

Education and Children's Social Care Overview and Scrutiny Committee



Date of meeting:	12 September 2023
Title of Report:	Educational perspectives on Emotional Health and Wellbeing (EHWB)
Lead Member:	Councillor Sally Cresswell (Cabinet Member for Education, Skills and Apprenticeships)
Lead Strategic Director:	David Haley (Strategic Director for Children's Services)
Author:	Clare Hetherington
Contact Email:	Clare.hetherington@plymouth.gov.uk
Your Reference:	CH 12/09/23
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The Education and Social Care Overview and Scrutiny Committee have requested information on the current position in Plymouth regarding educational perspectives on Emotional Health and Wellbeing. The purpose of the report is to provide information.

Recommendations and Reasons

To note the information set out in the report

Alternative options considered and rejected

N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

This area of work is relevant to the Children and young people's plan, A Bright Future 2021-2026. It links to the priority area of Healthy and Happy with the aim of children and young people receiving effective support for their emotional and mental health needs.

Implications for the Medium Term Financial Plan and Resource Implications:

N/A

Financial Risks

N/A

Carbon Footprint (Environmental) Implications:

N/A

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

N/A

Appendices

*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Briefing report title							
B	Equalities Impact Assessment (if applicable)							

Background papers:

N/A

*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

Sign off:

Fin	DJN. 23.2 4.95	Leg	LS/0 0001 075/ 1/AC /4/9/ 23	Mon Off	Click here to enter text.	HR	Click here to enter text.	Asset s	Click here to enter text.	Strat Proc	Click here to enter text.
-----	----------------------	-----	---	------------	---------------------------------------	----	---------------------------------------	------------	---------------------------------------	---------------	---------------------------------

Originating Senior Leadership Team member: Annie Gammon

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 04/09/2023

Cabinet Member approval: Cllr Sally Creswell – approved via email

Date approved: 04/09/2023

1. Emotional Health and wellbeing and associated areas of need

Good mental health is important for children and young people to develop and thrive. Emotional health and wellbeing influences their cognitive development and ability to engage with learning. It also affects physical and social health. [Promoting children and young people's mental health and wellbeing - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/promoting-children-and-young-peoples-mental-health-and-wellbeing)

Ofsted's school inspection handbook sets out what inspectors take account of to ensure schools provide high quality pastoral care to enable pupils and students to develop into resilient adults with good mental health. All schools have a statutory duty to promote the welfare of their pupils and students, including preventing impairment of health or development as set out in Keeping Children Safe in Education (updated 2023) statutory guidance [Keeping children safe in education 2023 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/111111/keeping-children-safe-in-education-2023.pdf)

The Special Educational Needs and Disability (SEND) Code of Practice (Children and Families Act 2014) [SEND Code of Practice January 2015.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/111111/send-code-of-practice-january-2015.pdf) defines Social Emotional Mental Health (SEMH) difficulties whereby children may experience a wide range of needs that manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have needs related to attention deficit, hyperactivity, or attachment (and/or trauma). The experiences and needs of children and young people should always be understood in the context of environmental factors within the home, community and school/setting. Children experiencing primary SEMH SEND need may also be impacted by other needs such as in the areas of communication and interaction and/or cognition and learning.

2. Strategic planning processes in Plymouth for EHWP

The Children and Families Act (2014) places a duty on local authorities to ensure integration of education, health and social care to promote wellbeing and improve quality of provision for disabled young people and those with SEND.

The following plans supporting EHWP in Plymouth for all pupils, as well as those with additional needs, are highlighted for reference:

- A Bright Future 2021-2026
- NHS Long Term Plan – focus on emotional mental health
- SEND Strategy
- Area SEND Inspection Priority Action Plan (in development)
- Inclusion Strategy task and finish group facilitated by the place-based plan
- Special Educational Needs graduated approach to Inclusion and iThrive frameworks.

The Emotional Health and Wellbeing Steering Group meets quarterly and is chaired by a Plymouth city council Public Health Officer. Representatives attend from Education, Health and Independent Sector providers. The group provides a forum to support optimisation of the system through local organisations and agencies coming together. Updates and information sharing provide opportunity for

partnership, collaboration and improved system effectiveness. The work supports the system to share and co-own the vision and ambition of a Bright Future.

The Trauma Informed Plymouth Network is an independent network where the ambition is for Plymouth to be a trauma informed city. It has an education branch providing a reflective learning space for mainstream, specialist and higher education staff to embed trauma informed practices throughout the education system. [Our Network - Trauma Informed Plymouth Network](#)

3. Prevalence of EHWB needs

3.1 EHWB and mental health

EHWB is linked to mental health. The Plymouth Mental Health Select Committee held in March 2023 provided a summary of the national context regarding children and young people's mental health. The following information was presented.

Prevalence of any mental disorder in children and young people in England by age and sex, 2022				
	Boys	Girls	All	
7 to 10 year olds	19.7%	10.5%	15.2%	Slight decrease since 2021, boys continue to show a higher prevalence
11 to 16 year olds	18.8%	22%	20.4%	Slight increase since 2021, girls continue to show higher prevalence
17 to 19 year olds	10.2%	33.1%	25.7%	The rise in prevalence in this age is significant (up from 17.4%) in both genders, up from 10.3% in young men and 24.8% in young women since 2021, and more than double the rate in 2017 (10.1%)
20 to 22 year olds	10.2%	28.3%	18.7%	Slight increase since 2021, driven by increase in young women (up from 22.6%)
All 7 to 16 year olds	19.2%	16.7%	18%	Minimal change in this group since 2021, but up from 12.1% in 2017

- 50% of mental illness (excluding dementia) is diagnosed by 14 years, 75% is diagnosed by 24 years
- Rates of probable mental disorder continue to be significantly higher among 7-16 year olds

In Plymouth, Public Health undertake a biennial school survey. Each school has its own data and the Council have aggregated data that provides intelligence at a population level. We expect to have a report covering emotional health and wellbeing from the most recent survey in 2022 completed in October. The report will reflect some of the findings linked to sub-populations e.g. SEND; Young Carers; Service Families etc. Overall trends are usually in line with national surveys.

3.2 EHWB in Plymouth schools and educational settings

Social emotional mental health (SEMH) is one of the four identified areas of need outlined in the SEND Code of Practice (2015) alongside, Cognition and Learning, Communication and Interaction, and Physical and Sensory. Although emotional health and wellbeing is a comprehensive term, SEMH in this context is defined as a category of need impacted by and reflective of EHWB.

In Plymouth at SEN Support SEMH currently accounts for 76.9% of all children registered with SEND (as 14.1% of child population).

The 2022/23 published data records 24.5% of all Education Health and Care Plans (EHCPs) for children and young people with SEMH as their primary need (4.3% of all children in Plymouth have an EHCP in line with the average for England). Source: [2022/23 Explore Education Statistics](#).

In Plymouth, like many areas of the country, we continue to see a steep rise in the requests for Education, Health and Care Needs assessments (EHCNA). This academic year 22/23 to 31 July 2023, 793 requests for an EHCNA have been received. This compares to 583 for the same period in 21/22 representing an increase of 36.02%, which is significantly above the regional (12%) and national (6.7%) increases. As 24.5% of current EHCPs have SEMH as their primary need, the rise in EHCNAs will see a rise in the actual number of children who have an EHCP to address SEMH needs.

SEMH represents the highest area of primary need where consultation is sought from the Council's Educational Psychology Service at 58% compared to the other areas of SEND, communication and interaction 24%, cognition and learning 15%, and physical and sensory 3%.

Data from the Virtual School shows that children in care are more vulnerable than others. Children who are in care to the Local Authority are more likely to have suffered early life trauma having a significant impact on their overall EHWP.

In Plymouth nearly 60% of children in care have identified SEN needs with 22% having an EHCP. This is nearly 8% higher than the national rate for children in care with EHCPs. Looked after pupils and those known to a social worker in Plymouth are between 2 and 3 times as likely as their non-social care linked peers to have SEN support, and up to 8 times more likely to have an EHCP, and of these Social Emotional and Mental Health Needs are identified in over 80% EHCPs.

4. EHWP and impact on school/setting attendance including part time timetables and emotionally based school avoidance

Anecdotal evidence and data suggests that children with SEMH needs are more likely to be subject to a reduced timetable, experience poor school attendance and be more likely to find themselves suspended or permanently excluded from school.

Children missing out on education (CMOOE) is defined as a child or young person of statutory school age who does not or cannot attend full-time school education in the usual way. Between 1st January 2023 and 10th February 2023 (term 3), severe absence (absence above 50%) data at a city level is reported at 2.4%. Comparative data for the previous year saw a severe absence rate of 2.13%. Social Emotional and Mental Health Needs were cited by the majority of schools as the primary driver for severe absence.

4.1 Part time timetables

Government guidance "Working together to improve School Attendance (2022)" [Working together to improve school attendance - GOV.UK \(www.gov.uk\)](#) sets out the principles of part time timetables and how in exceptional circumstances such as a mental health condition, a plan to help a child to attend well may involve the use of a temporary part-time timetable to meet individual needs. Part time timetables are often considered as part of a phased re-integration package.

Plymouth city council collects data on part time timetables from schools and we seek assurance regarding their implementation within an agreed framework. During 2022-23 of 335 part time timetables, 115 pupils (34.3%) have an EHCP, this represents 4.1% of the total EHCP cohort, and in addition, 126 pupils (37.6%) receive SEN support. The remainder 94 pupils (28.1%) have no identified SEND need.

Feedback from school leaders indicates that transition points can be particularly challenging for children, with some children struggling to cope with the greater demands of a formal classroom; or, in the case of older children, as a result of a lack of provision that offers more bespoke programmes of learning which meets the interests and aspirations of some young people. Consequently, feedback also indicates that there is demand for specialist training aimed at developing the skills of school staff as well as forms of alternative provision in order to meet need at an earlier point.

The main reasons for implementing a part time timetable in mainstream primary schools in Plymouth across 2022-23 were SEND and behaviour, accounting for 78.3% of all part time timetables. Although the SEND area of need is not defined, local intelligence suggests that SEMH is likely to be the most prevalent need type within these cohorts.

Within the secondary phase the reasons for implementing a part time timetable in 2022-23 relate to reintegration 36.5%, medical needs (which can include mental health) 24.5%, behaviour 23%, and SEND 15.9%. School leaders report increased levels of emotionally based school non-attendance and challenging behaviour post-pandemic which has been coupled with a rise in suspensions and exclusions across the city. The data suggests that part time timetables may be implemented as a mechanism to reduce the likelihood of suspension or permanent exclusion, or to support children with anxiety based barriers to school attendance and build towards full time attendance.

4.2 School attendance and emotionally based school avoidance

Current data from Health Services and the council's Education Welfare and Inclusion Service does not separate out emotionally based school avoidance from attendance data and other SEMH SEND needs. This is an area for development which will be addressed by the Attendance Network approach established in the summer term 2023 and which will run 6 times a year in this academic year. It will bring together trust and school leaders as well as relevant partners to discuss and plan for the root causes of poor attendance.

The current attendance rate across the city for children identified with SEND and an EHCP is 83.3%, and 92.8% for pupils receiving SEN Support (2022/2023 academic year). This is in comparison to 91.1% for all pupils for the same time period.

Government guidance has been issued [Summary of responsibilities where a mental health issue is affecting attendance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) in February 2023. This guidance applies to pupils displaying any social, emotional or mental health issue that affects their attendance. It is not only for pupils who have a diagnosed mental disorder, or a disability or a special educational need.

The school/setting role is to ensure a calm, safe and supportive environment as a foundation for securing good attendance. Generally this will be achieved by promoting children and young people's mental health and wellbeing through a whole school approach to pupil mental health and by developing trusted relationships with parents/carers and families that involves them in the conversation about the school's ethos, and emphasises the importance of supporting mental health and regular attendance.

Where a mental health issue is affecting attendance (and also engagement within the school/setting) pastoral and/or referrals to other services may be appropriate to join up and provide cross agency support and agree a plan around the school and family such as The Team Around Me (TAM) or Team

Around the Family (TAF) or Early Help Assessment Tool (EHAT) frameworks for assessment and intervention. Depending on the level and complexity of need, this forms part of the flexible graduated approach at a targeted or specialist level, and would be supported through the iThrive framework of getting help, more help or risk support.

A range of professionals such as Mental Health Support Team practitioners, Child and Adolescent Mental Health Service (CAMHS) professionals, school nurses, Educational Psychologists and the council's Communication and Interaction Team etc. may be involved in working with a family in conjunction with school staff where there is emotionally based school avoidance. Specific Guidance for children and young people, parents/carers and school staff has been jointly produced by the Educational Psychology Service and CAMHS and is accessed through services, schools and the local offer pages. [Emotionally Based School Avoidance Resources for school staff, parents, and young people - Plymouth Online Directory](#)

5. Overview of Provision across the system to meet EHWP needs

The SEND graduated approach and iThrive frameworks [Graduated approach to inclusion - SENCO Guide - Plymouth Online Directory](#) define the processes to support schools/settings and families within localities at universal, targeted and specialist levels. Principles underpinning a whole setting approach with preventative and early intervention strategies are important, with specific targeted and specialist interventions for groups and individual children being triggered and prioritised through monitoring and assessment.

Public Health have created a mapping document based on the iThrive model. This is a dynamic piece of work but the information can be useful for stakeholders as it provides an indication of the scope of provision available in the city in line with the iThrive model.

A whole setting approach

A whole setting approach is fundamental, with leadership and management that supports and champions efforts to promote EHWP. Key principles and guidance for good practice relate to:

- Curriculum teaching and learning to promote resilience and support social and emotional learning
- The voice of the pupils/student to influence decisions
- Staff development to support their own wellbeing and that of pupils/students
- Identifying and monitoring impact of interventions
- Working with parents and carers
- Targeted support and appropriate referral
- An ethos and environment that promotes respect and values diversity.

A range of training and provision across the city is in place to support whole setting approaches.

Trauma Informed (TI) Practice is an approach that is being developed across many areas of education, care and support to make a positive difference to young people's behaviour, emotional mental wellbeing, and attainment. The Local Authority devised a four stage programme to ensure whole school cultural change Trauma Informed Schools United Kingdom (TISUK) have been commissioned to undertake school training, development and ongoing support. Phases 1 & 2 have now been completed, with 10 cohorts of senior leadership TI training delivered (162 colleagues) and 82 school colleagues completing the TI Practice Diploma. Planned delivery of Phases 3 and 4 is underway. A full evaluation of programme delivery will be shared with 'Schools Forum' in late 2023 and then a further evaluation of the ongoing changes in culture will be shared demonstrating impact, in July 2024.

Specific funded training has been provided for Mental Health Leads in schools with 59 (61%) Plymouth schools having taken up the training as reported up to March 2023.

As well as working with individual children and their families, the PCC Educational Psychology Service provides a rolling programme of training in emotional literacy for school support assistants to assist them in their work with vulnerable children. From 2021-2023, staff from 48 primary schools have attended training (99 attendees). The training has been evaluated positively in terms of staff skills to promote positive EHWPB outcomes. In addition to this, bespoke training from the EP Service can be commissioned by individual schools/settings.

Training for staff is provided by the Virtual School on the EHWPB needs of children in care. This includes at the annual Designated Teacher Conference, as part of new Designated Teacher Training and support network events. Bespoke training is provided for any school who requests it on attachment and managing SEND for children in care. In addition, each child in care has a personal education plan which is reviewed on a termly basis.

Other supporting Services include the following.

- Young Plymouth provides school based counselling with some community based counselling. Outcomes remain very good.
- Kooth, provides an on-line offer reaching out to populations under represented through face to face e.g. BAME populations. Kooth also seems to have a role with respect to young people in crisis.
- Progeny (funded through PCC Public Health) is a service supporting individual young people and whole school approaches.
- The city's Compassionate Approach to CYP Health and Weight Plan 2023-2033 is providing opportunities to test place based working with a strong focus on primary prevention. Emotional Health and Wellbeing is key in this work.
- The Council Mental Health Select Committee in March 2023 recommended that the Devon Integrated Care Board explore the provision of dedicated mental health professionals for schools/academy groups in Plymouth and beyond, for specialist mental health support. The NHS currently support 2 waves of Mental Health in Schools Teams that work with 35 schools across the boundaries of Plymouth. This is a mixture of Primary and Secondary. There is a desire to expand this to all schools in Plymouth. As a provider Livewell Southwest would fully support expansion of this provision to ensure every school has access to a Mental Health in Schools Team.

Support for individual children and young people with EHWPB needs is often multi-agency and is through referral stemming from monitoring and review processes. Each school has a link Educational Psychologist, Early Help CAMHS professional and Education Inclusion and Welfare Officer. With the introduction of a locality teams approach, early help professionals from Children, Young People and Family Services may also form part of a multi-agency team around the family and setting. Priorities are agreed through termly planning and consultation meetings with designated school staff and individual or multi-agency input is agreed as appropriate. In Early Years settings, referrals are made by designated lead staff. Cycles of involvement follow a plan do review process as outlined in the early years and school aged guidance in the graduated approach to inclusion section on SEMH.

6. Development planning for EHWPB

Actions drawn together for improvement to support EHWPB based on analysis of needs, trends, evaluation and feedback, are shaped as part of individual school improvement plans as well as service and system developments. The section below describes two areas of focus, firstly, responses from

CAMHS to the Council Mental Health Select Committee (March 2023) and secondly, the priorities and recommendations resulting from the Local Area SEND Inspection.

6.1 Responses to specific Mental Health Select Committee recommendations

The committee is aware that the access point to healthcare for most residents is their General Practitioner. The committee therefore recommends that residents are re-directed to mental health services, which do not require referral, at initial contact with health care services (through e-consult pop-up / telephone advice), and that service signposting is improved, including on the Councillors Hub, and Plymouth City Councils' public website.

Young people up to the age of 18 years do not need to access their GP for a referral to CAMHS. Our Early Help Pathway accepts requests for help (referral) from the young person themselves, their family/carers, professional involved with the child. [CAMHS Early Help Pathway | Livewell Southwest](#)

To promote awareness of the self-referral system, CAMHS will be undertaking a Community Engagement Event in the winter term, ensuring this is on a date and time that young people can access. The planning for this event will be on 19th September.

The Committee noted with concern, the prolonged waiting times for neurodevelopmental assessment, and the negative impacts on all those involved. The Committee recommended that the provider collaborative produce an action plan to tackle waiting times, and reports to a scrutiny session in the early part of the next municipal year.

Although this action relates to adults, CAMHS have a neurodevelopmental waiting list that is robustly managed with an action plan and regular review. CAMHS are reviewing the need for extra resources to reduce the waiting time and are taking part in several pilot projects that will increase the support to young people who are awaiting a diagnosis or are on a waiting list for assessment.

The Committee recommends that Livewell SW provide a report to the Children's OSC regarding the number of Care experienced people using mental health services, and lists which services are in demand, and how they are being accessed.

CAMHS are working with our BI team to identify those who are care experienced who do not sit within CAMHS Children in Care Service. CAMHS will need to be able to identify those who are in adult services to understand how care experienced young people are accessing which services to determine demand. It is anticipated completion of this work by the end of November 2023 and will be able to present a report to the Children's OSC when this work is complete.

6.2 Local Area Partnership SEND Inspection

The Local Area Partnership SEND Inspection report sets out a number of priority actions and recommendations and a priority action plan will be published by 3 October. Plymouth City Council, NHS Devon Integrated Care Board (including University Hospitals Plymouth and Livewell Southwest), school and college leaders and other key partners will work together to address the areas that need improvement. Priority areas for action will refer to EHVB.

Responsible body	Areas for priority action
Plymouth City Council, NHS Devon Integrated Care Board, school and college leaders.	Leaders, including Plymouth City Council, Devon Integrated Care Board, and school and college leaders, must put children and young people with SEND at the centre of all improvement plans by ensuring that those plans contain clear oversight and tracking in order to measure the direct impact on children, young people and their families.
Plymouth City Council, NHS Devon Integrated Care Board, school and college leaders.	Leaders, including Plymouth City Council, Devon Integrated Care Board, and school and college leaders, should work together and share information to enable the earlier identification of children and young people with SEND who are at risk of increased vulnerability and negative outcomes.
Plymouth City Council, school and college leaders	Leaders, including Plymouth City Council and school and college leaders, should work together to reduce the likelihood of exclusion for pupils with an EHCP.
NHS Devon Integrated Care Board	Devon Integrated Care Board should work with partners to risk assess children on waiting lists, ensuring that those with multiple needs get the earliest support possible .
Plymouth City Council	Plymouth City Council leaders should ensure that children and young people with SEND who also have social care needs get the care and support they need, particularly: <ul style="list-style-type: none"> ▪ vulnerable children living in residential special schools and children's homes at a distance; and ▪ children receiving short breaks without effective oversight and review, including reassessment when needs escalate.

Recommendations

Leaders across health, social care and education should improve the consistency of the support offered to children and young people with SEND by ensuring:

- all children receive the mandated checks in line with **the Healthy Child Programme**; and
- all children and young people benefit from **a consistently applied graduated response**.

Leaders across the partnership should continue to **address long waiting times** for children and young people requesting support from health services.

Leaders must ensure that **all social care, health and education practitioners have the training they need to provide consistent identification, care and support for children and young people with SEND.**

Leaders should use the information available to them **to plan ahead**, ensuring the right services and support are in place to meet the future needs of children and young people with SEND in Plymouth.

Central themes and activities will be developed across Education, Health and Social Care partnership. This will include further enabling staff in settings to meet the needs of vulnerable children and young people requiring support for EHWP. Specific outcomes will be shaped and reported through the SEND Improvement and Inspection Priority Action Plan.