

NAHT welcomes the opportunity to submit evidence to the Children, Young People and Education committee.

NAHT represents more than 29,000 school leaders in early years, primary, secondary and special schools, making us the largest association for school leaders in the UK.

We represent, advise and train school leaders in Wales, England and Northern Ireland. We use our voice at the highest levels of government to influence policy for the benefit of leaders and learners everywhere. Our new section, NAHT Edge, supports, develops and represents middle leaders in schools.

The invitation to submit additional evidence to the National Assembly for Wales' Children, Young People and Education Committee concerning the inquiry on **Emotionally Resilient Children and Young People** is welcome.

NAHT Cymru will focus specifically on the evidence concerning:

Links with Education (emotional intelligence and healthy coping mechanisms)

The work being done to ensure children and young people are more resilient and better able to tackle poor mental well-being when it occurs including:

- The development of the Health and Wellbeing Area of Learning and Experience as part of the new curriculum.
- Children's access to school nurses and the role school nurses can play in building resilience and supporting emotional wellbeing.
- The extent to which health, education and social care services are working together.
- The take up and current provision of lower level support and early intervention services, for example, school counselling services.

1. NAHT Cymru recognises the fundamental role that mental health plays in children's success and the scientific evidence that poor mental health and fragile emotional resilience is a significant barrier to learning.
2. NAHT Cymru believes that the vital role for schools is to contribute significantly to promoting good mental health and emotional wellbeing amongst pupils of all ages and in all settings.
3. We supports the policy of a statutory framework for Personal Social (and Health) Education, for all pupils in all schools. Pupils need to understand and explore the issues around mental health without stigma including protecting themselves in the digital world - about their rights, protection and responsibilities online.
4. Teachers, support staff and school leaders must be supported to maintain their own mental health. Mental health problems are frequently highlighted as a concern in the teaching profession.

‘Teachers who are stressed, or demoralised, make poor role models for young people.’ (The Government Office for Science, London 2008)

5. A second crucial role for schools is in the early identification of pupils suffering from mental health problems. Teachers and school leaders must be empowered to play this vital role in the system.
6. There can be no expectation on any school to provide health and social care services funded from the school budget, unless a joint agency approach is planned and additional secure funding is provided for schools to be able to deliver these to support the unmet mental health needs of pupils.
7. NAHT Cymru welcomes any commitment to invest further in connected education, health and social care services, to increase the capacity to meet the growing demand from schools and pupils for their services and to reduce waiting times for this support. School leaders do not believe this is established across Wales.
8. NAHT Cymru believes that all school staff should receive high quality professional learning throughout their career so that they can:
 - promote good mental health and emotional wellbeing;
 - are well placed to identify emerging mental health needs of pupils;
 - can support and manage pupils with mental health needs and in developing emotional resilience in the classroom and school environment.This CPD should start in Initial Teacher Education and Training and continue throughout the teaching career.
9. The Welsh Government’s commitment to the UNCRC in 2004, adopted as the basis of all Welsh Government policy making for children and young people, is clearly articulated through the seven core aims. NAHT Cymru believe they present broader implications for this inquiry, particularly when considering joined up policy across the areas of health, social care and education.

The work being done to ensure children and young people are more resilient and better able to tackle poor mental well-being when it occurs including:

The development of the Health and Wellbeing Area of Learning and Experience as part of the new curriculum.

10. The crucial role of schools in developing mental health and emotional resilience is well founded.

11. The developing understanding of neuroscience and how it impacts upon learning is a growing area within education. The work of experts such as Dr Andrew Curran (Consultant Paediatric Neurologist at Alder Hey Children's Hospital in Liverpool), provide compelling evidence of the link between an individual's mental health, emotional wellbeing and their ability to learn. Other joint work undertaken by NAHT with organisations such as Adoption UK Wales and the National Adoption Service for Wales have recently produced materials to support schools in their understanding of similar brain-development areas, such as Attachment Theory.
12. Relevant initiatives, activities and approaches can be found in many schools. The following examples are only an indication of the range of differing approaches across a range of Welsh schools:
13. NAHT Cymru, and ASCL, supported a successful Big Lottery bid by Time to Change Wales. The new Young People's Programme is helping schools across Wales to start conversations around mental health in an effort to reduce stigma and discrimination. Time for Change Wales evidence shows that 1 in 10 young people will experience a mental health problem and the stigma and discrimination that goes with it can often bring additional unhelpful challenges. Time to Change Wales are piloting with nine high schools across Wales.
14. A number of schools have utilised programmes such as those developed through the work of Professor Robin Banerjee, Professor of Developmental Psychology at the University of Sussex. Work focuses on the development and evaluation of school-based strategies to support pupils' social and emotional functioning. In one of the approaches schools utilise pupil level surveys, produce sociograms and reports that highlight potential vulnerabilities and associated risk factors related to mental and emotional wellbeing e.g. anxiety, anger management, isolation etc. Teachers and support staff subsequently undertake training in the specific areas identified through the surveys, and aim to support the most vulnerable pupils and develop their mental health, wellbeing and emotional resilience.
15. Restorative Practice approaches give pupils the tools to solve conflict with peers. It has been used in a number of schools with a staff led approach but some schools have also developed pupil leaders for Restorative Practice and anecdotal evidence suggests that this has been very successful in building emotional resilience and self-confidence.
16. NAHT Cymru is also aware of schools utilising KiVa, a research-based anti-bullying program that has been developed in the University of Turku, Finland. The effectiveness of KiVa has been shown in a large randomized controlled trial. It takes a universal approach to

prevention with activities for all pupils and an additional focused approach to specific bullying incidents.

There is much evidence cited by this programme that, when compared with individuals who were not bullied in childhood, those who were frequently bullied are more likely to use mental health services in childhood and adolescence.

17. Place2Be is a national charity providing emotional support to children in schools. It started working with schools in London but the charity has grown and is currently working in 8 primary schools in Cardiff.
18. Many schools have also recognised the link between physical activity and mental health, wellbeing and emotional resilience. The challenge for schools is in creating the space within a demanding curriculum to enable them to provide regular physical activity, outside timetabled P.E. sessions. The pressure from current accountability measures can result in schools concentrating efforts on specific curriculum areas.
19. Pioneer schools focusing on the Health and Wellbeing Area of Learning and Experience (AoLE), have recognised a number of factors impacting on its successful development thus far. Their evidence suggests there is much already occurring in schools across Wales in support of mental health and emotional resilience – all future plans need to maintain such excellent practice in the curriculum. However, such good practice and support needs to be better connected and shared as there appears few, if any, nationally organised approaches to such work, or a central database of approved / accredited support agencies. The pioneer settings that have been most successful have utilised existing networks to link up with schools and settings not directly involved in the new AoLE development e.g. School Improvement Groups in Regional Consortia.
20. However, it is unclear, as yet, whether key work to focus on mental health, wellbeing and emotional resilience will be dealt with effectively within this AoLE.

Children's access to school nurses and the role school nurses can play in building resilience and supporting emotional wellbeing.

21. School leaders report that school nurse access is, at best, variable. The pressure on the school nurse sector often means that, particularly at primary level, other than annual medical assessments for younger children, schools cannot easily access school nurse support other than for specific, complex, high threshold cases.

22. It is unclear to NAHT Cymru how school nurses could further assist with this area of work, other than in a referral process. The capacity of school nurses to directly assist in building emotional resilience and supporting wellbeing is, we believe, very limited.
23. There have been rare examples of more co-ordinated practice in certain schools. For example, some secondary schools have established regular meetings attended by key personnel such as the school nurse, Primary Mental Health and school representatives such as the ALNCo, Pastoral Team leader and Counsellor. This has resulted in a more aligned process should there need to be subsequent referral to areas such as Local Authority pastoral support or CAMHS. However, this appears to have been established in only a few areas and often as a result of particular, local historical need and the direct support to the general population of pupils remains with the school staff.

The extent to which health, education and social care services are working together.

The take up and current provision of lower level support and early intervention services, for example, school counselling services.

24. 'Childhood and adolescence are particularly critical stages in life when important skills are learned which set the trajectory for mental capital and wellbeing through later years.' (The Government Office for Science, London 2008)
25. School counselling services tend to be third sector supported (e.g. - Barnados). Schools work hard with ELSA trained staff and learning coaches, but these are being rapidly squeezed out by budget pressure.
26. Schools often experience great challenges in accessing joined up support for those pupils deemed to be at risk or in need. As previously cited (Para 22), the best models appear to have come out of situations of past high need but often focus upon secondary pupils – Year 7+. Primary school leaders have sometimes been told that such services are only available for high need pupils from year 6 up.
27. The same schools have also had difficulty accessing what they feel is a dwindling CAMHS service. Many pupils are deemed to fall below the threshold for support. The result can be a child being left without any support other than what the school can offer. The clear risk is that, without earlier expert support, such individual children will require more comprehensive, costly support at a later date and their learning and general progress could be severely affected.
28. As one school leader clearly expressed, 'Schools would welcome a coherent approach which results in a speedy response to identified pupils'. That can only result from the joining up of key groups as early

as possible. Schools would welcome more streamlined access to CAMHS and other related paediatric specialist services. Currently, these services are not readily available to schools in many areas and, even where they do exist, set a high threshold for intervention. Pupils are often unable to access until there is a significant crisis. Schools feel that they are 'fire-fighting' alone after the damage is done.

29. NAHT Cymru suggest that more accessible services that provide earlier intervention would also be likely to save funding over the long term. The services appear to be set up at the wrong end of the spectrum of need and interventions at a later stage of need tend to be more costly to the individual and to the public purse.
30. The recent end of June 2017 announcement of the White Paper, 'Services Fit for the Future, Quality and Governance in Health and Care in Wales' clearly shows the welcome ambition of Welsh Government to align services and provide a better person focused approach. Given the implications for the ALNET (Wales) Bill, as well as the desire to support children and young people in developing good mental health, wellbeing and emotional resilience, similar links between health, social care and education are now essential. The desired pupil-centred approach cannot be achieved without utilising the respective expertise and potential for pooling of scarce resources across all three areas. It is also clear that when such alignment does take place and work is undertaken pre-school and from early years onwards, significant resource savings could be achieved – as in the evidence cited in the Finnish KiVa anti-bullying programme (Para 17).
31. Many of the examples referred to in our evidence note pockets of good practice but, as is so often the case in Wales, the picture is patchy and inconsistent. The impact of general budget cuts, the varying school funding formulae and the differing Local Authority structures and approaches provide a huge obstacle to a national joint agency approach. Without co-ordinated investment and adjustment to funding structures, children and young people will struggle to access support.
32. In seeking to extend how well health, education and social care services are working together, it also needs to be recognised that children and young people can also attend schools outside the Local Authority where they reside and either the school or home (or in some cases, both) can sit within a different Health Board boundary. For the most vulnerable pupils requiring support, who often have high levels of mobility, this can be exceptionally challenging, particularly for the schools who are seeking to join up health, social care and education support for an individual child or young person.

NAHT Cymru - September 2017

References:

The Government Office for Science, London - Foresight 'Mental Capital and Wellbeing Project (2008)'. Final Project report.

www.kivaprogram.net/program

Evans-Lacko, S., Takizawa, R., Brimblecombe, N., King, D., Knapp, M., Maughan, B., & Arseneault, L. (2017).

Childhood bullying victimization is associated with use of mental health services over five decades: A longitudinal nationally representative cohort study. *Psychological Medicine*, 47(1), 127-135

www.timetochangewales.org.uk/en/about-us/news/new-campaign-getting-welsh-schools-talking-about-mental-health/