What is the CASCADE framework?

The CASCADE framework is a pragmatic tool developed for use with stakeholders working with children and young people (CYP) to identify levels of joint working across seven key domains.

It is intended to help partners find ways of working together more effectively to better support CYP mental health.
## Components of the CASCADE framework

The CASCADE framework comprises seven key domains of interagency working for which respondents are asked to rate their current levels of working.

| Component                                                      | Description                                                                                                                                 |
|                                                               |                                                                                                                                        |
| Clarity on roles, remit and responsibilities of all partners involved in supporting CYP mental health. | This refers to everyone involved in supporting CYP mental health. Is everyone clear about who does what across schools, colleges, and CYP mental health services to support children and young people in the locality? |
| Agreed point of contact and role in schools/colleges and CYP mental health services. | Is there a named point of contact? For example, is there a named mental health lead in schools or colleges and a corresponding contact in CYP mental health services? These contacts need to be agreed between all partners and kept up to date. |
| Structures to support shared planning and collaborative working. | Are there structures that enable agencies to work together? For example, is there a joint steering group for mental health and education colleagues to meet regularly, to plan and share practice? |
| Common approach to outcome measures for young people. | Do schools, colleges and mental health services have a shared understanding regarding outcome measures? Are outcomes derived from those measures shared between mental health professionals and education professionals? |
| Ability to continue to learn and draw on best practice. | Are there opportunities to share good practice between education and mental health professionals; for example, joint training programmes, newsletters or web forums? Is this information shared widely and does it drive change? |
| Development of integrated working to promote rapid and better access to support. | Are referral procedures clear to schools and colleges (e.g., if a CYP is suicidal, how are they managed in the system)? Consider speed of access, ease of referrals, clear referral pathways, and integration of ALL partners along these pathways. Do mental health services have a clear feedback system to schools and colleges? |
| Evidence-based approach to intervention. | Are all schools, colleges and mental health services ensuring that any interventions used have an evidence base? This is to ensure that programmes being implemented are evidence informed and beneficial to CYP. |
What is the Mental Health Services and Schools and Colleges Link Programme (MHSSCLP)?

This programme is a ground-breaking initiative, funded by the Department for Education (DfE), to help Clinical Commissioning Groups (CCGs) and Local Authorities (LAs) work together with schools and colleges to provide timely mental health support to children and young people. It works to empower staff by brokering contact, sharing expertise and developing a joint vision for CYP mental health and wellbeing in each locality. The CASCADE framework has been used as part of the two-day workshops to help educational and mental health professionals.

Here we provide insight into how the programme has been implemented in three areas and the progress that has been made.
Area Spotlight: Kent

The seven Kent CCGs joined together with Kent County Council (KCC) Education and Young People, Specialist Children’s Services and KCC Public Health departments to develop a plan for transforming the emotional wellbeing and the mental health of CYP in Kent. A Kent public health needs assessment showed that children are falling through gaps between services and Kent is benchmarked as performing less well than the national average across England for pupils with behavioural, emotional and social support needs, speech, language or communication needs, and pupils with autism spectrum disorder (School Census, 2017).

A recent review of Kent services suggested that in Kent there is:

- a disparity between how schools support CYP and the staff approach to building resilience;
- no consistent whole-school approaches in colleges and early years settings;
- a lack of integrated pathways for children with disabilities, children in special schools, children with long term conditions and children with Speech, Language and Communication Needs (SLCN);
- a gap of Social and Emotional Learning (SEL) in primary schools;
- a lack of Mental Health First Aid training for education and health staff working with vulnerable groups including children with disabilities and those in special schools.

HeadStart Kent is championing prevention and early intervention when young people are at risk of their emotional wellbeing being impacted by trauma such as domestic abuse. Training is taking place for people working in schools and local communities so they can identify and support young people more effectively. Bespoke, one-to-one support from a trained practitioner is also offered to young people and their families, to build their resilience, help them recover from trauma, and improve their emotional health and wellbeing.

The MHSSCLP in Kent was led by senior managers from North, West and East Kent. Through their participation in the MHSSCLP Kent aimed to:

- promote positive emotional wellbeing across the system through campaigns to assertively reduce stigma associated with mental health;
- promote the delivery of a social and emotional curriculum in every school, early years setting and college;
- improve systems around children, families, communities and schools to improve self-management, peer and parent-led support;
- review, identify and promote best practice in relation to peer support schemes among 14 to 19-year-olds in Kent with a view to increasing the proportion of schools and youth settings offering peer support programmes, with a particular focus on those identifying as LGBTQ.

At the first workshops, East Kent identified themes emerging from discussions around the CASCADE framework and current working; these were then taken forward as areas to build upon and priorities for change.
Workshop 1

Workshop 1 was attended by 50 individuals, from approximately 20 schools (primary, secondary, higher education and a pupil referral unit), as well as staff from the local mental health service, voluntary sector projects, HeadStart Kent, Kent County Council early help services and health commissioners. The emerging themes which were specific to the schools and colleges were:

- **Communication**: There is no consistent system for engaging or communicating with schools. Campaign materials, training opportunities, and general information regarding emotional wellbeing and mental health is not received by the right person or cascaded appropriately within schools.

- **Access to information**: Schools (and all partners) expressed a frustration with not knowing what is out there for their staff or families to access.

- **Having confidence understanding evidence-based interventions**: Building on the above, once a school identifies an intervention or professional (particularly independent therapists, counsellors or staff training), they are not ensuring that they are buying an appropriate evidence-based intervention to meet the need (e.g. always buying the same Play Therapist regardless of a child’s presenting need, or staff undertaking training that is not appropriate).

- **Parents and their mental health**: As a system, schools in East Kent are not given enough information about services for parents and their mental health.

- **Mental health leads in schools**: Most schools said they have a mental health lead. However, this is inconsistent; for example, the mental health lead in a mid-sized primary school was the 16-hour a week family liaison officer. In another very large secondary, it was the Year 9 P.E. teacher – both had no significant influence within the school nor any training or support from the system.
Workshop 2

Workshop 2, six weeks later, had largely the same attendance which helped build on relationships and develop consensus of approach.

Given the themes that were raised in Workshop 1, they wanted to focus part of the session on mental health leads in schools. A HeadStart colleague introduced the whole school approach to resilience and what a good mental health lead would do and how they would be supported. This was discussed between partners, and everyone liked the idea of all schools adopting a generic email address so that external partners could easily contact the school mental health lead. All schools found it difficult to conceive that a senior designated lead in a school would be effective (with other pressures within schools) and suggestions were made to have a senior leader paired up with an operational (possibly pastoral) lead.

Continuing progress

Since completing the workshops there have been:

• School/mental health (MH) and partner network meetings in Canterbury CCG, West Kent CCG, Dartford Gravesham and Swanley CCG and Swale CCG – and a network meeting planned for Thanet CCG in May.

• Successful bids to the Trailblazer programme (DGS and Swale CCGs), which was enabled by the workshops as they helped build relationships on the ground and kick-started the process.

• Commissioning of unified communications strategy work to establish a more consistent language and approach to emotional wellbeing and mental health.

There are now named contacts in many schools and services, which has made talking to each other much simpler. These are being developed across the area.
Area Spotlight: West Sussex

West Sussex has 173,000 under 18-year olds, 289 primary schools, 96 secondary schools and 5 colleges. West Sussex is one of the 20% least deprived counties/unitary authorities in England, however about 13% (18,500) of children live in low-income families (Health Profile 2017, Public Health England). West Sussex’s MHSSCLP was jointly led by the Children’s Lead Commissioner, an Emotional Wellbeing and Mental Health Programme Manager, and a Vice Principal of a local academy. The Programme Manager, an educational psychologist, sat within the Children and Families Commissioning Team and was seconded to co-ordinate the work with schools and colleges being driven through the local transformation plan. West Sussex has a whole school and college Emotional Wellbeing and Mental Health Strategy co-produced and agreed with stakeholders, which influences projects involving schools and educational settings. Workshops were held in North and South West Sussex.

Following the workshops, the area leads produced a report to share with their area, highlighting themes that emerged for their area which led to the identification of key strategic elements (see Figure 1).

Workshop attendees were then asked to generate a detailed picture of what would have been achieved by 2020 in the mental health and wellbeing landscape related to each specific aspect, which helped them develop detailed next steps to guide working. As a result, the area has made considerable progress in joint working. Some of their key achievements are highlighted below.

Figure 1. Key strategic elements for West Sussex identified from the MHSSCLP workshops.

Figure 2. Forward planning from West Sussex workshop 2 detailing anticipated change across key areas by 2020.

MH – Mental Health
EHWB – Emotional Health and Wellbeing
YES – Youth Emotional Support
CMHL – Community Mental Health Liaison
Key achievements

- Developed a whole system approach to school and college wellbeing to include a cross-directorate board to drive this transformation agenda forward, chaired by the Director of Education.
- Pooled funding across health and local authority for a role to lead on school and college wellbeing.
- Emotional-based school avoiders (EBSA) – a workshop with over 50 people (with the views of parents, schools, GPs, CAMHS, third sector, local authority and students represented) led to the development of an EBSA strategic plan through a ‘path’.
- GP, local authority, CAMHS and schools meeting together in local groups across the county, and these pilot models are being extended.
- Audit of emotional wellbeing and mental health training for schools undertaken in order to develop a strategic, joined up health and local authority response to training and capacity development.
- West Sussex Local Offer website now has a schools and colleges section where any partner (health, parents, local authority, schools, colleges) can access resources and book training.
- Joint health and local authority Youth Participation Officers project to coordinate young people and MH workers in testing MH and wellbeing apps and develop a bank of recommended effective apps.
- Colleges Wellbeing Working Party who have audited their establishments’ practice around MH and wellbeing.
- Schools and local authority identifying an agreed emotional health and wellbeing (EHWB) assessment tool and developing training to support the use of this tool.

Overcoming challenges

Progress in supporting CYP mental health and joint working is not without its challenges. West Sussex has highlighted some of these challenges and how these have been overcome:

- **Ensuring buy in from all partners** – having a cross-directorate board to drive this agenda forward has ensured that there is senior leadership and ownership of this agenda. It has allowed for health and the local authority to prioritise key strategic areas of work, plan for the implementation of mental health in schools agenda, pool resources and avoid duplication of delivery.
- **Capacity** – having a dedicated lead to manage this agenda has been crucial. The importance of having a lead who tackles this agenda strategically through a systems-wide approach has been fundamental. Having a member of staff with a background within education is essential, with contacts with local schools and colleges.
- **Looking at this agenda with a wider outlook than just mental health** – there is a need to recognise the potential to influence other systems, e.g. the healthy child programme and the delivery of school nurses, and the public health agenda.
Area spotlight: Durham and Darlington

Prior to taking part in the MHSSCLP, County Durham were working to improve and expand capacity training and development in schools to support CYP’s resilience and emotional wellbeing. Durham have rolled out the resilience programme in schools, along with the Youth Aware of Mental Health (YAM) pilot, which focuses on promoting resilience and emotional wellbeing in schools. The pilot was in progress and led by Public Health and Durham County Council (DCC) Education, to roll out the YAM programme for 75 schools in County Durham. They have a well-established, county-wide, multi-agency, professional Emotional Wellbeing Network (40–50 people attend meetings and almost 600 form the corresponding e-network).

Prior to taking part in the MHSSCLP, Darlington was fostering a whole school culture and ethos around emotional health and wellbeing to support the development of emotional health and wellbeing, as well as the teaching of social and emotional skills as part of the taught curriculum to build resilience and coping strategies. For example, the majority of schools are now trained in Mental Health First Aid and a cluster of primary schools in conjunction with a special school for children with social, emotional and mental health (SEMH) needs have implemented peer support projects. Mindfulness training has been delivered to 24 out of 43 schools and colleges, adopting the ‘Train the Trainer’ approach to ensure greater sustainability. Darlington Homes and Hospitals Service has now included Mindfulness in the curriculum.

The MHSSCLP in Durham and Darlington was led by the NHS Senior Commissioning Support Officer, an educational psychologist, the Schools Forum Lead (for Darlington) and the CCG. As there are only 43 schools and colleges in Darlington, it was decided to run the programme jointly between County Durham and Darlington. There was strong cross-area partnership working already in place allowing the implementation to be co-productive. Overall, 49 schools and colleges from Durham and 34 from Darlington took part in the programme. At the workshops, it was determined that development of integrated working to promote rapid and better access to support was the weakest area, and most in need of improvement, as referrals from schools were either too lengthy, with difficulty identifying relevant information, or too short and lacking in relevant information. Schools and colleges also felt that they were not getting feedback following referrals and therefore did not know how to best support CYP.

At the workshops, CAMHS stressed the use of the SBARD (Situation, Background, Assessment, Recommendation, Decision) communication tool. The SBARD tool has been used as an aid to decision making for some time within CAMHS and was implemented to support the schools decision-making process for referrals a few months prior to the events. During the events there was very positive feedback from those who had used the tool, as they felt that they could then confidently provide the detail needed by the single point of access team to discuss, for example the referral and rational. The use of the SBARD was piloted in the schools who attended the workshops. As a result, CYPMHS have been getting better referrals that they are able to deal with in a more timely manner. In addition, schools are now receiving much needed feedback around outcomes, and next steps following their referrals in order to better support CYP. The SBARD hasn’t yet been rolled out across the area; this will be done once networks are built further by creating schools locality forums and continuing links formed at the MHSSCLP. The challenge will lie in ensuring that all schools use the tool to support their decision making.
“I have used the SPA referral with the SBARD on three occasions and found this to be far more appropriate for school to use, as it allows school to explain their concerns more easily, along with parents, and with less anxiety. I have spoken on several occasions with CAMHS around the use of SBARD and further supporting assessments to accompany a referral from school. It has been a seamless transition from the old referral process to the new process and through regular dialogue we are constantly reviewing what information we as a school can provide to help make an assessment/diagnosis easier for all concerned.”

Emotional Well Being and Mental Health Lead – Darlington Primary School

How can I put the CASCADE framework into practice?

Attendees were asked to identify a small step they could complete before the second workshop to move joint working forward in their area. Some examples are provided below:

**C**larity on roles, remit and responsibilities of all partners involved in supporting CYP mental health
- Speak to SENCO regarding referral process in school.
- Invite Emotional Health and Wellbeing professional to team meeting.
- Offer advice on setting up mental health policy/program in the schools that I work with.

**A**greed point of contact and role in schools/colleges and CYP mental health services
- Create network of school staff and professionals working in the arena of mental health.
- Read green paper, find out who the mental health champions are in my locality.
- Contact schools for consultation that were interested in links with CAMHS.
- Disseminate info to staff, upload resources that can support students directly.

**S**tructures to support shared planning and collaborative working
- Write a school mental health policy.
- Plan a transition programme for Y5 to reduce anxiety.
- Discuss with other managers how to keep other services updated on our involvement with a young person.
- Liaise with local authority colleagues on an approach for follow up with schools.
Common approach to outcome measures for young people
- Schools to attend training on outcomes.
- Use goal-based outcomes to inform therapeutic behaviour strategies and impact measures for MH interventions.
- Look at resources to support the development of our team resources for capturing pupil voice.
- Research alternative, more relevant measurement tools to the Strengths and Difficulties Questionnaire.

Ability to continue to learn and draw on best practice
- Continue the close link to CAMHS which has been developed.
- Share knowledge gained with others within the organisation.
- Implement supervision/debriefing for staff.
- Disseminate Anna Freud Centre resources to staff.

Development of integrated working to promote rapid and better access to support
- Influence stakeholder event themes across county.
- Collate information for improved signposting to students and staff.
- Refresh the children and parents on the ‘worry teacher’ resource that is available on the website.

Evidence-based approach to intervention
- Carry out staff training on mental health.
- Use an intervention measure with children in school.
- Create a wellbeing survey for students.