pupils:

The majority of the pupils stated they preferred face to face and were keen to recommence as soon as possible.

## 7) Feedback from stakeholders

### Qualitative Feedback – ESQ & Service Evaluation

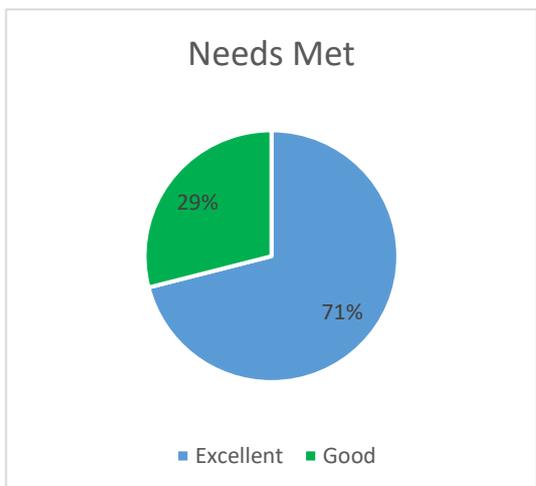
- *“Gloucester House have been an amazing support to us. They have given us confidence and excellent advice... We have been able to respond to the child emulating the language that outreach staff uses which has given us confidence and consistency to the child.” – SENDCO,*
- *“GH Outreach input provided a personalised approach to the child and family circumstances which led to a positive impact on the child’s social, emotional and mental health needs” –LA*
- *“has made tremendous educational progress... he has gone from being completely out of education to completing qualifications in a vocational setting without staff support. “ – Social Worker, London Borough*
- *“It has been helpful to have the therapist’s support over the year... it’s also been helpful to trust the GHO team, knowing they are clinically supported”*
- *Constant trauma aware, ‘non-reactive’, teaching has allowed X to change his ‘script’ ... and start to learn much more appropriate learning behaviours. He now considers himself able to learn with and from teachers.- Parent*

- *A safe place for a parent to share and dissipate anxiety. Acceptance of the partnering...- Parent*
- *The interventions have been invaluable and arguably the most effective and consistent element of the overall multi-agency package, moving from moments of interaction to regular sessions. I would have not been able to carry out any work without support from GHO-Consultant Clinical Psychologist*

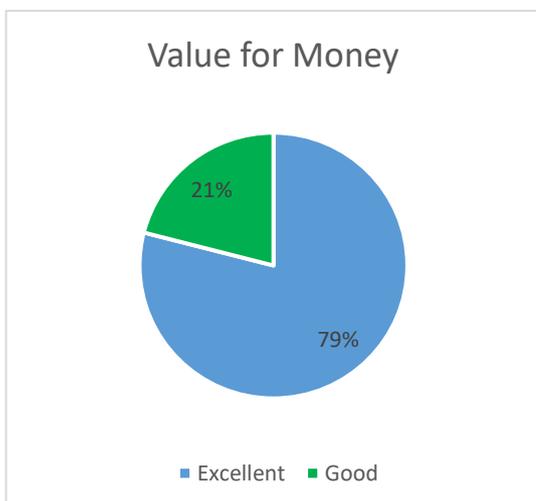
**Evaluation of service by service users:**



“I found that the staff at Gloucester House were able to demonstrate that they understood the complex needs of our child” - Outreach Parent



“The support provided has been exemplary. In particular the reflective practice session, which I know my colleagues have found useful” –School SENDCo



“ The input from Gloucester House has been incredible. Our child has gained so much confidence and trust in himself and what he can achieve” - Outreach Parent

What did you find most useful?  
 “Consistency of staff, significant knowledge of education with children with other needs, including children who have experienced trauma and attachment difficulties.”- Social Worker

As we are a multidisciplinary team we are uniquely positioned to recognize and respond to the complex presentations of our pupils. The outreach service has a strong emphasis on working both with and around the child with the networks that support them. We are able to meet families and professionals where they are at and together unpick and support effective change.

Our stakeholders value the expertise we offer as well as describing us as a safe and supportive service. We believe that it is only through such collaboration and partnership working that we can effectively support change. In addition to highly skilled workforce the team works within an education and NHS framework . This framework provides a systemic structure and ensures families and professionals are assured that the service is safe and exists within statutory guidelines.

Our integrated education and therapeutic service ethos and working practice works with the whole system in partnership with parents and carers. Feedback from parents reflects the value placed on the trusting relationships and the support this provides to help parents/carers feel more confident in understanding, and responding to, their child's needs.

Our training and consultation packages improve knowledge and skills and practical application. Our focus is capacity building at all levels and we use a range of tools and strategies for work with pupils, parents/carers and professionals. Feedback demonstrates that this is a valued and essential part of what we deliver

## **8) Monitoring and Quality Assurance**

Gloucester House's SIP (School Improvement Partner) and Challenge Partners Quality assured the service.

SIP –

The SIP reported that the combination of psychosocial and academic input for the out of school pupils was appropriate to support learning, development and next steps for this group of pupils. The use of psycho-social interventions in 1:1 sessions and capacity-building work for staff was reviewed favorably in relation to impact for pupils. .

Challenge Partners –

Challenge partners (Nov 21) met with the Outreach Team to review the outcomes of the service and commented that:

*“Outcomes of the outreach service are exceptionally positive. All pupils in the current caseload have re-engaged with education successfully. Colleagues in other schools report they have been supported effectively to develop the skills and systems needed to introduce an integrated provision. Parents shared that the outreach service is completely changing the social dynamic at home, providing stability and further confidence”*

## **9) Conclusion**

This report spans period of time during the pandemic which presented considerable challenge and change for us and our service users. Isolation was a particular concern for many of the pupils and systems we support. The QI project (Jan 2021) informed next steps and improvements to service delivery, through feedback from pupils and parents. Our service delivery now includes the possibility of online and outdoor sessions where appropriate. Many of our network meetings are now held remotely. This is cost efficient, time efficient and increases accessibility.

All children receiving direct education from us showed improvement in reading, writing, spoken language and mathematics despite profound resistance to, and anxiety about, academic learning. Most pupils in direct and indirect work showed improvements in personal development as evidenced through GBOs, CGAS, and SDQ data.

Despite delays due to the impact of the pandemic we have also successfully supported transition and/or reintegration of pupils to schools and colleges. For some of these pupils this is after long periods out of school and/or continued failed placements.

The collaborative consultation work has built capacity in local provisions - "I have been able to use strategies suggested for supporting x with other pupils-"(Learning mentor).

Feedback from stakeholders and service users about quality and efficacy of provision continues to be extremely positive and our referrals continue to exceed capacity and come from a broad range of Local Authorities.

### **The Future**

We acknowledge the increased demands in school following the pandemic and the increase in children presenting with mental health difficulties. Young Minds reports that 80 % of CYP nationally reported that the pandemic had a detrimental impact on their mental health. The Children's Commissioner reported a 35% increase in CAMHS referrals in 2019/2020 and a 60% increase compared to 2017/2018. These reports highlight the need for, and value of, holistic and joined up approaches.

As an integrated mental health and education service we are uniquely placed to offer support to schools in addressing these challenges and building capacity in the workforce. In this context and in the light of our outcomes and feedback from stakeholders we have identified the following as priorities for the forthcoming period.

- Further development of our capacity building in schools and other settings offer.
- Further development of our training and reflective practice offer.
- Streamlining our costing and referral processes to increase accessibility.

*Report compiled by Nell Nicholson and Nimisha Deakin ( Sept 2022)*