

**Commissioning therapy for Children in Care in schools using the PP+ grant.**

A Guide for Designated Teachers and Social Workers

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*“Education is the most powerful weapon which you can use to change the world.”*

**Nelson Mandela**

*Our mission is to place our children and young people at the very heart of everything we do. Championing their interests, celebrating their successes, and constantly striving to ensure that all those working around them share the highest aspirations for their achievements. We want our children and young people to feel happy, safe, and secure in settings where they receive an outstanding educational experience that enables them to grow into confident, resilient citizens.*

**Dear Social Workers and Designated Teachers,**

**Dear designated teacher and Social Worker,**

Schools have an important role in supporting children’s mental health as ‘*It is widely recognised that a child’s emotional health and wellbeing influences their cognitive development and learning (1,2) as well as their physical and social health and their mental wellbeing in adulthood (3,4,5).’*

Where a school believes there is a need for a child to receive a therapeutic provision to address a mental health need, they should discuss this with the child’s social worker and the school’s Senior Mental Health Lead and consider early support or a referral for specialist support from CAMHS or Social Care.

Designated Teachers should discuss with their school’s Senior Mental Health Lead ‘approaches tailored to the particular needs of children including CiC. They should be ‘*taking a coordinated and* ***evidence-informed*** *approach to mental health and wellbeing*’ in order to meet their ‘*statutory duty to promote the welfare of their pupils and students, which includes preventing impairment of children’s health or development and taking action to enable all children to have the best outcomes*.’

Requests for PP+ funding to support therapy for a young person will only be considered where it is part of an ***early support package*** and where:

* An up-to-date SDQ has been completed and uploaded to the child’s ePEP record.
* An up-to-date SEMH assessment has been conducted and attached to the child’s ePEP record. Where the interventions from that assessment have been implemented through the PEP and have not improved outcomes.
* The child’s social worker supports the intervention and confirms it will not clash with other therapeutic interventions already in place.
* The intervention has clear targets for improving **educational** outcomes agreed with the DT, the school’s senior mental health lead and Virtual School’s Allocated Advisor.
* There is clear evidence that the school has implemented the strategies in ‘*Promoting children and young people’s mental health and wellbeing A whole school or college approach’* (<https://assets.publishing.service.gov.uk/media/614cc965d3bf7f718518029c/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf>) and *‘School-based counselling – the essential guide for school leaders, mental health leads and commissioners’. (*[*https://www.bacp.co.uk/media/21211/bacp-school-based-counselling-the-essential-guide-for-school-leaders-mental-health-leads-and-commissioners-july-2024.pdf*](https://www.bacp.co.uk/media/21211/bacp-school-based-counselling-the-essential-guide-for-school-leaders-mental-health-leads-and-commissioners-july-2024.pdf)*)*

Where a child has been referred to **specialist support** such as CAMHS/Social Care, the Virtual School will not agree to PP+ funding for therapy. Should the need for a longer-term intervention emerge as part of an early support package, access to specialist support (CAMHS/Social Care) will need to be sought. Virtual school will only fund early support. Where longer term needs are identified these must be referred to specialist support (CAMHS/Social Care).

Yours sincerely



John Edgar MEd (Cantab), NPQH, PQSI

**Headteacher Essex Virtual School**

**Process for applications for early support**

Before therapy is commissioned the request *must meet the conditions above* – once this is established, please ensure that the following points are addressed before submitting the terms PEP.

* An assessment of need is carried out. **Please refer to the Essex Virtual School (EVS) Educational Planning for Wellbeing Guide- *can be found at top of tab 2 on the PEP.***

***If the outcome of assessment shows a need – follow next steps.***

* Written consent has been obtained from the young person (Post 16), the Allocated Social Worker (please consult the social worker in regard to the need for parental consent).
* Contact your school’s senior mental health lead and allocated Virtual School adviser to discuss the above.
* If therapy is agreed by the adviser, then the Virtual school will only agree to fund the therapy for *1 block (1 term, 12 x weeks)* the therapy cost also needs to be within the termly PP+ funding allocation. **If the funding is above the allocation, then this will need to go to the Virtual School panel to agree. Please complete and return an exceptional PP+ funding request if above allocation. Please note that the PP+ grant will not be agreed for more than above time period as this will then be deemed as a long-term need that must be referred to CAMHS/Social Care.**
* Assessments and the written consent/s need to be upload onto the PEP.
* A SMART target needs to be added to the PEP, detailing number of sessions, when this will take place and who will provide the therapy.
* A PEP must not be submitted if there is a funding request above the termly allocation and you have not yet received a decision from the VS Panel.

**Arranging therapy in school**

Commissioning therapy:

There are various things to check when commissioning therapy for a child in your school – this will help to ensure that therapists are suitably qualified and experienced and a good match for the child’s needs. Without these checks, therapy could be unhelpful or even harmful. Refer to the following publications for further guidance: *Promoting children and young people’s mental health and wellbeing A whole school or college approach’* (<https://assets.publishing.service.gov.uk/media/614cc965d3bf7f718518029c/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf>) and *‘School-based counselling – the essential guide for school leaders, mental health leads and commissioners’. (*[*https://www.bacp.co.uk/media/21211/bacp-school-based-counselling-the-essential-guide-for-school-leaders-mental-health-leads-and-commissioners-july-2024.pdf*](https://www.bacp.co.uk/media/21211/bacp-school-based-counselling-the-essential-guide-for-school-leaders-mental-health-leads-and-commissioners-july-2024.pdf)*)*

* Therapists should be registered with a regulatory body whose ethics and standards you can refer to (e.g. BACP/ACP/BAPT/HCPC)
* They should have access to regular clinical supervision from a supervisor registered with a regulatory body (as above)
* Therapists working with children in care should be able to demonstrate experience of working with developmental trauma (including loss and attachment disruption i.e. the experience of being moved from carer to carer) and with the social care system.
* The social worker can help ensure that therapy is carefully timed – many children in care have long periods of living with uncertainty (e.g. while care proceedings are ongoing or a move to a new family is planned). Therapy should only take place when the child has safe, emotionally available carers who can support the therapy.

**Consent:**

Therapists should seek written consent from the child’s social worker as corporate parent. *Foster carers are not able to give consent for therapy (as with any medical care), for children in care.*

**Other things you should expect from therapists:**

School can be a really good place for children and young people to access therapy, especially if school is a safe, predictable part of their life. However, therapy should not happen in isolation from their other key relationships. Therapists will be in the child or young person’s life for a short time compared to parents, carers, adults in school and where relevant, social workers. So much more can be achieved if the key adults come together to support and learn from a therapeutic intervention. Therapists who are employed on an hourly freelance basis, will need to charge for the extra time involved in meeting and sharing information with key people, including report writing. This should be factored into the budget from the start.

* Following a period of assessment, therapists should be clear and explicit about the aims of therapy.
* Therapists should involve key adults in school, social workers, and parents/carers in planning therapy and in regular reviews during therapy either through meetings, providing reports or ideally both.
* At each review, key adults including the therapist should share their understanding of and updates about the child and their needs, to support sensitive care in school and at home.
* At each review, the therapist should provide an update on progress towards aims in therapy.
* At each review, the therapist and key adults should consider whether the child is/is not ready to end and if not, what the revised or remaining aims are.

If therapy has already been agreed for the Autumn term, then this will be funded. However, it will not be funded moving forward as you will have already completed the early support programme.