

THE VALE OF GLAMORGAN COUNCIL

LEARNING AND CULTURE SCRUTINY COMMITTEE: 11TH APRIL, 2024

REFERENCE FROM CABINET: 7TH MARCH, 2024

“C271 PROPOSED SOCIAL, EMOTIONAL, MENTAL HEALTH AND WELL-BEING STRATEGY 2024-2026 (EAWL) (SCRUTINY – LEARNING AND CULTURE) –

The Cabinet Member presented the report, the purpose of which was to ratify the Learning and Skills Directorate’s Social, Emotional, Mental Health (SEMH) and Well-being Strategy 2024- 2027 and refer the report to the Learning and Culture Scrutiny Committee for consideration.

The Background section of the report contained a long list as to why the Strategy was so important, looking at adverse child experiences, school refusers, children suffering with anxiety or having unfavourable home environments, as well as children who may have difficulties arising from birth, accident, or congenital problems. It was vital to address such problems as early as possible so as not to prepare children for failure, possible entry to the criminal justice system and not having the tools to reach their potential. Schools also found it difficult to attract and retain teachers partly due to the difficulties that some teachers faced in the classroom where children were not adequately catered for and had a wider effect on other children and young people within the education system.

The Leader looked forward to the discussion that would take place at Learning and Culture Scrutiny Committee.

This was a matter for Executive decision.

Cabinet, having considered the report and all the issues and implications contained therein

RESOLVED –

- (1) T H A T the proposed Learning and Skills Social Emotional and Mental Health Strategy be ratified.
- (2) T H A T the report and the appendices be referred to the Learning and Culture Scrutiny Committee for consideration. Should Scrutiny Committee make no further comments then Cabinet would consider the Proposed Social, Emotional, Mental Health and Well-being Strategy 2024-2026 as agreed.

Reasons for decisions

- (1) That the Learning and Skills Directorate had a strategic document which informed their work with schools and wider partners to support the mental health and well-being of pupils and school staff.
- (2) To ensure that Members of the Learning and Culture Scrutiny Committee have an opportunity to consider the Proposed Social, Emotional, Mental Health and Well-being Strategy 2024-2026.”

Attached as Appendix – Report to Cabinet: 7th March, 2024

Meeting of:	Cabinet
Date of Meeting:	Thursday, 07 March 2024
Relevant Scrutiny Committee:	Learning and Culture
Report Title:	Proposed Social, Emotional, Mental Health and Well-being Strategy 2024-2026 (Learning and Skills)
Purpose of Report:	To ratify the Learning and Skills Directorate Social, Emotional, Mental Health (SEMH) and Well-being Strategy 2024- 2027
Report Owner:	Cabinet Member for Education, Arts and the Welsh Language
Responsible Officer:	Paula Ham, Director of Learning and Skills
Elected Member and Officer Consultation:	Head of ALN and Wellbeing Lead Officer for Social Inclusion and Wellbeing
Policy Framework:	This is a matter for Executive decision by Cabinet
<p>Executive Summary:</p> <ul style="list-style-type: none"> • In 2019 it became 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. • Research into Developmental Trauma, Adverse Childhood Experiences (ACEs), Attachment and the neuroscience of mental health and ill health provided strong evidence that there was an urgent need to work differently with children and young people. • Following extensive consultation and discussion with head teachers the Social Emotional and Mental Health Action Plan 2019 – 2022 was developed and implemented. • Significant progress has been made in progressing this action plan but there is much more to do. The challenge identified in 2019 has been exacerbated by the impact of the pandemic and by ongoing adverse community (cost of living) and environmental (climate) events. • The importance of good emotional mental health and wellbeing has never been greater and requires an ongoing focus. • The proposed Social Emotional Mental Health and Well-being Strategy 2024-2026 is a continuation of the strategic direction set in 2019 and brings together all of the aims, objectives and strategic actions being taken across the Learning and Skills Directorate and schools. • The strategy aligns with the vision of the Council’s Corporate Plan and will support the mental health and well-being of children and young people in the Vale and all those who work with them. 	

Recommendations

- 1.** That Cabinet ratifies the proposed Learning and Skills Social Emotional and Mental Health Strategy.
- 2.** That Cabinet refers this report and the appendices to the Learning & Culture Scrutiny Committee for consideration. Should Scrutiny Committee make no further comments then Cabinet would consider the Proposed Social, Emotional, Mental Health and Well-being Strategy 2024-2026 as agreed.

Reasons for Recommendations

- 1.** That the Learning and Skills Directorate have a strategic document which informs their work with schools and wider partners to support the mental health and well-being of pupils and school staff.
- 2.** To ensure that Members of the Learning & Culture Scrutiny Committee have an opportunity to consider the Proposed Social, Emotional, Mental Health and Well-being Strategy 2024-2026.

1. Background

- 1.1** In 2019 following extensive consultation and discussion with school leaders, it became evident that the key emerging challenge for schools was the increasing number of children and young people who were displaying very complex social, emotional and mental health difficulties.
- 1.2** These difficulties were having a significant impact on their ability to learn and to interact positively with adults and peers. As a consequence, there were an increasing number of children and young people who were difficult to include in mainstream settings.
- 1.3** This was resulting in increasing levels of exclusion, increasing requests for specialist services and specialist placements, increasing numbers of children and young people being educated other than at school (EOTAS), more pupils accessing out of school provision (OOST), and higher number of parents opting to educate their children at home (EHE).
- 1.4** It was also evident that children were displaying these difficulties at a much younger age which is placing increased pressure on early years and primary school settings.
- 1.5** At the time a developing range of evidence from different sources such as the Welsh Adverse Childhood Experiences (ACEs) study and new research into the psychology and neuroscience of attachment and of mental health and ill-health, indicated that it was imperative that the influence of pupils' personal experiences on their learning and achievement was recognised and that

behaviours needed to be understood as adaptive and as a form of communication.

- 1.6** Studies on Adverse Childhood Experiences clearly identified a growing group of children and young people who had or who were experiencing significant adversity in their home lives. These experiences are traumatic for the child or young person and are the leading determinant of the most common forms of physical illness, mental illnesses and early death. They can have a pervasive effect on brain development, particularly in the absence of at least one secure, emotionally available adult at home.
- 1.7** Prevalence of insecure attachments is high and a significant factor behind many of the internalised (mental health) and externalised (relational/behavioural) difficulties we observe at school. Children whose early experience is in a household with a number of identified ACEs have a much higher chance of developing attachment difficulties, but insecure attachments may occur within non-vulnerable children as well.
- 1.8** Developmental Trauma (DT) is increasingly being used as a way of conceptualising and describing the emotional distress and altered brain development experienced by individuals exposed to early and chronic trauma, amplified in the absence of a consistent emotionally available adult. It is not a formal diagnostic category, but the Developmental Trauma lens is helpful for children with a range of regulatory, social function, emotional, behavioural and cognitive difficulties who do not meet criteria for any medical diagnosis that would better explain their difficulties. DT and insecure attachments also put pupils at significant risk of developing mental health difficulties.
- 1.9** Research showed that 'protective factors,' namely interventions by emotionally available adults, before the age of 18, could interrupt the trajectory from childhood adversity to challenging behaviours, learning difficulties, long term mental, physical and societal ill-health. Children could recover and develop resilience through building and strengthening new connections in the brain.
- 1.10** It was clear that research indicated an urgent need for all our schools to work within an evidence based, psychologically informed framework that incorporated an understanding of Developmental Trauma, ACEs, Attachment and the neuroscience of mental health and ill health.
- 1.11** The research was shared with senior leaders of schools at a head teacher conference and following extensive consultation and discussion the Social Emotional and Mental Health Action Plan 2019 -2022 was established (Appendix A).
- 1.12** The review of the 2019 Action Plan (Appendix B) demonstrates that significant progress has been made in progressing this action plan, but there is also a recognition that there is much more to do.
- 1.13** The challenges identified in 2019 have been exacerbated by the impact of the pandemic and by ongoing adverse community (cost of living) and environmental (climate) events.

- 1.14** These are continuing to impact on the mental health and well-being of the whole of society. A new challenge for schools is the increasing number of children and young people struggling to settle back into learning and routines at school.
- 1.15** All our schools now have more anxious children, more learners with low mood and more difficulties communicated through complex behaviours. Alongside this, more adults, both parents/carers at home and staff in education, are experiencing emotional wellbeing and mental health difficulties.
- 1.16** More children are being looked after by the Local Authority.
- 1.17** Recruitment and retention of school staff is a concern.
- 1.18** These factors pose a risk in terms of less resilient systems and teams around the most vulnerable pupils and also less consistency, structure and predictability for all our children and young people at this time when they needed it most.
- 1.19** However, these events have created an even stronger shared understanding of the importance of prioritising SEMH and well-being needs in schools.
- 1.20** We also now have Welsh Government statutory guidance, a framework on embedding a whole-school approach to emotional and mental well-being, more services aiming to work together in a NEST/NYTH framework around our children and young people and an entire workforce with lived experience of a traumatic event.
- 1.21** The events of the last 3 years have also helped highlight and evidence the impact of systematic inequalities. It is helpful that they are now widely acknowledged to be root causes of much mental distress and therefore demand a societal and local response to mitigate the detrimental impact of poverty on our children and young people.

2. Key Issues for Consideration

- 2.1** The proposed Social Emotional Mental Health and Well-being Strategy 2024-2026 (Appendix C) represents the continuation of the strategic direction set in 2019, aiming to build on the progress made to date while adapting to the changing social landscape.
- 2.2** The importance of good emotional mental health and wellbeing has never been greater, this strategy has been developed to bring together all of the aims, objectives and strategic actions being taken across the Directorate and schools to improve the outcomes for all pupils and the adults who work with them.
- 2.3** The key document driving this strategy is the Welsh Government's framework for embedding the Whole School Approach to mental health and wellbeing. This is statutory guidance which Local Authorities and governing bodies must have regard to when promoting the welfare of learners including their mental and emotional well-being needs.
- 2.4** In the Vale of Glamorgan, we are wholly committed to embedding this framework in our schools and have worked closely with schools to support implementation. As a result, excellent progress has been made. As of January

2024, 86.8% of schools in the Vale had completed a self-evaluation process and developed an action plan as a result, compared to an All-Wales figure of 38.1%.

- 2.5** This strategy also recognises the importance of effective partnership working, a key tenet of the Whole School Approach is that schools cannot meet the mental health and well-being needs of all pupils without support from partners. The strategy will seek to promote the continued development of effective partnerships with health and wider partners in order to support schools more effectively.
- 2.6** It has become evident that supporting the wellbeing of adults working with children and young people is essential. There is evidence of significant pressures on school staff which are impacting on mental health and well-being manifesting itself in difficulties with the recruitment and retention of staff.
- 2.7** Poor mental and well-being amongst the workforce also poses a risk in terms of less resilient systems and teams around the most vulnerable pupils. This can lead to less consistency, structure and predictability for all our children and young people at this time when they needed it most.
- 2.8** The strategy also recognised the key links between economic well-being and mental wellbeing, with the whole of Wales, like many other countries facing a cost of living crises there is a need to address the impact of poverty on our communities and the impact this has on children and young people.
- 2.9** Physical well-being is also inextricably linked to mental health and well-being and this strategy emphasises the need to support healthy eating and physical activity.
- 2.10** The curriculum for Wales has at its heart a commitment to improve health and wellbeing in schools. The Health and Wellbeing Area for Learning and Experience (AoLE) is focused on physical health and development, mental health and emotional and social wellbeing.
- 2.11** The Relationships and Sexuality Education (RSE) curriculum is also a key aspect of curriculum reform. The RSE curriculum will be delivered in a manner which is developmentally appropriate and seeks to ensure the development of positive relationships and an understanding of healthy sexual behaviours. The strategy will continue to emphasise the need to support schools with curriculum development.
- 2.12** The strategy aligns closely to the Council's Corporate Plan and the four key outcomes:
- An active healthy Vale
 - An environmentally responsible and prosperous Vale
 - An aspirational and culturally vibrant Vale
 - An inclusive and safe Vale
- 2.13** The strategy identifies 7 Strategic Priorities:

Priority 1

- Support schools to create inclusive, supportive, trusting and mutually respectful educational settings in which pupils and staff can thrive.

Priority 2

- Work in partnership with the Local Authority human resources team, the Central South Consortium and voluntary sector to enhance staff wellbeing.

Priority 3

- Support schools to meet the needs of all its learners and their families by ensuring that partnership working is well developed and effective.

Priority 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.

Priority 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.

Priority 6

- In partnership with the Central South Consortium (CSC) and other key partners support educational settings to deliver a transformative health and wellbeing curriculum.

Priority 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.

2.14 These priorities will be reflected in actions identified in team plans across the Directorate of Learning and Skills and will also reflect the work of many other teams across the Local Authority and the work of schools.

2.15 It is recognised that meeting the mental health and well-being needs of pupils, parents and school staff is “everyone’s business” and this requires a cross-Directorate approach which permeates the work of all teams.

2.16 In order to monitor the impact of the Strategy a range of quantitative and qualitative measures will be used and monitored through team plans and Annual Delivery Plan monitoring on a quarterly basis.

3. How do proposals evidence the Five Ways of Working and contribute to our Well-being Objectives?

The Well-being of Future Generations (Wales) Act 2015

- 3.1** The Well-being of Future Generations Act 2015 (“the 2015 Act”) requires the Council to think about the long-term impact of their decisions, to work better with people, communities, and each other and to prevent persistent problems such as poverty, health inequalities and climate change.
- 3.2** The Council has committed as part of the Corporate Plan 2020-2025 to achieving a vision of ‘Working Together for a Brighter Future’. This plan is reflective of the Welsh Government’s Well-being of Future Generations Act and is comprised of four Well-being objectives to deliver this vision:
- Objective 1 - To work with and for our communities
 - Objective 2 - To support learning, employment, and sustainable economic growth
 - Objective 3 - To support people at home and in their community
 - Objective 4 - To respect, enhance and enjoy our environment
- 3.3** To make sure we are all working towards the same purpose, the 2015 Act puts in place seven well-being goals on the Council. The 2015 Act makes it clear the listed public bodies must work to achieve all the goals, not just one or two, these being:
- A prosperous Wales
 - A resilient Wales
 - A healthier Wales
 - A more equal Wales
 - A Wales of cohesive communities
 - A Wales of vibrant culture and Welsh language
 - A globally responsible Wales
- 3.4** These proposals contribute to achieving the wellbeing goals by:
- Supporting schools to create inclusive, supportive, trusting and mutually respectful educational settings in which pupils and staff can thrive.
 - Working in partnership with the Local Authority human resources team, the Central South Consortium and voluntary sector to enhance staff wellbeing.
 - Supporting schools to meet the needs of all its learners and their families by ensuring that partnership working is well developed and effective.
 - Working 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.
 - Working with partners to ensure that children and young people are supported in living a healthy lifestyle that enhances their physical and mental wellbeing.

- In partnership with the CSC and other key partners support educational settings to deliver a transformative health and wellbeing curriculum.
- Developing and commissioning 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.
- Supporting schools to meet the social, emotional and mental health needs of all children and young people appropriately.
- Creating more inclusive schools that reflect the needs of all members of society.
- Ensuring that all children and young people are treated equally.

3.5 The 2015 Act imposes a duty on all public bodies in Wales to carry out “sustainable development”, defined as being, “The process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.” The action that a public body takes in carrying out sustainable development includes setting and publishing well-being objectives and taking all reasonable steps in exercising its functions to meet those objectives.

3.6 The 2015 Act sets out five ways of working needed for the Council to achieve the seven well-being goals, these being:

- The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs.
- Considering how the Council’s objectives impact upon each of the wellbeing goals listed above.
- The importance of involving people with an interest in achieving the well-being goals and ensuring that those people reflect the diversity of the area which the Council services.
- Acting in collaboration with other persons and organisations that could help the Council meet its wellbeing objectives.
- Acting to prevent problems occurring or getting worse.

3.7 These proposals meet the five ways of working by:

- Developing a culture in schools which respects the needs of all groups.
- Encouraging greater understanding and empathy of towards vulnerable groups.
- Ensuring the voices of young people are heard in the school setting.
- Encouraging effective partnership working to meet increasing needs.

4. Climate Change and Nature Implications

- 4.1 There are no direct Climate Change and Nature Implications associated with this report.

5. Resources and Legal Considerations

Financial

- 5.1 Welsh Government grant funding was used effectively to support the implementation of the 2019 Action Plan. The future of this grant funding is uncertain, and any reduction of funding would impact on the ability of the Directorate to implement the new Strategy.

Employment

- 5.2 There are no employment implications as a result of this report.

Legal (Including Equalities)

- 5.3 There are no legal implications as a result of this report.

6. Background Papers

- Welsh Government's Whole School Approach Strategy:
[Welsh Government's Whole School Approach Strategy](#)
- Mind over matter A report on the step change needed in emotional and mental health support for children and young people in Wales April 2018:
<https://www.assembly.wales/laid%20documents/cr-ld11522/cr-ld11522-e.pdf>
- The Government's Green Paper on mental health: failing a generation, HC642, 9th May 2018:
<https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/642/64202.htm>
- Together for Children and Young People Framework for Action:
<http://www.wales.nhs.uk/documents/Framework%20For%20Action.pdf>
- Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales:
<https://gweddill.gov.wales/topics/health/nhswales/mental-health-services/policy/strategy/?lang=en>
- Staff mental ill health: TES Feb 2017 poll on teacher wellbeing:
<https://www.tes.com/news/nearly-half-teachers-struggling-mental-health-suggests-survey>

- The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis, The Lancet 2017:
[https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667\(17\)30118-4.pdf](https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(17)30118-4.pdf)
- Results from the first Welsh Adverse Childhood Experiences (ACES) study, 2016, confirm that within our local population ACES are a leading determinant of the most common forms of physical illness, mental illness and early death. ACE Reports 1/2/3
<http://www.wales.nhs.uk/sitesplus/888/page/88504ACE>
- The neuroscience of attachment - key messages Professor Jeremy Holmes:
<https://vimeo.com/88343229>

Vale of Glamorgan Social, Emotional and Mental Health Action Plan 2019-2022

The key emerging challenge for schools is the increasing number of children and young people who are displaying very complex social, emotional and mental health difficulties. (Appendix 1) These difficulties are having a significant impact on their ability to learn and to interact positively with adults and peers. As a consequence, there are an increasing number of children and young people who are difficult to include in mainstream settings. This is resulting in increasing levels of exclusion, increasing requests for specialist services and specialist placements, increasing numbers of children and young people being educated other than at school (EOTAS), more pupils accessing out of school provision (OOST), and higher number of parents opting to educate their children at home (EHE).

It is also evident that children are displaying these difficulties at a much younger age which is placing increased pressure on early years and primary school settings. As a consequence, the LA has seen a rise in exclusions in primary schools. On closer analysis, it is evident that these increases often result from multiple exclusions of the same small number of pupils. This would suggest that current approaches to meeting the needs of these vulnerable learners in schools, and current support available to their schools, are unable to impact positively on those children and young people with the most complex difficulties.

All children and young people with Additional Learning Needs (ALN) require a graduated response which seeks to support the young person to enable them to thrive despite their difficulties. However, unlike other areas of ALN where the overriding ethos is one of acceptance, care and support, this ethos can be more difficult to maintain where the ALN relates to social, emotional and mental health difficulties, particularly if this leads to challenging behaviours that impact on the wellbeing of other pupils and school staff. In these circumstances a punitive response has been used by many schools, based on the assumption that the behaviours are being chosen voluntarily by the pupil and that punishment will lead them to choose to behave differently.

In light of the Welsh Adverse Childhood Experiences (ACEs) study (Appendix 2) new research into the psychology and neuroscience of attachment (Appendix 3) and of mental health and ill-health (Appendix 4), it's now imperative that we recognise the influence of pupils' personal experiences on their learning and achievement, understand behaviours as adaptive and as a form of communication and change our approach to meeting their needs.

Studies on Adverse Childhood Experiences clearly identify a growing group of children and young people who have or are experiencing significant adversity in their home lives. These experiences are traumatic for the child or young person and are the leading determinant of the most common forms of physical illness, mental illnesses and early death. They can have a pervasive effect on brain development, particularly in the absence of at least one secure, emotionally available adult at home.

Children learn to feel secure by having their needs met by their caregivers repeatedly throughout their day and every day. When caregivers are regularly and persistently unable to attend and attune to their children and provide a safe and stimulating environment, children experience toxic stress. The developing

brain suffers and children develop adaptive responses to getting their needs met and relate to others in an anxious, avoidant, angry/ambivalent or disorganised way. These adaptive, behavioural responses are described as attachment difficulties and persist even in the absence of threats in the school environment as the child's brain has been wired for survival rather than learning

Prevalence of insecure attachments is high and a significant factor behind many of the internalised (mental health) and externalised (relational/behavioural) difficulties we observe at school. Children whose early experience is in a household with a number of identified ACES have a much higher chance of developing attachment difficulties but insecure attachments may occur within non-vulnerable children as well.

Developmental Trauma (DT) is increasingly being used as a way of conceptualising and describing the emotional distress and altered brain development experienced by individuals exposed to early and chronic trauma, amplified in the absence of a consistent emotionally available adult. It is not a formal diagnostic category but the Developmental Trauma lens is helpful for children with a range of regulatory, social function, emotional, behavioural and cognitive difficulties who do not meet criteria for any medical diagnosis that would better explain their difficulties. DT and insecure attachments also put pupils at significant risk of developing mental health difficulties.

Research shows that 'protective factors,' namely interventions by emotionally-available adults, before the age of 18, can interrupt the trajectory from childhood adversity to challenging behaviours, learning difficulties, long term mental, physical and societal ill-health. Children can recover and develop resilience through building and strengthening new connections in the brain, we can help this happen at school. There is an urgent need for all our schools to work within an evidence based, psychologically informed framework that incorporates an understanding of Developmental Trauma, ACES, Attachment and the neuroscience of mental health and ill health (Appendix 5).

Priority 1: Develop a universal school approach to wellbeing and mentally healthy schools

Reason: To improve the wellbeing and engagement of all pupils and staff

Lead responsibility: David Davies

Link professionals: Chris Britten, Ysgol y Deri, Emma Carver, Ysgol y Deri, Caroline Newman, Gladstone Primary School,

Action	Who?	Budget/ Resources & source (EIG/PDG/main/grant)	Timescale	Expected change/impact	Potential Evidence source	RAG Status
<p>Activity 1 Support schools to develop a wellbeing curriculum based on developing resilience and positive mental health. Fully utilise Wellbeing element of new curriculum in Wales</p>	CSC and Cluster development groups	WG curriculum development funding	Sep 2019 - Sep 2022	<p>Pupils understand: Key elements of mental health and ill health, resilience and effective relational interventions In order to: Make informed decisions about how to treat their bodies, minds, relationships and providing them with wealth of healthy options. Have positive relationships and manage conflict well. Key parenting tools for psychologically-healthy relating to children in order to prevent inter-generational transfer of misery, abuse, neglect and other ACEs.</p>	Health and wellbeing AoLE implementation plans Annual wellbeing data Schools' SIP and SER	
<p>Activity 2 Identify a training programme for school leaders. July 2019 All school leaders complete 2-day Trauma and Mental Health Informed</p>	Headteacher Steering Group	Centrally funded	Sep 2019 - July 2020	<p>Senior leaders commit to developing a new approach to behaviour and mentally healthy school cultures.</p>	TIS course evaluations Relationship policies	

<p>(TMH-I) Senior Leaders Training in 3 cohorts: October 2019/ November 2019/ January 2020</p>	<p>Emma Carver</p>			<p>Understand the key models that underpin the TIS approach in order to embed key principles and skill sets within their settings and fully support and engage school staff.</p>		
<p>Activity 3 Deliver a training programme for all education staff. All secondary schools identify a half day or twilight INSET for all staff to attend Whole Staff TIS training. Sep 2019 – Sep 2021 Primary school clusters identify shared half day or twilight INSET for all staff to attend Whole Staff TIS training. Sep 2019 – Sep 2021</p>	<p>VoG headteachers Emma Carver</p>	<p>Centrally funded</p>	<p>Sep 2019 - Sep 2022</p>	<p>All staff aware of the neuroscience and psychology of child and adolescent health and ill health and what Trauma and Mental Health-Informed schools do. All staff adjust their expectations and relationships around vulnerable children to correspond with their developmental capabilities and experience of traumatic stress and mental ill health.</p>	<p>TIS evaluations Staff questionnaire</p>	
<p>Activity 4 Develop a network of wellbeing leads in all schools, trained in Trauma and Mental Health-informed practice. All schools to identify a wellbeing lead who is trained to respond effectively to vulnerable children, including those who have experienced developmental trauma or have mental health difficulties: 10-day TIS Practitioner Diploma courses, venue YYD:</p>	<p>VoG headteachers Emma Carver</p>	<p>PDG</p>	<p>Sep 2019 - Sep 2022</p>	<p>All schools use Motional assessments, develop and implement PRRR interventions for more complex pupils and identify pupils with most severe need for outreach support. Senior Leaders support wellbeing leads and recognise vulnerability to secondary</p>	<p>TIS evaluations Motional assessments and data Reviewed PRRR intervention plans Clinical supervision bookings</p>	

Sep 2019 – Jan 2020 Feb 2020 – July 2020 March 2020 – Sep 2020 Sep 2020 – Jan 2021				trauma. Organise termly clinical supervision for leads from outside own setting		
Activity 4 Key texts and resources to expand staff learning identified and shared with all schools:	Engagement Service Emma Carver	School	September 19 - September 2021	Improved understanding of behaviour as communication in schools Reduction in exclusions	Attendance data Exclusion data	
Activity 5 Work with schools to become relationship based, Trauma and Mental Health-informed (TMH-I) settings having achieved Trauma Informed Schools (TIS UK) accreditation.	Engagement Service Caroline Newman Emma Carver	PDG/LAC	September 19 - September 2021	Staff and pupils experience improved wellbeing at school Relationship policies in place Behaviour policies and practices adapted to be trauma informed with move away from traditional behaviourist approaches. Improved attendance Reduced number of exclusions	TMH-I Schools implementation Check List / accreditation. Attendance data exclusion data Annual wellbeing data Pupil questionnaire Staff questionnaire Schools' SIP and SER	
Activity 6 Develop links with pre-school providers to improve early identification of need and support transition arrangements from early years providers to schools.	Flying start	TBC	September 19 - September 2021	Early intervention and support for parents resulting in better regulated children coming into nursery and reception	Reduced demand on high level interventions	
Activity 7 Support schools to utilise SELFIE data to identify vulnerable pupils and systemic areas of strength and those requiring further development	EPS and Selfie Officer	Centrally funded Welsh Government Grant Funding	Dec19 Sep 2021	Identification of individual pupils in need of support. Improved whole school systems for improving wellbeing and mental health.	Survey data reporting improved pupil wellbeing	

Priority 2: Ensure quality and sufficiency of provision for children and young people experiencing social emotional and mental health difficulties

Reason: To address the mismatch between the needs of these pupils and what schools currently offer, changing the trajectory of vulnerable children's lives

Lead responsibility: David Davies

Link professionals: Chris Britten, Emma Carver, Ysgol y Deri, Gill Toon EPS, Caroline Newman, Jenny Hunt, Jenny Burns,

Action	Who?	Budget/ Resources & source (EIG/PDG/main/grant)	Timescale	Expected change/impact	Evidence source	RAG Status
<p>Activity 1</p> <p>Further develop outreach services to provide specialist advice, support and training for pupils communicating via challenging engagement or non-engagement at Nursery or Primary School.</p> <p>Merger of existing Autism and Pre-diagnosis Outreach Service with specialist teacher and LSAs from BIT team September 2019. YYD autism and TMH-I trained specialist teacher from Gladstone SRB redeployed. 4 Resilience Workers based with the team for 18 months. This service will be known as Engagement Outreach Service</p>	<p>Emma Carver Chris Britten Jenny Hunt/ Jenny Burns</p>	<p>Existing</p>	<p>From Sep 2019</p>	<p>Outreach available for schools supporting pupils struggling across numerous different domains of functioning, including those who do not meet criteria for any particular diagnostic category. This will include those impacted by Developmental Trauma and experiencing mental health difficulties.</p> <p>Reduced exclusions Reduced requests for specialist placements Improved Wellbeing of vulnerable pupils</p>	<p>Annual Outreach survey Outreach register Pupil wellbeing data Exclusion data Requests for specialist placements and statutory assessment</p>	

<p>Activity 1a TMH-I Practitioner Diploma training for all outreach staff in 2 cohorts Autism immersion training for existing BIT staff</p>	Emma Carver	Existing	Sep2019- Jan 2020 Feb 2020 – July 2020 Tba Sep 2020	Capacity and effectiveness of the team will improve when all Outreach staff have trained and qualified as TMH-I practitioners.	Exclusion data Service surveys Service data	
<p>Activity 1b Existing BIT LSAs to withdraw from direct 1:1 support in mainstream schools and provide action modelling, support and interventions through the Engagement Outreach Service</p>	Outreach Service	Existing	From Jan 2020	Workforce developed in line with priority 1	Exclusion data Service surveys Service data	
<p>Activity 2 Develop therapeutic capacity via therapy availability, specialist workshops and INSET training for mainstream schools</p>	YYD	Panel funding and Engagement Outreach Service existing resource YYD Welsh Government grant funding	From Jan 2020	All schools build knowledge and skills universally Specialist provision available where need identified	Exclusion data Service surveys Service data	
<p>Activity 3 Increase access to specialist assessments and interventions for pupils in all school settings to support the continued inclusion of the most complex pupils in their home schools. A core team of 2 complex needs specialists will work full time, linked to the Engagement Outreach service, all other staff will work across YYD and mainstream schools. Make specialist assessments and deliver a range of therapies and interventions</p>	Engagement Outreach Service YYD	Panel funding Welsh Government grant Funding	From Jan 2020	Reduced exclusions Reduced requests for SRB placements Improved pupil wellbeing Improved pupil attainment	Exclusion data Service surveys Service data	

<p>within pupils' home schools. Referrals will be made through the Engagement Outreach Service. These may include: Sensory attachment interventions Psychotherapy or Specialist counselling DDP Music/Play/Pet therapy Yoga/Mindfulness Launchpad interventions Functional Behavioural Analysis</p>						
<p>Activity 4 Develop additional trauma and mental health specialist settings. Ensure existing provisions for pupils experiencing social emotional and mental health difficulties are TMH-informed.</p>	<p>David Davies Chris Britten Caroline Newman High ST Y Daith</p>	<p>Existing</p>	<p>From Jan 2020</p>	<p>A continuum of support for mainstream schools developed</p>	<p>Exclusion data Service surveys Service data</p>	

Appendix

1. Pupil mental ill health:

Mind over matter A report on the step change needed in emotional and mental health support for children and young people in Wales April 2018

<https://www.assembly.wales/laid%20documents/cr-ld11522/cr-ld11522-e.pdf>

The Government's Green Paper on mental health: failing a generation, HC642, 9th May 2018

<https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/642/64202.htm>

Together for Children and Young People Framework for Action

<http://www.wales.nhs.uk/documents/Framework%20For%20Action.pdf>

Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales

<https://gweddill.gov.wales/topics/health/nhswales/mental-health-services/policy/strategy/?lang=en>

Staff mental ill health: TES Feb 2017 poll on teacher wellbeing

<https://www.tes.com/news/nearly-half-teachers-struggling-mental-health-suggests-survey>

“nearly half of all teachers are struggling with mental health issues...many on medication because of the stress of the job. Over 50% of teachers say the job is causing them severe stress and 76% say the stress is having repercussions on their life and health.”

2. The Adverse Childhood Experiences study (ACE study) is one of the biggest Public Health studies of all time:

The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis, The Lancet 2017

[https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667\(17\)30118-4.pdf](https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(17)30118-4.pdf)

Results from the first Welsh Adverse Childhood Experiences (ACES) study, 2016, confirm that within our local population ACES are a leading determinant of the most common forms of physical illness, mental illness and early death. ACE Reports 1/2/3

<http://www.wales.nhs.uk/sitesplus/888/page/88504ACE>

However, ACE scores should not be used as a gateway to TMH-I services; in a system that isn't resilient a child with an ACE score of 1 is significant.

3. Attachment theory has been used for over 25 years to understand the emotional and psychological health of children and their adaptive, behavioural responses. Recent neuroscience research into the importance of secure attachments to overall brain development is now internationally accepted as robust enough to use in our practice with children and families. Neuroscience deals with the structure and function of the brain and nervous system, it has shown that regulatory, processing and social function disorders can develop as a direct result of insecure attachments and Toxic Stress. It has also shown that children can recover and develop resilience through building new connections in their brains due to neuroplasticity, provided they feel safe and secure physically and psychologically, have access to at least one emotionally available adult and are supported to express and reflect on what has happened.

The neuroscience of attachment - key messages Professor Jeremy Holmes

<https://vimeo.com/88343229>

4. The neuroscientist Jaak Panksepp identified the neural networks for seven genetically ingrained emotion systems in the brain and coined the phrase “affective neuroscience.” A balance of these systems underpins mental health, an imbalance underpins mental ill-health. If we are aware of the emotion system profile of each child it can be used to target effective interventions regardless of diagnostic labels. The Motionnal assessment tool allows us to do this and monitor the impact of interventions.

5. Evidence based Framework

The TMH-I framework and has already been successfully implemented across Cornwall with good outcomes.

Gladstone Primary School has piloted TMH-I training and implementation framework and is developing as a TMH-I informed school. 5 staff are trained as TMH-I practitioners, this is joint award from Trauma informed Schools UK, The Centre for Child Mental Health and The Institute for Arts in Therapy and Education.

Ysgol y Deri and the Early Intervention Base have an additional 5 TMH-I practitioners and are beginning to use the framework within the school, EIB and Pre-Diagnosis Outreach Service.

28 staff from the Barry schools cluster started TISUK practitioner training in April 2019.

PRRR Protect, Relate, Regulate, Reflect TISUK evidence-based interventions for recovery and change

Motional <https://motional.io/> provides an easy-to-use online tool for identifying, assessing, and improving the emotional health and wellbeing of children and young people. It is based on Professor Jaak Panksepp's research on emotional systems in the brain and Dr Margot Sunderland's extensive research, studies and expertise in executive functional skills. It records ACE and Protective Factor scores, and gives staff a whole-brain picture of students' mental health and wellbeing. Motional can be used by all staff across a setting, without the need for specific training. However, in order to best support the development of a mentally healthy environment for children and young people, it is strongly recommended that Motional is used alongside Trauma Informed Schools UK's training.

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Introduction

Significant progress has been made in progressing this action plan but there is much more to do. The challenge identified in 2019 has been exacerbated by the impact of the pandemic and by ongoing adverse community (cost of living) and environmental (climate) events. These are continuing to impact on the mental health and well-being of the whole of society. An emerging challenge for schools is the increasing number of children and young people struggling to settle back into learning and routines at school. All our schools now have more anxious children, more learners with low mood and more difficulties communicated through tricky behaviours. Alongside this, more adults, both parents/carers at home and staff in education, are experiencing emotional wellbeing and mental health difficulties. More children are being looked after by the local authority. Recruitment and retention of school staff is a concern. These factors pose a risk in terms of less resilient systems and teams around the most vulnerable pupils and also less consistency, structure and predictability for all our children and young people at this time when they needed it most.

However, these events have also created opportunities, notably in terms of additional WG grant funding for training and resources and shared understanding of the importance of prioritising SEMH needs in schools. We now have WG statutory guidance, a framework on embedding a whole-school approach to emotional and mental well-being, more services aiming to work together in a NEST/NYST framework around our children and young people and an entire workforce with lived experience of a traumatic event. The events of the last 3 years have also helped highlight and evidence the impact of systematic inequalities. It is helpful that they are now widely acknowledged to be root causes of much mental distress and therefore demand a societal response.

The LA, together with Vale schools, responded dynamically to new needs and available resource as they emerged. Therefore, some activities were progressed further than initially planned and others were delayed, limited or altered. There have been many successful actions, initiated by individual schools, that are not captured in this review of the original action plan. The positive progress we have made reflects the work of individual schools and the many services supporting them.

Some of the data sources we intended to analyse to assess impact of the action plan would provide a more meaningful measure if used comparatively with data from other LAs. For example, in the Vale as per the whole of the UK, pupil attendance and self-reported wellbeing measures. It's unclear to what extent these negative outcomes have been mitigated locally by the actions in our plan.

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One of the sources we used to help evaluate our actions was the Paul Dix Midterm Health Check Summary Report. This was compiled from independent visits to the majority of Vale Primary schools and 1 Vale Secondary schools between Sep 22 and Dec 22. The LA summary report captures much of our collective progress and gives a clear steer as to how we can build on this. We also looked at the Engagement Service Survey Sep 2022. 53 schools submitted responses. This gave a measure of confidence on a 5-point scale from extremely confident to extremely not confident for many areas of the plan. Additionally, we're considering UK and Wales wide data on the current social, emotional and mental health landscape to help focus our next steps.

Progress

Priority 1 Develop a universal school approach to wellbeing and mentally healthy schools

Activity 1 Support schools to develop a wellbeing curriculum based on developing resilience and positive mental health

Status: Developing. The work on developing the RSE curriculum in schools will be ongoing

- Since 2018, Central South Consortium (CSC) has provided a professional learning programme in relation to RSE for schools and settings across the region. The programme focuses on developing practitioners' understanding of the RSE Code and how to develop RSE in relation to the Curriculum for Wales framework.
- All opportunities for schools to participate in CSC's RSE professional learning programmes have been signposted and promoted through the following channels:
 - school bulletin
 - CSC social media channels (Facebook and Twitter)
 - [CfW Newsletter](#)
 - [CfW Community Area](#)
 - [CSC website](#)
- The extensive professional learning programme and engagement of Vale schools can be found below:

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Professional learning programme	Vale schools involved
<p>RSE 3-day Professional Learning Programme This is an action-research professional learning programme. Participants attend two days of intensive professional learning followed by a 1-day professional learning workshop where participants showcase how they have developed and implemented RSE strategies and approaches into their school’s curriculum.</p> <p>The programme is open to all schools in the CSC region who apply via expressions of interest.</p> <p>The programme has been developed and is delivered by Professor EJ Renold (Cardiff University), Dr Ester Mcgeeney (University of Sussex) and Dr Leanne Coll (Dublin University).</p>	<p>2021 - 22 (27 schools in total) Romilly Primary School St Cyres School</p> <p>2020 – 21 (9 schools in total) No Vale of Glamorgan schools participated</p> <p>2019 – 20 (13 schools in total) No Vale of Glamorgan schools participated</p> <p>2018 – 19 (13 schools in total) St Andrew’s Major CiW Primary School Ysgol Gymraeg Dewi Sant</p>
<p>RSE 1-day programme For schools who expressed an interest in the 3-day programme but didn’t gain a place, a 1-day RSE professional learning event was created.</p> <p>The programme has been developed and delivered by Professor EJ Renold and Dr Ester Mcgeeney.</p>	<p>January 2021 Oakfield Primary School Llantwit Major Ysgol Y Deri</p>
<p>RSE half-day Professional Learning Webinars A free, half-day webinar open to all schools in the CSC region. Schools were given a choice of three dates to</p>	<p>2021-22 (136 schools in attendance across the three sessions)</p>

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<p>provide as much flexibility and allow as many schools/participants to attend.</p> <p>The programme has been developed and is delivered by Professor EJ Renold and Dr Ester Mcgeeney.</p>	<p>Vale of Glamorgan schools in attendance: Cadoxton Primary School Ysgol Y Deri Victoria Primary School Ysgol Pen-y-Garth Albert Primary School* Ysgol Iolo Morganwg* Peterston Super Ely CiW Whitmore High Llansannor and Llanharry CiW School Llantwit Major School Llanfair Primary</p> <p>*have sent representatives to more than one webinar</p>
<p>RSE Thematic Workshops</p> <p>These workshops have been developed for all schools who have participated in previous cohorts of the 3-day RSE Professional Learning Programme. Professor Renold and Dr Mcgeeney are working with practitioners to further consolidate their understanding of the RSE statutory framework, to support them with the development of their own localised RSE curricula and to co-produce bilingual thematic RSE resources for use across the CSC region.</p>	<p>January 2022</p> <p>St Andrew’s Major CiW Primary School</p>
<p>RSE Archdiocesan Project</p> <p>CSC has provided funding to the Archdiocese of Cardiff to convene a working group looking at the development of RSE across its schools.</p>	<p>June 2021- July 2022</p> <p>St Joseph’s RC Primary School St Helen’s RC Primary School</p>

- In addition to the programme outlined above, RSE was promoted at the Central South Consortium Curriculum for Wales regional summer conference on 28 June 2022. This included a keynote from Prof. E.J Renold on RSE: <https://www.youtube.com/watch?v=qTbankSLu20>
There was also an RSE booth at the conference with access to resources.
- The RSE conference, planned for 29 June 2022, has been postponed until 29 September 2022.
- CSC RSE regional networks to support the sharing of good practice and discussion around RSE are held on a termly basis. 49 schools across the region have attended network meeting, including the following schools from the Vale:
 - Barry Island Primary
 - Peterson Super-Ely CiW School
 - Ysgol y Ddraig
 - Ysgol Pen y Garth
 - Ysgol Gwaun y Nant

RSE resources

- During the 2021-22 academic year, a number of valuable resources have been created to support schools with the mapping of RSE. This includes:
 - RSE Code and Phases
<https://www.cscjes.org.uk/search?query=rse%20code&strict=false&popupUri=%2FResource%2F68d5d560-bee6-409d-82fd-e625cb764744>
 - Mapping for the future
<https://www.cscjes.org.uk/search?query=rse%20code&strict=false&popupUri=%2FResource%2F2c0c63f4-09c5-41f6-9512-ebaf1f5866e2>
- RSE Resources are available to all Vale schools via the [CSC Knowledge Bank](#) and also within the Files section of the [CfW Community area](#).

Improvement Partner work

- Curriculum for Wales (CfW) discussions between Improvement Partners and schools have been ongoing, with a strong focus during the summer term 2022 on the mandatory duties including RSE. A commentary focusing on the legal requirements of CfW in readiness for roll out has been drafted for each primary school and secondary schools according to their plans for roll-out. Commentaries from all schools will be made available to the LA by the beginning of the autumn term 2022.

Wellbeing

Curriculum Support for Schools and Clusters

- Termly network meetings have focused on activities and sharing good practice in relation to supporting schools to develop a deeper understanding of the health and well-being Area of Learning and Experience (AoLE) within CfW. In particular, each of the network meetings have focused on a different phase of the [design thinking model](#), helping to support schools with their curriculum design journey:
 - **Spring 2021 (Empathise Phase):** Activities helped to familiarise teachers with the key documentation, in order to build their understanding of Curriculum for Wales principles, structure and implications.
 - **Summer 2021 (Define Phase):** Discussion focused on how to develop schools' health and well-being vision, with an understanding of a whole-school approach. A wide variety of examples were shared from the schools who took part in the pilot project.
 - **Autumn 2021 (Ideate Phase):** The CSC health and well-being lead practitioners and a few other schools across the region shared video examples of their curriculum design journey to date and time was allocated for a open forum and question and answer session.
 - **Spring 2022 (Prototype Phase):** The meeting focused on sharing key consideration of a possible approach of how to co-construct a high-level curriculum design model, as well as exploring progression from 3-16 and understanding how to select and sequence the knowledge, skills and experiences within the health and well-being AoLE.
- Recordings of all previous network meetings, the main resources and key documents can be accessed through the [Curriculum for Wales community area](#) on the CSC website.

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- In addition to these termly network meetings, support for the Health and Wellbeing AoLE has also been provided on an individual school and cluster basis. These sessions have focused on supporting schools to understanding the key considerations for designing a school-level curriculum and has included the following schools / clusters:
 - Llansannor Primary, South Point Primary, Llangan Primary and Y Bont Faen Primary
 - **Ysgol Bro Morgannwg Cluster** - Dewi Sant, Gwaun Y Nant, Sant Baruc, Sant Curig, Pen Y Garth, Iolo Morgannwg, Bro Morgannwg
 - **Stanwell Cluster** - Albert Primary, Bute Cottage Nursey, Evenlode Primary, Sully Primary, Victoria Primary, Stanwell Comp
 - **St Cyres Cluster** - Cogan Nursery, Cogan Primary, Dinas Powys Primary, Fairfield Primary, St Cyres High, St Joseph's Primary, St Andrew Major Primary, Llandough Primary
 - St Richard Gwyn School
- A range of support materials and resources, professional learning assignments, appreciative enquiries and school case study examples are shared through the [knowledge bank area](#) of the CSC website to further support schools with key aspects of the health and well-being curriculum, e.g.:
 - Understanding progression within the health and well-being AoLE,
 - Health and Well-being partnerships database - building effective partnership links,
 - Understanding physical health and activity within the Health and Well-being AoLE,
 - Poster pack (shared vision, staff well-being, positive relationships, mental health and emotional well-being)
 - Mental health and emotional well-being enquiry project.

Only a small number of schools used curriculum resources provided by the LA in response to urgent need during pandemic. All Primary schools provided with Trauma informed PSE curriculum for KS1 And KS2 and Action for Happiness training and School Toolkits to build emotional wellbeing and resilience. Resources were also developed by Resilience Project and EPS. The combination of pandemic related pressures, new curriculum and ALN requirements for schools meant some training and resources didn't land at a time when schools had capacity to engage with them or explore suitability for their individual settings or plan implementation of new programmes.

Activity 2 Identify a training programme for school leaders

Status: Activity completed (Training will be repeated annually for staff new to leadership and ALNCO roles)

Demand for the Trauma and Mental Health Informed course was high. 230 staff trained between Sep 2019 and Dec 2022. There is at least 1 member of SLT in every Vale school who has explored the key models that underpin the TMH-I approach and how to embed the key principles and skill sets within their settings. In order to strengthen development of this new approach additional courses were commissioned for ALNCOs and pastoral leads/heads of years in secondary schools.

The majority of HTs went on to arrange Whole School TMH-I training for their whole staff/cluster indicating they are committed to developing a new approach to behaviour and mentally healthy school cultures. 46 schools have identified Wellbeing as a priority area for their School Development Plan 22-23.

81% of SL indicated they are somewhat or very confident that their school now embeds a trauma and mental health informed approach (Engagement Service survey Sep 22)

The Paul Dix Midterm Health Check Report (Dec 22) confirms this, “The Local Authority invested in Trauma Informed Schools Training recently and this has provided an excellent framework for senior leaders to understand some significant underpinning reasons why pupils may become distressed and dysregulated.” “Many of the schools in the Vale are steeped in kindness and relationships are absolutely paramount and a priority for leaders. This is a real strength.”

There is also evidence of change within referrals to external agencies. Language used in Requests for Support to the Engagement Service from the majority of Primary schools demonstrates a significant shift in understanding and approaches to mentally healthy school cultures from Sep 2019 to Dec 2022 (SEE examples) Evidence of change is less apparent in ES and referrals to SEMHP from secondary schools. There is still evidence of unhealthy school cultures through practices such as internal exclusions, shame-based practices and zero tolerance approaches in some schools.

Activity 3 Deliver a training programme for all education staff

Status: Activity completed

School staff have been made aware of the neuroscience and psychology of child and adolescent health and ill health and what Trauma and Mental Health-Informed schools do through commissioned 3- and 6-hour whole school trainings.

In recognition of whole population experience of a traumatic event a number of additional activities to support and develop the understanding of staff were offered to all schools. 'Supporting the Return to School' post pandemic TIS training was attended by 986 staff.

'Recovery from Trauma' webinars, were made available to all schools for 12 months. These supported staff to explore the impact of trauma linking to the psychological models underpinning our approach.

Midterm Health Check Report from Paul Dix (Dec 22) suggests, "The models the training has provided has increased staff confidence in dealing with some really challenging children and enabled them to understand about the importance of increasing safety cues in the school, how to build and sustain relationships with children who have blocked trust. There is also an increased understanding of how to sooth and coregulate children and enable them to reflect on their own behaviour."

Activity 4a Develop a network of wellbeing leads in all schools, trained in Trauma and Mental Health-informed practice

Status: Developing

Our ambition was for all schools to identify a wellbeing lead who is trained to respond effectively to vulnerable children, including those who have experienced developmental trauma or have mental health difficulties. Secondary schools have established a network of wellbeing leads and a regular wellbeing forum is supported by central LA staff. Nearly 250 education staff in the Vale have studied and achieved the Trauma and Mental Health Informed Schools Practitioner Diploma. These staff hold a variety of roles; Senior Leaders, ALNCOs, class teachers and support staff.

Where TIS Practitioners are designated wellbeing leads or ALNCOs within their settings they can use Motional assessments to develop and evaluate ALP provision that incorporates TIS strategies and interventions and identify when external specialist advice might be needed. They can also help develop universal provision to better support the whole pupil population.

Many but not all schools are using Motional and TIS interventions/approaches in UP and ALP prior to requesting support. TIS practioners are skilled at delivering bespoke interventions in 1:1 and small group settings and weaving them holistically throughout the child's day at school. 76% of schools report they are confident they can successfully implement strategies to support trauma.

Almost three quarters of schools reported being extremely or somewhat confident at understanding mental health difficulties (72%) and Developmental Trauma difficulties (74%) However, confidence that staff are implementing *universal* provision strategies that would support pupils with SEMH needs was much lower with only 43% confident or somewhat confident that all staff adopt a PACE approach and 34% confident that all staff know how to use WINE statements.

In schools where senior leaders recognise vulnerability to secondary trauma, they mitigate against this by organising termly supervision outside their own setting for wellbeing leads and TIS practitioners working in support roles. It's unknown how many schools are doing this. Some TIS practitioners, especially those working largely 1:1 with pupils, report feeling isolated in their role within schools.

Activity 4b Key texts and resources to expand staff learning identified and shared with all schools

Status: Activity completed

All schools have been provided with a comprehensive library of books, resources and OT equipment to support approaches in this action plan. Welsh medium school received additional resources published in Welsh. Sets of training cards (for primary and secondary schools and in English and Welsh) along with a video demonstrating use of equipment were developed by ES in conjunction with OT. These resources are used to varying degrees across our schools as evident in ES Request for Support forms and on ES school visits. ES triage team signpost and referencing these resources in triage and offer support to explore using them if it's not evident they are not being used.

62% of schools reported being extremely or somewhat confident in using the resources and equipment provided by the Engagement Service (including OT equipment)

In terms of improved understanding of behaviour as communication in schools the Paul Dix Midterm Health Check Report (Dec 22) "Staff and senior leaders understand "why" some pupils find school challenging." "There is also an increased understanding of how to sooth and coregulate children and enable them to reflect on their own behaviour. "

Activity 5 Work with schools to become relationship based, Trauma and Mental Health-informed (TMH-I) settings. Achieve Trauma Informed Schools (TIS UK) accreditation

Status: Activity developing towards embedding whole school approach to emotional and mental well-being

The principles and values set out in the Welsh Government's framework guidance on embedding a whole-school approach to mental health and emotional well-being (published March 2021) align completely with those established as part of the 2019-2022 Action Plan. By committing to embedding the whole school approach in all our schools within the Vale of Glamorgan we will aim to address the emotional and mental well-being needs of children and young people in all our educational settings. The self-assessment tool for schools is in pilot and has replaced the TMH-I Implementation checklist. 81% of schools indicated they are somewhat or very confident that their school now embeds a trauma and mental health informed approach (Engagement Service survey Sep 22)

Reflective supervision has been highlighted as helpful to support staff wellbeing and build effective trauma and mental health informed/recovery practices. Blocks of group or individual Reflective Supervision have been offered to all Vale Headteachers, Deputy Headteachers and ALNCOs, in addition to individual teachers and support staff struggling with the impact of their work on their emotional wellbeing. This is facilitated by externally sourced therapists affiliated with Trauma Informed Schools. We are aiming to build capacity to provide reflective supervision within the Vale. 85% of Vale schools who completed the ES School survey (Sep 22) said they would welcome further information from the LA on support for staff wellbeing.

Pupil attendance decreased in our Primary schools from 94.7% in 2018-19 to 90.1% 2022-23 (autumn term) In our Secondary schools the decrease was even more significant down to 85.1% 2022-23 (autumn term) from 94.7% 2018-19. This is a UK wide trend and it's unclear if our actions in this plan have helped mitigate against further absences.

There has been a positive change in the total number of days lost to exclusions in Primary Schools. Absences decreased by 46% in 21-22 as compared to 2018-19. In 2018-19 605 days were lost, down to 280 days in 21-22. The development of additional specialist placements for pupils externalising their responses will also have been a significant factor in reducing days lost, alongside the development of whole school approaches. In Secondary Schools the change was negligible at a 1% decrease comparing the same periods. 1040 days lost in 2018-19 compared to 949.5 in 2021-22.

There are a rising number of pupils on PSPs, attending school on significantly reduced timetables. This is also likely to be a influence and is of concern.

The wellbeing of staff and pupils in our schools, as per the whole of the country, has not improved since 2019.

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Data from SELFIE assessments across Vale schools highlights that wellbeing has decreased over a 7 year period (2015-2022). Negative feelings in the areas of 'anger,' 'worried', 'sad', 'negative emotions outside of school' and 'self-worth' for KS2 and KS3/4 learners increased over time.

The Paul Dix Midterm Health Check Report (Dec 22) gives an independent appraisal of our progress towards our goal of all schools having Relationship policies in place and Behaviour policies and practices adapted to be trauma informed with move away from traditional behaviourist approaches:

“Many of the schools in the Vale are steeped in kindness and relationships are absolutely paramount and a priority for leaders. This is a real strength, however, there is a misunderstanding in some schools that see relationships as the basis of behaviour management, rather than the development of relational practice. The latter is built on a foundation of well taught and established routines steeped in a culture of positive noticing. It is the routines that enable behaviour to be managed by staff. The positive noticing, and a culture of banking relational currency, as well as a culture of staff picking up their own tab, then enable staff to draw on that currency when it is really needed.”

“In the schools who are relying totally on the establishment of good relationships some staff feel confused and disempowered. In some of these settings there is often an over reliance on staff passing the buck up the chain to senior leaders when relationships alone are not enough to manage challenging behaviour.”

“Some schools have moved away from a behaviour policy to a relationship policy and this may have led to staff confusion about what is the right thing to say or do.”

Activity 6 Develop links with pre-school providers to improve early identification of need and support transition arrangements from early years providers to schools

Status: Activity Completed

The Early Years ALN Team has been established which provides:

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- Support, information, practical help and advice to all early years settings and families of early years children who may have additional needs
- Support to schools to include ALL children within Universal provision and, help with writing or reviewing Early Years Individual Development Plans, Individual Healthcare Plans or Risk Assessments
- Joint working with Early Years and Childcare colleagues, Flying Start and Childcare Offer to support the transition of children who are known to the Early Years Forum into mainstream settings and schools
- Guidance for practitioners in the early identification of children with emerging needs
- Facilitate a weekly parent support group (Rainbow Group) in partnership with Flying Start
- Deliver and facilitate a comprehensive training programme for schools and early years settings

Early Years Forum:

The Early Years Forum is a regular multi-agency meeting consisting of professionals from Health, Education, Social Care and the Third Sector from across the Vale of Glamorgan. The Early Years Forum work together to plan, support and review children from birth to five years whose developmental progress is causing concern or who may have emerging additional needs, ALN, physical and or healthcare needs so that they can access their childcare or education setting.

The multi-agency forum:

- Provide coordination for children with emerging needs, ALN, physical and or healthcare needs and their families that require multi-agency response so that they can access their childcare or education setting.
- Provide a point of referral and respond to any unmet needs, signposting where necessary to services and provision that meet those needs.
- Identify the lead representative to work with the family, childcare setting and other professionals involved to support inclusion in the Early Years setting. The representative will offer the setting advice, guidance, and training to meet the needs of the child as part of the setting's universal and targeted provision. They will also invite the parents/carers and child to Rainbow Group and remain in regular contact whilst the child remains with the Early Years Forum.
- Build capacity within Early Years settings as part of the inclusive model by supporting them to implement early interventions, review progress and measure impact.
- Gather information from parents/carers, settings and professionals involved to identify any needs.

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- Agree a way forward and prioritise agreed actions to ensure partnership working between all services.
- Provide transition into school nursery or reception for all children known to the Forum by sharing information gathered, creating and sharing a one page profile and provide transition visits into school. The Forum representative will liaise with childcare setting, parents and school and provide school with advice, guidance and training and attend any relevant meetings.
- Notify the LA of EY children who are not yet attending their maintained school that they may have ALN.

Priority 2 Ensure quality and sufficiency of provision for children and young people experiencing social emotional and mental health difficulties

Activity 1 Further develop outreach services to provide specialist advice, support and training for pupils communicating via challenging engagement or non-engagement at Nursery or Primary School

Status: Activity Completed

Engagement Service team and processes established. Advice and support now available for all Primary schools supporting pupils with autism, mental health needs and those impacted by trauma and painful life experiences. The service has provided advice, support, specialist assessments and interventions for 356 pupils with SEMH needs in primary schools Sep 2019-Dec 2022

Outreach for secondary schools supporting pupils with a diagnosis of autism has been enhanced by the service staying curious beyond the diagnostic label and also addressing pupils' mental health needs.

Engagement Service visit notes and case studies reflect wider scope of advice and interventions provided by service now as compared to 2019. 83% of schools responded that they feel they have pupils in their school that without the ES involvement would not be able to maintain a placement in a mainstream setting? (Es survey Sep 22)

It is likely that the establishment of this advisory service has contributed to the positive change in the number of days lost to exclusion in Primary Schools. There was a decrease of 46% from 2018-19 compared to 2021-22.

According to SELFIE data, there is evidence that vulnerable learner's wellbeing is perceived to be significantly lower than the general population, year on year, over a 7 year period (2015-2022). This was found to be the case for KS2 and KS3/4 learners, and includes learners with ALN, CLA, FSM and EAL.

Activity 1a TMH-I Practitioner Diploma training for all outreach staff in 2 cohorts and autism immersion training for existing BIT staff

Status: Activity Completed

There were periods of disrupted Engagement Service support to schools during staff training. Triage process now working smoothly and all new requests for support are responded to quickly by a team of staff trained and confident to advise and support needs related to autism and SEMH. Requests for support for new pupils doubled and far exceeded capacity initially. They have continued to increase as we would expect given published data on wellbeing of CYP and education staff. (Appendix) Requests for support have increased by 350% from 18-19 to 21-22:

18-19	62 new pupils	0 SEMH	62 autism
19-20	130 new pupils	81 SEMH	49 Autism
20-21	85 new pupils	45 SEMH	40 Autism
21-22	216 new pupils	154 SEMH	63 Autism

Requests were lower 20-21 due to the extended periods of school closures. It's possible referrals 21-22 may have included unmet need from that period. However, schools have already requested advice for 100 new pupils during the first term of 22-23.

Activity 1b Existing BIT LSAs to withdraw from direct 1:1 support in mainstream schools and provide action modelling, support and interventions through the Engagement Outreach Service

Status: Activity Completed

Activity 2 Develop therapeutic capacity via therapy availability, specialist workshops and INSET training for mainstream schools

Status: Activity Developing

Therapeutic ways of working are developing well but further support is needed. Therapeutic skills, learned through TMH-I Practitioner training have been enhanced by 4 specialist workshops developed and delivered by YYD education and health staff. Therapeutic Play, Therapeutic Music, understanding functions of behaviours, understanding how children use their senses to regulate for learning and play. 30 staff have also developed enhanced therapeutic skills through DDP Level 1 training.

Details and impact of therapeutic approaches used by many Primary schools are evident in Engagement Service Request for Support paperwork and observed during school visits. Some therapeutic interventions need to be delivered 1:1 or within small groups. However, in some settings a number of pupils are accessing a very large number of bespoke interventions outside their classes for the majority of their school day. This may impact on their sense of belonging and chances of inclusion in the future. Care must be taken to ensure a graduated response starting with solid universal strategies within the class and incorporating ALP approaches back into class wherever possible. Sometimes multiple therapeutic interventions have been tried and discontinued over a very short period of time. This may indicate a possible lack of confidence or skill with the approaches or a lack of consistency, structure, predictability and a strong relational approach underpinning the ALP. Effective use of these approaches can require practice and support through supervision, beyond the initial training or supervision. For example, just less than 47% of schools report feeling confident in understanding sensory processing difficulties despite multiple training opportunities. Therefore, a more hands on, experiential workshop is being developed.

Activity 3 Increase access to specialist assessments and interventions for pupils in all school settings to support the continued inclusion of the most complex pupils in their home schools

Status: Activity developing

Primary pupils now have access to a range of specialist assessments, therapies and interventions within their home schools via the Engagement Service. This includes functional behaviour analysis, Play Therapy, Sensory Attachment Interventions, Secret Agency Society (SAS), H.A.P.P.Y Coach and Emotion Coaching, in addition to many bespoke interventions. Allocation of Engagement Service caseload within cluster groups allows individual specialisms to be shared across all schools in the Vale. Poor availability of private Play, Music, Drama and Art therapists has made it difficult to secure this provision for the most complex and vulnerable pupils.

To what extent these assessments and interventions have reduced requests for specialist placements is difficult to establish. In line with earlier commentary in this report the decrease in pupil wellbeing and attendance observed nationally has resulted in increased complexity of needs.

Review of Vale of Glamorgan Social, Emotional and Mental Health Action Plan 2019-22

Requests for specialist placements have increased, with schools referring to SEMHP for placements at the newly developed provisions described below. ES case studies illustrate interventions leading to maintained inclusion for individual pupils.

These approaches may have contributed to the reduction in days lost to exclusion observed during 21-22 in Primary schools, although this should be considered with all other factors as explored in Priority 1 Activity 5.

It's become evident that therapeutic reflective supervision for staff may be as necessary as specialist interventions for pupils in maintaining inclusion of most complex pupils.

Activity 4 Develop additional trauma and mental health specialist settings. Ensure existing provisions for pupils experiencing social emotional and mental health difficulties are TMH-informed

Status: Activity completed

The reshaping of services and provision to meet the needs of the growing number of CYP with complex SEMH has been extensive and innovative. The development of a trauma informed Engagement Service and provision for foundation phase children with SEMH is a first in Wales.

The Hafan provision at Gladstone Primary School provides periods of support within an educational setting for Key Stage 2 and Foundation Phase pupils displaying complex social, emotional and mental health difficulties. The team of trauma informed practitioners; including Specialist Teachers, Learning Support Assistants, and other specialist therapists work together with the pupils' parents to target difficulties related to the pupils' behaviours that are posing a barrier to further inclusion, educational achievement and/or wellbeing.

In order to ensure the ongoing success and future development of this highly specialised provision is under the umbrella of Ysgol y Deri. This ensures that staff working in the provision are part of a wider team of specialists. This gives greater access to professional support, training and development which will benefit staff and children alike.

Y Daith is currently the Council's PRU, it is currently based across two sites with key stage 3 at Amelia Trust Farm and key stage 4 in Cowbridge. As a PRU, Y Daith is not a school and therefore, does not have a governing body. The management committee plays a strategic and advisory role in setting out and maintaining the vision, aims and objectives of the PRU in conjunction with the Council.

Review of Vale of Glamorgan Social, Emotional and Mental Health Action Plan 2019-22

It is recognised that a new provision is required to meet the needs of these vulnerable pupils and £4.4m has been allocated as part of Band B of the Council's 21st Century Schools Programme to provide a new building for the new provision. Court Road Depot has been identified as the preferred site for the new building and the aim is to have the provision open by September 2023.

Ysgol Y Deri is the organisation with the experience and skills to implement the trauma informed approach most effectively across the Vale of Glamorgan. Consequently, Ysgol Y Deri coordinating the function of the Centre for Learning and Wellbeing would mean that our most vulnerable learners receive the most effective support and nurture provision as key components of their education. The approach outlined also aligns with the social, emotional and mental health (SEMH) Action Plan developed by the Council and as such, is the logical next step in progressing the wider Council approach.

In addition, due to the significant increase in young people unable to attend school due to significant mental health or anxiety-based difficulties a new provision called Horizon has been established in Ysgol y Deri. These pupils have been absent from school for extended periods of time and require high levels of intervention and specialist support.

APPENDIX

<https://www.gov.wales/sites/default/files/publications/2021-03/framework-on-embedding-a-whole-school-approach-to-emotional-and-mental-well-being.pdf>

<https://collaborative.nhs.wales/networks/wales-mental-health-network/together-for-children-and-young-people-2/the-nest-framework/>

Engagement Service 2022 Evaluation

https://forms.office.com/Pages/DesignPageV2.aspx?subpage=design&FormId=Ug4_TzS3ZEGUCRtgHRR5k1OZNIJe7u55BtrpALT5wcmNUQVpTOUVUSjBNTEZBUTVHUKZPTjE5TE41NS4u&Token=e961d181fca24422bcaf0f0baa3a7ce1

Wellbeing of Children and young People

The Health Foundation's [Networked Data Lab](#) (NDL) has analysed data across England, Scotland and Wales to reveal new insights about children and young people receiving mental health support:

<https://www.centreformentalhealth.org.uk/blogs/children-and-young-peoples-mental-health-2022-what-does-data-tell-us>

Fact sheet Mental Health among young people in racialised communities:

<https://www.centreformentalhealth.org.uk/fact-sheet-mental-health-among-young-people-racialised-communities>

Analysis by local teams in Wales provides further local detail:

<https://phw.nhs.wales/news/new-analysis-reveals-trends-in-children-and-young-peoples-mental-health-care-in-wales/>

Review of Vale of Glamorgan Social, Emotional and Mental Health Action Plan 2019-22

This analysis of NHS digital 2022 data across the UK shows that 1 in 6 children and young people had a mental health difficulty in 2021. This is up from 1 in 9 in 2017.

In 2021, 44% more patients were in contact with CYPMHS compared with 2019.

Girls, older teenagers, those from BAME communities and those living in poverty are disproportionately affected by mental health difficulties.

Gender and age

Young women, aged 14-21 at the onset of the pandemic have fared much worse overall than younger children and young men. However, the gender disparity is reversed for 7-10-year-old children

- The rate of mental health difficulties has remained stable for the 7-16 group overall since 2020, (17%) but shows a further increase from one in six (17%) to one in four (26%) for the 17–19-year-olds from 2021 to 2022.
- 17–24-year-old young women have the highest rates of mental health difficulties currently (31%). For young men of the same age the rate is much lower (13%)
- Nearly twice as many 7-10-year-old boys (20%) as girls (11%) had a mental health difficulty 2022
- Data for Wales confirms adolescent girls aged 16–19 were the group who most frequently presented with mental health crises to acute services. Even pre pandemic, 2019, girls (11–15 years) and young women (16–19 years) were twice as likely to present with crises than boys and young men of the same age.

It's unknown whether older boys and young men are less likely to seek support or whether young boys (7-10) are more likely to externalise their difficulties than young girls.

Review of Vale of Glamorgan Social, Emotional and Mental Health Action Plan 2019-22

Young people from BAME groups are exposed to more of the risk factors for poor mental health, such as racism, school exclusion, poverty and being in care. Due to ongoing systematic inequalities, young people from Black Asian and minority ethnic communities have also seen their mental wellbeing hit disproportionately hard by the Covid-19 pandemic

- 70% of children surveyed who experienced racism in school stated that the experience had an impact on their wellbeing
- Over 40% of children in the youth justice system in Wales and England are from racialised backgrounds, and more than a third have a diagnosed mental health problem.
- Children from racialised groups are less likely than their white peers to access traditional mental health services (Education Policy Institute, 2017) However, they are twice as likely to access mental health support via court orders, social care or criminal justice related orders (Edbrooke-Childs and Patalay, 2019)
- Young people from racialised groups reported feeling less recognised and understood when talking to their GP about their mental health needs compared to their white counterparts (Annual GP satisfaction survey 2021)

Poverty

Poverty continues to have a strong link to young people's poor mental health.

- Children from the poorest 20% of households are 4 times more likely to have mental health difficulties by the age of 11 than those from the wealthiest 20%
- 15% of CYP with a mental health difficulty reported living in a household that had experienced not being able to buy enough food or using a food bank in the past year, compared with 2% of young people unlikely to have a mental health difficulty
- NHS Data for Wales confirms crisis events were strongly patterned by socio-economic deprivation, with children and young people in Wales living in the 20% most deprived areas of Wales having almost double the rate of crisis events compared with those living in the 20% least deprived areas

Wellbeing of education staff

<https://www.swansea.ac.uk/press-office/news-events/news/2022/11/report-shows-the-impact-of-covid-on-welsh-school-leaders-wellbeing-.php>

<https://www.ewc.wales/site/index.php/en/documents/research-and-statistics/education-workforce-survey-2021/3058-national-education-workforce-survey-report-2021/file.html>

A higher than typical number of School Senior Leaders and ALNCoS have left their positions since Sep 2019.

Recruitment and retention of support staff is increasingly difficult. Some evidence of experienced and specialist staff leaving for higher paid jobs in other sectors.

Reduced budgets are likely to impact on staff training, provision of additional support and interventions for pupils and increase pressure on staff wellbeing.

School leaders

More than 170 senior leaders from schools across Wales took part in the ***Covid-19 School Leadership Survey*** which aimed at exploring the burden and stress that school heads and senior leadership staff experienced during Covid-19. The survey revealed that during the pandemic, 75 per cent of staff said they worked at a level they knew wasn't good for them, 93 per cent put in extra hours and the majority admitted to feeling mentally exhausted by the job. According to a Swansea University report analysing this survey their wellbeing is not only lower than the UK average but senior leaders also experienced moderate to high stress with more than half displaying depressive symptoms.

- A larger proportion of female senior leaders were categorised as having depression (56% vs 48%) during the study period.
- The majority of senior leaders in this study reported to feel mentally exhausted at work (often: 45%, always: 12%)
- Found it difficult to recover their energy after a day at work (often: 46%, always: 19%).
- 28% reported to feel physically exhausted often, and 10% always feeling physically exhausted.

In order to protect the health and well-being of senior school leaders, the report stressed that focus should be placed on preventative programmes to enhance the resources available for senior leaders in coping with work-related demands and stressors.

Wider school staff

The survey also asked school leaders to rate the health needs of their staff and when it came to mental health, 91 per cent said the most important issue was stress and coping. Internalised problems such as anxiety and depression were also rated highly.

VALE of GLAMORGAN COUNCIL

Social, Emotional, Mental Health and Wellbeing Strategy



Directorate of Learning and Skills

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Section 1: Introduction

The Vale of Glamorgan (VoG) Local Authority Learning and Skills SEMH and Wellbeing Strategy has been established to support all schools across the local authority (LA) in the development of their own strategies to support all learners and all members of the workforce. It has been co-constructed with key partners in schools, health, and the regional consortium. Young people will play an active part in identifying the key actions required within this strategy to support mental health and well-being. They will be consulted on an ongoing basis to ensure that the strategy reflects their priorities.

This SEMH Wellbeing Strategy brings together in one document all the aims, objectives and strategic actions being taken in partnership with local authorities, schools and settings to improve outcomes for all groups of learners. This strategy is to be viewed in partnership with the VoG SEMH Action Plan (which highlights the importance of adopting a trauma informed approach in partnership with health professionals) and also the LA's documents pertaining to the Social Emotional and Mental Health Panel (SEMHP). This document should also be viewed in conjunction with any Central South Consortium (CSC) guidance related to the wellbeing agenda, particularly the Equity and Excellence Strategy. Reference to staff will include all teaching and non-teaching staff employed at the school/local authority.

Within the VoG we are looking to enhance educational attendance and reduce exclusions wherever possible. We are mindful of the impacts of persistent absence and the implications of Emotional Based School Avoidance (EBSA) on young people's development. As such this strategy encompasses oversight of our protocols and policies focused on enhancing attendance and reducing exclusions.

This Strategy and action plan represents the continuation of the strategic direction set following significant consultation with all partners, particularly headteachers and school staff in 2019.

This consultation led to the development of the Social, Emotional and Mental Health Action Plan 2019-2022 which was based on the recognition that "the key emerging challenge for schools was the increasing numbers of children and young people who were displaying very complex social, emotional and mental health difficulties".

Using this as a starting point, an extensive analysis of research into Adverse Childhood Experiences, the psychology and neuroscience of attachment and of mental health and ill-health was undertaken. Based on this analysis, all partners agreed that it was imperative to recognise the key influence of pupils' personal experience on their learning and achievement, and to understand behaviours as adaptive and as a form of communication stemming from those experiences.

As a consequence of this understanding, it was recognised that there was an urgent need for all schools in the Vale to work within an evidence based psychologically informed framework that incorporated an understanding of Developmental Trauma, ACES, Attachment and the neuroscience of mental health and ill-health.

Significant progress has been made in progressing this action plan but there is also a recognition that there is much more to do. The challenge that existed pre-covid has

only been exacerbated by the huge impact of the pandemic on the mental health and well-being of the whole of society.

1.1 Defining Wellbeing

Wellbeing is about individuals feeling good and functioning effectively in terms of physical, intellectual, emotional and mental wellness. It is assumed a high level of wellbeing means in some sense the person's condition and experiences are positive. Therefore, we assume a learner with a high level of wellbeing can academically achieve their potential and demonstrate an appropriate level of resilience on the basis of their individual needs.

Enhancement of wellbeing and the meeting SEMH needs means personal and social circumstances, for example- gender, being disadvantaged due to poverty or ethnic origin, should not be an obstacle or barrier to achieving educational potential. It is envisaged that all VoG schools will adopt a trauma informed strategies (TIS) approach to learners with such needs.

The World Health Organisation defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. It further defines mental health as 'a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.' (WHO, 2019).

1.2 Importance of good emotional and mental health and emotional wellbeing

Numerous studies show that education and mental well-being are closely linked and promoting the health and well-being of learners within schools can positively impact learner cooperation, commitment, learning and engagement. This means having a school culture, ethos and environment that nurtures learners' health and well-being can improve their educational outcomes. Equally the relationship between physical and mental health cannot be understated - physical health problems significantly increase the risk of poor mental wellbeing, and vice versa.

Good emotional and mental well-being allows children and young people to develop the resilience to cope better with the challenges which face them and grow into well-rounded, healthy adults. Things that can help keep children and young people mentally and emotionally well and resilient include:

- being listened to, feeling valued, respected and known as individuals
- being in good physical health, eating a balanced diet and getting regular exercise
- having time and the freedom to play, indoors and outdoors
- being part of a family that gets along well most of the time
- going to a school that looks after the well-being of all its learners
- taking part in local activities for young people.

Other factors are also important, including:

- feeling loved, trusted, understood, valued and safe

- being motivated and interested in life and having opportunities to enjoy themselves
- being hopeful and optimistic
- being able to learn and having opportunities to succeed
- accepting who they are and recognising what they are good at
- having a sense of belonging in their family, school and community
- feeling they have some control over their own life
- having the strength to cope when something is wrong or challenging (resilience) and the ability to solve problems.

Section 2: Key Documents Guiding this Strategy

2.1 The whole-school approach to mental health and emotional well-being

In July 2020, the Draft framework guidance on embedding a whole-school approach to mental health and emotional well-being was issued by Welsh Government.

This document contains both statutory guidance and non-statutory advice.

The whole of this document is issued as statutory guidance to:

- Governing bodies of maintained nursery, primary, secondary and special schools
- Local authorities in Wales

and provides non-statutory advice to other persons or bodies who may have a role in helping to support the mental health and emotional well-being of learners.

Local authorities and governing bodies **must** have regard to this statutory guidance when carrying out their duties in promoting the welfare of children who are learners at the education setting, including meeting their mental and emotional well-being needs. The guidance also applies to activities taking place off-site as part of normal educational activities.

In the Vale of Glamorgan, we wholly support Welsh Government's approach as outlined in the framework guidance on embedding a whole-school approach to mental health and emotional well-being. The principles and values set out in the framework align completely with those established in the Vale as part of the 2019-2022 Action Plan. By committing to embedding the whole school approach in all our schools within the Vale of Glamorgan we will aim to address the emotional and mental well-being needs of children and young people in all our educational settings.

2.2 Principles Underpinning the Whole School Approach

Culture of Educational settings

Most of the emotional issues young people and school staff will encounter are not clinical in nature and do not require specialist interventions. Rather, it is about supporting the young person, building their resilience and fostering a sense there is someone they can trust.

Developing these trusting relationships is central to the whole-school approach. Developing positive relationships between a teacher and learner is a fundamental aspect of quality teaching and learning. The effects of teacher-learner relationships have been researched extensively and point to how positive relationships can have good social and academic outcomes. Being taught by highly trained, highly motivated, trauma-informed teachers who are aware of the impact they have on the young person's overall development, inside and outside the classroom, is central to promoting emotional and mental well-being.

The whole-school approach recognises the complexity of managing school emotional wellbeing. These will range from teaching young people to understand their own emotions and how they can adapt and cope with the challenges they will face, through to managing low level short-term challenges, such as exam stress, to some young people managing some extremely challenging and complex situations like parental ill health, substance misuse, caring responsibilities, life events and unexpected events. It is important that schools can provide a place where adults and children and young people work together to overcome challenges. Children and young people will experience many different relationships throughout their formative years; short-lived friendships, ones that have been built on trust over a number of years and ones that will continue to grow throughout their adult lives. School life can and should be challenging and having at least one strong relationship, someone they trust, somebody who is more experienced and somebody who they feel has their interests at heart is paramount to, not just their academic achievement, but also their social development.

Wellbeing of school staff

We also recognise that learner well-being is impacted by their surroundings and the adults they have contact with, in particular the teachers and other school staff, whose well-being needs require attention as much as their learners.

Crucially, we recognise that effective learning can only occur in an environment where all are engaged, when adults are in an emotional state to be able to interact positively with children and where children are in an emotional state where they are receptive to learning. The wellbeing of all those who work and support young people is therefore crucial.

Partnership Working

We also recognise that the school alone cannot meet all the needs of what is a complex population of young people whose needs will vary as they progress through infancy to adolescence and early adulthood.

Supporting the well-being of children and young people is everybody's business and we all have a role to play in supporting and working with schools to ensure children and young people are able to fulfil their potential.

The whole-school approach seeks to support good emotional and mental well-being by strengthening the relationships between teacher and learner; between teaching staff; with the school senior leadership team and wider school staff; with parents and carers; and with other professionals working with the school, as well as the wider community that surrounds the school. Wellbeing, then, services work together in a timely fashion to provide appropriate interventions.

It is about embedding good well-being through teaching as well as all the other aspects of school life. It is an ethos which values inclusion, where everybody works together, contributing their individual skills and resources to the collective good. Creating a supporting environment where young people are encouraged to fulfil their personal and academic potential, where they thrive, learn and emotionally develop, supported by teachers who operate in a culture which equally values their own well-being.

Economic Wellbeing

It is evident that poverty has a significant impact on wellbeing. It is particularly worrying that the number of children and young people in the Vale of Glamorgan facing economic pressures and hardship are increasing significantly. The whole of Wales, like many other countries is facing a cost of living crisis which will undoubtedly increase the financial pressures on families and impact on their physical and emotional wellbeing.

Physical Wellbeing

Having the best possible health and access to healthcare when needed, living a healthy lifestyle, being adequately nourished, living in a comfortable warm home and being protected from abuse are all required to maintain good physical wellbeing.

Having the opportunity to engage regularly in sports, active play/leisure activities and avoid smoking, alcohol and substance misuse are also key components of positive physical wellbeing.

The School Health Research Network (SHRN) state that whatever your age it is clear that being physically active has substantial benefits for health. The World Health Organisation estimates that each year over 3 million deaths worldwide are attributed to being inactive. But it's not just physical health. Being active also benefits mental health: sports participation, for example, has been linked to self-esteem in young people.

According to the SHRN, a key aspect of a healthy lifestyle and to support a healthy eating and physical activity. It is recognised that what children and young people eat and drink before, during and after school will affect their behaviour and attainment in school. It is also recognised that being overweight or obese during childhood and youth is also associated with a wide range of serious health conditions including type 2 diabetes and depression. It is now commonly associated with adverse emotional health outcomes and lower self-esteem.

The SHRN report that smoking cigarettes and using e-cigarettes have clear well documented negative impacts on health. The use of cannabis by young people can have a significant impact on the developing brain. In the short term it can make it hard to concentrate, worsen memory and sap motivation. In the longer term, it has been linked to serious mental health problems in some people.

Drinking alcohol at a young age can have a significant negative impact on body and mind. It is one of the strongest predictors of later dependency on alcohol and the mental and physical health issues that this can bring. Excessive use of alcohol in teenage years and in adolescence also increases the risk of unintentional injuries, including those arising from violence, traffic accidents and suicide.

Curriculum Development

The curriculum for Wales has at its heart a commitment to improve health and wellbeing in schools. The Health and Wellbeing Area for Learning and Experience (AoLE) is focused on physical health and development, mental health and emotional and social wellbeing.

It will be crucial to ensure that effective discrete lessons are utilised to ensure the development of relevant knowledge and skills as set out and underpinned by the four core purposes as set out in the curriculum for Wales. However, it should also be the responsibility of all members of the community to deliver on this agenda and learning should take place across the curriculum through interdisciplinary learning.

Key to the effective delivery of the curriculum in this area will be that it reflects the development stage of learners as well as their social environment. It is important that children and young people are given opportunities to reflect on their own learning and identify next steps, this is facilitated within a supportive relationship-based environment with a trusted adult.

Developing positive relationships understanding what positive relationships look like are essential for the developing child. As young people develop sexual relationships it is key that these are in the context of positive relationships and an understanding of healthy sexual behaviours.

The [Relationships and Sexuality Education \(RSE\) curriculum](#) was implemented in Wales in September 2023.

Sex and Relationships Education' (SRE) will change to 'Relationships and Sexuality Education' (RSE) in the new curriculum. The change of title is deliberate – with a renewed focus on Relationships.

Parents have a central role to play in supporting their children. There is also a crucial role for schools - especially in a world where there is so much incorrect and misleading information and harmful materials, circulating online. RSE plays an important role for the safeguarding and protection of all learners in Wales.

RSE is a mandatory element of the Curriculum for Wales Framework and a curriculum must accord with the [RSE Code](#). This is statutory guidance for headteachers, governing bodies and LEA's. As such there is a legal expectation that it will be applied and implemented, and anybody would need to have good and cogent reasons not to

follow the guidance. Schools have a direct individual responsibility for implementation as corporate bodies in their own right under the auspices of their governors.

The Act requires that the RSE schools provide must be developmentally appropriate for learners. This means schools and settings must take account of a range of factors including the learner's age; knowledge and maturity; any additional learning needs and anticipating their physiological and emotional development. RSE must be developmentally appropriate for each learner, meaning that learners' needs of similar ages may differ.

The Children's Commissioner for Wales "strongly supports" the RSE proposals, stating that it will "give children and young people the understanding they need to make safe, informed choices". The NSPCC have described the new curriculum as a "game-changer" in helping to keep children safe. They also campaigned for the removal of the parental 'Right to withdrawal' because they believe all children should have access to information which keeps them safe and the NSPCC responded broadly positively to the consultation on this matter

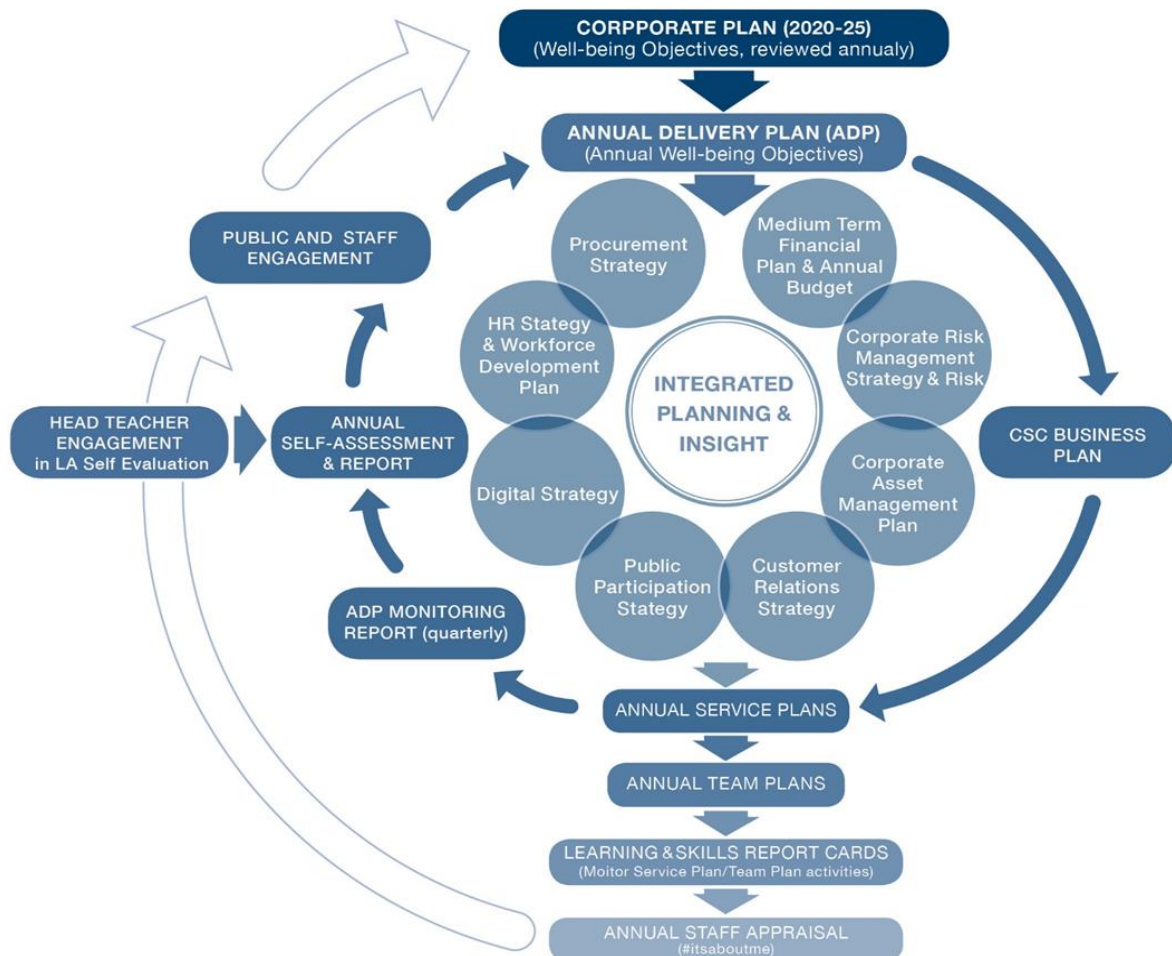
2.3 The Vale of Glamorgan Council's Corporate Vision and Strategy

The Social, Emotional, Mental Health and Wellbeing Strategy is aligned to the Vale of Glamorgan Council's overarching vision to develop '**Strong Communities with a Bright Future**'. The Council's Corporate Plan **Working together for a Brighter Future 2020-25** sets out this vision and its ambitious agenda for the next five years. Alongside the Corporate Plan sits our Annual Delivery Plan that is produced annually and details the key priorities for the year ahead.

This strategy enables us to deliver our improvement priorities identified through our self-evaluation process which are reflected as actions in our Annual Delivery Plan. It is the implementation of our Annual Delivery Plan actions each year that support delivery of our wellbeing objectives set out in the Corporate Plan and contributes to the seven national wellbeing goals aligned to the Wellbeing of Future Generations Act. As a Learning & Skills Directorate we work effectively across our teams, directorates and our partners and other key stakeholders to embed the sustainable development principle and the five ways of working (long term, integration, prevention, involvement and collaboration).



This strategy acts as key enabler for delivering our vision and wellbeing objectives through the Council's integrated planning framework, otherwise known as our 'golden thread', which also provides a monitoring mechanism to evaluate the performance and impact of our services. Outlined below is how this integrated planning framework interlinks with self-evaluation, improvement planning and performance management processes.



2.4 UN Conventions on the Rights of the Child (UNCRC)

The Welsh Government has also adopted the United Nations Conventions on the Rights of Children in 2004 as a means of promoting the wellbeing of children and young people. The UNCRC underpins all the work that the Vale of Glamorgan undertakes on behalf of children and young people.

This guidance is underpinned by a rights-based approach, which aims to achieve a positive transformation of power by strengthening the capacity of duty bearers and empowering the rights holders. The UNCRC is a legally binding international agreement, embedded by the Welsh Government in legislation, setting out the civil, political, economic, social and cultural rights of every child, regardless of their race, religion or abilities. In particular:

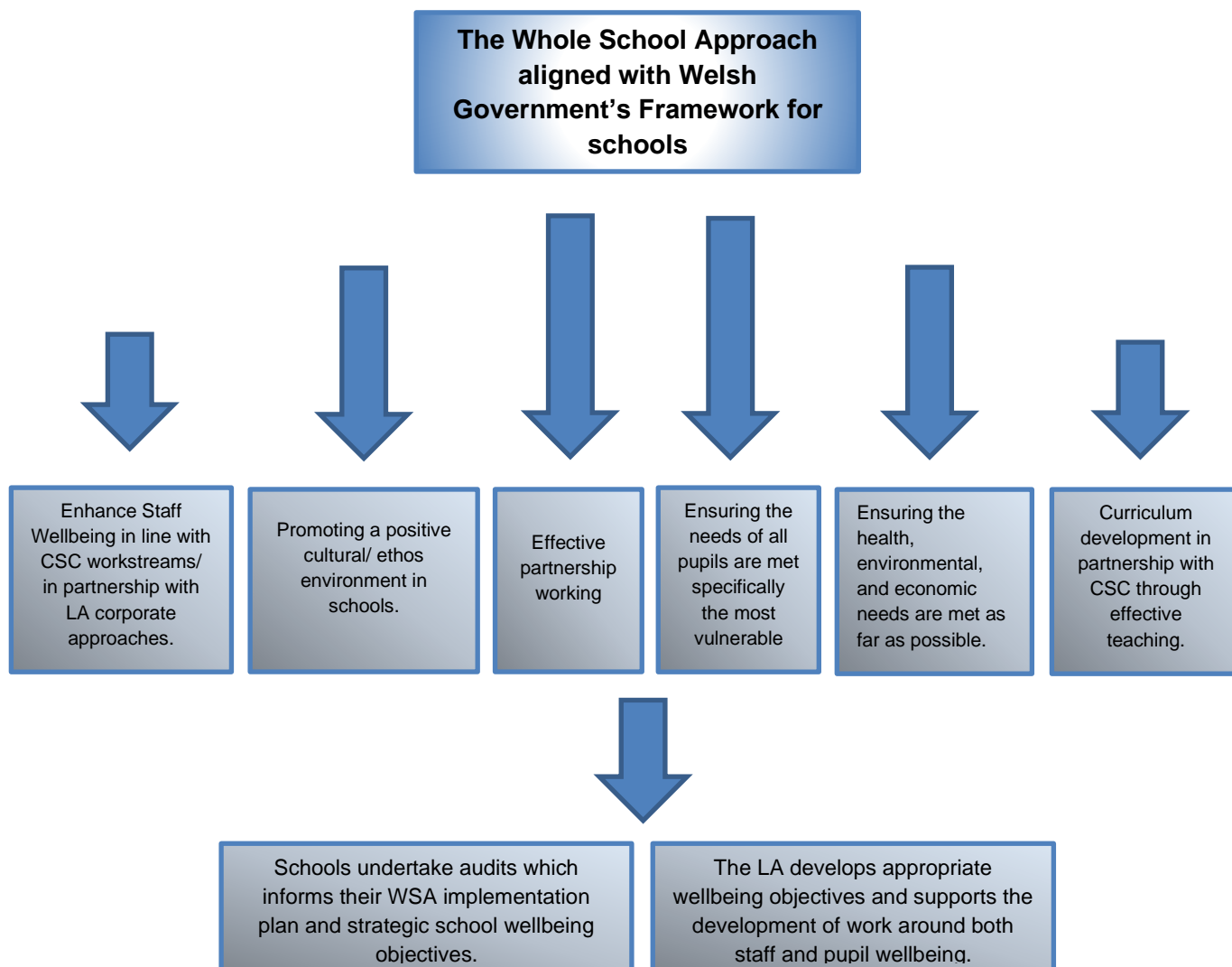
- Article 6 which recognises that all children and young people have the right to survive and the right to develop.
- Article 12 which states that children have a right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.
- Article 24 which says that healthcare for children and young people should be as good as possible, but also goes further than this by saying children and young people have the right to be both physically and mentally fulfilled.
- Article 29 which says that a child or young person's education should help their mind, body and talents be the best they can. It should also build their respect for other people and the world around them. In particular, they should learn to respect: their rights and the rights of others.

Please see Appendix 1 for comprehensive list of guiding frameworks and legislation.

Section 3: Implementing the Whole School Approach

3.1 Key Workstreams

The following graphic illustrates how the WSA manifests itself within VoG schools and the key workstreams and principles that underpin it.



3.2 Reference Groups

The Wellbeing Improvement Board (WIB) is convened and managed by the VoG in partnership with the CSC. The membership of the group consists of CSC challenge advisors and Local Authority senior officers. A range of wellbeing related measures including attendance, exclusions, bullying incidents, incidents around physical restraints etc are monitored by the WIB. The group meets on a termly basis.

A sub-group of the board, the Mental Health and Wellbeing (MHW) Monitoring Group focusses specifically on MHW and feed any key information related to schools into the WIB discussion. The terms of Reference are outlined in Appendix 3. The group meets on a termly basis in advance of the WIB to support information sharing with the board.

The VoG LA will support schools and clusters to build capacity to provide signposting to high quality support and resources to ensure all pupils receive the appropriate provision. This will be achieved by:

- Supporting schools to ensure effective use is made of all grant expenditure.
- Implementing network meetings for school-based Family and Community Engagement Officers.
- Providing professional learning opportunities that focus on trauma informed practice and the effect that Adverse Childhood Experiences (ACEs) have on learner's wellbeing. The VoG is focused on working in partnership with CSC colleagues to engage in work around appreciative enquiries in schools to highlight good practice.
- Working in partnership with CSC to deliver national policy in line with the Equity and Wellbeing agenda.
- Considering SELFIE data, School Health and Research Network (SHRN) data, Healthy Schools information and Motional data in forums such as SEMHP and the Mental Health and Wellbeing Monitoring Group (sub-group of the WIB).

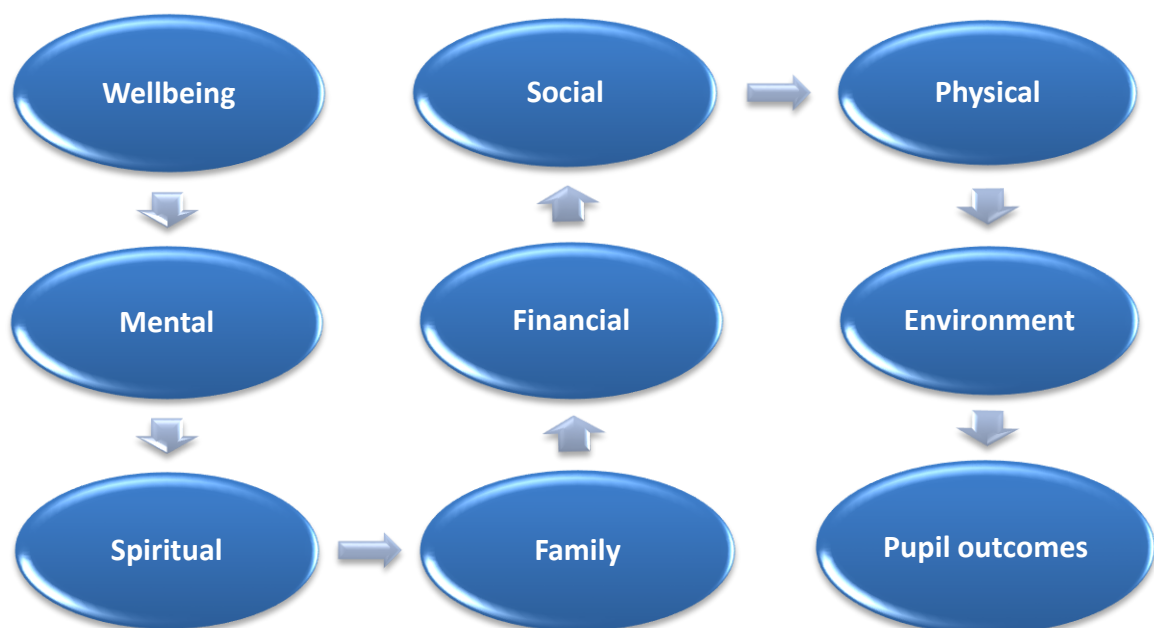
3.3 VoG LA Aims and Objectives

- All children and young people are purposefully engaged in education which is appropriate to their needs and age.
- Our children and young people flourish and achieve positive outcomes for themselves, their families and our community.
- Our children and young people are healthy, confident, capable and ready to learn throughout their lives.
- Our children are enterprising, creative contributors who are ready to play a full part in life and work.
- Staff wellbeing is fully optimised within the context of those who work in schools or within the central directorate with a commitment to championing better work/life balance and better working environment. Staff have access to our dedicated Occupational Health team and access to Care First, a free and confidential employee assistant programme and counselling support service. Wellbeing drop in events are also run to promote positive health and wellbeing, alongside a range of wellbeing awareness sessions (for example support for menopause, cancer awareness, time to talk and financial awareness sessions) and regular health fairs.

The VoG LA approach is to:

- Work jointly with schools in analysing a range of wellbeing qualitative and quantitative data to impact positively on pupil outcomes-see below.
- Ensure staff wellbeing is considered and promoted within a school environment.
- Encourage schools to adopt the recommended Stress management and Mental Health and Wellbeing procedures, linked to the Health, Safety and Wellbeing policy.

- Support schools to plan and deliver a comprehensive and sustainable programme to promote and meet the identified well-being needs from the Foundation Phase to Key Stage five.
- Coordinate the use of multi-agency services to ensure that the resources of the education directorate are used in the most effective way to support schools to develop capacity.
- Map the extent that families/carers, communities, partners, outside agencies and the voluntary sector are utilised by schools to promote learner wellbeing and provide preventative and supportive services.
- Respond to current legislation effectively and appropriately.
- Engage effectively in partnership with others, in order to improve wellbeing across the Vale of Glamorgan.
- Identify and signpost excellent practice via the school's Wellbeing Forum. The graphic below illustrates the link between enhanced wellbeing and improving pupil outcomes.
- Recognise and emphasise with schools and key stakeholders that wellbeing underpins and impacts upon all aspects of education, in particular pupil outcomes. Without enhancing the wellbeing of both staff and pupils, outcomes cannot be optimised. Please see the diagram below.



What do we want to build across the LA in partnership between Central South Consortium?

- Capacity at leadership level in schools.
- Links to an effective new curriculum around Health and Wellbeing.
- High quality pedagogy for all learners with promotion of wellbeing as a central priority.
- Signposting to effective support mechanisms linked to wellbeing in schools.
- Wellbeing support for all learners not just those presenting with externalised characteristics.
- Development of greater levels of resilience in all pupils.
- Ensure wellbeing for all pupils and staff is seen by all schools as a whole school responsibility.
- Promote strong family engagement
- Promote effective links to exercise and health.
- Developing pupils in leadership roles with an emphasis on those from vulnerable groups and those outlined within the Welsh Government's document- "*Guidance for Supporting Vulnerable and Disadvantaged Learners*".

Section 4: Strategic Priorities

In order to operationalise the Social, Emotional, Mental Health and Wellbeing Strategy our key strategic priorities for 2024- 2026 will be as follows:

Priority 1

Support schools to create inclusive, supportive, trusting and mutually respectful educational settings in which pupils and staff can thrive.

Priority 2

Work in partnership with the local authority human resources team, the Central South Consortium and voluntary sector to enhance staff wellbeing.

Priority 3

Support schools to meet the needs of all its learners and their families by ensuring that partnership working is well developed and effective.

Priority 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.

Priority 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.

Priority 6

In partnership with the CSC and other key partners support educational settings to deliver a transformative health and wellbeing curriculum.

Priority 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.

4.1 Monitoring Progress

It will be important to monitor our progress in delivering this Strategy and the achievement of our objectives. Wellbeing is a complex concept and an assessment of it cannot wholly rely on either quantitative or qualitative data but needs to be a combination of both.

In terms of quantitative data, we will look at empirical evidence and see if our performance is improving:

- Attendance data
- Exclusion data
- School and Community counselling data
- School sport Survey
- Data gathered through SELFIE
- Youth Engagement and progression Framework
- Bullying data
- Families First individual project data
- Flying Start data
- Data from the School Health Research Network
- Data from the Health Behaviour in School Age Children Survey

In terms of qualitative information, we will consider:

- Super survey
- Feedback from youth events (Pupil voice and school councils)
- Estyn reports
- Case studies/pupil stories
- School sport and Play
- School Council audit
- School Based counselling review.

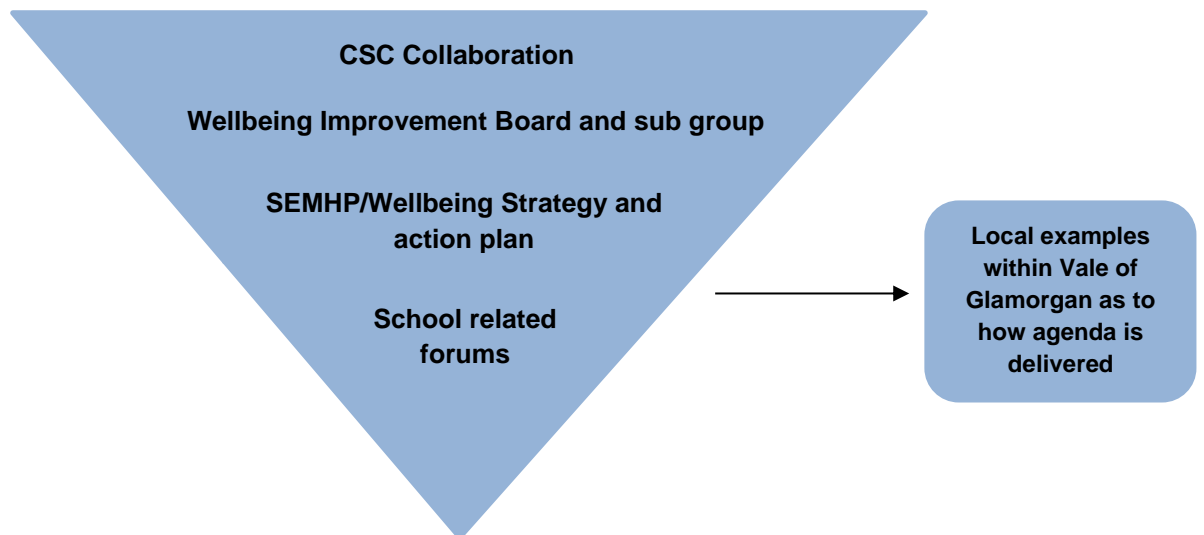
Progress in delivery of the Strategy will be monitored through team plans and corporate reporting systems on a quarterly basis.

Appendices

Appendix1: International and Local Overview



Welsh Government's statutory Framework on Embedding a Whole-School Approach to Emotional and Mental Wellbeing



Appendix 2: Guiding Frameworks and Legislation

- Wellbeing and Future Generations Act (2015) <https://gov.wales/wellbeing-future-generations>
- UN Convention on the Rights of the Child (UNCRC) (1989) <https://www.ohchr.org/en/instruments-mechanisms/instruments/conventionrights-child>
- ALN Act (2018) <https://www.legislation.gov.uk/wanaw/2018/2/contents/enacted>
- Curriculum for Wales <https://gov.wales/curriculum-for-wales>
- Estyn Framework - Our new inspection arrangements for schools and PRI-Js | Estyn (gov.wales)
- Social Services and Wellbeing (Wales) Act (2014)
- Social Services and Well-being (Wales) Act 2014 (legislation.gov.uk)
- Schools in Wales as Learning Organisations (SLO) (2018) <https://aov.wales/schools-learning-organisations-slo-overview>
- National Framework a 'Whole School Approach to Emotional and Mental Wellbeing' (2021) <https://gov.wales/framework-embedding-whole-school-approach-emotionaland-mental-wellbeing>
- Welsh Network of Healthy School Scheme
- Welsh Network of Healthy School Schemes - Public Health Wales (nhs.wales)
- No Wrong Door: bringing services together to meet Children's Needs <https://www.childcomwales.org.uk/publications/no-wrong-door-bringing-services-together-to-meet-childrens-needs/>
- NHS Wales NYTH/ NEST framework <https://collaborative.nhs.wales/networks/wales-mental-healthnetwork/together-for-children-and-young-people-2/the-nest-framework/>
- Curriculum for Wales Guidance and Code for Relationships and Sexuality Education (RSE) <https://gov.wales/curriculum-wales-relationships-and-sexuality-education-rse-code>

Mental Health and Well-being (MHW) Monitoring Group Terms of Reference

Aim and Role

The aim of the group is to meet the obligation placed upon local authorities within the Well-being of Future Generations Act and also various Welsh Government strategic documents related to the enhancement of the mental health and wellbeing of learners and young people more widely.

The group also looks to establish a sub-group of the Well-being Improvement Board (WIB) in order to share key information and good practice to inform the WIB discussions when they occur. Key actions or workstreams for officers and/or teams may also be determined by the group.

The chair of the MHWMG has discretion to invite guests as they see appropriate and set extraordinary agenda items at limited notice. All notes and actions related to the MHWMG must be agreed with the chair.

Membership

- Head of Additional Learning Needs and Well-being (Chair)
- Lead Officer for Social Inclusion and Well-being (Vice chair and operational lead)
- Youth Service Manager (Universal)
- Prevention and Partnership Manager
- Complex Needs Manager and Principal EP
- Representatives of Central South Consortium
- Safeguarding Officer
- Well-being officers/ those LA officers with wellbeing responsibilities.

Guests may include colleagues from the following areas in particular (or any sector which the chair seems appropriate)-

Schools, Social Services, the YOS, the Police, SNAP Cymru, Voluntary Sector, NHS and CAMHS professionals if involvement is relevant and endorsed by the chair.

Frequency of Meetings

The WMG will meet every term in advance of the WIB convening. At least 5 of the aforementioned professionals will need to be present for the WMG to be quorate.

Terms of Reference

- To rigorously and robustly consider evidence provided by colleagues related to the mental health and well-being of pupils in schools and communities.
- Using that evidence, to reach a decision as to appropriate ways forward.
- To provide a forum to share information across the directorate regarding the pupil well-being agenda.
- To ensure that pupils' mental health and well-being needs are being promoted across schools as flexibly and efficiently as possible.

- To have regard for the effective distribution of resources related to the mental health and well-being agenda based on informed decision making.
- When applicable, ensure schools are supported in developing appropriate provision for all pupils. This should be informed by analysis of SELFIE, Motional and SHRN data.
- To create a forum to ensure information is shared effectively with colleagues to inform future workstreams.

Monitoring

Minutes to be considered by chair and vice chair with briefing to DLT/ DMT, as appropriate.