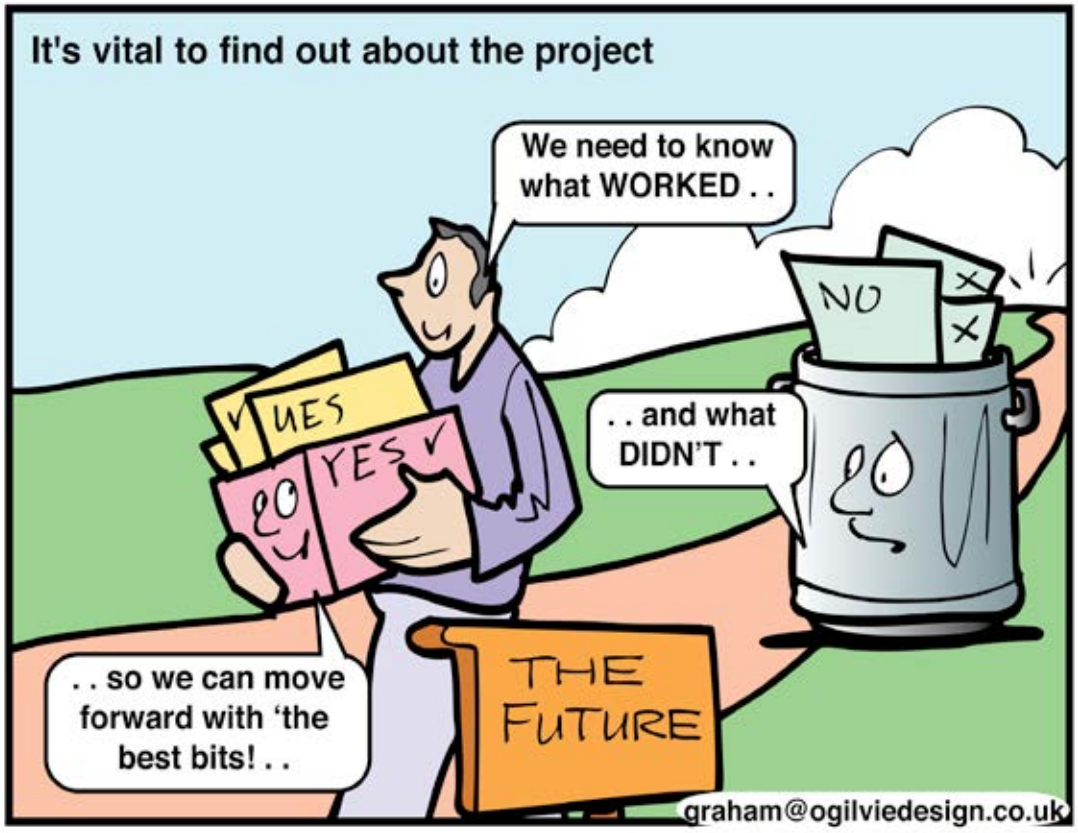
Health and Well-being in Schools Project

Final Report



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Health and Well-being in Schools Project

Final Report

The Scottish Government, Edinburgh 2011

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EH1 3DG

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The illustrations in this report were created by Graham Ogilvie, Ogilvie Design, to complement the Open Space series of events developed as part of the project.

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Foreword by the Chief Nursing Officer & Deputy Director of Learning

It is widely recognised that health and well-being is an extremely important issue for Scotland. Children and young people develop, absorb and learn their health and well-being behaviours early in life. Opportunities to positively influence these behaviours will be supported by a range of key policy and legislative initiatives.

Scotland's NHS Action Plan, *Better Health, Better Care,*[1] introduced a series of actions to help provide children with the best possible start in life, developing their life skills, resilience and confidence. It recognises that by getting it right in the early years and supporting positive health choices and behaviours among children and young people, will give them the best possible chance of sustaining good health throughout their lives.

The health and well-being of children and young people is being supported through a range of positive national initiatives covering health, social and education issues. These are spearheaded by: Getting It Right For Every Child,[2] a programme that promotes a proactive approach to assessing and addressing children's needs and providing early interventions; *Equally Well,*[3] the report of the Ministerial Task Force on Health Inequalities; and Curriculum for Excellence,[4] which sets out a coherent, flexible and enriched school curriculum for children and young people aged 3 to 18.

The Curriculum for Excellence health and well-being experiences and outcomes enable children and young people to develop the knowledge and understanding, skills, capabilities and attributes they need to promote their mental, social, emotional and physical well-being now and in the future. In addition, all schools are required by the Schools (Health Promotion and Nutrition) (Scotland) Act 2007 to be health-promoting. A health promoting school is one that promotes the mental, emotional, social and physical health and well-being of all children and young people and works with partners to identify and meet the needs of the whole school and wider community.

The Health and Well-being in Schools project, which ran from September 2008 to March 2011 and which is the subject of this report, supported this wide range of policy and legislative initiatives in a meaningful way by promoting early interventions tailored to those who needed them. The project recognised that to really make a difference to children's health and well-being and their future life chances, we need to intervene early, working with children and their families, before potentially harmful health problems and risky health-related behaviours emerge. Within the school context, it demonstrated that by supporting existing initiatives, developing new approaches, increasing the health care capacity of those working with school-age children and young people and strengthening partnerships with key stakeholders,

[1] Access at: www.scotland.gov.uk/Topics/Health/Action-Plan
[2] Access at: www.scotland.gov.uk/Topics/People/Young-People/childrensservices/girfec
[3] Access at: www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce
[4] Access at: www.ltscotland.org.uk/understandingthecurriculum/whatiscurriculumforexcellence/index.asp

sustainable health and well-being interventions can make positive changes to the lives of children, young people and their families.

In driving innovation and excellence in ongoing initiatives focused on promoting the health and well-being of children, young people and their families, the learning from the project will support the achievement of Scotland's three NHS quality ambitions, as described in *The Healthcare Quality Strategy for NHSScotland*:[5]

- *person centredness − mutually beneficial partnerships between service users, their families and those delivering health care services:* the project supported a strongly inclusive approach that placed children, young people and their families at the centre and promoted strong multidisciplinary, multi-agency working;
- *safety − no avoidable injury or harm to people from the health care they receive:* the aim of the early intervention and health promotion programmes developed by the project was to support children and young people to make informed choices that will protect their health and well-being now and for the future; and
- *effectiveness − the most appropriate treatments, interventions, support and services being provided at the right time and wasteful or harmful variation being eradicated*: the project strongly promoted evidence-based, protocol-driven interventions from appropriately prepared staff in health care teams in schools.

This report provides key messages and learning from the project that can be used by those with responsibility for embedding health and well-being in schools to inform the development of their own tailored approaches. The practical examples in the report illustrate a range of initiatives in which schools may be interested as part of their efforts to support local developments.

The examples highlight the added value achieved for children and young people when health professionals and education staff work together in the pursuit of common goals. The key messages of leadership and partnership working are commonly held and reflect guidance on the health promotion aspect of the Schools (Health Promotion and Nutrition) (Scotland) Act 2007[6]. In addition, practical examples underlining the importance of interventions at key transitions reinforce the Additional Support for Learning Act 2004 (as amended), which places education authorities and partners under a duty to plan and prepare for transitions throughout school education.

Promoting health and well-being is central to the new journey Curriculum for Excellence sets out for children and young people. We have every confidence that the key messages and learning that have emerged from the Health and Well-being in Schools project will not only support health and education staff and others to deliver on Curriculum for Excellence health and well-being objectives, but will also identify initiatives, roles and ways of working that will be transferrable across a range of projects in the future. In particular, it will have important resonance for the work of

[5] Access at: www.scotland.gov.uk/Resource/Doc/311667/0098354.pdf
[6] Access at: www.scotland.gov.uk/Publications/2008/05/08160456/0

the Modernising Nursing in the Community Board,[7] the implementation of the *Pathway of Care for Vulnerable Families (0−3)*[8] and the ongoing work of the Getting it Right for Every Child Programme.

Ros Moore
Chief Nursing Officer
Scottish Government

Jackie Brock
Deputy Director of Learning
Scottish Government

[7] Access at: www.scotland.gov.uk/Topics/Health/NHS-Scotland/nursing/ModernisingCommunityNursi
[8] Access at: www.scotland.gov.uk/Publications/2011/03/22145900/0

Executive summary

1. The main aim of this report is to focus on outcomes from the **Health and Well-being in Schools** project, which ran from September 2008 to March 2011, and the learning it created. It is hoped that this learning can be taken forward to inform future initiatives developed to support health and well-being in school-aged children and young people.

2. The key messages from the project make it clear that initiatives focusing on improving the health and well-being of school-aged children and young people within the Curriculum for Excellence cohort (aged 3−18 years) and their families, particularly at key transition stages, can be implemented within schools without injections of additional funding. These initiatives involve using existing resources differently, rather than introducing new resources.

3. Significant learning from the project includes the observation that following appropriate preparation, support workers were able to take on screening and surveillance work previously undertaken by registered practitioners and to act as health links between school and the home. This released registered professionals' time to focus on early intervention/prevention programmes targeting vulnerable groups of children and young people at key transition stages, rather than providing crisis interventions. The impact of family support workers was also striking, with teachers reporting better classroom attentiveness from children whose families were receiving support from these staff.

4. While there was no formal evaluation of the outcomes of the project, it nevertheless generated a wide range of evidence sources that were accessed to demonstrate the impact it had on the health and well-being of children and young people within the demonstration sites. These evidence sources included:

    - reports prepared for the national steering group;
    - reports prepared for local steering groups;
    - intelligence gathered by project officers at local level and by the national programme manager nationally;
    - reflective diaries maintained by the project officers; and
    - the report and source materials emerging from the Open Space series of events.

5. The report draws together some key messages for stakeholders as they move forward before presenting specific impacts and outcomes at strategic and operational levels. It also contains some brief descriptions of initiatives within the demonstration sites to act as examples of activity in defined areas. While the examples have been situated within specific subsections of the report, it is clear that some of the projects described have relevance in more than one area – projects that address, for instance, early interventions but also transitions, or which focus on mental health but also physical activity.

Key messages from the project

1. This section briefly summarises key messages from the **Health and Well-being in Schools** project to inform ongoing developments in promoting the health and well-being of children and young people within the Curriculum for Excellence cohort. Following a general key message for all stakeholders, the section sets out specific key messages for Scottish Government, partnerships in schools, and children, young people and their families.

Key message for all stakeholders

2. The Health and Well-being in Schools project adopted an integrated approach to engaging with all key stakeholders working with the school-age population. As the project adopted a more targeted approach based on identified need, it became apparent that a "one-size-fits-all" model is not appropriate to meet the diverse health needs of children and young people in different schools across the demonstration sites.

3. Although all children and young people receive a core programme of intervention, not all schools or communities require additional input. It very much depends on the health needs, assets and strengths of the school and community. The key message for all stakeholders moving forward into the future, therefore, is about allocating resource according to need.

Key messages for the Scottish Government

4. The health and well-being that Curriculum for Excellence aspires to achieve for children and young people is more likely to be achieved where there is strong partnership working within schools and at strategic level.

5. Many of the new models of practice initiated by the project could be sustainable within existing resource. The project showed that initiatives focusing on improving the health and well-being of school-aged children and young people within the Curriculum for Excellence cohort (aged 3−18 years) and their families, particularly at key transition stages, can be implemented within schools without injections of additional funding. These initiatives involve using existing resources differently, rather than introducing new resources.

6. Even though a specific project or intervention may have a defined discrete purpose – reducing obesity, increasing physical activity or improving mental health and well-being, for example – it can also have unanticipated beneficial effects in terms of reducing health inequalities, increasing social inclusion and developing parenting skills.

Key messages for partnerships in schools

7. The Getting it Right for Every Child programme provides the key trigger and a common language to support integrated working at school level.

8. Strong, visionary leadership is required to drive improvements at school level. Good strategic support and clinical leadership is necessary to influence practice development and support staff through the process of change.

9. Local steering groups focusing on the health and well-being of the school-age population can provide strong support for change and improvement at strategic and operational levels in schools.

10. There are benefits in providing appropriate-level training on appropriate topics for appropriate staff, such as support workers undertaking the children and young people's health and well-being course at Robert Gordon University.

11. Expanding the skill mix of school health teams through the introduction of support worker roles brings benefits in releasing registered practitioners to focus on providing early interventions for more vulnerable children.

12. Family support workers can have a very positive impact on the health and well-being of children and young people and their families, with teachers reporting better classroom attentiveness from children whose families were receiving such support.

13. There are benefits in health team members working in co-ordinated, integrated ways, rather than adopting a rigid discipline-specific approach. The skills a team member has to offer matters more than his or her professional group or job title.

Key messages for children, young people and their families

14. The Curriculum for Excellence health and well-being strand empowers children, young people and their families by enabling them to benchmark how individual schools are addressing health and well-being needs. This in turn enables children, young people and their families to support positive initiatives and challenge outmoded or inappropriate practice.

15. The project highlights the importance to children, young people and their families of transitions. They should be aware that the project's strong focus on transitions was born of an understanding that early interventions around transitions are beneficial in ensuring that potential and existing problems do not become long-term problems that could hinder the child's development and future prospects.

1. Introduction

1.1 The project

The **Health and Well-being in Schools** project, which ran from September 2008 to March 2011, was a Scottish Government-funded initiative designed to complement the national effort to improve the health and well-being of children and young people in Scotland. It aspired to harness existing skills, develop new roles, expand capacity and work in partnerships with a range of agencies to promote the health and well-being of school-aged children and young people within the Curriculum for Excellence[9] cohort (aged 3−18 years) and their families, particularly at key transition stages.

The aim of the project was to increase health care capacity in schools by providing improved health care services designed to meet the needs of individuals, families and communities. It also aimed to develop a range of models and initiatives that could be implemented across Scotland in a safe, efficient and effective manner to support the implementation of *Better Health, Better Care*[10] and *Equally Well*.[11]

The project was firmly based in a partnership approach that involved participation from health, education and local authority staff, voluntary organisations, children, young people and their families and communities.

While there was no formal evaluation of the outcomes of the project, it nevertheless generated a wide range of evidence sources that were accessed to demonstrate the impact it had on the health and well-being of children and young people within the demonstration sites. These evidence sources included:

- reports prepared for the national steering group;
- reports prepared for local steering groups;
- intelligence gathered by project officers at local level and the national programme manager nationally;
- reflective diaries maintained by the project officers; and
- the report and source materials emerging from the Open Space series of events.[12]

1.2 Why was the project developed?

The Health and Well-being in Schools project was set up in direct response to the Ministerial Task Force on Health Inequalities. Its scope was to develop an integrated school health team to address the needs of the most vulnerable children and young people within their local communities. It was recognised that to achieve this ambition, increasing the health care capacity of those working with school-age children and young people was important.

[9] Access at: www.curriculum-for-excellence.co.uk/
[10] Access at: www.scotland.gov.uk/Publications/2007/12/11103453/0
[11] Access at: www.scotland.gov.uk/Publications/2008/06/25104032/0
[12] An Open Space approach is a whole-system, action research method which brings stakeholders together to identify the strengths and weaknesses of a project.

Equally Well, the report of the Ministerial Task Force on Health Inequalities, contains the following recommendation, which had direct relevance to the project:

> *Developing a new approach to partnership working between education practitioners, health and other professionals should be a key focus for delivering the health and well-being outcomes within the Curriculum for Excellence. This should include considering how the learning from the forthcoming evaluation of the Health and Well-being demonstration projects can support delivery of Curriculum for Excellence.*

The project necessarily had close links with Curriculum for Excellence, which is transforming education in Scotland by providing a coherent, flexible and enriched curriculum for children and young people aged 3−18 years. Its purpose is to enable children and young people to realise their full potential and fulfil the Scottish Government's vision of each child being a confident individual, successful learner, responsible citizen and effective contributor.

The health and well-being component of the curriculum will ensure that children and young people have the knowledge, skills and understanding to follow a positive, healthy lifestyle. New models of integrated health care developed by the Health and Well-being in Schools project will support teachers in meeting the learning outcomes of the health and well-being component of Curriculum for Excellence.

The project also worked alongside established health and well-being initiatives in Scotland, such as the Health Promoting Schools model, Getting It Right for Every Child programme[13] and integrated children's services, and complemented and supported a range of national policies.

1.3 How was the project developed?

The project was launched in September 2008. Initial work through to January 2009 focused on developing appropriate models that reflected local needs and on preparing four demonstration sites for launch between January and March 2009. NHS boards were invited to make representations to be part of the project, and sites were selected to ensure the inclusion of school clusters (that is, secondary schools with feeder primaries) and large local authority geographic areas. The selected demonstration sites were:

- NHS Ayrshire & Arran: Belmont school cluster (1 secondary school, 6 primaries and 1 special educational needs school);
- NHS Forth Valley: Clackmannanshire schools (3 secondaries and 19 primaries);
- NHS Grampian: Moray schools (8 secondaries, 48 primaries and 22 nursery schools); and
- NHS Lothian: West Lothian, Armadale school cluster (1 secondary school, 6 feeder primaries).

[13] Access at: www.scotland.gov.uk/Topics/People/Young-People/childrensservices/girfec

Governance for the project, which was commissioned by the Chief Nursing Officer Directorate of the Scottish Government Health Directorates, was provided through a national development officer supported by a national steering group consisting of representatives from the Scottish Government, NHSScotland, local authorities, voluntary organisations, Her Majesty's Inspectorate of Education, the Convention of Scottish Local Authorities, the Royal College of Nursing, the School and Public Health Nurses Association and the Royal College of Paediatric and Child Health.

A project officer was appointed in each of the demonstration sites to work two days per week on the project, with the remaining three days being devoted to their normal duties (a school nurse manager, a public health practitioner, a school nurse co-ordinator and a physiotherapist, all working with the school-age population). Working with the national development officer and national steering group, the project officers assumed responsibility in their demonstration sites for:

- promoting an integrated partnership approach to achieving a positive impact on the health and well-being of school-aged children and young people within the Curriculum for Excellence cohort;
- exploring and establishing mechanisms to engage key stakeholders, including children, young people, families and voluntary organisations, in the project;
- identifying health inequalities within the demonstration sites relating to children and young people, their families and the communities in which they lived;
- identifying the workforce, workload and training needs of staff to ensure the provision of appropriately skilled and trained staff within each of the demonstration sites; and
- implementing a range of new, integrated, flexible models of practice within the demonstration sites to support staff in the delivery of preventative, early intervention and treatment programmes aimed at improving health outcomes for children and young people.

1.4 How was project progress monitored?

Steering groups

The national steering group was established to advise, support and monitor the development of different models of increasing health care capacity in schools to address the health and well-being of children and young people in each of the demonstration sites. The steering group was directly responsible to the Chief Nursing Officer and the Minister for Public Health.

Each of the demonstration sites established a local steering group with representatives from health, education and local authority sectors to advise, support and monitor the progress of the project within the area.

Open Space events

A series of Open Space events was held across the four demonstration sites during 2010 to facilitate stakeholders to identify what was working well and what could work better within each of the demonstration sites. A report of these events was published

in December 2010.[14] In addition, local action plans were developed in response to decisions taken at the Open Space events to reinforce areas of strength and address perceived areas in which performance could be improved.

Project officer activity

Each team member was asked to keep a reflective diary to gather evidence, opinions and feelings about the impact of the new models of working on their practice.

Project officers held monthly meetings with staff in the demonstration sites to capture progress reports on their daily work, gather evidence of how they were engaging with partner agencies and build local health intelligence to influence delivery of new models of practice.

Logic model

Logic modelling is an outcomes-focused approach used to provide a framework for integrated planning, delivery, evaluation and performance management. It was used in the project to map how each of the new models of practice could deliver better health outcomes to children and young people within the demonstration sites.

Logic model work was divided into the following steps:

- defining inputs: identifying what resources were available (workforce, money and equipment);
- defining work programme activities: identifying processes to be followed through the new models of practice;
- defining outputs: identifying what would be delivered through the new models of practice; and
- defining outcomes: identifying short-, medium- and long-term outcomes as a result of the above.

The logic model approach provided a visible way of presenting processes and identifying what each new model aimed to achieve. The demonstration sites regularly monitored the progress of the outcomes identified in the logic models by providing regular reports to local steering groups.

[14] Access at: www.scotland.gov.uk/Publications/2010/12/08115704/0

2. Impact and outcomes – strategic level

This section highlights the importance of strategic leadership in developing a common vision and common values within the workforce. It emphasises how integrated working improves health outcomes for children and young people by ensuring that the right staff with the right skills deliver care and support in the right place, according to identified health needs.

The section includes illustrations developed during the Open Space events by a graphic facilitator.[15]

2.1 Leadership

The local steering groups at demonstration-site level provided governance for the project and professional leadership and direction strategically and operationally to encourage the development of a shared common vision and common values within multidisciplinary teams. Operational leaders supported and motivated staff through the process of change.

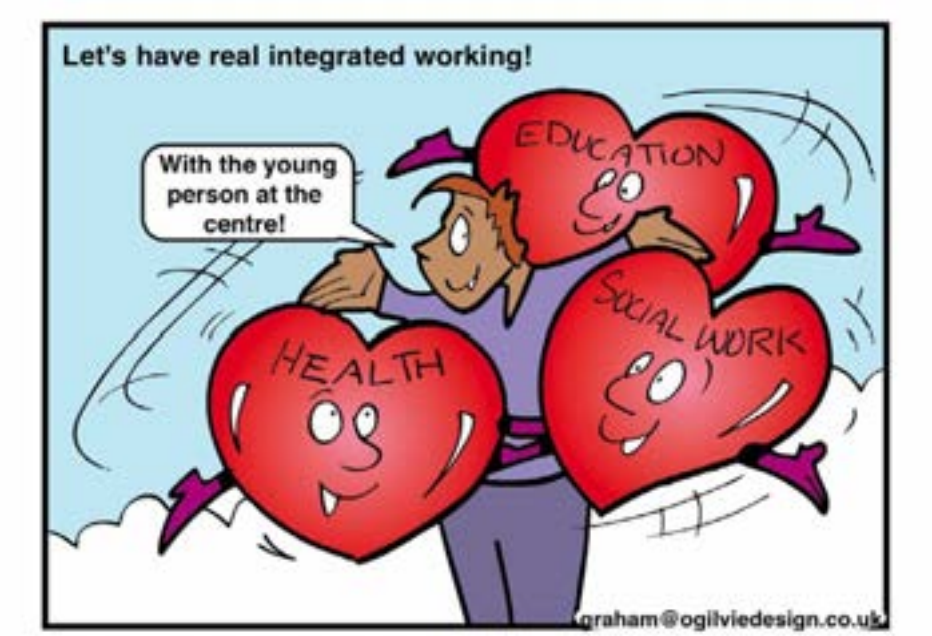
Team leaders (health visitor/school nurse) with the right competences and skills, supported by the steering group and project officer, were crucial to ensuring the new models of working were embedded within each demonstration site. Team leaders were able to influence change in practice innovation, implement new models of integrated working within the workforce, improve working relationships among integrated partners and support staff through the process of change.

[15] Graphic facilitation for the Open Space events was provided by Graham Ogilvie. He was engaged to listen to group discussions to capture views, ideas and opinions; he then prepared illustrations which represented a sample of the opinions expressed. A feedback mechanism was employed during the events to allow participants to review and comment on the illustrations.

Leadership – main learning

While strong strategic leadership is necessary to monitor, support and steer the project locally and nationally, it is equally important to ensure strong clinical leaders to motivate and support staff through the process of change. Clinical team leaders improve links between partner agencies and support staff to deliver effective models of health care to the school-age population.

2.2 Integrated working



Part of the project's purpose was to look at new integrated ways of working, building on previous learning from the New Community Schools[16] and Integrated Schools[17] pilot schemes. Each demonstration site held an event with key partners at the onset of the project to establish a common vision and goals. It was recognised that Getting it Right for Every Child principles and practices would support the development of a common vision and a common "language" within the integrated workforce.

An integrated workforce is one that is working effectively together to improve the health outcomes for school-age children and young people within and outside the school. This demands not only a common vision and language, but also good communication with strategic heads of departments in health and education and means to ensure that communication reaches operational staff. At times, achieving this was challenging. Although the project engaged with partners through stakeholder events, focus groups and the dissemination of information posters and leaflets, the information was not always cascaded to operational staff. This sometimes resulted in the spread of misinformation about the project.

However, there were benefits to promoting good integrated working when information cascade worked well. One example is where health staff who had access to the website Glow,[18] the world's first national online community for education that is supporting implementation of Curriculum for Excellence, were able to showcase new

[16] Access at: www.scotland.gov.uk/Publications/2002/08/15194/9566
[17] Access at: www.hmie.gov.uk/documents/publication/dicss.html
[18] Access at: www.ltscotland.org.uk/usingglowandict/glow/index.asp

models of practice and materials to improve health outcomes for children and young people.

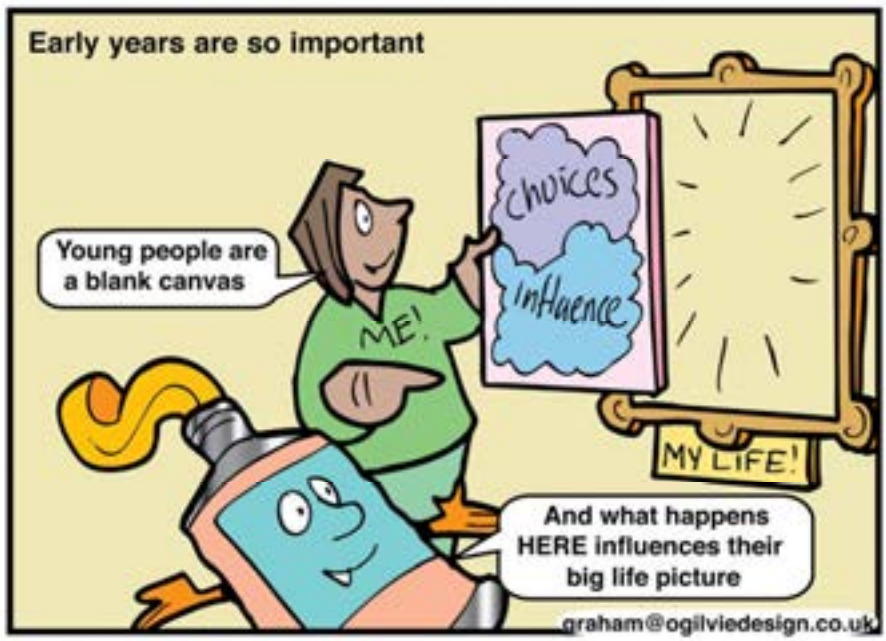
A logic model, outcomes-focused approach was used to provide a framework for integrated planning, delivery, evaluation and performance management of the new models of practice.

Integrated working – main learning

There is a need for good communication with heads of departments in health and education and viable means of cascading information to operational staff. It is unwise to assume that information will automatically reach all staff – a managed process is necessary to ensure it gets where it needs to go. The mechanisms employed by each partner agency to cascade information and highlight best practice should be identified.

Enabling common access to information resources (such as websites) can support the integration of partners into integrated teams.

2.3 Health needs assessment



Health challenges within the school-age population are influenced by socio-economic status, poverty, and community and social factors. It was therefore necessary to identify strengths and assets within each of the demonstration sites.

A variety of sources, including the School Health Profiling tool[19] and information from community health partnership community profiles and local public health departments, was used to identify health priorities. Direct consultations focusing on perceived health needs and key strengths and assets were held with children, young people and their families. In addition to local focus groups targeting school years, the Young Scot website supported the project in gathering information from young

[19] Access at: http://www.healthscotland.com/documents/2239.aspx

people, and an information leaflet about the project was distributed to all children, young people and their families within each of the demonstration sites.

The common themes emerging from the demonstration sites were concerns about emotional health and well-being, obesity and communication difficulties. It was decided that the project consequently should focus on key transition times (nursery to primary 1 (P1), and primary 7 (P7) to secondary 1 (S1)) by implementing early intervention programmes targeting children, young people and their families.

Health needs assessment – main learning

The paper-based School Health Profiling tool took a considerable amount of staff time to complete. An electronic tool that can be updated regularly would provide health and education staff with quicker access to an up-to-date health profile of the school and help in identifying health priorities.

All schools do not need the same workforce. Identifying health needs and existing assets within each school enables the workforce to be modelled appropriately to meet needs.

2.4 Workforce capacity and capability

After local health needs, strengths and assets had been identified, the project was able to consider the composition of the workforce and the skills required to address the needs of children, young people and their families. This provided an opportunity to develop new, integrated, sustainable models of practice.

The workforces within the demonstration sites needed to vary according to the needs and the size of the school populations: a “one-size-fits-all” approach would have been inappropriate.

It was found that the composition of existing healthcare teams did not reflect a balanced skill mix. Additional support workers, a less expensive resource than highly qualified school nurses and others, were therefore recruited within each of the

demonstration sites to increase efficiency and productivity and to enhance the workforce and skill base. Their role was supported by the opportunity to undertake the children and young people's health and well-being course at Robert Gordon University. Support workers were able to take on screening and surveillance work previously undertaken by registered practitioners and to act as health links between school and the home. This released registered professional time to focus on early intervention/prevention programmes targeting vulnerable groups of children and young people at key transition stages, rather than providing crisis interventions.

Other health professionals were also recruited to the new health teams, including speech and language therapists (S&LTs), occupational therapists, physiotherapists, and child and adolescent mental health workers, alongside youth workers and education staff (including teachers). The new models of team working enabled professionals to work better and smarter together, adopting a flexible approach that was based on recognition of the skills required to meet defined needs rather than a rigid discipline-specific approach. This increased health care capacity and encouraged partnership working.

Co-location of staff within health board or education premises improved communication between disciplines and the co-ordination of quality-based interventions. Co-location maximised skills within the team without the need for additional resourcing, resulting in a more efficient way of working.

Workforce capacity and capability – main learning

The starting point is to identify health needs, assets and strengths within each area. From there, it is possible to prioritise health needs and determine appropriate workforces.

Different schools and different communities have different health needs and therefore require workforces with different skills and resources. A "one-size-fits-all" approach to meeting the health and well-being needs of school-aged children, young people and their families would not be appropriate.

Staff need to work better and smarter together within integrated teams to build health care capacity. The additional staff the project recruited proved highly effective in increasing capacity to address health and well-being needs and in releasing registered professionals to develop early intervention and prevention programmes at key transition times for vulnerable groups of children and young people. Continuing to seek ways to support staff to work better and smarter and to ensure the right staff with the right skills are delivering the right intervention in the right place would be likely to be beneficial.

3. Impact and outcomes – operational level

The Health and Well-being in Schools project offered an opportunity to transform and redesign the school health service by testing out a range of new models of practice. Getting it Right for Every Child principles and practice underpinned multi-agency working, while Curriculum for Excellence provided the flexibility to promote healthy lifestyles through partnership working.

This section briefly sets out examples of new models of practice from the demonstration sites. The examples are presented under the headings of prevention/early interventions, key transitions, health inequalities, and new models of practice; there is, however, considerable overlap of these themes within individual projects.

3.1 Prevention/early interventions

The drive to develop an integrated early intervention approach based on Getting it Right for Every Child principles was a key aspect of the project. It included several linked work programmes:

- providing support for families so that parents/carers could recognise early signs that children or young people had specific health needs;
- improving access to services so that parents/carers and children and young people knew where to seek help and had the confidence to approach services;
- ensuring communication between schools and health services was effective and that referral pathways were well known and easy to use; and
- providing joint training across agencies linked to GIRFEC and Curriculum for Excellence.

Examples

Consultation model − NHS Ayrshire & Arran: Belmont school cluster

Many referrals to children and adolescent mental health services (CAMHS) arise due to lack of intervention at an early stage. The primary mental health worker within the cluster therefore provided monthly consultation sessions for education staff to raise their awareness of mental health issues in children and young people. Staff embraced the opportunity to develop a better understanding of children in their class who were experiencing emotional difficulties and a number of school staff were upskilled in early identification and intervention options.

School staff now have increased confidence in dealing with young people who have mental health issues and their families and can help prevent inappropriate referrals to CAMHS. There is increased awareness of appropriate strategies that can be used within schools, improved relationships among CAMHS, school staff and external agencies, and clearer pathways for referral to CAMHS.

Whole-school P7 transition − NHS Ayrshire & Arran: Belmont school cluster

A whole-school approach to easing transition from P7 to S1 was developed for all primary schools within the cluster to provide young people with coping methods and skills. The aims of the transition model used by the project team were to:

- improve young people's self esteem, confidence and behaviour; and
- provide young people with links to key personnel and services from which they could access support during and after transition.

Three sessions[20] were delivered by the school nurse and primary mental health worker to all P7 pupils within the cluster primaries: the first focused on "emotions", the second on "feelings and what to do", and the third on "how you feel". Each session ended with a short relaxation technique that pupils could use independently.

Health spots – NHS Forth Valley: Clackmannanshire schools

Multi-agency drop-in sessions known locally as "health spots" were introduced in secondary schools in the area. These lunchtime sessions provide a confidential and informal health information service through which young people can access support, advice and health information resources. Each health spot is guided by a partnership steering group that includes school and health service representation, parents and young people. Sessions are open to all pupils. Pupils can also arrange a one-to-one meeting by contacting a specific health spot number or email address or by approaching any member of the school staff to make an appointment on their behalf.

Parenting support – NHS Forth Valley: Clackmannanshire schools

Parenting support became an overarching programme within the project in Clackmannanshire, developing and linking with existing provision and extending this to the development of a suite of programmes that parents/ carers could access.

[20] These sessions were based on: Stallard P (2002) *Think Good − Feel Good: a Cognitive Behaviour Therapy Workbook for Children and Young People*. Chichester, John Wiley & Sons.

Healthy minds – NHS Grampian: Moray schools
A central aim of this project was to upskill school staff in the early identification of children and young people who were experiencing mental health and emotional problems. The role of clinical associate in applied psychology (CAAPs) was introduced to deliver whole-school mental health awareness training for all staff, age-appropriate inputs for pupils, mental health awareness training for parents and cohort training for identified staff in mental health promotion and applied suicide intervention skills training (ASIST).

"Change 3" – NHS Grampian: Moray schools
" Change 3" is a weight-management programme developed as a whole-school approach. Children are identified either by self referral or through routine screening. Programmes have been developed for two age groups: 5−7 years and 7−16 years.

"Change 3" aims to reduce the number of overweight and obese children and young people by:

- focusing on healthy living;
- using effective, evidence-based obesity prevention and treatment programmes, training and resources;
- making services available as widely as possible at community level;
- training people who come into contact with overweight and obese children so they can provide families with the best possible support; and
- building evidence on childhood obesity prevention and treatment within the area.

TOPP (Transition onto Primary Programme) – NHS Lothian: West Lothian, Armadale school cluster
School staff nurses liaised with the health visiting team early in the year to identify vulnerable children and families who they felt would struggle when starting school in August. The nurses would then work with the families, encouraging them to attend the TOPP course throughout the school summer holidays.

Prevention/early interventions: main learning

Different services define "early interventions" in different ways. Developing a common language proved fundamental to more effective integrated working.

Very vulnerable and disadvantaged families and children, many of whom would benefit from targeted early interventions, may need considerable support to develop the confidence to approach services. The opportunity to build a relationship with one key person who demonstrates a non-judgemental approach, such as a family support worker, is an important first step for some families.

Early intervention with school-age children is most effective when linked to early intervention in the pre-school years. Continuing to support school-age children who need services while simultaneously increasing support through early years is likely to require community capacity building.

3.2 Transitions

Risk increases for children and young people at times of transition, especially for those who are vulnerable due to disability and/or emotional and social circumstances. The task for the project was to map existing support for children and young people and their families at transition times and enhance provision to improve outcomes.

Examples

Pre-school language and literacy groups − NHS Ayrshire & Arran: Belmont school cluster

Questionnaires completed by S&LTs working within the cluster identified a gap in service provision at the pre-school stage. Attention and listening, vocabulary and narratives were highlighted as priority areas to be targeted. Pre-school language and literacy groups were offered to all pre-school children and their parents with the aim of promoting and developing language skills, pre-literacy skills and emotional well-being. Input was also provided within the nursery setting, where language-based activities were carried out as part of free-play activities.

The approach encouraged a higher level of parental involvement, built capacity in parents/carers and educational staff, promoted language skills and helped prevent speech, language and communication difficulties.

Summer holiday "Ready for School" group – NHS Forth Valley: Clackmannanshire schools

The Clackmannanshire Language Intervention Project (CLIP) team, who were part of the project team in the area, contributed to the nursery−P1 transition processes already in place at three pilot schools by producing a plan for direct contact with children and families and an activity pack for each child. The pack consisted of user-friendly advice sheets and rhyme activities. In partnership with health and education staff, the CLIP team ran sessions before the summer holiday break and introduced the activity pack. Families were invited to attend a summer holiday group for further

support. Although uptake of the sessions was not high, the activity pack appeared to be well used at home. Children and parents evaluated the sessions positively and the progress of the children involved has continued to be monitored through P1 and P2.

P7−S1 transition – NHS Forth Valley: Clackmannanshire schools
Due to the increase in school nursing provision created by the project, school nurses were enabled to become active members of school transition teams. Benefits included children with health needs being identified earlier, extra support being provided for families and improved links being created between health services and the educational psychology department. An introduction and visit to the school "health spot" has become part of the induction programme for P7 children, encouraging them to access the facility for support and information.

Transition team – NHS Grampian: Moray schools
The transition team used a combination of universal, targeted and specialist approaches to support children to prepare for transition from primary to secondary school. Awareness-raising sessions about communication and friendships, experiential sessions, and teaching on back care and schoolbags were offered to P7 pupils. Existing enhanced transition groups for vulnerable children not requiring therapy input were supported and a new multi-agency transition group for vulnerable children known to therapy services was established.

Transition group (P7−S1) – NHS Lothian: West Lothian, Armadale school cluster
This was a joint initiative targeting specific pupils identified with concerns such as low self esteem and low confidence. The group ran for six weeks, during which two boys were identified as requiring further work from the confidence-building group set up for S1 boys who had experienced bullying and had reduced confidence and self esteem. As part of assisting with this transition stage, early intervention was key to building self confidence and esteem. Some young people needed more than the six weeks on offer, but extra input was available from the school nursing service.

Transitions: main learning

Initial mapping suggested that several agencies and professionals are involved in transition planning, especially at P7−S1 level, but that families can feel anxious and uncertain when children have significant disability and/or learning issues. Early identification of children in need of support enables key workers to ensure that families are kept informed and feel part of the process of ensuring that transitions are smooth.

In Clackmannanshire, health visitors remain in contact with vulnerable children and families throughout the first few years of primary school by working in partnership with the school nursing service. Evidence suggests that this is proving beneficial for children entering school by helping to link school and home and providing continuity of care.

3.3 Health inequalities

Addressing health inequalities was a fundamental element of the project. Many children and young people within the demonstration sites experience significant challenges in terms of health and social disadvantage. All agencies are committed to working together to address the issues that contribute to inequality and lack of opportunity. The project provided an opportunity for partners to work together in a different way, exploring new initiatives to address the challenges.

Many factors associated with health inequalities, such as unemployment and poorer housing, were beyond the direct influence of the project. The project could nevertheless make an impact on health outcomes for children and young people, particularly by its contribution to improving educational attainment through achieving improved health and well-being and by addressing vulnerability and disadvantage through adopting a targeted approach to individual schools based on identified need.

Examples

Community-based targeted intervention girls group − NHS Ayrshire & Arran: Belmont school cluster

This project adopted a different approach from the more traditional whole-school approach to health promotion and prevention work by offering a targeted input delivered outwith school hours at a time and venue that suited the girls. The aim was to work with vulnerable girls in S2 and upwards at Belmont Academy who lived within the Tarbolton area to build their self esteem, improve their body image, increase their confidence, improve their communication skills and support them to deal with emotions, relationships and stress.

One-hour evening sessions were held in the local community centre for a six-week period, led by project staff. Girls were recruited to the group through posters in the school and community and via mailers sent to them by Community Learning Development, a partner in the project. Five girls initially attended, extending to six by the end of the programme.

The project provided the girls with access to health care advice and support that was not available in the community and developed their awareness of the school nurse and project staff within the school. Strong partnership working was a key feature of the project that ensured efforts were targeted on improving the girls' health and well-being.

Supporting families: family support workers – NHS Forth Valley: Clackmannanshire schools
It was recognised that many of the most vulnerable children in schools were members of families that sometimes found it difficult to engage with services. Some families were identified as having a need for specific intensive programmes of support delivered on a one-to-one basis prior to linking to group support. Family support workers were recruited to work under the supervision of the lead public health nurse with families on jointly agreed programmes, with achievable goals set by the families themselves.

Seventy families accessed the service, with the majority fully meeting their care plan goals during the intervention period. Teachers reported better classroom attentiveness from children whose families were receiving support, with school attendance and compliance with homework improving.

Primary mental health worker for children/young people affected by parental mental health issues – NHS Forth Valley: Clackmannanshire schools
The primary mental health worker post was recruited through the project with the aims of raising awareness of the impact of parental mental illness on children and young people, training and supporting staff across agencies and providing a service directly to identified children and young people using a brief therapy and solution-focused approach. The service received positive feedback from the children and young people and from many parents.

Protecting vulnerable young people – NHS Grampian: Moray schools
Vulnerable children and young people who are supported within the looked-after and accommodated process or who are going through child protection issues have had an improved service as a result of redesign within the school nursing skill mix. By being released from routine core activity by the introduction of support workers, school nurses have been able to focus on attending child protection meetings and completing required assessments within agreed timescales.

Community drop-in – NHS Lothian: West Lothian, Armadale school cluster
The community drop-in was launched in October 2010 in response to parents' evaluations of previous parenting groups. The drop-in ran on Wednesday mornings in the local community centre and was co-ordinated by a school staff nurse and/or family support worker.

The drop-in enabled staff to:

- engage with parents/carers outside the school environment and encourage them to discuss any concerns they had regarding their children;
- refer on to other professionals, such as S&LTs and health visitors;

- build trust, enabling parents/carers to have the confidence to approach other agencies for support; and
- explore community needs and organise workshops with speakers from local statutory, non-statutory and voluntary organisations who could support attendees.

The drop-in initiative demonstrated the importance of staff being available to parents/carers outside the school environment and the value of good consultation.

Health inequalities: main learning

Enhanced services for disadvantaged families can demonstrate real benefits for children and young people, as evidenced by improvements for individual children and families and increased community engagement. Families will engage readily if they are fully part of the programme planning and the approach used enables them to be listened to and to identify the issues that are of concern to them.

Staff need to ensure that the child remains at the centre, as many families face a number of interlinked challenges. This is particularly the case with children whose parents experience mental health issues, who are at risk of remaining “invisible”.

To date, measurable benefits for disadvantaged children and families as a result of programmes initiated or supported by the project have been seen, but the true extent of the benefit can only be assessed over a longer time frame.

3.4 New models of practice

The project offered opportunities to explore a number of new models of anticipatory care for children and young people, addressing inequalities while providing mainstream universal services. These built on existing anticipatory health improvement initiatives within the demonstration sites. The project also provided opportunities to trial more integrated approaches to service delivery that could ultimately become part of mainstream working practice through the ongoing redesign

of community nursing, health promotion and allied health professional services at national and local levels.

Health-focused interventions

Health promotion within Southcraig School for Children with Additional Support Needs − NHS Ayrshire & Arran: Belmont school cluster
The aims of this model were to provide:

- support during transition from primary to secondary school;
- support for young people moving to adult learning disabilities services;
- early intervention work for young people with regards to puberty;
- support for improved self esteem and confidence;
- support to young people with identified issues;
- a consistent message to children and young people from all partner agencies;
- a consistent, whole-school approach for the campus; and
- early intervention programmes.

Individual one-to-one programmes of health promotion input were evaluated after an eight-week session and continued if appropriate. Whole-school programmes were run from term to term, with the school nursing assistant taking the lead role in primary health promotion and supporting with one-to-one work.

Parental input was encouraged and a parent health promotion group was developed. Many of the parents found the information useful and have continued the sessions with their children at home. The group has also developed into a support network and social group, allowing parents to discuss issues with fellow parents in a structured but relaxed atmosphere.

Sexual health – NHS Forth Valley: Clackmannanshire schools
Clackmannanshire experiences high levels of teenage pregnancies. The local sexual health implementation group is working to improve awareness of, and access to, sexual health advice and resources and a number of new initiatives were launched in schools as part of the project. To complement this work, an existing youth drop-in service run by the community learning and development team was extended. This evening facility operates a weekly session that is now run jointly with the public health nurse for schools. Services include health advice, Chlamydia testing, pregnancy testing and condom distribution, alongside smoking cessation advice and more general health support.

The drop-in is well used by young people, with over 100 attending between March 2010 and November 2010. It is open throughout school holiday times and is seen as a “one-stop shop” for young people seeking a confidential and informal advisory service.

School drop-ins – NHS Lothian: West Lothian, Armadale school cluster
Primary and secondary school drop-ins provided opportunities for children and young people to discuss confidentially any health-related problems. The children attended with many worries, ranging from sexual health concerns, to bullying, to

worries about families. A “healthy respect” drop-in was also created and has continued to develop.

Physical activity/nutrition

Max in the middle – NHS Forth Valley: Clackmannanshire schools
As part of the NHS Forth Valley child healthy weight programme, interactive events were held within several primary schools over each of the two years of the project. Led by the health promotion department and supported by an interagency group that included dietetics, sport and leisure, community learning and development and school nursing, the week-long events engaged children and families in issues around food and activity. The events were well supported by schools and parents and were popular with children.

Dietetic support/family support workers – NHS Forth Valley: Clackmannanshire schools
Achieving health improvements related to nutritional awareness was an underpinning theme throughout the project programme in Clackmannanshire. The local steering group was supported by a dietician who developed resources for use with families and in school and provided training for family support workers in food hygiene and “eating on a budget”. Resources from the health promotion department were distributed to pupils attending drop-in sessions. By making links between good nutrition and good health and behaviour, the project aimed to address the many challenges obesity poses to longer-term health.

Back care – NHS Grampian: Moray schools
The transition back care programme was developed and delivered by the physiotherapist and therapy support worker from the transition team in response to evidence suggesting that 50% of pupils in secondary school will experience backache.

The intervention took the form of a fun and informative interactive presentation on back care to P7 pupils, with advice on use of school bags, carrying and packing. Sessions also highlighted healthy lifestyles, including healthy eating and physical activity.

After-school fun fitness – NHS Lothian: West Lothian, Armadale school cluster
The “after-school fun fitness” programme was initially piloted for P1 children and has now expanded to include those from P1 to P3 within Armadale Primary. This has proved to be a sustainable, joint initiation project that has had a positive impact on the children’s health and well-being.

Mental health

Primary mental health worker − NHS Forth Valley: Clackmannanshire schools
Primary mental health workers have been a feature of service provision for some time, but the project enabled the role to be closely linked with other health provision in schools for the first time. The presence of the primary mental health worker at secondary school drop-in sessions was perceived as being very valuable, providing readily accessible support for students and a “sounding board” for staff with

concerns about children and young people. Linking closely to CAMHS, the worker offered direct support for lower-level emotional and mental health concerns and signposted appropriately to more specialist help.

Counselling service − NHS Forth Valley: Clackmannanshire schools
A public health nurse who holds a qualification in counselling was seconded to the project. The provision of counselling was seen as an appropriate intervention to help parents address some of their own difficulties and to increase their parenting capacity. It was also recognised that it could be a useful intervention for pupils, especially for those with emotional issues that were outside the remit of the mental health team.

The service was provided one day per week as part of mainstream provision, focusing on issues such as loss, anxiety, family breakdown, bullying, self harm, needle phobia and domestic abuse. Evaluation following each course of sessions was positive, with the majority of participants reporting increased ability to manage their situation and many feeling able to take steps to improve outcomes.

Healthy minds – NHS Grampian: Moray schools
In addition to raising awareness among school staff of mental health and emotional issues affecting children and young people to promote early interventions, the "Healthy minds" project also aimed to promote positive mental health by working directly with children and young people in schools through teaching on mental health promotion, undertaking individual assessments and interventions and facilitating group work.

Seasons for Growth: group work for children and young people who have experienced loss and bereavement – NHS Lothian: West Lothian, Armadale school cluster
Two school nurses trained as Seasons for Growth[21] companions and ran, with an experienced family support worker, two primary school-aged groups, a younger group of three children and a slightly older group of four children. The groups enabled children to speak about and share their loss and to help parents to support their children.

Speech and language development

CLIP – NHS Forth Valley: Clackmannanshire schools
The Clackmannanshire Language Intervention Project (CLIP) comprises a multidisciplinary team of a S&LT, a social inclusion teacher and a supervisory assistant. Direct work with children is focused on three primary schools selected due to the high levels of concern expressed by teachers about communication issues in P1 and P2 classes. There is also ongoing intervention in nursery classes to support children through transition to school.

The programme develops a continuum of language skills from nursery to P2 and includes support for parents/carers and teachers. Elklan training[22] was undertaken

[21] Access at: www.notredamecentre.org.uk/seasons-for-growth.aspx.htm
[22] Access at: www.elklan.co.uk/

by the team and by another teacher/therapist team to ensure that the programme was sustainable to some degree after the project completed.

Speech and language development groups – NHS Lothian: West Lothian, Armadale school cluster
One of the huge benefits of working in groups on speech and language development was that more children were able to be seen in a short period of time, resulting in an efficient use of time and resources. The children enjoyed the small group work and it enabled some of the more reticent children to develop their confidence in group settings. Locations were not always ideal for group work, however, due to noise levels and other distractions. The groups will nevertheless continue on a rolling programme in response to the individual needs of the children within each group.

New models of practice: main learning

Workstreams within the project indicate that integrated teamworking is more helpful to families and young people and can be more effective. Young people favour the "one-stop" approach, as in the evening sexual health drop-in sessions in Clackmannanshire, where a number of services are available to offer support and practical help. Parents also appreciate the links between programmes delivered in schools and support in the home, such as the CLIP programme being reinforced by support for children at home provided by family support workers.

Partnership working for the benefit of children and young people would be greatly enhanced by the introduction of increased electronic recording systems that could be shared between agencies as necessary, while protecting confidentiality. In particular, improved links between school nurses and primary care teams would be beneficial, especially for children with disability.

Change management can be challenging, especially when there is a need to bring together a number of disciplines within project teams. There nevertheless seems to be an enthusiasm for joint working among partners in schools. The inclusion of teachers within project teams was especially beneficial in ensuring initiatives complemented and supported education processes and pathways.

Developing a common language has been an important consideration, especially across different organisations and disciplines. Processes linked to Getting it Right for Every Child will be helpful in taking this forward in future.

Conditions of service vary across organisations and between disciplines. This need not be a barrier to increasing integrated working, but needs to be taken into account in relation to building the children's workforce for the future.

Conclusion

The Health and Well-being in Schools project provided an opportunity to review current ways of working and develop new models of practice to achieve positive impacts on the health and well-being of children, young people and their families.

The key messages and learning points from the project clearly demonstrate the importance of strong clinical leadership. They also emphasise the benefits of partnership working in developing multidisciplinary, multi-agency teams to address the health and well-being needs of school-age children and young people at local level. The new practice models emerging from the project will support teachers in meeting Curriculum for Excellence learning outcomes that are designed to positively influence children's and young people's development by increasing their understanding of what good health and well-being means.

Better utilisation of, and investment in, support worker staff has brought added value to health teams in schools. In addition to reinforcing key health messages by acting as the link health professional between home and school, support workers undertook screening and surveillance roles normally carried out by registered professionals. Registered professionals were consequently able to spend more quality time with vulnerable children and young people with identified health and well-being needs, particularly at key transitional stages: it is recognised that early intervention and prevention programmes that target the most vulnerable at key transitional stages will have a more positive impact on reducing health inequalities than crisis interventions delivered downstream.

The learning from many of the new models of practice introduced or supported by the project demonstrates that increased capacity can be achieved within existing resources. Working "better and smarter" and adopting a more targeted approach based on identified health needs will ensure that the most vulnerable children and young people receive support as and when it is needed. A "one-size-fits-all" approach will not adequately meet the needs of the school population or address the inequalities in health they face.

Health professionals and partnership agencies play a crucial role in promoting the health and well-being of school-age children and young people. The project has shown that the greatest benefits lie in professionals identifying the health needs, assets and strengths of their local school communities and matching these with the skills and the workforce required to enable children and young people to reach their full potential.

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