



Report to Children's and Education Select Committee

Date:	9 September 2021
Title:	Emotional well-being in Buckinghamshire Schools
Relevant councillor(s):	Anita Cranmer and Julie Ward
Author and/or contact officer:	Elizabeth Biggs, Public Health Principal Gareth Drawmer, Head of Achievement and Learning Tim Jones, Principal Educational Psychologist

1. Executive summary

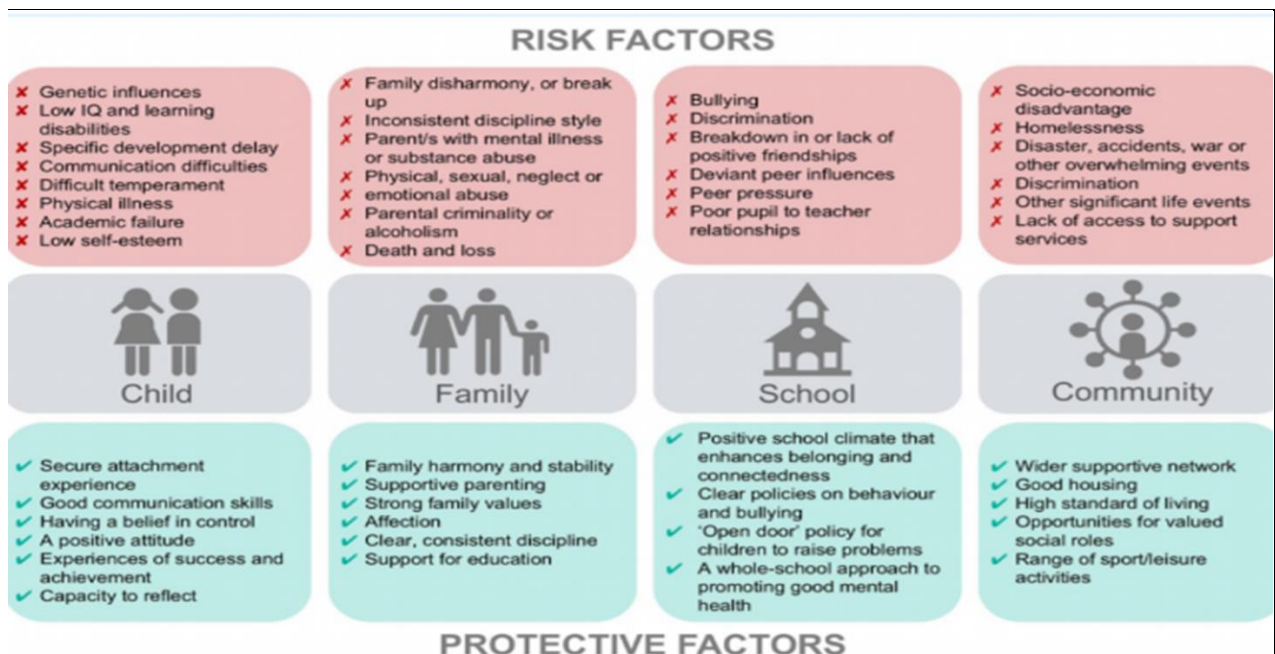
- 1.1 There is a recognition that emotional well being is key to ensuring that children and young people in Buckinghamshire thrive and succeed. The pandemic has raised the profile of well being and mental health in schools and created challenging conditions for children and young people. A significant body of work has taken place to support pupils in our schools over the last year, some programmes embedding from previous years and some new work funded by the council and central government. Plans for the next academic year are in train and oversight of this work is being driven by a new board. It is worth noting that the responsibilities for promoting positive emotional well-being sits with a wide range of professional bodies and individuals, not solely the Local Authority. Good practice and effective responses rely upon strong and connected multi agency partnership working.

2. Situation in Buckinghamshire Schools

2.1 Current issues and profile of need

Good mental health is key to the current development and future outcomes for children and young people. Mental health and wellbeing are a fundamental part of young people's general wellbeing, and is closely bound up with their physical health, life experiences and life chances. Mental health problems not only cause distress but can also be associated with significant problems in other aspects of life. In addition,

they can have implications for every aspect of young people’s lives including their ability to engage with education, make and keep friends, engage in constructive family relationships, and find their own way in the world. Identification, support and treatment for children and young people with mental health problems are all important parts of the response and services which are needed for this age group. The following chart provides an overview of risk and protective factors for children and young people’s mental health.



The impacts of the coronavirus pandemic have generally fallen harder on already-disadvantaged sub-groups of the population (*O’Shea, 2020*), including those:

- experiencing urban deprivation and overcrowded housing.
- who smoke and/or suffer from long-term health conditions.
- working in frontline and caring professions.
- individuals with disabilities.
- from some minority ethnic groups.

Since the start of the pandemic demand for services has altered:

- suppressed demand – children, young people and young adults who are already not coping with their thoughts, feelings and behaviours who would otherwise benefit from a psychosocial intervention. This includes those from poor income households, who have been exposed to multiple adversities, who are disabled, who have coexisting health conditions, with neuro-disabilities, who are victimised and socially isolated because of their sex, sexuality and/or ethnicity.

- altered demand – children, young people, young adults and pregnant women who do not have access to digital interventions or have not benefited from those interventions.
- generated demand – children and young people who have been exposed to adversity. Key workers and their families, young carers, those from minority ethnic communities, those in low-income households.

Approximately 10m people, including 1.5m children, are likely to need new or additional mental health support as a direct result of the crisis (O’Shea, 2020).

2.2 National and local benchmarks

a) National data context before Covid-19

- One in six school-aged children has a mental health problem. This is an increase from one in ten in 2004 and one in nine in 2017 (NHS Digital, 2020).
- Pupils who have a mental health problem are more likely to be excluded from school than their peers. In 2013/14, one in five students with an identified social, emotional and mental health difficulty received at least one fixed period exclusion (Department for Education, 2016). Research suggests that school exclusions are linked to long-term mental health problems (Ford et al., 2017).
- Two-thirds of children with a mental health problem have had contact with professional services. Teachers were the most commonly cited source (48.5%), followed by primary care professionals (33.4%), and mental health specialists (25.2%) (NHS Digital, 2018).
- Children from the poorest 20% of households are four times more likely to have serious mental health difficulties by the age of 11 compared to those from the wealthiest 20% (Morrison Gutman et al., 2015).

b) National data context during Covid-19

University College London, Institute of Child Health systematic review, 2021¹
 Academic paper prepared for SAGE (Scientific Advisory Group for Emergencies)
 International review of 72 studies on the effects of school closures on children and young people’s mental health. The key findings are detailed below:

¹ [Impacts of school closures on physical and mental health of children and young people: a systematic review \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/94422/impacts-of-school-closures-on-physical-and-mental-health-of-children-and-young-people-a-systematic-review.pdf)

- Reductions in child protection referrals, emergency department and hospital admissions.
- Increased screen-time and social media use.
- Decreased physical activity.
- Increased reporting of anxiety and depressive symptoms.
- Higher harms documented in children and young people from more deprived populations.
- Increases in anxiety and depression were greatest in those with a pre-existing physical or mental health condition, neuro-disability, SEND or disability (Young Minds, 2020; NHSD, 2020; Family Fund, 2020; Waite, 2020; Waite & Creswell, 2020)
- Children and young people's behaviour or wellbeing was the highest stressor for parents of children and young people with pre-existing mental health or neurodevelopmental difficulties, and 50% parents of children and young people with SEN reported children and young people's behaviour as a frequent stressor (Waite & Creswell, 2020)

c) Local data context – Oxwell School Survey

The Oxwell School Survey is led by the University of Oxford, who have devised a 30-minute questionnaire for pupils on a range of health and wellbeing issues. Adolescence is a critical period for mental health and brain development. The survey asks school pupils about how they experience school life and health-related issues, as well as providing insight into how the school lockdowns have impacted their wellbeing. Questions are tailored to the age range of pupils. Buckinghamshire pupils have taken part in the survey in Summer 2020 and 2021. A number of other local authorities have also taken part in the survey.

2020 Buckinghamshire Oxwell Survey - 3,493 primary and secondary pupil responses

- Approximately 3 in 10 primary pupils reported that lockdown worsened their general happiness and made them more lonely.
- By Year 13, 6 in 10 pupils reported that lockdown had worsened their general happiness and made them more lonely.
- 50% of all pupils reported doing less exercise.

2021 Buckinghamshire Oxwell Survey - 4,385 primary and secondary pupil responses

- Schools have been completing the Oxwell School Survey in the Summer term 2021.
- Currently the data is being analysed and individual reports are being sent back to schools. The Buckinghamshire-wide report is expected at the end of September. Findings from the survey will be disseminated widely to support system partners in priorities and future planning arrangements for children and young people. In the 2021 survey there was strong focus on mental health and emotional wellbeing.

2.3 Current work in schools and their impact

a) Mental Health Support Teams

Mental Health Support Teams (MHSTs) complement existing school support for children and young people's mental health and wellbeing by providing expertise and resources to deliver quicker support to individuals who may not typically meet the CAMHS thresholds for involvement, but would benefit from accessing early support. MHSTs aim to bring together education and mental health professionals to develop a systemic and sustainable approach to children and young people's mental health.

In 2019, the Buckinghamshire Clinical Commissioning Group was selected as part of the National Trailblazer Mental Health Support Team Programme, funded by NHS England. As a result, a collaboration between Buckinghamshire Council, the Oxford Health Foundation Trust and Bucks Mind has established two MHSTs – each comprising education mental health practitioners, a youth worker, a family worker and a peer support educator. The project is expanding, with MHSTs currently directly linked with 47 schools and settings across Buckinghamshire.

The Buckinghamshire MHSTs engage in a variety of work within the partner schools, including individual therapeutic work with pupils, small-group sessions, parent-based interventions, mental health awareness training and community signposting. It is recognised that schools need to actively promote mental wellbeing and resilience, and thus the MHSTs adopted an integrated, whole-school approach that goes beyond teaching alone to pervade wider aspects of school life.

The impact of this intervention has been that the project has had reach to 28% of all young people in Buckinghamshire this is a rise from 16.5% last year and will increase further next academic year. Practitioners are engaging directly with students in this work, the outcomes of which are reported directly to Health and Wellbeing board.

b) Senior Mental Health Lead

Following the government's response to the consultation on the Transforming Children and Young People's Mental Health green paper in July 2018, it is the expectation that every school and college will designate a member of their senior leadership team (or individual with equivalent whole-setting authority) to be the Senior Mental Health Lead. This role involves coordination and oversight of mental health and wellbeing provision within the school or college, with a focus on implementing an effective whole-setting approach to supporting children and young people's mental health and wellbeing.

As part of the work of the Local Authority's Social, Emotional and Mental Health Impact Group (chaired by Stuart Cateridge – Executive Head Teacher), a directory of Senior Mental Health Leads has been compiled in order to facilitate cross-setting support and sharing of good practice. Furthermore, representatives from the SEMH Impact Group are working alongside the School Improvement Team to develop an offer for senior mental health lead training, for which Department for Education grant funding has been announced.

Whilst this intervention is in the early stage of development, there has been impact in that schools have started to identify senior mental health leads and raise the profile of mental health and wellbeing in their establishments. Training will be delivered in the academic year 2021-22.

c) Wellbeing for Education Return

The Department for Education's Wellbeing for Education Return (WER) programme was announced in August 2020, requiring local authorities to oversee the dissemination of training materials out to schools and settings, focussing on a whole-school approach to supporting mental health and wellbeing in the context of the coronavirus pandemic.

In Buckinghamshire, professionals from Aspire Alternative Provision and Buckinghamshire Council's Educational Psychology Team delivered the WER training to a total of 244 members of staff from schools across Buckinghamshire. From the project evaluation, more than 90% of survey respondents agreed with the statements:

- I understand the mental health and wellbeing impacts of Covid-19 on myself and the wider staff in my school/college.
- I understand the impact of staff mental health and wellbeing on children and young people in my school/college.
- I recognise the importance of acknowledging staff concerns and dilemmas and identifying and signposting staff for further support.
- I am aware of normal responses to stress and loss.

To further support the training, a local directory of mental health and emotional wellbeing resources has also been developed, hosted at the Connecting Bucks Schools website (www.connectingbucksschools.com/buckinghamshire-wellbeing-resources). This website has been accessed by 2,456 different users, with feedback indicating that school staff and parents are able to quickly and easily access local support for a range of mental health challenges and wellbeing opportunities. This directory will be maintained and updated by Buckinghamshire Council.

The impact of this intervention has been that over 95% of schools attended the training and in each of these settings staff are trained to identify and address low level mental health and wellbeing needs of students and other staff as well as being clear for escalation routes through to other services.

d) Link Programme

The Link Programme is an evidence-based initiative led by Anna Freud Centre and funded by the Department for Education. The programme brings together schools, colleges and mental health services in a series of workshops led by Clinical Commissioning Groups to deliver sustainable change in the delivery of children and young people's mental health services. In particular, the programme highlights the importance of taking on a collaborative approach when dealing with mental health in children and young people.

The programme has been delivered successfully to two cohorts within Buckinghamshire. Cohort 1 consisted of 32 professionals (18 school representatives and 15 representatives ranging from the local authority/CAMHS/CCG); cohort 2 consisted of 28 professionals (16 representatives from schools and 12 representatives ranging from the local authority/CAMHS/CCG).

Key themes to emerge from the programme included the need for more information about processes and pathways for accessing CAMHS, greater availability of details about local services, and the desire for school mental health liaison groups to facilitate networking and sharing of good practice amongst settings.

The impact of this intervention has been that there has been circulation of information regarding CAMHS and the MHSTs to schools, promotion of the newly-revamped Local Offer webpages, and exploration of ways to best deliver a school liaison group (see Section 4.1). This further ensures that schools have the tools to address issues surrounding mental health and wellbeing for their students.

e) Staff Training and Support

In parallel with the Wellbeing for Education Return programme, Buckinghamshire Council commissioned several projects aimed at developing the knowledge and

expertise of school staff in relation to supporting mental health and wellbeing. These included a programme of twilight webinars delivered by experts from a range of agencies and services, providing bespoke continuing professional development in areas such as emotional attachment difficulties and bereavement.

Other projects included establishing 'peer learning sets': a reflective group framework promoting cross-setting mutual support for school staff, facilitated by professionals from Aspire Alternative Provision and the Educational Psychology team. There was also a coaching package for senior leaders, accessed by 33 headteachers across the county.

Facilitated by Aspire Alternative Provision, this gave school leaders access to a confidential source of support, providing opportunities to improve their confidence and competence when dealing with the challenges of the coronavirus pandemic.

Responding to requests from school leaders, Public Health commissioned the youth suicide prevention charity Papyrus to deliver a sequence of online seminars and workshops. Multiple sessions have been arranged in order to maximise accessibility for school staff, with the first tranche taking place in July 2021.

In addition, schools were given access to a new 'Psychological First Aid' training course, developed by Public Health England (PHE). The training focuses on how to provide practical and emotional support to children and young people affected by emergencies or crisis situations, such as those triggered by the coronavirus pandemic.

The impact of this is that across the 2020/21 academic year there were 903 attendees in total, with over 90% of evaluations indicating that they were "satisfied" or "very satisfied" with the training.

f) Critical Incident Support

The Educational Psychology team within Buckinghamshire Council are responsible for providing direct support to schools and settings with respect to 'critical incidents' – i.e. serious local events that are likely to have a profound emotional impact on the school community, such as the sudden death of a pupil or staff member. In these circumstances, the focus of the educational psychologists is typically to work in close collaboration with school senior leaders in order to guide and facilitate the practical and emotional support provided to pupils, staff and families, both in the immediate aftermath and over the longer term.

The Educational Psychology team responded to 21 critical incidents during the 2020/21 academic year, across nursery, primary, secondary and college settings. The

support provided ranged from advice and consultations with key senior staff through to home visits for families directly impacted by the critical incident.

Alongside the response to critical incidents, the Educational Psychology team produced resources to aid schools and settings in supporting children and young people experiencing bereavement, particularly in the context of the coronavirus pandemic. These were made available using the Buckinghamshire SchoolsWeb platform.

The impact of this work varies depending on the specific incident, but the aims are for staff to have the mental resilience to manage a critical incident and to have the tools at their disposal to support the pupils who have been affected by it.

g) Suicide prevention in Buckinghamshire upper school

In line with national trends, there has been a marked rise in Buckinghamshire cases of serious self-harm and suicidality amongst children and young people in the past year. In autumn 2020 Buckinghamshire Healthcare Trust recorded a 50% increase in acute paediatric assessments, including a 67% increase in suicidality presentations at A&E.

The Educational Psychology team was approached by senior leaders at a Buckinghamshire Upper School following multiple instances of attempted suicides amongst the student population. In response, educational psychologists produced a session for students on peer suicide prevention, which was embedded within a whole-school initiative aimed at spotlighting and promoting youth mental health and wellbeing. The educational psychologists combined this with relevant training for all school staff, as well as written communication out to parents/carers on the topic. Since this work, there have not been any further cases of attempted suicide amongst the school population.

h) Promoting staff wellbeing in a Buckinghamshire primary school

The Department for Education notes that “taking a coordinated and evidence-informed approach to mental health and wellbeing in schools and colleges leads to improved pupil and student emotional health and wellbeing which can help readiness to learn” (DfE, 2021). It is recognised that in order to promote these positive outcomes for children, there is a need to support staff mental health and wellbeing (Glazzard & Rose, 2019).

Prompted by reflections on the Wellbeing for Education Return programme, the headteacher at a Buckinghamshire Primary School contacted the Educational Psychology team for support with regards to the mental health challenges being faced by his school staff. In response, a bespoke workshop was created and delivered,

covering aspects such as proactive self-care and mitigating vicarious traumatisation. Each attendee was guided to produce a personal wellbeing plan to follow after the session. Qualitative feedback gathered indicated that the workshop had been positively received, with clear next steps identified in terms of staff managing their own mental health and wellbeing.

2.4 Links to Health and Wellbeing Board

The refreshed Joint Health and Wellbeing Strategy for Buckinghamshire ('Happier, Healthier Lives') aims to create the best conditions for people in the county to live healthy, happy and fulfilling lives and achieve their full potential. The vision is to improve outcomes for the whole population as well as having a greater impact on improving the health and wellbeing of those people in Buckinghamshire who have poorer health and wellbeing.

The strategy proposes to make an impact on three key priority areas:

- Start Well
- Live Well
- Age Well

The Health and Wellbeing Board has responsibility and oversight of the population health and wellbeing recovery plan (part of the Bucks 3 Rs for recovery model). The action plan for the first year of the refreshed Joint Health and Wellbeing Strategy will be aligned with the actions in the recovery plan that sit under the Board's priorities of Start Well, Live Well and Age Well.

The actions are supported by an evidence base detailed in a comprehensive Health Impact Assessment (HIA), which draws on multiple sources including research, stakeholder views from residents, elected members and wider partners – including a commissioned schools survey completed by 815 primary school and 2,678 secondary school pupils (June-July 2020). Seven health and wellbeing recovery plan priorities have been identified, one of which is 'promoting mental health and wellbeing including addressing social isolation'.

Health and wellbeing outcomes can be improved by focusing on children and young people. We want to make sure that every child has the best possible start in life. The key to getting this right is tackling health and social inequalities and preventing poor outcomes. We want to make sure all children are supported to reach their potential in school, further education and employment, and that families are supported to make healthy lifestyle choices.

We know that good mental health helps us to enjoy life and build positive relationships. It gives us resilience to deal with day-to-day difficulties and major life events. Early diagnosis of mental health problems is a key factor in the success of treatment and preventing the worsening of conditions. This will enable young people in Buckinghamshire to reach their full potential.

2.5 **Children and Young People's Mental Health and Emotional Wellbeing Strategic Group**

The delivery and monitoring of the DfE's Wellbeing for Education Return programme has been through a local steering group chaired by the Head of Service, Achievement and Learning. The group has included representation from Public Health, ASPIRE Alternative Provision, Educational Psychology and CAMHS.

Prior to the Wellbeing for Education Return programme starting, Buckinghamshire had already been committed to supporting children and young people's mental health and emotional wellbeing. A multi-agency Children's Emotional Health and Wellbeing Group was established in 2014 chaired by Public Health/CAMHS Commissioners. An action plan has been developed to reflect current key priorities and actions, and the meeting includes a standing item for partner updates. However, it has been identified that there is a need to make this action plan more reflective of the wider mental health and emotional wellbeing system. For context, Buckinghamshire is also required nationally to produce an annual update of its transformation plan for children and young people's mental health and emotional wellbeing.

Given the context outlined above, it was recognised that there was a significant opportunity to further develop and strengthen the Buckinghamshire mental health and emotional wellbeing work by bringing together the two existing groups – the Wellbeing for Education Return Steering Group and the Children's Emotional Health and Wellbeing Group into one single group. This creates opportunities to align action plans and priorities, thus avoiding gaps and duplication. The bringing together of these two groups ensures there is an appropriate multi-agency mechanism to address key issues as and when they arise, e.g. suicide behaviours in young people. Smaller task and finish groups may also be established for focused short-term pieces of work. The group has already had its initial meeting and is producing an annual plan of work to ensure that schools have a depth of coverage appropriate to age and stage of learning for all pupils. The group is chaired by the Head of Service, Achievement and Learning, with the Public Health Principal as Vice Chair.

The Children and Young People's Mental Health and Emotional Wellbeing Strategic Group has four key aims:



1. To continually improve children and young people's mental health and emotional wellbeing, and promote equitable outcomes across the county.
2. To further develop and strengthen a whole-system approach to promoting and supporting the mental health and emotional wellbeing of children and young people.
3. To co-ordinate and promote a whole-system awareness of the resources available to support the mental health and emotional wellbeing of children and young people.
4. To embed the core principle that mental health and emotional wellbeing is everyone's business and everyone's responsibility.

3. Next steps and review

3.1 Future plans to address mental health and wellbeing in Buckinghamshire schools

The Department for Education announced an extension to the Wellbeing for Education Return grant funding for the 2021/22 academic year. The stated aims are for local authorities to continue the work from the 2020/21 programme whilst also helping schools to find sustainable ways of working together, and expanding existing programmes supporting mental health and wellbeing in schools.

The Children and Young People's Mental Health and Emotional Wellbeing Strategic Group has identified five key areas of activity in order to deliver against these objectives:

- a) School improvement support on best use of recovery and PP funding. Link to The Bucks Challenge Board and the closing the gap agenda, working collaboratively with Ed Psych team to establish a local evidence base.
- b) Aspire commission for 2021/22 – updating training for school and college leads (inc. local directory and support to cascade), training to examine well-being support in a post-COVID system.
- c) Liaison Group Well-being Champion Network developed (link to MHST). Promotion of a single whole-school approach to well-being, potentially align with a well-being award/quality mark.
- d) Oxwell school survey – triage school results & provide bespoke support for schools with greatest need (e.g. 1:1 support, action plans). Support for all schools through drop in clinics.
- e) Review current support to determine areas of greatest need/impact. Projects to include: senior MH lead training, suicide prevention training, supervision of Headteachers, ELSA, Nurture Groups, Headteacher Wellbeing Support & Advice Line, mental health and well-being training sessions.

3.2 **Expected Outcomes from Future Work**

- School staff are trained to better recognise and support wellbeing and mental health concerns amongst students and staff and able to address low level issues.
- School staff are clear on escalation routes for significant concerns and have experience of engagement with partner organisations such as CAMHS
- A wider understanding of wellbeing and mental health issues and how they affect children and young people – both in the short and long term, and that this is everyone’s responsibility
- Staff recognise and access support for their own mental health and wellbeing
- Where children and young people are in crisis, this is recognised earlier leading to a decrease in acute presentation at paediatric services

4. **Your questions and views (for key decisions)**

- 4.1 If you have any questions about the matters contained in this report please get in touch with the author of this report. If you have any views that you would like the cabinet member to consider please inform the democratic services team. This can be done by telephone [] or email []

