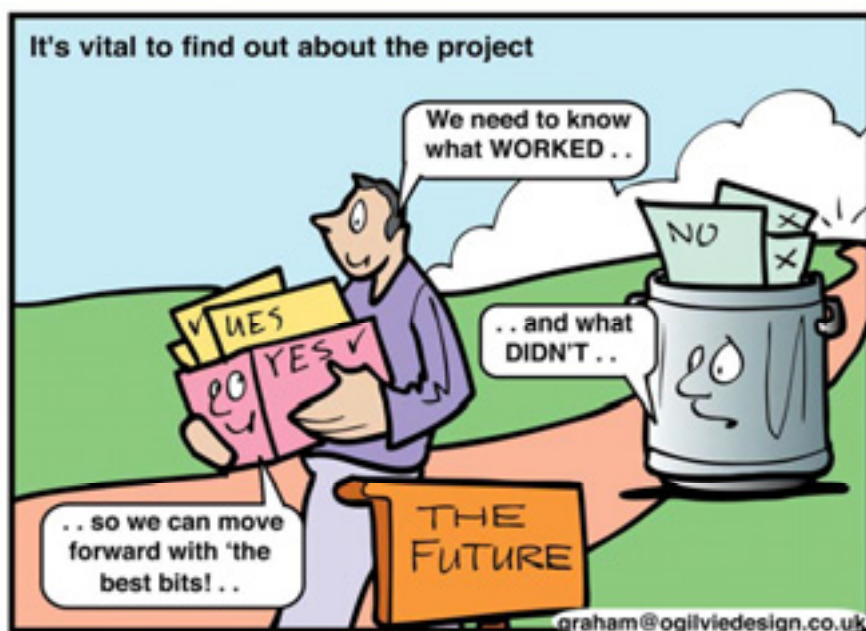


HEALTH AND WELLBEING  
IN SCHOOLS PROJECT:  
REPORT OF OPEN SPACE  
STOCK TAKE EVENTS HELD  
IN MAY – JUNE 2010



**HEALTH AND WELLBEING IN SCHOOLS PROJECT:  
REPORT OF OPEN SPACE STOCK TAKE EVENTS  
HELD IN MAY – JUNE 2010**

**Alex Mathieson  
Freelance Writer and Editor, Edinburgh**

**Illustrations by  
Graham Ogilvie, Ogilvie Design**

Scottish Government Social Research  
2010

This report is available on the Scottish Government Social Research website only [www.scotland.gov.uk/socialresearch](http://www.scotland.gov.uk/socialresearch).

**The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.**

© Crown Copyright 2010

Limited extracts from the text may be produced provided the source is acknowledged. For more extensive reproduction, please contact the Queens Printers of Scotland, Admail, ADM 4058, Edinburgh EH1 1NG. Email: [licensing@oqps.gov.uk](mailto:licensing@oqps.gov.uk)

## **Table of Contents**

1	EXECUTIVE SUMMARY	3
2	PROJECT CONTEXT AND BACKGROUND	6
	Key drivers for the project	6
	Project implementation	7
	This report	8
3	OPEN SPACE METHOD	12
	Workshop method	12
4	KEY THEMES – WHAT IS WORKING WELL WITH THE PROJECT	14
	Systems – multi-agency working	14
	Communication	17
	Resources and sustainability	18
	Practice and initiatives	19
	Personnel	24
5	KEY THEMES – WHAT COULD WORK BETTER WITH THE PROJECT	28
	Systems – including links with Curriculum for Excellence	28
	Communication	30
	Resources and sustainability	33
	Practice and initiatives	35
	Personnel	35
6	DISCUSSION, ISSUES FOR CONSIDERATION AND CONCLUSION	38
	Systems	38
	Communication	39
	Resources and sustainability	41
	Practice and initiatives	41
	Personnel	42
	Conclusion	42
	APPENDIX 1	44
	What is happening in the project demonstration sites	44
	APPENDIX 2	51
	Information sheet offered to event participants	51
	APPENDIX 3	52
	Venues and attendance figures for the four workshops	52
	APPENDIX 4	53
	Selected discussion items at the events	53
	What is working well with the project	53
	What could work better with the project	54
	APPENDIX 5	56
	Local action points emerging from the four workshops	56
	NHS Ayrshire & Arran: Belmont schools cluster	56
	NHS Forth Valley: Clackmannanshire schools	57
	NHS Grampian: Moray schools	58
	NHS Lothian: West Lothian, Armadale schools cluster	60

# 1 EXECUTIVE SUMMARY

## Project context and background

- 1.1 The Health and Wellbeing in Schools project is a Scottish Government-funded initiative designed to complement the national effort to improve the health and wellbeing of children and young people in Scotland. It aspires to harness existing skills, develop new roles, expand capacity and work in partnerships with a range of agencies to provide effective health care to school-aged children and young people within the Curriculum for Excellence cohort (aged 3–19 years) and their families, particularly at key transition stages.
- 1.2 The project was launched in September 2008 in four demonstration sites:
  - NHS Ayrshire & Arran: Belmont school cluster
  - NHS Forth Valley: Clackmannanshire schools
  - NHS Grampian: Moray schools
  - NHS Lothian: West Lothian, Armadale school cluster.
- 1.3 A project officer was appointed in each of the demonstration sites.
- 1.4 This report summarises the outputs of a series of workshops held in the demonstration sites which focused on the impact of the project to July 2010. The workshops used the Open Space method, which is a whole-systems approach to garnering perceptions and determining actions, and were supported by graphic facilitation. Individual reports were prepared from each workshop, containing points for local action.
- 1.5 Workshop participants were asked specifically to consider two questions.
  - What elements of the project have been working well since the project's introduction?
  - What elements of the project could work better, and how can improvements be achieved?

## What is working well with the project

- 1.6 Participants at the workshops across all four demonstration sites were able to cite many examples of areas in which the project is working well.
- 1.7 Improved multi-agency working among school health services and other agencies since the project's inception was reported, with examples of how the project had brought together groups who do not normally meet. Multi-agency working was encouraging the breakdown of professional "silo" thinking and behaviours, it was suggested.
- 1.8 The beneficial effects of the extra resources the project had generated were highlighted, particularly in relation to developing new staff roles. Considerable success was reported across all areas with the introduction of support worker

roles which, in addition to providing important direct interventions, were also helping to free school nurse time to support the most vulnerable children and young people. There was also evidence of increased capacity among a range of professionals, including speech and language therapists and mental health workers.

- 1.9 All sites were able to report positive practice and/or initiatives that were proving beneficial to children, young people and families. Some of these have been created by the project, while others were already in existence but are now being supported by the project. There were also examples across the sites of how personnel either employed as a direct result of the project or supported by its ethos, methods and models were making tangible differences in services for children and young people.

### **What could work better with the project**

- 1.10 Particular concerns were expressed at all four events about lack of clarity on how the project articulates strategically and operationally with Curriculum for Excellence. The overriding feeling among health and education staff, it was reported, was of uncertainty about how the project links with the health and wellbeing strand of Curriculum for Excellence, with non-education staff seeming particularly unclear. The approach, it was suggested, should be to consider the Curriculum for Excellence ethos in the round and look at how the project can support the implementation of Curriculum for Excellence philosophies around health and wellbeing in schools.
- 1.11 While better multi-agency working was identified as a strong positive outcome of the project, systemic cultural barriers to inter-agency working were also reported, with individuals who were change-averse impeding progress in this area.
- 1.12 Concerns and reservations about the way the project has been communicated and “marketed” were expressed. There was lack of awareness about the project in schools and among children and young people, it was claimed, despite a wide range of communication methods being used to disseminate information about the project. Calls were made for the project to “re-energise” promotional activity about its work.
- 1.13 The sustainability of the project after March 2011 was a source of concern, with particular worries expressed about the future prospects for staff employed and developed through the project and specific initiatives created or supported by the project. It was suggested that capacity-building exercises be conducted with the community and parents to enable them to maintain the momentum created by the project, and a clear “exit strategy” should be devised.

### **Items for consideration**

- 1.14 Items for consideration covering the following areas are set out in the report:
- systems – multi-agency working and links with Curriculum for Excellence
  - communication

- resources and sustainability
- practice and initiatives
- personnel.

1.15 The main suggestions are that the project should give consideration to:

- developing local action plans describing how the project supports the implementation of the Curriculum for Excellence health and wellbeing strand and achievement of associated national objectives;
- increasing the visible presence of the project in schools through eye-catching posters, leaflets, electronic means and other methods;
- taking action to safeguard, protect and further develop the links and communication networks the project has forged with agencies and groups;
- devising a clear “exit strategy”;
- defining common factors that have made initiatives developed by the project successful; and
- developing a plan for ongoing development of support roles in school health services.

## **Conclusion**

1.16 The series of workshops highlighted the significant successes the project has achieved across the demonstration sites, including developing strong partnerships with key stakeholders, providing resource to develop support and specialist roles, introducing a range of new initiatives and making positive links with existing initiatives.

1.17 They also highlighted areas in which the project could do better, particularly in terms of making stakeholders aware of its existence. The advent of Curriculum for Excellence offers a very positive opportunity for the project to re-engage with education staff and to convince them on how the project can support the achievement of health and wellbeing outcomes.

## 2 PROJECT CONTEXT AND BACKGROUND

- 2.1 The **Health and Wellbeing in Schools** project is a Scottish Government-funded initiative designed to complement the national effort to improve the health and wellbeing of children and young people in Scotland. It aspires to harness existing skills, develop new roles, expand capacity and work in partnerships with a range of agencies to provide effective health care for school-aged children and young people within the Curriculum for Excellence<sup>1</sup> cohort (aged 3–19 years) and their families, particularly at key transition stages.
- 2.2 The aim of the project, which runs from September 2008 to March 2011, is to increase health care capacity in schools by providing improved health care services that meet the needs of individuals, families and their communities. It also aims to develop a range of models and initiatives that can be implemented across Scotland in a safe, efficient and effective manner and which support the implementation of *Better Health, Better Care*<sup>2</sup> and *Equally Well*.<sup>3</sup>
- 2.3 The project is firmly based in a partnership approach that involves participation from health, education and local authority staff, voluntary organisations, children, young people and their families and communities.

### Key drivers for the project

- 2.4 The key driver for the project is *Better Health, Better Care*. This action plan calls for the increase of health care capacity and the delivery of care in an integrated way using a partnership approach to address the health and wellbeing needs of children and young people in Scotland, with a particular focus on communities with higher numbers of vulnerable children and young people.
- 2.5 *Equally Well*, the report of the Ministerial Task Force on Health Inequalities, is also a key driver of the project. The report contains the following recommendation, which has direct relevance to the project:

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

- 2.6 The project necessarily has close links with Curriculum for Excellence. Curriculum for Excellence aims to transform education in Scotland by providing a coherent, flexible and enriched curriculum for children and young people aged 3–19 years. The purpose of the new curriculum is to enable children and young people to realise their full potential and fulfil the Scottish Government's

---

<sup>1</sup> <http://www.curriculum-for-excellence.co.uk/>

<sup>2</sup> <http://www.scotland.gov.uk/Publications/2007/12/11103453/0>

<sup>3</sup> <http://www.scotland.gov.uk/Publications/2008/06/25104032/0>



vision of each child being a confident individual, successful learner, responsible citizen and effective contributor.

- 2.7 The health and wellbeing component of the curriculum will ensure that children and young people have the knowledge, skills and understanding to follow a positive, healthy lifestyle. The new models of integrated health care being developed by the Health and Wellbeing in Schools project will support teachers in meeting the learning outcomes of the health and wellbeing component of Curriculum for Excellence.
- 2.8 The project also works alongside established health and wellbeing initiatives in Scotland, such as the Health Promoting Schools model, Getting It Right for Every Child (GIRFEC) and integrated children's services, and complements and supports a range of national policies.

### **Project implementation**

- 2.9 The project was launched in September 2008. Initial work through to January 2009 focused on developing appropriate models that reflected local needs and preparing four demonstration sites for launch between January and March 2009:
  - NHS Ayrshire & Arran: Belmont school cluster
  - NHS Forth Valley: Clackmannanshire schools
  - NHS Grampian: Moray schools
  - NHS Lothian: West Lothian, Armadale school cluster.
- 2.10 Governance for the project, which was commissioned by the Chief Nursing Officer Directorate of the Scottish Government Health Directorates, is provided by a national programme manager, supported by a national steering group consisting of representatives from the Scottish Government, NHSScotland, local authorities, voluntary organisations, Her Majesty's Inspectorate of Education, the Convention of Scottish Local Authorities, the Royal College of Nursing and the School and Public Health Nurses Association.
- 2.11 A project officer was appointed in each of the demonstration sites to work two days per week on the project, with the remaining three days being devoted to their normal duties (a school nurse manager, a public health practitioner, a school nurse co-ordinator and a physiotherapist, all working with the school-age population).
- 2.12 Working with a national development officer and a national steering group, the project officers have assumed responsibility in their demonstration sites for:
  - promoting an integrated partnership approach to achieving a positive impact on the health and wellbeing of school-aged children and young people within the Curriculum for Excellence cohort;
  - exploring and establishing mechanisms to engage key stakeholders, including children, young people, families and voluntary organisations, in the project;

- identifying health inequalities within the demonstration sites relating to children and young people, their families and the communities in which they live;
- identifying the workforce, workload and training needs of staff to ensure the provision of appropriately skilled and trained staff within each of the demonstration sites; and
- implementing a range of new, integrated, flexible models of practice within the demonstration sites to support staff in the delivery of preventative, early intervention and treatment programmes aimed at improving health outcomes for children and young people.

2.13 Brief profiles of the demonstration sites at the start of the project and a summary of the proposed new models for each are presented in Table 1. A summary of new initiatives developed by the projects and already-existing initiatives that the project is now supporting is shown at Appendix 1.

### **This report**

2.14 This report summarises the outputs of a series of workshops held in the demonstration sites which focused on the impact of the project to July 2010. The method employed is described in the next chapter.

2.15 The report contains a selection of illustrations created at the events by a professional artist. These illustrations represent key statements made by participants, who were able to view the images on the day to help them to reflect on important messages and prioritise areas for action.

2.16 The report covers:

- the workshop methods
- areas in which the project has been doing well
- areas in which the project could do better
- discussion, issues for consideration and conclusion.

2.17 Summaries of the discussions set out in chapters 4 and 5 have been grouped under the following headings:

- systems
- communication
- resources and sustainability
- practice and initiatives
- personnel.

2.18 These seemed to the report writer to encapsulate the broad areas under which the discussions developed.

2.19 The report attempts to reflect the majority opinions expressed at the workshops, and it has not been possible to reflect all opinions and views expressed.

**Table 1. Demonstration site profiles and proposed new models at start of project**

Site	Schools	Pupils	Teachers (WTE*)	School nurse (WTE*)	Total increase in all staff (WTE)	Proposed model
<b>NHS Ayrshire &amp; Arran: Belmont school cluster</b>	1 secondary 6 primary 1 special educational needs school	3073	242	1.6	2.40	<ul style="list-style-type: none"> <li>• Redesign services by harnessing existing skills and developing new roles.</li> <li>• Increase school nurse hours to focus on early intervention and prevention initiatives for the most vulnerable children and young people.</li> <li>• Recruit a support worker for routine screening, surveillance and health promotion.</li> <li>• Recruit a mental health advisor to promote emotional wellbeing through school-based programmes.</li> <li>• Recruit a full-time speech and language therapist to develop communication skills at an early stage.</li> <li>• Recruit a dietitian to support pupils with weight problems and develop classroom-based healthy weight programmes.</li> </ul>
<b>NHS Forth Valley: Clackmannanshire schools</b>	3 secondary 19 primary	7067	528.5	2.1	3.49	<ul style="list-style-type: none"> <li>• Additional resource enables school nursing team to support education in addressing the health and wellbeing component of Curriculum for Excellence.</li> <li>• Increase band 6 public health nurse to full time and recruit an additional band 6 public health nurse for schools.</li> <li>• Recruit three band 3 family support workers to focus on early intervention initiatives and parenting programmes (higher than national average teenage pregnancy rates in area) and to reinforce</li> </ul>

Site	Schools	Pupils	Teachers (WTE*)	School nurse (WTE*)	Total increase in all staff (WTE)	Proposed model
						<p>key messages within schools and family homes.</p> <ul style="list-style-type: none"> <li>Recruit additional speech and language therapist and support worker to work with the most vulnerable children identified within nursery.</li> <li>Recruit mental health advisor to develop emotional wellbeing through school-based programmes.</li> </ul>
<b>NHS Grampian: Moray schools</b>	8 secondary 48 primary 22 nursery schools	12 581	930.55	6.25	10.17	<ul style="list-style-type: none"> <li>Develop new approaches with education and work proactively with stakeholders to ensure children and young people get the right help when the need arises.</li> <li>Increase school nursing hours and recruit a band 6 community paediatric nurse to support those requiring clinical support within mainstream school through training for education staff and liaising with parents and carers.</li> <li>Recruit a band 5 staff nurse and four support workers to enable school nurses to focus on early intervention and prevention initiatives for the most vulnerable.</li> <li>Develop a transition team by recruiting 0.8 additional physiotherapist, occupational therapist, speech and language therapist and a full-time support worker to support children and young people at key transition stages.</li> <li>Recruit two band 7 associate psychologists to develop emotional wellbeing through school-based</li> </ul>

Site	Schools	Pupils	Teachers (WTE*)	School nurse (WTE*)	Total increase in all staff (WTE)	Proposed model
						programmes and to provide support for the development of integrated care pathways for those with mental health difficulties.
<b>NHS Lothian: West Lothian, Armadale school cluster</b>	1 secondary 6 feeder primary	1111	159.7	0.8	3.6	<ul style="list-style-type: none"> <li>• Use a range of approaches based on the GIRFEC model that focuses on My World, including supporting children through transition stages.</li> <li>• Spread lunchtime school drop-in sessions to all feeder primary schools.</li> <li>• Offer enhanced social and communication skills programmes in conjunction with education staff.</li> <li>• Recruit two band 6 staff nurses (20 hrs/week), one speech and language therapist (20 hrs/week), two mental health link workers, two family support workers.</li> </ul>

\*Whole time equivalent

### **3 OPEN SPACE METHOD**

- 3.1 A full-day workshop was held in each of the demonstration sites to allow key stakeholders to focus on the project's impact locally. Workshop participants were asked specifically to consider two questions.
- What elements of the project have been working well since the project's introduction?
  - What elements of the project could work better, and how can improvements be achieved?
- 3.2 An information sheet provided for workshop participants is shown at Appendix 2, and dates, venues and attendance figures for the four workshops are shown at Appendix 3. The topics selected for discussion by participants in both the "what is working well" and "what could work better" sections for each workshop are shown at Appendix 4.
- 3.3 Individual reports setting out specific local actions have been prepared from each workshop. These are now being taken forward by project officers in the demonstration sites to guide action.

#### **Workshop method**

- 3.4 The workshops used the Open Space method, which is a whole-systems approach to gathering perceptions and determining actions, and were supported by graphic facilitation.

#### **Whole-systems approach**

- 3.5 A whole-systems approach is one of a spectrum of action research methods that aim to work with live social and organisational issues to uncover their complex dynamics, reveal opportunities for effective interventions and generate action to support whole-system change. In the whole-systems approach, organisations are considered as a living system whose adaptation and evolution are determined by the way interconnected parts relate to each other and the way the individual parts behave.
- 3.6 The whole-systems approach often brings together a large number of people with a wide range of perspectives, but who essentially share a common purpose. It gives them the opportunity to examine how the system they are involved with works, allows them to develop a better understanding of how others see the system, identifies problems and examines what should be done to improve things.

### **Open Space events**

- 3.7 Open Space events<sup>4</sup> start with participants sitting in concentric circles in front of a blank wall. A facilitator welcomes everyone to the event and asks people to introduce themselves to the person sitting on either side.
- 3.8 The facilitator then explains how the workshop works – that it is up to the people attending to propose topics to explore the question(s) the workshop has been set up to answer. These proposed topics are added to the wall.
- 3.9 People then vote on which topics should form the agenda for the workshop. Participants agree the final list of topics to be covered in the workshop – this forms the agenda for the day. They then sign up for the topic groups they are interested in attending and small groups are formed to explore and address the topic chosen, with individuals free to move between groups as they choose.
- 3.10 Key points from the discussions are recorded on flipcharts and reported back to the full group at the end of the small group session. The facilitator helps the groups to summarise, focusing on the workshop aims.
- 3.11 This process was followed for both the “what is working well” and “what could work better” sessions of the workshop. Groups were asked to identify three key benefits and illustrative “stories” during the “what is working well” section (some of the “stories” related by participants can be found in Chapter 3) and to define action points during the “what could work better” element with the aim of developing local action plans for interventions.

### **Graphic facilitation**

- 3.12 Graphic facilitation was provided for the workshops by a professional artist who specialises in graphic facilitation. The artist was engaged to listen to group discussions to capture views, ideas and opinions; he then prepared illustrations which represented a sample of the opinions expressed. A feedback mechanism was employed during the events to allow participants to review and comment on the illustrations.

---

<sup>4</sup> Further information on Open Space can be found at:  
<http://www.openspaceworld.org/cgi/wiki.cgi?WorkingInOpenSpace>  
<http://www.bin.co.uk/openspacedir>

## 4 KEY THEMES – WHAT IS WORKING WELL WITH THE PROJECT

4.1 This chapter summarises participants' views expressed at the events on what was working well with the project. It considers their expressed views under the following headings:

- systems – multi-agency working
- communication
- resources and sustainability
- practice and initiatives
- personnel.

4.2 In all, 158 comments on what is working well with the project were posted during the Open Space sessions. The comments tended to focus on issues around:

- improved multi-agency communication, working and education;
- extra resource provided by the project;
- increased mental health and emotional wellbeing interventions;
- greater facility to intervene early;
- transition programmes;
- individual local initiatives;
- development of support staff roles, supported by an education programme at the Robert Gordon University; and
- positive changes to the way school nurses worked.

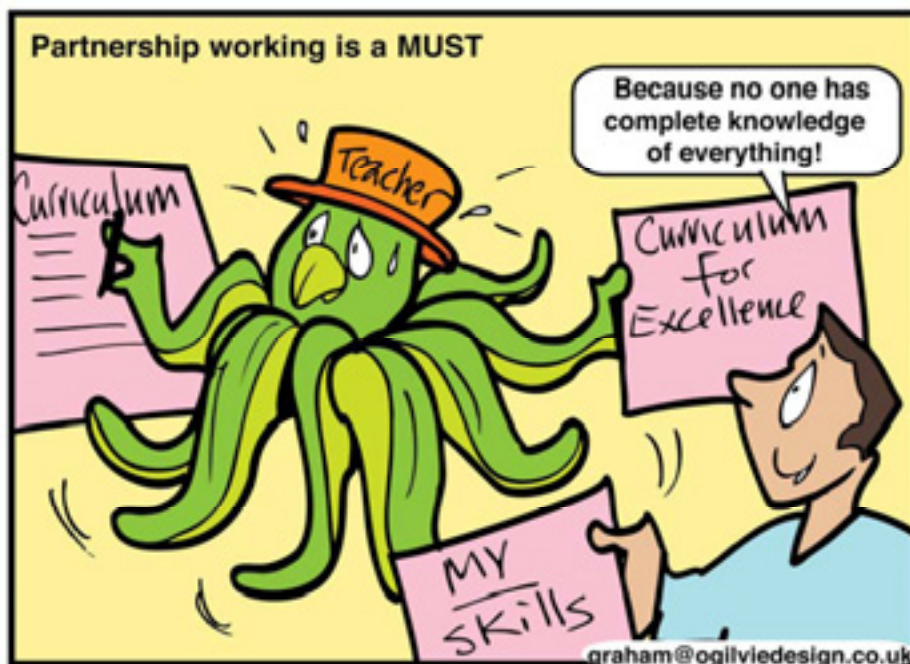
### Systems – multi-agency working

4.3 Some evidence was presented at the events of improved multi-agency working among school health services and other agencies since the project's inception.





- 4.4 Participants at the NHS Forth Valley: Clackmannanshire schools event reported that the multi-agency steering group overseeing the project has proved particularly beneficial in fostering inter-agency communication. The steering group was described as being composed of the “right mix of enthusiastic, visionary and influential people who can actually get things done”. Its work is now beginning to be seen in single-outcome agreements and other important delivery mechanisms within the pilot site, it was reported.
- 4.5 The Clackmannanshire event produced accounts of how improved multi-agency working is helping health and education staff to understand and endorse the Getting It Right for Every Child (GIRFEC) agenda. It has also been strongly reflected in health and education systems working together to focus on the needs of vulnerable children, with schools being encouraged to adopt a holistic approach and to understand the importance of early intervention. Multi-agency approaches have helped to facilitate stronger links with parents, it was claimed, as was evident in a meeting with vulnerable families held locally in advance of the event.
- 4.6 Specific examples of multi-agency working were cited, such as the highly-successful Clackmannanshire Language Improvement Programme (CLIP), the “Health Spot” drop-in centre in Alloa Academy and the “Max in the Middle” children’s weight initiative, each of which adopts a multi-agency approach to meeting needs.
- 4.7 Multi-agency training approaches have brought together staff from throughout Clackmannanshire to learn from each other and to build relationships. This, it was claimed, has inherent value in itself, and the benefits will be further explored in the area over the coming months.



- 4.8 Generally, it was felt that the project has brought together partners within Clackmannanshire who do not traditionally meet. The informal links the

partners have made have helped to drive simple but important improvements to services, it was claimed. By meeting on a regular basis, partners are able to share ideas, with the project affording individuals the time and space to try new ideas in practice without fear of failure.

- 4.9 At the NHS Grampian: Moray schools event, it was felt that the better linking between agencies the project has encouraged was having a particularly positive effect on initiatives aimed at easing transitions and those that focus on vulnerable young people. Elgin Associated Schools Group, for example, has developed an innovative programme that involves significant inter-agency working and which focuses on supporting overweight and under-eating children to adopt healthier lifestyles. This includes school nurses and other agencies working with children at home after school.

**Participants' stories: school nurses providing support for vulnerable young people in Moray**

*School nurses in one locality are now engaging with the "support for learning" bases to raise the health profile. One of the outcomes has been to instigate sexual health education and information for children with additional and intensive needs.*

*Occupational therapy services had a referral from school nurses regarding a young person who was already known to the police. On assessment, it was found that the 12-year-old had very low basic skills levels and was very vulnerable, but he had been identified by his school as simply being a "naughty child". Without the project, his real problems wouldn't have been identified.*

- 4.10 The project, it was felt, has highlighted the need for health and wellbeing to be a key element of a young person's education. The greater clarity created around this issue by the project has led to better communication among agencies and better assessments.
- 4.11 The NHS Lothian: West Lothian, Armadale school cluster demonstration site found that it was able to link the project into already-existing multi-agency initiatives focusing on transitions, child healthy weight and poor attendance at school, with notable success, while the NHS Ayrshire & Arran: Belmont school cluster event noted that the team approach to multi-agency working was encouraging the breakdown of professional "silo" thinking and behaviours. It has allowed different professionals to work together for the maximum benefit of the child and family, it was claimed, and families in the area now have a better understanding of what services are on offer and what they can provide. The multi-agency approach was reported to have encouraged stronger communication between parents and schools through a variety of approaches and to have promoted the adoption of more "holistic" approaches in all schools.



**Participants' stories: promoting parental engagement with multi-agency services in NHS Ayrshire & Arran: Belmont school cluster**

*Parents at one school for young people with additional support needs in the area attend a health promotion group facilitated by staff in which they can access different resources on, for instance, speech and language issues, sexual awareness and cancer in children. The group keeps parents informed on what is happening in relation to multi-agency approaches to health promotion in the school and how they can contribute. Workshops in which parents and children can work together on health issues are also held. The group and related initiatives have empowered parents to access resources and communicate with different agencies. It is a reciprocal relationship in which the parents learn from the agencies and the agencies learn from the parents.*

4.12 The project in Ayrshire & Arran is perceived as having supported schools to develop their understanding of pupils' emotional needs through its partnership-working, multi-agency model, which aims to ensure that young people's emotional needs are met and that no individual becomes emotionally isolated.

**Communication**

4.13 No specific discussion groups were formed on elements of communication within the project that were "working well". It was clear, however, that this did not imply that participants believed that communication was not working well; communication elements were raised and commended in discussions on several other topic areas, such as communicating with parents about transition groups and other initiatives.



## Resources and sustainability

- 4.14 The West Lothian event highlighted the beneficial effects of the extra resources the project had generated for the area. This, it was felt, had added value to existing services by increasing their capacity. It had also promoted partnership working and collaboration around family and child support, increasing opportunities for parents and children in the area.
- 4.15 The project has created more staff to deliver services in West Lothian, it was reported. In addition to appointing the project officer, the project has also increased the amount of school nursing time available and has overseen the appointment of family support workers and a speech and language therapist. Increases in the numbers of staff have meant greater opportunities for parents, enabling them to develop their knowledge base through engagement with competent professionals. A vacancy for a mental health link worker in the area remains unfilled, however, due to local circumstances.
- 4.16 Participants at the Moray event identified that schools in the region are receiving additional resources through health care support workers and clinical associates in applied psychology (CAAPs). They also reported positive experiences of the training programme around “Healthy Minds”, which uses a whole-school approach to implement *Mental Health of Children and Young People: a Framework for Promotion, Prevention and Care*<sup>5</sup> through all schools in Moray, and increased opportunities to support primary to secondary transitions being created in some associated school groups.

<sup>5</sup> <http://www.scotland.gov.uk/Publications/2005/10/2191333/13337>



4.17 Further examples of how resources from the project have supported staff developments in the demonstration sites are described below under “personnel”.

**Practice and initiatives**

4.18 All sites were able to report positive practice and/or initiatives that were proving beneficial to children, young people and families. Some of these have been created by the project, while others were already in existence but are now being supported by the project. Examples include the following.

4.19 The “sports coordinator” service in Moray schools, which existed before the project was launched, promotes the opportunity for everyone to succeed in a skill, which is especially important for those who are not achieving academically. It is promoting outdoor activity, community involvement and specific initiatives such as cycle or walking to school and cycling proficiency. Good opportunities for children to mix with those from other schools are being created through organised tournaments, it was claimed.

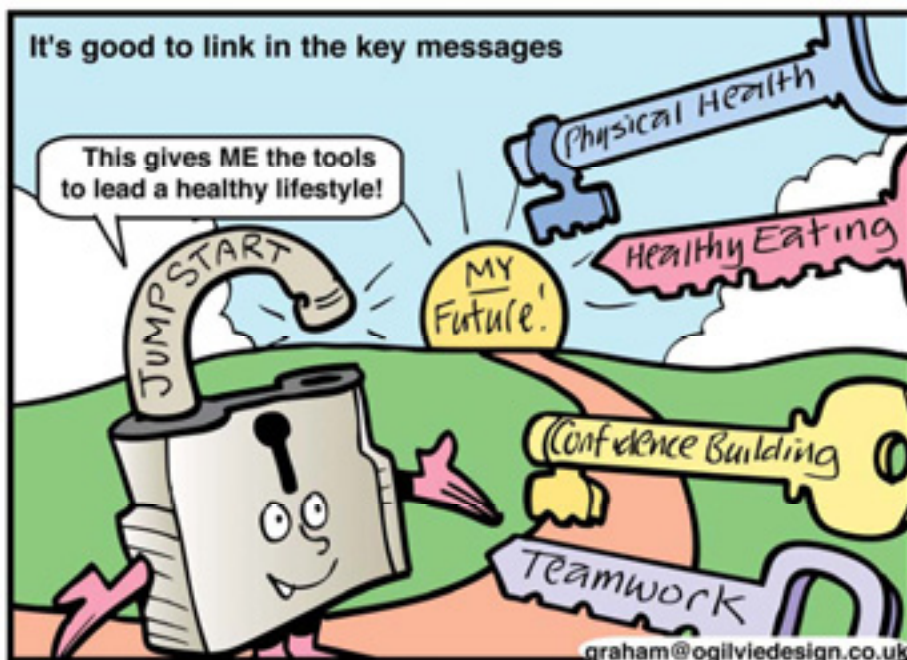
4.20 One of the most positively-perceived achievements of the project in the Ayrshire & Arran Belmont school cluster demonstration site is a pathway for referral of children and young people requiring emotional support. This was developed by the project for local staff to implement. A consultation model was developed by the primary mental health worker, who meets with class teachers when required to support teaching staff to meet the needs of children and young people with emotional health or behaviour problems. It is hoped that this initiative will be rolled out across all schools in South Ayrshire.

4.21 The emotional literacy group developed by the project in one school in the Belmont school cluster helps young people with behavioural or emotional difficulties identify their individual needs and the support they require. It works

through a three-level model: staged intervention; guidance and support; and support for vulnerable young people. Teachers have access to mental health resources to support the group's work, but it was noted that support can also be delivered by healthcare assistants.

4.22 The project acted on the opportunity to link with “Jump Start”, an established initiative focusing on promoting physical activity and healthy eating, to develop a programme suitable for children and young people at Southcraig campus (attended by children with additional support needs) within the Belmont cluster. The three main positives with “Jump Start” were perceived as being:

- increased confidence among the participating young people;
- the development of team-working approaches with the young people; and
- the acquisition of tools and knowledge by young people to help them adopt healthier lifestyles.



#### **Participants' stories: “Jump Start” in NHS Ayrshire & Arran: Belmont school cluster**

*A young student in secondary school within Southcraig School was being given additional support for low self-esteem. The school nurse commenced a healthy eating programme with him and his understanding of food and nutrition issues grew. He was then invited onto the first “Jump Start” programme on the campus. He was reluctant to take part for the first couple of sessions, but once he began to participate, he found his fitness and muscle tone improved, his weight decreased and his confidence and self-esteem increased. He is now an enthusiastic attendee at “Jump Start” and is very keen to go on supermarket shopping expeditions with his mother to influence healthy choices in food purchases, an activity that has also helped to develop his food-budgeting knowledge.*

4.23 The “Let’s Get Eating” initiative was developed by a speech and language therapist, school nurse and healthcare assistant. It aims to introduce new food textures and tastes to young people in the Southcraig campus, specifically those on the autistic spectrum, but basically involving all pupils. The three main positives with “Let’s Get Eating” were seen to be that the children are now:

- enjoying new foods at home (with their siblings)
- enjoying new foods and textures
- taking ownership of their choices.



4.24 Initiatives have been taken forward to improve parental involvement in schools in the Clackmannanshire schools demonstration site, including the Clackmannanshire Language Improvement Programme (CLIP), which aims to support transitions from nursery to primary schools by providing parents with ideas to support their children’s speech development. CLIP was described as “a very strong part of the project”.

4.25 The project has developed a “Health Spot” in Alloa Academy, which is essentially a health-focused drop-in centre for young people. The “Health Spot” provides confidential, holistic health advice and support to young people, with referral to other agencies as appropriate. Resources on health issues such as alcohol use and sexual health are available, as is information on services offered by other agencies. The sessions, which are held on Tuesdays at lunchtime, are usually attended by three professionals: a mental health worker, youth project worker and school nurse. The overall aim is to equip young people with information they can use to take informed decisions about their own health. An additional benefit of the “Health Spot” has been increased exposure of the school nurse to young people in the school.

### Participants' stories: valuing the "Health Spot" in Alloa Academy

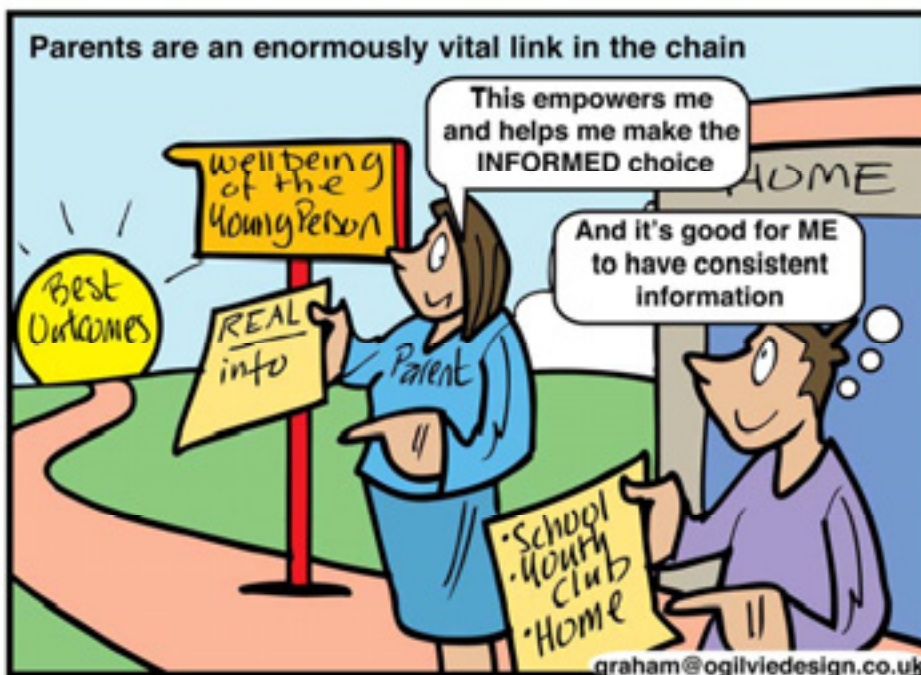
*"If they can't deal with your problem, the Health Spot staff can pass you on to someone who knows about it."*

*"The Health Spot can show you the consequences of getting yourself into bad situations and the risks of alcohol and stuff like that."*

*"At the Health Spot, people can get the help they need, and they can talk to the staff without being embarrassed or teachers going back to their parents and telling them ... it gives people more confidence to go to the Health Spot and get the help that they need."*

Students from Alloa Academy speaking at the Clackmannanshire schools event

- 4.26 An initiative focusing on teaching parents about handling children's behaviour has recently been launched at one primary school, with its impact now being assessed.



- 4.27 In addition to establishing new initiatives, the project in West Lothian, Armadale school cluster has also developed positive links with a number of existing initiatives that are supporting children, young people and families in the area.
- 4.28 Transition courses between nursery and primary 1 and between primary 7 and secondary 1 were perceived by participants as being very important in enabling vulnerable children in the area to be identified. The nursery–primary 1 course, Transition Onto primary Programme (TOPP), which was not developed by the project but is now being supported by it, is seen as being particularly valuable in this respect.

### Participants' stories: parents getting support from transitions courses in West Lothian

*A health visitor has been working with a family that had recently moved into the Armadale area. The family had a history of problems and both children had attended family centres. There was also a history of non-engagement with*



*health visitors, family centres and medical teams. One child is now in nursery and the other is in primary 1, having gone through the local transition group. The mother is pregnant again, but through working with the health visitor and attending the nursery to primary 1 transition group, she is keeping much better in this pregnancy than she had in her previous two. Staff in the local health centre are seeing a very positive difference in her attitude and find her much more confident. It seems that the health visitor intervention and the group have come at exactly the right time for this young mother.*

*A parent of a child who is suspected of having Asperger's Syndrome found the TOPP course supported by the project very helpful. The mother was worried about the impact going to nursery would have on her son, so decided to take up the offer of the course. This enabled her to accumulate a wealth of helpful knowledge and information and also opened access to a number of other useful courses. Sharing her thoughts with other parents was also very helpful – the power of “word of mouth” is well-recognised in supporting parents to support each other. She now feels empowered to give her child the information he needs.*

- 4.29 “Seasons for Growth” is a prescribed course developed by the project for children in West Lothian who have suffered bereavement, perhaps the death of a grandparent or parent, or who are experiencing parental separation or divorce. The group is run over eight weeks by school nurses and support workers. It aims to provide a space in which the children can express their feelings and develop their sense of security and safety.
- 4.30 A project was set up by school nursing staff and the local Active Schools<sup>6</sup> coordinator to identify primary 1 pupils at Armadale Primary who were showing signs of obesity, low self-esteem and/or mental health problems. A six-week pilot project in which school nurses and members of the project team spent one hour each week with the children to engage in physical activities was then launched. At the end of the six weeks, the children got free access to the Easter Club and continued to engage with the staff over the holiday period.
- 4.31 Inter-agency parenting support is well embedded in West Lothian. “Parenting West Lothian” is an inter-agency steering group that oversees activity in this area. The project has therefore been able to make use of well-validated and effective parenting interventions.
- 4.32 Brief summaries of these initiatives and others are provided at Appendix 1.

---

<sup>6</sup> The Active Schools Network, part of SportsScotland, the national agency for sport, involves a team of people working within schools and the wider community in Scotland. Their goal is to offer all children and young people the motivation and opportunities to “get active” by increasing opportunities for all children to become engaged in physical activity and sport and connecting with sports clubs and other community organisations to give pupils a “pathway” to continue their participation in sport outside of school. For more information, access:  
<http://www.sportscotland.org.uk/ChannelNavigation/Topics/TopicNavigation/Active+Schools/>

## Personnel

4.33 There were examples across the sites of how personnel either employed as a direct result of the project or supported by its ethos, methods and models were making tangible differences in services for children and young people.

4.34 In Moray, it was reported that clinical associates in applied psychology (CAAPs) in schools are facilitating communication and support across the pathways of care for young people's mental health, encouraging more direct work with young people and supporting the cohort of staff undertaking training in the "Healthy Minds" approach. Examples were cited of young people who had been referred to specialist children and adolescent mental health services in the region but who are now being successfully managed by CAAPs within the primary school setting.

4.35 The benefits of support worker roles introduced through the project were reflected across all sites. The "healthcare assistant" role in Ayrshire & Arran was introduced to provide a level of skill mix to the previously "flat" school nurse structure. The aim of the role is to free school nurses to perform more targeted interventions with vulnerable children and young people, particularly in relation to child protection. The three main benefits the healthcare assistants brought were identified as:

- supporting children, families, teachers and healthcare staff through transitions;
- providing an appropriate skill mix in the healthcare team, which means the school nurse does not always have to perform a particular task or function; and
- promoting relationships with children, families, education and healthcare staff.



- 4.36 It was recognised, however, that it was important that school nurses continued to offer a service to children in the area following the introduction of the healthcare assistant role in what can be considered to be the “core programme” for school nursing.

**Participants’ stories: healthcare assistants making an impact in NHS Ayrshire & Arran Belmont school cluster**

*A mother was having problems with one of her children who had been highlighted by primary school as being “slow to settle” during her first year. The mother’s relationship with the school was becoming confrontational and she felt she wasn’t making progress. Her anxieties were heightened by the fact that she had a younger child who was soon to leave nursery and attend the same primary. She attended a nursery group that focused on the emotional impact of joining school and learned about relevant elements of child behaviour. This enabled her to appreciate how difficult it was for her older child at primary school. Working with the healthcare assistant and others, she developed her understanding of the underlying elements behind her daughter’s behaviour. Relationships with the school consequently improved, and the transition for her younger child was much easier.*

- 4.37 In Moray, “healthcare support workers” have adopted a similar role to healthcare assistants in Ayrshire & Arran by taking on core tasks previously performed by school nurses, freeing time for the school nurses to work with more complex-needs young people. Among other benefits, improved skill mixes and greater numbers of referrals to other agencies have been seen since their introduction. Like their counterparts in Ayrshire & Arran, healthcare support workers in Moray are undertaking the Diploma of Higher Education (Dip HE) in Children and Young People’s Health and Wellbeing course at the Robert Gordon University.



- 4.38 “Family support workers”, a role introduced by the project, were reported to have made a significant impact in the Clackmannanshire and West Lothian demonstration sites. Their training (they are currently attending the Robert Gordon University course) focuses on understanding behaviour, promoting positive parenting, building self-esteem and encouraging good nutrition.
- 4.39 Family support workers empower families to address the issues they are dealing with, it was claimed. The presenting issue may often indicate a deeper underlying problem, and the family support workers can help families to identify the elements underpinning their predicament. Many of the families are receiving services from different agencies which focus on specific issues or a particular family member, but, it was reported, the family support worker deals with the whole family. Their wider understanding of the family enables family support workers to identify problems (or potential problems) early and to respond appropriately.

#### **Participants’ stories: family support workers developing services in Clackmannanshire schools**

*A family support worker received a referral from a health visitor to see a child with a specific nutrition-related condition. The family support worker felt she did not know enough about the condition, so contacted the local dietitian. The child’s care was being coordinated by a specialist centre, so links were made with the specialist dietitian, who met with the family support worker, local dietitian, health visitor, nursery staff and parents to discuss management. This was very helpful, but the family needed support to translate the nutritional advice into everyday food choices. The family support worker focused on providing support in this area, which included supermarket tours with the mother to discuss purchasing options – an activity which saved the family £30 on its shopping bill. Recipe ideas were offered which built on the mother’s existing, but somewhat dormant, cooking skills. The result has been a reduction in the quantity of processed foods the child is consuming and an increase in healthy, home-made options that meet the dietary recommendations set for the child.*

- 4.40 While these new roles have reportedly created benefits, participants across the events were also keen to stress that the services provided by established school nurses were also valued. Schoolchildren who attended the Moray event were particularly positive about the support their school nurses offered them (“she [the school nurse] is more like a friend we can talk to and trust,” one reported), and students of Alloa Academy expressed great appreciation of the school nurse-driven “Health Spot” initiative (see above). The Moray event reported that the project has raised the profile of school nurses throughout the region and that school nurses are now being enabled to look at their caseloads and analyse where need is greatest, focusing on core, additional and intensive needs.



### Summary of what is working well with the project

- 4.41 Participants at the workshops across all four demonstration sites were able to cite many examples of areas in which the project is working well.
- 4.42 Improved multi-agency working among school health services and other agencies since the project's inception was reported, with examples of how the project had brought together groups who do not normally meet. Multi-agency working was encouraging the breakdown of professional "silo" thinking and behaviours, it was suggested.
- 4.43 The beneficial effects of the extra resources the project had generated were highlighted, particularly in relation to developing new staff roles. Considerable success was reported across all areas with the introduction of support workers, who, in addition to providing important direct interventions, were also helping to free school nurse time to support the most vulnerable children and young people. There was also evidence that the capacity of the existing workforce across a range of professions, including speech and language therapy and mental health workers, had been increased.
- 4.44 All sites were able to report positive practice and/or initiatives that were proving beneficial to children, young people and families. Some of these have been created by the project, while others were already in existence but are now being supported by the project. There were also examples across the sites of how personnel either employed as a direct result of the project or supported by its ethos, methods and models were making tangible differences in services for children and young people.

## **5 KEY THEMES – WHAT COULD WORK BETTER WITH THE PROJECT**

5.1 This chapter summarises participants' views expressed at the events on what could work better with the project. As was the case in Chapter 4, it considers their expressed views under the following headings.

- systems
- communication
- resources and sustainability
- practice and initiatives
- personnel.

5.2 A total of 113 comments on what could work better with the project were posted during the Open Space sessions. The comments tended to focus on issues around:

- confusion about the project, particularly its relationship with Curriculum for Excellence;
- lack of awareness in schools about what the project was and what it offers;
- a perceived need to market the project more effectively;
- questions about the sustainability of the project in the longer term and concerns about what might happen to the positive initiatives it has put in place; and
- the lack of a defined exit strategy for the project.

5.3 The chapter also reflects some of the points for local action determined at the workshops. All action points currently being taken forward by the project officers in the demonstration sites are reproduced at Appendix 5.

### **Systems – including links with Curriculum for Excellence**

5.4 Particular concerns were expressed at all four events about lack of clarity on how the project articulates strategically and operationally with Curriculum for Excellence.

5.5 The overriding feeling among health and education staff, it was reported, was that they were still not quite clear about how the project links with the health and wellbeing strand of Curriculum for Excellence, with non-education staff seeming particularly uncertain.

5.6 Participants in Moray claimed that while the shared goal of Curriculum for Excellence and the project was to “help children have a better future”, the current picture was one of confusion, with the programmes “vying for attention”. Participants called for a joint action plan in the region describing how Curriculum for Excellence was supported by the project: this, they felt, would alleviate confusion and avoid duplication of effort.

- 5.7 Similar concerns were expressed in Clackmannanshire, where participants identified that it was not easy to be explicit about where project activities and Curriculum for Excellence objectives linked. The situation was complicated, it was claimed, by uncertainty and confusion around Curriculum for Excellence: it was suggested that most stakeholders know the ethos of Curriculum for Excellence, but not yet the practicalities of implementation. The approach, participants suggested, should be to consider the Curriculum for Excellence ethos in the round and look at how the project can support the implementation of Curriculum for Excellence philosophies around health and wellbeing in schools.



- 5.8 Problems with other “systems” issues were also identified. Participants in West Lothian, for instance, were concerned about the lack of opportunities for parental involvement in nursery and primary school initiatives, with specific concerns raised over accommodation to enable parents’ participation. Ayrshire & Arran participants felt that some of the initiatives put in place to support children, such as “Jump Start”, were not running for long enough, but accepted that there were systemic resource issues to consider. Participants at this event also described systemic, cultural barriers to inter-agency working, with individuals who were change-averse impeding progress in this area.



5.9 The Clackmannanshire event identified systemic failure across services in listening to parents. It had become evident over the project's lifespan, it was stated, that many parents had been asking for help over long periods of time, but services have not really been listening, meaning that appropriate help has not been offered. There is a need for more parents' groups in the area to encourage the sharing of experience and to provide support, it was felt.

### Communication

5.10 Comments about the way the project has been communicated and "marketed" and suggestions for future practice were expressed at all four demonstration site events.

5.11 Some event participants in Moray identified lack of awareness about the project in schools and among children and young people. Some teachers, it was claimed, had failed to make a link between the project and the promotional leaflet that was disseminated throughout Moray in 2009. Because the benefits of the project were not clear, buy-in from local authorities was similarly not clear, they suggested. There was a call from participants for messages about the project to schools to be "re-energised", with a local website, linked with GLOW (the new Scottish education intranet), being created to promote information about the project to all interested parties.





- 5.12 Although the project in Moray has attempted to engage with young people through school councils and other means, with some success, some event participants felt that children and young people should have been involved in the project from the outset. They needed to be given a voice, they claimed, perhaps with support from advocates. It was suggested that children and young people should be involved specifically in developing information to meet their needs and in adopting creative approaches to evaluation, using methods that are pitched at their level and which ask: what is being done well, and what should be done better?
- 5.13 It was accepted, however, that a series of major initiatives, including Curriculum for Excellence and Getting It Right for Every Child (GIRFEC), have been introduced across schools in recent years. Young people have perhaps become more involved in assimilation of these initiatives into their schools than they have with the project, it was suggested, or perhaps still felt confused about what each of the different initiatives offered them (and required of them).
- 5.14 Moray participants felt there was some confusion about the purpose of the project – was it about “health and wellbeing in Curriculum for Excellence, or health services, or both,” they asked? The project should be more “upfront” about what it offers, they suggested, rather than individuals and schools having to seek out information themselves – an “information blitz” was required, participants believed. Indeed, there was a call for the project to be re-launched with a stronger marketing and communication strategy.
- 5.15 The Ayrshire & Arran event heard that despite different awareness-raising methods being used, including disseminating information on the project through the Young Scot website, a project leaflet and posters in school, attendance of project staff at parent council meetings, secondary 1 induction meetings and teacher in-service events, and use of electronic media within schools, there

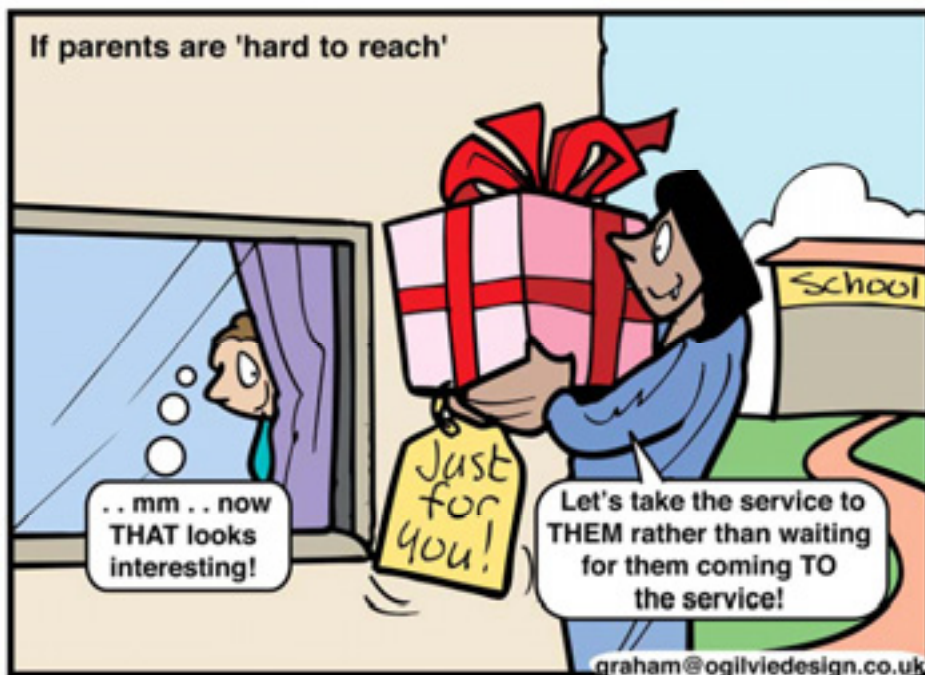
was still a lack of awareness about the project among children and young people, parents and education staff.

- 5.16 Concerns were expressed that some classroom teachers may not see the relevance of the project to their work, with doubts over the long-term sustainability of the project raising questions in people's minds about how much they should seek to engage with it. Participants called for an increased presence of the project in schools, with promotional materials emphasising the benefits the projects brings to individuals.



- 5.17 Some schools in Clackmannanshire, it was claimed, still do not know what the project is about. Project members recited personal experience of teachers who were unaware of the project's work despite its presence in their school for a number of years. The project must accept some responsibility for this, it was suggested, but it was restricted in how it could disseminate publicity by the structures in place in schools. It was also recognised that teaching staff were "bombarded" by information on many different types of initiatives, so information on the project faces tough competition to catch teachers' attention.
- 5.18 It was suggested that the principles that should govern dissemination of information about the project to families were that it must be presented in the right format and posted in the right places to connect with parents. Parents suggested that publicity about the project should be placed in environments like dental surgeries, chemist shops and buses. The meeting with vulnerable families held in advance of the Clackmannanshire event suggested that some existing project publicity materials were too vague and were not presented in the right format (posters being too small, for instance).
- 5.19 Similar issues in communicating with hard-to-reach vulnerable families were identified at the Ayrshire & Arran event. Identified barriers to engaging with

hard-to-reach vulnerable families included mental health issues within the family, previous negative experiences of dealing with “authority”, fear of interventions and feeling intimidated about attending multi-agency meetings. It was therefore important for professionals to try to develop communication and build trust over time. One idea put forward to support this aim was to appoint a liaison person for each family to reduce the number of interactions with individual professionals or groups of professionals. More generally, the project was urged to explore options for engaging with hard-to-reach families further.



5.20 Despite reports of strong links being established between the project and existing health and wellbeing initiatives in West Lothian, event participants also identified a lack of coordination between the project and some initiatives, with three or four major projects “not linking up”. There was a perceived risk that lack of coordination could lead to duplication of effort and waste of resource, and it was suggested that a single steering group consisting of representatives from each of the projects underway in the area should be formed to provide a forum for the projects to network, inform, provide updates and share ideas.

5.21 Participants also wanted the project’s services to be marketed effectively in West Lothian through a variety of outlets – the intranet, school bulletins, local press and notices in schools and elsewhere, for instance. The project, they felt, needs to “shout” about its existence.

### **Resources and sustainability**

5.22 The sustainability of the project after March 2011 was a source of concern at all four events.

5.23 Moray participants felt that no plans had been put in place to continue the work in the region after the project completes. This raised serious questions about what would happen to the people who had been trained through the project and

the sustainability of good practice it had developed. A defined timeline was needed for the project through to its conclusion, it was felt, demonstrating what will be available in different areas. The sustainability of initiatives introduced by the project had to be considered carefully, with the elements of the project that needed to be sustained after its completion clarified.



- 5.24 Uncertainty over the sustainability of the project in Clackmannanshire led participants to call for even stronger collaboration and partnership working. They perceived that there was likely to be a re-establishment of original school nursing teams after the project completed, and that much of the good work that had been developed through the project was unlikely to be funded on an ongoing basis. Creative approaches would therefore need to be adopted, they felt, with a focus on building capacity in existing teams.
- 5.25 West Lothian participants focused on the need for the project to exploit the strong links it has made with different agencies and groups, particularly with parents, to encourage them to maintain momentum after the project closes, building on the strong partnership ethos that exists in West Lothian. The project should not end without provision being made for "what happens next", they felt, and it was important for the project to review the small steps it has taken to make big differences in people's lives. Consequently, it was suggested that capacity-building exercises be conducted with the community and parents to enable them to maintain the momentum created by the project, and a clear "exit strategy" for the project should be devised.



## Practice and initiatives

- 5.26 While the “Healthy Minds” initiative was warmly welcomed in Moray, event participants felt that progress in connecting the initiative to all schools was “too slow”. Secondary schools had been engaged first because of their greater number of pupils and other practical issues, but challenges were now being experienced in engaging primary schools. Generally, schools had shown different levels of enthusiasm and willingness to engage, it was felt. In addition, there were some concerns that “Healthy Minds” was becoming more treatment-focused under the project and less concerned with promotion and prevention.
- 5.27 Moray participants also expressed disquiet about the way local school services were being run. Many individual school nurses were perceived as delivering an excellent service within their stand-alone practice, but there were calls for a (flexible) core school nursing programme linked to all schools to be developed so that a child who changed school could be assured of the same service at the same level. Structured lesson plans created for delivery in schools would mean that if a school nurse was absent, another school nurse could step in and take over, it was suggested.
- 5.28 Participants at the West Lothian event felt that the project should look closely at the opportunities for developing relationships with parents presented by the “walking buses” initiative developed by active schools coordinators and education staff at Armadale Primary School (see Appendix 1). It was felt that interacting with parents during this activity could offer potential in attracting parents to other positive initiatives within the area.

## Personnel

- 5.29 There was considerable disquiet in West Lothian that due to local circumstances, there has been an inability to appoint a mental health link

worker to the project. This is considered a key post for the project: participants believed it would enable better communication with the local hospital and wider community to be developed and contribute hugely to the output of existing mental health link workers. There are now local doubts whether this post will ever be filled, which was described as “an opportunity missed”.



5.30 The West Lothian participants also identified a need for school staff to be provided with better continuing professional development opportunities on mental health issues in children, with similar training being offered to community groups.

### **Summary of what could work better with the project**

5.31 Particular concerns were expressed at all four events about lack of clarity on how the project articulates strategically and operationally with Curriculum for Excellence. The overriding feeling among health and education staff, it was reported, was that they were still not quite clear about how the project links with the health and wellbeing strand of Curriculum for Excellence, with non-education staff seeming particularly uncertain. The approach, it was suggested, should be to consider the Curriculum for Excellence ethos in the round and look at how the project can support the implementation of Curriculum for Excellence philosophies around health and wellbeing in schools.

5.32 While better multi-agency working was identified as a strong positive outcome of the project, systemic cultural barriers to inter-agency working were also reported, with individuals who were change-averse impeding progress in this area.

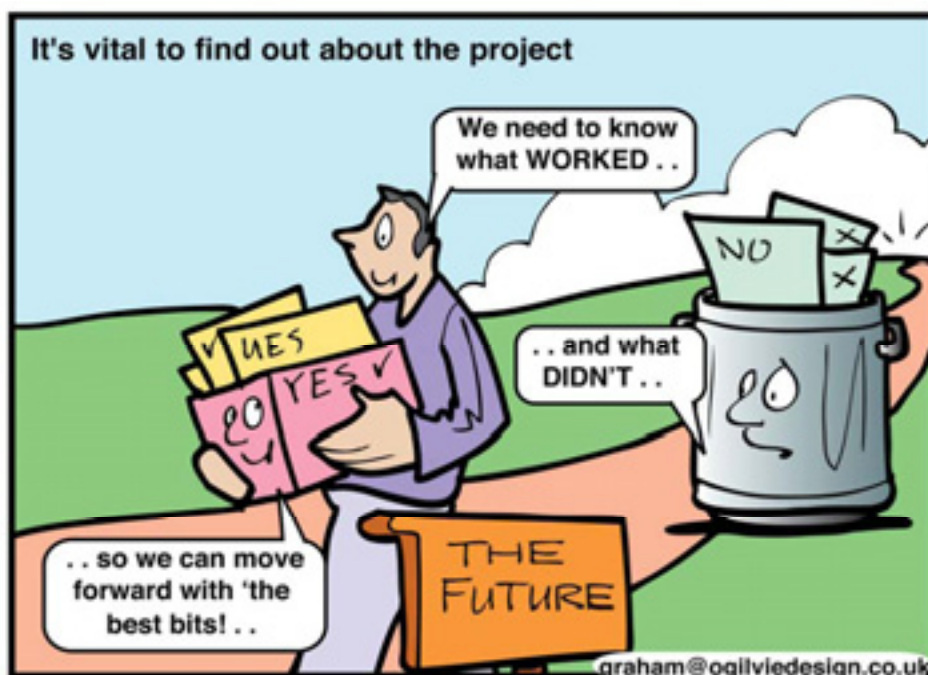
5.33 Concerns and reservations about the way the project has been communicated and “marketed” were expressed at all four demonstration site events. There was lack of awareness about the project in schools and among children and

young people, it was claimed, despite a wide range of communication methods being used to disseminate information about the project. Calls were made for the project to “re-energise” promotional activity about its work.

- 5.34 The sustainability of the project after March 2011 was a source of concern at all four events, with particular concerns expressed about future prospects for staff employed and developed through the project and specific initiatives created or supported by the project. It was suggested that capacity-building exercises be conducted with the community and parents to enable them to maintain the momentum created by the project, and a clear “exit strategy” for the project should be devised.

## 6 DISCUSSION, ISSUES FOR CONSIDERATION AND CONCLUSION

- 6.1 Much of the discussion at the demonstration site events reported in chapters 4 and 5 focused on local issues and challenges in implementing the project. These have resulted in defined actions that will be taken forward at local level (see Appendix 5 for the local action points that emerged from the workshops).
- 6.2 The aim of this chapter is extricate from the events particular issues that seem common across all (or most) of the demonstration sites and which can be pursued at national level. These suggestions for consideration at national level consequently arise from, and complement, the items determined for local action by participants at the events.



### Systems

- 6.3 Some evidence was presented at the events of improved multi-agency working between school health services and other agencies since the project's inception. It appears that the project has worked hard to establish and maintain multi-agency links, with consequent benefits in terms of enhanced communication and coordination of effort, better understanding of respective roles and increased opportunities for multi-agency learning. Promoting multi-agency engagement is a core, underpinning, systemic principle of the project, and there have been clear successes in applying it in practice.
- 6.4 There were nevertheless concerns across all events about lack of clarity on how the project links at a systemic level with Curriculum for Excellence. This is perhaps not surprising, as education staff are still in the process of becoming orientated to Curriculum for Excellence and clear processes for linking services into all strands of the new curriculum are yet to emerge.



- 6.5 It is recognised, however, that the health and wellbeing strand of Curriculum for Excellence addresses many of the same issues as the project. It promotes a “holistic approach to promoting health and wellbeing, one that takes account of the stage of growth, development and maturity of each individual, and the social and community context.” It focuses on mental, emotional, social and physical wellbeing, with an emphasis on physical activity, healthy eating, relationships and sexual health, and substance misuse.
- 6.6 Instead of presenting a cause for confusion, the links between the project and Curriculum for Excellence should be emphasised. In short, the project could be a major determinant in ensuring health and wellbeing outcomes in the curriculum are achieved. This is a key message that event participants emphasised and which could play an important role in encouraging education staff to engage with the project.
- 6.7 Moray event participants called for a joint action plan in the region describing how Curriculum for Excellence was supported by the project to alleviate confusion and avoid duplication of effort. There may be benefits in replicating this at national level to demonstrate how the project’s work can support the achievement of national objectives.
- 6.8 There were also calls for the project to explore options for engaging with hard-to-reach families further. While this will inevitably involve elements of communication strategy and application, it can be considered a “systems” issue, as further effort in this area reflects a fundamental underpinning of the project.
- 6.9 Consideration should be given to:
- developing local action plans describing how the project supports the implementation of the Curriculum for Excellence health and wellbeing strand and achievement of associated national objectives; and
  - exploring options for engaging with hard-to-reach families further.

## **Communication**

- 6.10 The project has worked hard to communicate with key stakeholders about its aims and initiatives through, for example:
- the development of a communication strategy;
  - launch events in each of the demonstration sites;
  - attendance of project staff at key meetings and focus groups;
  - the creation of local project steering groups; and
  - dissemination of posters and leaflets and the use of electronic media to provide project information.
- 6.11 Difficulties around communication nevertheless appear to remain. Misunderstanding among key stakeholders in the demonstration sites about what the project “is” and what distinguishes it from other initiatives continues to pose problems.

6.12 A number of causes that may underlie this were raised at the events:

- variable levels of interest in health-related issues among education staff;
- difficulties engaging with parents, particularly those in vulnerable families;
- resistance to change within some organisations;
- confusion about the project's identity in relation to other initiatives, particularly the health and wellbeing strand of Curriculum for Excellence; and
- lack of publicity about the project in places where parents and the public might access it – libraries, public spaces, local transport.

6.13 There are therefore some areas in which the project could have an influence in addressing the problem (particularly in relation to confusion about its identity), and others in which its influence would be less marked (variable interest and resistance to change within organisations, for instance).

6.14 Participants at the events spoke of the need to be more “upfront” about what the project offers, about the need to “re-energise” promotional activity about its work, put the project in schools’ “shop windows” and “shout” about its existence. One group of participants even suggested that an “information blitz” about the project was necessary. These participants and others at the events seemed to be calling for enhanced clarity about the project's purpose and identification of the key people who will benefit from its implementation. And they wanted demarcation between the project and other initiatives, with indications of how the project can link with and support them.

6.15 The project may therefore wish to revisit its communication strategy and reformulate a plan to “market” its services local and nationally to explain:

- what the project is
- what the project isn't
- what it does
- what it doesn't do
- what it links with
- who benefits.

6.16 Consideration should be given to:

- increasing the visible presence of the Health and Wellbeing in Schools project in schools through eye-catching posters, leaflets, electronic means and other methods;
- making the project's links with Curriculum for Excellence outcomes explicit to encourage teacher engagement;
- promoting innovative ways of working and multi-agency training opportunities to promote the project's work;
- ensuring literature and promotional material about the project emphasise the benefits for people as individuals; and
- developing a “map” of how the project links with other initiatives to provide a visual demonstration of where it sits and how it contributes.

6.17 On the wider front, consideration should be given to:

- rebranding the wider health and wellbeing agenda in schools to create greater coordination of services, initiatives and personnel.

### **Resources and sustainability**

6.18 The overriding impression from discussions at the workshops is of uncertainty about the future of the project's work after March 2011 and lack of awareness of a defined "exit strategy".

6.19 Event participants demonstrated awareness of the need to act in this sphere to ensure that the good practice put in place by the project is sustained after March 2011. There was an appreciation of the need to ensure the strong partnerships that have built up over the project's lifespan continue and that capacity-building work needs to start now so that the momentum built by the project is maintained.

6.20 Consideration should be given to:

- taking action to safeguard, protect and further develop the links and communication networks the project has forged with agencies and groups;
- conducting capacity-building exercises with communities and parents to enable them to maintain the momentum created by the project; and
- devising a clear "exit strategy" for the project.

### **Practice and initiatives**

6.21 Event participants were able to describe many local initiatives that the project has either developed or is supporting and which are proving beneficial for children's and young people's health and wellbeing. Project officers will be considering how these initiatives can continue to be supported in local action plans.

6.22 In relation to identifying broader lessons for the future on developing and supporting practical initiatives aimed at improving children's and young people's health and wellbeing, the project may find it useful to define:

- common factors that have made initiatives developed by the project successful (such as engagement with children and families and providing educational support for staff);
- key principles of providing support for existing initiatives that reflect the project's aims and ethos; and
- opportunities within established initiatives for project staff to engage with parents and highlight other positive initiatives supported by the project that the parents might be interested in pursuing.

6.23 Consideration should be given to:

- preparing guidance based on the project's experience of developing and supporting initiatives designed to improve children's and young people's health and wellbeing as a means of influencing the development of future initiatives;
- compiling a compendium of good practice examples from the project's experience (either as a print or online-based resource) to inform and drive future practice; and
- encouraging project staff to highlight positive initiatives supported by the project to encouraged parental involvement.

## **Personnel**

6.24 Roles introduced by the project – healthcare assistants, healthcare support workers and family support workers, to name three – were identified as tremendous successes by event participants. The roles are creating a level of skill mix in school nursing teams and freeing school nurses to focus their efforts on more vulnerable and complex-needs children. Workers in these roles are acquiring defined and very valuable interpersonal skills and child development knowledge, much of which is being nurtured on the Robert Gordon University course. This enables them to practise as very effective members of teams and to intervene early. Reports from participants suggest that children and parents value and like these workers, and some may see them as less “intimidating” and more approachable than traditional professional staff.

6.25 Concerns were expressed about the sustainability of these roles after the project ends, but the general mood across the four events was that the investment placed in training and deploying these support roles will not be lost. Participants believe that career opportunities will arise for the individuals as a result of the training they are receiving and the quality of the services they provide.

6.26 The project has an opportunity to build on this confidence by developing a plan for ongoing development of support roles in school health services. This would act as a benchmark for agencies moving forward and would offer guidance and incentives to prospective employees and employers.

6.27 Consideration should be given to:

- developing a plan for ongoing development of support roles in school health services.

## **Conclusion**

6.28 The series of workshops highlighted the significant successes the project has achieved across the demonstration sites.

6.29 The project has been developing strong partnerships with key stakeholders in local areas to deliver a range of initiatives that focus on improving the health and wellbeing of children and young people. Resource provided by the project has enabled the development of a number of support and specialist roles that are enabling school health teams to expand their repertoire of interventions.

Improved skill mixes in the teams are ensuring not only that appropriately trained staff are available to carry out “routine” elements of school health care, such as screening, but also that interventions are being supplied early and that experienced school nurses are being freed to use their skills and talents to support the most vulnerable children and young people.

- 6.30 The project has developed new initiatives that focus on improving lifestyles, easing transitions, promoting mental health and wellbeing and engaging with parents, and has made positive links with existing initiatives to support their ongoing implementation. This means that the underpinning ethos of the project, which is about increasing health care capacity in schools to provide appropriate and effective health care to school-aged children and young people within the Curriculum for Excellence cohort, is now being incorporated within a wide range of health and wellbeing initiatives in schools.
- 6.31 The workshops nevertheless highlighted areas in which the project could do better. Chief among these was making stakeholders aware of its existence. Despite significant effort being put into developing links with stakeholder groups and creating information material about the project, difficulties in reaching influential people, particularly among education staff, continue to be experienced. The advent of Curriculum for Excellence, however, with its specific health and wellbeing element, offers a very positive opportunity for the project to re-engage with education staff and to convince them on how the project can support the achievement of health and wellbeing outcomes.
- 6.32 This report presents suggestions for consideration based on the discussions that took place at the workshops and the action points developed by participants for local implementation. These are now presented to the Scottish Government to inform its deliberations on the ongoing development of the Health and Wellbeing in Schools project.

## APPENDIX 1

### What is happening in the project demonstration sites

#### NHS Ayrshire & Arran: Belmont school cluster

Holistic drop-ins	Promoting mental health and emotional wellbeing	Transition programmes: nursery to primary 1	Transition programmes: primary 7 to secondary 1	Parenting support
<p>These drop-ins, which are supported by the project, provide confidential health advice and information in a setting within the school. This includes basic sexual health provision (Chlamydia testing, C-card sign up and pregnancy testing).</p>	<p>There is input to all year groups within Belmont Academy, raising awareness of positive mental wellbeing and coping and relaxation strategies for stress.</p> <p><b>Consultation model (initiated by the project)</b> The primary mental health worker (PMHW) is available to staff within their school to discuss concerns about a child or young person's emotional health and wellbeing. Meetings are offered monthly and are open to all professionals in schools.</p> <p><b>Emotional literacy groups (supported and developed by the project)</b> These are aimed at children in primary schools who require some support with their emotional literacy skills to achieve their maximum potential within school. Children are identified by health and education staff.</p>	<p>The programme, initiated by the project, uses a whole-school approach with targeted interventions for identified children and their families. The aim of the nursery groups is to target the promotion and development of language and communication skills and emotional wellbeing for preschool children transitioning into primary school. These inputs were provided by the speech and language therapist and healthcare assistants, with the PMHW supporting emotional literacy. The school nurse or health visitors supported the parenting inputs to address any concerns the parents had with their child's behaviour.</p> <p>A consultation identified that input to target understanding and use of language, attention and listening skills and narrative skills would be beneficial for preschool children and their parents. Parents are involved in</p>	<p>There is project-initiated universal input to all primary 7s with targeted interventions for vulnerable children and their families identified by education colleagues or health personnel. The materials used were adapted from "Think Good – Feel Good" worksheets followed by class discussion.</p> <p>These activities were targeted to assist in the transition from primary school to secondary school, allowing the children to discuss any worries they may have.</p> <p>At the end of the sessions, the class practised quick relaxation techniques.</p> <p>Follow-up was provided for the young people near the start of secondary 1 by the school nurse and PMHW, who visited all secondary 1 classes for discussion post-transition.</p>	<p>This was initiated by the project and is provided at transition times and for parents of children being supported by the PMHW.</p> <p>The healthcare assistant role has been developed to support families who need extra input or reinforcement of health information.</p>

Holistic drop-ins	Promoting mental health and emotional wellbeing	Transition programmes: nursery to primary 1	Transition programmes: primary 7 to secondary 1	Parenting support
	<p>There is a range of difficulties that the children within these groups are experiencing that result in their reduced emotional literacy, including a child with Asperger's syndrome, children with poor language skills and children who have experienced adverse life events.</p> <p>The groups are run by a speech and language therapist and the PMHW on a weekly basis.</p>	<p>the group to encourage good interactions and to provide strategies and ideas on how to increase these skills in everyday situations with their children.</p> <p><b>More Choices, More Chances group (supported by the project)</b> This programme targets children's communication skills, self-esteem and confidence.</p>		

### NHS Ayrshire & Arran: Belmont school cluster (Southcraig Campus)

Let's Get Eating Project, in conjunction with Jump Start	Mental health and emotional wellbeing	Transitions	Parents' group	
<p>Initiated by the project, this project introduces new textures, tastes and foods to children with learning difficulties in a non-threatening environment through taster sessions and play. Parent involvement is central at all stages. Physical activity is supported through the already-existing Jump Start programme.</p>	<p>This is being tackled through project-initiated health promotion and a parents' group. Increased support is being offered to children and young people, particularly at times of transitions. The project is working in partnership with all external agencies, supporting young people with a learning disability.</p>	<p>The project is supporting programmes that aim to increase support, with emotional and sexual health advice being offered at times of transition (parents are included). Sexual health information and increased health promotion are being offered on a group or one-to-one basis for all ages, in liaison with parents.</p>	<p>This project-initiated group was developed to address identified parental needs and health concerns.</p>	

## NHS Forth Valley: Clackmannanshire schools

Clackmannanshire Language Improvement Programme (CLIP)	Health sessions in schools	Max in the Middle – healthy eating	Emotional and mental health
<p>There is a well-established communication programme for young children run that is focused on those in nurseries. It is run by the Communication Help and Awareness Team (CHAT).</p> <p>The project recognised that language is vital for learning and for the world beyond schools. Primary school teachers reported that many children entered primary 1 classes with limited language and that this had an impact on confidence and learning.</p> <p>An additional programme – the Clackmannanshire Language Improvement Programme (CLIP) – has been developed through the programme. It aims to support transitions from nursery to primary schools by providing parents with ideas to support their children’s speech development and communication skills.</p> <p>A multi disciplinary team consisting of a speech and language therapist, inclusion support teacher and supervisory assistant are working in three primary schools. The team link with class teachers to develop a</p>	<p>In response to concerns from parents and teaching staff about pupil health issues such as teenage pregnancy, smoking and stress, drop-in sessions were initiated by the project. Each drop-in is supported by a steering group that involves parents, students and teaching and guidance staff. The steering group is also attended by representatives from community learning and development and health staff from within the project and wider health services.</p> <p>Essentially a health-focused drop-in centre for young people, the “Health Spot” in Alloa Academy provides confidential, holistic health advice and support, with referral to other agencies as appropriate. Resources on health issues such as alcohol use and sexual health are available, as is information on services offered by other agencies. The sessions are held at lunchtime in school and are attended by a mental health worker, youth project worker and school nurse The health promotion department supports school sessions and is involved in overall organisational issues. The aim is to equip young people with information</p>	<p>Statistics suggest that obesity and poor nutrition are issues in Clackmannanshire schools. However, it can sometimes be a challenge for agencies to engage with parents and to support schools in delivering healthy eating messages.</p> <p>An interactive drama programme called “Max in the Middle” has been developed by the Health Promotion Department of NHS Forth Valley.</p> <p>The initiative delivers a week-long programme of activities to children and ends with a parents’ event.</p> <p>With support from the project, the school nursing team has been able to fully support the programme in primary schools and to work more closely with individual children and families to support healthy eating.</p> <p>The project’s interdisciplinary, multi-agency approach is improving the ability of health staff to work more closely with schools on healthy eating and other health and wellbeing indicators within the Curriculum for Excellence.</p>	<p>The inter-agency health and Wellbeing in Schools steering group recognised concerns from education staff relating to mental health issues among children and young people.</p> <p>The project now employs a primary mental health worker (PMHW) who supports schools, delivers training for education and health staff and also supports an early access clinic within primary care. Much of the role is focused on building capacity within mainstream services so that children and young people can access the help they need quickly, and that referrals to child and adolescent mental health services are appropriate.</p> <p>In keeping with the project’s aim of developing and enhancing existing roles, the remit of the school nursing team is being developed to offer support to vulnerable children and young people and to address emotional and</p>



<b>Clackmannanshire Language Improvement Programme (CLIP)</b>	<b>Health sessions in schools</b>	<b>Max in the Middle – healthy eating</b>	<b>Emotional and mental health</b>
<p>coordinated approach to language skills from nursery to primary 2 based on Elklan training.</p> <p>The team is developing links with local community resources, including library services and the toy library. Parents are a vital part of the programme and are encouraged to take an active role in their child's learning; some have gone on to help with supporting other parents in groups.</p> <p>Education sessions on developing communication skills for children are also being delivered to teaching staff.</p>	<p>they can use to take informed decisions about their own health.</p> <p>Drop-in sessions are also held in the community centre in Tillicoultry on Tuesday evenings. They are run by a school nurse and a community learning and development worker.</p> <p>The services that support this work considered it to be sustainable. There are plans to expand to the other secondary schools within Clackmannanshire Council and a second session was launched in Lornshill Academy in October 2010, with the third school, Alva Academy, coming on stream later in the academic year.</p>		<p>mental health and wellbeing.</p> <p>School nurses now offer health assessments to vulnerable pupils at transition stages. Group work programmes in schools supported by the school nursing team include parenting responsibilities (linked with a family centre) and responsible babysitting (based on Red Cross course). In addition, a staff nurse joins with a young carers worker from the Princess Royal Trust to run a monthly lunchtime support group in Lornshill Academy.</p> <p>The public health nurse provided through the project is a qualified counsellor who now provides a counselling service for pupils and parents in Clackmannanshire. Due to the need for (and the success of) this work, the public health nurse will continue to provide the service beyond the life of the project.</p>

## NHS Grampian: Moray schools

Change 3	Healthy Minds	Therapy transition team	Health support workers	Sports coordinator service
<p>This is a project-initiated healthy weight management programme developed as a whole-school approach to imaginatively addressing the needs of children (and their families) whose weight is above the healthy weight range for age and height. Children are identified either by self-referral or through routine screening. Programmes have been developed for two age groups: 5–7 years and 7–16 years.</p> <p>The programme not only looks at healthy diet choices, but also teaches about fitness, activity and motivation. It employs the body image avoidance questionnaire, compulsive eating scale, eating self-efficacy scale and restraint scale as outcome measures.</p>	<p>This project-initiated initiative uses a whole-school approach to implement <i>Mental Health of Children and Young People: a Framework for Promotion, Prevention and Care</i> through all schools in Moray.</p> <p>The role of clinical associate in applied psychology (CAAPs) has been introduced to deliver whole-school mental health awareness training for all staff, age-appropriate inputs for pupils, mental health awareness training for parents and cohort training for identified staff in mental health promotion and applied suicide intervention skills training (ASIST).</p>	<p>A project-initiated team who use a combination of universal, targeted and specialist approaches to support children to prepare for transition from primary to secondary education within the context of a primary to secondary transition pathway:</p> <ol style="list-style-type: none"> <li>1. primary 7 – pupil awareness-raising sessions about communication and friendships, experiential sessions on skills for practical lessons and teaching on back care and schoolbags;</li> <li>2. supporting existing enhanced transition groups for vulnerable children not requiring therapy input; and</li> <li>3. a new multiagency transition group of vulnerable children known to therapy services who require additional support to develop skills they will require in secondary school.</li> </ol>	<p>Health support workers and therapy support workers introduced by the project have been able to effectively create skill-mix opportunities in the school public health nursing team and the transition team. They undertake core work previously done by team members who are now able to work with the most vulnerable children and young people.</p>	<p>This project-supported service promotes the opportunity for everyone to succeed in a skill, which is especially important for those who are not achieving academically. It is promoting outdoor activity and community involvement and specific initiatives such as cycle/walk to school and cycling proficiency.</p>

**NHS Lothian: West Lothian, Armadale school cluster**

<b>TOPP – Transition Onto Primary Programme</b>	<b>Seasons for Growth</b>	<b>Armadale Primary Afterschool Fun programme</b>	<b>Parenting West Lothian</b>	<b>Walking buses</b>
<p>TOPP is a project-supported group work programme for parents of children moving from nursery to primary school. Referrals to the group are taken from health visitors and nursery teachers. The programme can also be delivered on an individual basis.</p>	<p>Seasons for Growth is a project-initiated prescribed course for children in West Lothian who have suffered loss or bereavement, perhaps following the death of a family member, or who are experiencing parental separation or divorce. The group is run over eight weeks by school nurses and support workers. It aims to provide a space in which the children can express their feelings and develop their sense of security and safety.</p>	<p>This project-initiated programme was set up by school nursing staff at Armadale Primary to identify primary 1 pupils who are showing signs of obesity, low self-esteem and/or mental health problems.</p>	<p>This is a project-supported inter-agency steering group that oversees parenting support in the area.</p>	<p>This initiative, which is supported by the project, sees active schools coordinators and members of the Children and Young People Team walking or cycling the children to school. The children then attend a breakfast club and take part in some structured activities. The aim is to establish routine in the children's mornings, which previously had been characterised as being hectic, disorganised and inappropriate in terms of preparing the children adequately for learning.</p>

**NHS Lothian: West Lothian, Armadale school cluster (cont.)**

<b>Speakeasy</b>	<b>Speech and language group work in primary schools</b>	<b>Storytelling in libraries</b>	<b>Armadale Youth Space</b>	<b>Mayfield House</b>
<p>A project-initiated course formulated by the Family Planning Association to facilitate parents to talk to their children about sexual health. The programme lasts for eight weeks, including a taster session.</p> <p>The Speakeasy course is registered for accreditation with the Open College Network (OCN). For those who wish, the course and resulting portfolio-based work can be used to gain OCN credits that can offer a pathway for entry into further education.</p>	<p>A project-initiated development in which children in primary 1 in six cluster primary schools and the two nurseries who are experiencing communication difficulties are assessed and offered a group intervention, including work on narrative skills.</p>	<p>These are project-initiated sessions run during school holidays to provide interactive storytelling and promote good communication between parents and children.</p>	<p>A project-supported community venue in the village centre for, and closely involving, young people. The Youth Space provides the venue for the weekly “healthy respect” clinic, run by project staff</p>	<p>A project-supported community house offering a venue for a number of groups, drop-in services and community events, supported by the project team.</p>

## **APPENDIX 2**

### **Information sheet offered to event participants**

#### **Health and Wellbeing in Schools Project (HWIS) Open Space Workshop**

**Background:** the Health and Wellbeing Schools Project Demonstration Sites are up and running. Before we break for the summer, we would like to take time to find out how you feel the demonstration has gone so far and to enable your demonstration site and the rest of Scotland to learn from your experiences.

**Workshop questions:** What new ways of working better address the health & wellbeing of children & young people, based on your experience as part of a HWIS Demonstration Site? What works, what does not work and what could work better?

#### **Workshop running order:**

- registration and refreshments
  - welcome
  - workshop overview
  - proposing topics
  - forming breakout groups
  - setting the agenda
  - breakout sessions
  - producing the proceedings.
- 

#### **This workshop aims** to enable us all to:

- identify, address and explore what works, what does not work and what would work better;
- gather new ideas, resources and people and share what works, what does not work and what would work better;
- document all of this in pages of notes and next steps;
- establish strategic themes, clear priorities and immediate actions steps;
- distribute this information to the people who attended and other interested people; and
- empower you to tell that story to the rest of your organisation/community/Scotland.

#### **Guiding principle**

You, and only you, know where you can learn and contribute the most to the work that must take place today. It demands that you use your two feet to go where you need to go and do what you need to do. If at any time today you find that you are not learning or contributing, you have the right and the responsibility to move ... find another breakout session, visit the food table, take a walk in the sunshine, make a phone call – but ALWAYS focus on the task in hand.

## **APPENDIX 3**

### **Venues and attendance figures for the four workshops**

The **NHS Ayrshire & Arran: Belmont school cluster** event was held at the Ayrshire Hospice on 14 June 2010. There were 36 participants, including representatives from education, local authority and health sectors, parents and school pupils.

The **NHS Forth Valley: Clackmannanshire schools** event was held at The Gean House, Alloa on 18 June 2010. There were around 50 participants, including representatives from education, local authority and health sectors, parents and school pupils. There were also representatives from the Scottish Government and NHS Health Scotland.

The **NHS Grampian: Moray schools** event was held at the Eight Acres Hotel, Elgin on 31 May 2010, with 80 participants representing education, local authority and health sectors, parents and school pupils. There were also representatives from Grampian Police.

The **NHS Lothian: West Lothian, Armadale school cluster** event was held at The Howden Centre, Livingston on 21 June 2010. There were 28 participants, including representatives from education, local authority and health sectors and parents. There were also representatives from the Scottish Government, NHS Health Scotland and Lothian and Borders Police.

## APPENDIX 4

### Selected discussion items at the events

Participants at the events were asked to suggest up to three topics related to what was working well with the project and what could work better. All participants were then able to “vote” for which topics they wished to discuss.

All topics and votes per event – those that were chosen as discussion topics and those that were not – are shown below by number of votes cast. The wording and emphasis used have not been altered from the originals (any explanatory text is presented in square brackets). As can be seen, some suggested topics were formed into “composites” for group discussions.

### What is working well with the project

#### NHS Ayrshire & Arran: Belmont schools cluster

Comment	Votes
Multi-agency working: speech and language therapy; health and wellbeing team; health visitor; nursery staff; parents	13*
Southcraig Jump Start	11**
Development of the healthcare assistant	9
Better and improved partnership working with health and partners	8*
Southcraig Let's Get Eating	8**
Transition groups – links across education/health – staff awareness	6****
Increased confidence of young people with regards to health – emotional awareness improved	5***
Emotional literacy group	1***
Primary 7 transition targeted group	1****
Reinforcing need for partnership working	1*
Primary 7 to secondary 1 transition	0****
Nursery to primary 1 transition	0****
Nursery transition	0****

\*Combined into a single discussion issue

\*\*Combined into a single discussion issue

\*\*\*Combined into a single discussion issue

\*\*\*\*Combined into a single discussion issue

#### NHS Forth Valley: Clackmannanshire schools

Comment	Votes
Family support workers	17
Communication with other agencies	13
More involvement with vulnerable families	13
Improvement in children's language skills	12
“Health Spot” – increased access to health professionals for pupils	6*
“Handling children's behaviour” [parenting] course	6
Drop-in outside school (Tillicoultry)	4*

\*Combined as a single discussion topic

## NHS Grampian: Moray schools

Comment	Votes
Better integrated working	26
Having a band 3 (need more!)	17
Health care support workers have taken on core work previously done by school nurses – frees up time for school nurses to work with more complex-needs young people	15
Talks with school nurse to support you	13
Increased primary mental health work being done	11
Cohort training in Healthy Minds approach	9
Joining in with transitions programmes already in process	7
Band 3 workers	7
Sports coordinator	6
Links with other agencies	5
Canteen and vendor foods are healthier	5
Improved clarity with regard to targeting vulnerable groups leading to earlier access and increased support	5

## NHS Lothian: West Lothian, Armadale school cluster

Comment	Votes
Targeting vulnerable children early	12
Additional local resource	10
Development of parents' groups not normally in school community	9
Empowering the families by giving information	6

## What could work better with the project

## NHS Ayrshire & Arran: Belmont schools cluster

Comment	Votes
Link with curriculum for excellence outcomes	16
More health and fitness programmes for learning disability	13*
Promote more inter-agency partnership working	12
Jump Start – ten weeks is not enough	12*
Engaging with hard-to-reach, vulnerable families – risk of widening the gap	11
Awareness of Health and Wellbeing in Schools project throughout school	9

\* Combined into a single discussion issue

## NHS Forth Valley: Clackmannanshire schools

Comment	Votes
Sustainability of short-term project	21
Links with Curriculum for Excellence	14
Sharing information about the project with people I think should know about it	13
[Getting] help sooner	11



## NHS Grampian: Moray schools

Comment	Votes
Sustainability – what plans have been made?	33
Confusion about the project – is it about health and wellbeing in Curriculum for Excellence, or health services, or both?	18
Inclusion of children/young people with additional support needs	15
Heat 3 target: good idea to catch children over 91 <sup>st</sup> and 98 <sup>th</sup> centile but plan not delivered well – no real structure to lead it, and no consistency across areas	11
Schools need to be given some information, please	9
Healthy Minds connecting to all schools – too slow	7
Concern that Healthy Minds has become more <u>treatment</u> focused under the project – less promotion and prevention	7
Greater involvement of young people	7
Minimal connection in the project from Active Schools – engagement from the start in all three key areas would have been beneficial.	6
Better awareness in schools ... including information-sharing	6
?have a website for information on all agencies in Moray – for <u>all</u> to access	6
Schools unaware of what this is all about	4
Make schoolchildren more aware of this project!	4
It would be a good idea to deliver a core programme within all schools (like SIGN guidelines in schools) – each school has a different agenda and needs a common denominator	4
Nurses not in schools now	4
Engaging with primary schools in Healthy Minds more	3
Lack of focus on partnership working – need more	2
Training for staff dealing with young people re issues such as attention deficit disorder	2
Joint working across services and within teams	1
School nurses had to take on too much change at one time	1
Clarity of role for new posts – e.g., health care support worker	1
More school health support workers – at least one for each ASG [associated school group]	1
Some information on project	0

## NHS Lothian: West Lothian, Armadale school cluster

Comment	Votes
Awareness raising about the project	16*
Raising awareness with other agencies	12*
Mental health provision! Young people and families (early interventions)	11**
More parental involvement at nursery/primary school levels	10
Communication going forward (action plans) [how project can be embedded in mainstream practice as we move forward]	6
More mental health link workers	5**
Share learning with other Armadale projects	4*
Raising general parent awareness of Health and Wellbeing in Schools project initiatives	3*
Raising project awareness in external stakeholders	2*
Communicating with parents and children	2*

\*Combined as a single discussion topic

\*\*Combined as a single discussion topic

## **APPENDIX 5**

### **Local action points emerging from the four workshops**

#### ***NHS Ayrshire & Arran: Belmont schools cluster***

##### **Systems – multi-agency working**

- The project is developing many good practice examples and strong evidence sources to support inter-agency working – these should be promoted and disseminated. The aim should be to mainstream the inter-agency learning from the project and embed it within diverse agencies.
- The project has an opportunity to influence government to ensure national strategies articulate with each other and promote inter-agency working. This should include creating opportunities for inter-agency training for professionals, particularly education and health professionals.
- Empowering parents will drive the inter-agency agenda – they are often the best coordinators of services. But they need professionals who speak a common language. Professionals should ensure the information they give to parents reflects the inter-agency agenda and uses common terms and expressions. This should be reflected in joint reporting approaches.
- Rigid working approaches end up in children being “fitted” into services. Flexible child- and family-centred work approaches are necessary.
- Promote innovative ways of working and multi-agency training opportunities.

##### **Systems – links with Curriculum for Excellence**

- The health and wellbeing meetings within the Belmont cluster should continue with inter-agency input, focusing on achieving Curriculum for Excellence outcomes as a partnership.
- The Curriculum for Excellence agenda will be taken forward together through joint training and group-working opportunities – a key message is “don’t do things separately”.
- Education and health staff can identify up-to-date resources that are appropriate to the new curriculum and which promote active learning and pupil involvement; this means that some current resources and education techniques may no longer be appropriate.
- Make the project’s links with Curriculum for Excellence outcomes explicit to encourage teacher engagement.

##### **Communication**

- Increase the visible presence of the Health and Wellbeing in Schools project in schools – put the project in schools’ “shop windows” through eye-catching posters, leaflets, TV screens and other methods.

- Ensure literature and promotional material about the project emphasise the benefits for people as individuals.

### **Resources and sustainability**

- The sustainability of providing ongoing support and activities after school is affected by resource issues. A possible way forward is to explore opportunities for more parent and volunteer involvement to provide after-school activities, possibly through links with the Active Schools programme.
- It is also worth considering access to other opportunities outside the school environment that children could attend. These need not always be related to physical activity – the social interaction elements of after-school activity have value in themselves.

### **Practice and initiatives**

- A liaison person should be appointed for each [vulnerable, hard-to-reach] family to reduce the number of interactions with individual professionals or groups of professionals.
- Organisers of multi-agency meetings should consider whether all team members genuinely need to be there in an attempt to reduce the number of people the family or individual has to face.
- Relationships with children and families should begin in nursery and build up over time into primary 1.
- The project should explore options for engaging with hard-to-reach families further.

### ***NHS Forth Valley: Clackmannanshire schools***

#### **Systems – links with Curriculum for Excellence**

- The first step in changing people’s mindset about the place of health and wellbeing in Curriculum for Excellence is to develop a mechanism to capture their views and engage in discussion with them. It’s about listening to what people want and trying to support them. Health and wellbeing support officers are in a good position to take this forward, and the imminent arrival of the health promotion accreditation information provides a “way in”.

#### **Systems – multi-agency working**

- The Health Promoting Schools steering group is being reformed with representation from each of the schools and will look at the demonstration site project.
- Progressive achievement groups should be considered as a vehicle for reviewing the role of health and wellbeing.
- Training that links to school priorities should be developed for all professionals. It is recognised that there is a time and resource pressure on this, but it is also recognised that action must be taken to shift perceptions of

health and wellbeing as something that is a (sometimes unwelcome) add-on to the curriculum to seeing it as a subject that has equal weight to literacy and numeracy.

- Reliable examples of good practice of integrating health and well-being in curricula should be identified and disseminated, although it is accepted that while there are some good health and wellbeing projects that have been embedded into schools, many lack a robust underpinning evidence base.
- Good communication and a strong partnership ethos must be maintained among all stakeholders.

### **Communication**

- Lessons learned and good practice developed through the project should be shared with all sectors and at a variety of levels.
- The project needs to re-energise its message of adopting a holistic approach to health and wellbeing. This is not always understood.
- The project also has to be clear in publicity materials about who will benefit from the project's inputs.
- The project needs to think locally in terms of reaching parents with publicity materials. This can be difficult in larger areas, but schools can act as the hub for information in these settings.
- Information to head teachers needs to indicate how the project can help to manage and solve problems.

### **Resources and sustainability**

- Priorities for future work should be determined, with an emphasis on involvement of children and young people.
- Take action now to safeguard financial resources.

### **Practice and initiatives**

- It is important to maintain an early interventions approach to working with families.
- Ways to develop systems through which parenting programmes (using the futures model) can be readily accessed by families should be explored.
- There is a need for more parents' groups to encourage the sharing of experience and to provide support.
- GIRFEC is only beginning to be implemented in Clackmannanshire – the project steering group will link with the GIRFEC implementation group to ensure the project reflects GIRFEC principles.

## ***NHS Grampian: Moray schools***

### **Systems– links with Curriculum for Excellence**

- A joint action plan to describe how Curriculum for Excellence is supported by the health and well-being in schools project is needed – this will alleviate confusion and avoid duplication of effort.

### **Communication**

- Set up a planning meeting as soon as possible [on a web site for information on all agencies in Moray] involving all interested parties, including local business.
- The message to schools about the project needs to be re-energised.
- Involve young people in the project's process now. One way is to involve children in evaluation, using an evaluation form pitched at their level that asks what is being done well and what should be done better.

### **Practice and initiatives**

- Good project leadership and a streamlined pan-Grampian approach to achieve the Heat 3 target [on reducing overweight and obesity] are needed.
- A public awareness campaign on Heat 3 for parents, schools, communities, staff and young people should be launched.
- The project should engage more closely with associated school groups and work with health promoting schools staff and the education department to promote and integrate the Healthy Minds approach.
- Tap into peer-supporter systems within schools to form part of the Healthy Minds cohort.
- Engage more closely with associated school groups in relation to encouraging all primary schools to connect to the Healthy Minds cohorts and define what will work for them.

### **Personnel**

- Ask relevant people involved – children and young people, health visitors, school nurses, guidance staff, teachers, parents – where they would prefer school nurses to be based.

## **NHS Lothian: West Lothian, Armadale schools cluster**

### **Systems – multi-agency working**

- A single steering group consisting of representatives from each of the projects under way in the area should be formed. The steering group would provide a forum for the projects to network, inform, provide updates and share ideas. This may lead to less duplication of effort and waste of resource.
- Existing activities and projects should be identified and a “mind map” of activity developed to show where the projects link.

### **Communication**

- The project’s services should be marketed effectively through a variety of outlets – the intranet, school bulletins, the *West Lothian Courier* and notices in schools and elsewhere, for instance. The project needs to “shout” about its existence.
- Attempts should be made to link into the imminent social marketing campaign being mounted by “Armadale Together for Health”.

### **Resources and sustainability**

- More sharing of ideas among projects should be encouraged to ensure existing resource is used effectively.
- Action should be taken to safeguard, protect and further develop the links and communication networks the project has forged with agencies and groups.
- Capacity-building exercises should be conducted with the community and parents to enable them to maintain the momentum created by the project.
- A clear “exit strategy” for the project should be devised.

### **Practice and initiatives**

- If there is no space in the nursery or school environment to accommodate meetings with parents, community facilities such as libraries and community centres should be used. These would provide areas away from the school where parents can come together and engage with each other and professionals. “Armadale Together for Health” has used this model effectively.
- Attendance at the storytelling sessions at Armadale Library could be encouraged by extending them over the Easter and summer holidays. Leaflet distribution should be more localised and carried out near to the date of the event; it should also be widened to include supermarkets and hand distribution at school gates. Parents could also be offered certificates of attendance.
- Parents should be offered tuition in storytelling.
- Imaginative ways of raising parents’ awareness should be pursued, such as introducing a “parents’ pledge” which reflects health and wellbeing targets and

which quantifies what is expected from parents, such as spending 15 minutes a day reading with their child or walking the child to nursery or school each day.

- Transition not only from nursery to primary 1 but also into nursery from, for instance, play groups should be targeted.
- Parents of prospective nursery attenders should be invited to spend time in the nursery to see what it is really like.
- A parent “buddy” scheme should be introduced, with parents of primary 1 pupils “buddying” parents of children about to transition from nursery.
- Consideration should be given to training breakfast club staff to support children with speech and language difficulties.
- Means of improving communication among health agencies, nurseries and schools on mental health issues should be sought.
- Training on identifying and responding to mental health issues should be provided for school staff and community groups.
- Curriculum for Excellence should be used to deliver a consistent curriculum based on mental health issues, such as emotional literacy.

#### **Personnel**

- The lack of appointment of a mental health link worker to the project should be addressed immediately.

ISSN 0950 2254

ISBN 978 0 7559 9829 6

web only publication

[www.scotland.gov.uk/socialresearch](http://www.scotland.gov.uk/socialresearch)

APS Group Scotland  
DPPAS11021 (11/10)



**Social Science in Government**