

THE VALE OF GLAMORGAN COUNCIL

CABINET: 23RD MAY, 2024

REFERENCE FROM LEARNING AND CULTURE SCRUTINY COMMITTEE:
11TH APRIL, 2024

“989 PROPOSED SOCIAL, EMOTIONAL, MENTAL HEALTH AND WELL-BEING STRATEGY 2024-2026 (REF) –

The reference from Cabinet of 7th March, 2024, as contained within the agenda, was presented by the Head of Additional Learning Needs and Wellbeing.

The Officer began by advising that, since as early as 2019, it had become evident that the key emerging challenge for schools was the increasing number of children and young people displaying very complex social, emotional, and mental health difficulties which had been exacerbated by the impact of the pandemic and by ongoing adverse community (cost of living) and environmental (climate) events.

Therefore, to address the urgent need to work differently with children and young people, the Social Emotional and Mental Health Action Plan 2019 – 2022 was developed and implemented following extensive consultation and discussion with head teachers. Significant progress had been made in progressing the original action plan but there was much more to do.

The importance of good emotional mental health and wellbeing had never been greater and required an ongoing focus. Therefore, the proposed Social Emotional Mental Health and Well-being Strategy 2024-2026, as presented to the Committee at Appendix C of the Cabinet report, was a continuation of the strategic direction set in 2019 and brought together all of the aims, objectives, information, and progress to date as well as strategic actions being taken across the Learning and Skills Directorate and Vale of Glamorgan schools. The Strategy aligned with the vision of the Council’s Corporate Plan and would support the mental health and well-being of children and young people in the Vale and all those who worked with them.

In conclusion, the Officer apprised the Committee on the seven key strategic priorities to operationalise the Social, Emotional, Mental Health and Wellbeing Strategy for the Vale of Glamorgan Council as follows:

- 1) Support schools to create inclusive, supportive, trusting and mutually respectful educational settings in which pupils and staff can thrive.
- 2) Work in partnership with the local authority human resources team, the Central South Consortium and voluntary sector to enhance staff wellbeing.
- 3) Support schools to meet the needs of all its learners and their families by ensuring that partnership working is well developed and effective.

- 4) Work with a range of partners to mitigate the impact of economic hardship on children and young people and their families in order to support good physical and mental health.
- 5) Work with partners to ensure that children and young people are supported in living a healthy lifestyle that enhances their physical and mental wellbeing.
- 6) In partnership with the CSC and other key partners support educational settings to deliver a transformative health and wellbeing curriculum.
- 7) Develop and commission high quality services and provision to support learners and their families, developing more specialist provision for those with complex, social emotional and mental health difficulties.

Following the Officer's presentation of the reference, the following comments and questions were raised by the Committee, and subsequently answered by the Officer as follows:

Member Comment	Officer Response
Councillor Marshallsea – In referring to priority 1 of the Strategy, “develop universal school approach to wellbeing and mentally healthy schools,” there were good descriptions of transitions from Nursery into Reception however, was it possible to include descriptions of transition from Primary to Secondary level also?	The Primary to Secondary transition was an integral part of the Strategy and therefore officers would endeavour to ensure that the point was made clearer within the Strategy document.
Councillor Goodjohn – In relation to school based counselling, how often did young people have access to the service and what was the average waiting time for a young person to access the service?	The School Counselling Service produced a report on an annual basis in relation to the information requested by the Member, however the information was not readily available to the officer at the meeting. Therefore, the officer would ensure that the information was forwarded to Committee Members after the meeting.
Councillor Lynch-Wilson – It was pleasing to see that the Strategy was not a quick fix and was structured around a long term goal as well as a comprehensive approach.	Officers were grateful for Members' support and endorsement of the Strategy.
Councillor Penn – It was encouraging to see that 87% of Vale of Glamorgan schools had now completed a self-evaluation process but this was particularly interesting in comparison to the fact that only 39% of schools across Wales had completed the self-evaluation process. Was this simply a case of the Vale of Glamorgan being very pro-active or were there other reasons for this disparity?	Since the report before Committee was written, the percentage of Vale of Glamorgan schools involved in improvement planning had now increased to over 90%. There was a very good reason why practice was at the levels that it was in the Vale of Glamorgan compared to the rest of Wales and this was because of the maintained relationship between Scrutiny Members and Local Authority

<p>As a secondary point, in referring to section 2.2 of the revised Strategy, in relation to principles underpinning the whole school approach, a reference was made under the sub-heading Partnership Working in relation to the school “operating as a hub and centre of community life, working together in a timely fashion to provide appropriate interventions.” This echoed the approach already taken at Cadoxton Primary School in Barry and it would be timely to invite Cadoxton Primary to present to the Committee to provide evidence of their approaches to enhancing well-being of pupils and their families at their school.</p>	<p>Officers to promote mental health and wellbeing and Members had championed both these factors for a long time. The Council’s initiatives in relation to championing mental health and wellbeing had been well supported by Elected Members which meant that activities had been prioritised since as far back as the original Action Plan in 2019. The Vale of Glamorgan Council also invested very heavily in the Strategy before it became a statutory responsibility for schools which meant that officers had been able to work collaboratively with schools much sooner. The Council also had a very good partnership with the Health Board to support its endeavours around the Strategy which schools had embraced and therefore the numbers for the Vale of Glamorgan were over 90% compared to other Local Authorities which was a stark difference.</p> <p>There was a wealth of information available in relation to activities being undertaken within Vale of Glamorgan schools, with many differing examples depending on the needs of the children and families at each particular school, therefore officers would liaise with the Chair of the Committee to ascertain the most appropriate examples to present to the Committee.</p>
<p>Dr. Price (Co-opted Member) – The Strategy was a very good initiative, however were there enough financial resources available to deliver on the Strategy and ensure that schools were aware of their statutory duties as well as supporting schools in undertaking self-evaluation?</p>	<p>Yes, officers were confident in the ability to deliver on the Strategy, and work in relation to self-evaluations was already underway/completed. Efforts in relation to the Strategy were now progressing away from the need to self-evaluate but rather to maintain subsequent initiatives. There was a monitoring group which was made up of both Local Authorities and multi-disciplinaries, as well as the Health Board, to ensure that there was still support for schools in place and to engage the remaining 10% of schools that still required further support. In terms of making schools aware of what they needed to do, the</p>

	<p>Council had the resources in order to undertake that task but, keeping up with the demand of the ever changing needs of children in Vale of Glamorgan schools would be an ongoing challenge.</p> <p>In response to Dr. Price's supplementary question as to whether financial constraints on schools would have an impact on how effective the Strategy was going to be implemented within schools, the Strategy was a whole school approach and reflected that very few Vale of Glamorgan children would have a need to go on to clinical support. Therefore, the Strategy supported investment in relationships and making sure that optimum learning environments were in place in the first instance. Therefore, the approach was preventative based with efforts to identify risk factors that, when mitigated, should negate the need for more intensive interventions.</p>
<p>Councillor Hodges – It was pleasing to receive a detailed report that demonstrated the advances that had been made to date. It was also pleasing to see that the Strategy was only in relation to up to 2026 which added flexibility. Was it possible and appropriate to have some form of targets built into the Strategy to demonstrate progress against the objectives of the Strategy?</p> <p>It was recommended that the Committee's endorsement and comments on the Strategy be referred to Cabinet.</p>	<p>Delivering on the Strategy was now the responsibility of all the various teams across the Learning and Skills Directorate, through the various team plans, and it was through the team plans that Members would be able to monitor progress made against the Strategy.</p>
<p>Councillor Thomas (Chair) – Officers had mentioned commissioning services, were said services going to be on a Vale of Glamorgan specific basis or were officers going to work with other local Councils to source the services?</p>	<p>Vale of Glamorgan officers were working with the Cardiff and Vale Health Board which had a footprint across several Local Authorities which would have benefits when commissioning some services. There had however been other initiatives that the Vale of Glamorgan Council had commissioned independently and therefore independent providers had been invited</p>

	to work directly with the Council.
<p>Miss. Clemett (Co-opted Member) – On the topic of school based counselling, the Vale of Glamorgan Youth Council had also considered the matter, which demonstrated that the average waiting times were around six weeks but young people could be waiting even longer. Many young people on the Youth Council, including Miss. Clemett, felt that the services offered by organisations such as Barnardos were quite inadequate and Barnardos had been invited to address the Youth Council as a result. Since counselling services were so important to delivering the Strategy, putting additional pressure on providers of school based counselling was appropriate to highlight concerns in relation to improving services and to ensure the service met young people’s concerns.</p>	<p>The comment echoed the question as raised earlier in the meeting by Councillor Goodjohn and further information would be researched to provide to the Committee after the meeting.</p>
<p>Councillor Marshallsea – In their previous teaching experience, Councillor Marshallsea had witnessed first hand the positive ways in which working with nature could have on children’s mental health via the ‘Forest School’ initiative. High Street School in Barry were making phenomenal efforts by using nature to enhance their learning and pupil wellbeing. Therefore, was the Forest School initiative being incorporated into the Strategy?</p>	<p>The Forest School initiative was captured in the curriculum development with Central South Consortium and was therefore included within the Strategy.</p>
<p>Councillor Ewan Goodjohn – With the Committee’s permission, Councillor Goodjohn queried if there had been any consideration given to the National Institute of Health and Care Excellence Guidelines from 2022 in relation to self-harm within the Strategy?</p> <p>Also in relation to the topic of self-harm, it was a women’s and girls’ equality issue as a study had shown that self-harm affected women and girls more than boys and men and especially in the teenage years. Were efforts being</p>	<p>Consideration of self-harm was not only in the Strategy but also the Council had a monitoring board which consisted of Local Authority officers and Health Board officers who considered information on a regular and frequent basis.</p> <p>Officers would need to consult with both Health and School colleagues in relation to trends for women and girls to see if any self-harm trends were evident. However, it was often problematic to receive accurate feedback in relation to self-harm due to the often-secretive</p>

<p>made to minimise the impact on women and girls as much as possible in the mental health crisis that the Council was currently facing?</p>	<p>nature of the act. The Council therefore welcomed feedback from young people on the matter of self-harm to help the Council to work out the best approach to talk to young people about an incredibly important issue.</p>
<p>Ms. Barrowclough (Co-opted Member) – If a child was identified as experiencing difficulties due to social, emotional or mental health issues, would the child be classified as having Additional Learning Needs or would they be classified under a different group?</p> <p>As a supplementary question, if the child were considered under the Additional Learning Needs category, would funding for the pupil come from the Additional Learning Needs budget as current applied, or would that be funded from a separate budgetary area?</p>	<p>Every pupil would be unique and therefore they would have a unique set of needs. A child who had been identified as having social, emotional and / or mental health needs may or may not also have Additional Learning Needs, and therefore the categories of needs did not always automatically follow one another. Additional Learning Needs were defined according to the Code. The law that the Vale of Glamorgan Council had was that if a pupil failed to show educational progress or significant learning needs, it was important to assess whether the social, emotional and/or mental health needs were affecting the pupil's ability to learn. Therefore, no automatic assumptions would be made for any pupil.</p> <p>In terms of funding, there was a high level of delegation out to schools so it was expected that if a pupil had Additional Learning Needs, the pupil's social, emotional and mental health needs would also be addressed from within the delegated funds to the school.</p>
<p>Councillor Goodjohn – Would data in relation to self-harm originate from the school based counselling service as well as from Health Board Partners?</p>	<p>It was possible that information on individual cases in relation to self-harm could be raised following use of the school based counselling service but, due to the secretive nature of self-harm, it all depended on whether the young person had chosen to share the matter with school based counsellors. Individuals who had self-harmed did not necessarily seek counselling support automatically but, those that did, would be signposted to the appropriate support. The Council needed to find ways of being able to get a better understanding of what was impacting on young people and, more importantly,</p>

	what young people needed in order to seek support.
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With no further comments or questions raised, the Committee subsequently

RECOMMENDED –

- (1) T H A T both the Cabinet reference and appended covering report be endorsed.

- (2) T H A T the comments of the Scrutiny Committee in relation to the Learning and Skills Directorate Social, Emotional, Mental Health (SEMH) and Well-being Strategy 2024- 2026, as set out within the meeting minutes, be referred to Cabinet for consideration.

Reason for recommendations

(1&2) Having regard to the contents of both the reference and appended covering report to ratify the Learning and Skills Directorate Social, Emotional, Mental Health (SEMH) and Well-being Strategy 2024- 2026.”