A Strategy for Improving Wellbeing and Resilience in Education

2017–2019

NHS
Portsmouth
Clinical Commissioning Group

Solent **NHS**
NHS Trust

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Contents

Future in Mind
Portsmouth

Image: with thanks to Leanne Walker, GIFT Young Sessional Worker

Acknowledgements

Foreword: Alison Jeffery, Director of Children's Services

The Prime Minister announced in January that she wanted to see mental health become "everyone's business" and that part of the Government's plans would be to provide support to schools so that they can provide "mental health first aid", and to promote better links between schools and NHS services.

I am sure that some of you saw this on the news and perhaps thought, "Something else for schools to do", even if at the same time you recognised – like everyone else – the undeniable truth that children who are confident, resilient and able to manage their emotions are more successful not just in their studies but in every aspect of their lives.

This document, which has been developed as part of the local **Future in Mind** transformation plan, highlights two things. First, it demonstrates, through lots of examples, the range of excellent ways in which schools in Portsmouth are **already** setting the wellbeing and resilience of children and young people at the heart of their work, and having a significant impact on children's lives. Second, it explains that to a large extent this is not about doing "extra" things, adding new burdens to schools: instead it is about how the **way** in which schools are run, how they guide children and manage their interactions with each other, can promote rather than undermine resilience. I am really pleased that so many Portsmouth schools have already started working with the council and with each other on a project to promote "restorative schools" where restorative ways of behaving become the norm, helping both children and teachers to develop a profound understanding of helpful, healthy ways of dealing with the conflicts and frustration which are part of life in schools as elsewhere. Evaluation and roll out of this approach is just one element of this practical strategy which sets out some clear evidenced recommendations to promote a consistent, coherent, positive, joined up culture and practice across schools in Portsmouth.

The recommendations in this strategy, and how they might best be implemented, will be debated by schools and other colleagues in the Inclusion Group within the Portsmouth Education Partnership, and others who are interested. A task and finish exercise will be overseen by the Group, looking not just at best practice within schools but also at how we can best establish and maintain networks of key contacts for schools within the Children and Adolescent Mental Health Service (CAMHS) and other city services, building on the implementation in 2016 of Multi Agency Teams (MATs). A detailed progress report and further action plan will then be submitted to the Strategic Board of the Portsmouth Education Partnership and commended to schools, academies and Multi Academy Trusts in the city.

Sarah Christopher from Priory School has done a fantastic job pulling this strategy together. Early on in the document she asserts that, "Promoting wellbeing and building resilience have unequivocal benefits to the long-term outcomes for children and young people; this gives universal settings a moral duty to make this a priority." I know this will resonate with everyone in the city. This document sets out how together we can turn the priority aspiration into a practical reality.

Introduction

"Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential." [1]

Improving the mental health of our children and young people is a priority nationally and locally.

Future in Mind[2] reports on the finding of the Children and Young People's Mental Health Task Force and highlights the need for a fundamental shift in culture to focus on the prevention of mental ill health, early intervention and recovery. In **Future in Mind** the government sets out its vision to promote, protect and improve our children and young people's mental health and wellbeing.

The government has set aspirations including that by 2020 we will see:

✔ Improved public awareness and understanding, where people think and feel differently about mental health issues for children and young people where there is less fear and where stigma and discrimination are tackled

✔ A better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when, and where they need it

✔ Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it

Portsmouth has pledged: "to create a culture where all services work together to improve a range of outcomes for children, young people and their families with emotional and mental health needs".[3] Our local transformation plan[4] outlines how we will deliver the **Future in Mind** outcomes in our City. The way that local services are delivered is being reviewed and additional funding has been secured to transform service provision.

Early intervention and prevention are fundamental to getting it right. There is much good work taking place in our schools and colleges (a small proportion of this are cited as examples in this document). Some of the recommendations in this strategy will already be in place in many settings.

This Wellbeing and Resilience Strategy aims to build on current good practice and to:

• Recognise the value and impact of mental health in children and young people and how to provide an environment that supports and builds resilience

• Promote good mental health to children and young people and educate them about the possibilities for effective appropriate interventions to improve wellbeing

1 **No Health Without Mental Health**, Department of Health, February 2011 *www.gov.uk/government/publications/no-health-without-mental-health-a-cross-government-mental-health-outcomes-strategy-for-people-of-all-ages-a-call-to-action* accessed 24.10.2016

2 **Future in Mind** Department of Health March 2015 *www.gov.uk/government/publications/improving-mental-health-services-for-young-people* accessed 24.10.16
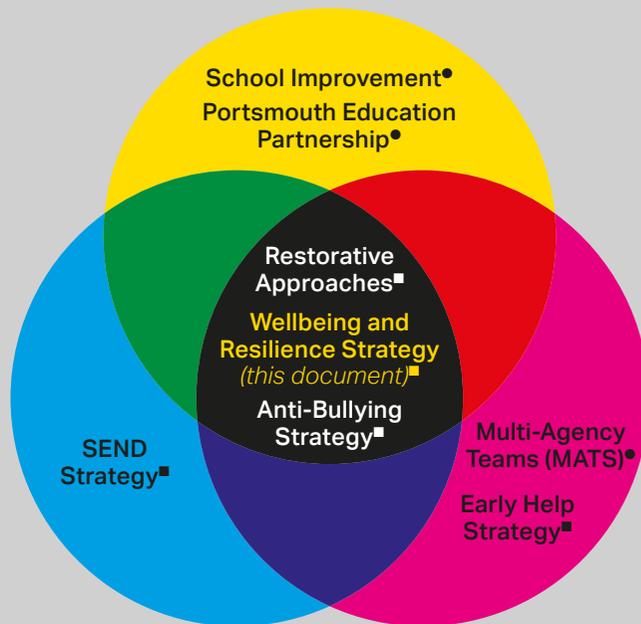
3 Pledge 6 Improving Mental Health and Wellbeing in Portsmouth 2016 to 2021 *www.portsmouth.gov.uk/ext/documents-external/hlth-mental-health-strategy-2016-2021.pdf* accessed 24.10.16

4 *www.portsmouth.gov.uk/ext/documents-external/hlth-future-in-mind.pdf*

- Identify mental health problems early in children and young people and offer support where appropriate
- Refer more appropriately to targeted and specialist support
- Support the emotional wellbeing of staff

Wellbeing and resilience underpins all aspects of education and learning. This strategy has been developed to complement the existing work to improve outcomes for children and young people in the city. In particular, this strategy supports the principles and outcomes of the Children's Trust Early Help Strategy, the Special Educational Needs and Disability (SEND) Strategy, the Restorative Practice Strategy and the Anti-Bullying Strategy. It links to the city wide "Stronger Futures" transformation programme for sustainable children's services.

Stronger Futures and Mental Health Transformation

School Improvement●
Portsmouth Education Partnership●

Restorative Approaches■
Wellbeing and Resilience Strategy
(this document)■
Anti-Bullying Strategy■

SEND Strategy■

Multi-Agency Teams (MATS)●
Early Help Strategy■

● Service
■ Document

The Case for Change

Nationally we know that the mental health and emotional wellbeing of children and young people are of crucial importance and as such have a major impact on life outcomes.

- Research indicates that half of lifetime mental health problems start by the age of 14
- Between 20–50% of adult mental health illnesses maybe preventable with appropriate interventions in childhood
- One in 5 young women aged 16–24, has some form of eating disorder and those with the most disadvantaged backgrounds are the most at risk
- Young adult offenders are three times more likely to have a mental health problem
- Suicide is the second largest cause of death after road traffic accidents for young people aged 15–24
- Young adults in custody are 8–10 times more likely to commit suicide
- Self-harm is most common in young women – it is estimated that over one third of girls will self-harm at some point in their lives

Locally we know that:

- 24% of children in Portsmouth live in poverty, compared to 20% in England
- The total number of children and young people 0–19 in the city in 2014 was 50,255 the estimated number with a mental health need was 8,940
- Social, Emotional and Mental Health (SEHM) Difficulties is the most common primary area of need for children and young people on Special Educational Needs Support
- In 2013/14 Portsmouth young people's hospital admissions for self-harm were significantly higher than the national average[5]

Why do we need a Wellbeing and Resilience Strategy?

The Strategic Transformation Plan for improving the health and wellbeing of children and young people across the Wessex region recognises the importance of schools in supporting young people's resilience and wellbeing. "Staff in schools, primary care, local authority children's services and 3rd sector agencies should possess enhanced knowledge of common emotional/mental health problems and neurodevelopmental disorders as well as signposting individuals to appropriate services. Training should enable staff to identify children/young people with emotional and mental health issues, as well as how best to support these individuals and their parents/carers. Schools play an important role in relation to health and wellbeing, not only through building confidence and self-esteem but also in identifying children/young people with emotional/mental health needs and providing access to targeted interventions for individuals who have, or are at risk of developing, emotional and behavioural problems alongside universal mental health promotion approaches. Schools also have an important role to play in reducing stigma against people with mental health problems". [6]

In 2014/15 there were over 2,300 referrals to Children and Adolescent Mental Health Service (CAMHS) in Portsmouth. In April 2016 39% of the referrals made to the Single Point of Access didn't meet the criteria for CAMHS support. This figure and feedback from schools and colleges in the development of this strategy demonstrate that there is a significant gap between what education settings currently feel they can deal with themselves and what external agencies are able to offer.

"We need an additional 'layer' of mental health provision to capture children who are experiencing emotional difficulties but do not meet the threshold for CAMHS" [7]

CASE STUDY

U Matter

Relationships charity, Relate Portsmouth has been commissioned to deliver a new citywide Emotional Health and Wellbeing service for young people and their families. Working in partnership with Learning Links and Motiv8, the service, which launched in January 2017, supports young people and their families by building resilience, improving emotional wellbeing, and supporting good mental health.

The following services are offered:

- Informal first face to face support meeting for the young person to understand their challenges and their goals

- A targeted therapeutic counselling service for young people, and if needed their families too

- Peer support groups that help young people come together, receive support, and complete fun activities in local venues

www.relate.org.uk/portsmouth/children-and-young-peoples-counselling-portsmouth

5   Portsmouth City Council SEND Needs Assessment March 2016
6   Wessex Strategic Transformation Plan
7   Stakeholder consultation report. March 2016 accessed via *www.portsmouthccg.nhs.uk/future-in-mind.htm*

Why is wellbeing and resilience a priority for education settings?

A review of recent evidence into children and young people's mental health, **Missed Opportunities**[8] highlights a gap between children's needs and their access to help and support. There is also good evidence that a very real difference can be made to the life chances of children by intervention at the very first sign of symptoms.

Promoting wellbeing and building resilience have unequivocal benefits to the long-term outcomes for children and young people; this gives universal settings a moral duty to make this a priority. Schools are also judged by OFSTED on how effectively they provide for the personal development, behaviour and welfare. This includes the extent to which the provision is successfully promoting and supporting children's and other learner's:[9]

• Knowledge of how to keep themselves healthy, both emotionally and physically

• Self-confidence, self-awareness

• Management and development of their own feelings and behaviour

The new Emotional Health and Wellbeing service (U Matter) should help to fill the gap between school and CAMHS. However, there is also a need to increase the ability of schools in prevention and early intervention so that the gap becomes smaller.

Local stakeholder consultation raised school support as a key issue: Young people expressed the need to have members of staff in their schools or colleges who could offer them the help they need when facing difficulties. Yet professionals expressed their concerns that some schools do not have the skills and/or resources to appropriately support children's social and emotional needs.

8   Missed Opportunities, Centre for Mental Health, July 2016 *www.centreformentalhealth.org.uk/missed-opportunities* accessed 24.10.16

9   OFSTED: **Handbook for inspecting schools in England** under section 5 of the Education Act 2005, August 2016

Whole School Approach

A Whole School Approach has several elements to it and schools will be extremely familiar with this way of working.

The whole-school approach:[10]

- Aims to develop an ethos and environment that supports learning and promotes the health and wellbeing of all

- Consults and encourages participation of all within the school's community

- Is an extremely effective, evidence based school improvement mechanism which brings about and embeds cultural change in schools

A whole school approach is fundamental to an emotionally healthy school. What this means in practice is that change may be slower but that a culture of positive emotional health and wellbeing is created and owned by the school community. Approaches need to be strategically led, by the governing body and senior leadership team and monitored through the school improvement plan.

An ethos and environment that promotes respect and values diversity

Curriculum, teaching and learning to promote resilience and support social and emotional learning

Enabling student voice to influence decisions

Staff development to support their own wellbeing and that of students

Identifying need and monitoring impact of interventions

Working with parents/carers

Targeted support and appropriate referral

Leadership and management that supports and champions efforts to promote emotional health and wellbeing

Eight principles to promoting a whole school and college approach to emotional health and wellbeing.[11]

10 Promoting Children and Young People's Emotional Health and Wellbeing: A whole School and College Approach. Public Health England March 2015
www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf accessed 24.10.16

11 Ibid page 9

A whole school climate and ethos that supports emotional health and wellbeing enables all to benefit. Staff, including the Head teacher, teaching, support staff and volunteers working within the school, all need to have their own needs met, in order to be able to provide for the needs (academic or otherwise) of the children and young people in their care. Proactively supporting staff emotional health is of extreme importance.

Missed Opportunities[12] outlines the evidence that schools are one of the few contexts within which universal programmes to prevent mental health problems have been noted to result in population-level improvements, especially during primary years. To be successful, mental health promotion and anti-bullying approaches need to be threaded through the entire curriculum and embedded in school culture.

A whole school approach to promoting wellbeing engages the whole school community and creates a welcoming environment for pupils and adults in the school. The initial contact that one has with a school whether in person, by telephone or even via a website will often set the tone for further contact and dealings between that person or organisation and the school. Whilst very difficult to measure, this would be the type of school where parents and carers want to send their children, where staff want to work and where professionals and the community enjoy visiting.

Complicated telephone systems that never seem to be answered, being kept waiting trying to gain entry to the building and a feeling of being unwelcome on arrival mean that the meeting, interview or request for information can start with the visitor feeling uncomfortable.

On the other hand, a warm welcome sets a positive tone and can help to value visitors. For example, a skilled receptionist, who puts them at ease and reassures them about how they can raise their concerns, can welcome and help to calm an angry or nervous parent.

The Whole School Approach in Portsmouth

In every school and college in Portsmouth there is a high level of commitment to improving emotional wellbeing and resilience.

What's lacking is a joined up approach to this work across the city and sometimes within individual schools, hence the need for a Whole School Approach and a Portsmouth Strategy.

Social Emotional and Mental Health is one of the identified areas of need within the Special Educational Needs Code of Practice. This is a key aspect of the work of Special Educational Needs Coordinators (SENCOs) who have strong networks in clusters and across the city to support their work.

There are successful networks of Pastoral and Behavioural strategic leads in Portsmouth, three area-based primary Groups and Secondary Lead Links. These provide an excellent forum for sharing practice and skills as well as developing the skills of members through reflecting on reading and research.

12 Missed Opportunities op cit

A Whole College Approach at Highbury College

Highbury College is defined by its mission, vision and values. The College has broadened its definition of student success and achievement. A more holistic definition moved away from a purely qualification based definition to one that required successful students to demonstrate a more holistic set of achievements and characteristics.

These critical elements describe who we are, what we want to achieve and what guides our day to day decision making and leadership approach. The mission identifies our purpose. The vision defines where we want to be. Together, they set the context for our strategic priorities, objectives and performance measures.

There is on-going investment in and promotion of Health and Wellbeing for our students. Health and Wellbeing sessions are delivered at each of the College Centres. In 2015/2016 this became an integral part of the student experience as well as targeting those at risk. This now incorporates the Prevent agenda and British Values. The intent of the sessions is to support and empower student's progression and self-advocacy, by emphasizing positive physical, psychological and social mental attitudes of the students through a variety of activities and exercises.

The Support to Achieve Programme which offers 1:1 mentoring for at risk students includes specialist support for students. The College Counsellors also play a key role in the College Safeguarding and Child Protection Team, liaising with Multi-Agency Safeguarding Hub (MASH) teams, Social Care and the Police as and when necessary.

Ordinarily Available Provision (OAP)

SENCOs, working with partners including the Multi-Agency Behaviours Support Services (MABs) and the Education Psychology Service have developed an OAP document. This resource serves as a toolkit for schools to meet the needs of children and young people with SEND including Social, Emotional and Mental Health Needs. A summary is available on **www.portsmouthlocaloffer.org**[13]

All staff in school rightly have a role in supporting wellbeing. This sometimes leads to overlap and duplication, especially in larger schools. There is no obligation to have an **explicit** named lead for this work in the way that we have a designated lead for safeguarding and for Looked After Children. Less than a third of schools questioned said that they had a named lead. In some of these schools when two different people were asked the same question they each named a different member of staff.[14]

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[13] *www.portsmouthlocaloffer.org/local-offer-search/item/296*

[14] 46 responses from 38 schools. 12 schools with a named lead, of these 12 schools 3 schools had two different respondents, In all three cases staff from the same schools named a different member of staff within their own establishment.

Student Concern Meetings at King Richard School

A need was identified to increase awareness for all staff around the many "pastoral" issues which pertain to their students. The decision was made to hold weekly meetings regarding:

1. Immediate safeguarding awareness which has arisen as a result of multi-agency meetings.

2. Pastoral or safeguarding updates if the above are not required.

The Deputy safeguarding lead, and Family Support Worker, prepares documentation summarising individual student information and multi-agency requirements. It is at this point that the formality arises; every teacher of every student to be discussed at the student concern meeting is "invited" to attend. Experience, over the past 12 months, is that most of a student's teachers are able to attend the meeting. Follow up meetings take place with those that do not.

The format of the meeting has been formulaic;

i. Named student has all appropriate information and data shared with staff. No notes are taken as a result of confidentiality issues.

ii. Open forum to discuss any current subject concerns.

iii. Discussion to share best practice.

iv. Support implications as a result of information provided.

There is a 30 minute guillotine on the meeting and, if more than 2 students are presented, this focuses discussion. It is worth noting that whole school INSET has always stressed that every student deserves the highest standard of classroom practice, a safeguarding concern is NOT an excuse to lower expectations but, we must be aware of the context within which some of our students find themselves. Whilst (i) above illustrates context, (ii), (iii) and (iv) has been found to be the means to ensure progress is maximised.

Staff satisfaction has been universally positive and have reported improved classroom practice in terms of improved student teacher relationships.
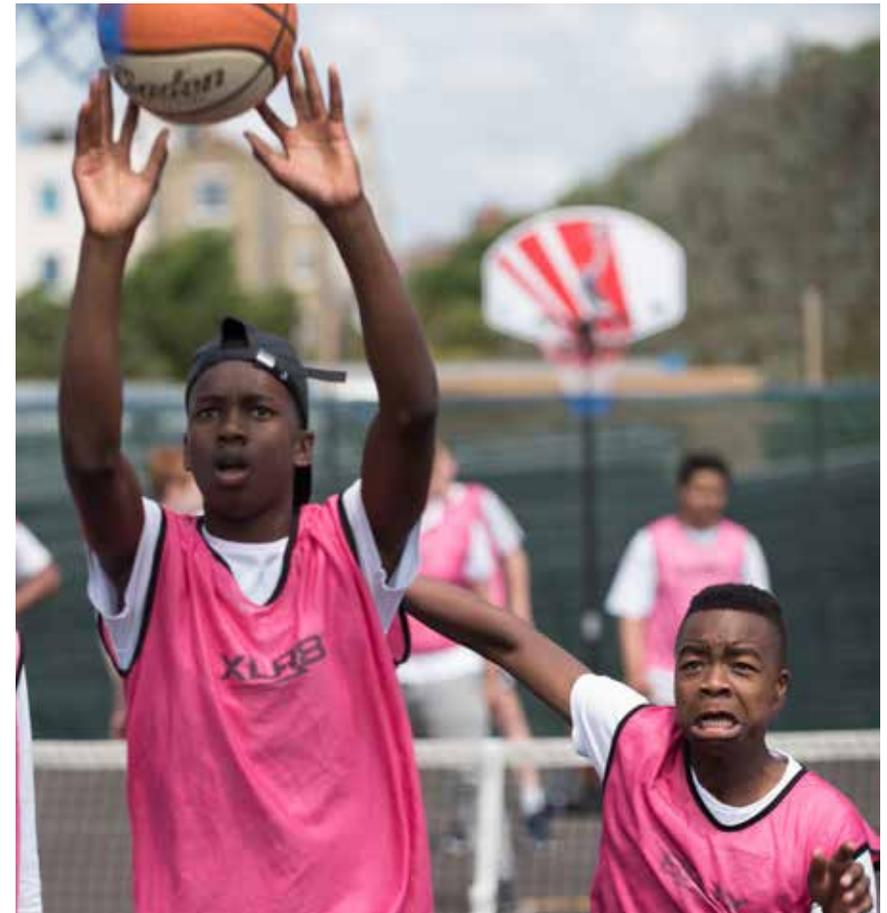
Because of the lack of a joined-up approach, sometimes within establishments and frequently across establishments, opportunities regularly get missed, work can be duplicated and information is not always shared. Information from PCC, health, MATS are fed into schools through a variety of means, which may include: Children's Services bulletin, Behaviour Leads, Lead Links, SENCOs, ELSAs and Safeguarding Leads. Some members of school staff will receive information multiple times and others not at all.

It is our ambition to address this through developing a website which creates a central point of information and describes the main services available. This work is already underway.

There is a similar picture nationally. **Future in Mind** recommends "every area having named points of contact in specialist mental health services and schools."[15] Evaluation of the **Mental Health Services and Schools Link Pilot**[16] found that this approach had "considerable success in strengthening communication and joint working arrangements between schools and NHS children and young people's mental health services (CYPMHS)". The evaluation also found improvements in:

- "frequency of contact between pilot schools and NHS CYPMHS

- satisfaction with communication and working relationships between pilot schools and NHS CYPMHS

- understanding of the referral routes to specialist mental health support for children and young people in their local area among school lead contacts

- knowledge and awareness of mental health issues affecting children and young people, among school lead contacts"[17]

Recommendations:
1 Establish and maintain an up to date central source of information linking to all services and resources that support wellbeing, resilience and mental health including referral criteria. Portsmouth Local Offer, agencies, services and school websites should link and signpost to this central point.
2 Each school has, published on its' website, a wellbeing policy that has been developed through engagement with its own whole school community. Example Policy and Guidance are available.[18]
3 All schools and colleges have a named explicit "Wellbeing Lead". All staff in the setting know who this is. A list of named leads is held by the local authority and updated annually. The named lead is a conduit for all information regarding training, advice and support. They have an identified strategy for cascading information throughout their own school.
4 There is a named lead in CAMHS for each school to contact.
5 There is a clear mechanism to link together all existing networks (Lead Links, Behaviour and Pastoral Strategic Links, SENCO Network and MAT locality networks) with named leads in schools and named education links from health, specialist mental health services, the wellbeing service, the inclusion service, SEND team.

15 **Future in Mind** ibid page 17

16 *www.gov.uk/government/publications/mental-health-services-and-schools-link-pilot-evaluation*

17 Ibid

18 Charlie Waller Memorial Trust: Mental Health and Well-being Policies and Guidance for Schools and Colleges. *www.inourhands.com/wp-content/uploads/2015/06/Mental-Health-Policy-and-guidance-for-schools-CWMT-FINAL.pdf*

Restorative Approaches[19]

Since 2014 Portsmouth Children's Trust has been delivering a series of changes in the way key public service agencies work with children and families. The Multi-Agency Teams (MATs) are committed to providing joined-up support for children and families in the city. The MATs and wider children and family services in the city are adopting a Restorative Practice model of working. Schools work in close collaboration with the MATs and will be key partners in delivering this strategy.

Restorative Practice or Restorative Approaches are essentially a way of affecting change in people's behaviours by focussing on their relationships; seeking to prevent relationship breakdown or restore it when it has.

The fundamental premise of restorative practices is that people are happier, more cooperative and productive, and more likely to make positive changes when those in positions of authority do things with them, rather than to them or for them.
International Institute of Restorative Practices

The development of Restorative Schools, as part of this strategy has real potential to not only improve outcomes for some of our most vulnerable children and families in the city, but also to strengthen the work in building resilience and promoting wellbeing.

Restorative schools, as with all restorative work, is as much about building culture as it is about "interventions". There is significant evidence that restorative practice in schools can make a real impact on behaviour, attendance and bullying.[20] Restorative approaches shift the culture from one of punitive, reactionary responses to one of enabling behaviour change through engagement, high challenge and high support within a respectful, exploratory environment.

A handful of schools in Portsmouth will be acting as trailblazers of this approach during 2017 and then share the learning with other schools.

Recommendation:

6 All schools commit to a Restorative Approach and make training in this approach available to all staff. The city-wide strategy and allocation of resources include the capacity to facilitate training and ongoing support (through a training the trainers model) for schools in developing and embedding this approach.

19 Portsmouth City Council Restorative Practice Strategy
20 *www.restorativejustice.org.uk/restorative-practice-schools*

Anti-Bullying

Bullying is among the top concerns that parents have about their children's safety and wellbeing. It is also a top concern of children and young people. Bullying makes lives a misery. It impacts on attendance and attainment and marginalises those groups who may be a particular target for bullies and can have a life-long impact on some young people's lives.

Preventing and tackling bullying are absolutely fundamental to promoting wellbeing. **Portsmouth's Anti-Bullying Guidance and Resource Pack for Schools**[21] provides a comprehensive range of information, resources and contacts to help schools develop effective anti-bullying practices and prevent and reduce bullying.

All bullying, especially identity based bullying can blight the lives of our young people. Schools have a duty under the Equalities Act 2010 to promote equality and to foster good relationships. Schools should take positive steps to combat direct and indirect discrimination, victimisation and harassment on the grounds of: age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Negative comments based around identity such as racist or homophobic comments may be single acts of verbal abuse, one off incidents, not directed at an individual or not intentionally discriminatory. These incidents may not fit into the definition of bullying as being:

• Deliberately hurtful (including aggression)

• Repeated often over a period of time

• Difficult for victims to defend themselves against

Leaving such incidents unchallenged fosters a climate which allows abuse to escalate and leaves prejudice unchallenged. Schools should acknowledge that discrimination exists in wider society and that it can lead to discriminatory bullying in schools and have a detrimental impact on wellbeing.

Children do not all fit into polarised categories of being either bullies or victims; some are both victims and perpetrators simultaneously. Studies[22] found the experiences of being bullied increased the risk of depression which then became a risk factor for suicide. They also found that bully perpetrators have the highest risk of suicide during young adult and adult years.

Young people themselves have reported to the Safeguarding Children's Board that more needs to be done to support perpetrators of bullying alongside support for victims.

Recommendations:

7   All schools make full use of the Anti-Bullying Guidance and Resource Pack and the recommendations within it to prevent and respond to bullying.

8   There is an ongoing cycle of anti-bullying training for all staff and peer mentors/ buddies in every school and college. This incorporates how to support both bullies and victims when responding to incidents.

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21 *http://4lscb.proceduresonline.com/portsmouth/files/anti_bullying_strat.pdf*

22 Klomek et Al cited in Missed Opportunities *www.centreformentalhealth.org.uk/missed-opportunities*

Building Resilience and Reducing Stigma

> *"School is one of the few settings where there are proven effective interventions targeting the entire school population which are effective in reducing children's chances of developing future mental health difficulties."*
>
> **Missed Opportunities – page 41**

Misconceptions about mental health and fear of stigma prevent many young people from seeking help early. A Time to Change survey showed that 60% of people with a mental health problem waited over a year to tell the people closest to them about it.[23] Young people, especially boys and young men and children from BME communities experience higher levels of stigma than adults. Anticipating stigma is a major factor preventing young people from seeking support.[24]

Promoting wellbeing, building resilience and reducing stigma are not short term goals. One off initiatives such as assemblies, drop-in days or focus weeks are all important but on their own they will not affect the culture change that is required.

Settings may also want to identify needs and strengths within particular cohorts of children and young people. Public Health England has produced a **Toolkit for Schools and Colleges: Measuring and monitoring children and young people's mental wellbeing.**[25]

CASE STUDY

Healthy Schools

Portsmouth's new Healthy Schools offer will provide a whole school/college community approach to health improvement for students, staff and parents. This will contribute to students' attainment and achievement and support the implementation of the Early Help Strategy.

Portsmouth's Healthy Schools Programme takes into account the health picture of individual settings through the use of school/college health profiles. Settings are able to identify the key areas to focus on and how they will achieve agreed outcomes.

www.areyousorted.co.uk

23 *www.time-to-change.org.uk*
24 Centre for Mental Health, **Missed Opportunities**, Chapter 2 *www.centreformentalhealth.org.uk/missed-opportunities*
25 *www.annafreud.org/media/4612/mwb-toolki-final-draft-4.pdf*

Curriculum

In order to raise awareness and crucially to reduce the stigma surrounding mental health, cross curricular themes need to be woven in at every appropriate opportunity. For example when studying the War Poets provide opportunities to talk about Post Traumatic Stress Disorder and other situations that people might experience trauma. The mental health of historical or famous figures such as; Winston Churchill, JK Rowling, Isaac Newton, Van Gogh, Abraham Lincoln should be mentioned, not as a defining feature but as a part of who they are and part of understanding the prevalence of conditions such as depression.

Explicit teaching about Mental Health needs to be planned into Personal, Social and Health Education (PSHE) Schemes of Work. The specific content will be determined by the needs of the cohort, but there should be an emphasis on enabling students to develop the skills, knowledge and understanding and confidence to seek help, as needed, for themselves or others.

As with any subject, talking about mental health must be developmental: it should build up from early learning if it is to be most effective. With very young children, for example, rehearsing ways of asking for help and persevering if their requests are not listened to, lays the foundations for asking for and confidently accessing sources of support when they are older. Incorporating learning related to emotional wellbeing and a good mental health into our broader curriculum from Key Stage 1 can help to promote positive behaviours which pupils can adopt and adapt throughout their school careers. Evidence-based programmes should be reproduced faithfully by well trained and supervised staff.

CASE STUDY

A Qualification in Social and Emotional Learning

At The Harbour School Milton and Cosham Hub, students can achieve Level 1 qualifications in Character Development and Managing Transitions and Level 2 qualifications in Wellbeing and Personal Development. These qualifications provide students with a firm grounding in social and emotional skills and allow for progression to more qualifications at a higher level in future, because local colleges regard this as comparable to G–D grades, or C/4 grades, respectively. The Level 1 and 2 Awards typically involve 54 guided learning hours, and provide a framework of learning outcomes against which the school has devised its own activities. Lessons involve discussion, activities and internet clips, with written recording kept to a minimum.

How can I find out more?

The social and emotional Level 1 and 2 qualification booklets are written and are available from The Harbour School. **http://theharbourschoolportsmouth.org**

The PSHE Association has produced comprehensive **Teacher Guidance: Preparing to teach about mental health and wellbeing**.[26] Using this guidance and the accompanying lesson plans and resources for all key stages will ensure that these topics are taught in a safe and sensitive manner which helps rather than harms. Teachers will need training and support in delivering some of the more sensitive topics and should work on the assumption that, in any class, at least one pupil will be affected by the topic being discussed.

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26 PSHE Association. *www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and-wellbeing*

Assessing Social and Emotional Progress and Demonstrating Impact at The Harbour School

The Harbour School firmly believes that social and emotional skills are fundamental to 'life success', demonstrating successfully that these skills can be taught and assimilated, thereby generating positive outcomes for all students. To facilitate this approach, a detailed assessment of social and emotional skills has been developed which is carried out for every student at the school. This provides invaluable information to support teachers/Teaching Assistants (TAs)/ELSAs in planning teaching and learning opportunities, whilst also profiling needs, and tracking and demonstrating progress for individuals and groups, and whole school data analysis.

'I can…' statements have been constructed, providing a progression from a preschool developmental stage through to the skills needed to be successful in the upper secondary years and beyond. There are seven developmental levels in the system, thereby addressing each of the five social and emotional skills domains; self-awareness, managing feelings, motivation, empathy and social skills. Baselines are recorded in blue and growth in green. The completed grids can then be used to identify which skills need to be taught in lessons, in either a small group or on an individual's behaviour plan.

The skills that are learnt are then recorded on the social and emotional assessment grids, and can subsequently help children, parents and teachers to identify, recognise and praise progress, as well as being a method by which to demonstrate the impact of 1:1 input, use of Pupil Premium, use of SEN funding and measure whole school strategies.

How can I find out more?

The Social and Emotional Assessment Grids© are available from The Harbour School
http://theharbourschoolportsmouth.org

Transitions

Transitions and changes happen throughout all of our lives. These may be predictable for most e.g. learning to walk and talk or moving from one key stage to another or unpredictable, such as bereavement loss or separation. During these times there is a need for information, emotional support, practical help and resources. The ability to manage transitions is a key skill and one that will impact on emotional health and wellbeing.

Even positive and planned changes can often be difficult to manage for both adults and children. For example, the birth of a new baby, may be seen as a threat to the position in a family of a child. For a parent, who is struggling to balance work and family commitments, additional support or time to adjust may be needed.

Consistency of structures, boundaries and routines that are made explicit make it easier to maintain the learning environment and positive behaviour management when there are changes. For example when there is a different teacher due to planned cover lessons for INSET or Planning, Preparation, Administration (PPA) these changes and expectations can be discussed before and after the cover takes place. Staff often know they will be leaving the school long before this is shared with the pupils. The change of teacher will usually be smoother for both the pupils and the incoming member of staff if there is time and space to discuss

any feelings of loss or concerns around the changes. Planned mid-term admissions or pupils transferring out of the class can and indeed should be discussed with all the staff and the pupils.

Schools are well placed to support children and young people to manage change effectively. Putting in place skills and strategies for predictable changes will help to build resilience for managing the less predictable and more traumatic changes they will encounter throughout their lives.

Transition Support from Portsmouth City Council and Portsmouth College

Portsmouth College and PCC work in Partnership to support the more vulnerable students who are at risk of becoming NEET. An example of this is a young person from a troubled family background. The young person and their parent were substance users and social services had been involved.

The Progress Adviser had worked with the young person whilst she was at her secondary school and had visited her at home. The young person had not attended any introduction days or open days due to a lack of engagement by the Parent. The Progress Adviser met with the young person at her School, discussed her options and supported her to apply to the college.

The Progress Adviser informed the Wellbeing team and liaised with them to ensure appropriate support was in place for the young person when they started college. The young person started well but then their attendance dropped. It was identified that there were external problems which the Wellbeing Staff could not address.

The Progress Adviser had the flexibility to work with young people and their families externally and they were in a position to contact and make a home visit. Working with external agency contacts and the wellbeing team, the Progress Adviser successfully reengaged the young person. The Progress Adviser continues to monitor the young person's wellbeing.

Language

Words are powerful. What may be intended as a throw away comment or "banter" can have a significant impact on both adults and pupils. Sarcasm and jokes can be taken seriously by many and have a detrimental effect on the anxiety levels of some pupils, especially those with Autism Spectrum Conditions. Joking that the teacher with the tidy classroom has Obsessive Compulsive Disorder is demeaning to those who have this condition which impairs their ability to cope with everyday life.

CASE STUDY

Building Resilience at Meredith Infants

Meredith Infants introduced Guy Claxton's Building learning over three years ago. One of Claxton's four R's is Resilience. They introduced a puppet called 'Tough Turtle' who lives in each class, and even has his own theme music (New kids on the block- Hanging Tough). Children aspire to be like him and display his habits of learning which include; 'never giving up', 'persevering', 'stickibility', 'getting in the flow', etc. They have a weekly assembly where children are awarded BLP certificates including Tough Turtle. They also give out Tough turtle stickers and certificates so that parents can celebrate children's resilience at home. The catch up reading groups are called 'Tough Turtle club' and if children are 'wobbling' in class they will often go and get Tough Turtle to cuddle and encourage them. He has certainly made a difference to the children's resilience.

Social Media and the Online environment

Pupils see little or virtually no division between the online and offline world. Teaching pupils to manage their online safety and online relationships should be covered through the PSHE as well as Information and Communication Technology (ICT) curriculum. Much of what is taught in an offline context about developing healthy relationships and staying safe can be readily adapted to address the online context too. Potential dangers to pupils online include online abuse and grooming, cyberbullying and becoming involved in dangerous communities which advocate harmful

behaviours. Online platforms can be used to positively promote wellbeing; some examples are discussed later in this document.

"young people consistently say that the digital world offers positive social and emotional benefits. 4 in 5 young people aged between 16–24 years believe that digital technology plays a positive role in their relationships"[27]

Social media also puts young people constantly under pressure. The response or lack of response to a status, comment or picture gives young people an instant sense of acceptance or rejection. A recent study found that many young people said "comparisons to others on social media made them feel ugly, inferior and unpopular". Young people feel judged by how many "likes" or "friends" they have. It is easy to forget that the content that people upload is only portraying an image that they want others to see and this is frequently photo shopped to further enhance the images. There is often a false portrayal of happiness which gives the impression that others have a much better life than you. This can further increase any feeling of anxiety.

Many young people feel the need to be constantly contactable and are logged on at all possible opportunities. This also makes it very difficult to escape some of the negative influences of social media. Bullying that may previously have stopped at the school gates is now potentially with young people all day and night. A comment made in the evening is frequently shared across the school before lessons start the next day. These interactions impact on learning and the ability to focus in the classroom as well as a young person's emotional wellbeing. The digital footprint that young people are leaving can be permanent. Sending an inappropriate photo or message can spread like wildfire and come back to haunt a young person months or years later.

Curriculum approaches that include online safety and build digital resilience are a vital part of the work that schools do to promote wellbeing and resilience.

CASE STUDY

Banning of mobile phones at Priory School

Young people are now becoming far too dependent on their phone and this is having an adverse effect on some students' behaviour but also the way they communicate with others. Having a break from their phones, text messages and social media gossip will enable school to become a "haven" to focus on their schoolwork. This seems increasingly the correct thing to do as we balance what our students want and what they actually need.

Priory's reason for banning mobile phones was largely based on some recent research that shows:

- 7 in 10 young people are victims of cyberbullying.
- 37% of them are experiencing cyberbullying on a highly frequent basis.
- 20% of young people are experiencing extreme cyberbullying on a daily basis.
- Not having mobile phones in schools adds up to an equivalent of an extra week of classes over a pupil's school year.
- Test scores of pupils aged 16 improved by 6.4% where schools banned mobile phones.

Source: EU Kids Online 2015

Since the ban there have been no reported incidents of bullying involving the use of mobile phones in school as opposed to 26 incidents in the previous term.

27 www.youngminds.org.uk/assets/0002/6859/Resilience_for_the_Digital_World_YM_Positioning.pdf

Anxiety

Most children go through times when they feel very frightened about things. It's a normal part of growing up. For instance, a toddler will be very attached to their parents or the people who look after them. Separation from them, for any reason, can make them very anxious and upset.

Many children are scared of the dark or of imaginary monsters. These fears usually disappear as the child grows older, but they do not usually spoil the child's life or interfere with their development. Most will feel anxious about important events like their first day at school. Once it is over, the child stops being frightened and is able to get on and enjoy the new situation.

Teenagers often feel anxious. They tend to be worried about how they look, what other people think of them, how they get on with people in general, but especially about forming close relationships. These worries can usually be helped by talking about them. However, if they are too strong, they are doing badly at school, behaving differently, or feeling physically unwell further support and intervention will be required.

Exams and assessments have always caused anxiety for most people. An element of anxiety or stress can be good for you. It helps to keep you alert and to perform well. The pressure on schools, children and young people to meet increasingly challenging targets and achieve exam success from a young age have increased the awareness of anxiety and exam stress. The move away from coursework towards terminal exams has further increased the pressure on many young people.

Problems with anxiety are really common, they need to be recognised and taken seriously by all staff. According to the charity Anxiety UK, as many as 1 in 6 young people will experience an anxiety problem at some point in their lives. When anxiety starts to affect daily life and stops young people from doing things it can be a real problem. Allowing and encouraging children and young people to discuss their fears and anxieties are important to help them to manage their anxieties. Identifying people they can talk to and safe place they can go can help them to manage their anxieties.

Self-Harm

Schools and colleges have daily contact with children and young people who self-harm. Young minds says that "self-harm can be really difficult to understand but is a lot more common that some people think. Between one in 12 and 1 in 15 people self-harm".[28] Working with children and young people who self-harm can be extremely challenging for professionals who will be worried about the safety of the young person.

Settings should follow **Portsmouth School/College Self-Harm Care Pathway and Guidelines for Dealing with Incidents of Self-harm within Portsmouth Schools and Colleges** (appendix ii).

Advice for staff on support for young people is available from the CAMHS Single Point of Access (SPA) 0300 123 6632.

Recommendations:
9 There is a shared language and culture around mental health in Portsmouth. This is part of a shared language around restorative approaches and SEMH training.
10 High quality PSHE will be delivered in all schools. Whole staff and specialist PSHE teacher training is available. Supervision is available for staff delivering sensitive topics and ensures pupils have access to support as required following these lessons.

28 *www.youngminds.org.uk/for_children_young_people/whats_worrying_you/self-harm/what_self-harm*

Staff Training and Supervision

Head teachers understand the importance of staff wellbeing and the impact that this can have on staff turnover, absenteeism and the whole school culture.

In order for staff to effectively support pupils in their learning and development, they need to feel they are themselves supported. This support needs to be planned and implemented at an organisational level as part of a whole school approach and will take place at many levels. Staff may need day-to-day support in managing their work-life balance or practical support at times of crisis. It may also involve training for all staff to increase their understanding of the importance of emotional literacy and indeed to develop their own emotional intelligence. Senior leaders and head teachers, who provide line management and emotional support to their staff, also need to have opportunities to support their own emotional health and wellbeing.

The government has recognised that there is an urgent need to include wellbeing, alongside SEND and child and adolescent development in Initial Teacher Training (ITT).[29] The Carter review of Initial Teacher Training has recommended that all of these aspects be included as part of all ITT.

"...teachers can support pupil outcomes by developing their character, as well as developing their knowledge, understanding and skills. As such, new teachers should be introduced to character education and strategies for developing characteristics such as drive, grit and optimism in pupils as well as supporting pupil wellbeing.

...the importance of understanding a wide range of mental health issues, including those that teachers might come across in groups that are not traditionally thought of as vulnerable (for example, self-harm). ITT should equip new teachers to identify what is within the norms of child adolescent behaviours and what is a cause for concern. ITT should prepare trainees to know when and how to refer appropriately to more specialist support.

...teachers well-trained in children's emotional development and the impact of trauma and loss are likely to be more confident and effective in providing a safe setting for all students, including the more vulnerable and challenging, leading to better pupil outcomes. We therefore advise that ITT programmes should give priority to this aspect of trainees' development."

Alongside these recommendations there is also a need to provide ongoing Continuing Professional Development (CPD) in these areas. ITT is just that, initial training.

These recommendations will go some way to addressing training in the medium to long term as new teachers trained in these areas join the profession. In the meantime there is an urgent need to upskill all staff in schools (teaching and support) to at least a minimum standard. In the same way that all staff in schools have a role to play in safeguarding all staff have a role to play in wellbeing.

The daily interactions that staff have with children and young people will have an impact, either positive or negative on their wellbeing. You do not need to be a mental health specialist to make a difference to a child's sense of wellbeing. Positive interactions from adults on a day to day basis can help to build a child's confidence and esteem. Staff who support young people to take small steps towards managing their feelings

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29 Carter Review of Initial Teacher Training *file:///F:/Future%20in%20Mind%20Secondment/National.Research/Carter_Review.pdf*

and understanding the feelings of others are potentially helping young people to manage anxieties or conflict.

Training is crucial to raise awareness and increase the positive interactions, but also to know our limitations and when to refer on to a more specialist practitioner. Clinical Supervision, a distinction from managerial supervision, is often not provided in school, but has a key role to play for those staff that provide support for the most vulnerable. This helps to keep the practitioners and young people safe.

Clinical supervision provides an opportunity for staff to:[30]

- Reflect on and review their practice

- Discuss individual cases in depth.

- Change or modify their practice and identify training and continuing development needs.

Clinical supervision has a number of benefits for staff

- It can help staff to manage the personal and professional demands created by the nature of their work. This is particularly important for those who work with people who have complex and challenging needs – clinical supervision provides an environment in which they can explore their own personal and emotional reactions to their work.

- It can allow the member of staff to reflect on and challenge their own practice in a safe and confidential environment. They can also receive feedback on their skills that is separate from managerial considerations.

- It can be one part of their professional development, and also help to identify developmental needs. It can contribute towards meeting requirements of professional bodies and regulatory requirements for continuing professional development (where applicable).

- Schools that provide supervision for their staff who are working with the most vulnerable young people are sending a clear message that they value this work and the role of these staff.

Supervision will not only impact on the professional it should improve the outcomes for the young person or support them in being referred on to another service when the needs are beyond those that can be met in school.

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CASE STUDY

Supervision at Cottage Grove

Cottage Grove commissions supervision for every member of the pastoral support team from CAMHS as part of a service level agreement. This involves individual half termly supervision for each team member as well as fortnightly group supervision. Due to the work the pastoral team are involved in they believe supervision is vital to enable them to maintain their own positive mental health and wellbeing. At Cottage Grove, they believe supervision plays an important role in ensuring families are receiving the best possible support and that all staff are up to date with knowledge and are using safe working practices.

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30 Care Quality Commission: Supporting effective Supervision *www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf*

ELSA Supervision Groups facilitated by the Education Psychology Service

A school suffered bereavement and they asked their ELSAs to provide pupils with emotional support. One of the ELSAs who attends a supervision group asked the group to spend some time talking about what her role should be and what challenges she may face. Initially, they spent time discussing some of the theory and strategies for supporting bereavement covered in the original training and considered how these ideas could be adapted to suit the age of the pupils involved (primary age). They then explored some of the specific worries the ELSA had about providing this support, including discussing what they felt the children would be looking for from adults in their school. This enabled the ELSA to feel more confident and prepared to offer appropriate emotional support, including how they can make sure they are working effectively alongside other school staff.

Local and National Training Opportunities

When asked what the gaps or issues relating to Mental Health are in Portsmouth schools, training was identified as a real priority for our schools and colleges.

As part of a city-wide strategy to improve Mental Health and Wellbeing in Portsmouth several agencies who are providers of Social Emotional and Mental Health (SEMH) Training are working together to provide a coordinated approach, with a menu of quality assured SEMH training for universal services in the city who work with Children and Young People.

An SEMH online portal provides a directory of Social Emotional and Mental Health Training for Services working with Children and Young People. The portal can be used to book onto courses and access resources, updates and communications around Social Emotional and Mental Health Training.

A comprehensive range of training from the Educational Psychology Services, Child and Adolescent Mental Health Services (CAMHS), Public Health and The Multi-agency Behaviour Support Service (MABS) can be accessed via the SEMH portal. **http://semh.portsmouth.gov.uk**

There is a need for an on-going comprehensive training programme to include basic awareness for all staff and more in depth training for those with a specific remit around SEMH including pastoral and case holding staff. Practice standards and a competency framework are being developed by the CAMHS Training and Coordinator Lead to ensure that training meets the demands of the specific roles of staff. This can be planned and ideally delivered alongside training in Restorative Approaches.

Training is often delivered in waves and it is anticipated that this is cascaded to colleagues in schools. Over time this can become diluted and leave gaps in knowledge and provisions. In recent years CAMHS has trained a number of Loss and Bereavement Champions and ADHD Champions in our schools. These have supported a large number of young people in our schools. However, staff turnover means that many schools no longer have champions in these fields or do not make use of the resources.

Online training is available funded by the Department of Health and the Department of Education to all schools through MindEd. MindEd is a free educational resource on children and young people's mental health for all adults with online learning resources for parents and professionals.

MindEd

MindEd offers free completely open access, online education in over 300 topics. The e-learning is applicable to a wide range of learners across the health, social care, education, criminal justice and community settings.

The aim is to provide simple, clear guidance on children and young people's mental health, wellbeing and development to any adult working with children, young people and families, to help them support the development of young healthy minds **www.minded.org.uk**

Attachment Aware Schools

A rolling programme of training has been commissioned by the Virtual School to develop skills in working with children and young people with attachment disorders.

It is thought that around 40% of children and adults may have attachment related issues which negatively impact on aspects of their life. Whilst the Virtual School are primarily focusing on children who are looked after, an increased understanding of how to identify and support any child who may have attachment issues is clearly of benefit to many children in our schools.

Emotional First Aid

MABS deliver Primary and Young Persons Emotional First Aid Courses these enable staff to:

- Promote positive emotional health

- Provide support and reassurance

- Understand behaviour as a reflection/barometer of a child/adult's emotional state

- Undertake risk assessment to help prevent harm

- Create a partnership with children

- Assist in early detection and intervention

- Increase knowledge, reduce stigma and increase skills base

"The EFA course has confirmed to me how important it is to have staff in schools to offer support, guidance, and reassurance to young people." EFA course participant feedback.

Recommendations:

11 All staff in schools and colleges have accessed basic awareness training to achieve the minimum competencies around SEMH.

12 All schools and colleges have trained champions in Loss and Bereavement, ADHD, Anxiety, Self-Harm and Eating Disorders. These staff are trained by CAMHS and have access to ongoing advice and support from Mental Health services.

13 Named wellbeing leads have an overview of SEMH training and training needs in their own school.

Self-help and Peer Support

Good access to effective self-help strategies and resources can help to promote wellbeing, prevent mental ill health and provide early support.

We know that there is often a significant delay between young people exhibiting signs of poor mental health and seeking support. On average, children and young people with mental health difficulties go ten years between first becoming unwell and getting any help.[31] Whilst aiming to provide easy access to earlier support, it is also important to understand that the first sources that young people turn to are the internet and their friends (71% and 61% respectively).[32]

The internet can be helpful but also unreliable. Schools should raise awareness of high quality websites and apps that provide accurate information for young people and parents. This will encourage young people to seek support from reliable sources. High profile campaigns including posters around the school should be supplemented by discreet sources of information, such as posters behind toilet doors, where young people can note down any contact numbers or websites without being watched by their peers. Links to reliable sources of information (see resources sections) should be provided on the pupil and parent areas of schools websites. Similarly when young people turn to their peers for advice, high profile resources will help them to be able to provide more accurate support or information to their friends.

We know that pupils often turn to their peers for support. Although they are important to adolescents, peers can be unreliable sources of advice, information and support, particularly if their own mental health literacy is low. This gives additional importance to the work through the curriculum and universal approach to increase mental health awareness. Many schools already provide more structured peer support on a wide range of topics such as friendships, bullying and transition. Peer support should not be a replacement for specialist support from mental health professionals but good quality peer support might help young people to get the help that they need. Young people who are involved in peer mentoring or buddying schemes need training and high quality supervision to be able to support one another and to let adults know when they have concerns about a peer.

CASE STUDY

Peer Emotional First Aid (EFA)

MABS deliver the PEER EFA mentoring programme for young people with the ultimate aim of enabling emotional expression and development of helpful strategies for young people to help reduce the likelihood of the development of Mental Health problems and Mental Illness. The PEER EFA course broadens the young people's knowledge of wellbeing and mental health whilst increasing their own resilience to support themselves and others – identifying the need from the early signs. "I gained knowledge about people's feelings and how to be more empathetic around others. I also learnt about emotions, wellbeing and self-esteem." PEER EFA participant.

31 www.centreformentalhealth.org.uk/missed-opportunities
32 www.youngminds.org.uk

Zumos at Springfield and Milton Cross Schools www.zumos.co.uk

Miltoncross and Springfield schools have worked with Zumos to secure National Lottery funding to give students free access to web-based, expert written, peer reviewed, motivational support voice recordings and sources of further help that have been invaluable in providing early self-help.

At Miltoncross the emphasis during the first year of use has been on encouraging all students to access the platform and engaging them with resilience building games and the confidence to access the self-help information, anonymously, from anywhere. The emphasis is upon Zumos as a source of information for young people to access, rather than something to log onto only if they are experiencing difficulties.

Zumos has been particularly helpful in two respects, firstly it provides an initial, reliable online source of information that students know has been approved by the academy and CAMHS. It then also gives support and provides reassurance to those students who have asked for help but are still awaiting external appointments. They have reported that logging into Zumos has significantly reduced their anxiety levels during this time.

Although Zumos is completely anonymous, schools can see statistical information about what students are accessing (sorted by year group and gender) and this has been useful in helping target the delivery of SMSC and other sessions. Using Zumos has prompted many students to speak to teachers about their concerns.

Over one thousand six hundred pieces of advice have been listened to during the first year at Miltoncross, with many students accessing the further support and information pages.

Benefits at Springfield School:

- All students have individual log-ins and can make use of this online 'self-help' resource during structured school lessons (PSHE) and tutor time. They can also log on anywhere/anytime.

- The self-help audio information is extensive (including topics such as acne, bereavement, sexuality, mood swings…) and has been carefully developed with specialist help from CAMHS, educational psychologists and other practitioners.

- Tutors have used the daily short wellbeing message/ thought for the day as a basis for discussion and reflection.

- Zumos link to annual SEMH related events such as 'Anti-bullying week' or 'Safer internet day' so this can support work in assemblies and tutor time

- Analysis of log-in data shows good usage with many students selecting the same audio info more than once.

- Student voice reflects a positive attitude from those who have used the resource with many feeling that they have calmed anxieties on a range of issues or been able to find out 'where to go' or 'what to do next'

Shelf Help

Reading Well is a collection of books that can help young people cope with the pressures of life, boost your confidence and help you with difficult feelings and experiences.

The 35 books have all been chosen by young people and health experts. They contain information and advice as well as personal stories about dealing with feelings such as anxiety, depression or stress, or experiences such as bullying.

These books are available from public libraries and can be borrowed free of charge by young people. Schools can distribute promotional materials for this scheme or ideally add and promote some of the books in the school library.

www.reading-well.org.uk/shelfhelp

Local consultation also highlighted a desire from young people and parents to be able to meet up with other young people, parents and careers who found themselves in the same of similar position.

Recommendations:

14 Named Wellbeing Leads have access to a regularly updated list of reliable sources of information for young people and parents both locally and nationally.

15 All schools provide self-help resources to children and young people such as books or Apps.

16 There is a city-wide culture of peer mentoring in schools and colleges. Training is available to all schools to set up and maintain peer mentoring schemes including arrangements for ongoing support and supervision.

17 A peer support group for young people with SEMH needs is available and a similar group for parent/carers.

Working with Parents

Parents regularly turn to schools as a source of advice and information when they are worried about their children. In addition to the support that a school might be able to provide for a child or family, signposting parents to reliable sources of information can support self-help, early identification and intervention. CAMHS provide regular newsletters for schools to circulate to parents. Information and links to reliable sources of advice should be available and promoted through school websites and newsletters as well as the Local Offer, GPs.

CASE STUDY
MindEd for families

MindEd is suitable for all adults working with, or caring for, infants, children or teenagers; all the information provided is quality assured by experts, useful, and easy to understand. They aim to give adults who care for, or work with, young people:

- the knowledge to support their wellbeing

- the understanding to identify a child at risk of a mental health condition

- the confidence to act on their concern and, if needed, signpost to services that can help

- Reliable information, strategies and parenting tips

MindEd for Families has online advice and information from trusted sources and will help you to understand and identify early issues and best support your child.

CASE STUDY
CAMHS Healthy Young Minds Newsletter

CAMHS can provide regular newsletters for schools with tips on subjects such as building resilience, anger management, anxiety etc. so that parents can help their children to be mentally healthy.

These can be distributed to parents and/or used as a basis for facilitated discussion at parent coffee mornings.

Please contact **Nicola.Wills@solent.nhs.uk** if you wish your school to participate.

Solent Infant School – Lending Library

At Solent Infants they have purchased some books that can help children during difficult periods and they would like families to be able to borrow these books to share at home.

The themes of the books are deployment, sharing, friendship, loss, worries, separation, divorce, families and emotions. These books are sent home in the child's book bags and are available from the school's Family Link officer or via the school website.

www.solent-inf.portsmouth.sch.uk/AllYears/ FamilySupport/library.aspx

Fernhurst Junior Inclusion Team – working with parents

At Fernhurst, they are actively trying to engage parents through their Inclusion team. The Inclusion Team consists of four Inclusion Assistants from a variety of backgrounds, including a qualified social worker. The team are overseen by the Inclusion Manager who is part of the Senior Leadership team within the school.

Each year group has their own Inclusion Assistant who works closely with class teachers in supporting pupils in the classroom to develop both academic and social skills. An allocated Inclusion Assistant in each year group means that the school is able to form much better relationships with pupils and parents. Pupils and parents all know who their key adult is in school and this helps to form strong attachments.

The Inclusion team support pupils with social skills through SEAL and other early interventions such as NVR (Non Violent Resistance) workshops for parents; these can be in a group or 1:1. The team are then able to reinforce these skills within the class during curriculum time. The Inclusion Team work alongside teachers and parents to make sure that they are working together and being consistent in approaches, whether through implementing Positive Behaviour Plans or building on targets through Pupil Passports and AFA (Achievement for All) meetings. Strong links with parents are key to the success of early interventions.

The Inclusion Team are on the playground every morning before school which allows regular contact with parents. The Inclusion Team are often the first port of call for any pastoral concerns a parent may have about their child. There is an open door policy within the Inclusion Team which means that they are able to develop the relationships needed with parents to help them engage in early interventions and support them through the SAF process when required. Fernhurst has recently held its first coffee morning for parents which was a great success and well attended. This has helped the Inclusion Team to get to know the parents in an informal environment and further strengthen relationships.

Parents and schools frequently work closely together to support the wellbeing of children and young people. When there are concerns about a child's social emotional and mental health needs that significantly impact on their behaviour in school the response from other agencies, including CAMHS, is often that the parents or carers should engage in a parenting programme. This can cause frustration for both schools and parents. These are

sometimes the parents who find it hard to engage and often the referrer is hoping for some direct work for the child. This means that engagement in a parenting programme is often seen as a hoop to jump through before individual work can be done with the child.

The research shows that rather than being a hurdle, parenting programmes are often the most successful intervention in themselves. It is important to recognise that such programmes are proven to have an impact. Schools already do much to reassure parents but for many, there is an understandable stigma attached to being referred for parenting. Parents, who are already worried about their child, may feel concerned that it is somehow "their fault". Being asked to go to a "parenting course" may serve to increase, rather than reduce parental anxieties which could be a further barrier to their engagement. Many parents would be more inclined to attend a group programme on "positive behaviour support" than a "parenting course", such programmes need to be presented in such a way that parents are not deterred from attending because they feel they are being judged.

"There is consistent high quality evidence for effectiveness of well implemented group programmes (such as Incredible Years and Triple P level 4 and 5) in promoting positive parenting techniques and in improving children's behavioural problems between the ages of three and 11." [33]

Recommendations:

18 Information is available in a parent friendly format for school and parents on the benefits and impact of "parenting programmes". An alternative name for these programmes should be used.

19 All schools deliver or signpost to support for parents

20 Regular newsletters are produced for parents by mental health specialist. All schools share these with their parents.

21 MindEd for families is promoted through children's centres, schools and GP surgeries.

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33 Missed Opportunities op cit page 23.

Additional and Specialist Support

Most of the schools in Portsmouth have trained Emotional Literacy Support Assistants (ELSAs) who provide additional support for children and young people. ELSAs are trained by the Education Psychology service and receive group supervision from this service. ELSAs provide a very important interface between universal and more specialist services.

Many ELSAs work closely with CAMHS to provide ongoing support in schools following or pending a CAMHS referral. Schools have identified a gap between what an ELSA can routinely offer and the threshold for CAMHS intervention. The recommendations in this strategy should help to narrow this gap and the new Wellbeing Service, U Matter, will provide an additional layer of support in secondary schools and colleges.

CASE STUDY

Nurture Provision at Manor Infant School

In the Summer Term prior to the development of the nurture provision at Manor Infant School there were 8 children on part time timetables and there was a high rate of external exclusions in the school. Two years later there are now no children on part time timetables and there have been no external exclusions this year.

The staff working in the nurture room are ELSA or nurture trained and they provide the children with the opportunity to work collaboratively in a small group setting. Each child is assessed using the Boxall profile to identify the areas of their social and emotional development which are creating barriers to their positive behaviour in school. Personal targets are set and the activities are designed to enable children to achieve those targets.

Parent comment – "we both feel that going through the Boxall scores gave us a real understanding of our child's behaviour and this has meant we've been able to deal better with his behaviour at home"

Multi-Agency Behaviour Support Service

http://servicesnetwork.portsmouth.gov.uk/Services/2240

MABS works together with school staff to support children and young people to develop their social, emotional and resilience skills and behaviour for learning in order to achieve success now and in the future.

MABS provides a range of evidence-based interventions which can involve work with the:

- Child / young person
- Parents and carers
- School staff
- Other agencies

Loss Companions at Solent Junior School

Loss Companion intervention is implemented for a variety of situations that can cause children to grieve, such as house move, school move and family breakdown but have found it has been most successful for children coping with death for the first time. As soon as school is informed of a death, a trained Loss Companion will make contact with the parent/guardian. This enables school to find out exactly how much the child is aware of and also to obtain permission for further support. At this point it is also found out whether the child will be attending the funeral; if they are not attending it is suggested that a balloon release in school takes place at the same time. This is then followed up with, initially, weekly sessions that just allow the child to talk about their feelings and share memories. These sessions include making button maps that allow the child to see that the deceased will always be important people even though they are no longer physically here; they make salt pots that concentrate on special memories and finally they design and make a memory box they fill with objects that remind them of their special person. Over the weeks they are asked to collect their memory items at home with the help of other adults to encourage conversation and when they feel ready they can take their memory box home. All children who have received support have free access to a named adult at all times and in the summer term an Elephant Day is organised where all children who have experienced loss at some point in their lives join together to create a memory wall followed by a mass balloon release and a picnic. It is this day that helps children to realise there are other children going through the same emotions.

Loss and Bereavement Support at Newbridge Junior School

The school's holistic approach to the Mental Health and Wellbeing of children, parents and staff recognises that the trauma associated with absence or bereavement is easier to deal with if worries are shared and feelings explored. Jenny Ashton, the school's Loss and Bereavement Champion has spent several years developing sessions that support children through these difficult times. Group work sensitively explores and gives value to the children's feelings whilst looking for ways to enable children to deal with their emotions in a positive way. Time is made available for children to raise their concerns, explore ideas and to look for ways to move forward.

This work helps the children to avoid feeling, 'lost at school' by letting them see that there is always someone there for them, and that adults are prepared to listen and willing to help them find their own way through these difficult times.

The school is committed to supporting both children and adults and seeks to keep open communication with parents. Work with children is only undertaken where support has been agreed with parents, and by liaising with The Rowans (Meerkat Service) and other agencies. The school is continually developing its role in helping children to deal with these issues.

This work, by providing a 'safety net for children', helps parents to see that their children's emotional health is seen as a high priority by the school and allows parents to deal with their own concerns with greater confidence.

The Wellbeing Team at Portsmouth College

The Wellbeing team objectives are to help and support students to address their needs including Safeguarding and Mental Health. It is important that students feel happy, healthy and safe.

One student met their Wellbeing Adviser at a college introduction. This student can at times be very anxious around large crowds of people, making it difficult for them to access lessons. During the induction day, the young person explained that due to their anxiety their attendance at school was not good and they were nervous about coming to college in September.

At the start of the academic year, the young person was met and supported by a Wellbeing Adviser who took them to their classroom at the start of their lesson. This enabled them to be in the room before the rest of the students in the group arrived. This helped the young person overcome some of their anxieties and fears, one of which was the students staring at them as they entered the classroom. By working with the Wellbeing support their need was recognised and they also knew they had a "go to" person to share their issues, concerns or worries with.

Over this academic year this student become more confident, happy and has settled into college life and continues to "pop in" when they need a little more support, which has decreased. They are now looking to continue their studies and hope to go onto university.

The CAMHS Single Point of Access (SPA)[34] receives all referrals for planned and unplanned care. Professionals and clients can also call the SPA team for advice and consultation. This can help schools to decide whether to make a referral to CAMHS or another service or provide advice on further support that can be given in school.

NHS Solent's Information for Professionals gives information and advice, including when to refer and who to refer to when there are concerns about a child or young person's mental health. This booklet is available to download from: **www.solentcamhs. nhs.uk/_store/documents/camhsprofessionalsfinal.pdf**

Counselling in Schools

School and college based counselling services play a significant role in overall provision for children and young people. The Department for Education has a "strong expectation that, over time, all schools should make counselling services available to their pupils".[35]

Child and Adolescent Mental Health Services (CAMHS) work directly with a number of secondary schools in Portsmouth. This service provides professional consultations with school staff, direct work with pupils and advice and support for parents. This is highly valued by those schools that are in receipt of this service; however there is not sufficient capacity to extend this service to all schools. In addition some primary schools chose to commission CAMHS to provide a school-based service.

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34 *www.solentcamhs.nhs.uk/page.asp?fldArea=6&fldMenu=1&fldSubMenu=1&fldKey=229*

35 Counselling in Schools: A Blueprint for the Future. Department for Education February 2016 *www.gov.uk/government/uploads/system/uploads/attachment_data/file/497825/Counselling_in_schools.pdf*

School Commissioned CAMHS support at Cottage Grove

At Cottage Grove Primary School, they believe that positive mental health underpins everything that they do. In order to support this they commission CAMHS to be in school one day each week. CAMHS provide advice to staff and timely support to pupils and families. The CAMHS worker attends LAPS (Learning and pastoral support) meetings once a fortnight and offers expert advice to staff in order to enable them to extend their own knowledge and provide appropriate support to pupils.

They have a weekly drop in for parents where they can have immediate access to CAMHS through the worker. This allows early identification of problems and enables referrals to be made for specialist support, as appropriate.

Through the knowledge the school has gained from their close working with CAMHS they now have staff who are empowered and enabled to run specialist groups for pupils such as controlling worries. There is a "controlling worries" group for identified pupils to help them manage their general anxieties. This has had a positive impact on the children's ability to manage within the mainstream classroom.

Schools need to be considering a number of issues when they employ counsellors directly. There are significant funding implications. Schools will want to consider the models of counselling employed, quality assurance and how they measure the impact of the service. School-based counsellors need to be appropriately qualified and regulated and are required to have clinical supervision. Schools may need additional support or advice when commissioning counselling services.

Recommendations:

22 All schools and colleges make use of the ELSA training and supervision offer.

23 ELSAs and other school staff have access to a named mental health specialist or point of contact for professional advice when they are working with children and young people who do not meet the criteria for CAMHs.

24 All secondary schools have support from CAMHS or the Wellbeing service.

25 The current offer of targeted and more specialist services in schools is mapped, eg School based CAMHS (school funded or CAMHS funded) or school counsellors to identify further gaps.

26 There is a framework for schools to use when commissioning school counsellors.

Conclusions and Summary of Recommendations

This strategy makes a number of recommendations about how the local authority, health and education can improve the wellbeing and resilience of the children and young people in our city. It also recognises that there are already many examples of excellent practice in Portsmouth.

In many schools and settings a number of the recommendations will already be in place and working very well. An increased level of awareness of the resources available and a coordinated approach across the city will enable other schools and colleges to rapidly build on and develop their own practice to improve outcomes for children and young people.

The recommendations from this strategy can be summarised into five areas:

I **Improve access to specialist services including direct work with young people and advice and consultation for professionals (24, 25, 26)**

- Map the existing offer

- Support from CAMHS or the wellbeing service in schools

- Guidance for commissioners in schools

II **Provide a central source of up to date information (1,14)**

- Information on resources, services and referral criteria for professionals

- Information and advice for young people and parents/carers

III **Improve communication between different agencies and schools, between schools and within school communities (2, 3, 4, 5, 13, 18, 20, 23)**

- Whole school policy wellbeing policies

- Named leads in school and in CAMHS link into existing networks and coordinating training

- Specialist services provide reliable information for parents via schools and colleges

- Staff know who to contact for advice and support in their own school and in the city

IV **Training is available in schools: basic awareness for all staff, targeted training for pastoral and case holding staff (6, 7, 8, 9, 10,11, 12, 22)**

- Basic awareness training incorporates restorative approaches, anti-bullying training, this supports the delivery of PSHE and covers the SEMH competencies

- Targeted training for school staff is available from mental health specialist

- Case holding staff, including ELSAs and PSHE co-ordinators have high quality supervision

- There is a shared language and culture around mental health in Portsmouth. This is part of a shared language around restorative approaches and SEMH training.

V   Self-help and peer support are available for children, young people and parents/carers (15,16,17,19, 21)

- Self-help resources are available to children, young people and families

- High quality peer mentoring support is provided in schools

- Peer support groups are provided for young people with mental health needs

- High quality parenting support is available

- Support is available for young people who are the victims and/ or perpetrators of bullying

Successful implementation of this strategy will provide a more coordinated approach to wellbeing across the city. Clear, reliable information will be readily available to young people, parents and professionals. Schools and colleges will be able to provide a better **universal** offer to all children and young people, through improved mental health awareness of staff and pupils. Staff who provide **targeted** support for children and young people will have access to resources, professional support and supervision. When young people or their families require access to **specialist** support this will happen swiftly and effectively.

Resources and Sources of Further Information

Solent NHS

A–Z information sheets for parents/ carers and young people.

www.childrensservices.solent.nhs.uk/resources

Young Minds

Audit tools, training materials to develop academic resilience and other resources **www.youngminds.org.uk/training_services/ academic_resilience/resource_directory**

Public Health England

Measuring and monitoring children and young people's mental wellbeing: a toolkit for schools and colleges.

www.ucl.ac.uk/ebpu/docs/publication_files/PHE_Toolkit

Mind Ed

MindEd is a free educational resource on children and young people's mental health for all adults.

- MindEd for Families
- MindEd for Professionals and Volunteers

www.minded.org.uk

Portsmouth Local Offer

For children, young people and their families with a special educational need or disability

www.portsmouthlocaloffer.org

Are You Sorted?

A health information and advice service specifically designed for young people that lists health services for young people in the city.

www.areyousorted.co.uk

Think U Know

Guide to internet safety and safe surfing for children, young people, parents/ carers and professionals.

www.thinkuknow.co.uk

Talk to Frank

A to Z list of substances explains appearance and use, effects, chances of getting hooked, health risks and UK law. Includes information on peer pressure,

www.talktofrank.com

Glossary

CAMHS	Child and Adolescent Mental Health Service
CPD	Continuing Professional Development
ELSA	Emotional Literacy Support Assistant
GP	General Practitioner
ICT	Information and Communication Technology
INSET	In Service Training
ITT	Initial Teacher Training
MABSS	Multi-Agency Behaviour Support Service
MATS	Multi-Agency Teams
NEET	Not in Employment, Education or Training
OAP	Ordinarily Available Provision
OCD	Obsessive Compulsive Disorder
PPA	Planning Preparation and Administration.
PSHE	Personal Social and Health Education
SEMH	Social, Emotional and Mental Health
SENCO	Special Educational Needs Coordinator
SEND	Special Educational Needs and Disabilities
SPA	Single Point of Access. Child and Adolescent Mental Health Services

Appendix I: U Matter, Emotional Health and Wellbeing Service

The service is free and accessible to all young people aged 11–25 in the PO1 to PO6 area, and their families. There is a walk in/call in self-referral route, or people may be referred via other routes such as their doctor, teacher or health worker.

- Once contact is made with the service, the young person will receive a first call within 24 hours to arrange their informal early support meeting with a Learning Links key worker;

  - This can take place at any of Learning Links satellite venues, or at their home if necessary.

  - This meeting will be within 10 days of the first contact, and is an opportunity to understand the challenges faced by the young person, their support network, and their goals. The outcome will be to agree their next steps for support, outlined below.

  - If the issues presented are too serious for these routes, then this may mean a referral into an appropriate health service.

- 1 to 1 targeted therapeutic counselling is offered with a dedicated young person counsellor or family counsellor;

  - The same counsellor will stay with them through their counselling journey.

  - Counselling is a safe confidential space for young people to talk about anything troubling them. Different methods are used to help young people open up, as well as using writing, drawings or music to help communicate what they need to with us. Counsellors are trained to listen without judgement, and help the young person sort through their troubling thoughts or feelings.

- When the end of that journey approaches, the counsellor will invite the young person to begin to make contact with the peer support group network.

- The peer support groups are held twice a month in different locations across the city;

  - They are after school hours and are held separately for the 11–13 year olds and 14–19 year olds.

  - This will be a fun social environment where they can complete activities together, learn new skills, and embed their new learnings from counselling, with other young people who have faced similar challenges.

How to access the service

Self/Parent referrals

Our telephone line **023 9282 7026** is open: Monday–Thursday: 8am–10pm, Friday 8am–6pm, Saturday 9am–5pm

Our web form:
www.relate.org.uk/portsmouth-district/self-or-parent-referral

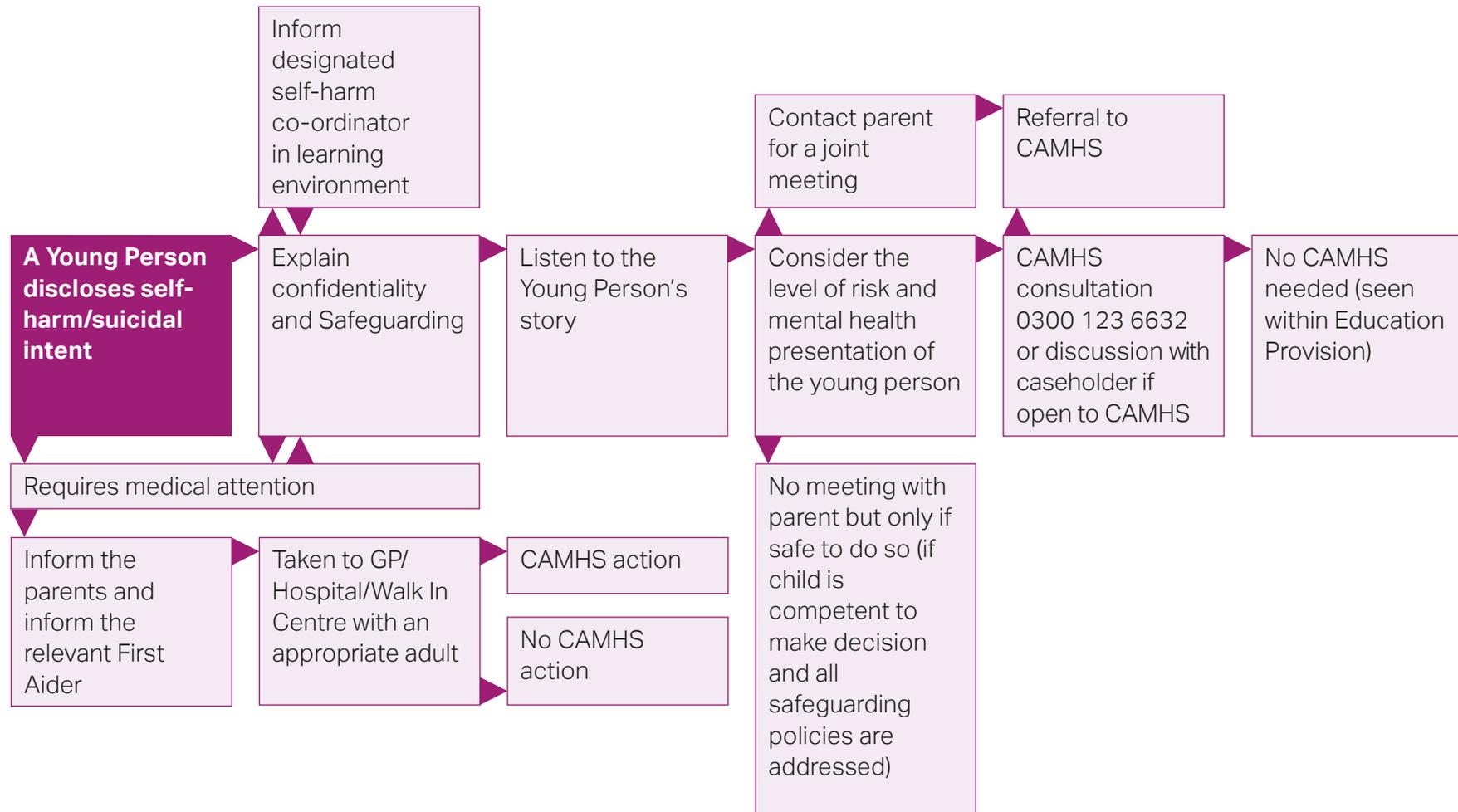Our Email address: **relate@relateportsmouth.org.uk**

Relate Centre Walk-In Opening Times: 58d High St Cosham

Monday–Thursday 9.30am–9pm, Friday 9.30am–2.30pm, Saturday 9.00am–1:30pm

Health and Social Care Professionals – Please use this web form only

www.relate.org.uk/portsmouth-district/agency-referral

Appendix II: Portsmouth School/College Self-Harm Care Pathway

A Young Person discloses self-harm/suicidal intent

Inform designated self-harm co-ordinator in learning environment

Explain confidentiality and Safeguarding

Listen to the Young Person's story

Consider the level of risk and mental health presentation of the young person

Contact parent for a joint meeting

Referral to CAMHS

CAMHS consultation 0300 123 6632 or discussion with caseholder if open to CAMHS

No CAMHS needed (seen within Education Provision)

No meeting with parent but only if safe to do so (if child is competent to make decision and all safeguarding policies are addressed)

Requires medical attention

Inform the parents and inform the relevant First Aider

Taken to GP/Hospital/Walk In Centre with an appropriate adult

CAMHS action

No CAMHS action

Guidelines for dealing with incidents of self-harm within Portsmouth Schools and Colleges

Guiding Principles

- Any learner self-harming will be treated with dignity and respect.

- Staff will use the 'The Portsmouth Schools and Colleges Self-harm Care Pathway' document as guidance.

- Staff shall explain confidentiality and safeguarding to the young person

- Staff will make sure the young person receives the appropriate medical attention. Any young person who has taken any tablets needs to be taken immediately to the nearest hospital A and E Department.

- Treatment following an incident of self-harm will be administered privately so that the young person does not feel ashamed or embarrassed or receive attention that could be positively reinforcing.

- Staff should not demand to see wounds but should check with the young person if they feel they need medical attention.

- Staff will focus on listening to the young person's story and their feelings rather than on the actual injury.

- Staff will inform others who need to know such as the designated self-harm coordinator. This will usually include the parents and may occasionally involve medical or CAMHS staff for example.

- Incidents will be managed in such a way to minimise disruption to the learner's education.

- Frequent self-harmers may be on a plan to treat themselves. The first aider/member of staff may make the judgement about whether they are capable of doing this or whether he/she needs to administer first aid on their behalf.

- Materials used to treat wounds will be disposed of appropriately.

- The member of staff/first aider should follow school policy for recording incidents of self-harm i.e. name, date, time, nature and extent of harm, whether pupil dealt with it themselves or whether treatment was administered by the first aider.

- If school staff contact parents they should speak to them directly, not send messages or texts.

- Staff should not insist that young people who have previously self-harmed should cover old scars.

www.portsmouth.gov.uk