



# Place2Be NHS Quality Account

June 2023



## About us

Place2Be is a children and young people's mental health charity with almost 30 years' experience of providing mental health support in UK schools. Our whole school approach to mental wellbeing involves supporting not only pupils, but also their families and school staff. We are also leaders in delivering expert training for school staff and qualifications for mental health professionals.

Our support allows pupils to express themselves in different ways through talking, creative work and play. Place2Be's mental health professionals use an integrative therapeutic approach, backed by evidence and research, bringing together different strands of therapeutic thinking to support each child's development.

## Introduction and statement on quality from the Chief Executive

Place2Be was founded in 1994, to improve children and young people's mental health and their life chances. We do this by embedding professional mental health support within the familiar environment of the school.

A crucial and unwavering principle from the start was that Place2Be would collect data and evaluate our work and impact. This is to ensure we develop and refine our services, based on learning from our practice at the heart of school communities, alongside insights and evidence from wider research.

Over the past three decades, Place2Be has been constantly evaluating the quality and effectiveness of the service that we provide. Based on need and local practice, we have developed our approach and model to include: support for parents; expert training for school staff; and the delivery of professional qualifications to build the mental health workforce.

We also work in partnership with many of the UK's leading academics to gain a deeper understanding of the impact of our work; and we share our learnings with the wider sector to inform best practice. Our approach has been guided by external expert members of our Practice and Quality Committee and our Research Advisory Group.

In Place2Be's second Quality Account, we outline these processes in more detail. We also report on the quality priorities we set in our last Quality Account and set new priorities for the year ahead.

Catherine Roche  
Chief Executive, Place2Be

## Our mission, vision and values

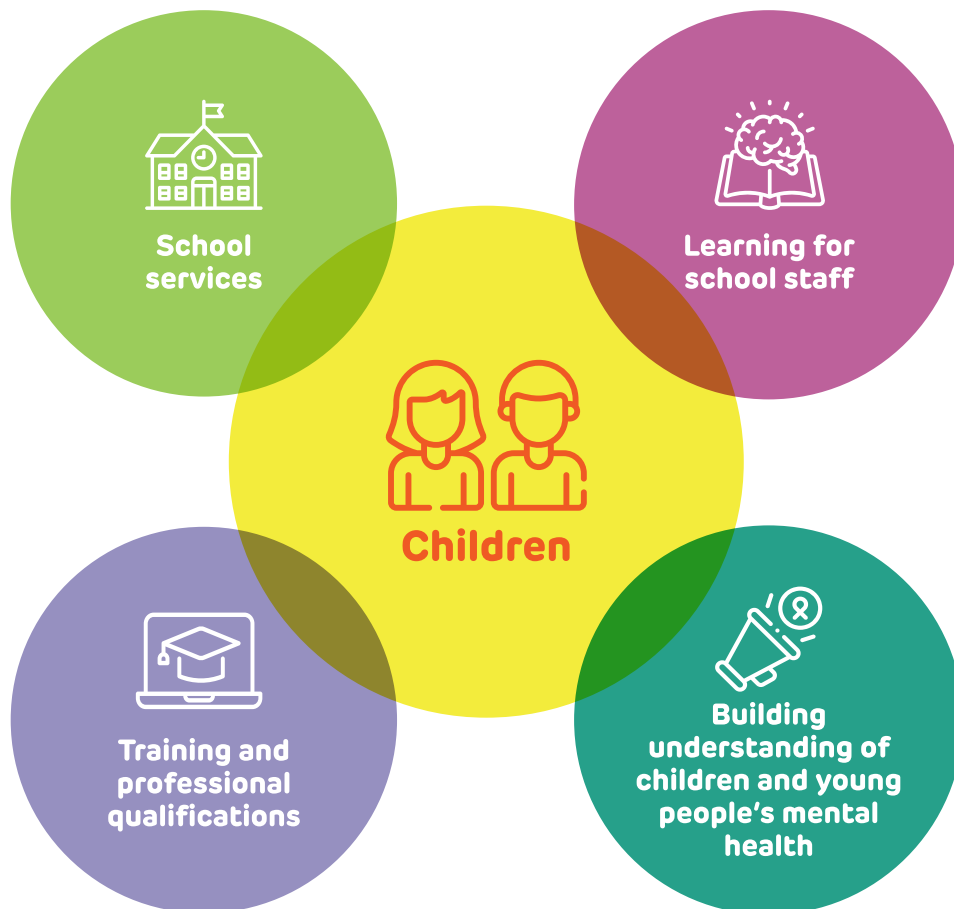
Place2Be provides expert mental health services in schools, guided by our mission, vision, values and approach.

Our mission is to improve the mental wellbeing and prospects of children, their families and school communities. We believe that no child or young person should have to face mental health problems alone. Our teams across the UK promote and enable good mental health and wellbeing, and support pupils to manage challenges in their lives.

Place2Be's vision is for all children and young people to have the support they need to build lifelong coping skills and thrive.

We believe that how we approach our work is as important as the work itself. Our values shape everything we do:

- **Compassion** – We bring empathy and kindness to our work, to better understand and meet the needs of children and young people, colleagues and other stakeholders;
- **Integrity** – We demonstrate sound ethical values in all our work, and we are honest, transparent, courageous and authentic;
- **Perseverance** – We have the courage to continue in the face of adversity and do this with determination to find effective solutions;
- **Creativity** – We bring an open-minded approach and flexibility to our thinking and actions and enable others to do the same.





## Overview of governance structures

Place2Be is governed by an independent board of Trustees.

This information is published on our website ([bit.ly/3eo3yrJ](https://bit.ly/3eo3yrJ)) The Board of Trustees has expert advice and guidance on methodologies, and five committees to advise its work. Short summaries of these committees follow.

- **The Nominations Committee**

To keep under review the structure, size and composition of the Trustee Board and the services of Board members, having regard to the skills needed and the skills of existing members.
- **The Finance and Audit Committee**

To advise the Trustees in relation to their responsibilities for financial management, audit, control, and reporting and to have oversight of the Charity's financial activities. With input from the Technology Advisory Group, it also advises the Trustees in relation to IT strategy and implementation.
- **The Practice and Quality Committee**

To advise the Trustees in relation to the services delivered by the Charity and the quality and standards of clinical practice, administration and research that underpin the services provided by Place2Be. The Committee is further informed by our Research Advisory Group which provides expert advice and guidance on methodologies, analyses, ethics and dissemination of our findings.
- **The Risk Committee**

To ensure that risks across the organisation are effectively identified and managed; to oversee the co-ordination, development and implementation of the risk assessment and management process; to keep under review the systems and controls established by the Executive to mitigate those risks; and to prepare for the Trustees' consideration a statement in the annual accounts.
- **The People and Culture Committee**

To consider any topic relevant to the HR Policies of Place2Be such as remuneration, Equality Diversity and Inclusion, people and capability.

## Information that Place2Be collects

We collect information about our work to evaluate our effectiveness, improve our services and to inform the clinical decision making and monitoring of the service. Measuring impact has been central to Place2Be's model since we were founded in 1994.

### Our mental health professionals collect a variety of information in schools, including:

- Referral details
- The type of support children access
- Socio-demographic information about the pupils we support
- Validated measures of children's mental health and attitudes towards school and learning

We use this information to evaluate our effectiveness and to improve and develop our services for children and young people.

### Every year Place2Be reports on the:

- Demographic profile and number of children and young people we support
- Needs they have
- Types of intervention and numbers of sessions delivered
- Impact of our services on pupils' wellbeing and learning

For more information about the data that Place2Be collects please see this web page - [bit.ly/442eaFK](https://bit.ly/442eaFK)

## Exploring the quality of our services

### Effectiveness and impact

We measure the impact on the mental health of children and young people after therapeutic interventions such as one-to-one counselling. We use two main validated measures to do this:

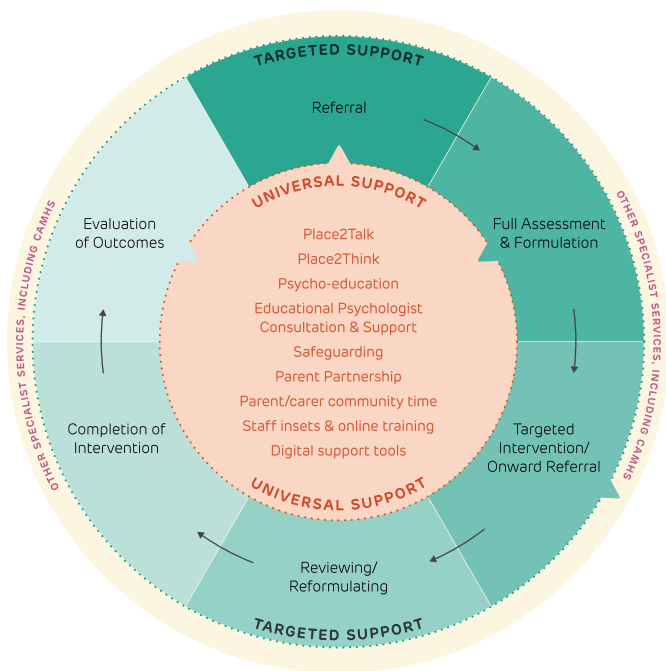
- The Strengths and Difficulties Questionnaire (SDQ) - [bit.ly/3r5uEw9](https://bit.ly/3r5uEw9)
- The Young Person CORE - [bit.ly/3xB1FSH](https://bit.ly/3xB1FSH)

Using these measures, we can assess the mental health needs of the children and young people referred to our service before and after the Place2Be intervention.

We also measure the impact of our support on wider changes in the child's life such as engagement in learning, ability to keep friendships, self-regulation and self-confidence, behaviour, attendance at school and impact on suspension from school, where relevant.

### Benchmarking our service

As a member of the Child Outcomes Research Consortium (CORC), Place2Be receives annual reports benchmarking the outcomes of our services against other organisations (mostly NHS Child and Adolescent Mental Health services - CAMHS). According to the latest report ([bit.ly/31Lg9mH](https://bit.ly/31Lg9mH)) in 2019, pupils who receive our one-to-one counselling demonstrate a higher level of improvement (Parent SDQ total difficulties) compared with other services.



## Continuous clinical improvement

**At Place2Be, we remain committed to continuously improving our services for children, young people and school communities.**

At the heart of our Clinical Delivery Model is the assessment, formulation, child voice and review of our targeted interventions. Over the past four years, we have refined the range of universal and targeted interventions we offer to tailor support to meet the needs of each child.

Ensuring quality data collection is a priority in terms of reliability of the data and findings. Place2Be currently has between 66% and 84% pre and post paired collection from parents, teachers and young people. This compares extremely favourably with other children's mental health service providers. We continue to strive to improve these rates together with the impact we make by providing ongoing training, personal development and supervision for clinical staff.

## Taking part in academic and external research

**Place2Be has an independent Research Advisory Group (RAG) made up of academics and experts.**

The group meets quarterly. It provides expert advice, supportive challenge and guidance on methodologies, analyses, ethics and dissemination of our findings. This gives Place2Be external validation of our research and evaluation.

Place2Be also works with research partners to take part in studies to assess the impact of our work. This includes working in partnership with the University of Cambridge where our Research Chair is based, along with a number of other academic institutions.

Together we strive to build the evidence base around the impact of 'a whole school' and systemic approach to mental health services for children -

[bit.ly/3xm4eax](https://bit.ly/3xm4eax)

**Other key papers that Place2Be has co-authored -**

Teachers concerns about pupil's mental health in a cross-sectional survey of a population sample of British school children - [bit.ly/3DT9lvU](https://bit.ly/3DT9lvU)

What issues bring primary school children to counselling? A service evaluation of presenting issues across 297 schools - [bit.ly/3cKSeWA](https://bit.ly/3cKSeWA)

Impact of school-based mental health provision 'Place2Be' on child and adolescent mental health service (CAMHS) referrals: a longitudinal observational cohort study - [bit.ly/3oFug5J](https://bit.ly/3oFug5J)

A UK school-based mental health service response to the Covid-19 pandemic - [bit.ly/3Jx7lhG](https://bit.ly/3Jx7lhG)

From a child who IS a problem to a child who HAS a problem: fixed period school exclusions and mental health outcomes from routine outcome monitoring among children and young people attending school counselling - [bit.ly/443d10x](https://bit.ly/443d10x)

## Child Voice and Goals

**At the end of an individual counselling intervention for children and young people we collect their views on how it went.**

Among a sample of 3,000 children and young people who had accessed the service between January 2015 and May 2019, 96% reported positive experiences of their counselling.

In secondary schools in 2019/20, 85% of young people felt that their problems were 'a bit better' or 'much better' since attending Place2Be sessions.

Place2Be regularly gathers qualitative feedback from children and young people. We invite young people to participate in focus groups to inform our resources. This includes those for Children's Mental Health Week, our campaign to empower, equip and give a voice to every child in the UK, which highlights the benefit of mental health support from a young age.

**Examples of feedback from young people we support:**

"I feel so lucky that my school has a Place2Be counsellor because I didn't really know where to look for help on my own. There will always be young people facing issues such as exam stress, friendship problems, or anxiety, so I think having the Place2Be service is the best decision any school can make."

"Place2Be helped me talk, so I stopped keeping things inside, I talk with my friends and mum. I know that I always can ask adults for support if I need to".

"The sessions are fun. It helps me to concentrate in class more and I can sit still for longer".

'I feel calmer even though I was feeling worried after returning to school after lockdown, it wasn't as bad as I thought. I don't feel my angry feelings are as intense as they were before lockdown'.



## Satisfaction and experience of school staff

Teachers and school staff play a crucial role in promoting and supporting positive mental health. Our whole school approach includes working with the adults and professionals around a child. This includes training programmes for school leaders and school staff to build their confidence, skills and understanding of mental health and wellbeing. We evaluate their experience of our programmes which informs ongoing development.

In the past academic year (August 2021 – August 2022) over 17,000 teachers and school staff took part in our online Mental Health Champions Foundation Programme. The course has now reached 49% of schools in the UK. 93% of participants said they would recommend the programme to a colleague.

90% of participants feel that the course has increased their capacity to lead a positive approach to mental health and wellbeing. The course was awarded 'Best Learning Technologies Project' in the public and non-profit category of The Learning Technology Awards 2022.

In autumn 2021, we launched our CPD-certified Senior Mental Health Leads training programme, which is quality-assured by the Department for Education. The programme helps senior leaders identify their school's priorities and develop strategic approaches to address those needs. From our evaluation of the programme, 93% of school leaders who took part between September 2022 and March 2023 would recommend it to other school leaders; and 83% thought that some action they had taken was having a positive impact on pupils in their school. Participants' understanding of the criteria used by local CAMHS services when making a referral, improved after taking part - from

42% feeling confident about this before the course, to 68% after taking part in the programme.

School staff who have completed our training programmes can sign up to the virtual Place2Be Staffroom. With over 11,000 members (at May 2023) users can connect with fellow CYP professionals in a safe online community to stay informed about mental health and further develop their learning and understanding. They can also access support and resources from trained clinical experts.

Since its launch in 2021, there have been over 289,000 page views, 2,865 posts and comments on the Staffroom.

We also provide termly and annual reports to our partner schools to report on the impact we are having within the school.

We gather qualitative feedback from schools, such as survey feedback gathered in relation to our Educational Psychology (EP) service. The positive impact of the EP consultations is illustrated in the following quotes:

**"The training provided me with knowledge and understanding of self-regulation and how I am able to support staff who may be struggling with children's behaviour."**

**"We discussed strategies which I can take forward to the school to improve a child's learning environment."**

**"It will allow me to better understand the child's needs and how to meet them differently when in class."**



## Ensuring children and young people's safety

### Safeguarding procedures

As we work with vulnerable children and families, safeguarding is of the greatest importance to Place2Be. We have a comprehensive framework of consents, controls, policies, and reviews to manage the associated risks and act promptly and appropriately if concerns are raised. All school-based staff and Counsellors on Placement are required to complete a safeguarding induction course before commencing their role. This course provides training in how to apply the safeguarding policy and procedure. Following this, Place2Be has a requirement for annual refresher safeguarding training. Our beneficiaries are provided with an explanation of our safeguarding procedure before they begin working with us. To ensure policies are adhered to, safeguarding practice is reviewed via line manager supervision, internal audit processes and externally commissioned audits. The Risk Committee and the Board of Trustees receive quarterly updates on all matters pertaining to safeguarding. Place2Be commissions an independent external safeguarding audit every two years.

Last year, 6677 safeguarding concerns were raised with our Safeguarding Team. The most common concerns raised were self harm, suicide ideation, general mental health / emotional difficulties, physical and emotional abuse. Our Safeguarding Team supports Place2Be staff, and schools, to ensure appropriate actions are taken in order to safeguard any of our service users. All of our safeguarding policies and procedures can be read at [place2be.org.uk/safeguarding](https://place2be.org.uk/safeguarding).

### Psychological safety

Psychological safety and security are important principles in our work. We are committed to providing therapeutic support that is impartial, culturally sensitive and aware, and inclusive. This includes meeting children and young people's needs under the Special Educational Needs and Disabilities Code of Practice and the Equality Act.

Safe and ethical practice is a priority for Place2Be. We are an organisational member of the British Association of Counselling and Psychotherapy (BACP), and abide by their Ethical Framework for the Counselling Professions.



## Reporting against previous priorities for improvement and development

This is Place2Be's second published Quality Account. In our previous Quality Account (2021) we set the following priorities.

- 1. Continue to aim to improve our assessment and formulation data completion rates. We will pay particular attention to improving the response rates for the 'children and young people voice' section of the assessment which is currently the biggest percentage of missing data.**

### Our progress

In the year to date (Aug 2022 to March 2023) 93% of Assessment and Formulations were completed by our school-based teams. This demonstrates continued progress towards our target of 95% completion and was higher than the 88% completion rate in August - March 2021/22. The completion of the 'children and young people's voice' component, which aims to ensure that the views of children and young people are captured as part of our assessment approach, was 97% in 22/23. This is an increase compared with completion in the same period in 2021/22 (94%).

- 2. Continue to measure the effectiveness and impact of the new Clinical Delivery Model particularly in relation to:**

- shorter duration of sessions
- maintaining quality of outcomes
- reaching more children, young people and their families

### Our progress

**a)** In 21/22 academic year, the shorter duration of the intervention period was maintained, with primary school-age children attending an average of 12 sessions of one-to-one counselling; and secondary and high school-age young people attending an average of 10 sessions. This is in line with our Clinical Delivery Model, which aimed to provide children and young people with support through 10 sessions with the possible extension to 20, where appropriate.

**b)** The quality of outcomes was sustained in

2021/22. Most primary-aged children in one-to-one counselling improved by one point or more on the Strengths and Difficulties Questionnaire (SDQ), as reported by teachers (63% improved) and parents (70% improved). Most secondary-aged young people also improved by one point or more on the SDQ, as reported by teachers (64%), parents (67%), and young people themselves (68%). 76% of young people also showed improvements on the self-reported YP-Core. These improvements have remained consistent over previous years for both age groups.

**c)** We are reaching more children, young people and their families. We have increased the number of children and young people who access our services in the year to date August - March 22/23 to 33,039 (from 29,257 at the same time in 21/22). We now work with over 500 partner schools (FY 21/22), up from 492 in 2019/2), enabling us to reach 243,000 children and young people.

- 3. Continue to increase the range of interventions delivered to include the new offers (Parenting training online and face to face; a Cognitive Behavioural Therapy informed intervention for secondary young people).**

### Our progress

We have expanded the range of interventions available for children, young people and their families to now include: Personalised Individual Parenting Training (PIPT), both in-person and online, and the Parenting Smart self-help website. In January 2021, we introduced the Knowledge Insights Tools (KIT) brief counselling offer. These new interventions are designed to tailor our approach, through evidence-based interventions, based on children and young people's needs identified during assessment. They build on our existing one-to-one counselling provision and Journey of Hope (JOH) group work. In 21/22, 96% of those who were referred to the service progressed into an intervention. 79% of children and young people were assessed and started in one-to-one counselling, 9% in JOH, 1% of those in secondary schools accessed KIT and 3% of those in primary schools were supported through PIPT with their parents/carers.

**4. Continue to measure the effectiveness and impact of our new Parenting strategy, gathering user feedback to shape both online and face to face offers.**

**Our progress**

We have evolved a robust evaluation strategy for all our parenting interventions. For our online course, this includes metrics and embedded questionnaires which track learning, engagement and satisfaction through the course.

The completion rate for the parenting course is currently 21%. We are currently running the 6th and final cohorts for the current academic year. Engagement rates have risen from 13% (autumn cohort) to 26% for the spring and summer cohorts. So far this year, we have had 1,905 parents registered, 725 parents starting the course, 247 completing 3 out of 6 modules, and 154 completed all 6 modules.

Parents and carers who took part in the Parenting Smart online course increased in their knowledge and understanding of their child's behaviour, and their confidence in responding to it. Their parenting skills, measured by the Brief Parenting Self-Efficacy Scale, also improved on average by 1.8 points from 19.7 to 21.5.

We have been able to use this data to improve the user experience.

For our face to face intervention (PIPT) we use a range of qualitative and quantitative measures to capture both the process and outcome from the intervention. We have supported 359 children so far this year through PIPT, an increase on the 255 children supported at this time last year. We have learnt that one measure is not enough. Again, we have been able to learn from this data which parents benefit most from the intervention. We will build on this learning in our delivery in the year ahead.

**5. Prioritise Equality, Diversity and Inclusion in terms of improving the access to our services in school communities, and how well our services meet the needs of diverse groups. More information can be found in our Equality, Diversity and Inclusion action plan - [bit.ly/46rws4D](https://bit.ly/46rws4D)**

**Our progress**

We continue to monitor the diversity of the children and young people who take up our services and to actively explore and test approaches to adopt where groups are under-represented. In 21/22, the percentage of schools in which the service users who were Black/Black British is overrepresented, is higher in 21/22 and this is slightly the case for those who are Asian/Asian British while the percentage of schools where this group are underrepresented is lower in 21/22.

We have conducted polls to better understand the barriers for under-representation of Asian and Asian British students seeking support. We are also translating relevant school materials, particularly those aimed at parents, into key languages spoken within our school communities.



**Quality priorities for improvement and development, from June 2023**

- In light of the increase in demand for our work in secondary schools, and the earlier presentation of issues in children in primary schools, we will enhance support and guidance for school-based teams working with suicide ideation, self-harm and undertaking risk assessments;
- Continue to focus on child voice and experience through the use of goal-based outcomes for children and young people; and monitor progress towards goals that the children and young people wish to focus on;
- With better integration of local systems in mind, publish and disseminate a good practice guide for our school-based teams on working with NHS services (ie both Mental Health Support Teams and CAMHS). Continue to monitor and improve access to our services and assess outcomes for diverse groups;
- Maintain clinical focus on inclusive and anti-oppressive practice.



## For further information

Readers can find out more about our impact and our data by looking at the following publications:

- Impact Report 2022 - [bit.ly/3oeV1k1](https://bit.ly/3oeV1k1) 
- 25 years learning from practice and evaluation - [bit.ly/36hmuoQ](https://bit.ly/36hmuoQ) 

Royal Patron  
HRH The Princess  
of Wales

[place2be.org.uk](https://place2be.org.uk)

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