

Corporate Parenting Board

Thursday 16th September 2021

Emotional Health and Well-Being of Children in Care and Care Leavers including Emotional Health and Well-Being in schools and colleges

Choose an item.

Portfolio Holder: Cllr A Parry, Children, Education, Skills and Early Help

Local Councillor(s): Cllr

Executive Director: T Leavy, Executive Director of People - Children

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Report Status: Public

Recommendation:

That the Corporate Parenting Board note and support the work being done to develop relationship-based approaches in schools with an emphasis on trauma informed practice.

That the Corporate Parenting Board provide challenge and support to improve the emotional wellbeing of children in care and care leavers.

Reason for Recommendation:

1. Introduction

In January 2021 the last report presented under the same title Emotional Health and Well-Being in schools & the Emotional Health and Well-Being Steering Group gave the National and local picture of the emotional health and wellbeing of our children in care and focused on services provided within the previous quarter and the direction of travel needed to improve the emotional health and wellbeing of our children.

The purpose of this report is to provide an update and report on the reach of the services provided since January 2021 and any progress to date. The focus is predominantly on the work with schools and specific projects that have an impact on our children in care.

2. Financial Implications

There are no financial implications from this report.

3. Well-being and Health Implications

Emotional health and wellbeing of children in care is the focus of this report and will be detailed in the report.

4. Climate implications

No climate implications have been identified in this report.

5. Other Implications

No other implications have been identified.

Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk:

Residual Risk:

6. Equalities Impact Assessment

7. Appendices

- **Specialist CAMHS for Care, Adoption and Permanence
Report on the Provision of Service for Dorset 1st October 2020 – 31st March 2021, Quarters 3 & 4**
- **Specialist CAMHS for Care, Adoption and Permanence Service Report
April 2020 to March 2021
Report of Clinical Psychology Input for Dorset's Children-in-Care aged 0-12 years**

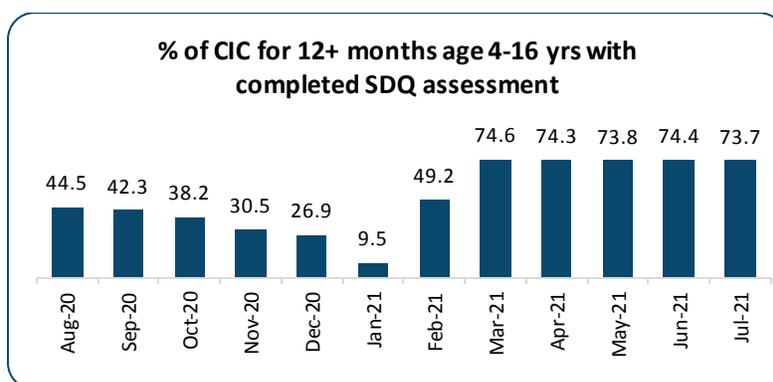
Emotional Health and Well-Being of Children in Care and Care Leavers including Emotional Health and Well-Being in schools and colleges

1. Strength and Difficulties Questionnaire (SDQ)

1.1. In the conclusion of the report in January 2021 it stated that a focus of the CiC emotional wellbeing steering group was to focus on improving our statutory responsibility in improving the use of the Strength and Difficulties Questionnaire (SDQ). The DfE and DoH guidance *Promoting the health and well-being of looked-after children, Statutory guidance for local authorities, clinical commissioning groups and NHS England (March 2015)* states:

- *14. Understanding the emotional and behavioural needs of looked-after children is important. Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual looked-after children. SDQ scores can be aggregated to help quantify the needs of the local looked-after children population and should be used by local authorities and CCGs as they develop their JHWSs.*

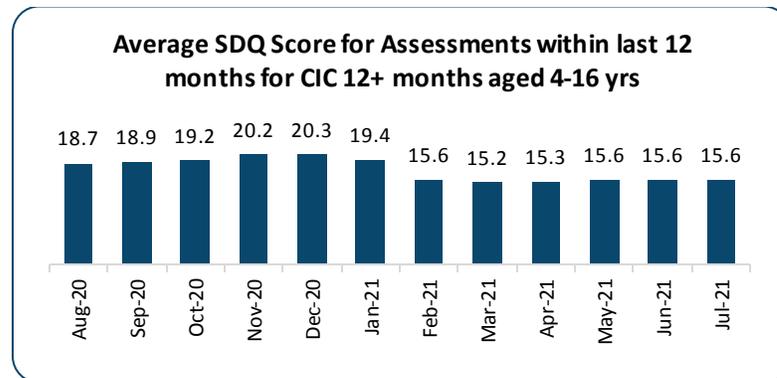
1.2. The Policy and Practice Guidance on the Strengths and Difficulties Questionnaire (SDQ) was approved in March 2021 and is being implemented. As a result completion of the SDQ for all children who have been in our care for more than 12 months has increased and is now consistent with statistical neighbours and local authorities judged to be good which can be seen below. It is important we maintain this progress.



1.3. These improvements were due to an increased focus by the QAROs at child in care reviews, business support providing focused support, the Mosaic Team in developing a new workflow process and the supervising and childcare social workers in implementing the new workflow. Alongside this training was rolled out by psychologists about the SDQ and training on the new workflow by the ICT training and practice team.

1.4. The policy not only focuses on our statutory responsibility to complete the SDQ for all children who have been in care for more than 12 months but also includes making use of it as a measure of emotional wellbeing when a child comes into our care and tracking changes in the SDQ at Child in Care Reviews. By using the SDQ alongside other information and data we will be able to provide the right support and intervention at the right time. It also will provide us with a measure overtime of whether there are improvements in a child or young person's behaviours as a result of being taken into care.

- 1.5. The total average SDQ has also changed as a result of the percentage being completed rising and a better understanding of the meaning of the SDQ score. The figure below shows that the average score has come down and rather than falling in the very high range, which was a concern, it now suggests that the average score falls in the slightly raised range. This again is consistent with Good and Statistical Neighbours



- 1.6. Although the average SDQ score for the completed questionnaires has come down into the slightly raised range we know that there is still a high number of children and young people in our care who have SDQ scores in the very high range. We need to understand the reasons behind this and to make sure that if they need an intervention or support that they are receiving it. For some they may have a high score for other reasons such as having a neurodevelopmental difficulty such as ADHD or having an Autistic Spectrum Condition (ASC).
- 1.7. We are currently working with colleagues in Dorset Health Care to develop a system to track children and young people who have been referred to CAMHS and we will be using the SDQ data alongside other data to ensure that they are receiving the right intervention and support and that it is making a positive difference.

2. Schools and Colleges – Wellbeing for Education Return

2.1. Wellbeing for Education Return (WfER) was an £8m national programme initiated and funded by the DfE from September 2020. It was rolled out in every local authority in England. It aimed to better equip education staff so they could recognise emerging issues, provide wellbeing support and promote the development of resilience in order to prevent children and young people from developing mental health problems and ensuring those with pre-existing difficulties had access to the right support. There were two elements to programme:

- Training for education staff
- On-going support for schools to implement the learning and develop a whole school approach to mental wellbeing

2.2. In Dorset we used some of the funds we received to appoint an assistant educational psychologist (AsEP) to lead the project with the support of a senior educational psychologist (SEP), public health and other colleagues with specific skills and expertise in this area. The AsEP, SEP and 2 of Dorset's specialist teachers attended the National Training which was developed by the Anna Freud Centre and MindEd.

2.3. In Dorset, WfER resources were adapted to produce a localised version in response to feedback from schools and to complement the delivery of existing work. The training team was a collaborative partnership between Dorset EPS, Public Health Dorset, CAMHS, MHSTs, Dorset Wellbeing & Recovery Partnership, Mosaic and school reps from across Dorset. We split the training content into different themes per webinar for school staff to adapt and share in their settings.

2.4. The training included the following webinar topics

- Webinar 1: Wellbeing for Education Return (delivered by EPs and STs)
- Webinar 2: Supporting Bereavement, Loss and Change (delivered by Mosaic)
- Webinar 3: Music, Emotional Intelligence and Care of Children and Young People's Mental Health (delivered by Dorset Music Service)
- Webinar 4: Recovery from Trauma and Stress following Covid-19 (delivered by EPs)
- Webinar 5: Staff Wellbeing - Supportive Group Conversations (delivered by EPs)

Alongside the training a School Support Network – (peer to peer) was also facilitated to enable schools to share learning and seek solutions to problems from each other.

The AsEP also developed a WfER padlet. A Padlet is a digital tool that can help teachers and students in class and beyond by offering a single place for a notice board. This digital notice board is able to feature images, links, videos, and documents, all collated on a "wall" that can be made public or private. Since the interactive space is easy to use and easily accessible from nearly any web browser-capable device, it's a great resource for teachers and students.

2.5. As of April 2021, 132 education settings had participated in the training and accessed resources, including the WfER Padlet.

- Primary schools: 87
- Secondary schools: 25
- Further education: 6
- Alternative provision: 4
- Special schools: 4
- Other (including independent schools): 6

27 of the settings accessed follow-up support through WfER School Support Network. After participating in the webinars, schools were asked for feedback to help us understand which aspects of the training were most/least useful.

2.6. Schools were asked what they did differently because of the training these are the main responses:

- School leads have been sharing key learning and resources with teaching staff for example
 - School music leads have shared info about how to further implement music for wellbeing into class routines and lessons
 - Bereavement training resources with Emotional Literacy Support Assistants to support children who had recently experienced bereavements.

- Since the training, some schools are now working on identifying children who are struggling and creating a bank of resource tools to support them.
- Schools have focused more on emotional health and wellbeing than pre-Covid
- Schools have noticed an increase in the language children are using in terms of their own emotions and wellbeing. This training has allowed them to place greater emphasis on wellbeing through 'wellbeing weeks/days' and buying resources, such as social stories that cover a range of emotions and scenarios.

2.7. The next steps to sustain this practice are:

- to develop the peer networks and link these with existing school networks such as relational practice and the work of the Mental Health Support Teams in Schools
- to work with schools on what and how they can continue to support families and what other organisations can learn into schools to increase their capacity in this area.
- continue to develop a bank of resources with a focus on specific areas
 - Transitions
 - CiN and Children on CP
 - Children with additional needs
 - Conflict within families
- offer head teachers and senior leads specific group support and supervision
- to embed this training into the designated Senior Lead for mental health training being launched in September.

3. Relational Practice in Schools

3.1. The **Alex Timpson Attachment and Trauma Awareness in Schools Programme** built on earlier studies by working with 300 schools across 26 local authorities in England. Participating schools receive training in attachment and trauma organised through the local virtual school or educational psychology service, often accompanied by follow-on training and networking opportunities. Dorset approached this by two services collaborating together, Dorset Virtual School and the educational psychology service and commissioning KCA to deliver the training. We had 8 schools and settings in 2018/19 and 22 in 2019/20 participating in this programme and research. All five learning centres participated and one of Dorset's special schools.

Schools had to commit to a whole day training for all staff and then an additional 2 full days for up to 10 leads within the school. The training was delivered by KCA consultants and staff and supported by the virtual school and educational psychology services to facilitate group problem solving with each school to enable them to embed the training into practice. The training involved schools identifying children and young people as case studies so they could problem solve together to identify interventions and strategies to use based on attachment and trauma informed practice. Many of the case studies were children in care.

3.2. In Dorset we noticed a change in the language used by the senior leaders in the research schools. Senior leaders as to other staff tended to be more positive about the impact describing it as transformational. In a small number this was evident in

changes to their behaviour policies one school changed the title of their behaviour policy to *Relationship and Behaviour Policy* another transformed their approach and policy with an emphasis on attachment and trauma being at the heart of the policy. In these schools the impact was evident in the change to the number of fixed term exclusions children in care and other vulnerable children experienced. For one school this was significant and as result of their approach and how this had transformed the culture within the school they were invited to participate in a Timpson Trust Webinar [Developing school relationship policies: Experiences from primary and secondary schools - YouTube](#).

In 2019/20 the training had to move into virtual platforms which interrupted the programme slightly and there was a change of emphasis due to the pandemic and the experiences of many children and families. The pandemic also had a significant impact on the research being led by The Timpson Trust. In 2020/21 we took the approach of changing the work to focus more broadly on relational practice has a whole school approach, and set up a network facilitated by the educational psychology service supported by the virtual school and specialist teachers with all 30 schools that were participating in the programme. This has led to opportunities to share practice and problem solve together with a focus on specific areas such as emotion coaching, transitions, to name two and how to embed this approach across the whole school. Senior leaders involved have reported that this has been transformational for them and their leadership team but there is still a long way to go to build the confidence of staff in working with vulnerable young people. The training raised awareness of the impact of disrupted early relationships and developmental trauma and how children could present and function in certain contexts. We believe this led to some anxieties about the variety of behaviours presented by young people and how to respond well 'in the moment' without exacerbating the situation. One possibility is that a heightened understanding of attachment and trauma leads to a more realistic assessment of the challenges and one's abilities. What we know is that we need to provide staff with experience to practice regularly and to acquire specific techniques such as emotion coaching. This can only be done within an ethos of shared understanding which should include opportunities for peer support and supervision.

3.3. We are continuing to roll out this approach working together to offer an evidenced based programme of training that includes group problem solving and peer supervision. We are learning from the schools that have already participated and are in the process of establishing a self-evaluation process including peer to peer reviews.

4. I Can Problem Solve

4.1. This is a taught programme developed in America by a developmental psychologist which has shown to improve the resilience of children and young people from the age of 4 – 12. It teaches children to problem solve for

themselves and was initially implemented by Dorset CS as a targeted intervention in a specific geographical area of Dorset. As a result of the positive evaluation of this programme we were able to implement it more widely again in a specific areas of Dorset: Wimborne and Dorchester. In 2020/21 we took a new approach and invited schools to participate across Dorset and again invited schools to participate in action research. We have a further 22 schools implementing this programme of which 6 have agreed to be part of a action research. We have identified a small number of schools as lead practitioners to buddy and peer support schools and settings new to the programme.

4.2. The impact of this programme is significant, we have used the SDQ as a measure of impact. It improves the children's pro-social behaviours and reduces their impulsivity and emotional reactivity. For children with complex social and emotional needs because of developmental trauma the programme contributes to making a difference and has to sit alongside other interventions and strategies such as emotion coaching to ensure it is sustained and has a longitudinal impact.

4.3. As result of the work we have been doing in Dorset we are working on a partnership agreement with the lead organisation in America, *Collaborative for Academic Social and Emotional Learning (CASEL)*, they provide the training and lead the implementation and research in the USA and internationally.

5. Strong Start to September

5.1. Strong start to September is a joint venture between the education support services and the communications team to provide an e-newsletter to schools and families from the week beginning 30th August. The e-newsletters will be produced for five weeks each week will have a specific focus. We want to ensure that there is a strong emphasis on inclusion from the start of the year and that schools are supported to have access to good quality information and resources when they return.

Week 1 Transitions the first short article was all about relational practice and beginnings and endings for care experienced children. There were further articles with a more general focus on transition, practising your journey to school and trying on your uniform. There are links to resources and other trusted websites.

Week 2 Wellbeing for Children. This will be an opportunity to promote the Recovery Curriculum which was written for last September and remind schools of the need to emphasise wellbeing and show compassion.

Week 3 Supporting parents, carers and school staff the emphasis and focus is on articles to support families and school staff's wellbeing and to provide them with resources and top tips to keep themselves well while providing support to their child/ren. This includes information on emotionally based school refusal.

Week 4 Maths, reading and spelling this week we will provide schools with resources and links to information on supporting children who need additional support to develop literacy and numeracy skills.

Week 5 Complex communication needs top tips this week the focus will be on top tips for children who present with social communication difficulties such as autism and will include specific information about girls, sensory strategies and approaches and reframing behaviours.

6. Summary and Conclusion

- 6.1. In this report I have focused predominantly on the work with schools that improves the wellbeing for children in care as well as other children with additional needs and on specific work of the educational psychology service.
- 6.2. There are other services that have an impact on the emotional wellbeing of children in care through their work such as the specialist teaching teams by working at a school level and with individual children. Educational psychologists also provide direct support and intervention to children through a consultation approach this enables the key adults including carers to seek solutions together.
- 6.3. Children in care also have access to the online counselling service Kooth. We know through casework that some of our children in care make use of this service and we are working on identifying a way in which we can track how many of our children in care make use of Kooth. At the moment this is not reported by Kooth and we do not know whether this is possible.
- 6.4. The work of the emotional wellbeing group for children in care is currently focused on having one pathway for the different services and interventions available and making sure each has a one page profile to be shared with the social work teams, foster carers and schools.
- 6.5. The focus of the emotional wellbeing group was to set up the task and finish groups and monitor progress. There is ongoing work to track all children open to emotional wellbeing services at the child level data. Once we have established the tracking system we will be able to report on the impact of these services including waiting times.
- 6.6. I have included as appendices the two reports from the Specialist CAMHS for care, adoption and permanence for information. We are working with the clinical lead to develop outcome measures to make sure we have evidence that the interventions, consultations and supervision provided have an impact on the children and young people as well as the professionals and carers they support.

6.7. Emotional wellbeing and mental health of our children is a priority. It is a complex topic as there are many factors that contribute to this and different systems and services. Schools are a key to improving emotional wellbeing of children in care, they know the children and can see how they respond in a social context alongside their peers both socially emotionally and academically. By supporting our schools to respond differently and to be able to be flexible in their approach we know that this will have a positive impact on our children.