AN INVESTIGATION INTO THE EMOTIONAL HEALTH AND WELLBEING OF CHILDREN IN SUTTON

A REPORT OF THE CHILDREN & YOUNG PEOPLE SCRUTINY COMMITTEE

JANUARY 2012

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EXECUTIVE SUMMARY

The Children and Young People Scrutiny Committee conducted an investigation into the emotional health and wellbeing of children in Sutton throughout July-December 2011.

The committee found through its work and evidence gathering sessions that emotional health and wellbeing is an area that lacks comprehensive information regarding the numbers of young people experiencing some form of difficulty or concern, and there may be particular difficulties identifying the needs of those under five. There appear to be gaps around the knowledge of current services and variation in service provision, and there is a perceived lack of training and education at Tier 1, with strengthened training identified as a key issue by several education staff.

The committee heard that some excellent work is already underway in Sutton to address this in the form of Emotional Literacy Support Assistants, which are showing signs of improvement to young people in the borough and the services they require. Further improvements can be made by enhancing information provision and dissemination, and looking at enhanced joint-working with the health service in preparation for changes to the authority’s public health responsibilities.

INTRODUCTION

The Children and Young People Scrutiny Committee conducted an investigation into the emotional health and wellbeing of children in Sutton throughout July-December 2011. The aim of the investigation was to look at the low-level emotional support, both within and outside of schools, for children up to and including age 11. This covered low-level tier 1 support for everyday ups and downs including family problems, bereavement, exam stress, bullying and friendship issues.

The aims of this investigation were for members to:

- Understand the local picture about provision of universal emotional resilience support in Sutton both within and outside schools, for young people up to and including age 11 (Year 7).
- Consider the benefit of proactive preventative support in all care settings where Sutton council is involved.
- Recommend changes/additions to provision to enable preventative work across early years and play settings and primary schools.
RECOMMENDATIONS

The Executive is recommended to:

1: Increase the number of Emotional Literacy Support Assistants (ELSA’s) or equivalent to two each across all Primary Schools and to extend the training programme further across early years and play settings.

2: In anticipation of the changing health landscape and the transference of Public Health responsibilities for healthy living to the council in 2013, in order to ensure that the council is in the best possible position prior to April 2013 it is suggested to:

   i. Work with health partners to try to expand the use of School Nurses across all schools

   ii. Develop systems in partnership with health to facilitate the reintroduction of the statutory health check for 2 year olds

   iii. Increase delivery of health visiting services in the borough’s children’s centres

3: To improve the availability of information by:

   i. Publishing the Sutton Emotional Well-Being and Mental Health Guidance on the Family Service and ‘If in Doubt’ websites and circulating the toolkit to schools, GPs and other settings where professionals work with children and young people.

   ii. Increasing and widening the dissemination of parenting and family support services by increasing the outreach of the Family Services Directory, strengthening the information role of Children’s Centres, and strengthening the role of the Information Team by improving outreach and engagement.

   iii. Testing the usability of the information with a group of young people, and auditing its effectiveness.

BACKGROUND

1. The investigation aimed to establish the current level of provision within Sutton of emotional resilience support for children up to the age of 11 (end of year 7), and identify whether provision meets current and future likely levels of need. The investigation covered pre-emptive work designed to help children cope with everyday issues and problems (tier 1 in the Sutton Sun), and not the more serious issues which may need a formal intervention (tiers 2 – 4). Everyday issues may include family problems, bereavement, exam stress, bullying and friendship issues. Tier 1 services will assess using general advice and support and will deliver interventions within universal settings and not necessarily by mental health specialists.

2. In 2008 the Child and Adolescent Mental Health Services (CAMHS) recognised a lack of consistent national data on the overall psychological well-being of children and young people in England, and specifically on the prevalence of
‘lower-level’ mental health problems that do not meet the need for clinical diagnosis of a mental health disorder. The review concluded that measures to improve mental health and psychological well-being were still not as comprehensive as they could be.

**Figure 1:** Sutton Framework for supporting children and young people (NB: Framework currently under review November 2011)

3. The remit of tier 1 services, as identified in figure 1, is universal services, and there is no mechanism for identifying the number of individual children with needs who are supported by these services.

**SUMMARY OF PROCESS**

4. The committee held three evidence gathering sessions. This included receiving evidence within the formal Scrutiny Committee meeting, evidence gathered during a visit to Merton and Sutton Child and Adolescent Mental Health Services, and further evidence received at a committee subgroup meeting. Additional evidence was gathered via school surveys and case studies.

5. Within the first evidence gathering session in the Children and Young People Scrutiny Committee meeting, evidence was received from Sutton’s Executive Head of Children and Families, Sutton’s Acting Head of Extended Services and Early Years, Sutton’s Principal Lead for PSHE, and the Service Manager and Service Director from Sutton and Merton Child and Adult Mental Health Services (CAMHS).

- Colleagues from Sutton and Merton CAMHS outlined the numbers and profile of young people referred to them, and the percentages refused services as they were more suitable from pre-CAMHS work.
Sutton’s Acting Head of Extended Services and Early Years outlined the services provided by Sutton Council, and the proposed changes to these services.

Sutton’s Principal Lead for PSHE highlighted the availability of Sutton’s toolkit which highlights facilities, options and contacts available to officers and schools.

Evidence was provided about the role of Emotional Literacy Support Assistants in schools, and encouraging early signs resulting from these roles e.g. the Education Psychology service is reporting a decrease in referrals to their service as a direct result of ELSA interventions.

6. At the second evidence gathering session further information was gathered about the work of Sutton and Merton CAMHS.

7. At the third session, evidence was received from the Clinical Lead for School Nursing and the Head of Children’s Health Services (both Sutton and Merton Primary Care Trust), Sutton’s Principal Lead for PSHE and Sutton’s Acting Head of Extended Services and Early Years.

- Sutton’s Acting Head of Extended Services and Early Years, and Sutton’s Principal Lead for PSHE highlighted findings from the survey of primary schools and early years and play settings.

- The Clinical Lead for School Nursing and the Head of Children’s Health Services outlined the role of the Health Visitors and School Nurse Team.

8. The committee concluded its work by making and agreeing three recommendations for consideration by the Executive.

SUMMARY OF ISSUES AND EVIDENCE

The Local Picture

9. Latest statistics from the Office of National Statistics\(^1\) identify that in 2010 there were 29,099 young people living in Sutton aged 0 – 11. In its analysis of local need, Sutton’s Children and Young People’s Plan 2010-11 points to several factors relating to the emotional health and well being of the borough’s present and future young people:

- The level of children who are overweight or obese is significant (29% of 5 and 11 year olds)

- The emotional health of children is behind statistical neighbours;

- The rate of teenage conceptions in the first quarter of 2008 was the worst in London; and

- The number of young people progressing to higher education is behind statistical neighbours.

\(^1\) ONS 2010 mid-year population estimates
10. The National Indicator set from the TellUs Survey provides a useful summary of the views of children and young people. The survey results are used to compile NI150 – emotional health of children, by asking young people a series of questions on their number of friends and who they can talk to when they are worried.

11. In 2009, 18 Sutton Schools (out of 57) responded to the survey, showing a low response rate. Scores were lower in comparison to the results from the previous year, suggesting that on this measure the emotional well being of young people has declined. Although the result (53%) is similar to other local authorities in London, it is lower than the national average (56%) and is in the bottom quartile for England.

12. Qualitative results from Dr Haire’s report identified several key findings about the emotional health needs of young people in Sutton. While several recommendations referred to CAMHS services beyond tier 1, these recommendations demonstrate how increased capacity at tier 1 would mean less demand for resources later on. The report found:

- Several interviewees identified differences in the emotional health needs of various age groups. One GP described problems with primary school children around behaviour whilst those in their teens had relationship problems.

- There were some concerns expressed by professionals working in mental health service provision that the emotional and mental health needs of children under five were not being recognised.

- There currently appear to be gaps in service provision, particularly around a perceived lack of knowledge about current services and variation in service provision.

- A key theme was a perceived lack of training and education at Tier 1, and strengthening training in schools was highlighted by all interviewees who worked in education services.

13. The Early Years Foundation Stage Profile (EYFSP) is the statutory assessment requirement for children who are reaching the end of the Foundation Stage. Schools and settings with children in the final year of the Early Years Foundation Stage must complete the EYFSP assessments and return the final results to the local authority towards the end of the summer term.

14. Local Authorities have the responsibility for ensuring that Early Years Foundation Stage Profile assessments have been carried out in accordance with current regulations in all these settings. The EYFSP assessment summarises children’s achievement in the Early Years Foundation Stage and is critical to establishing a sound foundation for learning across the curriculum as children move into Key Stage 1. It provides Year 1 teachers with information which enables them to clearly identify children's strengths and areas for development and helps them plan relevant and challenging learning opportunities and experiences.

15. Dame Clare Tickell in reviewing the EYFSP recommends a new focus on three prime areas which are the foundations for children’s ability to learn and develop.
16. With the three new prime areas of learning, a greater emphasis on making sure children have the basic social, emotional communication and language skills they need to learn and thrive at school – things like being able to make friends and listen effectively. There should also be a stronger link between the EYFS and what is expected of children in KS.1

17. From the evidence of the data, children with the lowest scores at Early Years Foundation stage (EYFS) are located within the poorest wards in Sutton. Children who scored less than 6 for their emotional development are in the main also located across the boroughs poorest wards. (reference to appendix 2 Emotional Health and Well-being Investigation: Summary of Subgroup evidence)

Current Provision

18. Tier 1 services are provided via three streams:

- Directly to parents and families: by parenting support, Webster-Stratton groups, Sure Start and Children’s Centres.

- Within schools: firstly via internal staff such as the school pastoral team, early years professionals and practitioners, Emotional Literacy Support Assistants (ELSAs), head teachers, classroom teachers and assistants, lunch time supervisors, welfare officers, office staff, learning assistants and Special Educational Needs Coordinators (SENCo). Services are also performed by external staff including school nurses, educational psychologists, counsellors, learning mentors and the Primary Behaviour Support Team. School programmes include the National Healthy Schools Programme and Enhanced Healthy Schools, Social and Emotional Aspects of Learning Programme (SEAL), Personal Social Health and Economic Education (PSHE) which includes work around Drugs, Sex and Relationships Education, Safety, anti-bullying initiatives and behaviour management,

- Primary care assistance: via health visitors, practice nurses and family nurses.

19. The primary schools and early years and play settings questionnaire identified all settings had clear procedures for dealing with a child who had either arrived at the setting upset or was upset during the course of the day. All settings strive to involve parents from as early as possible if/when appropriate if an incidence occurs. Young people themselves identified in the case studies that if they were upset or scared they would talk to someone during the school day; either a trusted adult, teacher or friend. Several schools had ‘worry / friendship benches’ or ‘worry boxes’ that allowed young people to express concern or upset if they felt less confident in going directly to an adult themselves.

20. All primary respondents described robust recording systems for any issues irrespective of the severity. Most early years and play settings described diary / report systems, and the sharing of information was considered crucial in situations where the child attended two or more types of provision in the same
day e.g. breakfast club, school, after school setting. There was an issue raised regarding the storage of the recorded information in these cases.

21. When asked for any additional comments, settings described the requirement for more training and support (in particular educational psychologists, health support and the resource of CAMHS nurses); the difficulty in accessing the relevant forms and systems within an adequate timeframe; concerns about such difficulties being increasingly seen amongst young people; and settings also gave support for ELSAs and floating support / multi-disciplinary working.

National Healthy Schools Status

22. All Sutton primary schools have succeeded in achieving National Healthy Schools status and to gain that they have had to provide written, verbal and visual evidence for nine specific criteria on emotional health and well-being. From April 2011 the programme is no longer financed or supported by the government. In Sutton, a local ‘Health and Well-being Bi-Annual Review’ has been developed to encourage schools to continue with their excellent practice. An action plan has been developed for schools to use to monitor, review and assess the impact of their health activities/interventions on an annual basis.

Social and Emotional Aspects of Learning Programme (SEAL)

23. SEAL was developed as a whole school approach to emotional literacy for pupils, staff and parents/carers and focuses on five key areas; self-awareness, managing feelings, motivation, empathy and social skills. The government is no longer supporting this National Strategy and has cut the financial and structured central support for it. In Sutton a recent primary school survey in the summer 2011, identified all 11 respondents had confirmed their continuing commitment to SEAL practices and pedagogical theories.

Emotional Literacy Support Assistants (ELSAs)

24. In April 2010 Sutton received funding to deliver the Targeted Mental Health in Secondary Schools (TAMHS) programme which aimed to raise the level of knowledge and expertise of adults in relation to the mental health or children and young people. Part of this programme aimed to increase schools’ confidence and ability to identify and support children with emotional and mental health problems, and through this the ELSA project was introduced. The role of the ELSA is to:

- Help children recognise, understand and manage emotions;
- Plan and deliver support programmes;
- Receive training and supervision from educational psychologists on a regular basis;
- Cover Tier 1 and 2 interventions; and
- Offer targeted and/or universal support as required.
25. The 2010/11 ELSA programme included 16 primary school Teaching Assistants (TAs) and for the September 2011/12 programme 22 primary school TAs have registered. In some areas ELSAs are dedicated posts while in others this work forms part of the TA post. The early years and play settings and primary schools questionnaire undertaken as part of this investigation identified 90% of respondents have at least one trained ELSA. One of the difficulties is that staff do not necessarily remain working for the same establishment and therefore a constant rolling programme of training is required to sustain this practice. Suttons’ Education Psychology Service is currently carrying out a piece of research into the impact of the introduction of ELSAs into Sutton schools to inform future applications for Early Intervention funding.

School Nursing and Health Visiting Provision

26. The role of the Health Visitors is to provide support to all parents after birth. Currently the Health Visitors undertake a 10 day and an 8 month routine assessment, and there are plans for the government to also reintroduce the former 2 year visit. Additional meetings are done on an identified needs basis where the individual situation is above a set threshold. Clinics are situated in locations where the need is greatest. Health Visitors provide services up to the age of 4 or 5 years when a school nurse will generally take over, however there is flexibility over this.

27. The School Nurse Team is based at Roundshaw Clinic and consists of 14 FTE, some of which are school staff nurses and others of which are specialist nurses. Nurses are allocated to schools, one secondary and on average 6 primary, and generally take on an area of speciality. School Nurses run school drop-in sessions, operate a bed-wetting service, take child measurements and oversee parent questionnaires to identify potential concerns. Emergency services are provided where there are urgent issues, for example pregnancy or self-harm.

28. Medical Assessments undertaken by school nurses do not currently feed in to the foundation stage profile (which is undertaken by class teachers) and visa versa. This is an aspect that should be followed up on in future to improve current practice and ensure we maximise resources with partners. School Nurses have a different code of conduct for confidentiality and often receive confidential information from children, young people and their families as they are seen as being outside the scope of the school. This added facility offers increased depth of support. The School Nurses have not yet realised any reduction to their work load through the work of the ELSAs.

The Changing Local Landscape

29. There are several changes and challenges faced by Councils in general and by those services focused on supporting children and young people specifically.

30. The financial challenges are significant and have been exacerbated by the Comprehensive Spending Review which will result in a cut in the Council’s overall budget of some 28 percent over the next four years. It is anticipated that much of the savings will be front loaded resulting in the Council having to make the largest savings earlier in the four year cycle. Significant reductions in grants,
both ring-fenced and non ring-fenced will make the financial challenge even greater.

31. Smarter Services Sutton reviews are encouraging all services to re-evaluate what they do, how they do it and indeed if they should do it at all. There is no doubt that the overall number of staff will be significantly reduced over the four year period.

32. The Smarter Services Sutton review process and consequent actions will greatly reduce over time the capacity of services to support the emotional health and well-being of children and young people. The impact may not be seen for five or maybe more years but as there is an upward trend (evidenced by research into current provision) in the numbers of children with emotional problems so it is likely that there will be a greater demand on TIER 1 & 2 services.

33. Local provision within the voluntary sector has recently changed due to funding difficulties; Open Door, a local voluntary organisation, provided professional counselling to the young people of the London Borough of Sutton for forty years until July 2009 when it closed due to funding difficulties.

KEY FINDINGS AND RECOMMENDATIONS

34. The investigation identified three key recommendations which explore the possibility of increasing resources to the service, preparing for further changes to the service, and improving the availability of information.

35. Qualitative results from Dr Haire’s report identified several key findings about the emotional health needs of young people in Sutton. A key theme was a perceived lack of training and education at Tier 1, and strengthening training in schools was highlighted by all interviewees who worked in education services.

36. Since the introduction of ELSAs, findings areas have been overwhelmingly positive:

- ELSAs have been effective at building capacity in schools over time to manage challenging pupil needs. Educational psychologists have commented that in some areas, case work that previously came to them is now dealt with by the ELSA.

- In Hampshire, educational psychologists have been impressed by the creativity of the ELSAs they supervise, and ELSAs have been successful in building supportive relationships with pupils with additional emotional needs.

- ELSAs are amongst the most inexpensive members of school staff, yet they are able to become highly skilled in meeting the needs of a wide range of challenging and vulnerable pupils.

**Recommendation 1:** Increase the number of Emotional Literacy Support Assistants (ELSA’s) or equivalent to two each across all Primary Schools and to extend the training programme further across early years and play settings.
37. The Health and Social Care Bill currently before Parliament sets out proposals for substantial change to the organisation and delivery of health and social care services. These changes from 2013 include local authorities becoming responsible (and accountable) for improving and protecting the health of local communities; with these responsibilities the role of the Director of Public Health will transfer from the NHS to Local Government.

38. Local Authority Public Health Responsibilities from 2013 will include:

- Sexual Health Services
- School Age Immunisations (HPV + school aged Booster)
- Public Mental Health (Mental Health Promotion, Mental ill-health prevention, Suicide Prevention)
- Obesity/Nutrition (including Child Measurement programme, commissioning of weight management services, School nursing)
- Drug and Alcohol misuse (treatment and prevention)
- Tobacco Control (including Stop Smoking)
- NHS Health Check Programmes (assessment and lifestyle interventions)
- Health at work
- Reducing and preventing birth defects
- Prevention and early presentation (including behaviour change services, services to prevent cancer, LTC - communication and awareness raising)
- Dental Public Health (fluoridation and oral health promotion)
- Health intelligence and information (with GP’s and PHE)
- Children’s Public Health services (initially not Health Visiting* but this is the longer term goal, including school nursing services, and the Health Child Programme for school-age children)
- Social Exclusion
- Accidental Injury Prevention including falls
- Community Safety, violence prevention
- Seasonal Mortality (Housing Fuel Poverty)

**Recommendation 2:** In anticipation of the changing health landscape and the transference of Public Health responsibilities for healthy living to the council in 2013, in order to ensure that the council is in the best possible position prior to April 2013 it is suggested to:

i. Work with health partners to try to expand the use of School Nurses across all schools
ii. Develop systems in partnership with health to facilitate the reintroduction of the statutory health check for 2 year olds
iii. Increase delivery of health visiting services in the borough’s children’s centres

39. Qualitative results from Dr Haire’s report identified issues around identifying the emotional and mental health needs of children under five, and concerns around the perceived lack of knowledge on current services and the variation in service provision.
**Recommendation 3:** To improve the availability of information by:

i. Publishing the Sutton Emotional Well-Being and Mental Health Guidance on the Family Service and ‘If in Doubt’ websites and circulating the toolkit to schools, GPs and other settings where professionals work with children and young people.

ii. Increasing and widening the dissemination of parenting and family support services by increasing the outreach of the Family Services Directory, strengthening the information role of Children’s Centres, and strengthening the role of the Information Team by improving outreach and engagement.

iii. Testing the usability of the information with a group of young people, and auditing its effectiveness.

40. An additional recommendation was identified for the Children and Young People Scrutiny Committee to follow up on later in the year.

**Recommendation 4:** For the committee to receive a report into the effectiveness of ELSAs from the Educational Psychology Team in six months.

**EVIDENCE SOURCES**

- Report published by Dr Kate Haire, Senior Registrar, Sutton PCT (2009) ‘Emotional and Mental Health Needs of Children and Young People in Sutton and Access to Child and Adolescent Mental Health Services’
- Three case studies undertaken with an infant’s school and two primary schools to identify what young people do if they arrive at school upset, or are upset / scared during the school day.
- Data from the TellUs Survey which identifies NI150 – Emotional Health of Young People.
- Children and Young People Scrutiny Committee Meeting, Scoping Paper Agree, 30 June 2011.
- Children and Young People Scrutiny Committee Meeting. SFirst evidence gathering session, 22 September 2011.
- Surveys undertaken of early years and play and primary school settings undertaken by Jenny Rowley and Gianna Lee throughout September / October 2011.
- Children and Young People Scrutiny Committee Meeting. Draft report and recommendations agreed, 24 November 2011.

**BACKGROUND PAPERS**

- Report by Sutton Local Involvement Network (LINK) (February 2011) ‘Gauging the need for community counselling services for young people in Sutton’;

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2 Undertaken by Jenny Rowley October 2011
Dr Shield Redfern and Dr Georgina Bell, Clinical Psychologists (2010) 'Review of Referrals and Pathways into Merton and Sutton Child and Mental Adolescent Mental Health Services'

FURTHER INFORMATION

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