Agenda Item	6.
Report No	EDU/21/20

HIGHLAND COUNCIL

Committee:	**Education and Learning**
Date:	**18 November 2020**
Report Title:	**Developing a Whole Systems Approach to Supporting Mental Health and Wellbeing**
Report By:	**Executive Chief Officer Education and Learning**

1. PURPOSE/EXECUTIVE SUMMARY

1.1 Supporting the mental health and emotional wellbeing of children and young people is a high priority in Highland, both in our communities and in our schools and early learning and child care settings. The benefits to the individual and to wider society to preventing problems from arising and intervening early are significant. For schools, this can result in improvements in attainment, attendance and behaviour, as well as happier, more confident and resilient pupils. It is therefore important for early years settings and schools to invest in the emotional wellbeing of children, young people and their families through preventative approaches built into their culture, curriculum and ethos.

1.2 While for most children, families and staff, prevention and signposting of self-help materials is a sufficient level of support, for some, direct intervention, either from school staff, community-based partners or specialist services is also required. It is important that these supports are part of a staged intervention system, within the Highland Practice Model, where assessment, planning and review are central to the process of intervention and where there is coherence within the whole system in the approach used to support emotional wellbeing and good mental health.

1.3 From previous surveys of children, young people and families, we know that there is variation in the knowledge and confidence of school staff in the area of emotional wellbeing and mental health. There are differences in the cultures of our schools and there are gaps in services to support more specialist interventions. As well as individual testimony from our young people, these challenges are also reflected in the data we gather as proxy measures of individual and systemic challenges – exclusion from school, staff-pupil incidents, attainment gaps, reports of bullying, school attendance, requests for service from specialist teams, admission to psychiatric inpatient units, care experience, out of authority placements, suicides in young people.

1.4 To provide more consistency in approach and support, it is proposed that we consider taking a whole-system approach to developing a positive ethos and culture where everyone feels that they belong. This would involve creating a policy framework based

on promoting wellbeing and preventing emotional distress and mental ill-health. It would require all parts of the system to be involved, including children and families, community-based supports and specialist services, within a single framework. From an Education and Learning perspective this would draw on what our schools already do in working with children, families and school staff and aiming for greater consistency in making sure that the whole school community is welcoming, inclusive and respectful. It would aim to maximise children's learning through promoting good mental health and wellbeing across our schools, with a commitment from everybody – through the curriculum, early support for pupils, staff-pupil relationships and leadership.

1.5   All schools and early learning and child care settings in Highland support wellbeing in some way already and with Health and Wellbeing sitting alongside Literacy and Numeracy as one of the main building blocks of Curriculum for Excellence, this will continue to be the case. However, operationalising wellbeing and accessing curricular resources and direct support for all aspects of mental health and emotional wellbeing is not always straight forward. Currently there are a number of services and organisations supporting children and families, but these are not always embedded within a clear framework and access or referral pathways are not always clearly articulated. It is hoped that providing coherence within a single framework will make best use of limited resources, build capacity in families, young people and in staff and more easily identify gaps or barriers within the current system that can be addressed to better support staff, children, young people and their families.

2.   RECOMMENDATIONS

2.1   Members are asked to:

i.   Become involved in this initiative and increase their knowledge and understanding of good mental health and wellbeing, what causes stress in the individual and in organisations and how the Highland Council can effectively promote wellbeing and support resilience in our communities.

ii.   Acknowledge the work already being done across Education and Learning to support wellbeing and resilience and the plans to build on this and to create coherence across the system – including networking with colleagues in Health and Social Care, 3rd sector partners, NHS Highland services, Highlife Highland and with the Health and Social Care Committee. This will also include making links with the work of the Communities and Place Committee building upon the COVID response from volunteers across Highland Communities where many volunteers developed skills and approaches locally as part of the Humanitarian response. The capacity and ambition within communities to provide localised support to families provides an excellent opportunity for a holistic approach to mental health and wellbeing rooted in communities first.

iii.   Recognise The Highland Council's commitment to being an ACE Aware Council and to increase their knowledge and understanding of the adversity in childhood and how this can manifest as distress in schools and may later result in mental ill-health if not supported effectively at an early stage.

iv.   Consider and agree the ambitious approach proposed to more consistently support the wellbeing of children, families and staff across all Highland schools through the application of a framework of support, service provision and training over the next 5 years. This framework will map out the role of mental health support services, family support, school and care support, resources for curriculum development and training and approaches to working with communities to develop a community first response.

3 IMPLICATIONS

3.1 Resource
There are additional resources provided by the Scottish Government to support this work. The Wellbeing fund, administered through the Third sector Interface in Highland has received 26 awards totalling £554,762 for voluntary and third sector organisations supporting wellbeing in communities https://www.gov.scot/news/supporting-mental-health-and-wellbeing/   A further commitment of funding for Mental Health through Children's Services has been made, with each local authority in Scotland receiving a share of £5-6m during 2020-21. There has also been a commitment of £1.022m for each of the next 2 financial years for counselling in Highland schools.

3.2 Legal
- Health and Wellbeing is one of the three main strands of Curriculum for Excellence and as such there is a duty on all local Authorities in Scotland to address this area of work across the curriculum in all schools.
- The Education (ASL) (Scotland) Act 2004 and 2009 requires the local authority to identify, provide for and review the additional support required by children and young people who have health and wellbeing needs (including mental health needs).
- The Children and Young People (Scotland) Act 2014 stresses the importance of everyone involved with a child taking responsibility for their wellbeing, and ensuring they work together to enable the child to reach their full potential.
- The Equality Act 2010 requires all local authorities to support those staff members and school pupils who have disabilities (including mental health difficulties).

3.3 Community (Equality, Poverty and Rural)
It is acknowledged that many children from 'vulnerable' groups are over-represented in those who have mental health difficulties and also those in the children's hearing system. Particular focus is recommended for those children, families and staff living in SIMD 1+2, those who identify as LGBTIQ, those with a disability and those who are known to have experienced previous adversity.
In relation to children's rights, an impact assessment has shown that the following articles are of particular note:
- Article 6 – All children have the right of life. Governments should ensure that children survive and develop healthily.
- Article 12 All children have the right to express their views and have these taken into account in matters affecting them.
- Article 19 – Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents or anyone else who looks after them.
- Article 24 – Children have the right to good quality healthcare and to clean water, nutritious food and a clean environment so that they will stay healthy.
- Article 28 Every child has the right to an education.

3.4 Climate Change / Carbon Clever
There are no implications specifically related to climate change except that training can be (and is being) delivered remotely at present and is likely to continue as a means of providing continued staff development, which reduces or negates to need to drive to venues in the future.

3.5 Risk
There is a risk that by not adopting a whole systems approach, we may focus on one part of the system and simply cause pressures elsewhere, which is not helpful.

Addressing all aspects of universal, targeted and specialist supports and services within the same framework, allows us to be sighted on all parts of the system and make the joins in relation to service delivery, rather than duplicate effort or create gaps.

3.6 **Gaelic**

Services will be provided to Gaelic Medium schools, with a number of resources already available in Gaelic (eg Resilient Kids) and others easily accessed for translation should that be required.

4. INTRODUCTION

4.1 The promotion of positive emotional wellbeing for all children and young people is a key function of universal children's services, including health visiting and education. In practice, this involves the promotion of the principles of Getting It Right for Every Child across early years' services and all educational provisions in Highland. This should involve the Named Person, in partnership with families and other agencies, using the Highland Practice Model (GIRFEC) to identify, assess and put support in place for children and young people with a wide range of wellbeing concerns and additional support needs. It will include those who experience difficulties maintaining their emotional wellbeing as well as those that have escalated into having mental ill-health.

4.2 It is recognised that carrying on from the work undertaken in early years, the role of education services is vital in preventing mental health difficulties from developing and in promoting emotional wellbeing. If these supports are well designed, co-ordinated and targeted, they can have a significant, positive impact on the wellbeing and skills for life of children and young people and thus contribute to the future resilience of our local communities.

4.3 In 2020 the Scottish Government reported on the research undertaken to highlight those factors of most significance in leading to mental health difficulties in children and young people (Scottish Government 2020a). The findings can be helpful in identifying children and young people who are most at risk of poor mental health and the document reinforces the findings of earlier studies in this respect. It advised that practitioners should actively look out for children who are socially isolated or excluded, who feel negatively towards schoolwork and who have poor interactions with teachers and other pupils, or who lack positive family interactions. Rather than focusing overly on any single factor, the findings from the research underlines the importance of identifying children and young people who have multiple risk factors, as this group are most vulnerable to emotional and behavioural problems.

4.4 The findings support the need for a holistic approach to supporting the mental health and wellbeing of children and young people. It states that:
- 'Interventions in family settings should aim to promote positive interactions, open communication and quality time together.
- Interventions in school settings should tackle bullying; promote good relationships between peers and between pupils and school staff; and equip pupils to manage the demands of schoolwork.'

4.5 In Highland, the policy development and training we have undertaken in early years and in schools in relation to Promoting Positive Relationships and Emotional Literacy supports this agenda and provides a basis for further family support, staff development and growth. The approach we have taken to date is supported by a range of resources and guidance documents available from Education Scotland. A range of training opportunities that support the promotion of a positive mental health for both staff and

pupils is available from the Educational Psychology Service, Primary Mental Health Worker Service and others who can be supportive of further future developments.

5.   CHILDREN'S MENTAL HEALTH AND WELLBEING

5.1   The vast majority of children in our schools and ELC settings manage through life with the usual ups and downs, supported well by the adults around them. In large part, if we can support their parents, carers and staff, they will be able to contain any worries or concerns that may come their way. They can still benefit from a focus on maintaining their wellbeing however and in Scotland we have helpfully operationalised this and defined it through the use of the wellbeing indicators, which will be familiar to all those working in services supporting children, but they work equally as well when considering wellbeing in ourselves and our staff.

SAFE   HEALTHY   ACTIVE   NURTURED

ACHIEVING   RESPECTED   RESPONSIBLE   INCLUDED

5.2   However, the World Health Organisation (2014) estimates that around 20% of the world's children and young people have mental health difficulties, with half of all mental health problems beginning before the age of 14 years. In the UK, almost a third of calls to Childline relate to mental health issues, with the top concerns being low self-esteem, self-harm, suicidal thoughts, and feelings/emotions (Bentley, O'Hagan, Raff & Bhattiet, 2016). This highlights the need to proactively support children and provide education on how to maintain positive mental health and wellbeing, while also intervening early, as difficulties arise.

5.3   Mental well-being is defined by the World Health Organisation as:
        'A state whereby individuals recognise their abilities, are able to cope with the normal stresses of life, work productively and fruitfully and make a contribution to their community.'

5.4   This reinforces the general view that mental health or emotional wellbeing do not have one set meaning. We might use these terms to talk about how we feel, how well we're coping with daily life or what feels possible at the moment. Good mental health and emotional wellbeing does not mean always being happy or unaffected by experiences, but poor mental wellbeing can make it more difficult to cope with daily life.

5.5   Mental health and mental illness are not simply at opposite ends of a single spectrum. Young people diagnosed with a mental illness can still have high levels of general mental health and well-being, while those without a diagnosed mental illness can show low levels of mental health and well-being. Mental health is best understood as a matrix, where people can move among states of mental well-being regardless of mental illness. They can flourish or languish, depending on individual functioning, social well-being and mental health issues. This model emphasises that **mental health**

is not simply the absence of mental illness. This also means that it's possible to have good levels of mental health while living with mental illness.
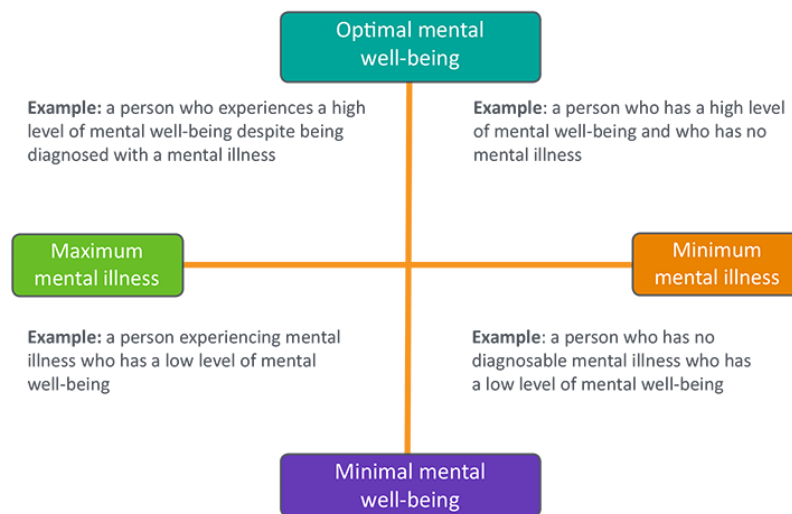
5.6 Children and young people with emotional and mental health difficulties are more likely to have disrupted education, behavioural issues, school attendance issues, and general lower educational attainments and achievements. Mental health difficulties in childhood can also have significant consequences in later life, including anti-social and criminal behaviour, substance misuse, unemployment, social exclusion, emotional disorder and poor quality of life (Knapp & Lemmi, 2014).

5.7 Improving children and young people's mental health should therefore be seen within the wider context of tackling societal inequalities, which is why we need to join a range of services and supports if we are to make a difference. There are factors that make a child or young person more vulnerable to experiencing difficulties with their mental health, including:
   - adverse childhood experiences (ACEs)
   - being from a Black, Asian and Ethnic Minority (BAME) background
   - being looked after and accommodated
   - experiencing domestic and/or sexual abuse
   - experiencing homelessness
   - having a chronic health problem
   - having a learning disability
   - having a parent with mental health difficulties
   - having refugee status
   - identifying as LGBTQ+
   - involvement with the criminal justice system
   - living in poverty

Part of the work around mental health support in our schools is therefore supporting inclusive practice, acceptance of diversity and an understanding of equality, stigma, social justice and equity.

5.8 Seldom however do these issues exist independently of each other and it is important to bear in mind that:

   'Childhood adversity is complex – no one sector, profession or policy will address childhood adversity. This is why it needs an approach involving the whole system, including families and communities.' (Public Health Scotland 2020 p.21)

6.   THE IMPACT OF COVID-19

6.1   As significant as our current situation is, it is important not to frame a mental health strategy around our current restrictions as these are temporary and will pass. The proposed framework should be considered within a wider view. The mental health of our children, young people and staff was a concern before COVID-19 and will continue to be so. That said, there are aspects that do need to be considered within our current situation that impact on immediate plans and support requirements.

6.2   In relation to COVID-19, the change and loss people have experienced over the past 9 months are significant and can be addressed within this strategic plan, as would be the opportunity to address other crises that may occur in other circumstances. The Change, Loss and Bereavement group in Education and Learning have been very active in supporting staff, parents and pupils over the past 9 months and will continue to do so.

6.3   It is expected that the emotional wellbeing of children and young people will have been impacted and largely this will be in relation to how the adults around them have coped. In Highland, from our own pupil surveys, we are aware that while our teenagers were finding the initial stages of lockdown very difficult, once restrictions were lessened and they could see their friends, their levels of anxiety reduced markedly and the level of anxiety returning to school dropped to what we would expect within the population more generally. The wider survey that has been completed since schools returned indicate that most pupils have coped well with the return and are enjoying seeing their friends and teaching staff again.

6.4   Some national surveys completed during lockdown showing high rates of anxiety were conducted with specific groups and it is clear that some children, young people and families who were already vulnerable, were significantly impacted by the effects of the pandemic, including those children who are Care Experienced (MCR 2020). Others however managed this period better than expected, with the pressure of social interaction removed (Creswell et al 2020). Surveys undertaken at different times over the past 6 months have shown the variation in the emotional cycle, with earlier surveys picking up the enormity of the change (Young Scot 2020), but later surveys demonstrating the 'bounce back' or the return to a more usual level of worry and concern (Widnall et al 2020).

6.5   Overall it seems that those pupils for whom we were concerned about before COVID-19, continued to be a cause for concern and predictably found this period difficult. In the most part however, where families were supportive, where school staff were able to maintain engagement and contact with pupils, children and young people have demonstrated higher levels of resilience. There is limited robust national evidence of the impact on mental health of COVID-19, but research is ongoing and we will be able to learn as we go about this situation. One helpful research summary has been provided by The School for Public Health Research which engaged a total of 1,047 13-14 year olds who were already involved in a general study of emotional wellbeing and mental health and so had a baseline established before the pandemic had impacted. Their key findings showed that the mental health of this group of teens actually improved during the school closure and that they were generally more resilient than might have been anticipated (Widnall et al 2020).

6.6 More than 10,000 parents took part in the Co-SPACE (COVID-19 Supporting Parents, Adolescents, and Children in Epidemics) survey led by experts at the University of Oxford (Cresswell et al 2020). This survey interestingly found that young people had a more positive view of their mental health than their parents had. This is reflective of our own surveys undertaken with parents and pupils, where parents had greater levels of concern about the return to school in Highland after the lockdown period than has been tested in reality with their children. It may be that they are projecting their own anxieties onto their children, who have generally coped quite well and this underscores the importance of balancing the views of parents and other adults with the lived experience of our children and young people.

6.7 Of equal concern is the impact and consequence of COVID-19 on many staff in schools. The need to be adaptable to the changing circumstances and to be responsible for the safety of staff, pupils and parents is significant. It is exhausting to have to rethink actions that in the past would have been automatic and to work in an environment where physical touch and connection is limited or not possible, especially in working with younger children and those requiring more guidance. In addressing the immediate stress in the system, managers have considered what can be removed from the list of tasks required of Head Teachers and for staff in general, but also have considered how the model of universal, targeted and specialist support can be delivered to our school staff immediately and what can be embedded into a more systemic approach for their longer term. Sessions focusing on the physical and psychological impact of the current situation have been planned for Head Teachers for the weeks immediately following the October break, with the opportunity to consider with them, what their current needs are in relation to ongoing support for themselves and their staff.

Specialist Support
- Employee Assistance Programmes
- Crisis support
- Referrals to occupational health
- Education Support Partnership

Targeted Support
- Supervision
- Training around mental health
- Regular mandatory wellbeing check-in meetings for all staff using a personal or peer support model
- Wellbeing events for staff

Universal Support
- Staff wellbeing policy
- Dedicated staff rooms
- Drop in sessions for any concerns
- Staff wellbeing team established and supported to offer regular events
- Staff education on child and family mental health
- Culture of no blame and stigma for mental health needs of school community
- Feedback boxes where staff can share (anonymously) ideas for improvement of school ethos and model good working practices

6.8 Nationally, there has also been recognition for the need to support the mental health of school staff at this time. The Scottish Government have committed a £1.5 million funding package across Scotland to help manage additional pressures as a direct result of the COVID-19 pandemic. As yet, it is not clear what the proportion of this funding may be for Highland. They have also committed to fund the continuation of the values-based leadership programmes delivered by social enterprise and charity Columba 1400. In addition, Barnardo's Scotland and mental health charity Place2Be will offer new mental health support for staff which is expected to be available shortly after the October break. Education Scotland and the General Teaching Council for Scotland have also committed to offering new professional learning opportunities for post-probation teachers and are developing new coaching and mentoring support.

7 TAKING A WHOLE SYSTEMS APPROACH

7.1 Out-with the additional support for COVID-19 recovery, the Scottish Government are investing financially in support for children and young people's mental health services

at all levels. Support has been provided for Tier 3 and Tier 4 CAMHS over several years, but concerns remain regarding the ability of services to respond quickly and effectively to the presenting needs of children and young people and often they can only offer central, clinic-based support, due to the limitations caused by current service structures and capacity. Investment in School Nursing and Health Visiting acknowledges the need for other professionals to have a greater level of understanding and skill in the area of emotional distress and mental health and to be able to provide support to parents, families and other professionals working in the community. The recent focus on perinatal and Infant Mental Health, supporting parents and younger children is also welcomed as a means of further supporting preventative approaches in the earliest years.

7.2   The additional budgets provided to local authorities for mental health community support and for the provision of counselling in Scottish schools has further reinforced the policy framework in Scotland on high quality universal services focused on prevention and early intervention and working through integrated services to provide the right help to the right child at the right time.

7.3   In Highland these sums have been significant. The Wellbeing fund, administered through the Third Sector Interface in Highland has received 26 awards totalling £554,762 for voluntary and third sector organisations supporting wellbeing in communities https://www.gov.scot/news/supporting-mental-health-and-wellbeing/ A further commitment of funding for Mental Health through Children's Services has been made, with each local authority in Scotland receiving a share of £5-6m during 2020-21. There has also been a commitment of £1.022m for each of the next 2 financial years for counselling in Highland schools.

7.4   As we consider changes in structure and provision made possible by this additional funding, it is important to ensure that this is integrated into existing supports and has a focus on promotion and prevention, as well as early intervention, in line with best practice and clear recommendations from specialist bodies and the Scottish Government. Where direct specialist support is required, this needs to be flexible, personalised and adaptive to the needs and the changing circumstances of the child, young person or family/carer. Support should be compassionate, empathetic and kind, and take account of the evidence from stakeholders of what works, which includes:
   • Continuity in provision – wherever appropriate, getting support from people that young people know and trust, who should be enabled to be confident in addressing mental wellbeing;
   • Confidential services for those who choose them, for example not within their school or immediate community. This may be more of an issue in some of our rural communities or smaller schools where some children and young people may want to avoid the potential stigma associated with seeking support within the school context (Scottish Youth Parliament, 2016);
   • Relation-based practice, which enables support to be provided and change achieved through one-to-one professional relationships or relational counselling;
   • Self-referral services that are as accessible as possible. Consideration should be given to age and stage appropriate language, neurodevelopmental conditions and learning disabilities; and
   • Peer support networks, including support groups, peer led programmes and facilitated peer to peer support; (Scottish Government 2020b).

7.5   The Mental Health and Wellbeing Supports and Services Framework (Scottish Government 2020b) and the previous work undertaken by the National Mental Health Taskforce, recommends a whole system model, involving both 'early support for mental

health needs' and 'additional support from community services'. It recognises that there should be continuity in support around the child or young person, embedding Getting it Right for Every Child (GIRFEC) which reflects the principles of the UN Convention on the Rights of the Child (UNCRC). This should include use of the wellbeing indicators (SHANARRI) and the national practice model to identify, describe and evaluate needs, as a co-ordinated approach to children's planning that brings professionals across different disciplines together to deliver the right support at the right time.

7.6   For a community based, flexible support to work, practitioners at all levels need to sign up for a whole systems approach to meeting needs and provide a focus on the promotion of positive wellbeing and the prevention of poor mental health. This does require a level of skill and confidence and so training and ongoing support is required to be available across the workforce. School staff should have access to relevant professional learning and development opportunities as appropriate and also, importantly, access to supports for their own wellbeing within their schools and the wider local authority services.

7.7   This is the basis to the Framework being proposed in this paper, for Highland schools, communities and services. Creating an overarching framework, drawing on those resources and services already in place and building on the knowledge and learning from the various initiatives that have developed over recent years across a number of schools, often in response to specific incidents or a particular crisis. This has allowed the development of models of good practice that can be shared across other schools and communities as possible supportive interventions within our systems. For example in the Fortrose ASG, a number of suicides in the community impacted significantly on both the community and the pupils in our schools. In an attempt to support the whole community, a range of interventions were put in place, supported by community groups, The Highland Council and NHS services, Highlife Highland, voluntary and 3rd sector organisations, GP surgeries and the schools all working together. Three years later, there is a significant amount of learning on what has worked, what can be sustained and how pupils and community councils and others can drive their own growth and development, with well-timed and thoughtful support from school staff and other services.

8.   A WHOLE SCHOOL/ELC APPROACH

8.1   Within any school or Early Learning Setting, there will be a small number of children and young people who require very specialist support services, usually provided by the Child and Adolescent Mental Health Service in NHS Highland. Some receive a targeted approach through small group work or regular contact from their guidance teacher, a 3rd sector organisation or support worker such as a Children's Services Worker. However, for the vast majority of children, the universal approach to prevention, education and experiential learning is what is required and so any whole school approach needs to attend to all of these levels, for both pupils and staff.

8.2   Supporting mental health and wellbeing in schools requires us to be able to weave a wellbeing curriculum across all curricular areas, to reinforce key messages around positive relationships, gratitude, resilience, inclusion, acceptance of diversity, healthy lifestyles etc. For those children, young people and their families who experience emotional distress, we may need to offer emotional coaching, direct teaching and

support and this is more powerful still if we can provide a structure in our ELCs and schools that is integrated with community-based supports and specialist health services locally and in familiar surroundings for our children and young people.

8.3   Research findings consistently indicate that children and young people experiencing emotional well-being or mental health issues will, in most cases, be best supported by adults who know them well and with whom they feel familiar, comfortable and safe to talk e.g. parents or carers, other family members, peers and/or school staff (Bowlby, 2005; Hattie & Yates, 2013).

8.4   Regular, planned contact with a trusted member of school staff has been shown to be successful in supporting many young people to find their own solutions to overcoming their emotional wellbeing difficulties and developing their resilience to cope with adversity in the future. School staff and parents are therefore in a key position to both protect and promote children and young people's emotional wellbeing and also to identify, support and prevent young people's mental health difficulties.

8.5   Resilience in schools is therefore fostered by supportive relationships and any framework would include advice and support on how to provide:
- positive relationships with pro-social individuals
- high expectations with clear and consistent boundaries
- opportunities to participate and contribute
- learning social and emotional skills such as co-operation
- communication skills and problem-solving
- giving pupils a sense of control over their lives
- working collaboratively with families (Roffey, 2016)

8.6   Already in Highland we have a range of specialist services that can provide some of the framework for existing community-based support to further support schools and families. All Early Learning and Child Care Centres have links with Health Visitors, who know children and families well. They have a link Psychological Service Home Visiting Teacher (PSHVT) and all schools have a link School Nurse, Educational Psychologist (EP) and Primary Mental Health Worker (PMHW). These specialists provide training, advice and support to early years practitioners, school staff, children/young people and parents on a wide range of additional support needs, including emotional wellbeing and mental health issues, but it is recognised that there could be better synergies between these services to more consistently support schools and families.

9   **COUNSELLING IN SCHOOLS**

9.1   The Scottish Government announcement that they would make available funding to support local authorities to provide counselling in schools is welcome. This will provide the resource to ensure greater equity and availability of this type of support. In addition to the EP Service and the PMHW Service, currently there are a number of 3rd sector organisations providing counselling in Highland schools within specific geographic areas. With the access to additional resource through Pupil Equity Funding, some schools have bought in counselling services as part of the support they provide for pupils. However this support is neither consistent nor equitable at present and where it is provided, it is not always part of a staged approach or provided within the Highland Practice Model. The addition of counselling services in Highland schools should be based on the same approach to considering the holistic needs of a child and their family through assessment, planning, intervention and review. This would require

counsellors to be working within the Highland Practice Model and does recognise the importance of following a staged approach to addressing need.

9.2   The British Association for Counselling and Psychotherapy (BACP) define school-based counselling as:
    'a professional activity delivered by qualified practitioners in schools. Counsellors offer troubled and/or distressed children and young people an opportunity to talk about their difficulties, within a relationship of agreed confidentiality.'

9.3   In September 2020, a group of pupils in a Highland Secondary School were asked what they thought counselling in schools should look like and this is what they said:
    'They should be like a less busy Guidance Teacher. Someone who is more chilled and has the time to speak to people – not always in meetings. They should be someone who is based in the school so that both pupils and staff see them around and know who they are. There should be a mix of male and females to speak to. So perhaps there can be a number of people who take on part of the role and take it in turns - almost like a duty or on-call person. They should be someone you can relate to – possibly someone younger. Some young people who are involved in the school's mental health work should be involved in the interviews for them and in agreeing how they work.' (TRA MH Warriors 2020)

9.4   Ideally counselling should therefore extend and augment the work of school support staff and be embedded within a school's culture, providing children and young people the chance to share their concerns and be heard by those skilled in this field. However, it isn't a support that will be accessible to all because young people who are most likely to benefit from counselling:
    ▪ will have a degree of insight into their own life and issues impacting upon them
    ▪ are relatively able intellectually and socially
    ▪ are able to participate in relatively sophisticated verbal interaction
    ▪ recognise that there is a problem and that they can help resolve it
    ▪ have the potential to delay and rehearse resolution strategies
    ▪ have some ability to incorporate external views and to assimilate and generate verbal feedback

9.5   Counselling is therefore just one part of a whole school approach, which was a recommendation of the Personal Social Education (PSE) review (Scottish Government 2019). The PSE review found that:
    'There was strong agreement on the importance of school counselling in delivering effective support to young people, however, this is within a wide spectrum of mental HWB support. School counselling should not be seen as the only effective delivery mechanism to support young people; existing approaches already being delivered by schools, such as nurture, should be complemented by a school counselling service.'

9.6   There is some evidence that counselling can have a positive effect; however other approaches such as programmes to reduce anxiety, social skills teaching and approaches to improving a school's emotional climate can have a greater effect (Hattie, 2017). It is therefore vital that when considering whether counselling in school is to be offered, that the range of alternative interventions which may have a more positive effect on pupil wellbeing are also considered. One of the key benefits of the counsellor

being part of the school culture indeed is their ability to be involved in these wider supports.

9.7   It has been agreed that for the remainder of the financial year 2020-21 the Scottish Government funding available to support counselling is to be shared across Highland schools with immediate effect, with some basic guidance for Head Teachers and parameters established to ensure safe practice that meets the requirements of the Scottish Government for the use of this fund. There is however a need to create a much more robust plan for the deployment of counselling across all ASGs and for this to be embedded into the delivery of other supports and services. This broader guidance will ensure support for the counsellors delivering a service across Highland, consistency with the Highland Practice Model and an assurance of equity across all geographic areas. It is envisaged that this will be in place prior to the dispersal of funds for the financial year 2021-22.

10   FRAMEWORK AND STRATEGIC PLAN

10.1   There are a number of ways to frame a Whole Systems Approach to mental health and wellbeing, bringing together the many aspects outlined in this paper. Two specific models are proposed however within the overarching framework, both of which require integrated working across services and within ELC and schools. Both are supported by The Anna Freud Centre and NHS Scotland. The Thrive Model outlines the levels of support required in relation to emotional wellbeing and mental health support and encourages support services to provide support based on the levels of need identified in children and young people. The 5 Steps to Mental Health and Wellbeing model provides a whole school approach that identifies actions that can be taken in each aspect of school life to provide a whole school approach to wellbeing as illustrated below.

10.2   While any strategic plan would be informed by further discussion and consultation with key stakeholders, including children, young people and staff, from the work done nationally, it is clear that it would include sharing best practice across a range of topics, including:

- rights-based approaches and practices (external website)
- quality relationships
- anti-stigma practices and promoting mental health inclusion (external website)
- anti-bullying practices (external website)
- supportive learning environments.

The framework would also incorporate improvement activity and regular measures of wellbeing across schools. This could be through wider participation in the Schools Health and Wellbeing Improvement Research Network (SHINE) at Glasgow University who undertake annual surveys for some of our schools currently. There is no cost for

this data gathering/analysis but it does give rich data to schools to inform their planning around pupil wellbeing and support. The framework would also provide support for implementing national frameworks for curricular resources such as The Compassionate and Connected Classroom or support for the NHS Education Scotland (NES) series of trauma informed resources   Further training for staff is particularly relevant as we know the skill and knowledge base of individuals is varied. The Scottish Association of Mental Health (SAMH 2017) survey of over 3,000 school staff, including teachers, classroom assistants and administrative staff found that 66 per cent of teachers felt they did not have enough training in mental health for them to carry out their role properly. 63% of teachers said that mental health and wellbeing was not part of their initial training and 45% of teachers had never undertaken any training on mental health after qualification.

10.3   Given the various competing priorities in each school and ELC setting, there is no expectation that they will follow a specific path, or work to the same timeline, but if members agree to this approach, a framework can be created, in discussion with the full range of stakeholders in this area, including children and young people, that will link together the various supports and services and make appropriate resources, training and evaluative tools accessible to all, to be used as required.

10.4   Should this proposal be agreed, the intention would then be for officers within the Education and Learning Service, to work with officers in Health and Social Care and with NHS Highland Services, Highlife Highland, 3rd sector organisations and schools/ELC, to create a single Framework, using this information to support schools and ELC settings to develop their own paths within their current improvement planning processes, towards all children and families in their communities feeling safe, healthy, active, nurtured, achieving, respected, responsible and included, with progress being tracked over a 5 year period as systems change and become embedded into practice.

Designation: Executive Chief Officer Education and Learning

Date: 30 October 2020

Author: Bernadette Cairns, Principal Educational Psychologist

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Children's Rights and Wellbeing Impact Assessment - Screening

1. Name the policy and describe its overall aims.

Developing a Whole Systems Approach to Supporting Mental Health and Wellbeing – Paper to Education and Learning Committee November 2020
Create a framework for an ambitious approach to more consistently support the wellbeing of children, families and staff across all Highland schools through the application of a framework of support, service provision and training over the next 5 years. This framework will map out the role of mental health support services, family support, school and care supports, resources for curriculum development and training.

2. What aspects of the policy/measure will affect children and young people up to the age of 18?

Because this framework will be shaped by children and young people and will change the support provided to them in relation to their emotional wellbeing and mental health and because HWB is part of Curriculum for Excellence, it is considered that in relation to children's rights, the following articles are of particular note:

- Article 6 – All children have the right of life. Governments should ensure that children survive and develop healthily.
- Article 12 All children have the right to express their views and have these taken into account in matters affecting them.
- Article 19 – Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents or anyone else who looks after them.
- Article 24 – Children have the right to good quality healthcare and to clean water, nutritious food and a clean environment so that they will stay healthy.
- Article 28 Every child has the right to an education.

3. What likely impact – direct or indirect – will the policy/measure have on children and young people?

The proposed changes will directly impact positively on the health and wellbeing of all children and young people and is specifically directed at those vulnerable groups who are more likely to have poorer levels of emotional and mental wellbeing eg those who are care experienced, those identifying as LGBTI+, those living in poverty etc.

Children will also be positively impacted indirectly by the proposed support for families and school staff and also the linking of specialist services to make referral routes and access to services more easy to navigate.

4. Which groups of children and young people will be affected?

All children will be impacted, but in particular those in more vulnerable groups, more susceptible to mental ill-health or emotional distress. (as noted above)

5. <u>Will this require a CRWIA?</u>

Because the impact is likely to be positive and there are no obvious negative implications from the changes proposed, a full impact assessment is not required.

CRWIA Declaration
CRWIA not required X

Bernadette Cairns,
Principal Educational Psychologist
16 October 2020