

Agenda Item	8.
Report No	EDU/11/22

## HIGHLAND COUNCIL

**Committee:** Education Committee

**Date:** 15 September 2022

**Report Title:** Developing a Whole Systems Approach to Supporting Mental Health and Wellbeing For Our Children & Young People

**Report By:** Executive Chief Officer, Education & Learning

### 1. Purpose/Executive Summary

- 1.1 In November 2020 a paper was tabled at Education Committee to provide a framework for a 5 year plan to further support Highland schools in [Developing a Whole Systems Approach to Mental Health and Wellbeing](#) This approach covers the continuum from developing positive relationships and a positive culture, through to developing trauma informed practices in our schools and early learning and childcare settings. This report provides an update on some of the progress to date and in particular, the work of the specialist Psychological Services within Highland Council in supporting this work.
- 1.2 All schools and early learning and childcare settings in Highland support the mental health and wellbeing of children and young people, with Health and Wellbeing sitting alongside Literacy and Numeracy as one of the main building blocks of the Curriculum for Excellence. Supporting the mental health and emotional wellbeing of children and young people in our communities and in our schools and early learning and childcare settings benefits the individual and also the wider society by preventing problems from arising and intervening early. For schools, this can result in improvements in attainment, attendance and behaviour, as well as happier, more confident and resilient pupils.
- 1.3 For most children, families and staff, prevention and signposting of self-help materials is a sufficient level of support. However for some, direct intervention, either from school staff, community-based partners or specialist services is also required, especially where trauma and adversity has impacted on mental health and emotional wellbeing.
- 1.4 It is important that all 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. To support children/young people, parents/carers and practitioners, a website has been created to enable a central space for support materials and to provide ease of access for information, resources and training <https://www.wellbeinghighland.co.uk/>.

- 1.5 There is a need to ensure coherence with the wider system, in the approach used to support emotional wellbeing and good mental health within education services. Work on promotion, prevention and intervention in relation to mental health and emotional wellbeing in Highland schools is therefore closely aligned with the aim of [Embedding Trauma Informed Practice in Highland Council](#) as outlined in the paper to Full Council on 30<sup>th</sup> June 2022.

## **2. Recommendations**

### **2.1 Members are asked to:**

- i. Note the range and scope of the work undertaken by the Highland Council Psychological Services in supporting a whole systems approach to mental health and wellbeing for children and young people.
- ii. Note the development of a framework for self-evaluation in relation to wellbeing that can support schools in their work on creating a positive ethos.
- iii. Be aware of and promote the use of the website created for parents/carers, pupils and practitioners in Highland, to support mental health and wellbeing:  
<https://www.wellbeinghighland.co.uk/>
- iv. Note the progress made on embedding a school counselling service across Highland and consider and comment on the data gathered to date in relation to this service.
- v. Note the training available in relation to Promoting Positive Relationships, Mental Health Awareness and Becoming Trauma Informed and signpost this as appropriate to schools and services within your communities.
- vi. Note the direct work undertaken by psychological services in supporting children and young people and the feedback received from service users (including children and young people).
- vii. Comment and advise on the next steps suggested to support this area of development in schools and early learning and childcare settings and the provision of specialist support for children and young people.
- viii. Become aware and familiar with the Improvement Service document '[Elected Member Briefing Note – Trauma is Everybody's Business](#)'

## **3. Implications**

### **3.1 Resource**

Funding has been allocated from Scottish Government of £50k for 2022/23 to support trauma informed practice across the organisation and its partners. The national training programme is fully funded and so has no cost implications for the Council.

### **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.

A Trauma Informed approach will have positive community, poverty and equality implications by reducing the impact of trauma on those individuals and groups more at risk of experiencing adversity and enabling individuals to be better supported.

### 3.4 **Climate Change / Carbon Clever**

There are no identified implications 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 the 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**

There are no specific implications for Gaelic learners

## 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. 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 coordinate support 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 who have escalated into having mental ill-health.

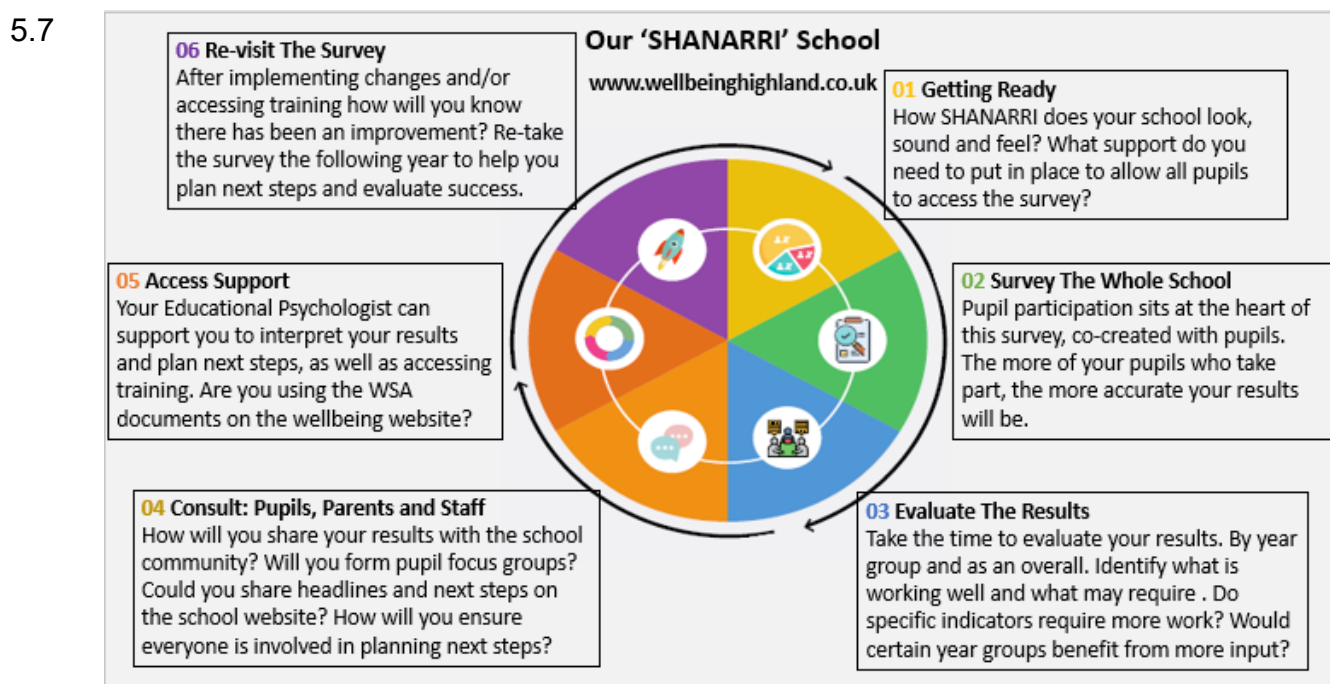
- 4.2 In 2020 the Scottish Government reported on the [research](#) undertaken to highlight those factors of most significance in leading to mental health difficulties in children and young people. The findings of this research advise the need for a holistic approach to supporting the mental health and 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.'
- 4.3 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 has provided the basis for further family support, including [Video Interaction Guidance](#), [Words Up](#), the creation of the [Bumps2Bairns](#) website etc and also support for staff development and growth as noted below.
- 4.4 Supporting mental health and wellbeing in schools requires the wellbeing curriculum to be woven 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. 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. Working with Caithness Cares and the Sutherland Community Partnership has allowed training often provided by educational psychologists to school staff, to be shared across community groups and parents and has provided a template for supporting other Community Planning Partnerships.

## **5. Promoting and evaluating positive mental health and wellbeing**

- 5.1 It can be difficult for schools to know how well they are doing in relation to the development of positive wellbeing for children and young people and although this is helpfully defined in Scotland with the 8 Wellbeing Indicators – Safe, Health, Active, Nurtured, Achieving, Respected, Responsible and Included – some of these indicators are difficult to understand and assess.
- 5.2 Recognising this and acknowledging that our children and young people are best placed to tell us what they need to support their mental health and well-being in and around schools, work was started in spring 2021, engaging with three schools willing to support children and young people to participate and co-create a self-evaluation tool to be used in schools across Highland.
- 5.3 The children and young people led on a consultation across their schools and having taken part in activities around the UNCRC and SHANARRI they engaged with the Principal Educational Psychologist, Primary Mental Health Worker Team Lead and Improvement Project Co-ordinator to give some initial feedback on a possible framework.
- 5.4 A survey was created for Primary 6 and 7 in Cawdor Primary School and then their pupil council worked co-operatively with the remaining classes to listen to what all the pupils thought a 'SHANARRI school' would look, sound and feel like. With the agreement of the Primary Reps, a survey was drafted to be used with 2 additional

schools to gather more information.

- 5.5 Further feedback was gained from a consultation with the Highland Youth Parliament and children and young people involved in the Caithness Cares project and pulling all of this together led to the development of resources to sit alongside the self-evaluation tool.
- 5.6 A number of schools were interested in becoming pilot schools for the draft self-evaluation tool, starting with Fortrose Academy. This has now been piloted with 12 schools across Highland and feedback has been very positive. This unique tool is available across Highland, along with a suggested process (see below) and can be accessed from the [Wellbeing Website](#). It can be used by both primary and secondary schools to assess the views of their pupils as to how supportive the school is and what next steps might be required. Work is continuing regarding the development of ELC, Primary and ASN resources.



## 6. Training

- 6.1 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).
- 6.2 In 2012, Dooley & Fitzpatrick published a [study](#) about children and young people's mental health and wellbeing. A key finding was the importance of a kind and reliable relationship with 'One Good Adult' to buffer against difficulties, offer support and believe in the child or young person. Children and young people described teachers, sports coaches, and parents as examples of 'good adults' who make a real difference to their mental health and wellbeing. The concept of One Good Adult is used in Highland and frequently reflected in the training offered to school staff, that reinforces the importance of good relationships with adults for children and young people's mental health and wellbeing.

- 6.3 However, 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.
- 6.4 In Highland, The Psychological Services have therefore created and trialled a number of training opportunities for staff to support them in relation to promoting good mental health and wellbeing, preventing the escalation of difficulties and intervening appropriately to support children and young people displaying issues relating to their emotional wellbeing, mental health and trauma.
- 6.5 The training undertaken is in line with the Scottish Government guidance on supporting a whole school approach to Mental Health and Wellbeing and each of the SHANARRI wellbeing indicators, and is promoted through the [Wellbeing Highland Website](#)
- 6.6 In the 12 months from July 2021 to June 2022, in addition to training related to learning and staff support, 143 mental health and wellbeing related training sessions were delivered to 2652 professionals, parents and children/young people as indicated in the table below:

Training Themes	Number of courses delivered	No. of profs, ch/yp and parents accessing training
Promoting Positive Wellbeing/Creating a Positive Ethos and Culture	45	1344
Mental Health Awareness	18	351
Early/Low Level Intervention	46	350
Condition Specific/Specialist Training	14	331
Trauma Informed Practice/Overcoming Adversity	20	276

- 6.7 As part of the training delivery during session 2021-2022, a modular training course was trialled for Pupil Support Assistants. This comprised 4x2 hour taught modules delivered online and covering emotional literacy, active listening, mental health awareness, understanding anxiety and worry, adverse childhood experiences and the impact of trauma. The full course was completed by 139 PSAs and was very positively evaluated, with an average of a 3-point improvement on a 10-point self-evaluation scale of knowledge and understanding noted by participants as a result of the training. The positive response and feedback received has enabled slight changes to be made to the modules, which will be delivered again in session 2022-23, with capacity for all PSAs in Highland schools to be able to access over the course of the year.
- 6.8 In addition to in-house training, staff in Highland are also directed to the resources and training offered through the [Education Scotland](#) Website, The [Anna Freud Centre](#) and training on the [NES Knowledge and Skills framework](#) that sets out the levels of knowledge and skills required by the Scottish child workforce to promote positive wellbeing and good mental health for children and young people.
- 6.9 In Highland, we have a specialist educational psychologist who coordinates work around early years, including collaborative work with health and social care colleagues in relation to peri-natal and infant mental health. Much of this work is developmental in nature and over the past 12 months has provided training for Care Inspectors on early child development and learning over 8 sessions. Input has also been provided to the



national working group producing guidance on infant rights in mental health care and consultancy has been provided to the chair of the Scottish Government short life working group on their strategy for mental health for 3-5 year olds.

## 7. Direct Support

- 7.1 For the vast majority of children, the universal approach to prevention, education and experiential learning within a whole school approach is sufficient. For some, short term targeted support from a guidance teacher, ASN teacher, pupil support assistant and/or Children's Services Worker is required and so training is often directed at this level of support staff. However, within any school or early learning setting, there will be a small number of children and young people who require more specialist support and intervention. Many of these services are part of the wider Psychological Services within Highland Council, managed by the Principal Educational Psychologist.



### 7.2 Direct Intervention by Counselling Services

Counselling is now available in all mainstream Highland schools for pupils from age 10+. Ideally counselling should 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.

- 7.3 Counselling can be beneficial to many children and young people, 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) and are therefore also supported by Psychological Services in Highland. Counselling is therefore just one part of a whole school approach, as recommended within the Personal Social Education (PSE) review (Scottish Government 2019). The PSE review found that:

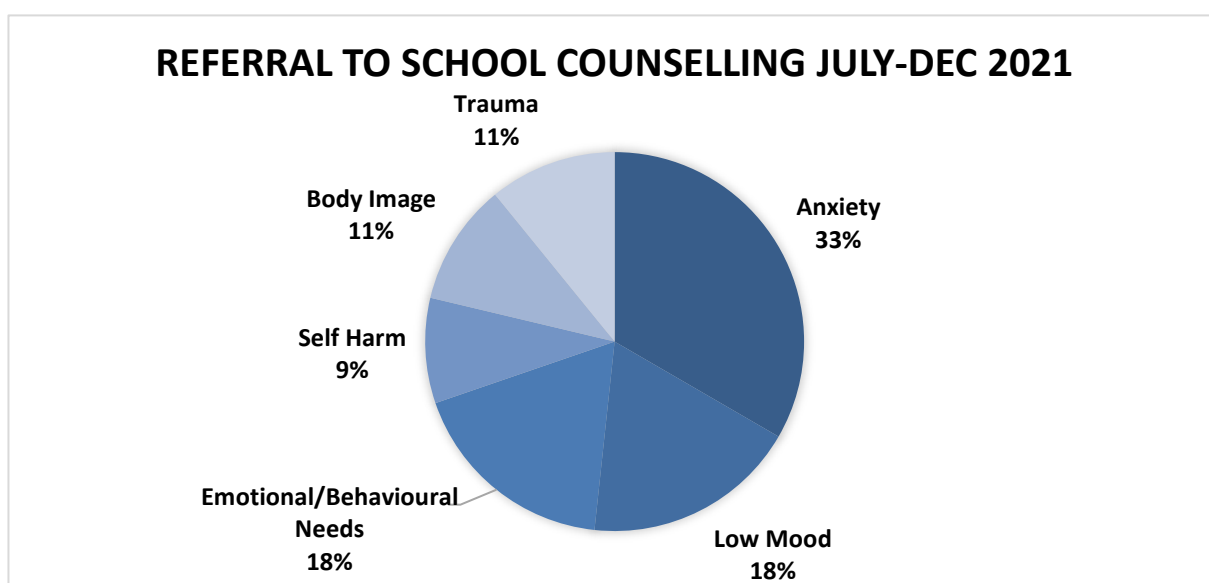
'There was strong agreement on the importance of school counselling in delivering effective support to young people, however, this is within a wide spectrum of mental HWB support. School counselling should not be seen as the only effective delivery mechanism to support young people; existing approaches already being delivered by schools, such as nurture, should be complemented by a school counselling service.'

- 7.4 In Highland there has been a good uptake of counselling in schools since this was provided in session 2020-21 (see below). The data for the past 18 months has shown that many more girls than boys access counselling, with a number of pupils also identifying as non-binary. In large part, sessions are now delivered face-to-face, although on-line sessions are also offered and are preferred by some pupils. NHS Highland have recently commissioned a fully on-line counselling and support service called [Kooth](#) that can also be completely anonymous for young people from 10-18 and has been promoted across the pupil population over the past 6 months.

	Jan-June 2021	July-Dec 2021	Jan-June 2022
<b>No. of ch/yp accessing counselling</b>	797	702	879
<b>No. identifying as female</b>	520	442	583
<b>No. identifying as male</b>	277	220	264
<b>No. identifying as non-binary</b>	N/A	40	32

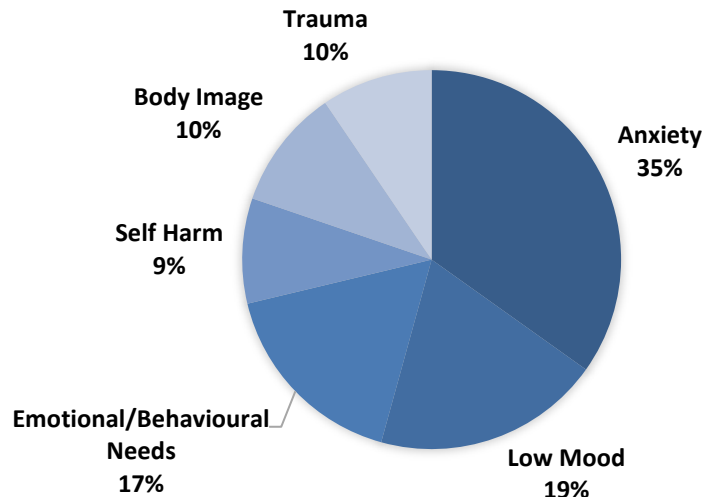
<b>No. of in-person sessions</b>	489	627	746
<b>No. of on-line sessions</b>	440	459	494
<b>Number in P6</b>	90	45	74
<b>Number in P7</b>	91	76	111
<b>Number in S1</b>	105	102	76
<b>Number in S2</b>	127	104	138
<b>Number in S3</b>	119	118	157
<b>Number in S4</b>	95	102	154
<b>Number in S5</b>	130	95	90
<b>Number in S6</b>	39	60	74

- 7.5 Given the gender difference in accessing this service, further investigation has been initiated by the Counselling Manager who has supported focus group discussion with 73 pupils from 6 secondary schools across Highland. They have provided their views on why more girls than boys access this service. Among other things, they cite the cultural expectations on boys and men not to show their emotions and the impact of toxic masculinity. To address these issues further, a group of pupils from Millburn Academy will be working with the Counselling Manager during the coming session, on a project aimed at addressing the stigma of help seeking in relation to mental health with boys in particular. This will also support the work already being supported to support gender equality and to develop [Mentors for Violence Prevention](#) in our secondary schools.
- 7.6 There is consistency in the main reasons for referral to School Counselling, which aligns to the reasons for referral to other mental health services and so is not an unusual pattern. The graphs below show the percentage share of the main reasons for referral over the past 12 months, with anxiety remaining the main concern for children and young people. These issues have shaped the content of the awareness raising training delivered by specialist services.





## REFERRAL TO SCHOOL COUNSELLING JAN-JUNE 2022



### 7.7 Direct Intervention by the Psychological Services

The Primary Mental Health Worker (PMHW) Service is the early intervention Child and Adolescent Mental Health service and is managed, alongside the Educational Psychology (EP) Team by the Principal Educational Psychologist. This service has a target set by NHS Scotland to provide intervention for 95% of children and young people referred to them, within 18 weeks of referral. In general, children and young people are seen much quicker than this. Over the past 12 months, 98% of children and young people were seen within 18 weeks and in fact 74% were seen for treatment within 6 weeks and 29% started treatment within one week of referral. The overall average wait from referral to treatment for anyone referred to this service is 4.6 weeks.

7.8 In the past 12 months, the PMHW service has provided direct intervention to 327 children and young people and in addition to this direct work, guidance and consultation has been provided to staff in schools and other professional colleagues for 1140 pupils. Consultations can be arranged very quickly and on average are undertaken within 2 weeks of the request. This has been facilitated significantly with the use of Microsoft Teams and Google Meets.

7.9 Low level concerns and crises arise from time to time and so the Psychological Services, including the PMHWs, EPs and Psychological Service Home Visiting Teachers, are able to be contacted each Tuesday and Thursday afternoon through the [Just Ask Helpline](#). Although professionals can and do use this helpline, it is more frequently used by parents. Over the past 12 months, the Psychological Services have responded to 310 calls through Just Ask.

## 8. **Becoming Trauma Aware/Trauma Informed**

8.1 Trauma is often defined as “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening”. This could be a single incident such as rape, suicide and sudden bereavement or a serious accident, or complex trauma that takes place over a prolonged period of time, such as child abuse, human trafficking, or different forms of violence against women, including domestic abuse.

8.2 It is estimated that around 60% of the UK population has experienced psychological trauma in their lifetime (1 in 3 by the time they are 18 years old.). For more vulnerable groups, including people in in-patient mental health, drug and alcohol services and the

justice system, the prevalence is even higher. The 2019 Scottish Health Survey found that just over one in seven adults reported experiencing four or more adverse childhood experiences (ACEs).

- 8.3 Although many people show remarkable resilience, it remains a fact that people who experience trauma are at higher risk of experiencing poorer outcomes at all stages of their lives, across physical and mental health, education, employment and wellbeing, if they do not have access to the right support at the right time if needed. There is growing evidence that trauma-informed systems and practice, where the impact of trauma on those affected is understood by staff, and systems are adapted accordingly, can result in better outcomes for people affected by trauma. We acknowledge that many of our workforce will also be affected by trauma. Consequently, by improving our understanding and knowledge as to how trauma can affect people, we will be better equipped to recognise and support staff within the working environment.
- 8.4 The shared ambition of the Scottish Government and COSLA is to develop a trauma informed workforce across Scotland. The aim of this work is to ensure we deliver services in ways which prevent further harm or re-traumatisation for those who have experienced psychological trauma or adversity at any stage in their lives. To support this, Trauma Champions have been identified to help promote, oversee, and embed trauma informed systems, services and workforces across all parts of the organisation. In Highland Council, there are a number of Trauma Champions identified, including representatives from the Psychological Services, with work coordinated through a designated officer within Health and Social Care. In June 2022 the Scottish Government confirmed an allocation of £50k to Highland Council for 2022/23 to help support the implementation of the [National Trauma Training Programme](#) and Trauma Informed Approach practice. This will be used to support the Council to take forward this initiative, including collaborative working with our public sector and third-party partners
- 8.5 Schools and Early Learning and Childcare settings have an essential role in ensuring a trauma-informed environment for our children and young people. In the event of a tragic event associated with a school, there is a robust, trauma informed policy on [Responding to Tragic Events](#) that can support staff and parents to better support and contain children and young people. However, being trauma informed in general practice can support those who have experienced earlier trauma through the provision of emotionally safe spaces and relationships for learning. Attainment is itself a key aspect of resilience but also depends on learning environments that are nurturing and inclusive and build resilience against the future ups and downs of life.
- 8.6 Building on national initiatives, Highland has offered training on positive relationships to all school staff from 2018 and annually to all newly qualified teachers. There is also a Promoting Positive Relationships Framework based on the latest research on trauma-informed approaches to behaviour and learning. Details of which can be found through accessing the following link [https://www.highland.gov.uk/downloads/file/20086/ppr\\_framework\\_and\\_guidance](https://www.highland.gov.uk/downloads/file/20086/ppr_framework_and_guidance)

## **9. The Impact of COVID**

- 9.1 Responding to trauma is, now more than ever, a public health priority. COVID-19 and the restrictions put in place to contain the virus have significantly increased the risk of people experiencing trauma and re-traumatisation. This includes people living with domestic abuse or child abuse during lockdown, facing poverty, financial hardship and unemployment, facing severe/chronic illness, and suicide and sudden bereavement.

- 9.2 The impact of the pandemic on many of Scotland's frontline workers has been immense, resulting in experiences of trauma and re-traumatisation, chronic stress and burnout, and poor mental health and wellbeing. It is vital that staff feel safe, supported and well when they are caring for and supporting others, particularly because professionals directly supporting people affected by trauma face an increased risk of experiencing vicarious trauma.
- 9.3 It is also important to highlight that there is no "them" and "us" when talking about trauma; the prevalence of traumatic experiences means that trauma will inevitably impact many professionals across our workforce. Highland Council Psychological Services therefore aim to support staff and families as well as children and young people and work closely with health and social care staff in relation to their work in early years and with care experienced children and young people.

## **10. Next Steps**

- 10.1 Over the coming year, there will be further support for schools developing a Whole-School Approach to Mental Health and Wellbeing and a greater focus on becoming Trauma Informed across our education workforce. Having the training delivered by the Psychological Services captured under the various themes relating to the mental health continuum (as noted above), can aid school staff in considering which training is most pertinent to them. The aim is for all schools to have representation on all training relating to promoting positive relationships and developing trauma informed practice across Highland.
- 10.2 The Standards and Quality Reports for the Educational Psychology Team and the Primary Mental Health Worker Service detail the work of these services in the previous 12 months and the feedback from children, young people and professionals who access the services. The current satisfaction rating for the Psychological Service is 87%, as measured on a annual survey to schools in relation to the service being 'Helpful' and 'Making a Difference'. The aim over the next 12 months is to increase this satisfaction rating to 90%
- 10.3 The use of the self-evaluation Wellbeing Tool will be tracked, with regular feedback gathered from schools who use it, so that we can continue to build an overall picture of the wellbeing of our children and young people in Highland.
- 10.4 The gender imbalance identified in the use of School Counselling will continue to be tracked as a measure of success from the work being undertaken in addressing stigma around mental health, especially in relation to boys.
- 10.5 In 2023 the Highland Lifestyle Survey will be completed by pupils in P7, S2 and S4. This survey is undertaken in Highland every 2 years. Data from this survey will be used as an ongoing measure of the progress being made in schools in relation to the wellbeing of children and young people. Specifically, there are three aims:
1. By June 2023, there will be a 5% increase in the number of children reporting their wellbeing needs are being met on each wellbeing indicator as measured by the Highland Lifestyle Survey. Baseline measures currently are:
    - Safe – 81.51%,
    - Healthy – 76.81%,
    - Active – 78.68%,
    - Nurtured – 74.62%,

- Achieving – 66.58%,
  - Respected – 67.38%,
  - Responsible – 66.90%,
  - Included – 72.14%
2. By June 2023, there will be a 2% increase in the number of children reporting their rights are being met on each right reported as part of the Highland Lifestyle Survey. Baseline measures currently are:
- Your right to education - 95.33%
  - Your right to relax and play - 90.85%
  - Your right to have a view and have this listened to - 90.63%
  - Your right to be safe from violence - 92.69%
  - Your right to the best possible health - 93.33%
3. By June 2023, 85% of school staff (teaching and support staff) who access training on building positive relationships and adversity in childhood and trauma informed practice, will report this has had a positive impact on their practice. Baseline measure from 139 PSAs who have been in the pilot would indicate that 75% of staff currently report at least a 2-point increase on a 10-point scale.

**Designation:** Executive Chief Officer – Education & Learning

**Date:** 17<sup>th</sup> August 2022

**Author:** Bernadette Cairns, Principal Educational Psychologist

**Background Papers:**