

HEALTH AND WELLBEING:

Ashfield Secondary Schools Visit in January and February 2016

Summary report

Forward by Cllr. Aspinall, Ashfield District Council

Following the publication of the Young People's Health Strategy at October's Health and Wellbeing Board meeting, as the Board's Young People's Champion and Health and Wellbeing Portfolio Holder for Ashfield, I was concerned by the survey's observation that only 15% of pupils would discuss their health issues with their school teachers.

The survey identified mental and emotional wellbeing as the main health issue for pupils. I sent a copy of the report to the seven secondary school Head Teachers in Ashfield and requested a meeting with them to discuss the report and to understand what schools do to address the issues raised.

I am pleased to say all seven Heads agreed to meet. Supported by Dr Kate Allen, Kerrie Adams, the Chair of the Health and Wellbeing Board, Cllr Joyce Bosnjak and Craig Bonar, Service Director at Ashfield District Council, meetings were held with each of the Head Teachers.

I would like to thank the Heads for their co-operation and the open and frank discussions that took place, which clearly identified the health and wellbeing issues they face.

This report relates many of the issues and how the schools deal with them, which I hope you will find both encouraging and enlightening.

It appears to me the schools are using many tools to address the issues, but more could be done, if the various agencies take a radical look at how schools are supported in dealing with health and wellbeing issues.

I would like this report to be the first step towards re-aligning our approach to Young People's Health.

Introduction

Following the approval of the Young People's Health Strategy by the Nottinghamshire Health and Wellbeing Board (HWB) in autumn 2015, the HWB champion for children and young people, (CYP), Councillor Aspinall of Ashfield District Council, invited secondary schools in the Ashfield District to meet to discuss their concerns and approaches to improving the health and wellbeing of students in schools. A total of seven school visits were completed by Cllr Aspinall, District Council colleagues and members of the Children's Public Health team, based at Nottinghamshire County Council, during January and February 2016. This report provides some high level information about children and

young people in secondary schools in Ashfield and outlines the key findings and makes recommendations for next steps.

The authors of this report would like to thank all the Head Teachers and their staff for taking the time to meet with us. It is clear that all the schools we visited take the health and wellbeing of their students very seriously and have a range of initiatives and programmes in place to support students.

Secondary schools in Ashfield

There are seven secondary schools within Ashfield. To provide some context in relation to each school, information on numbers of pupils on the school role, measures of deprivation (data on Income Deprivation Affecting Children Index (IDACI) and percentage of pupils eligible and claiming free school meals) and the percentage of pupils within the school who have a special educational need (SEN) is shown below. In some instances, this has been provided by schools themselves, while in others, it have been provided from the October 2015 School Census.

Table 1: Selected characteristics of schools and pupils attending Ashfield Secondary Schools

School	NoR ¹	IDACI Bottom 20% ²	FSM% ³	SEN% ⁴
Ashfield School	2,559	27.7	14.7	10.0
Holgate Academy	932	36.1	16.5	8.2
Kirkby College	465	32.0	26.7	30.5
National Church of England Academy	1,166	26.8	11.9	2.0
Quarrydale Academy	1,032	34.2	15.2	7.9
Selston High School	710	3.7	11.8	5.2
Sutton Community Academy	634	37.9	33.0	9.5
1. Number of pupils on roll (NoR) includes all pupils in the school who are current or dual registered where the setting is their main establishment (pupils in subsidiary settings excluded)				
2. The percentage of pupils within the school who are living in the 20% most deprived localities in the country (IDACI Rank - Income deprivation Affecting Children Index is a measure of deprivation related to children and young people).				
3. The percentage of pupils within the school who have claimed and are eligible for free school meals (eligible on census day)				
4. The percentage of pupils within the school who have a special educational need (SEN)				

Area of Concern: Issues identified by Head Teachers and school staff

- **Emotional health and wellbeing of students:** Increasing rates of self-harm, school phobia, cyber-bullying and anxiety linked to peer pressure or examinations are common themes of significant importance in all schools visited. It was reported that poor emotional health and wellbeing is not necessarily related to socio-economic deprivation.
- **Timely access to CAMHS** is problematic, waiting times too long to provide appropriate support to young people and families. Thresholds for acceptance of cases seemed to be higher than previously. Generally, however, once a student is seen, CAMHS services are of a high quality. School staff described a range of frustrations and difficulties in relation to individual cases, where CAMHS would not see a student until the condition or circumstances had escalated, meaning that the opportunity for early intervention was lost.
- **Healthy eating, exercise and obesity** are particularly as an issue among younger children. Parental attitudes in relation to these issues can be counterproductive.
- **Sex and relationships education (SRE):** Input from SEXIONS is valued but limited. A number of schools felt more support was needed for staff involved in teaching SRE. School nurses often have a key role in this area.
- **Smoking:** issues with e-cigarettes in some schools and young people wanting support to quit smoking find it difficult to find information on available services.
- There have been recent, detrimental **cuts to external agencies' support to schools**, e.g. regular visits by local police officers, variability/perceived reductions in school nursing provision.
- **Action to address emotional and other health issues in primary schools** is essential, to ensure early intervention and reduce numbers of children starting secondary schools with problems. However, primary schools have less resources generally and need support.
- **Engaging with hard to reach families** is challenging. This is a minority of families but some students live in chaotic or dysfunctional families, where parenting skills are poor and their school attendance and /or behaviour suffers. In some schools there are high numbers of young carers and there is a need to engage the whole community in tackling the difficulties young people face when they are out of school.
- More generally, **changes to the national curriculum** mean that this is now very academically focused. There are limited vocational courses or vocational courses seen as less valued and all students are forced down one route. This is not appropriate for all students and can result in alienation, disengagement or reduced self-esteem in students.

School led initiatives

In areas within Ashfield, there are high rates of socio-economic deprivation with high proportions of students in the schools receiving free school meals. In all the schools visited, a range of programmes, activities and services were in place to tackle health and wellbeing issues and to support students and staff. We were very impressed by the initiatives going on already in the schools, some of which are listed below. There is scope for the learning from the good practice school-based programmes to be shared more widely.

- Comprehensive PSHE/SRE curriculum, covering emotional and physical health, respectfulness, reflected through whole school curriculum (PE, sport, science lessons etc.)
- Employing counsellors, education welfare officers, family support workers, first aid leads (overseeing healthcare plans for children with SEN and health issues) in addition to teams of pastoral care staff
- Developing own resources to address self-harm, holding cyberbullying awareness workshops
- Providing parenting classes in school
- Working with year groups on mindfulness
- Samaritans and Young Minds visiting to work with students
- Anti-smoking campaigns with community-based aspects, working with Ashfield District Council (ADC) officers.
- Improving food in school, banning sugar sweetened drinks (**No Fizz** campaign)
- Health surveys and health days completed
- Staff support, including achievement of *Investors In People*.

School Behaviour and Attendances Partnerships (SBAPS) are working very effectively across Ashfield, with on-site behaviour units and reduced exclusions from schools.

Recommendations/Next steps

Head teachers and staff identified a range of actions and made suggestions for how they could be further supported to improve health and wellbeing of students and staff. The recommendations below reflect these:

- 1. Increase support in relation to emotional health and mental health, with CAMHS providing consultation and improved access**
 - As part of the local Future in Mind transformation Plan, the role of primary mental health worker (PMHW) is being developed, to improve schools' access to support from CAMHS
 - Linked to the above plan, pilot resilience-building programmes in schools
- 2. Increase support to primary and secondary schools on a range of issues, including better, accessible information on available resources and services linked to health and wellbeing**
 - Develop the Schools Health Hub, with website and co-ordinators linked to schools, ensuring schools are involved in planning
 - In addition to the Schools Health Hub, PMHW and School Nurses, consider how the Family Service and the Third Sector can work to support schools.

3. **Develop a Young People’s Health Website with information on local services /activities, e.g. counselling, improving emotional health, smoking cessation, weight management.**
 - This is linked to the Young People’s Health Strategy work
4. **Share information on good practice and learning across schools**
 - Explore approach to this further with school leaders, through SBAPS Executive or Head teacher Conferences or other means
5. **Maintain input from school nurses – this is highly valued**
 - Embed in commissioning of the Healthy Child Programme
6. **Explore re-introduction of police input to schools or support from Public safety team in ADC.**

This links to improving support problem families working with the police, housing and social care
7. **Reduce numbers of fast food outlets near schools**
 - Feed in to the Obesity Prevention Strategy, identify current approach
8. Plan a ***Health and wellbeing event*** to be held in school, involving the wider community, including families, voluntary sector, local services
9. **Share the findings of this report with the relevant strategy groups**, share the YP Health Strategy and findings of this report with Ashfield and Mansfield CCG and maintain the profile of young people through the Health and Wellbeing Board

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