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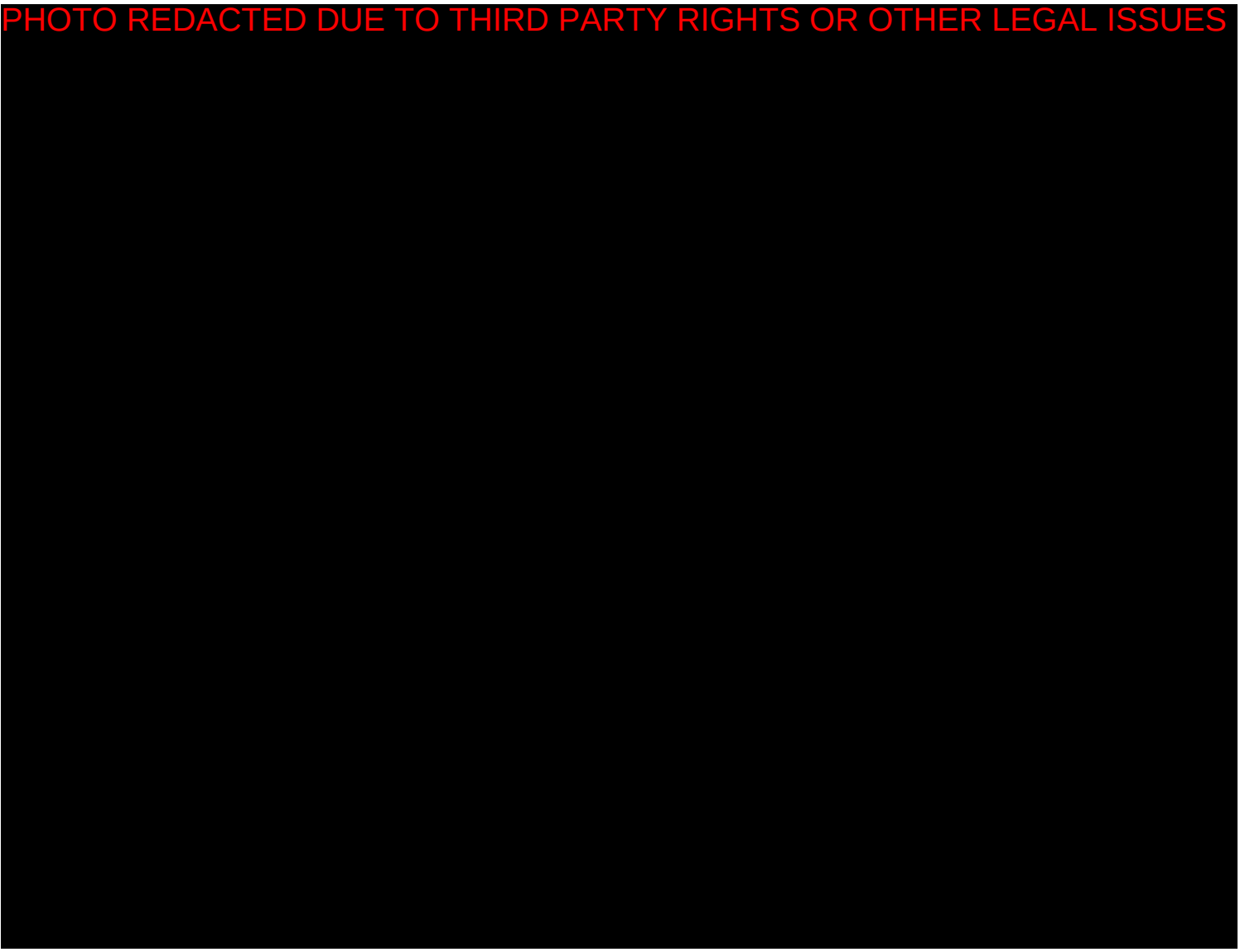
Thinking positively

Emotional health and well-being in schools and Early Years settings



Information

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Thinking positively

Audience

Governing bodies and head teachers of maintained and independent schools and pupil referral units in Wales. Local authorities; local health boards; those involved in providing and commissioning health services, particularly CAMHS; teaching and other unions; church diocesan authorities; national and local bodies in Wales with an interest in promoting and supporting children and young people's emotional/mental health.

Overview

This good practice document aims to support all schools and Early Years settings in promoting emotional health and well-being.

Action required

To consider whether the approaches highlighted in the document could be used to adapt current approaches.

Further information

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Additional copies

This document can be accessed from the Welsh Assembly Government website at www.wales.gov.uk/educationandskills

Related documents

National Service Framework for Children, Young People and Maternity Services in Wales

Everybody's Business – the Child and Adolescent Mental Health Services (CAMHS) Strategy Document

School Effectiveness Framework

School-based Counselling Services in Wales – a National Strategy

See also the list of documents in Section 3.

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Section 1 – Background and Context

1. Introduction

Purpose of the document

Well-being is at the heart of the School Effectiveness Framework (SEF) and is a crucial core element of the work of education settings. This is also reflected in the increased emphasis on well-being within the new common inspection framework, introduced in 2010 by Estyn.

The document offers:

1. A summary overview of the key information and issues for schools and education settings in relation to promoting the emotional health and well-being of children and young people, including examples of current practice in Wales.
2. Proposals to support schools and local authorities in taking forward their work in promoting emotional health and well-being, and for early identification and intervention for children and young people who are experiencing mental health problems.
3. Signposting to resources and sources of support.

Case studies are provided throughout the document to highlight examples of good practice in Wales. Further, more in-depth case studies will be available in Autumn 2010 as part of the In Perspective series linked to the Welsh Network of Healthy School Schemes.

The document is intended for all school leaders and staff, and local authorities and their partners, particularly those working in specialist Childhood and Adolescent Mental Health Services (CAMHS). While the focus is on practice in learning settings, the emphasis throughout is on the need for staff at schools and other learning settings to recognise that they are often the first point of contact and so have responsibility for initial assessment and intervention and for linking with a range of partners.

In particular, this guidance focuses upon the leading role that education staff working in and from education settings already play in providing preventative services that improve the emotional well-being of children and young people and strengthen their resilience. It seeks to highlight the potential to develop this aspect of education further. It is therefore principally concerned with raising awareness of relevant issues that will help staff to do those things that help pupils to feel happier and more motivated. This can in turn help to prevent mental health problems and disorders, involve children and young people more fully in the way their school operates, and help schools to meet a number of legal, ethical and curricular obligations. This should not involve additional work and duties for schools and staff, but is rather about carrying out existing work and duties in the most effective manner. Some of these existing approaches are highlighted in the text as positive actions by school

staff, and many examples of current good practice in Wales are provided throughout the text.

The need for a good practice document

Welsh policy for education, health, social and youth justice services recognises the importance of:

- taking opportunities to promote the emotional health and well-being of all children;
- all sectors and professional disciplines working together; and
- all statutory sector services working in partnership with parents, extended families and voluntary sector services.

The fundamental positive or negative impact that a child's experience of education can have on outcomes in their later life is well recognised. This document considers the particular contribution that education services and their staff make in achieving this aim of promoting emotional health and well-being. This will increase the likelihood of positive educational experiences for pupils and the consequent influence on life benefits.

The document aims to support the Welsh Assembly Government's Child Poverty Strategy. Children and families living in areas of high poverty are more likely to encounter mental health problems and to be exposed to associated risk factors such as those highlighted in Part 3 of this document. It is also key to ensure that there is equal access to services and that as much as possible is done to ensure that it is not harder for families living in poverty to access services due to a lack of awareness of them or because of travel difficulties.

In reviewing the impact of the English guidance *Promoting Children's Mental Health within Early Years and School Settings* some four years after its issue in 2001, Ofsted found that practice in primary schools in positively promoting emotional health and well-being was much more developed than in secondary schools.

The CAMHS concept

The Welsh Assembly Government's strategy document on Childhood and Adolescent Mental Health Services (CAMHS), ***Everybody's Business (2001)***, set out the role that all those working with children and young people have to play in this area. It introduced a four-tier system of intervention, ranging from Tier 1 - primary services who are the first contact with young people and/or their families and who may not necessarily have any specialist training in mental health - through to Tier 4, very specialised interventions and care such as residential schools. The term CAMHS in Wales therefore refers to everybody working with children and young people at varying levels of expertise and not only to specific specialist services or only those provided by the NHS. The aim is therefore to move away from a philosophy of referral on to a service but rather to develop a team around the child of specialist and Tier 1 professionals. Within this approach the majority of school staff can be seen to support the emotional health and well-being of pupils at Tier 1.

Benefits for schools

There are major potential benefits for schools in actively promoting emotional health and well-being, as this can lead to an improved classroom and whole-school atmosphere, which in turn can contribute to the overarching objective of school improvement in the following ways:

Teaching and Learning

Pupils who are more engaged in the learning process
Pupils who can concentrate and learn more effectively
Improved levels of literacy and numeracy
Improved academic achievements
Better teaching
Parents/carers who are more engaged in school life

Behaviour and attendance

Pupils who are more involved in school life and have a say in what happens
Pupils with higher self-esteem and confidence
Fewer pupils disengaged from learning and school
Better behaviour in the classroom and improved attendance
Less bullying
Lower rates of truancy, offending and substance misuse

Staff recruitment and retention

Improved morale
Lower absenteeism
Better staff recruitment levels
Better staff retention rates

The national policy context

Since 2004, the Welsh Assembly Government has based it policy for children and young people on the UN Convention on Rights of the Child (UNCRC). Planning and delivery of services for children and young people in Wales is undertaken in the context of the seven core aims for children and young people, based on the UNCRC:

1. have a flying start in life;
2. have a comprehensive range of education and learning opportunities;
3. enjoy the best possible health and are free from abuse, victimisation and exploitation;
4. have access to play, leisure, sporting and cultural activities;
5. are listened to, treated with respect, and have their race and cultural identity recognised;
6. have a safe home and a community which supports physical and emotional well-being; and
7. are not disadvantaged by poverty.

The Welsh Assembly Government believes that following a rights-based policy approach will support all children and young people across Wales to achieve improved emotional health and well-being.

Specifically this document aims to support stakeholders in delivering on Articles 6, 19, 23 and 39 of the UNCRC:

> Article 6: All children have the right to life. Governments should ensure that children survive and develop healthily.
>
> Article 19: Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.
>
> Article 23: Children who have any kind of disability should have special care and support, so that they can lead full and independent lives.
>
> Article 39: Children who have been neglected or abused should receive special help to restore their self-respect.

Promoting emotional health and well-being of children and young people is an essential consideration in many current Welsh Assembly Government policies impacting on pre-school and school-aged children.

These are set out in more detail in Annex D but key policies include:

- Everybody's Business (2001) - The National Assembly for Wales's Childhood and Adolescent Mental Health Strategy.
- Children and Young People's Plans.
- The National Service Framework for Children, Young People and Maternity Services (2005).
- The Welsh Network of Healthy School Schemes (WNHSS).
- The Learning Country (2001) and Learning Country II (Vision Into Action) (2006).
- The National Strategy for School-Based Counselling Services in Wales (2008).
- The increased participation of children and young people in the decision-making process, including the introduction of statutory school councils.
- Talk to Me: A National Action Plan to Reduce Suicide and Self Harm in Wales (2008).
- Breaking the Barriers: Meeting the Challenges – Better Support for Children and Young People with Emotional Well-being and Mental Health Needs (2010).
- The School Effectiveness Framework (2008).

- Personal and Social Education Framework for 7-19 year-olds in Wales (2008).
- The Foundation Phase for 3-7 year olds.
- 14-19 Learning Pathways.
- A Framework for a School Nursing Service for Wales (2009).
- Effective Practice in Learning and Teaching – A Focus on Pedagogy (2009).
- Guidance on Youth Support Services and 14-19 Learner Support Services (2009/2010).
- Getting it Right (2009) (5-year rolling action plan on implementing the UNCRC).

Policy issues for schools

Schools may not feel that discrete emotional health and well-being policies are needed. However, every school should ensure that their existing policies and initiatives comprehensively cover effective promotion of emotional health and well-being for all pupils. Estyn's Common Inspection Framework, revised in 2010 covers this aspect in Key Question 1 'How good are outcomes?' and Key Question 2 'How good is provision?'.

In Key Question 1 inspectors will consider the school's work in:

- the development of attitudes to keeping healthy and safe;
- pupil participation and enjoyment in learning;
- their community involvement and decision making; and
- their social and life skills.

In Key Question 2 inspectors will consider the provision made by the school for the care, support and guidance of pupils. This includes:

- provision for health and well-being including spiritual, moral, social and cultural development;
- provision of specialist services, information and guidance;
- safeguarding arrangements; and
- provision for those with additional learning needs.

If schools do wish to draw up specific policies, sources of exemplars and guidance in drawing up such policies are included in the Resources Section and Annexes of this document.

The strong focus of national policy on pupil participation and voice, with the statutory establishment of school councils representing all pupils from Key Stage 2 onwards, provides a supportive platform for an emotionally healthy school. Pupils can and

should take an active role in developing the policies that will impact positively on the emotional health and well-being of pupils and staff.

Policy issues for local authorities/Children and Young People's Partnerships

Local authorities will not necessarily wish to draw up specific policies for promoting emotional health and well-being in schools, since many of its elements will be covered in their other policy documents and guidance. All LA areas have highly developed Healthy Schools programmes, run in partnership between health and education, with robust elements related to emotional health and well-being and some have whole authority initiatives specifically promoting emotional literacy and intelligence. However, all LAs should be clear with schools and other education settings as to how their work in promoting emotional health and well-being is supported by LA services and initiatives.

Multi-agency groups covering children and young people's mental health and well-being have been set up in many in many local authorities, linking directly in many cases to Children and Young People's Plans (CYP Plans) and Health, Social Care and Well-Being Strategies (HSCWBSs). The Welsh Assembly Government wishes to promote multi-agency work in this area further and CYP Plans and HSCWBSs represent key vehicles for enabling this. New plans and strategies covering 2011-12 to 2013-14 will shortly be produced.

Conwy has established an Emotional Health Steering (EHSG) group as a forum for the implementation of school-based interventions to promote social and emotional wellbeing in Conwy LA. The group mobilises programmes by providing a platform for professionals to discuss information about new universal, school-based initiatives. Partnership working is central to the group and these combined skills make for better outcomes.

In **Pembrokeshire**, a mental well-being action area has been set-up. This is based on a sound structure of emotional health support and a well-established Circle time structure. A Healthy Pre-school scheme has been piloted and established which involves Early Years settings working to similar criteria as the schools. Pembrokeshire LA has prioritised mental and emotional health and well-being as part of the Children and Young People's Plan for Pembrokeshire. An advisory teacher post has been created for Safeguarding; part of the remit is to lead and co-ordinate work on emotional health and well-being in and around schools. An Emotional Health and Well-being strategy document has been developed for Pembrokeshire, together with an action plan under Core Aim 3. There is a multi-agency group to monitor and further develop the range and quality of services. There is also a Suicide Prevention Action Team (SPAT), a multi-agency group co-ordinating the delivery of ASIST (Applied Suicide Intervention Skills Training) and mapping referral pathways.

2. Understanding the issues: Key terms and concepts

The terminology associated with emotional health and well-being can be very confusing, since the same terms can be used in different ways by different people. Therefore, it is important to set out the way in which terms are used in this guidance both for consistency with other key Welsh policies and in order to improve clarity and ease of communications. It is hoped that this will assist services from all sectors in adopting an inclusive approach.

Emotional health and well-being, psychological well-being and mental health

The terms **psychological well-being** and **mental health** are often used interchangeably. However **mental health** is often used by different people to describe a variety of different circumstances, and this can create confusion, unrealistic expectations of staff and services, and frustration for staff in linking together across agency boundaries to provide well-co-ordinated services.

In common with many others, this guidance takes the three terms **emotional health (or well-being), mental health** and **psychological well-being** to have similar meanings and implications. They describe an ideal state of personal development and satisfaction.

Emotional well-being has been described as 'a holistic, subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm, and caring, are combined and balanced'. Commonly, other words are also used to describe concepts that are thought to promote emotional health and well-being, for example, **emotional literacy** and **emotional intelligence**. Many schools and LAs have invested considerable resources in recent years in promoting emotional literacy and intelligence in recognition of their impact on raising standards.

The features of good mental health and emotional (psychological) well-being are the abilities to:

- develop psychologically, emotionally, intellectually, creatively and spiritually;
- use and enjoy solitude;
- develop a sense of right and wrong, understanding and valuing the differences between people and respecting the right of others to have beliefs and values different to others;
- recognise and manage strong feelings such as frustration, anger and anxiety;
- initiate, develop and sustain mutually satisfying personal relationships, including friendships;
- become aware of others and empathise with them;
- play and learn effectively and co-operatively;

- solve problems with others and alone and deal with and resolve conflict effectively and fairly; and
- face and recover from problems and setbacks and use any psychological distress that results as a developmental process and learn from them in ways that do not impair or hinder further development.

Young people say[1] that the things which have the biggest impact on their emotional well-being are:

- having people to talk to;
- personal achievement;
- being praised; and
- generally feeling positive about themselves.

And that the key things that make them feel stressed are:

- conflict;
- confrontation with authority;
- restriction of autonomy; and
- exclusion by their peers.

Mental Health Problems and Disorders

In order to attempt to establish widely applied and understood definitions of the term **mental health problem** the Assembly Government sets out a definition in Everybody's Business, its strategy document on CAMHS as follows:

> 'Mental health problems may be reflected in difficulties and/or disabilities in the realm of personal relationships, psychological development, the capacity for play and learning, development of the concepts of right and wrong, and in distress and maladaptive behaviour. They may arise from any number or combination of congenital, constitutional, environmental family or illness factors. 'Mental health problems' describes a very broad range of emotional or behavioural difficulties that may cause concern or distress. They are relatively common, may or may not be transient, but encompass mental disorders, which are more severe and/or persistent.'

Some examples of common mental health **problems** include children and young people who have:

- anxiety;
- fears;
- short-term upsets and low mood;

[1] Ahmad et al (2003) Listening to children and young people, University of the West of England.

- bedwetting;
- refusal to eat;
- food fads;
- sleep problems;
- difficulties with concentration;
- temper tantrums;
- demanding behaviour;
- aggression;
- defiance;
- self-harming.

Schools and LA services will recognise most of these behaviours as being very common and demonstrated by large numbers of children and young people. This serves to demonstrate that the concept of mental health problems is not a low incidence occurrence, but is an everyday feature of school life. Studies indicate that as many as one in five children/young people may have mental health problems at any one time. Many of these problems will be experienced as relatively mild and transitory nuisances to children, their families and schools, whereas others will have serious and longer lasting effects.

When problems of these kinds are persistent, more severe and associated with other problems, it may be more appropriate to describe them as **mental disorders**. In these situations, more specialised assessment and intervention may be required. However, the majority may turn out to be short-lived, possibly related to the circumstances in which children or young people find themselves, and relieved by relatively simple measures. In these situations referral to specialist services is not required and there is much that parents and schools can do to assist children and young people with these problems.

The definition set out in Everybody's Business is as follows:

> 'Mental disorders are those mental health problems that meet the requirements of ICD 10, an internationally recognised classification system for disorders. The distinction between a Mental Health Problem and a Mental Disorder is not exact but turns on severity, persistence and the effects and combinations of features found.'

Children and young people may have a single problem. However, as the severity and persistence of their problems increase to cross the threshold into disorder, there is a growing chance that they will have multiple problems that may all require intervention (a situation that doctors describe as co-morbidity).

The **disorders** that children and their families can be faced with include:

- emotional disorders, eg phobias, anxiety states and depression that may be manifested in physical symptoms;
- conduct disorders, eg stealing, defiance, fire-setting, aggression and anti-social behaviour;
- hyperkinetic disorders, eg disturbance of activity and attention;
- developmental disorders eg delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive development disorders;
- attachment disorders, eg children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care-givers;
- eating disorders, eg pre-school eating problems, overeating, anorexia nervosa and bulimia nervosa;
- post-traumatic stress syndromes; and
- psychotic disorders eg schizophrenia, manic depressive disorder, drug-induced psychosis.

Impact and burden

Impact, according to the Office for National Statistics, relates to the consequences for a child or young person of having a problem with their mental health[2]. The **burden** of the child's problems is a measure of the effect of the child's problems on others including parents, teachers, siblings and peers and it may include distress, tiredness, worry and interference with learning.

Research shows that help is often sought for children's problems on the basis of the burden they cause to others rather than their impact on the young person.

Concepts such as impact and burden are therefore particularly helpful as they take into account not only children's experience and needs but also those of others around them. Emotional problems, especially those involving anxiety, depression and poor social skills may cause much less burden than behavioural problems and their impact may not be recognised by adults until they are quite severe. By the same token, behavioural problems can often have a high burden, and are often recognised much earlier than the less visible emotional difficulties; which are frequently missed by adults.

The terms are particularly relevant in a needs-based approach to designing and delivering services as they are helpful in resolving differing use of other terms by the various parties involved.

[2] Meltzer, H., Gatward, R., Goodman, R. and Ford, T. (2000). Mental health of children and adolescents in Great Britain. London: Office for National Statistics.

Behavioural, emotional and social difficulties (BESD) and the overlap with mental health problems and mental disorders

Children who are experiencing significant acting-out problems in schools tend to be defined as having **behavioural, emotional and social difficulties (BESD)**. Thus, BESD is a term to be understood within an educational context that describes a range of problems that children might experience as a result of adverse experiences in the early years, difficult family relationships or ineffective behaviour management or means of engaging children effectively within the school. The term **EBD (Emotional and Behavioural Difficulties)** is also commonly used.

The use of the term behavioural, emotional and social difficulties is based on observing persistent and seriously concerning patterns of behaviour. Health professionals as well as different teachers and staff of the education support services will often have differing thresholds for using it. Therefore, a child may be described as having both a conduct disorder and an emotional, behavioural and social difficulty and the terms are not exclusive. This can produce considerable confusion and, sometimes, uncertainty about how best to respond to particular children's needs. This situation is often best resolved by the different services in each area being clear about the work that they do and by their staff developing good and lasting relationships across agency boundaries. Primary Mental Health Workers have a particularly key role in advising on the use of these terms, their definitions and the practical implications.

The definition of BESD will include many children who experience, or who are at risk of experiencing, mental health problems or disorders. Examples include those younger people who are so withdrawn and anxious that their problems impact significantly on their ability to learn, or those whose inability to sit and concentrate means that they are at risk of developing behaviour problems. In turn, young people with behaviour problems are at further risk of developing emotional difficulties because of inevitable negative reactions of others around them.

Not all children and young people with mental health problems or disorders necessarily have additional learning needs and vice versa. However, educational problems that some children may have are also significant risk factors for mental health problems and disorders. For example, poorly behaved children who also have a reading delay may be demonstrating serious frustration resulting from communication and curriculum access difficulties rather than mental health problems. In this circumstance, effective educational intervention may resolve not only the learning problems but also the behaviour problems too. Similarly, effective early intervention with learning problems may promote psychological well-being in avoiding the potential burden of behaviour problems that can arise.

Other children, such as those who are extremely anxious and isolated for reasons that are not primarily connected with their progress in school, may well be in need of additional interventions within their schools to avoid impaired progress with learning and the development of social and emotional problems. Young people who have a mental disorder, for example those adolescents who develop an eating disorder, are likely to need assessment and intervention outside school, while, at the same time, a school with an effective pastoral and/or counselling service can also help them by

contributing to their overall assessment, treatment and intervention plan. Regular communication between multiple services is crucial if such plans are to have maximum impact.

Behaviour difficulties with a significant emotional element to them may be closely intertwined with the inability to concentrate, to learn and to get on with peers. Approaches that do not include attention to educational needs alongside emotional, social and behavioural needs will fail to provide the range of interventions that pupils with such difficulties need. Such children and young people may be defined as having an emotional and behavioural problem when seen within an educational context. The same child might be defined by a health service practitioner as having a mental health problem or a mental disorder depending on the severity, duration and nature of their problems.

Role of the Primary Mental Health Worker

In Wales, Primary Mental Health Workers (PMHW) or Specialists are professionals who work and are based within specialist child and adolescent mental health services. The Welsh Assembly Government defines their role as:

- consolidating the skills of existing primary care staff;
- helping primary care workers to develop new skills and build their confidence through training and education;
- aiding recognition of child and adolescent mental disorders by staff of the primary care and first line education services;
- advising staff of the primary level services generally about mental health matters and mental health services and, specifically, advising them about when referral of children and young people with problems may be appropriate and to which services;
- offering signposting to the staff of the primary care services about the most appropriate agencies for their referrals of children and young people and when they are appropriate; and
- assessing and treating a selected number of particular children and young people who have mental health problems or mental disorders who are considered appropriate for management by staff who provide the functions of Tier 1.

Thus, in summary, PMHWs should work as specialists alongside colleagues in primary care and schools by providing a consultation-liaison role and, occasionally, direct clinical intervention. They should be, and should remain, specialists in child and adolescent mental healthcare and they should be managed within and by Specialist CAMHS. Because the focus of PMHWs' work is on providing services that are supportive of primary care services and first line education services, their role does not include gatekeeping for Specialist CAMHS or routine filtering of referrals or engagement in the process of referral in its progression from primary care and education services to Specialist CAMHS.

In **Conwy, Denbighshire and Flintshire**, PMHWs are based in specialist CAMHS Early Intervention and Prevention Services, and work closely with schools in providing support, consultation and training.

Examples include:

- leading the delivery of mental health awareness training, and training to all high school staff in early recognition and intervention in self-harm in Flintshire;
- in Conwy, Denbighshire and Flintshire, school staff can access PMHW for consultation about general mental health concerns, or about specific children with possible mental health problems;
- attendance at a number of school led multi-agency panels across Conwy & Denbighshire to provide advice and consultation; and
- joint work in implementing evidence-based programmes in schools, sometimes for whole classes, sometimes for small groups.

Section 2 - Promotion and Intervention

3. Risk and resilience

An important element in effectively promoting mental health and well-being is to promote the resilience of all children and young people to be able to deal with adverse events and circumstances and also to develop approaches to identify those children and young people who may be at greater risk than others of developing mental health problems and disorders. This is turn will help schools and support services to identify both general and specific activities likely to promote greater resilience in their pupils.

Risk factors for developing Mental Health Problems

Evidence identifies a range of factors that have an impact on children and young people's mental health. Certain children and groups of children are more at risk of developing mental health problems than others, and it seems highly likely that children inherit vulnerabilities and resilience to stress through their genetic makeup. Family circumstances and the wider environment will impact both on risk factors and developing resilience. A range of factors in children's and young people's lives can result in an increased risk of developing mental health problems. Examples include:

- loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships especially in adolescence, family breakdown that results in the child having to live elsewhere;
- life changes, eg birth of a sibling, moving house, changing schools;
- traumatic events – abuse, violence, accidents, injuries, war or natural disaster; and
- parental illness with the possible knock-on effects of taking on caring duties.

Risk factors are those events, experiences or features of each person's constitution or make up that increase the probability of children developing mental health problems. There is a complex interplay between the range of risk factors in children's lives and with the more positive resilience factors.

Risk factors are cumulative.

- If a child were to experience only **one** substantial risk factor in his or her life, the probability of the child developing a mental health problem has been shown to be around 1–2%.
- With **three** major risk factors, the likelihood increases to around 8%.
- With **four or more** risk factors in their life, this figure increases to 20%.

Therefore, the greater the number of risks, and the more severe the risks, the greater is the likelihood of children developing mental health problems.

Although some children and young people will suffer mental health problems as a result of exposure to risk, others – apparently against all the odds – will develop into competent, confident and caring adults through their well developed resilience. Therefore an important factor in promoting children's mental health is work that develops those protective factors that enable them to be more resilient.

The Impact of Risk Factors

Other work that has brought together a considerable volume of research on risk and resilience has estimated the potential impacts of different risk events, situations and experiences. The table below summarises that work.

Risk Factor	**Impact on rate of mental health problems**
Physical illness	3 times increase.
Sensory impairments	2-3 times increase.
Learning difficulties	2-3 times increase, higher with disabilities.
Family breakdown	Associated with significant increase in conduct disorder and depression.
Large family size	Associated with increase in rate of delinquency and behavioural problems with boys.
Parental mental illness	Up to 4 times increase.
Parental criminality	2-3 times increase in delinquency.
Abuse:	
sexual	2 times.
physical	2 times increase.
neglect	3 times increase.

Certain groups of children and young people are more vulnerable than others. For example, around two thirds of Looked After Children are likely to have or to develop mental health problems.

Promoting resilience

The term 'resilience' describes several related elements. It describes people with appropriate self-esteem and self-confidence This appears to reduce the risks of children and young people having mental health problems. Resilience also involves belief in one's own effectiveness and being able to cope well with change. People who are resilient have repertoires of approaches to solving the social and other problems in which they find themselves[3] and have good relationships with other people on whom they can depend for help when problems or difficulties arise.

[3] Rutter M,(1985) Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. British Journal of Psychiatry. Vol 147, pp. 598-611.

Resilience Factors

As for risk factors, research suggests that there is also a complex interplay between the factors in children's lives that make them more likely to develop mental health problems and disorders, and the features that promote their resilience.

Features that reduce the impact of risk or promote resilience relate to characteristics of children, their families and of the schools and communities in which they live and can include any combination of these factors.

Children who are able to establish a secure attachment to their parents in the first year of life are better able to manage stressful events later in life. Also, children who have effective communication skills are more able to solve their own problems or seek help from other people. As children mature, developing the ability to reflect on their own world and experiences also promotes resilience.

Being resilient does not mean always being free from problems (many children and young people are resilient in the face of considerable adversity) but is more about having personal, family and friendship resources available when significant challenges are faced. Children in public care (Looked After Children) can therefore be particularly vulnerable as they are much more likely not to have a stable family environment and friendship groups. The Children's Commissioner for Wales also highlighted in their report, Full of Care (2009) the stress that Young Carers often feel and the effect that this can have on their emotional health and well-being and their education. Eighty-four per cent of the 149 children and young people surveyed for the report said that they had felt stressed in the last week and 64% felt stressed at school/college. This has implications for the ways that learning settings support both these groups. Further Welsh Assembly Government guidance is available in Circular 2/2001: Guidance on the Education of Children Looked After by Local Authorities 2001 and Caring for Young Carers – Raising awareness of young carers' issues.

Most people cope with considerable challenges, so long as the balance of the risks, stressful life events and resilience factors is manageable. But when risks and stressful life events outweigh the resilience factors, even the most resilient people can develop problems. Therefore, many young people may have periods of uncertainty or distress when facing challenges that may, in some instances, become temporary mental health problems. In some overwhelming circumstances (such as after bereavement, during illness or in relation to family breakdown), it would be a reasonable expectation for a child, young person or adult to be distressed or unhappy. The children and young people who can be described as resilient are those who are able to call on their own strengths and the help of others around them to resolve their difficulties without serious and lasting effects.

It is therefore very important that protective processes are put in place for all children and young people. These include:

- reducing the likelihood of negative chain reactions arising from risk;
- promoting self-esteem and self-belief through making available secure and supportive personal relationships;

- promoting success in achieving tasks;
- developing problem solving skills; and
- opening up new and positive opportunities and options to aid problem solving.

Summary of risk and resilience factors

A summary of risk and resilience factors identified in research is attached at Annex A. This may help schools to identify pupils who may be at higher risk of mental health problems, and highlight some of the potential resilience factors that could be addressed to balance evident risk.

School staff and their partners, take positive action in promoting resilience in their day to day work when they:

- increase self-esteem in all pupils;
- encourage children and young people to make their own sound decisions;
- encourage and model good social skills;
- help children and young people to become effective learners;
- prevent bullying;
- promote friendship;
- listen to the concerns of pupils;
- act on those concerns;
- help children and young people to communicate effectively;
- are supportive and fair.

The **Student Assistance Programme (SAP)** is used in a number of local authorities in Wales, including **Wrexham and Caerphilly**. It is a systemic process drawing on a range of theoretical frameworks and utilising a number of school sensitive techniques to mobilise resources that aim to remove barriers to learning. The core of the SAP approach is a professionally trained team, including school and community agency staff and liaisons from community alcohol and drug and mental health agencies.

The approach promotes risk reduction, fosters resilience and works to build on pupils' strengths to provide a safe environment within a peer group setting. SAPs provide a safe place in which pupils are free to express their feelings and concerns as they develop positive relationships with peers and adults and acquire knowledge, skills and attitude development leading to pupil success in the school setting.

SAP team members undergo a unique, experiential training process which helps them to identify difficulties early, determine whether or not the presenting difficulties lie within the responsibility of the school and to make recommendations to assist pupils and their parents/carers from within or outside the school setting. Where the problem lies within the scope of the school, SAP team members provide support groups for pupils during the school day. All SAP facilitators have access to supervision. When the problem lies beyond the scope of the school, the SAP team will assist students to access services in the community. The student assistance team members do not diagnose treat or refer to treatment; but they may refer for a screening or an assessment for treatment.

The programme in Wrexham has been positively evaluated both internally and by external evaluation from NEWI (North East Wales Institute of Higher Education – now known as Glyndŵr University).

Flintshire was one of the first local authorities in the UK to introduce the **PATHS** (Promoting Alternative Thinking Strategies) programme to some of its primary schools, in partnership with primary mental health workers from the local specialist CAMHS Early Intervention Service. PATHS is a school-based curriculum designed to teach emotional and social competences to primary aged children.

Conwy have also adopted **PATHS** and report that their evaluation of its effect in 8 primary schools indicates that it impacted on the teaching of social and emotional well-being across the schools. Conwy have translated the PATHS curriculum, with the author's permission and have shared this with other authorities in Wales and rolled it out to 54 primary schools across the authority.

The specialist CAMHS Early Intervention and Prevention Service in **Conwy & Denbighshire** are working in close partnership with the Local Authorities to introduce the **'FRIENDS'** programme to identified groups of children at risk of developing anxiety disorders. *FRIENDS* is aimed at preventing childhood anxiety and depression through developing of emotional resilience. It aims to reduce serious psychological disorders, emotional distress and impairment in social functioning by teaching children and young people how to cope with, and manage, anxiety both now and in later life. *FRIENDS* is a community-oriented cognitive-behavioural intervention based on a firm theoretical model which addresses cognitive, physiological and behavioural processes that are key in the development, maintenance and experience of anxiety. The programme has been designed to be effective as both a treatment and a school-based prevention course. When used in schools it is targeted across a single selected year group of children. It can be used in both primary (usually around ages 10–12) and secondary school (usually around ages 15–16).

Torfaen's Educational Psychology Service run an Emotional Literacy programme for disaffected secondary pupils. Hour-long sessions are run fortnightly across fifteen weeks for 5-6 pupils led by the school EP, together with a member of school staff. The programme is based on published emotional literacy programmes and incorporates solution-focused methodology to encourage pupils to take appropriate self-responsibility.

Sessions may cover:

- understanding feelings and emotions;
- relationships;
- acknowledging and expressing feelings;
- self control;
- self monitoring of behaviour;
- communication and self-expression; and
- recognition of the value of human emotions.

By including a member of school staff, it is hoped that the approach will cascade through the school staff and support staff, such as youth workers.

The **Squash the Blues Project** in **Pembrokeshire** is designed to help children and young people deal with stress. The types of issues they can get advice on are bullying, exams and coursework, peer pressure and problems at home. It is delivered in all secondary schools to Year 10 pupils. Resources include stress buster kits (leaflets, stress balls, stickers) all designed to equip young people with the skills to deal with stress. The mobile information bus also carries Squash the Blues information. The Squash the Blues project was in response to young people's emotional health information needs identified during a YPP consultation exercise with young people. There is also an associated web site allowing a wider audience of young people to access emotional health information. (www.squashtheblues.co.uk/)

Nurture Groups or groups working within a nurturing principle have been established in many primary schools and some secondary schools. Nurture groups support children who due to social, emotional and/or behavioural difficulties find it difficult to access the curriculum within a mainstream class. The curriculum is delivered to meet the child's developmental and emotional levels. Children are highly supported within this environment in order to raise their skills and confidence levels. Its holistic approach has a definite impact on the child's self-esteem and emotional health and well-being. A handbook setting out further information on effective practice on running Nurture Groups. will be available from the Welsh Assembly Government in Autumn 2010 (see Resources Section).

Pyramid Clubs have been set-up by **ContinYou Cymru** in a number of local authorities in Wales under the wider aim of developing Community Focused Schools. The clubs are designed to help to build shy and retiring children's confidence and self-esteem, with a view to helping them both in school and in their daily lives. The clubs are run after school for 10 weeks and involve a number of fun activities, such as cooking, arts and crafts, indoor and outdoor games and active play. The activities are designed to help children make friends and communicate freely with each other.

The approach involves 3 stages. Firstly, all children in a particularly year group, usually Years 3/4 or 5/6, are given an 'emotional health check'. This is done by their teacher completing a questionnaire that helps them to identify children who might be missing out in the hustle and bustle of classroom life.

Next, a meeting is arranged to discuss which children in the year group would benefit most from the experience of taking part in a Pyramid club.

Finally, approximately then parents are contacted to offer their children a place in an after-school Pyramid club.

Brilliant Babies and Terrific Toddlers is a multi-agency training programme in **Caerphilly** designed to work with day nurseries is a multi-agency training programme (local authority officers, Language and Play, Creative Play Team based with GAVO, the College at Ystrad Mynach) designed to work with day nurseries working with children from as young as 6 weeks old for a large part of their waking day. The focus of the programme is to look at brain/cognitive development and attachment with primary and secondary carers, language enrichment and the children's environment. The multi-agency team goes into the day nursery and works with all staff in their setting to offer advice and training and to role play best practice.

Resources are purchased and left with the day nursery to continue to offer a varied environment. Feedback and evaluations of the settings were given to the managers of the nurseries. A follow-up programme is now being developed.

The Adopt a Playgroup Transition Project in Caerphilly began in 2007 and arose from a need to ensure that schools and non-maintained settings offering Early Years (EY) within the authority were working more closely together to ensure a smooth transition for children into school to enable them to settle more quickly and to assist improved relations and attachments with primary carers (group leaders and nursery teaching staff). With the introduction of the Foundation Phase and the proposed baseline being carried out at entry into educational settings at 3, it was seen by Caerphilly Early Years as being a priority. The EY adviser and EY and Childcare Officer worked together with the link teachers and settings to develop the project.

The project focused on promoting links between the groups by funding a half day per term for the nursery teacher to visit the setting to get to know the children and staff. Schools were also encouraged to invite the settings to their school for special events. This was building on current good practice in many of the schools.

During 2008 – 2009 project was approached in a different way. During Spring Term 09 the EY teachers made arrangements to visit the feeder schools to discuss the project with individual teachers. Schools were given half day supply cover to release their nursery staff. There will also be funding for the school staff to visit the setting during summer term. To date this has so far appeared to be very successful and looks to be developing understanding between schools and settings and improving transition links.

The **pre-school scheme** in **Pembrokeshire** was the first of its kind to be accredited by the Welsh Assembly Government. The scheme is led by the Pembrokeshire Local Public Health Team and supports nurseries to improve children's self-esteem and emotional health from an early age.

The initiative is an extension of the Healthy School Scheme in pre-school settings which involves nurseries in activities around nutrition, oral hygiene, exercise, safety, environment, play and emotional health and well-being.

4. Eleven criteria for schools – a whole school approach to promoting emotional health and well-being

Developing an emotionally healthy school in which all pupils have the necessary skills to thrive has implications for every aspect of school life. Research shows that the piecemeal adoption of strategies, important as each of them might be, is less effective in terms of the impact on pupils and staff than a whole school approach, and is less sustainable over the longer term.

Two key questions can be used to help to identify an emotionally healthy school:

> **Do all young people (and staff) feel nurtured, supported and valued by the school?**
>
> **Are good relationships between people valued and given priority in the organisation both explicitly and through its structures?**

Each school should take active steps to ensure that its own perception of the answers to these questions matches the view of pupils and parents/carers.

It takes time to develop whole school practice that truly promotes emotional health and well-being, and programmes need to be implemented rigorously, continuously and in an emotionally literate way to get results.

Forty-four indicators within 11 criteria have been identified as part of the Welsh Network of Healthy School Schemes as demonstrating a whole school approach to mental and emotional health and well-being. These build on and support each other, and there is frequent overlap in the activities that support them. They include 'taught' elements (for example activities that promote behavioural, emotional and social skills through the curriculum) as well as 'caught' elements (in which the promotion of emotional health and well-being permeates all aspects of school life). Both elements are necessary in the context of a positive whole school approach.

The eleven criteria are as follows:

1. Appropriate Policies & Strategies in place:

   - Anti Bullying Policy and Strategy.
   - Positive Behaviour Management Policy.
   - Appropriate strategies to address; multi-cultural, gender, sexual orientation, sexual exploitation, special needs and health issues which avoid stereotyping and discrimination.

2. Commitment to whole staff training on mental and emotional health and well-being related issues.

3. Engagement with, and response to, specific local/national initiatives and environmental and social issues.

4. Mental and emotional health and well-being covered by Foundation Phase, National Curriculum and Personal and Social Education.

5. Out of school hours learning incorporate activities which are inclusive and promote increased self-esteem and well-being.

6. Pupil participation.

7. Staff participation.

8. School environment, ethos and the informal curriculum.

9. Involvement of families and community.

10. Involvement and collaboration with outside statutory and voluntary agencies and individuals.

11. The development of a health promoting workplace which recognises the importance of support for mental and emotional health and well-being.

None of these aspects is exclusive to promoting emotional health and well-being, and this further endorses the need to consider this aspect in all areas of school planning and development.

Annex B provides more detail on the criteria and indicators.

Ysgol Brynmawr, Cardiff has developed a **whole-school approach** to promoting pupils' well-being which incorporates **school-based counselling**.

The school has a senior member of staff who is responsible for the school community and the school within the community. The senior member of staff is also responsible for pastoral care and the welfare of all the stakeholders shows that the school took emotional literacy seriously and wanted to incorporate it as part of the whole school ethos.

The school's approach included developing vertical tutoring groups thus ensuring that the older pupils get to know and take care of younger pupils in their registration classes.

The counselling service is offered for five days a week. Thirty pupils are regularly seen by the two counsellors (one male, one female). All the pupils are referred by the pastoral team to the senior pastoral manager. An assessment is made by the counsellors and the senior pastoral manager to see if the pupil needs the counselling service or whether they need to be referred to another agency such as NHS CAMHS. There is a pastoral meeting for the whole school staff twice a week to discuss any pupils and to ensure that all school stakeholders understand the problems and the needs of the pupils who are in their care.

One of the school's counsellors is a Motivational Interviewing Techniques trainer, who has trained all those involved in the school's peer-led activities which include peer counselling, peer mentoring, peer nutritionists, sports leaders and literacy leaders. These pupils help other pupils to make important decisions about their personal and academic lives. This counsellor has also trained the pastoral team and the learning support assistants in counselling skills, and has given the whole staff motivational interviewing techniques training in their role as form tutors. This has made counselling an accessible, visible and positive part of school life. The school makes every effort to ensure that there is no stigma attached to counselling at the school and that it is seen as a process where people get to know themselves better and to relate well with others.

In many instance, pupils are taught PSE by other pupils. The school firmly believes that when pupils teach how wrong bullying is, it has a better impact with their peers. There is also felt to be a huge benefit for the pupils who teach the programme too as they feel as though they have a large, important role to play in creating a positive school ethos.

Monmouth Comprehensive School's vision statement "Learning to Lead our Lives" is central to everything they do. They want their young people to achieve academically but knowing that they are preparing them for an unknown world it is vitally important to them that they are confident, resilient individuals who know how to learn and have learning autonomy and independence. Students in the 1630-strong school are known and known well. The systems and structures are intended to make a large school seem like home, providing the scaffolding for good learning and for growing up.

Y7 and Y8 start their learning journey at Monmouth Comprehensive School through their skills-based curriculum. With a significant proportion of time spent with their tutor on project-based learning, drawing upon all areas of the curriculum and building skills, students are supported in the transition very often from a primary school smaller than the year group they are joining. The integration of subject areas, means that students are taught by fewer teachers in their first year and are known as individuals and as learners. Starting with the learner and building the curriculum from there ensures that students know themselves well and know how they learn best. After two years of this approach Monmouth have found that they have more articulate learners who have a "joy for learning" (Estyn Report for Monmouth Comprehensive School February 2010).

From Y9 onwards the diverse learning pathways under the umbrella of the Welsh Baccalaureate build upon early successes and develop the young people so that they are confident learners. This is supported by a PSE strand that builds confidence and esteem through developing the key skills.

Monmouth Comprehensive School prefer to build and embed their own systems rather than use off-the-shelf packages. Student well-being is central to their vision and values. Expectations are made clear and students are supported in both meeting those expectations and taking responsibility for putting things right when they do not. This restorative approach is key to the students learning to lead their lives, taking responsibility for themselves and caring for others.

The school believes that having this clear vision and set of values acts in many ways like a force field and it is this invisible, yet palpable, force that really influences behaviour. The school has done away with the idea that they have to control their students - in life the issue is not control but dynamic connectedness (Jantsch). As a school they believe that they have become better listeners and that they respect each others' uniqueness because this leads to better relationships and it is the quality of relationships that is the key determiner. They have changed their "Behaviour Policy" to "Building Positive Learning Relationships" and their "Anti-Bullying Policy" to "Looking Out For Each Other". Both policies emphasise connectedness across the school - moving away from blame and punishment to rebuilding relationships when they are harmed.

At the physical and philosophical heart of the school is the Support Centre. Through the Support Centre students are able to access counselling services, mentoring support and guidance, family mediation, behaviour support and professional health care. Staff in the Support Centre are trained in restorative practices and are able to listen to student concerns as well as facilitate conferences to rebuild relationships that have been harmed in school or in the community. Two trained counsellors work out of the centre as well as two fully trained health professionals. The Support Centre manager has a diploma in adolescent psychology. There are two support and guidance managers – one of whom is also a trained learning coach.

The Support Centre is the base for family mediation sessions and Social Services conduct one-to-one interviews with students and staff. Every month there is a full multi-agency meeting that includes social services, the youth offending team, the Police, educational psychologists, clinical psychiatrists, welfare officers, and a range of support agencies who are best able to deal with some of the most vulnerable students who have been through the school's support structures and systems.

Every morning the school has a pause for thought – a moment of silent reflection that encourages the young people to have stillness in their lives and gives them an opportunity to explore silent reflection and meditation techniques. The Pause for Thought build skills of reflection and develops the young person's relationship with themselves.

The important thing for the school is the connectedness and harmony that it creates - harmony in the students' relationship with themselves, with their school community and with their wider community and families.

Pembrokeshire have produced a local Circle Time resource linked to Emotional Literacy, and based on a number of existing resources. This resource was trialled by one family of schools and has now been distributed to all schools. The activities support the development of Emotional Literacy and Intelligence, self-esteem and resilience.

The Pedagogy group in Pembrokeshire is a group of primary and secondary teachers set up following attendance at the National Pedagogy Conference in May 2008. The group are developing the use of Art Costa's '16 Habits of Mind' which has a strong impact on the whole ethos of a school and is all about developing the characteristics of 'effective, intelligent people'. The Values Education resource pack has been successfully piloted, linking with the Habits of Mind approach to develop nurturing principles. It is envisaged that this whole school approach will roll out to other schools in the near future.

Philosophy for children. For many years **Manorbier C.P. School** has been developing the use of philosophy education as a vehicle for reflection, self-esteem and emotional health. The school has established a national reputation as a centre of excellence for this work. Many other schools are now adopting this approach as part of their English curriculum. Manorbier School has its own Interactive Philosophy Website. http://www.ngfl-cymru.org.uk/vtc/ngfl/pse/136/index.html.

Wrexham's Educational Psychology Service (EPS) has sought to extend the ways in which it provides psychological services to support the emotional health of children within schools, including the introduction of the Webster-Stratton Parenting Programme to schools. The purpose of the programmes to build and foster stronger relationships between children (aged 3-8) and their parents and therefore increase the resilience of children in coping with emotional and social demands in the school setting.

Parents are recruited on a voluntary basis through advertising at the school and personal contact from the EP and Head Teacher. Subsequent groups have been recruited by word of mouth recommendations from parents who attended previous groups. Analysis of outcome data from all groups shows gains across all measures (General Health Questionnaire, Eyberg Child Behaviour Inventory, Strengths and Difficulties Questionnaire).

Closer links have been formed with health and social services in supporting parents attending groups. The Webster-Stratton parenting groups can provide a strong framework for inter-agency co-operation through joint running of groups and home support for children and parents.

In **Powys** the educational psychology service are working as a virtual team with clinical psychology in developing the Incredible Years Teacher Classroom Management programme and the Incredible Years Dinosaur School preventative and treatment programmes. Many schools in Powys are now using these programmes, which are designed to promote social and emotional competence and promote mental health and well-being, particularly at tier one and two. They are particularly focussed on children in the foundation phase and early key stage two.

There is a well established network of Incredible Years parent groups operating each term across the county. These groups are co-ordinated on behalf of Powys CYPP by Barnardo's Cymru Powys Services. There is a very strong commitment to partnership working and almost all groups are delivered by leaders from different agencies. This means that ownership of the programme and developing expertise continues to be shared between agencies. Educational psychologists and teachers are involved in running parent groups.

There is a specialist Welsh Assembly Government funded child psychology post, within Powys Teaching LHB to take a clinical lead in the development of the Incredible Years programmes. This means that training and support can be offered in county at low cost. The development of Incredible Years programmes for parents, teachers and children fit with a number of thematic priority areas in the Powys CYPP plan in relation to family support, mental health and well-being and social inclusion.

5. Major influences on mental health and emotional well-being in schools and Early Years settings

Avoiding bullying and dealing with bullying behaviour

Bullying can seriously undermine emotional health in schools. Numerous studies have shown that bullying in schools is common, with some suggesting that around a third to half of pupils are involved either as victims or perpetrators. Bullying has a negative and potentially long-term impact on emotional health, with symptoms that can include anxiety, depression and withdrawal, low self-esteem and problems with relationships. Conversely, a focus on emotional health and well-being can help to reduce bullying by developing skills that increase a person's capacity to recognise and respond to the feelings of others, to feel empathy and to show care and concern. Pupils' emotional health and well-being can be promoted if they are taught to recognise, respond to and manage their emotions, and if this teaching takes place in an emotionally healthy environment that encourages collaboration and does not tolerate anti-social behaviours.

Schools are required to have an anti-bullying policy and it is very important that they take a proactive, preventative approach to bullying, in conjunction with Educational Psychology Services and Behaviour Support Services, setting up robust systems that are well sustained. Schools with the most successful approaches to bullying canvass and take full account of pupils' views and dedicate curriculum and tutorial time to discussing relationships and matters such as bullying. Clear messages are given from senior management that bullying will not be tolerated, and school staff are trained and supported to recognise and consistently address bullying.

Many pupils will be involved in bullying behaviour at some point during their school life. Bullying is often a group activity and it can be carried out by pupils from a wide range of backgrounds and with a wide range of characteristics. Some pupils who use bullying behaviours may do so to feel powerful and in control, to frighten others or to get their own way in the short term. It may be a way of managing a situation that feels emotionally uncomfortable, or acting out previous experiences in a different role (for example if they are bullied at home). The emotional needs of people who bully and are bullied can be addressed through effective, structured, whole school programmes.

School staff are particularly effective in helping to prevent and address bullying when they:

- Are respectful to all.
- Model the behaviour they expect of their pupils.
- Do not tolerate bullying and are skilled in the way they deal with it.
- Protect a quiet area in school for the use of pupils who need it.
- Use buddy systems to encourage friendship and social skills.
- Use peer mediation.
- Use circles of friends.

Cardiff launched its comprehensive anti-bullying strategy in March 2007, involving a wide range of partners, the Children and Young People's Partnership and supported by Cymorth funding. Launch sessions were attended by 90% of Cardiff schools and representatives from statutory and voluntary agencies and schools have been provided with a range of resources to reinforce core messages.
A theatre company was contracted to provide workshops and productions in a number of schools. Cardiff has appointed an Anti-Bullying Strategy Co-ordinator and an Anti-Bullying Project Officer to support the ongoing development of the strategy.

Torfaen have recently appointed an anti-bullying officer. The concept of this Cymorth funded post began within CAMHS and involved a wide partnership collaboration on designing the brief. The Children and Young People's Partnership was closely involved in the process, inputting to the job description and also taking part in the selection process. The main purpose of the post is to promote the mental/emotional health of children and young people and to help build their self-esteem and resilience. This will involve identifying gaps, introducing and developing evidence based initiatives where needed, providing advice and training to professionals and parents, promoting effective multi-agency working and ensuring pupil participation.

Markham Primary School, Caerphilly, has developed a Primary School Anti-Bullying resource (information pack and DVD) in partnership with Caerphilly Healthy Schools and Kidscape. A series of workshops have been held for teachers in the Caerphilly Borough and the packs have been made available to all participating schools, free of charge.

The DVD contains scenarios acted out by pupils from the school, intended to stimulate debate and discussions particularly in PSE sessions. The pack tracks the development of the anti-bullying policy at Markham and provides clear guidelines for other schools who wish to engage the entire school community in the development of a school anti-bullying policy. It also includes an exemplar policy which can be adapted and used in other schools. Schools engaged in the training have given very positive feedback.

Bridgend Social Inclusion Team has introduced the Playground Peacemaker peer mediation scheme (as originally successfully developed in Plymouth) to primary schools in its target areas. Pupils are trained as mediators and then undertake this role during break and lunch times. A teacher supports and monitors the scheme. Independent evaluation results show:

- 32% reduction in pupils being hit or kicked;
- 16% reduction in girls reporting being frightened in school;
- reduction in arguments from a daily average of 25 to 5;
- reduction in teacher time spent in resolving conflicts.

These results are felt to endorse research confirming the value of peer support in supporting learning, emotional health and the development of self-esteem.

St Andrew's Church in Wales Primary School in the **Vale of Glamorgan** did not consider that it had a particular issue with bullying or children's emotional health, but nonetheless wanted to be proactive in addressing any potential problems.

Playground Friends was introduced through the School Council, under teachers' guidance, and a rota system was set up for elected pupils in years 5 and 6 to befriend younger pupils, using a "Friendship Stop". The School Council delivered an Assembly to the whole school, through a play, to raise awareness of the scheme, as well as producing a board display showing photographs of the "Playground Friends" team and the rotas. Parents were told about the scheme through the school newsletter.

Following on from the success of Playground Friends, the children and staff were involved in developing a number of strategies to address possible bullying.
A school Assembly introduced the anti-bullying message, which was then written into the PSE scheme of work. A PSE display board was set up, highlighting achievements and children's work. "Bully Busters" was worked into the curriculum through key skills, with different year groups using ICT skills to develop a poster, discussing bullying during Circle Time, carrying out data collection to find out how many children said they were being bullied, and looking at emotive words associated with bullying.

School staff report that incidents of bullying have declined to almost nil.

Anti-Bullying in Wrexham

Wrexham's Children and Young People Service appointed an anti-bullying co-ordinator in September 2008. In the autumn of 2008, strategic anti-bullying guidance was issued to all schools and partner agencies representing the year-long work of a cross-agency Task and Finish group of professionals.
A multi-agency steering group now guides the anti-bullying campaign along its action plan with close consultation and involvement of Wrexham's Young People's Anti-Bullying Campaign Steering Group. This includes young people from primary, secondary and special schools. Work during 2008/2009 focused on training and raising awareness in schools with the agenda of establishing an anti-bullying link member of staff in each school and providing training in the setting up of peer support systems.

Pembrokeshire has a long-standing anti-bullying officer in post, whose remit is to advise schools on anti-bullying issues and policy development, provide information for parents and pupils and deliver workshops. Annual conferences are also organised for school council representatives from primary and secondary sectors in the weeks before the National Anti-Bullying Week in November. The young people are challenged to return to school and make sure there are plenty of anti-bullying awareness raising activities during the official week. Further consultancy support is available from an applied psychologist who has delivered training to teachers and multi-professional teams.

In **Blaenau Gwent**, educational psychologists (EPs) working closely with trainee EPs at the University of Cardiff undertook a research project to look at the sensitive area of homophobic bullying in secondary schools. Some aspects of the long-established local culture can make this a particularly difficult issue to address, placing lesbian, gay and bi-sexual young people at greatly increased emotional and psychological risk during adolescence. The research suggested that many teachers felt ill-equipped to deal with this aspect of anti-bullying work, despite having more confidence in tackling other forms of bullying. The research project resulted in raised awareness of the issues amongst secondary school staff, as well as collaboration with other agencies such as the Police and Health in considering approaches to all aspects of diversity in schools. The project also resulted in specialised training on homophobic bullying in one secondary school. The results of the research were also fed into the Welsh Assembly Government's wider consultation document on tackling bullying in schools. A working group drawn from all Blaenau Gwent comprehensives to carry this work forward is currently being set up and will link in to the WAG initiative on anti-bullying work nationally.

In **Pembrokeshire** a LGBTQ (LesbianGayBisexualTransexualQuestioning) forum has been set up to address the issue of homophobic bullying. Initiatives developed will support the successful anti-bullying work already in place.
A support line has also been developed on the YouthZone to give support to young people.

Bereavement, loss and separation

Bereavement is a common cause of mental health problems for young people (particularly the loss of a parent) and can be a major contributory factor to the onset of behavioural difficulties. It is important however that schools should be aware that each individual's response to grief is different and it is certainly not the case that all bereaved children and young people will need specialist one-to-one counselling. Grief may take some time to manifest itself fully for some children and young people and some may remain badly affected for a significant period after the bereavement whilst others may be able to cope more quickly.

Schools must also be aware of the different attitudes and customs of minority ethic groups towards death and bereavement.

Schools need to be prepared to deal with bereavement, as in many cases there is no warning of the event. Schools and LAs may address this via specific policies and/or protocols.

A school policy might include:

- Having a designated member of staff to keep a record and disseminate the relevant information to colleagues and pupils. [some pupils will need long term support and busy members of staff may need to be reminded].

- Signposting of information to all pupils with phone numbers and websites so that pupils can access resources and help and support from specialist agencies. This would be very useful for secondary school pupils particularly.
- Ensuring that the issue is part of the PSE programme and is a regular item on school council agendas.
- Ensuring that pupils are aware of the counselling service available to them if needed.

The protocols adopted by **Wrexham County Borough Council** in partnership with their local hospice in relation to the sudden death of a member of staff or pupil, and for supporting bereaved pupils, are attached as an example of good practice at Annex C.

Each school and LA will need to consider their local position and circumstances, and this may well be an issue that is helpfully discussed with school councils and local youth consultation groups.

A number of organisations provide a range of free resources and services to support schools on bereavement. Cruse Cymru provides services to bereaved children and young people throughout Wales which vary from one-to-one support to advice, information and crisis support for schools and other organisations. The Child Bereavement Network also has a range of materials and advice available for free on their website. Barnardo's Cymru, have also produced 'Helping Children Manage Bereavement', a handbook for parents, carers and relatives of children and young people who have experienced bereavement which may be useful for school staff. Further information on the range of support and information available from these organisations is provided in Part 7 of this document.

Schools should also consider contacting their local hospice as these are often able to offer help to bereaved children in their area.

A study for the Joseph Rowntree foundation found that as many as 92% of children and young people will experience a 'significant' bereavement before the age of 16. The Child Bereavement Network highlight in *Grief Matters for Children* that 'around 1 in 28 children and young people in school today know what it is like when a parent, brother or sister has died – because it has happened to them. Others have faced the death of someone else important such as a grandparent or teacher, and about 1 in 16 have a friend who has died'.

Grief is the natural response to loss but when it is complicated by other stressful factors or is not well supported, it can trigger changes in behaviour that could at worst lead to exclusion from school. Loss or separation is recognised as a risk factor in the development of mental health problems for pupils whose resilience is low and there is growing evidence linking childhood loss with depression, alcoholism, anxiety, school exclusion and suicidal tendencies in adolescence and adulthood. This suggests that schools should be clear about how they will promote resilience in all pupils, support pupils who have been bereaved and provide access to specialist support services where necessary.

Many of the features associated with grief arising from bereavement also apply to loss resulting from family separation. Although the child or young person does not have to cope with the finality of the separation as with death, they often carry a sense of guilt that they are the cause of the breakdown within the family, and may continue to hope that the separation will not be permanent even where there is little or no chance of reconciliation. In some instances, where there is no contact with the separated family members, the separation may be in effect as final as death.

The impact of bereavement on children and young people: they may:

- Visit their GP more frequently.
- Be more susceptible to bullying.
- Display very good or very poor behaviour.
- Be frightened that they, or another member of their family, may die.
- Miss time at school, or be excluded.
- Feel isolated, angry and afraid.
- Have low self-esteem and lack confidence.
- Experience mood swings.
- Feel helpless when others discuss their future.
- Run a greater risk of developing mental health difficulties.

Children and young people do not think in the same way as adults about death and loss.

Up to around age 6, most children believe death is gradual, happens to very old people and is reversible. They think that death happens to others and will often be anxious about who will look after their basic needs and that they may, in some way have been responsible for the death, through wishes or thoughts, bad behaviour, anger or neglect of responsibility. Even young children may go through grief phases that can be represented in regressive behaviours. It is important that adults do not attempt to protect bereaved children by giving them inaccurate or ambiguous answers to their questions.

Older primary aged children are likely to understand the finality and universality of death and, therefore, show typical reactions of fearing death and of seeking ways to avoid it. Angry children may display physical or verbal aggression, which may be an attempt by the child to gain attention from a grieving parent or carer.

Adolescents relate much more closely to their peer group, as they place less emphasis on family relationships. The fear of being rejected by their peers may keep adolescents from expressing their thoughts and feelings about the death. Aggrieved adolescents may develop physical problems including sleep disturbances, which may influence their behaviour and attitude in school.

Anti-social behaviour may include stealing, vandalism, promiscuous sexual activity and substance abuse. Impulsive behaviour may provide an escape mechanisms from the feelings associated with loss.

Effects of bereavement may affect many areas of an adolescent's life, including self-concept and identity formation, interpersonal relationships, schoolwork, family involvement, and overall psychological well-being.

Positive actions by school staff to support bereaved pupils include:

- Giving a bereaved child or young person some time, and being willing to listen.
- Encouraging children or young people to talk with family or friends.
- Not using euphemisms.
- Offering to find other help if needed.
- Making special arrangements when necessary – suspending the National Curriculum, giving time to talk about the deceased.
- Not being ashamed to show their own grief.
- Helping children and young people to consider options.
- Not donating solutions.

Pembrokeshire – Bereavement and Loss support – Sandy Bear. This project has been operating since September 2006 and works with children and young people who are experiencing: bereavement; anticipated grief; a breakdown in relationship through divorce, separation, family and friendship difficulties or transitional events that have had a profound effect on their feelings of identity, their self esteem and their ability to sustain relationships with peers. The work is done in partnership with other agencies to support children and young people with work around incidents and events that adversely affect them following bereavement and/or loss. One to one support is provided and where appropriate group work is undertaken.

Conwy and Denbighshire CAMHS Early Intervention and Prevention Service (EIPS) researched the impact of loss and separation on children and young people and the benefit of providing school and community based interventions as a model of support. Following on from this research EIPS have worked in partnership firstly with Denbighshire Educational Psychology Department and latterly joined by Conwy, to roll out the Seasons for Growth Programme in schools across both counties. This programme is a group based, peer support intervention for children who have experienced any type of loss, such as death, separation or family breakdown. EIPS works in close partnership with several agencies in providing training, mentoring and co-ordination of the Seasons programme across the area.

An on-going development linked to this initiative has been to extend the partnership working jointly with the two adult hospices and children's hospice that cover Conwy and Denbighshire. The focus of this has been to work with all partner agencies involved in bereavement support to help improve information sharing and access to services for families who would benefit from a bereavement support service. This initiative was launched in November 2008 under the umbrella of Conwy and Denbighshire Children's Bereavement Service.

Sex and relationships

For secondary aged pupils, peer pressure around the broad issue of personal relationships can become intense. Many young people are confused about their emotions and the expectations of relationships. Those who are lacking in self-esteem and self-confidence are the least well prepared to face these challenges. This reinforces the importance of promoting the emotional health and well-being of all pupils across school life and its various activities. This can provide a sound foundation for the specific demands that young people face, and the type of behaviours that may be demonstrated.

When provided with sound and non-judgemental information and consideration through age-appropriate PSE programmes, young people can gain useful knowledge and emotional preparation before embarking upon early relationships.

The Welsh Assembly Government's Welsh Network of Healthy School Schemes has a set of indicators relating to good practice on personal development and relationships as part of its National Quality Award.

Gwynedd's Healthy School Scheme works with the School Nursing Service to improve sexual health within Gwynedd. Two accredited programmes – *Go girls: supporting girls' emotional development and building self-esteem* by Jo Adams and *Boys own: supporting self-esteem and emotional resourcefulness* by Simon Blake and Rob Brown - have been introduced within three Communities First areas. These programmes are aimed at developing strategies to avoiding risk taking behaviour relating to sexual health, substance misuse, crime and violence and underachievement at school.

Pupils in years 8-10 who have low self-esteem, are under-achieving and have problems forming relationships are identified. Non-attendees are also identified and the programme is delivered in out of school settings. The programme has six weekly sessions including a session for boys on 'the real man trap' and for girls on 'body image'. Anger management has also been included in the programme due to the apparent need for it for some of the pupils who are identified for the programme.

Following evaluation of the Gwynedd school and out-of-school programmes it has been reported that there is an improvement in young people's self-esteem, confidence and behaviour following the programme in relation to risk taking behaviour ie sexual health, substance misuse and non-attendance in school.

Caerphilly has worked with young people in the area to develop an 'Arts Pack' and DVD for working with young people who self-harm. It contains scripts written by a professional writer based on the real life experiences of young people. The packs were distributed to youth workers, teachers etc when they attended a 2 day training session. The training session gave participants ideas of how to engage pupils on the subject of self-harm through workshops based on art, drama, poetry etc.

Substance misuse

Research shows that a high proportion of young people experiment with drugs, alcohol or other substances during adolescence in particular. The reasons are varied, but include easy availability, curiosity and peer pressure in the first instance, and enjoying the sense of escapism that may result from the use of such substances. For some this will mean that modest experimentation may lead to addiction or abuse.

Young people are not necessarily receptive to warnings about the short or longer-term dangers associated with substance misuse. Again, protective factors are a secure sense of self worth and an unbiased understanding of the issues involved. As for sex and relationships, well constructed PSE programmes can do a great deal to build this knowledge and understanding, that will enable young people faced with options around substances to make informed choices.

The Welsh Assembly Government's Welsh Network of Healthy School Schemes has a set of indicators relating to good practice on dealing with substance use and misuse as part of its National Quality Award.

All local authorities have access to services offered by local Drugs and Alcohol Teams, including services specifically targeted at young people.

The charity Prism is funded by local authorities and other partners to provide the Mid and West Wales Alcohol and Drug Advisory Service. Prism in **Ceredigion** provides a Safer Under 18s Drug And Alcohol Information Advice and Support Service (SUDDS).

Pembrokeshire

The Milbroke Tapes. This punchy film, developed with young people, about issues in Pembrokeshire, is shown to secondary pupils each year. The event also has a question and answer session, workshops dealing with Youth offending, Alcohol, Sexual Health and Domestic Violence. There is also a Chill Out Zone supporting young people's emotional health where young people have the opportunity to find out more about local services.

DAPS (Drugs Awareness for Primary School) is a well established programme delivered by youth workers and SUDDS to year six pupils. This programme aims to increase knowledge of drugs and alcohol in the context of a healthy lifestyle and to ensure that all children have access to substance misuse education programmes within schools.

Domestic abuse

As highlighted in the Welsh Assembly Government's 'Information and Guidance on Domestic Abuse: Safeguarding Children and Young People in Wales' (2010), the wide adverse effects of living with domestic abuse for children must be recognised as a child protection issue. The effects can be linked with poor educational achievement, social exclusion and to juvenile crime, substance, mental health problems and homelessness from running away.

The guidance highlights the need for learning settings to be proactive about raising awareness of the issues of domestic abuse. They also need to be alert to the wide range of indications that a child is living with domestic abuse and respond effectively and appropriately.

6. Supporting individual needs

All pupils are likely to need access to information, advice and support at different times during their school life. Such services fall into three broad areas: universal, targeted and specialist support. The school has a key role to play in identifying pupils who would benefit from additional support.

Universal services

Often pupil support has a universal focus, for example the provision of health information, careers advice or financial advice. Swift responses to such issues can help to promote emotional health and well-being and prevent more serious problems arising. Where schools cannot provide a response themselves, they can ensure that pupils have access to relevant services, help-lines or websites.

Targeted services for pupils with specific needs

Sometimes pupils will need face-to-face advice or help, perhaps to talk through a relationship or homework problem. They may need support to overcome particular difficulties such as bereavement or a separation. These more targeted services can be provided through peer support projects, through onsite drop-in centres run by school nurses, counsellors and other support staff, or through community services. To ensure that these pupils get swift access to the support they require, it is important for schools to have early identification processes and procedures in place for pupils, parents/carers and staff to request support.

Specialist support

Vulnerable and socially excluded pupils may need specific and extended support that might be provided by school-based practitioners. However, sometimes the nature or severity of the issue may require the input of specialist support agencies, for example Educational Psychology Services, Childhood and Adolescent Mental Health Services or a substance misuse support agency. Some external agencies will have a particular remit to become involved with and support schools and may already have set up effective access arrangements. If not, schools may wish to be proactive in approaching them.

School-Based Counselling

Reference has already been made in this good practice document to the National School-Based Counselling Strategy for Wales which is currently being implemented. The strategy aims to extend the number of qualified counsellors providing formal counselling services in Wales, adding to those already operating in schools across Wales.

Formal counselling is undertaken by a professional counsellor acting in a specialist role and in accordance with a recognised code of ethics that requires confidentiality, accountability, supervision and continuing professional development.

This is therefore fundamentally different to the informal counselling skills which many school staff use day-to-day and in operating their pastoral care systems. These skills will include listening in a non-judgemental way, being empathetic, helping people to feel valued and understood and signposting pupils to other sources of advice, information and support.

Specialist counselling should be seen as specialist support that sits alongside, but in no way replaces, the school's pastoral system. It provides dedicated time with an independent adult for pupils who do not feel able to approach a member of school staff with a personal issue or problem.

Advocacy

The Welsh Assembly Government set out new measures to strengthen the voice of children and young people through the implementation of ***New Service Model for Delivering Advocacy Services for Children and Young People*** (2008). The new Framework comprises:

- a National Independent Advocacy Board (that includes children and young people) was set up in Autumn 2008 to take a strategic view of advocacy services and make recommendations to the Welsh Assembly Government;
- Meic, a national advocacy and advice service offering a single point of contact for all children and young people was launched in May 2010; and
- a local/regional integrated specialist advocacy service for vulnerable children and young people commissioned through Children and Young People's Partnerships.

In **Torfaen**, the Educational Psychology Service and the Primary Mental Health Team collaborate to provide lunchtime 'drop-in' sessions in selected secondary schools. A member of each team attends, sometimes enhanced by a member of the Family Support Team, Education Welfare Service or Social Services.

Most pupils attend after seeing posters placed around the school, although school staff also encourage attendance. In most cases, attendance at the drop-in session is a single event for a pupil to discuss a current concern. In some cases this may be the first step to seeking support from other services. Other pupils may attend weekly for a period to cover a period of difficulty. Many pupils will discuss home and relationship problems as well as school worries and subject difficulties.

Notes of attendances are maintained but are confidential and not shared directly with school staff.

Glanafan Comprehensive School, Neath Port Talbot has set up a Student Listener scheme where Year 12 and 13 students work with lower school pupils. Conflicts are solved before escalation occurs and child protection issues are picked up by Students Listeners as younger students are prepared to confide in older students. An indirect benefit of the paired reading scheme involving year 11 pupils supporting pupils in years 7-9 has been improved relationships between younger and older students which in turn promotes confidence in the Student Listener scheme. The school is establishing a counselling room in conjunction with The Hideout youth facility to provide information and guidance on relationships and other student concerns.

Pembrokeshire has professionally qualified schools counsellors in all secondary schools as well as the Pupil Referral Unit, Withybush Hospital class and peripatetic provision for those unwilling or unable to access counselling in schools. In addition, school counsellors provide support groups around specific issues such as anger management plus training for staff. Funding has also been provided to develop counselling services in Primary Schools.

MAP(Mental Advocacy Pembrokeshire) provides an advocacy service for young people with mental health difficulties in the county. The Martin Roberts Charity has funded an Emotional Health Nurse who is based at Withybush hospital and works with children who have suffered emotionally through domestic abuse, chronic illness or behaviour up to 18 years of age.

All schools in Pembrokeshire are served by a Pupil Support Officer (PSO). They can provide a link between school and the family and/or other agencies, to offer advice and information to pupils and families about other support services when there is an identified problem restricting a pupil's access to education or in relation to social/welfare issues. They can also assist with referrals to other services or agencies as appropriate. They can also help formulate plans of support around young people to enable them to achieve positive educational outcomes.

Buzz Clubs have been set up to recognise the particular needs of more able and talented pupils – these started as Saturday clubs but have now extended to include school based clubs and further activities such as master classes and Buzz Challenge days and projects have further developed targeted options for this group of pupils. Buzzlings is a more recent opportunity for infant pupils. Buzz Bizz, currently in its fifth year is a collaborative challenge to network more able pupils and schools across Pembrokeshire, to produce a termly 8 page newspaper which is published in the local newspaper and distributed to 26,000 across the county.

Youth Workers in secondary schools and the Children & Youth Action Team (C&YAT) provide specialist interventions that are targeted at those young people who are identified as being at risk of developing mental health problems. Youth Workers aim to re-engage children, young people and their families enabling them to get the best out of their education and contribute positively to their communities.

TAC - The Team Around Child model (TAC) has been developed in response to the need for joined up services to provide a more integrated approach with existing resources. Bringing together young people, parents and practitioners regardless of agency boundaries into a small individualised team for each particular child who has been identified as having additional needs. TAC can identify and provide a network of support to increase their emotional resilience with the aim of improving emotional and physical well-being in order for children and young people to achieve their full potential.

'Pobbles' Assertiveness Training is provided for 'vulnerable' children in Year 6 in Families of Schools groups. The heads choose students who would benefit; they come together for the day; a multi-agency team delivers fun activities, circle time, workshops in confidence building skills etc. This forms a valuable part of transition activities as students work with the Behaviour Support Teacher, Pupil Support Officer, School Link Youth Worker and the School Nurse for their family of schools.

Wrexham has set up a new service of Primary Mental Health Workers attached to the Educational Psychology Service with supervision from local Specialist CAMHS. The Service aims to support staff working within schools to recognise and manage children's mental health problems early on, and identify when to refer on to more specialist services. Three high schools were involved in the pilot phase of this new service, with Primary Mental Health Workers spending one day per week in each school.

Training on child and adolescent mental health was delivered to school staff to raise awareness. Regular individual consultation sessions were offered to key pastoral staff to support them to identify young people's mental health needs and consider appropriate ways of meeting them. Joint working between Primary Mental Health Workers and school staff, such as joint assessments or co-facilitating groups, has been promoted to increase confidence and capability with regard to young people's mental health.

Working in partnership with schools, Primary Mental Health Workers have also delivered universal mental health promotion events for young people, such as positive mental health sessions to reduce stigma around mental health and increase access to appropriate support. Targeted work has included a managing emotions group and a group to help young people cope with exam stress. Direct work with individual young people has also been offered when appropriate.

A recent evaluation of the service demonstrated evidence of an increase in confidence and skills among school staff with regard to identifying and managing children and young people's mental health difficulties. Comments from pupils also indicated that work has helped to promote positive mental health and emotional well-being. A roll out of the Primary Mental Health Worker in Education Service is currently being planned.

In the **Vale of Glamorgan**, the Educational Psychology Service is working with the Healthy School Co-ordinator in providing training to schools based on the Scottish 'Growing Through Adolescence' materials. The training deals with healthy eating in general but also focuses on psychological, social and emotional factors which impact on youngsters and influence eating patterns. Schools are provided with information on healthy eating, eating disorders, the identification of youngsters with an eating disorder and how to support youngsters with such difficulties.

Section 3 – Further Information and Resources

7. Useful resources and sources of support

There is a wide range of resources available to assist education settings in addressing the various aspects involved in comprehensively promoting emotional health and well-being. These include resources designated for personal and social education (PSE).

Examples from a variety of sources are provided here, and documents referenced throughout this document and in Annex D provide further information and sources of guidance.

Emotional health and well-being – general context

CLIConline is funded by the Welsh Assembly Government and offers information, news and advice for all young people aged 11-to-25 in Wales.
www.cliconline.co.uk/en/info/health/

The Young People section of the **Royal College of Psychiatrists** website has a large number of free factsheets to download covering all major mental health issues.
www.rcpsych.ac.uk/mentalhealthinfo/youngpeople.aspx

The Times Educational Supplement has a resources bank offering PSE resources and specific emotional health and well-being topics.
www.tes.co.uk/resources

The **BBC** has a range of information and resources for downloading, including materials produced as part of Headroom, the BBC Learning campaign for mental health and well-being.
www.bbc.co.uk/headroom/
www.bbc.co.uk/health/conditions/mental_health/emotion_index.shtml

Young Minds is a site for young people and they have a significant range of booklets covering a wide range of issues.
www.youngminds.org.uk/

The Site is a site providing information on various topics for teenagers.
www.thesite.org/healthandwellbeing/mentalhealth

The Welsh Assembly Government has produced an **emotional well-being pack for Key Stage 4 pupils** that uses a skills-based approach in order to encourage pupils to accept personal responsibility for keeping their minds and bodies safe and healthy. The materials comprise of a book for Year 10 and Year 11 pupils, including photocopiable materials for approximately 8-10 hours of teaching, and a CD-ROM of the pupil resources and supporting teacher notes in editable text format.
www.wales.gov.uk/psesub/home/?lang=en

The Welsh Assembly Government **Demonstrating Success** website contains a handbook presenting a model which those providing services to young people can use to measure the effect of those services on the development of the young people's Social and Emotional Dispositions and Skills (SEDS).
www.demonstratingsuccess.co.uk/site/

There are a number of other commercially available tools which can be used to **measure children and young people's emotional health and well-being**, including:

The **Boxall Profile** is a checklist to be completed by class teachers. It provides a framework for the precise assessment of children who are failing in school and helps to plan focused intervention. The profile was developed as part of the nurture group movement. It can be used to develop targets and track progress in a range of behaviours such as pupils' engagement with others, their emotional security and levels of involvement in tasks.
Bennathan and Boxall (1998), The Boxall Profile: Handbook for Teachers, AWCEBD.
www.nurturegroups.org/data/files/downloads/the_effectiveness_of_the_boxall_profile_handbook.doc

The **Eyberg Child Behaviour Inventory** is a behaviourally specific rating scale. Parents or teachers rate the current frequency and severity of disruptive behaviours in the home and school settings, as well as the extent to which they find the behaviour troublesome.
www4.parinc.com/Products/Product.aspx?ProductID=ECBI

Goodman's Strengths and Difficulties Questionnaire is a development of the behavioural scales developed by Michael Rutter. It is a brief behavioural screening questionnaire, for use with 3-16 year olds. It covers 5 areas: emotional symptoms, conduct problems, hyperactivity or inattention, peer problems and pro-social skills.
www.sdqinfo.com

MTQ48 (mental toughness quotient), developed by AQR limited and currently being used by Pembrokeshire on a pilot basis, provides an assessment of an individual's ability to withstand pressure in a range of environments. It measures mental toughness in terms of four core components - control, challenge, commitment and confidence.
www.aqr.co.uk/html/top_menu/Psychometrics/Products/MTQ48

Pupil Attitude to Self and School (P.A.S.S.) is an educational profiling tool – used in a large number of schools in Wales which can be used to help with early identification of pupils and schools "at-risk".
www.w3insights.pass-survey.com/pass.htm

Social and Emotional Aspects of Learning (SEAL) programme:
The SEAL resource provides a framework for explicitly promoting social, emotional and behavioural skills, with built-in progression for each year group within a school. The resources have been adapted recently to reflect the Welsh context and are available bilingually. Separate Primary and Secondary programmes can be downloaded from:
www.wales.gov.uk/topics/educationandskills/learningproviders/schools/psesseal/?lang=en.

Pyramid Clubs (run by ContinYou Cymru) operate in a number of LAs in Wales and offer a 10-week after-school programme for 7-11 year olds who are quiet and shy. The programme provides a range of fun activities with the aim of developing children's confidence and self-esteem.
www.continyou.org.uk/pyramid

The **Incredible Years** programme was developed in Seattle by Professor Carolyn Webster-Stratton. The programme focuses on early intervention and prevention with behavioural difficulties and has initiatives for parents and schools. Wales has its own successful initiative based at Bangor University that promotes the use of the programme materials in a number of local authorities and provides evidence of their effectiveness.
www.incredibleyearswales.co.uk

The **PATHS (Promoting Alternative THinking Strategies)** Curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behaviour problems in primary school-aged children. A number of Welsh organisations have a UK training licence for the PATHS programme:
www.colorado.edu/cspv/blueprints/model/programs/PATHS.html.

FRIENDS is a community-oriented cognitive-behavioural intervention based on a firm theoretical model which addresses cognitive, physiological and behavioural processes that are key in the development, maintenance and experience of anxiety.
www.friendsinfo.net

Antidote offer a toolkit to help schools develop their approaches to emotional literacy.
www.antidote.org.uk/index.html

Miss Dorothy.Com is delivered for primary school children aged 7-11 by Dot Com, a nine year old cartoon character who teaches children key personal safety and crime prevention messages through adventure work books.

It also incorporates a soap opera-style drama for children aged 11-16 called Watch Over Me. This covers key safety issues including the journey to school, street robbery, domestic violence, gun crime, knives, drugs, forced marriage, alcohol abuse and all aspects of personal safety.
www.missdorothy.com

Circle time is a widely established provision in many primary schools for promoting positive behaviour and self esteem. Children and staff sit as equals in a circle and take part in structured activities to share ideas and feelings and solve problems. The setting ensures that everybody's opinion is given equal importance. Secondary schools are beginning to introduce the technique. For support on using this at any age see local healthy school scheme co-ordinators or access resources at a number of websites eg:

> **www.circle-time.co.uk** - the designated website for the Jenny Mosely scheme; and
>
> **www.chalkface.com** - teacher resources for a wide range of subjects and topics.

Nurture Groups or groups working within a nurturing principle have been established in many primary schools and some secondary schools. These support children who due to social, emotional and/or behavioural difficulties find it difficult to access the curriculum within a mainstream class. A **handbook** setting out further information on effective practice on running Nurture Groups. will be available from the Welsh Assembly Government in Autumn 2010.

Further information can also be obtained from the Nurturing Group Network. **www.nurturegroups.org/**

The **Student Assisted Programme (SAP)** is a scripted school counselling programme. originally developed in America now used extensively in Wales. Groups are run for a maximum of ten pupils for one hour a week over an eight week period. There are set topics covered in each session such as personal history, feelings and appreciation of self. The intention of the intervention is to listen to, validate and support pupils in order to empower them, raise their self esteem and improve their communication skills. **www.cwsap.com**

The **Red Cross Peer Befriending Pack** contains a small booklet and CD-ROM filled with a collection of tools and ideas, all geared towards enabling peer befrienders to build responsible and positive relationships with other young people. **www.redcross.org.uk/uploads/documents/YEP2102.pdf**

Promoting Emotional Health and Well-being Through the National Healthy School Standard, *NHS Health Development Agency (2004)*
Can be downloaded from **www.wiredforhealth.gov.uk**.

This website has a variety of information and resources on the overall theme of promoting emotional health and well-being, and also covers many of the specific headings highlighted in this section. The information refers to standards for England but much of it is useful in a Welsh context.

Protecting Children from Depression – a handbook for parents, teachers and counsellors, by Andrew Willoughby, provides seven strategies to help change children's lives. *Community Wellbeing Press (2007)*.

The **NSPCC** regularly publish research papers relevant to emotional health and well-being. One such document, ***The relationship between child maltreatment, sexual abuse and subsequent suicide attempts*** evaluates the link between child abuse and suicide in childhood or later life and looks at other risk factors present during childhood and early adolescence that are likely to compound the effects of such abuse.
www.nspcc.org.uk/inform/research/Findings/suicide_wda66097.html

Tackling bullying

The Welsh Assembly Government has a dedicated anti-bullying section on its website that includes useful information, examples of good practice and links to partner organisations.
www.wales.gov.uk/respectingothers

Other resources can be found at:
www.teachernet.gov.uk/wholeschool/behaviour/tacklingbullying/.

Bereavement and Loss

The **Childhood Bereavement Network** is undertaking a three-year campaign ***Grief Matters for Children***. Resources include:
www.childhoodbereavementnetwork.org.uk

- videos;
- postcards (I can…You can) to use as prompts for support;
- training pack for Early Years settings: Not too young to grieve;
- training pack for schools and young people's settings in preparation.

Barnardo's Cymru have also produced 'Helping Children Manage Bereavement', a handbook for parents, carers and relatives of children and young people who have experienced bereavement which may be useful for school staff.

Other organisations also have useful information and materials:

www.childbereavement.org.uk (Child Bereavement Trust)

- INSET and other training on loss, change and grief in primary and secondary schools, and death education in the classroom;
- schools pack and other resources.

www.winstonswish.org.uk

- downloads for schools including lesson plans, policy development, tips for support;
- helpline for families and professionals 0845 2030405;
- activities on website for children and young people.

www.helpthehospices.org.uk

- Working with Schools pack for 11-14 year olds.

www.ncpc.org.uk (National Council for Palliative Care)

- Supporting bereaved pupils in Primary and Secondary School.

Cruse Bereavement Care

- helpline for young people 0808 8081677;
- **www.rd4u.org.uk (the road for you)**.

Seasons for Growth is a loss and grief group peer support programme for young people aged 6 – 18 years. The programme covers change, loss and grief associated with death, family breakdown or any other form of separation. It is run with groups of 5-7 pupils and facilitated by a trained 'companion' (often a teacher). See details at: **www.seasonsforgrowth.co.uk**.

Books:

Wise before the event *W. Yule and A. Gold (1993) Calouste Gulbenkian Foundation.* (**A copy of this book was sent to all schools.**)

Grief in School Communities: effective support strategies, *Louise Rowling (2003), Open University Press*

Childhood Bereavement: developing the curriculum and pastoral support, *Gill Frances and Nina Job (2004), National Children's Bureau*

Lost for Words, *John Holland et al (2005), Jessica Kingsley Publishers (JKP)* (a loss awareness training package designed for teachers and carers with tutor notes and overheads)

Remember Me, *Penhaligon's Friends and Cornwall Child and Family Service (2004) (guidance and photocopiable checklists for schools dealing with childhood bereavement*

Substance misuse

The Assembly Government's current guidance on tackling substance misuse is contained in **Substance Misuse: Children and Young People: Circular 17/02**. **www.wales.gov.uk/topics/educationandskills/publications/circulars/Circular_17_02_Substance_Misuse1?lang=en**

The **Welsh Network of Healthy School Schemes** has a set of indicators relating to good practice on dealing with substance use and misuse as part of its National Quality Award.
www.wales.gov.uk/topics/health/improvement/children/schools/schemes

www.nfer.ac.uk/emie - Healthy Schools page has links on substance abuse and alcohol abuse.

www.youngminds.org.uk has user-friendly advice for young people on the effects of using cannabis (surveys suggest that one in three young people have tried cannabis by the age of 16 years).

www.wiredforhealth.co.uk has specific resources and information on this topic.

Sex and relationships

The Welsh Assembly Government's guidance circular, **Sex Education in Schools,** will be in place from September 2010 is available on the link below.
www.wales.gov.uk/topics/educationandskills/curriculumassessment/arevisedcurriculumforwales/sexeducation/?lang=en

The Welsh Assembly Government's **Welsh Network of Healthy School Schemes** has a set of indicators relating to good practice on promoting personal development and positive relationships as part of its National Quality Award.
www.wales.gov.uk/topics/health/improvement/children/schools/schemes

The **Family Planning Association** website has information for schools and young people on sexual health issues.
www.fpa.org.uk

Project Jiwsi is an innovative **fpa Cymru** community education project delivering sexual health and relationships education to groups of vulnerable young people in community settings throughout North Wales. It has been in operation since October 2002.
www.fpa.org.uk/Communityprojects

A primary school CD based resource **Making Sense of Growing Up and Keeping Safe** was distributed by the Welsh Assembly Government via healthy school co-ordinators in Autumn 2007.

A secondary school CD based resource, **Sense, Sex and Relationships** was distributed by the Welsh Assembly Government via healthy school co-ordinators in Autumn 2009.

Stonewall have developed a DVD for secondary school teachers, called ***Spell It Out***, which supports their Education for All campaign to ensure all young people feel valued and included regardless of their sexuality The DVD was distributed to all schools in 2007 through the support of the Welsh Assembly Government.
www.stonewall.org.uk/education_for_all/default.asp

Suicide and Self-harm

The **Samaritans** have a range of free materials to support their vision of fewer people dying by suicide. Their **DEAL** (Developing Emotional Awareness and Learning) programme provides help to schools to develop the knowledge, skills and attitudes that young people need to cope with he challenges in life and look after their emotional health and well-being.
www.samaritans.org/deal

The **Basement Project** provides support groups for those who have been abused as children and people who self-harm. These are free to individuals and funded by their work with professionals. The project also has a range of publications, resource packs and fact sheets.
www.basementproject.co.uk

Bristol Crisis Service for Women have a helpline and have produced a series of booklets and other publications including a self-help journal for young people. They provide training and a training pack.
www.selfinjurysupport.org.uk

Mind have a large amount of resources to download and produces a booklet 'Understanding Self-harm' for anyone who self-harms, their friends and family. It's available as a download or can be purchased.
www.mind.org.uk/help/diagnoses_and_conditions/self-harm

Mind in Croydon has a video called Visible Memories which covers the experiences of people who self-injure and the people themselves describe approaches they find unhelpful.
www.mindincroydon.org.uk/visible-memories.asp

The **Young Minds** site for young people and includes the booklet 'Worried about self-injury?'.
www.youngminds.org.uk/

The **National Self-Harm Network** a survivor-led organisation campaigning for the rights of those who live with self-harm, have a lot of useful information for downloading.
www.nshn.co.uk/downloads.html

Eating disorders

beat is the working name of the Eating Disorders Association and offer support and services for people with eating disorders and their families. A separate Welsh section was set-up in 2010.
www.b-eat.co.uk/beatCymru

Growing Through Adolescence is a resource is designed for trainers working with teachers of children particularly in the age range 8 to 14 years to promote healthy eating. The trainers may be teacher educators, education advisors, health promotion specialists, health promoting school co-ordinators, school nurses or school doctors.
www.schoolsforhealth.eu/upload/pubs/Growingthroughadolescence.pdf

BodyTalk is a workshop developed with the aid of the Dove Self-esteem Fund. It's a workshop designed to help young girls (and boys) understand and deal with feelings about their physical appearance, and learn how "ideal" images of beauty are created.
www.campaignforrealbeauty.co.uk/dsef07/t4.aspx?id=8236

Domestic abuse

The Welsh Assembly Government's **'Information and Guidance on Domestic Abuse: Safeguarding Children and Young People in Wales'** (2010) contains advice on how schools and other learning settings can help protect children and young people from the problems relating to domestic abuse and try to reduce future incidents through preventative work.
www.wales.gov.uk/docs/dsjlg/publications/commsafety/100515safeguarycandypen.pdf

All Wales Domestic Abuse 24-hour free telephone helpline 0808 80 10 800.

Teacher support

The charity **Teacher Support Network** offers information, support, counselling and coaching for teachers and has a 24-hour telephone helpline offering bi-lingual support in Wales.

www.teachersupport.info

Tel: 08000 855 088

8. Annexes

Annex A

Summary of Risk and Resilience factors

- This is provided to help schools to identify possible risk and resilience factors identified in research as potentially impacting on the mental health of children and young people.
- This may assist school staff in supporting pupils who *may* be at higher risk of mental health problems, by highlighting some of the potential resilience factors that could be addressed.

Factors that may promote risk	**Factors that may promote resilience**
Children's attributes	
Genetic influences	Being female
Specific and non-specific learning difficulties	Secure early relationships
Learning disabilities	Humour
Communication Difficulties	Good communication skills
Specific Developmental Delay	Planner, belief in control
Difficult temperament	Easy temperament when an infant
Physical illness especially if chronic and/or neurological	
Academic failure	Higher intelligence
Low self-esteem	Positive attitude, problem-solving approach
	Faith and spirituality
	Capacity to reflect
Family characteristics	
Parental conflict	Supportive long-term relationship/absence of severe discord
Family breakdown	At least one good parent-child relationship
Inconsistent or unclear discipline	Clear, firm and consistent discipline
Hostile or rejecting relationships	Affection
Failure to adapt to a child's changing needs	Support for education

Factors that may promote risk	**Factors that may promote resilience**
Family characteristics (continued)	
Physical, sexual or emotional abuse	
Parental psychiatric illness	
Parental criminality, alcoholism or personality disorder	
Death and loss – (including loss of friendship)	
Community factors	
Socio-economic Disadvantage	High standard of living
Homelessness	Wider supportive network
Disaster	Schools that provide strong academic and non-academic opportunities
Discrimination	High morale school with positive policies for behaviour, attitudes and dealing with bullying
Other significant life events	A range of positive sport/leisure activities
	Good housing

Annex B

Eleven criteria for schools for mental and emotional health and well-being

Indicators for the Welsh Network of Healthy School Schemes National Quality Award

Criteria	Indicators	Examples of specific actions/activities
Leadership and Communication		
1. Appropriate Policies & Strategies in place: • Anti Bullying Policy and Strategy. • Positive Behaviour Management Policy. • Appropriate strategies to address; multi-cultural, gender, sexual orientation, sexual exploitation, special needs and health issues which avoid stereotyping and discrimination.	1.1 Policies and strategies in place which follow national & local guidance, and involve pupils if appropriate. 1.2 Policies and strategies include clear referral guidance that whole school community is aware of, including self referral to counselling services. 1.3 Monitoring & review procedures in place. 1.4 Complementary role of policy and curriculum evident. 1.5 Indicators below demonstrate implementation of policy.	Good behaviour evident around the school.
2. Commitment to whole staff training on mental and emotional health and well-being related issues.	2.1 Teachers receive appropriate training. 2.2 Support staff receive appropriate training eg LSA, lunchtime supervisors, OSHL leaders. 2.3 Training is cascaded and influences practice.	

Criteria	Indicators	Examples of specific actions/activities
3. Engagement with, and response to, specific local/national initiatives and environmental and social issues.	3.1 Schools take-up opportunities offered to be involved in a range of local/national initiatives. 3.2 Schools show flexibility in the programme of study to respond to locally identified issues.	Anti bullying initiatives. School-based Counselling service. Therapeutic approaches such as play therapy, music therapy or drama therapy. Nurture Groups. Pupil support groups. Parenting programmes.
Curriculum		
4. Mental and emotional health and well-being covered by Foundation Phase, National Curriculum and Personal and Social Education.	4.1 Schemes of work identify a range of aspects of mental and emotional health and well-being and reflect policy. 4.2 Curriculum resources used reflect current guidance.	
5. Out of school hours learning incorporate activities which are inclusive and promote increased self esteem and well-being.	5.1 A broad time-table of activities in place, appropriate to all pupils in the school.	
Ethos and Environment		
6. Pupil participation.	6.1 School has effective school council which meets on a regular basis. 6.2 School council meetings are informed by, and disseminated to, other pupils eg via class councils.	Good School Council feedback mechanisms. Selection process for pupil representatives. School Council notice/display board. Negotiated class rules. Negotiated reward schemes. Buddy schemes. Self referral to counselling services (S).

Criteria	Indicators	Examples of specific actions/activities
	6.3 Active pupil participation in core areas of school life which directly affect the health and well-being of children and young people eg teaching and learning, environment, staff selection, pastoral care. 6.4 Evidence of examples of initiatives in which pupils are actively involved. 6.5 Evidence of pupil involvement in evaluation of actions. 6.6 Evidence of pupil involvement in policy/strategy development.	
7. Staff participation.	7.1 Evidence of staff, not in the core healthy school team, involved in the development of positive mental and emotional health and well-being, eg by supporting whole-school action such as sanctions and rewards, and Circle Time.	
8. School environment, ethos and the informal curriculum.	8.1 The Vision/Mission Statement, Aims and Prospectus refer to the mental and emotional health and well-being of the pupils and staff.	Welcome/induction pack for pupils. Transition programme. Buddy/Peer mentoring scheme. Circle Time. Golden Rules. Golden Time. Suggestion/worry boxes.

Criteria	Indicators	Examples of specific actions/activities
	8.2 Good-practice guidance available to staff that promotes behaviours consistent to mental and emotional health and well-being eg anti bullying, positive behaviour management, and pupil participation. 8.3 The school provides a pleasant, safe and sociable environment. 8.4 School based counselling services are provided. 8.5 Appropriate services are signposted to pupils. 8.6 The school has an induction programme for staff and pupils which communicates the school ethos. 8.7 The school provides opportunities for both staff and pupils to be involved in activities to promote the self esteem and well-being of themselves and others. 8.8 The school supports pupils to develop communication and social skills to enable them to explore, express and manage their feelings and to empathise with others.	

Criteria	Indicators	Examples of specific actions/activities
Family and Community Involvement		
9. Involvement of families and community.	9.1 Parents/carers and governors are well informed and understand the importance of mental and emotional health and well-being for themselves and their children. 9.2 Evidence of working with parents to gain a whole school approach to preventing and dealing with bullying issues. 9.3 Evidence of the provision of advice for parents, pupils and families on how to deal with bullying incidents and reporting procedures. 9.4 The school offers opportunities for families, governors and the wider community to be involved in, and contribute to, the daily life of the school. 9.5 Pupils support the community eg through charity work, working with/for the elderly. 9.6 The expertise of parents and/or members of the community is used to support curriculum or non curriculum activities if appropriate.	Evidence of good communication with parents of prospective pupils. Evidence of a well developed transition programme.

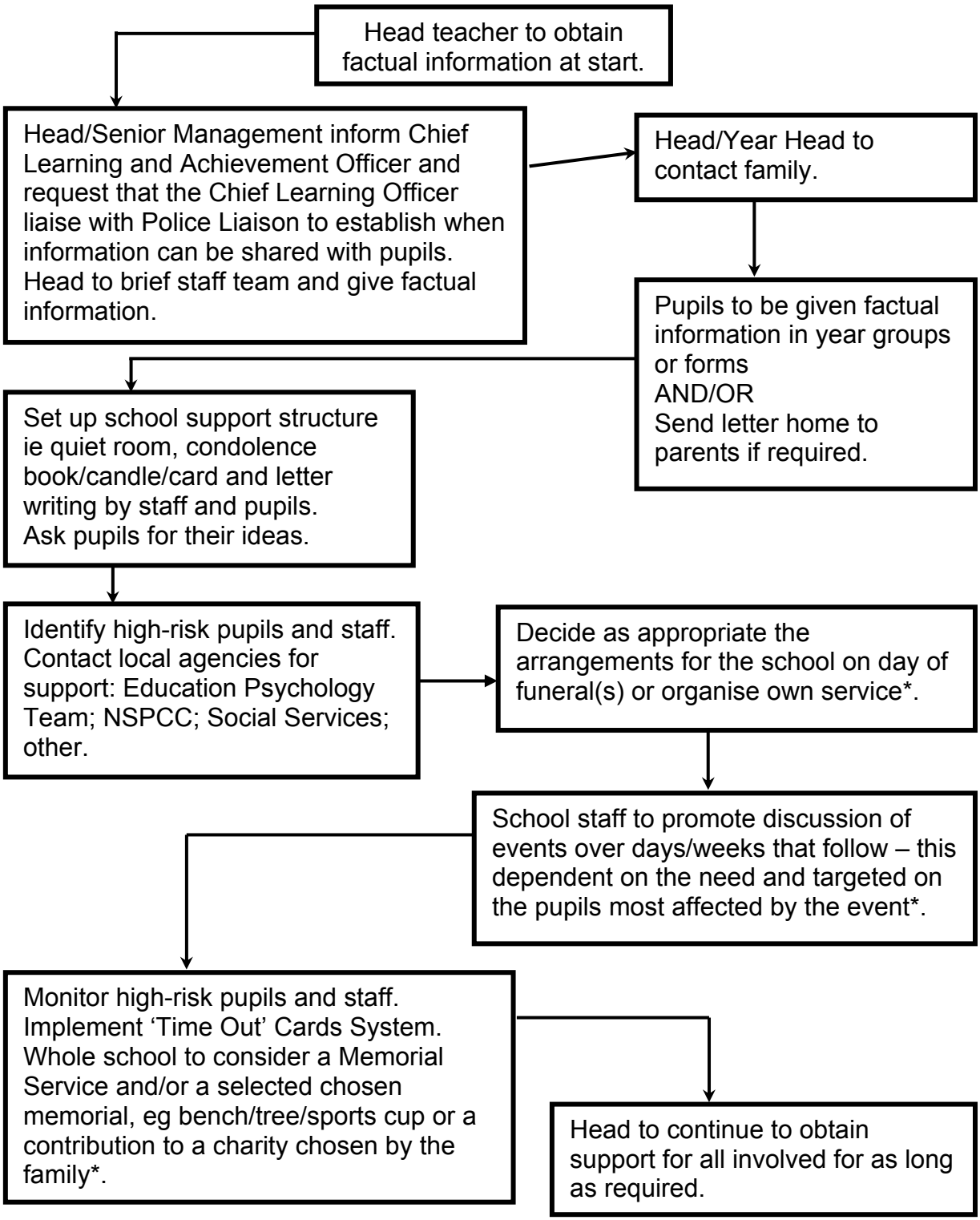
Criteria	Indicators	Examples of specific actions/activities
10. Involvement and collaboration with outside statutory and voluntary agencies and individuals.	10.1 Schools engage with a variety of agencies to support pupils and staff with a range of mental and emotional health issues eg bullying, bereavement, stress management. 10.2 Appropriate outside agencies and individuals support the development of policies, programmes and curriculum. 10.3 Any contribution is planned, complies with policy, is evaluated and the work followed up.	
Development of a Health Promoting Workplace		
11. The development of a health promoting workplace which recognises the importance of support for mental and emotional health and well-being.	11.1 All staff consulted and involved in the development of a health-promoting workplace. 11.2 Planned CPD programme in place for subject leaders/key staff with areas of responsibility. 11.3 Protected PPA time and appropriate work area. 11.4 Staff consider staff room facilities to be adequate. 11.5 Appropriate services are signposted.	Corporate Health Standard. Investors in People. Staff stress-management and other health-related policies. Stress management training. Staff health days. Staff fitness activities, and links to local leisure centre. Use of Quality Circle Time. Items on staff meeting agenda. Staff social events.

Criteria	Indicators	Examples of specific actions/activities
	11.6 Staff have access to specialist services including Occupational Health. 11.7 Evidence of procedures in place to address work-life balance.	

Annex C

Wrexham protocol with Nightingale House Hospice:

COPING WITH SUDDEN DEATH OF PUPIL(S)/STAFF MEMBER



* It is essential that the family's wishes are fully appraised at this stage.

COPING WITH SUDDEN DEATH OF PUPIL(S) OR STAFF MEMBER

TICK ACTION WHEN COMPLETED

1. Head teacher to obtain factual information as start of crisis.

……..... ☐

2. Head/Senior Management inform Chief Learning and Achievement Officer.

……..… ☐

3. Head to brief staff team and give factual information.

……..…… ☐

4. Head/Year Head (or another member of staff close to family) to contact family.

…… ☐

5. Pupils to be given factual information in year groups or forms.

…… ☐

6. Send letter home to parents (if required).

…… ☐

7. Set up school support structure ie quiet room, condolence book/candle/ card and letter writing by staff and pupils. Ask pupils for their ideas.

……...…… ☐

8. Identify high risk pupils and staff. Contact local agencies for support: Education Psychology Team; NSPCC; Social Services; other.

…… ☐

9. Decide as appropriate the arrangements for the school on day of funeral(s) or organise own service. **(consult family)**

…… ☐

10. School staff to promote discussion of events over days/weeks that follow – this dependent on the need and on the pupils most affected by the event. **(consult family)**

…… ☐

11. Monitor high-risk pupils/staff. Implement ‘Time out’ Cards System.

…….. ☐

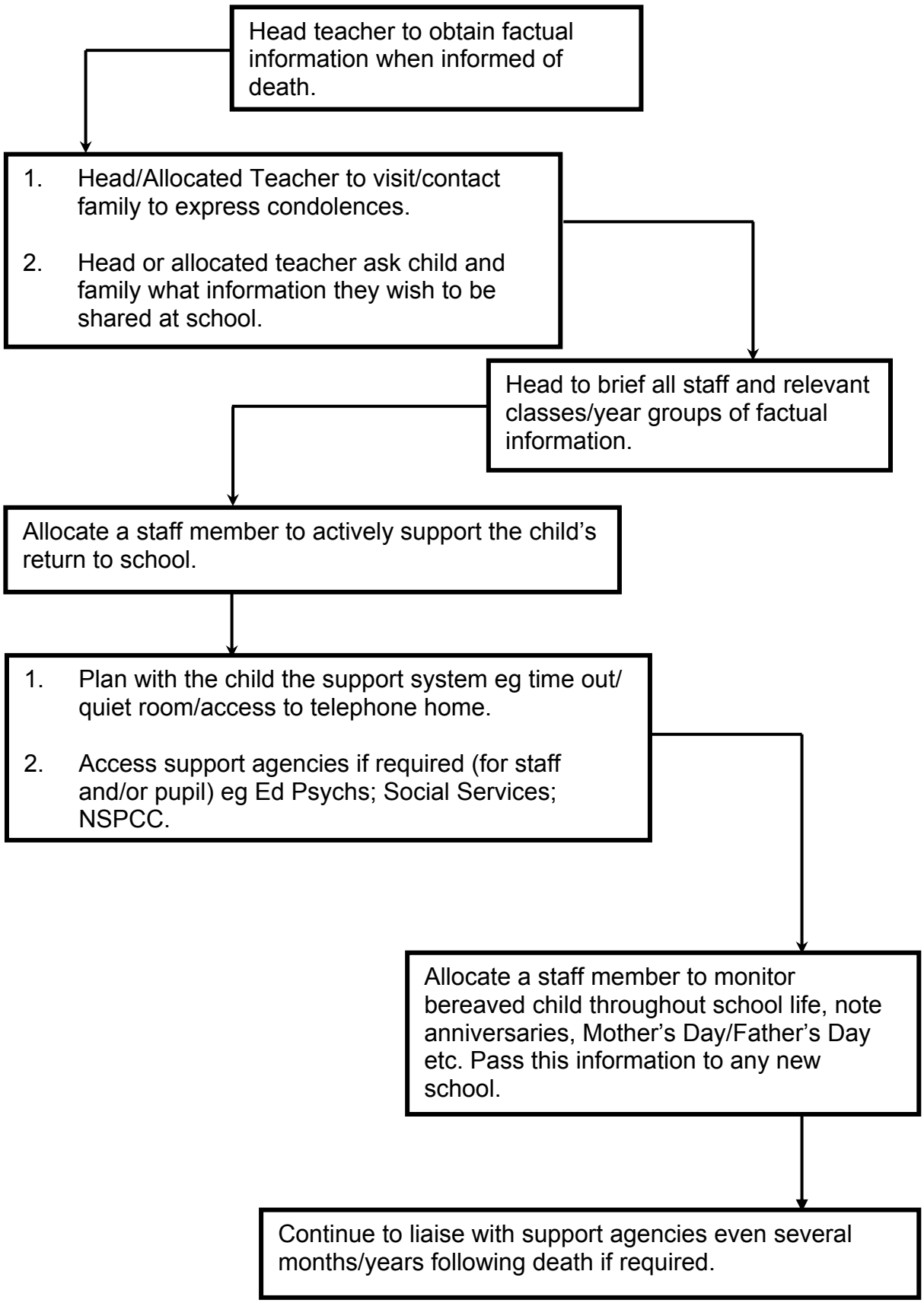
12. Whole school to consider a Memorial Service and/or a selected chosen memorial, eg bench/tree/sports cup or a contribution to a charity chosen by the family. **(consult family)**

…….. ☐

13. Head to continue to obtain support for all involved for as long as required.

……..…... ☐

SUPPORTING A BEREAVED PUPIL IN SCHOOL



SUPPORTING A BEREAVED PUPIL IN SCHOOL

		TICK ACTION WHEN COMPLETED
1.	Head teacher to obtain factual information when informed of death.	
	…….	☐
2.	Head/Allocated Teacher to visit/contact family to express condolences.	
	……	☐
3.	Head or allocated teacher ask child and family what information they wish to be shared at school.	
	……	☐
4.	Head to brief all staff and relevant classes/year groups of factual information.	
	……	☐
5.	Allocate a staff member to actively support the child's return to school.	
	……..…	☐
6.	Plan with the child the support system ie time out/quiet room/access to telephone home.	
	……	☐
7.	Access support agencies if required (for staff and/or pupil): Educational Psychology; Social Services; NSPCC; other.	
	…….	☐
8.	Allocate a staff member to monitor bereaved child throughout school life, note anniversaries, Mother's Day/Father's Day etc. Pass this information to any new school.	
	…….....	☐
9.	Continue to liaise with support agencies even several months/years following death if required.	
	……..…….	☐

Annex D

Policy and reference documents

The introduction to this guidance made reference to a number of key policies relating to the emotional health and well-being of pre-school and school-aged pupils. This annex contains further detail on those and other related policies.

Partnership working to promote best outcomes for children and young people

The Welsh Assembly Government's vision for the future of public services in Wales is based on ***Making the Connections*** (MtC) which places emphasis on partnership working and citizen-focused service delivery. The practical application of the MtC principles is set out in ***New Understanding between the Welsh Assembly Government and Local Government in Wales***.

Local authorities have a range of statutory responsibilities including that of community leadership. The Children Act 2004 established local Children and Young People's Partnerships and made local authorities responsible for the development of ***Children and Young People's Plans*** (CYP Plans). The CYP Plan is a single strategic plan for all children's services in each local authority and requires the community leadership role to be carried out effectively as a driver for change. New plans will shortly be developed covering the period 2011-14.

Health, Social Care and Well-Being Strategies (HSCWBs) provide a framework within which the local authority and Local Health Board (LHB) set out how together they will drive forward improvements in the health and well-being of their local populations and aim to strengthen the planning and management of health and social services and improve outcomes for those who use them. HSCWBSs are statutory documents which reflect the agreed common aspirations and commitments in each local area, and so must work for partners both at the local authority level and the level of a LHB, where these differ. A diverse and wide range of partners will need to be consulted and involved in the development and monitoring of the strategy. New HSCWBs will shortly be developed covering the period 2011-14.

Together, CYP Plans and HSCWBs aim to promote a strong community leadership role coupled with effective engagement between partners at the highest level, in order to deliver planned, commissioned and co-ordinated improvements in services for children, young people and their families and significantly improve outcomes.

Safeguarding Children: Working Together Under the Children Act 2004 (2007) sets out the overarching system for safeguarding children and the roles that different agencies play. ***Safeguarding Children in Education*** (2008) supplements this guidance and provides advice about the effect of the duty to have arrangements about safeguarding and promoting the welfare of children introduced by section 175 of the Education Act 2002.

A particular responsibility is to develop through the curriculum and other means, children and young people's understanding, awareness and resilience. Meeting these duties requires systems that contribute to effective partnership working between all those involved in providing services for children.

General context for promoting emotional health and well–being

The Learning Country (2001) ***and Learning Country: Vision into Action*** (2006) reflect the seven core aims which underpin all the work which the Assembly Government does with children and young people. These aims were developed as a Welsh policy summary of the 41 substantive articles/rights within the ***UN Convention on the Rights of the Child***. In January 2004, following a unanimous plenary motion, the Welsh Assembly Government showed its commitment to the Convention by adopting it as the basis for policy for children and young people (0-25) in Wales. The Welsh Assembly Government has publicly stated its commitment to working towards full implementation of all articles of the UNCRC, and the Convention holistically, for every child and young person in Wales.

In November 2009 the Welsh Assembly Government published ***Getting it Right***: ***A UNCRC Action Plan for Wales.*** These clearly set out 16 priorities for Wales and the 90 actions that would be undertaken to respond to the UN Committees concluding observations (produced in 2008). Articles 6, 24 27 and 39 specifically reference areas of wellbeing for children and young people. Further work to support children and young peoples emotional wellbeing was referenced in several places within the concluding observation of the UN Committee. Priority 6 of *Getting it Right* refers to supporting emotional wellbeing for children and young people and seven strategic actions that would be undertaken against this priority.

The seven core aims are intended to ensure that **all** children and young people:

1. Have a flying start in life.
2. Have a comprehensive range of education and learning opportunities.
3. Enjoy the best possible health and freedom from abuse, victimisation and exploitation.
4. Have access to play, leisure, sporting and cultural activities.
5. Are listened to, treated with respect, and have their race and cultural identity recognised.
6. Have a safe home and a community which supports physical and emotional well-being.
7. Are not disadvantaged by poverty.

Actively promoting mental health, emotional health and psychological well-being and intervening as early and as effectively as possible when children and young people have problems in these domains is clearly a vital element within these core aims.

The ***School Effectiveness Framework (2008)*** sets out a tri-level approach to improving the effectiveness of schools through working co-operatively between the Welsh Assembly Government, local authorities and schools.

At the core of the Framework lies Children and Young People's Improved Learning and Well-being. Clearly their emotional health will be an essential part of their well-being and this is set out in a number of the aspects of the National Purpose for Schools.

The National Service Framework for Children, Young People and Maternity Services (2005) sets standards for all services which have an impact on the health and well-being of children and young people including health, social services, education, housing, leisure and transport. The standards within the framework aim to improve the quality and equity of service delivery to children and young people from pre-conception to 18th birthday and beyond for those that require transition services.

The Framework has a specific Chapter on Children and Young People with Mental Health Problems and Disorders, as well as a chapter on Promoting Health and Well-being that looks holistically at young people's health needs.

The NSF places requirements on a wide range of sectors, agencies, services and staff within them. With regard to the advice in this guidance, two of the key actions follow.

Key Action 2.45 requires that Children and Young People's Plans in each local authority should contain joint working arrangements to actively promote mental health and psychological well-being in children and young people that include:

- provision of a range of universal programmes to promote mental health and psychological well-being, in a variety of settings designed to maximise participation;
- provision of easy and confidential access to advice for young people in the community setting on a range of issues that may affect their health and well-being;
- promotion of effective behavioural management; and
- implementation of effective anti-bullying policies in schools.

Key Action 4.1 of the NSF requires that Agencies that commission and provide services ensure that staff who work in Tier 1 are able to:

- develop and deliver multi-agency universal and selected programmes for promoting mental health and psychological well-being;
- work in conjunction with the staff of Specialist CAMHS provided by all sectors to develop and implement care pathways in which the roles of each agency in each tier are agreed;

- work in conjunction with the staff in Specialist CAMHS provided by each sector to agree demand management process that ensure that generic CAMHS (at Tier 1) and Specialist CAMHS (at Tiers 2, 3 and 4) are used to best effect.

Inclusion and Pupil Support (Circular 47/2006)*:** The Welsh Assembly Government published its revised overarching guidance in November 2006. This specific guide on emotional health and well-being should be considered in conjunction with this comprehensive document, which includes a designated section on a whole school approach to behaviour and attendance. All schools already implement the ***Special Educational Needs Code of Practice and some children will have emotional or mental health difficulties contributing to or arising from their additional learning needs, including Behaviour, Emotional or Social Disorder.

Pilots to explore options for the ***reform of the statutory assessment framework*** for children and young people with special educational needs were introduced in September 2009 and will run until July 2011. They will explore the potential for reducing the level of bureaucracy involved in assessing learners' needs and building the capacity of all providers to provide appropriately for learners and their families, and will also explore the potential for improving multi-agency working in order to provide timely and effective support to address individual learners' needs.

The ***Behaviour and Attendance Action Plan*** was issued in March 2009 and includes many actions to improve the attendance and behaviour of vulnerable groups of children by providing them with timely and suitable support, which in many cases will require addressing their emotional well-being and mental health needs.

The National Curriculum and Estyn's new ***Common Inspection Framework*** (to be introduced from September 2010) place clear requirements on schools to take account of and promote emotional health and well-being.

Estyn's Common Inspection Framework covers these aspects in Key Question 1 'How good are outcomes?' and Key Question 2 'How good is provision?'.

In Key Question 1 inspectors will consider the school's work in:

- the development of attitudes to keeping healthy and safe;
- pupil participation and enjoyment in learning;
- their community involvement and decision making; and
- their social and life skills.

In Key Question 2 inspectors will consider the provision made by the school for the care, support and guidance of pupils. This includes:

- provision for health and well-being including spiritual, moral, social and cultural development;
- provision of specialist services, information and guidance;

- safeguarding arrangements; and
- provision for those with additional learning needs.

The delivery of personal and social education (see ***Personal and Social Education Framework for 7-19 year-olds in Wales,*** Welsh Assembly Government (2008), has a key role to play in promoting emotional health and well-being. This should be seen both as a specific curriculum and as an overarching theme across all aspects of the curriculum and other school activities.

PSE prepares learners to be personally and socially effective by providing learning experiences in which they can develop and apply skills, explore personal attitudes and values, and acquire appropriate knowledge and understanding. Specifically the aims of PSE include:

- developing learners' self-esteem and a sense of personal responsibility;
- promoting self-respect, respect for others and celebrate diversity; and
- equipping learners to live safe, healthy lives.

The 'Emotional intelligence' theme of the framework involves promoting the successful management of feelings and emotions in order to promote personal and social effectiveness. Self-esteem affects learners' confidence, ambition and ability to deal with life generally. Understanding and managing emotions improves mental health by increasing learners' ability to cope with conflict, stress, loss and change.

The 'Working with Others' theme identifies interpersonal skills. Under this theme learners should be given opportunities to:

- work co-operatively to solve problems;
- make and maintain friendships and other relationships;
- resist unwanted peer pressure and behaviour;
- empathise with others' experiences and feelings;
- manage different emotions and develop strategies to resolve conflict and deal with bullying; and
- ask for personal support and advice.

The 'Health and emotional well-being' theme provides a clear context for developing interpersonal skills. Learners should be given opportunities to:

- accept personal responsibility for keeping the mind and body safe and healthy; and

to understand:

- the relationship between diet, exercise, and good health and well-being;

- the range of emotions they experience and how to develop strategies for coping with negative feelings;
- the factors that affect mental health and the ways in which emotional well-being can be fostered; and
- the benefits of accessing different sources of information, support and advice.

To support practitioners with the delivery of this aspect of the curriculum the Welsh Assembly Government has:

- provided additional advice and information on the PSE guidance website which includes links to national support organisations for young people's emotional health;
- commissioned bilingual resources; for example a key stage 4 teaching resource which addresses:
    - loss and change in relationships;
    - coping with stress;
    - the statutory and voluntary organisations which support health and emotional well-being;
    - how to access professional health advice and personal support with confidence;
    - being assertive and resisting unwanted peer and other influence;
    - resolving conflict with a win/win solution;
    - managing anger, frustration and aggressive feelings effectively;
    - adapting to changing situations;
    - evaluating and accessing a range of local and national sources of information, support and advice confidently;
- developed a range of web-based Mental and Emotional Health & Well-being effective practice case studies to be launched in 2010. (The In Perspective case studies); and
- developed bilingual SEAL (Social and Emotional Aspects of Learning) resources for use in Wales.

The Foundation Phase is focused on soundly establishing the necessary skills and attitudes between the ages of 3 and 7 years that will promote positive learning experiences.

The Foundation Phase curriculum is planned as progressive framework that spans four years to meet the diverse needs of all children, including those who are at an earlier stage of development and those who are more able. Children should move on to the next stages of their learning when they are developmentally ready at their own pace. The Foundation phase is designed to engage all learners and to allow them to flourish and become life-long learners.

Personal and Social Development, Well-Being and Cultural Diversity is at the heart of the Foundation Phase and children's skills are developed across all Areas of

Learning through participation in experiential learning activities. Children acquire and develop skills at different rates and must be allowed to develop at their own unique, individual pace. As they learn new skills they are given the opportunity to practise them in different situations, to reflect on and evaluate their work.

Children's involvement in a wide range of activities throughout the Foundation Phase should encourage them to feel confident to explore and experiment with new learning opportunities and acquire the appropriate attitude to/disposition for learning. The development of children's self-confidence, self-esteem and their ability to respect the needs of others and to take responsibility for personal hygiene should be sensitively promoted.

They will develop the appropriate skills to communicate and develop positive relationships with others to become independent learners and members of their communities. Children will be given the opportunity to communicate their ideas, values and beliefs about themselves, others and the world. They should understand that people have different preferences, views and beliefs, and know that each person is different but understand that all are equal in value. Children should have opportunities to consider and evaluate their own behaviour and that of others. They should be encouraged to ask and respond to difficult questions about life, and recognise the value of life.

Learning Pathways for 14-19 year olds have been established in order to respond more directly to the needs, interests and aspirations of the individual learner. They include learner support services which may include personal support to help the learner overcome any barriers to learning, which in some cases would include emotional well-being and mental health problems includes a specific element on personal support.

The Welsh Assembly Government aim to develop and mainstream ***children and young people's participation*** within the work of the Welsh Assembly Government and throughout Wales and has set-up a specific team to promote this aim. This includes raising awareness and developing expertise both internally and externally. The Participation Team provides support to the Participation Consortium in Wales, a strategic body which co-ordinates and takes forward activity in Wales and also supports Funky Dragon, the Children and Young People's Assembly for Wales.

The Welsh Assembly Government set out new measures to strengthen the voice of children and young people through the implementation of ***New Service Model for Delivering Advocacy Services for Children and Young People*** (2008). The new Framework comprises:

- a National Independent Advocacy Board (that includes children and young people) was set up in Autumn 2008 to take a strategic view of advocacy services and make recommendations to the Welsh Assembly Government;
- Meic, a national advocacy and advice service offering a single point of contact for all children and young people was launched in May 2010; and

- a local/regional integrated specialist advocacy service for vulnerable children and young people commissioned through Children and Young People's Partnerships.

Following the ***School Councils Regulations Wales 2005*** which made schools councils statutory in all primary, secondary and special schools in Wales, a project was set up to support schools in implementing the regulations, including the production of a website and training materials. The pupil participation project has also been working to mainstream participation into key policy areas including the School Effectiveness Framework.

All participation activity in Wales is based on the National Participation Standards which were launched in 2007 and provide the benchmark on which all participation activity is based. A National Participation Kite mark was launched in May 2010 which aims to further improve the quality of participation in Wales.

A draft version of ***statutory guidance for Youth Support Services and Learner Support Services*** was published in 2009 and the final guidance is due in Autumn 2010. The guidance updates the existing guidance for youth support services, contained within Extending Entitlement: Supporting Young People in Wales (2002), and provides statutory guidance for the Learning and Skills (Wales) Measure 2009.

The guidance sets out that young people need support to be able to participate effectively in education and training, take advantage of opportunities for employment and participate effectively and responsibly in the life of their communities. The type and extent of services giving such support will vary according to the young person's individual needs and circumstances.

The policy aims are unchanged from previous guidance but the revision has taken into account recent legislative and changes in local planning arrangements and practical lessons learned over the last 6 years thus ensuring that the Guidance remains a useful tool to assist local authorities and their partners to co-ordinate and secure delivery of Youth Support Services.

Emotional and Mental health

The National Assembly for Wales' Childhood and Adolescent Mental Health Strategy is set out in ***'Everybody's Business'*** (2001). The Welsh strategy is a multi-agency approach based on 4 tiers of increasingly specialist provision. It stresses that CAMHS services are not only those provided by the National Health Service but that all working directly with children and young people, including school staff have a vital role to play in providing CAMHS services. The majority of schools' involvement will be at Tier 1 level where those involved directly in providing services to children and their families will be well placed to recognise, assess and intervene with children and young people's mental health problems. Basic skills in assessment and intervention will be required to undertake this role and this guidance aims to provide information to assist the development of those aspects.

Specifically, Tier 1 services should:

- Reduce escalation of problems by identifying risk factors, taking opportunities to reduce their impact and taking steps to promote the resilience of vulnerable children, young people and their families.
- Identify mental health problems early in their development.
- Provide assessment, advice and interventions for children and young people who have minor, mild and moderate mental health problems.
- Ensure that children, young people and families are referred to other agencies within Tier 1 or to other tiers within the specialist services (at Tiers 2, 3 and 4) where and when this is appropriate.
- Continue to provide services for children, young people and families in co-ordinated partnership with other services including the specialist services.
- Provide the primary care component of care programmes for particular children and their families that are shared with Specialist CAMHS that are provided by each of the agencies and sectors.

Where provision needs to be more specialised, Tier 2 input will be necessary which will often involve specialist education support services such as educational psychologists and specialist teachers.

Breaking the Barriers: Meeting the Challenges. Better Support for Children and Young People with Emotional Well-being and Mental Health Needs, issued in June 2010, is the Welsh Assembly Government's Action Plan responding to a joint inspectorates' report.

The report by the Wales Audit Office and Healthcare Inspectorate Wales, supported by Estyn and the Care and Social Services Inspectorate Wales, into services for children and young people with emotional and mental health needs in Wales, was published in November 2009.

The Welsh Assembly Government has established ***The All Wales Mental Health Promotion Network***, which is hosted by the Wales Centre for Health (WCH). Any individual or organisation can join the network, which is supported by a Network Board and a full-time Network Co-ordinator.

The Network provides leadership and focus for improving public mental health in Wales. It aims to increase public and professional understanding of good mental health and how it can be promoted and protected, by sharing learning, developing evidence and practice and by acting as a channel for the spreading of promising practice, through a quarterly newsletter, annual conference, seminars and website:

www.publicmentalhealth.org/home.cfm?orgid=749.

Promoting mental health and well-being is one of the key themes in ***Our Healthy Future (2010)***, the Welsh Assembly Government's strategic framework for public health. Action to address this includes the publication of a ***Mental Health Promotion Action Plan*** in 2010.

The ***Welsh Network of Healthy School Schemes (WNHSS)*** consists of twenty-two local healthy school schemes, one in each local authority area in Wales. The Welsh Assembly Government provides a framework and funding for local schemes which are partnerships between local Health and Education departments. Each scheme employs one or more healthy schools co-ordinators who recruit and support schools, and organise appropriate local training and accreditation. Schools appoint their own in-school co-ordinators who work with the healthy schools co-ordinator to plan and implement actions identified by the school.

Schools are assessed locally for Phases of the scheme. Phases 1-3 take approximately one year each, with Phase 4-6 taking 2 years. As schools progress through the scheme, health improvement measures are expected to make a lasting difference to the way in which school life is organised.

The National Quality Award was introduced in 2009. It replaces Phase 6, and awards schools for excellence in 4 aspects of school practice (Leadership and Communication, Curriculum, Ethos and Environment, and Family and Community Involvement) for 7 aspects of health (Mental and emotional health and well-being; Food and fitness; Personal development and relationships; Substance use and misuse; Environment; Safety; and Hygiene). Schools apply for independent assessment for the National Quality Award after 9 years involvement in the scheme.

Recruitment to the WNHSS has been undertaken in a phased way. Over 99% of maintained schools – nursery, primary, secondary and PRUs - are currently actively involved.

A Framework for a School Nursing Service for (2009) sets out the Welsh Assembly Government's approach to developing a school nursing service for children and young people that is safe, accessible and of a high standard. It describes how school nursing teams will be expected to work with other providers to develop approaches which take into account the contribution of key partners in the care of primary and secondary school aged children, including the voluntary sector, and will engage with learners not in school.

School Nursing is central to a range of services that promote and support the physical, social and emotional health of children and young people and contributes to a healthy school culture. A key part of the school nurse's role is to contribute either directly or indirectly to a range of educational and health outcomes, which includes positive mental health and well-being. The role of school nurses will vary from universal approaches such as supporting and participating in delivering emotional and mental health need programmes and strategies, through to providing services for those with specialised needs including providing emotional support to clients, working with CAMHS and mental health services, being aware of and working within the Fraser competency framework.

School Nurses are recognised as public health nurses. They are key to promoting, improving and protecting school aged children and young people to ensure they achieve the best possible health. Developments within the school nursing service will place a greater emphasis on public health and health promotion.

A National Strategy for School-Based Counselling Services in Wales was published in 2008 with the aim of significantly strengthening the opportunities for school pupils across the whole of Wales to access formal counselling. It is based on the recognition that young people want access to a variety of resources that are easily accessible and meet individual needs when they are unhappy, afraid or distressed. They need time with a competent adult who will listen and show them respect whilst respecting confidentiality. It recognises the various forms of formal and informal counselling already available in many schools in Wales, but seeks to develop a more equitable model.

The Counselling Strategy is one of the elements within ***Talk to Me, the National Action Plan to Reduce Suicide and Self Harm in Wales*** (2008) which presents the Welsh Assembly Government's approach with particularly high-risk individuals of all ages.

The ***Mental Health First Aid (MHFA)*** training programme is being rolled out across Wales. The programme aims to teach people about mental health problems and provide them with the skills and confidence needed to help those experiencing mental distress. To-date, 67 people have qualified as MHFA Instructors and over 3,000 individuals have been trained in MHFA. In 2010 the MHFA programme is expanding to include Youth Mental Health First Aid which will provide training for people working with children and young people. The YMHFA Wales programme aims to improve awareness of mental health problems in the children's workforce and public as a whole. This will help reduce stigma, promote help seeking behaviour and provide initial intervention before professional help is delivered. It can also be targeted at those working with vulnerable young people, including looked after children, those leaving care, young offenders and refuges and asylum seekers.

Tackling Bullying

The Welsh Assembly Government recognises the effect that bullying can have on children and young people's mental health and emotional well-being, in both the short-term and the long-term.

Guidance and other sources of information are available at www.wales.gov.uk/respectingothers, including the general guidance on tackling bullying '***Respecting Others: Guidance on Tackling Bullying (Circular 23/2003)*** and the results of the first ***All Wales Survey of Bullying in Schools*** undertaken in 2009.

The Assembly will be issuing new guidance on specific elements of bullying during 2010 (covering SEN and disability, homophobia, race and culture and cyber bullying) and exploring with local authorities how best to respond to the messages of the national survey.

Substance misuse

In 2008, the Welsh Assembly Government published its new 10-year ***Substance Misuse Strategy – Working Together to Reduce Harm***. The Strategy sets out a national agenda for how the Welsh Assembly Government and partner organisations can tackle and reduce the harms associated with substance misuse in Wales.

The Strategy addresses four key areas – prevention, supporting substance misusers, supporting families and tackling availability and protecting individuals and communities. Whilst the Strategy addresses all misused substances and recognises that there needs to be a continued emphasis in prevention work with children and young people, including early engagement with parents before problems arise, it places a greater focus on the distinctive issues caused by the inappropriate or risky use of alcohol. Although all the signs are that overall frequent drug use amongst young people has fallen, in contrast the damage caused to young people's health and the wider community from violence and anti-social behaviour as a result of the misuse of alcohol is increasing and there is growing evidence that young people in Wales are starting to drink at an early age and regularly binge drink – with consequent risk of injury, road traffic crashes, unsafe sex and anti-social behaviour.

The Strategy acknowledges that school is a key arena where the behaviour of young people can be informed and influenced. Since 2004 the Welsh Assembly Government has directly funded (jointly with the four police forces in Wales) the All Wales School Liaison Core Programme (AWSLCP). The Programme currently operates in 97% of primary and secondary schools across Wales and is delivered by School Community Police Officers (SCPOs), who provide prevention education by working in partnership with and in support of PSE teachers in schools. It aims to provide a core programme of accurate, consistent and credible information about substance misuse and other community safety information around which additional and locally determined prevention initiatives can be built.

A Substance Misuse Education Steering Group has been established, comprising Welsh Assembly Government officials and external stakeholders, to monitor the development and implementation of substance misuse education, prevention and provision of advice in schools and other educational settings across Wales.

The Assembly Government's current guidance on tackling substance misuse is contained in ***Substance Misuse: Children and Young People: Circular 17/02***.

Sex and Relationships

The existing ***Sex and Relationships Education guidance*** circular for schools has been updated to reflect changes in the school curriculum. From September 2010, the updated guidance will replace the current guidance circular, Sex and Relationships Education in Schools National Assembly for Wales Circular No. 11/02.

The updated guidance aims to:

- explain the context for SRE in Wales;
- clarify the legal requirements for schools;
- identify expected outcomes for learners;
- assist with developing a sex education policy;
- ensure inclusion for all learners;
- clarify roles and responsibilities relating to confidentiality;
- address issues concerning safeguarding and child protection;
- provide specific guidance for primary, secondary and special schools;
- outline strategies for learning and teaching of SRE;
- provide advice about sensitive issues that may arise when teaching SRE;
- emphasise the importance of working in partnership with parents/carers, foster parents and corporate parents, where a child is looked after by their local authority;
- identify opportunities for working in partnership with the wider community; and
- identify opportunities to address SRE within the school curriculum in Wales.

Domestic Abuse

In March 2010 the Welsh Assembly Government published the ***Right to be Safe***. a new integrated strategy to tackle domestic abuse and violence against women. This new strategy and implementation plan has a much stronger focus on addressing all forms of violence against women and girls in Wales. It continues to deal with domestic abuse but also focuses on issues such as honour based violence, female genital mutilation and forced marriage.

As highlighted in the Welsh Assembly Government's ***Information and Guidance on Domestic Abuse: Safeguarding Children and Young People in Wales*** (2010), the wide adverse effects of living with domestic abuse for children must be recognised as a child protection issue. The effects can be linked with poor educational achievement, social exclusion and to juvenile crime, substance, mental health problems and homelessness from running away.

The guidance highlights the need for learning settings to be proactive about raising awareness of the issues of domestic abuse. They also need to be alert to the wide range of indications that a child is living with domestic abuse and respond effectively and appropriately.