

Whole-school and Community Approaches to Health and Wellbeing in Richmond Upon Thames: Celebrating and Building on Success

Annual Report of the Director of Public Health, 2020



LONDON BOROUGH OF
RICHMOND UPON THAMES

“It takes a village to raise a child” is often used when examining the partnerships required during the maturation of our youth – in contemporary settings, this is often updated to “It takes a community to raise a child”



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“We know there is a higher prevalence of risk factors for poor health amongst children in more deprived areas, and we also know that children in some groups are less likely to achieve a good level of educational attainment compared to their counterparts who do not have the same status. If we intervene early and turn our focus to children and young people, the potential gains are huge”



Foreword from

The Director of Public Health

This is my first Annual Director of Public Health Report for Richmond and I wanted to start right at the beginning of the life course with a focus on children and young people. Giving children the best start in life offers significant opportunities for prevention of poor health and reduces health inequalities.

Education and health throughout childhood are closely linked and promoting the health and wellbeing of pupils and students has the potential to improve their educational outcomes as well as their health and wellbeing. We know there is a higher prevalence of risk factors for poor health amongst children in more deprived areas, and we also know that children in some groups are less likely to achieve a good level of educational attainment compared to their counterparts who do not have the same status. If we intervene early and turn our focus to children and young people, the potential gains are huge.

Educational establishments together with the community and voluntary sector provide an opportunity to develop a collaborative approach that supports the community to promote the health and wellbeing of our children.

In this report we explore whole-school approaches to promoting health and wellbeing while we showcase and celebrate fantastic examples of work already happening in Richmond.

The current COVID-19 pandemic has reminded us about the impact of disparities linked to demographic, socio-economic, and behavioural risk factors and the disproportionate impact on the risk of acquiring disease or outcomes from disease. This reinforces the need to take early and preventative action before adulthood when the impact of inequalities becomes starker.

The pandemic has tested the resilience of both parents and young people. While parents have juggled home working and home education, our real heroes are the young people who have spent several months at home, without seeing their

peers and with limited access to the outdoor world.

I want to thank the children and young people of Richmond, particularly Youth Out Loud! and Kingston and Richmond Youth Parliament for driving forward a co-produced health and wellbeing survey that has now been adapted to include the impact of COVID-19.

I would like to acknowledge that there are many more organisations supporting the delivery of whole-school approaches across Richmond and it has not been possible to name each of them individually in this report. Their work is valued and we are seeking to work with them to strengthen collaborative approaches to health and wellbeing of children and families.

Finally I would like to thank Heema Shukla, Tammy Macey, Kate Jennings, and Zdenka Buchan for their role in producing this report.



Shannon Katiyo FFPH

*Director of
Public Health*



Foreword from

Lead Member for Adult Social Care & Health and Public Health

When the Director of Public Health informed me that the chosen topic for his first Annual Report was going to be whole-school community approaches to health and wellbeing, I was delighted that his public health methodology and evidence-based lens would be focussed on the health and wellbeing of one of the most important groups of residents in the borough.

Sir Michael Marmot's landmark report in 2010 on tackling the health inequalities divide in England, Fair Society, Healthy Lives, set out six policy objectives to achieve this, with the first of them being to give every child the best start in life, the second to enable all children, young people and adults to maximise their capabilities and have control over their lives.

The proverb, "It takes a village to raise a child" is often used when examining the partnerships required during the maturation of our youth – in contemporary settings, this is often updated to "It takes a community to raise a child".

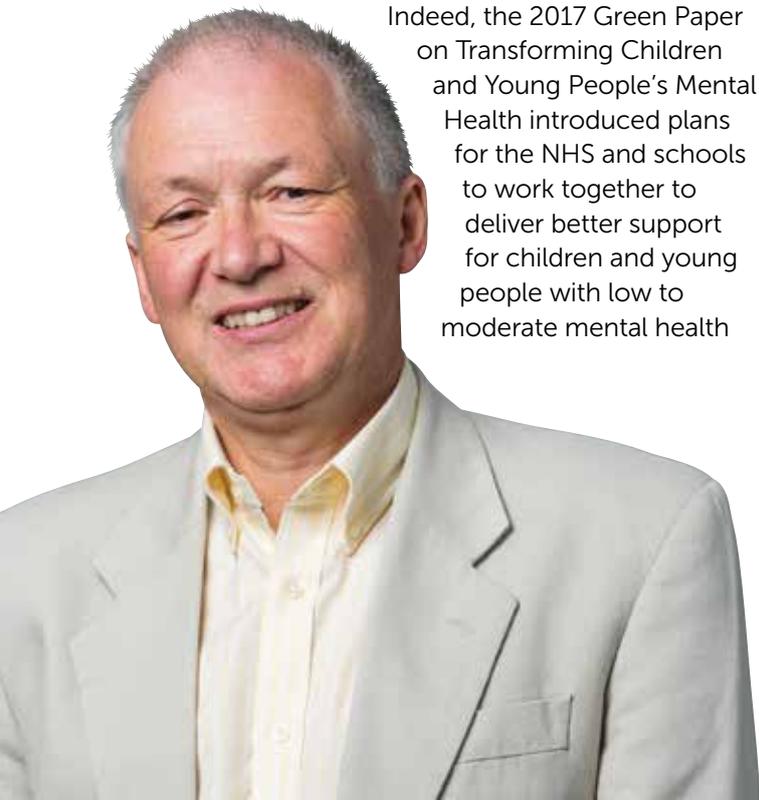
Mentally healthy schools have increasingly been accepted as ones that adopt a whole-school approach to mental health and wellbeing, with health in schools no longer being seen just as a health gain but bringing huge benefits to both the education sector and health sector.

Indeed, the 2017 Green Paper on Transforming Children and Young People's Mental Health introduced plans for the NHS and schools to work together to deliver better support for children and young people with low to moderate mental health

issues and referrals to specialist services for those with severe issues.

For children in the UK and in Richmond, early years education settings, school and college are every bit as important a part of their community as the family home. The approach that comes through from this report goes one step beyond just seeing schools as responsible for the good health and higher wellbeing for our young residents, but rather sets the ambition as needing to be embraced by the whole community, taking a whole-school, whole-community, whole-child approach to build to health competency and resilience in our young residents. It also places considerable emphasis on prevention, identifying opportunities for early identification of needs and to reduce the impact of adverse childhood experiences.

I commend the common principles and shared good practice evidenced in this report and the contribution it will make to reduce the inequalities affecting our children and young people. It demonstrates that the whole-school community provides a very effective vector to achieve this objective, because it embeds parental involvement, harnesses the unique nurturing environment of effective schools and colleges, promotes a coordinated approach, and above all captures and elevates the engagement of the young people themselves.



Councillor Piers Allen

Chair of Adult Social Services, Health & Housing Committee; Chair of Health & Wellbeing Board

Foreword from

Lead member for Children's Services and Education

This important report, drawing on the analysis of data from our educational institutions as well as surveys of the experience, behaviours and opinions of our young people, sets out ambitious forward planning for Richmond's whole-school approach to support our young people's physical and emotional health and their happiness, and reduce inequalities in health and education.

As our young people grow up, the aim we all share is for them to stay healthy and to develop resilience both mentally and physically. It is evident that health education alone, however well-meaning, will not achieve that. Young people today live in a rapidly changing and highly pressured society, which puts their wellbeing at risk through the pressure of social media, risky behaviour among peers, lack of physical exercise and poor eating habits. Tackling health outcomes with effective interventions improves educational outcomes for all groups.

There are many examples of good practice in Richmond schools to recognise health risks and support them, and it is important that this good practice is identified, and expertise shared. Young people's health and wellbeing depends on a whole-school approach, which holistically connects all the professionals working in health and community leadership, including sport and social relationships, as well as a focus on healthy eating to prevent obesity.

This report has brought together health professionals, teachers, families and most importantly, the voice of the young people themselves to shape the interventions that will support their healthy development. It is testimony to the number of groups and organisations which have worked in partnership to contribute their experience and expertise, and which have helped

to shape the recommendations for the next steps to be taken.

As the report concludes: 'Supporting whole-school and community approaches will enable our heroes of today to become the heroes of tomorrow'.

Penny Frost

Councillor Penny Frost

Chair of Education and Children's Services Committee



Acknowledgements and Thanks

The whole-school approach to health and wellbeing report was informed by a wide range of strategic engagement activity and local conversations. Between January to March 2020 over 60 stakeholders working with children and young people (CYP) were consulted through one to one or group focused discussions. Without the cooperation and transparency in discussions of all the stakeholders, this report could not have been produced.

Sincere thanks go to all who contributed to the development of this report, with special thanks to Heema Shukla, PhD, FFPH (Consultant in Public Health) for leading and enabling the voices of stakeholders. It is on the basis of their contributions to the findings that we have developed recommendations from which we can continue to grow stronger in our collaborative approach. While it would not be possible to mention all individual contributors by name; we would like to give specific thanks to the following organisations and strategic groups:

- Achieving for Children:
 - Commissioning and partnership
 - Education Services
 - School Improvement
 - School Standards and Performance
 - Education Welfare
 - Educational Psychologists
 - Youth Engagement
 - Early Advisory Team
 - Emotional Health Service
- Central London Community Health Care
- Richmond Fire Brigade
- Hampton Fund Committee Meeting
- Kingston and Richmond CCG
- Kingston and Richmond Safeguarding Children Partnership (KRSCP)
- Local Authority colleagues, in particularly the Community and Partnerships team
- Mental Health Trailblazers Forum
- Richmond Primary & Specials Schools Headteachers' Partnership Meeting

- Richmond School Sports Partnership
- Richmond SEND Partnership Board
- Richmond Voluntary and Community Sector:
 - Daniel Spargo-Mabbs Foundation
 - Hampton Fund
 - London Marathon Events/Mayor of London - Daily Mile
 - Richmond Carers Centre
 - Richmond Council for Voluntary Service
 - Richmond Healthwatch
 - Richmond Borough Mind
 - Richmond Voluntary Sector Forum (hosted by Cllr Michael Wilson)
- Schools and Education;
 - Christ's School
 - Grey Court School
 - Collis Primary School
 - Meadlands Primary School and parents
 - Richmond Upon Thames College
 - Russell Primary School and parents
 - The South Thames College
 - St. Mary's University Twickenham
 - University College London
- South West London Health and Care Partnership
- SEND Parents' Forum
 - UK Council for Psychotherapy

Special thanks also go to Kingston and Richmond Youth Council (KRYC) and Youth Out Loud! (YOL!) for crafting and promoting the young people's health and wellbeing survey; and to all our partners who kindly submitted case studies describing excellent practice across Richmond. Finally, many thanks go to Zdenka Buchan (Public Health Programmes Support Officer) for coordinating stakeholder engagement and enabling the production of the final report; Tammy Macey for conducting an extensive review of evidence and background research on which the findings are underpinned and Kate Jennings (Public Health Senior Lead) for final editing and completion.



Glossary of abbreviations

Acronym Definition

| | |
|-------|-----------------------------------------------------------|
| ACEs | Adverse Childhood Experiences |
| ADHD | Attention Deficit Hyperactivity Disorder |
| AfC | Achieving for Children |
| AQMA | Air Quality Management Area |
| CAMHS | Child and Adolescent Mental Health Service |
| CBT | Cognitive Behaviour Therapy |
| CCG | Clinical Commissioning Group |
| CWP | Children and young people Wellbeing Practitioner |
| CYP | Children and Young People |
| EHCP | Education Health and Care Plan |
| EHS | Emotional Health Service |
| EYFS | Early Years Foundation Stage |
| EWP | Educational Welfare Practitioner |
| FE | Further Education |
| FG | Family Groups |
| FSM | Free School Meals |
| GP | General Practitioner |
| HE | Health Education |
| HEYL | Healthy Early Years London |
| HIV | Human Immunodeficiency Virus |
| HPS | Health Promoting School |
| HSL | Healthy Schools London |
| JSNA | Joint Strategic Needs Assessment |
| KRSCP | Kingston and Richmond Safeguarding Children's Partnership |
| KRYC | Kingston and Richmond Youth Council |
| LGA | Local Government Association |
| LGBT | Lesbian, Gay, Bisexual and Transgender |
| MARVE | Multi-Agency Risk and Vulnerable to Exploitation |

| | |
|-------------|-------------------------------------------------------------------------------|
| MH | Mental Health |
| MHST | Mental Health Support Teams |
| NCMP | National Childhood Measurement Programme |
| NEET | Not in Education, Employment or Training |
| ONS | Office for National Statistics |
| PASS | Pupils Attitude to Self and School |
| PATHs | Programme for Schools Promoting Alternative Thinking Strategies |
| PE | Physical Education |
| PHE | Public Health England |
| PTA | Parents Teachers Association |
| RB Mind | Richmond Borough Mind |
| RCES | Richmond Climate Emergency Strategy |
| RE | Relationships Education |
| RE, RSE, HE | Relationships Education, Relationships and Sex Education and Health Education |
| RPLC | Richmond Parish Lands Charity |
| PSHE | Personal, Social, Health and Economic Education |
| RSE | Relationships and Sex Education |
| SENCO | Special Educational Needs Coordinator |
| SEND | Special Educational Needs or Disabilities |
| SFW | The School & Family Works |
| SPA | Single Point of Access |
| STI | Sexually Transmitted Infection |
| TiE | Theatre in Education |
| WHO | World Health Organisation |
| YOL! | Youth Out Loud! |

Executive summary

This Annual Public Health Report describes the current context in which many of the national strategies call upon local areas to apply whole-school and community approaches* to address health issues prevalent in children and young people. The involvement of the voluntary and community sector in the delivery of these approaches is fundamental in supporting not only the child but the whole family beyond the school gates. The report offers an opportunity to celebrate excellent practices across our partners.

Section One introduces the interconnections between health and education. Better health results in better educational attainment which in-turn leads to health improvements across the life course. Whole-school approaches have been used both by the health and education sectors to improve outcomes in both. Current thinking has evolved into working collaboratively as a prerequisite to addressing additional challenges and opportunities presented by social media and technology.

Regulatory changes to relationships education, sex and relationships education and health education (RE, RSE & HE), the new Personal Development Ofsted Inspection Framework and national health strategies for children and young people all offer opportunities to renew our efforts to improving the health and wellbeing of our young residents through whole-school approaches.

Section Two describes the health and educational outcomes of our young residents including health service use and health inequalities. Richmond compares well or better than other authorities both regionally and nationally, and this report moves away from relative regional or national comparisons towards comparisons between children in Richmond. For example, while children in Richmond are less likely to be obese compared to London or other regions, we know that children living in more deprived areas of Richmond are

more likely to be obese or overweight compared to those living in less deprived wards. Inequalities also exist in educational attainment with those in care or with special educational needs lagging behind the average performance.

The interim results from the recent Youth Wellbeing Survey designed by our Youth Council and YOL! are presented in this report. The survey indicates that young people aged 11+ years are concerned about knife crime, gangs, and burglary. School related concerns were exam stress, not performing well and bullying. Mental health, support for those with disabilities, healthcare and drugs were also cause for concern.

Section Three describes the evidence base and experiences of implementing whole-school approaches. This evidence base suggests that health education on its own does not deliver positive outcomes but requires the involvement of parents/carers, families and the wider community together with a range of teaching methods and health promoting interventions.

Section Four describes the current practice of whole-school approaches delivered in Richmond and presents the results from a mapping exercise of different interventions available in schools and delivered by a range of providers. The section also provides case studies on approaches taken by schools to address emotional and mental health, physical health, and building resilience.

* The Whole-school Approach is used as a generic term that also incorporates schooling within the Early Years including pre-school and nursery education where health behaviours are often set.



Finally, Section Five offers reflections from the Director of Public Health, and recommendations on scaling up current good practice:

Recommendation One: Pro-actively influence strategic partners and partnership boards that support the most vulnerable children and young people, most specifically, SEND, Young Carers and those in contact with social care, to maximise health outcomes, particularly as they move through crucial transition points.

Recommendation Two: Facilitate increased collaboration of school and community networks to connect wider partners in Education, Health and the Voluntary Sector, to promote collective action across all areas of health.

Recommendation Three: Set out plans with partners for re-engaging with the London Healthy Schools programme to promote holistic and whole-school and college approaches to health and wellbeing.

Recommendation Four: Strengthen the meaningful participation of children and young people in health and wellbeing strategies and commissioning to facilitate the sharing of their perceptions, concerns and solutions for promoting health.

Recommendation Five: Continue to support schools to work towards implementing the new statutory guidance on RE, RSE and HE through additional training and the publication of a joint strategic statement of support from the council and AfC.

Recommendation Six: Build on the use of social media and digital platforms to promote public health interventions and messages to children and young people through targeted campaigns to promote the young people's health and wellbeing website: www.gettingiton.org.uk

Together these recommendations will strengthen Richmond's whole-school approach whilst addressing inequalities throughout childhood by facilitating a nurturing environment for children and young people, who are important residents, student-citizens of today and the adults of tomorrow.



Section One: Introduction and Context

Introduction

Education and health from the earliest age are closely interrelated^{1,2,3,4}. Good educational attainment is linked to better health outcomes:

- Healthy young people are likely to learn more effectively.
- Overall child health status positively affects educational performance.
- There is evidence that indicates smoking, poor nutrition, alcohol consumption and drugs use have negative effects on academic performance^{5,6}.
- Initial research has found a significant positive impact of physical exercise on academic performance.
- Obesity and being overweight are associated negatively with educational outcomes.
- Sleeping disorders can hinder academic performance.
- Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement.
- Health promotion can help schools to meet their social aims and to improve educational attainment.
- Young people who attend school have a better chance of good health.
- Young people who feel good about their school and who are connected to school and significant adults, are less likely to undertake risky behaviours and are likely to have better learning outcomes.

Health in educational settings is no longer seen just as a health gain as it brings huge benefits to both the education sector and health sector. The current concept combines educational and health goals with a common framework for the two sectors based on a common understanding, shared values and tools to implement whole school health promotion approaches⁷.

A whole-school approach may be described as an organisational development process to bring about a cultural change that enables the whole school community to work towards agreed visions and goals. The voluntary and community sector is a fundamental and important deliverer of services within a whole-school approach to ensure children, young people and their families are supported outside the school environment. Parents consistently provide feedback that they both welcome and want support, training and advice to support the health and wellbeing of their children, to enable them to create a home environment where they can talk confidently about a range of issues facing their children.

The concept of a whole-school approach is not new. Models for a whole-school approach have been tested and applied by schools for improving educational outcomes^{8,9}. Within this context, the whole-school approach involves addressing the needs of learners, staff and the wider community,

1 Suhrcke M, de Paz Nieves C (2011). The impact of health and health behaviours on educational outcomes in high income countries: a review of the evidence. Copenhagen, WHO Regional Office for Europe: http://www.euro.who.int/__data/assets/pdf_file/0004/134671/e94805.pdf

2 PHE (2014) The link between pupil health and wellbeing and attainment

3 Schools for Health in Europe (2013) Fact Sheet 2

4 OECD (2006) Measuring the effects of education on health and civic engagement: proceedings of the Copenhagen symposium: <https://www.oecd.org/education/innovation-education/37425753.pdf>

5 Murray, Nancy G., Barbara J. Low, Christine Hollis, Alan W. Cross, and Sally M. Davis. "Coordinated school health programs and academic achievement: a systematic review of the literature." *Journal of school health* 77, no. 9 (2007): 589-600.

6 Bonell Chris, Humphrey Neil, Fletcher Adam, Moore Laurence, Anderson Rob, Campbell Rona et al. Why schools should promote students' health and wellbeing *BMJ* 2014; 348: g3078

7 WHO UNESCO Joint Project: <https://www.who.int/publications-detail/global-standards-for-health-promoting-schools>

not only within the curriculum but across the whole school and learning environment. It implies collective and collaborative action in and by a school community to improve student learning, behaviour and wellbeing, and the conditions that support these¹⁰.

Similarly, the concept of health promoting schools is also based on a whole-school approach¹¹. A Health Promoting School (HPS) is a school that constantly seeks to strengthen its capacity to promote healthy living, learning and working conditions. It aims to provide a multifaceted response to the health needs of students.

The current thinking about the whole-school approach has evolved as the social and cultural environment has changed rapidly with the advances in digital technology. Children and young people today are growing up in an environment that is influenced by social media¹² and social networks beyond their local area and pressures from aggressive competitive global markets¹³. Children and young people are also

concerned about future employment and the impacts of climate change.

Innovations in the digital and other sectors offer opportunities for young people to grow to their fullest potential and enjoy higher levels of wellbeing.

The learning from both the education and health sector in their quest to support the education, health and wellbeing of children and young people in the rapidly changing social and environmental environment suggest that it is time to strengthen our local practice on a whole-school approach to health and wellbeing. A snapshot of the current practice in Richmond helps us to identify good practice and where best practice can place all schools and school communities. This annual public health report aims to add value to the efforts of our school communities in promoting good health and higher wellbeing for our young residents.



8 ESTYN: <https://www.estyn.gov.wales/effective-practice/establishing-whole-school-approach-teaching>

9 Education Scotland: <https://education.gov.scot/improvement/>

10 International Bureau of Education: <http://www.ibe.unesco.org/en/glossary-curriculum-terminology/w/whole-school-approach>

11 WHO: https://www.who.int/school_youth_health/gshi/hps/en/

12 Children's Society and Young Minds (2018) Safety Net: Cyberbullying's impact on young people's mental health Inquiry report: https://www.childrensociety.org.uk/sites/default/files/social-media-cyberbullying-inquiry-full-report_0.pdf

13 Forth E (2017) Social Media and children mental health: a review of evidence Education Policy Institute

Policy Context: Opportunities and Challenges

The policy landscape offers several opportunities that enable and support improving health and wellbeing of children and young people through a whole-school approach.

One of the key policies within the education sector is the Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019¹⁴, made under sections 34 and 35 of the Children and Social Work Act 2017. This statutory instrument makes Relationships Education (RE) compulsory for all pupils receiving primary education and Relationships and Sex Education (RSE) compulsory for all pupils receiving secondary education. They also make Health Education (HE) compulsory in all schools except independent schools. Personal, Social, Health and Economic Education continues to be compulsory in independent schools.

The rationale for the legislation is to provide children throughout the school life, opportunities to build health competencies and resilience, to understand and build positive relationships within family and peers, recognise and report abuse when it arises. Building health and social competency and resilience at a young age enables better health and wellbeing outcomes in adult life.

The evidence base for delivering effective Relationships Education & Relationships & Sex Education and Health Education is clear and it is now widely acknowledged that it supports a multitude of cross-governmental strategies and guidance including:

- Transforming Children and Young People's Mental Health Provision (2018 Green Paper and driver for the Mental Health Trail Blazers)
- Loneliness Strategy (Department for Digital, Culture, Media and Sport 2018)

- Internet Safety Strategy (Green Paper 2017)
- The Drug Strategy (2017)
- The Childhood Obesity Plan (2017)
- The Chief Medical Officers' Physical Activity Guidelines (2019)
- The Teenage Pregnancy Prevention Framework (PHE 2018)
- Framework for Sexual Health Improvement in England (DoH 2013)

Similarly, supporting local education providers to comply with the statutory guidance will contribute to the success of our own local strategies and is identified as a key area for action within some of them:

- South West London Health Sustainability and Transformation Plan (2016) and South West London Health and Care Partnership: One Year On (2017)
- Richmond and Wandsworth Health and Care Plans (2019-21)
- Sexual Health Strategies for Richmond and Wandsworth (2019-24)
- Richmond and Wandsworth Children and Young People Plans
- Child and Adolescent Mental Health Service (CAMHS) Transformation Strategy 2015-20 (updated 2018)

14 Statutory Instruments no 924 (2019): <https://www.legislation.gov.uk/uksi/2019/924/introduction/made>

15 DfE (2019) Relationships Education, Relationships and Sex Education (RSE) and Health Education Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers.

Whilst schools can choose the method of delivery, the national statutory guidance¹⁵ sets the topics and learning outcomes. Topics include:

| Primary Relationships Topics | Secondary Relationships Topics | Health topics for primary and secondary schools |
|------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| Families and those who care for me | Families | Mental wellbeing |
| Caring friendships | Respectful relationships including friendships | Internet, safety and harm |
| Respectful relationships | Online and media | Physical health and fitness |
| Online relationships | Being safe | Healthy Eating |
| Being safe | Intimate and sexual relationships, including sexual health | Drugs, alcohol and tobacco |
| | | Health and prevention |
| | | Basic First Aid |
| | | Changing adolescent body |

The statutory guidance further states that the delivery of these topics should be complimentary to the national curriculum and not a replacement. All these subjects should be set in the context of a wider whole-school approach to supporting pupils to be safe, happy and prepared for life beyond school.

The legislation and guidance fits within the framework of the life course approach to health and recognises the role and influence of relationships within the family, schools, neighbourhoods and social networks on health and wellbeing.

To date, Richmond Council's Public Health division has provided financial and strategic support to enable schools to work towards implementing the guidance as follows:

- Commissioned the Sex Education Forum, in partnership with Kingston Public Health team to deliver RSE training to primary and secondary teaching staff and governors. In total 31 participants across 24 primary schools participated in the 'Get Ready for RSE' training courses, and 3 Governors attended the training. Further work needs to be undertaken to engage secondary schools.
- Development of a joint draft statement of support and accompanying communications plan for RSE for schools indicating local and national curriculum support, produced in partnership with Kingston Public Health and AfC.

- Promotion of national guidance through relevant school and interfaith forums
- Four schools in Richmond are RE, RSE, HE Early Adopter schools.

Richmond primary schools are planning over the next few months to focus on finalising policies, consulting with parents, carers and governors, developing pupil voice, conducting staff training and planning curriculum schemes of work and reviewing resources.

Several external agencies in both the voluntary and community sector and health support schools to deliver effective RSE. Off the Record, for example, provides a weekly sexual health clinic from their premises in Twickenham and supports the delivery of RSE sessions in schools. Crossways Pregnancy Crisis Centre, for example, delivers their 'Romance Academy Course' in local schools and has adapted it to match the new RSE guidance. In 2018/19 they reached 770 children in 5 schools and 2 youth clubs in Richmond. The LVA (Love, Valued, Able) Trust delivers inclusive relationship and sex education via fun and interactive classroom workshops, assemblies and small groups alongside one to one mentoring for young people who need additional support. In addition, the school nursing service also supports the delivery of the RSE curriculum through both their programme of school health drop-ins and through work with individual children, young people and their families.

Many schools use external providers to support the delivery of the RE, RSE and HE curriculum, it is important to ensure that external partners are included within the broader offer in relation to supporting this programme to ensure consistency and quality of messaging. Schools are their own agents in delivering this new curriculum and will commission support organisations independently. Any whole-school approach therefore needs to recognise the autonomy of schools but provide a framework they can customise.

Mental Health

The Green Paper on Transforming Children and Young People's Mental Health¹⁶ introduces plans for the NHS and schools to work together to deliver better support for children and young people with low to moderate mental health issues and referrals to specialist services for those with severe issues. The ambition is to train and support schools to deliver training for a whole-school approach to mental health. It has committed funding for:

- Link programme¹⁷ training, which is designed to improve partnerships between schools and professional NHS mental health services, raise awareness of mental health concerns and improve referrals to specialist help when needed.
- Establishing new Mental Health Support Teams (MHSTs), jointly delivered with the Department for Education. MHSTs provide early intervention for some mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole-school approach' to mental health and wellbeing. The teams will act as a link with local children and young people's mental health services and be supervised by NHS staff.

The roll out of these programmes is through the 25 Mental Health Trailblazers which began in 2018. The plan is to launch 123 MSHT teams nationally by 2020 and for all schools to have a MSHT team by 2025.

The national mental health trailblazer programme, delivered by AfC and the Emotional Health Service, in Richmond is being piloted in 8 primary schools, four secondary schools and one special school and is operated through a school 'cluster' approach, led by South West London NHS partnership.

Mental Health Support Teams work with schools, children and young people and their parents with the aim of ensuring they are well equipped to have healthy and honest conversations about emotional wellbeing, as well as connecting them to local services. The Mental Health Support Teams in schools are comprised of:

- A supervisor who is an experienced mental health clinician
- A mental health clinician
- Two mental health practitioners
- Four Emotional Wellbeing Practitioners
- An administrator

The programme embeds a whole-school approach and includes three elements of support; training for staff, group support for CYP and parents/carers and awareness raising workshops. Additionally, there is a peer mentoring for mental health and an online counselling and wellbeing service (Kooth) for secondary schools.

School staff are supported through workforce development opportunities including training in Youth Mental Health First Aid. The course develops confidence and skills to listen, reassure and respond to the signs of mental health issues in children and young people (aged 8 to 18) and

¹⁶ <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

¹⁷ <https://www.annafreud.org/what-we-do/schools-in-mind/our-work-with-schools/the-link-programme/>

¹⁸ LBR and Richmond CCG (2018) Richmond Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015-2020: www.richmondccg.nhs.uk



consequently enables a supportive environment to schools, peer groups and community.

Richmond CAMHS Transformation Strategy 2015-20 (updated 2018) has defined Richmond's approach to developing its mental health services to meet the needs of its children and young people¹⁸. Key priorities identified within the plan were to:

- Promote resilience, prevention and early intervention
- Improve access to effective services
- Ensure care for the most vulnerable
- Ensure accountability and transparency within transformational change
- Develop the workforce
- Support the commissioning of services

The plan, with key strategic partners, not only led the way for the introduction of the mental health trailblazer programme into schools, but also guided the development of a whole-school approach to mental health. The plan also supported the delivery of Children and Wellbeing Practitioners Service and Emotional Wellbeing Support Programmes, increased capacity in the Single Point of Access (SPA) and enhanced the Eating Disorder Service and ADHD and autism pathway.

More recently, Kingston and Richmond Safeguarding Children's Partnership (KRSCP) is acknowledging and exploring the role Adverse Childhood Experiences (ACEs) play in the

presentation of emotional and physical wellbeing long into adulthood. ACEs is the term used to describe traumatic experiences before age 18 that can lead to negative, lifelong emotional and physical outcomes. ACE training is now available to multi-agency partners through KRSCP. The Vulnerable Child and Adolescent Subgroup is currently leading on all issues related to vulnerable children and adolescents in respect of exploitation, including trafficking, gangs and groups, Harmful Sexual Behaviour, substance use, sexual exploitation, knife crime, radicalisation, missing children and the performance of the MARVE (Multi-Agency Risk and Vulnerable to Exploitation) Panel.

In addition to this AfC have adopted the Signs of Safety Model across all its services and have just been given a grant from the DfE for further extension. Signs of Safety approaches are synonymous with the whole-school approach as it works on strengths and building resilience within the family unit.

Mental health support for young people is particularly crucial as COVID-19 lockdown restrictions are eased. YOL! has found through a more recent survey on wellbeing during lockdown (to which 347 young people from across Richmond and Kingston responded) that for some young people emotional wellbeing has improved during lockdown, due to the lack of school stress, contact with toxic friendships or simply having more time to focus on their own needs. Others, however, have struggled to focus on schoolwork

and that many are not undertaking tasks given by teachers or are disengaging due to lack of motivation. In both cases, these young people may struggle to be reintegrated into a school environment once face-to-face lessons resume.

Obesity

The national childhood obesity action plans 1 and 2 set out ambitions to reduce obesity levels in children^{19, 20}. This ambition requires a concerted effort and a united approach across councils, businesses, schools, health professionals and families. The plan offered:

- A pilot obesity trailblazer programme initiated with five local authorities[†], only one of which was in London, to show what can be achieved within existing powers and understand “what works” in different communities²¹.
- The development of a whole system approach to obesity guide²² to support implementation by local authorities.

Learning from the pilots indicates that a local whole systems approach responds to complexity through an ongoing, dynamic and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change.

Physical Activity

A cross-Government action plan to provide pupils with greater opportunity to access 60 minutes of sport and physical activity every day was published in July 2019²³. The action plan:

- Outlines a range of new measures to strengthen the role of sport within a young person’s daily routine.
- Explains how teachers and parents can play their part.
- Promotes a joined-up approach to physical activity and mental wellbeing.

The plan sets out Government intentions to launch a series of regional pilots to trial new and innovative approaches to getting young people active as part of a coordinated offer of sport and activity. The pilots, to be launched in September 2020, aim to increase activity and sport participation by young people significantly (in school time and outside), as well as contributing to positive mental wellbeing and development of character and skills.

The Daily Mile provides an example of an initiative that promotes physical activity in schools²⁴. It is a 15-minute intervention where children jog or run, at their own pace, during the school day. An evaluation of the Daily Mile found improved physical activity levels after about twelve weeks. There was some concern that some children, girls in particular, tend to skip the activity and efforts are required to sustain it as enthusiasm reduces after the novelty has worn off.²⁵

A total of 17 primary schools in Richmond are currently signed up to Daily Mile, which is both

19 DH (2016) Obesity Action Plan: <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action>

20 DH (2018) Obesity Action Plan Chapter 2: <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2>

† The five areas are: Birmingham, Pennine Lancashire Consortium, City of Bradford, LB Lewisham and Nottingham County Council.

21 Local Government Association (2020): <https://www.local.gov.uk/childhood-obesity-trailblazer-programme>

22 Public Health England (2019): <https://www.gov.uk/government/publications/whole-systems-approach-to-obesity>

23 DfE, DCMS, DH (2019): <https://www.gov.uk/government/publications/school-sport-and-activity-action-plan>

24 The Daily Mile Foundation: <https://thedailymile.co.uk/for-schools/>

25 Marchant E, Todd C, Stratton G, Brophy S (2020) The Daily Mile: Whole-school recommendations for implementation and sustainability. A mixed-methods study. PLOS ONE 15(2): e0228149. <https://doi.org/10.1371/journal.pone.0228149>

simple in its approach and free for schools to deliver. Its focus is to get children out of the classroom for fifteen minutes every day to run or jog, at their own pace, with their classmates, making them fitter, healthier, and more able to concentrate in the classroom.

Implementation of National Policy at Regional Level

The opportunities presented by national policy are reflected in cross-sector partnership led London plans and programmes. Six of the 10 areas of focus in the partnership vision for London²⁶ are relevant to children and young people:

- Reducing childhood obesity
- Improve wellbeing of young Londoners
- Progressing towards zero suicides
- Improving air quality
- Tobacco control and reducing smoking
- Preventing HIV and STIs

Resources within the Healthy London Partnership include:

- Schools Mental Health Toolkit²⁷
- Asthma Friendly School²⁸ supports schools to meet the London Asthma Standards²⁹.
- Suicide prevention training in schools and colleges³⁰

Healthy Early Years London (HEYL)

HEYL is an awards scheme funded by the Mayor of London that supports and recognises achievements in child health, wellbeing and development in early years settings³¹. Building on

the success of Healthy Schools London, HEYL helps to reduce health inequalities by supporting a healthy start to life across themes that include:

- Social and emotional health and wellbeing
- Speech, language and communication
- Healthy eating, breastfeeding and starting solid food
- Oral health
- Home safety, accident prevention and reducing injuries
- Physical activity and reducing sedentary behaviour
- Independence in self-care and hygiene
- Immunisation and infection control
- Sustainability (active travel, recycling, energy saving)
- Parenting and home learning
- Early cognitive development
- Supporting children with SEND, health and additional needs
- Parent and staff health and wellbeing

HEYL complements and enhances the statutory Early Years Foundation Stage framework, adding to the focus on children, families and staff health and wellbeing.

The 4 levels of Awards - HEYL First Steps, Bronze, Silver and Gold - can be used to improve and support practice in all Early Years settings:

- Private, voluntary and independent nurseries
- Children's centres
- Childminders
- Early Years in schools including schools with two-year old provision

26 Vision for London: <https://www.healthy london.org/vision/>

27 Healthy London Partnership (2018): <https://www.healthy london.org/resource/schools-mental-health-toolkit/>

28 <https://www.healthy london.org/resource/london-asthma-toolkit/schools/asthma-friendly-schools/>

29 Healthy London Partnership (2016) update on Clinical Network (2015) standards: <https://www.healthy london.org/resource/london-asthma-standards-children-young-people/>

30 <https://www.healthy london.org/new-partnership-to-support-suicide-prevention-awareness-training-in-london-schools-and-colleges/>

31 <https://www.london.gov.uk/what-we-do/health/healthy-early-years-london/about-healthy-early-years-london>



- Nursery schools
- Crèches and Stay & Plays

HEYL complements and enhances the statutory Early Years Foundation Stage Framework, adding to the focus on children, families and staff health and wellbeing. There are resources for schools to support schools³². So far in the borough, 66 early years settings have registered for the scheme, of which 12 are schools. There is further potential for all schools and settings to commit to this programme.

Healthy Schools London (HSL)

Healthy Schools is a framework to guide the teaching and planning, tracking and monitoring and evaluation of Health and Wellbeing education throughout the school years. Healthy Schools London builds on the national Healthy Schools Programme that ran between 1997 and 2011. While initially established to tackle child obesity in London the Healthy Schools London Board recognised the programme had benefits across all areas of health.

HSL is an awards-based programme that works with schools to improve children and young people's wellbeing. It offers resources on all aspects of health and wellbeing to schools³³. An evaluation of the national programme on which HSL is based showed the following tangible outcomes:

- Increased opportunities that children and young people have to be physically active in and out of schools.
- Increased participation of children and young people in physical activity in and out of school.
- Improved links between schools and communities that promote physical activity.
- Increased school meal uptake including free school meals.
- Improved children and young people's access to healthy packed lunches and snacks throughout the school day.

The programme now offers support and resources to the whole school community across the health spectrum including physical, emotional health and wellbeing, sexual health, drug and alcohol education, healthy eating and encouraging healthy environments.

³² <https://www.london.gov.uk/what-we-do/health/healthy-early-years-london/healthy-early-years-london-resources>

³³ <https://www.london.gov.uk/what-we-do/health/healthy-schools-london/awards/resources>

³⁴ <https://www.london.gov.uk/what-we-do/health/healthy-schools-london/awards/resources>



The benefits go beyond health. Participating schools have also reported reduced incidence of bullying, improved behaviour and improved attendance. Headteachers have also said that they found the Healthy Schools Programme helpful as a general school improvement tool³⁴. In recent years Richmond schools have not been able to take part in the London programme as there is currently no designated lead to support progression through the programme.

Colleges can also apply to be a part of the London Healthy Schools Programme. This is particularly important to ensure equality of access to services and support to ensure the needs of 16 to 18-year olds who chose not to study in a school sixth form are also met. Colleges can get missed from a whole-school approach to planning, but arguably need a different approach to engage them in enabling their cohort to make healthy choices into adulthood.

A total of 59 schools (including six private schools) in Richmond have previously registered with Healthy Schools London, only six state schools are yet to register. Of registered schools 22 have reached award status of bronze or above. Only

nine schools hold a current valid registration and registration has expired for 13 schools. From the schools with current registration five have achieved Bronze, one Silver and three Gold. Richmond is only one of four boroughs in London that does not currently have a borough lead for the London Healthy Schools Programme. This means that schools cannot currently renew or progress within the borough but must approach an independent organisation, at their own cost, to progress with the Programme.

Consultation through the Schools Improvement Network and through schools requesting support to achieve the Healthy Schools Award at all levels indicates there to be significant interest and desire for the council to support the scheme locally. The Health Schools framework could for example, provide an opportunity for planning office engagement to ensure restrictions are in place regarding the positioning of fast food sites and unhealthy advertising near school sites and support actions such as enabling school-related policy to consider the needs of young carers.

London School Superzones

In London, the London Devolution Partnership has piloted 13 multi-agency partnerships to create 400m 'superzones' around schools in deprived communities³⁵. The intention is for local partners to work together to make the environment within the superzone healthier through the development of a co-ordinated action plan that includes, but is not limited to:

- Reducing traffic around schools to bring down air pollution
- Restricting the advertising of unhealthy foods
- Improving pedestrian routes to schools
- Redesigning public spaces to discourage crime

The superzones model is an emerging framework for local place-based partnership working to improve the urban environment and is due to be rolled out beyond the pilot stage. Early evaluation findings indicate the success of the model is likely to depend on local context³⁶.

While Richmond is not a pilot area for the superzone it has been designated an Air Quality Management Area (AQMA) i.e. an area requiring improvement in air quality. Boroughs designated as such must produce an Air Quality Action Plan, which outlines and describes actions or measures to tackle the problem including implementation³⁷. The whole borough of Richmond has been designated an AQMA for both nitrogen dioxide (NO₂) and PM₁₀ since 2000. The refreshed Air Quality Action Plan (2020 - 2025) for Richmond, approved in March 2020, will provide the

mechanism for the Local Authority to collaborate with partners to deliver action on Air Quality. In July 2019, Richmond Council declared a Climate Emergency, setting a target to be a carbon neutral organisation by 2030. In January 2020 the Council approved its revised Richmond Climate Emergency Strategy (RCES), which sets out a roadmap for achieving ambitious local targets,³⁸ alongside a detailed climate action plan for 2020/21³⁹. The plan highlights specific actions in relation to schools including:

- Encouragement for modal shift to sustainable transport through work with schools – cycle, scooter training and air quality lessons.
- Work with schools to encourage low pollution walking routes, or 'anti-idling if car use unavoidable.



³⁵ <https://publichealthmatters.blog.gov.uk/2019/03/05/creating-healthier-spaces-for-londons-children-to-live-learn-and-play/>

³⁶ Catt H. & Senior L (2020) Making the urban environment around schools healthier, developing an initial programme theory: an early realist process evaluation of the London superzones pilot; BMJ Pre-print: <https://doi.org/10.1101/2020.02.04.20020396>

³⁷ Department for Environment, Food & Rural Affairs (Defra). Local Air Quality Management Policy Guidance (PG16). 2016. HMSO. Available from <https://laqm.defra.gov.uk/assets/laqmpolicyguidance2016.pdf> [Accessed April 2020]

³⁸ LINK

³⁹ Richmond Climate Emergency Strategy Action Plan available from <https://cabnet.richmond.gov.uk/documents/s82601/Richmond%20CES%20Actions%20ESCS%2013th%20Jan.pdf> [Accessed May 2020]

Richmond Priorities

The health and wellbeing of our young residents is a priority for Richmond Council and partners as described in policies and plans for children and young people. This report does not set out to measure progress against each of these but rather to highlight related cross-sector commitments.

Richmond Health and Wellbeing Strategy 2016-2021 Start Well Priorities⁴⁰

1. Enable children, young people and families to be resilient, connected and able to look after themselves and each other.
2. Promote positive conditions and places for children, young people and families to grow, learn, work and play and be safe.
3. Ensure all children and young people feel included and not stigmatised; and empowered to meet their aspirations, regardless of social and cultural background, caring responsibilities, or disability and mental health difficulties.
4. Ensure services and professionals work sensitively and in partnership with children, young people and families, and ensure better understanding and transparency about issues of sharing of information/ confidentiality and safety.
5. Integrate and coordinate services around the family.
6. Make prevention and early help central to universal / mainstream services.

Richmond Health and Care Plan 2019-2021 Start Well Priorities⁴¹

Improve the mental wellbeing and resilience of children and young people:

1. By April 2020 we will complete an assessment of the mental health needs of the under 5 population of Richmond, to inform development of services.
2. Ensure that there is an emotional wellbeing programme in all our schools, by April 2021. This will include wellbeing support, training and information to students, parents and staff.
3. Work with young people to design and develop peer led services to reduce involvement in risk taking behaviours by 2020.
4. Establish a digital youth project steering group by January 2020 to review and expand the range of resources and tools to support emotional wellbeing and strengthen resilience.
5. By April 2020 we will complete a review of the current neurodevelopment assessment offer and services ensuring that by 2021 the recommendations of the review are fully implemented.

⁴⁰ Richmond Health and Wellbeing Strategy 2016-2021 Starting well priorities: <https://richmondccg.nhs.uk/wp-content/uploads/2019/09/NHS-Richmond-Health-Care-Plan.pdf>

⁴¹ Richmond Health and Care Plan 2019-2021 Start Well Priorities: <https://richmondccg.nhs.uk/wp-content/uploads/2019/09/NHS-Richmond-Health-Care-Plan.pdf>



Support children and young people with special educational needs, disabilities and complex health and care needs to flourish and be independent in their local communities:

1. Work with children and young people, parents and carers to ensure they can have their say and are involved in decisions about their own education and health and care support.
2. Promote the local special educational needs and disability (SEND) website so that more people are aware of its value as a one-stop shop for information on local health and care services.
3. Co-design with young people, parents/carers and professionals, an improved local offer for therapies. This will be in place by March 2020.
4. Build on the existing transition protocol and preparing for adulthood strategy to improve the transition between children and adult health and care services.
5. Develop a local post-16 learning offer for specific groups most likely to use residential provision, maximising the use of the adult education curriculum and community assets.

Reduce obesity to improve the health of our children and young people:

1. Roll-out the Family Start programme to support children who are identified through the national child measurement programme by March 2020.
2. Promote and support an increased roll out of the Daily Mile (getting all children to run for 15 minutes a day in school), in the borough's primary schools by April 2021.
3. Carry out a needs assessment on breastfeeding to identify if there are areas of the population where uptake is below the London average of 49%.
4. Develop a Healthy Catering Commitment Plan to ensure that healthy food is served or sold in all the borough's schools by 2021.
5. Enhance parent programmes that promote healthy eating and active play for 0 to 5-year olds in children's centres by March 2021.



Richmond Carers' Strategy 2020-25

To ensure carer need was visible across all areas of the Health and Care Plan a cross-cutting priority for carers was identified:

- Improve support for unpaid carers: Recognise and value carers in their caring role and enable them to have a life outside of caring.

The 2011 census identified that there are 864 carers in Richmond under the age of 24 who provide unpaid family care, and as of 2018 this figure was estimated to be 970. As of April 2020, there were 463 young carers supported by Richmond Carers Centre. Based on information

from the Richmond Carers Centre a greater proportion of young carers are from BME ethnic groups than the average for all carers within the borough (29% of young carers compared to 13% of all carers identified by the 2011 census)⁴². Richmond and Kingston also provide respite for both adult and young carers and deliver a number of contracts on behalf of AfC and the CCG including a weekly Saturday Club for young carers, and a transition project supporting young carers into adult life.

For young people, Carer's Assessments are delivered by AfC, who are also statutorily required

⁴² Richmond Carers Strategy (2020): https://www.richmond.gov.uk/council/how_we_work/policies_and_plans/adult_social_care_policy/richmond_carers_strategy

to complete Parent Carer Assessments when requested. The number of these assessments completed has reduced in recent years and opportunities for early intervention, and support for carers, including young carers, that may help reduce the risk of escalating mental and physical health problems are often missed. The Richmond Carers' Strategy (2020-25) acknowledges that the first priority for carers is both recognition and understanding of the needs of carers. Further work is needed to raise the profile of young carers to encourage identification, particularly self-identification for those who do not see themselves as carers, and to ensure their needs are considered at key points of contact with local services. Specific action in respect of young carers identified within the strategy includes:

- Development of education, information and training for frontline staff to increase understanding, knowledge and ability to identify young carers and support them to access local support.
- Support GPs and hospitals to review or put in place policies and systems to identify young carers, promote referrals and improve carer's health and wellbeing.
- Enabling and empowering schools, voluntary organisations and other professionals to improve their recognition of young carers and make appropriate referrals.
- Development and promotion of a clear offer to young carers, including options for support in emergencies and support for young carers when they turn 18.
- Assist all local schools to implement a young carers policy; appoint a young carer lead and/or enrol in the Young Carers in Schools Programme.
- Implement the Young Carer Health Champions programme (established by NHSE).
- Support carers to reframe young carer's experience into skills and knowledge when looking to start their careers.
- Working closely with schools and AfC to improve processes for identifying young carers and improve and enhance their understanding and approach to meeting their needs.

Summary

Whilst there are many opportunities for implementing whole-school approaches, there are challenges which need to be recognised and for the partnership to find solutions. The main challenges are that the education sector has academic targets to achieve and the promotion of health and wellbeing may be seen as a fringe element. Funding is available directly to schools and school priorities on spend may be different between schools. Current service specifications limit the extent to which on-site school health provision can be offered. Financial challenges to all public sectors may also already have stretched the workforce capacity to deliver on existing commitments.

The APHR is written in the context of the opportunities to build health competency and resilience in our young residents. This has the potential to result in population level health and wellbeing gains with reduction in future need for health and care services. It provides an opportunity to identify needs early and reduce the potential impact of adverse experiences in childhood.

Section Two: Our Young Residents



The Health and Education Profile of Richmond Young Residents

On the whole Richmond has better outcomes when compared to regional or national outcomes, with a notable few exceptions.

Outcomes where Richmond is worse than national or regional comparators include immunisation take-up rates, emotional and mental health indicators including self-harm, rates of A&E admissions, and educational achievement for those receiving Free School Meals.

Another area of concern is that, while levels of childhood obesity are better than for England, the obesity rates double by the time children in Reception year reach Year 6. Health and education outcomes for those in care and those with SEND are also worse than in the general population.

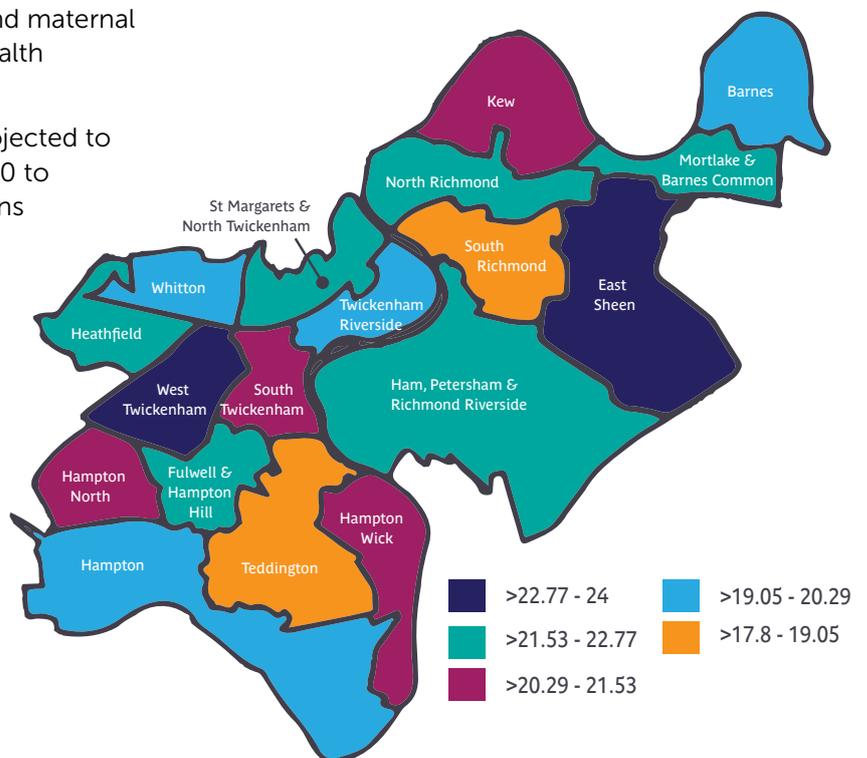
A detailed profile of children and young people (CYP) in Richmond is described in the Joint Strategic Needs Assessment (JSNA)⁴³, Children and Young People’s Needs Assessment and the Special Education Needs Assessment. The data presented here is derived mainly from the child and maternal health profiles available from Public Health England’s Fingertips (PHE).⁴⁴

The population of 0-19 year-olds is projected to rise by 8% by 2030 (from 48,445 in 2020 to 44,612 by 2030)⁴⁵. Higher concentrations of children and young people aged 15 and under live in East Sheen, West Twickenham and St Margaret’s and North Twickenham:

There are 45 primary schools, 11 secondary schools and three special schools and one college in Richmond. The total school population (excluding independent schools) is about 28,300.

- About 82% of pupils are resident in Richmond:
 - 87% of the primary school children are Richmond residents
 - 73% of the secondary school population are Richmond residents
 - 63% of student population in special schools are Richmond residents
 - 72% of all children receiving Free School Meals (FSM) are Richmond residents

In Richmond, 24.3% (48,445) of the total population are aged 19 or under, with just over one fifth (22.1%) with a BAME background. School population data reveals the BAME background to be greater at approximately 27% at Primary School and just under 30% at Secondary School.⁴⁶



43 LBR JSNA
 44 PHE (March 2020): <https://fingertips.phe.org.uk/profile/child-health-profiles>
 45 <https://www.datarich.info/children-and-young-people>
 46 AfC School Characteristics

If Richmond were a village of 100 Children....



80

80 would achieve the expected level of development by the end of reception



60 would achieve attainment score 8 but only 20 would achieve this if those 100 were all children in care



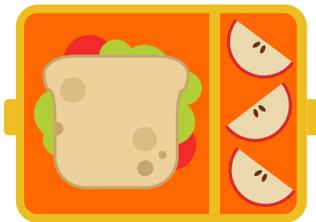
20

20 of those in school would not live in Richmond



10

10 would receive free school meals



8 of those aged under 16 would be living in poverty

12

12 would have a special educational need or disability



5

5 of those in reception would be obese and 10 would be obese by year 6.



6 of primary and 11 of secondary school children would be classed as persist absentees (missing 10% and more of school sessions)

10

10 would not have received all their vaccinations



Richmond Indicators of Health and Wellbeing

Population Projections (ONS)⁴⁷

- Nearly 1 in 5 of our residents is of school age (5 to 19 years)
- 1 in 3 is under the age of 24 years
- 6% of our residents are 0-4 years
- There are around 1000 more young males than females

Health and Education Related Indicators

- Child deprivation is geographically concentrated in a number of wards, including Barnes, Ham, Hampton North, Heathfield, Kew and Whitton.
- The percentage of babies first fed breast milk in Richmond at 86.6% is among the top 4 boroughs in London; higher than London and England averages.
- The proportion of overweight (not including obese) children is about 11% in reception year and 12% in Year 6. (2018/19)⁴⁸
- On average, 3 out of 10 children in wards such as Heathfields, Barnes and Whitton have excess weight compared with 3 out of 20 children in areas such as Twickenham and Teddington (PHE NCMP and obesity profile 2018/19).
- 16.4% of 5-year olds have one or more decayed, missing or filled teeth.
- 9 out of 10 aged 6-7 achieve the expected standards in science
- 8 out of 10 aged 10-11 achieve the expected standards in reading, writing and maths
- An estimated 58% of children with free school meal status achieve a good level of development at the end of Reception compared with 80.6% of all children.
- For every 50 children with a special education need:⁴⁹
 - 8 have social, emotional and mental health as the primary need
 - 9 have speech, language and communication as a special need
 - 7 have autistic spectrum disorders
 - 3 in 10 children in special schools receive FSM
- Lower proportion of children with SEND support or statement achieve good Early Years Foundation Stage (EYFS) and KS4 scores.
- Poor emotional wellbeing is a cause of concern for 1 in 2 children in care (2018/19)
- 6% (900) of all residents providing unpaid care were young carers below the age of 25 years (2011 census)⁵⁰
- Just under 3% of 16-17-year-old were not in education, employment or training (NEET) in 2018, which is low in comparison to just under 5% across London.
- There were 650 families identified with need for support through the Troubled Family Programme⁵¹

47 ONS (March 2020) Table 2: 2018-based subnational principal population projections for local authorities and higher administrative areas in England: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable>

48 PHE (March 2020): <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

49 DfE Jan 2019 LA Tables: Special educational needs in England: <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2019>

50 ONS 2011 Census LC3304EW - Provision of unpaid care by age extracted from NOMIS on 26 March 2020

51 https://www.richmond.gov.uk/council/news/press_office/older_news/press_releases_august_2019/council_leads_the_capital_in_support_for_troubled_families

HOW IMPORTANT TO YOU IS A HEALTHY LIFESTYLE?

38%

Very Important

42%

Quite important

19%

Neutral

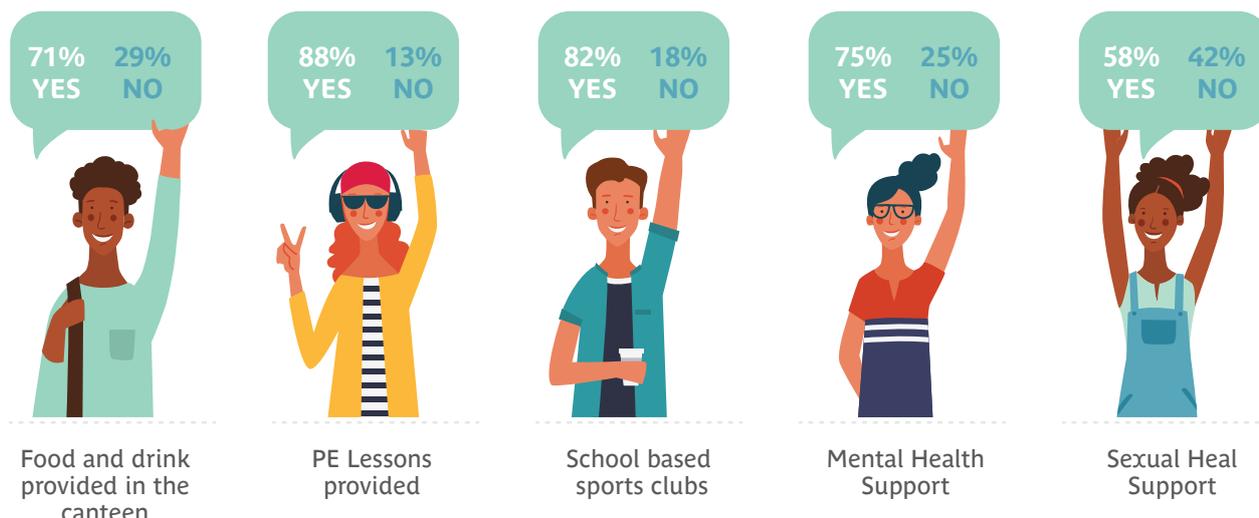
0%

Not very important

1%

Not important at all

DOES YOUR SCHOOL SUPPORT YOU LIVING A HEALTHY LIFESTYLE IN THE FOLLOWING AREAS



Unintentional Injuries

Unintentional injuries form a major burden of disease in children and young people and are a major cause of inequality. A&E admissions in Richmond have seen a worrying upward trend across all age groups and may be evidence of hidden safeguarding concerns prevalent within more affluent areas.

Richmond is now statistically worse than England averages. It has the third highest emergency admissions for falls in children aged 0-4 of all London boroughs. A&E attendance, emergency admissions and elective admissions for children 0-19 years showed an increasing trend with over:

- 25,000 A&E attendances in 0-19 years
- 3300 emergency admissions in 0-19 years
- 2200 elective admissions in 0-19 years

Health Protection

- MMR vaccination coverage at 2 years is 87%, falling below the 95% coverage required for herd immunity and leaving vulnerable children at risk (2018/19).
- There is decreasing uptake for the first course of the combined DTaP/IPV/Hib, vaccines, offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenzae type b (an important cause of childhood meningitis and pneumonia) and polio (IPV is inactivated polio vaccine).
- In 2019 overall immunisation coverage for children in care was 79.7% compared to 87-92% coverage for all children.

There is a large variation in the percentage of children receiving FSM in Richmond across schools from 1% to 32% in primary schools and 5% to 20% in secondary school. The variation in the proportion of children receiving FSM reflects socioeconomic inequalities. Any approach to supporting schools in implementing a whole-school approach will need to consider this.

There is also a small community of approximately 30 families living on a settled estate in Hampton whose children largely attend the local primary and secondary school. A whole-school approach needs to be sensitive to the needs of these families. Nationally it has been recognised that these communities have the potential to be disproportionately impacted by COVID-19⁵². Social-distancing or self-isolation may be particularly challenging for members of these communities due to often confined and communal households, and restricted living conditions on many sites.

The impact of COVID-19 is not currently known as yet, particularly on the wider health and wellbeing impact on children and young people. Existing health inequalities are more than likely to be exacerbated and there are early indications of the following:

- Low take-up of vaccinations
- Anticipated increase in school refusals
- Possible rise in emotional and mental health support
- Escalation in timescales for health treatments and interventions

Public Health is currently supporting YOLI, Kingston and Richmond Youth Parliament and AfC to re-establish the Youth Survey, (paused due to COVID-19) to gather further insight from our residents regarding life in Richmond, including their felt impact of COVID-19. Results will be available in September 2020. The result of the earlier survey (pre-COVID-19) are presented below:

Main concerns raised:

- Crime: knife crime, getting stabbed, knives in schools, gangs and burglary
- School: exam stress, not performing well, bullying, behaviour of other children, teacher turnover and supply lessons
- Traffic and transport: crowded town centre, noise, bus frequency and quality of driving of some bus drivers
- Health: Mental health, support for mental health, support for disability, healthcare, drugs

The perception of knife crime held by the small sample size in comparison to the total population of young people in Richmond does not reflect the frequency or reality of crime figures in Richmond.



⁵² <https://www.gov.uk/government/publications/covid-19-mitigating-impacts-on-gypsy-and-traveller-communities>

Voices of Richmond Young Residents

Youth Wellbeing Survey 2020

Kingston and Richmond Youth Council, in partnership with YOL! and Public Health designed and published a youth voice survey to collect the views of children aged 11+ years living or studying in Richmond. Interim findings from the 72 respondents are summarised below. As the survey was paused due to COVID-19, there was an over representation of respondents from a single school and should be read with caution. Nevertheless, the findings provide a useful snapshot of Richmond’s youth voice.

The responders:

- 55% were male, 41% female and 4% preferred not to say
- 54% aged 13-14 years of age, 30% were 11-12 years of age; 14% 15-16 years and 1% 17-18 years
- 10% described themselves as having a disability
- 68% were from white ethnicity, 17% from mixed ethnicity and 10% from British Asian/Asian ethnicity

The survey went live approximately two weeks prior to Co-Vid19 movement restrictions being implemented. Consequentially, coronavirus was cited as the top concern for Richmond young people, when analysed without the word coronavirus the following concerns were raised:

Happiness at school:

Around 79% of the responders stated that they were happy at school. Those unhappy with school pointed towards:

- Quality of teaching (68%)
- Relationships with other students (53%)
- Subjects and topics taught (47%)
- Availability and quality of emotional support (37%)



55%

were male



41%

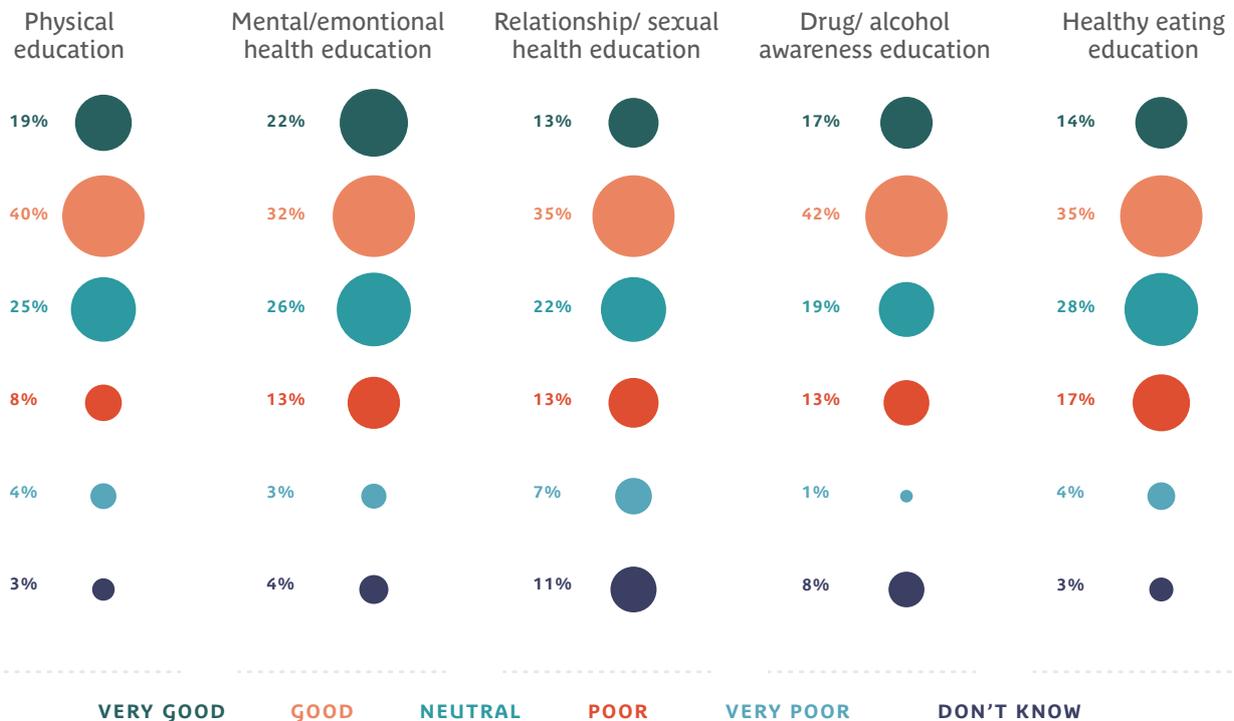
were female



4%

Prefer not to say

PLEASE RATE THE QUALITY OF YOUR SCHOOLS OFFER IN THE FOLLOWING AREAS



Healthy lifestyles:

Healthy lifestyle was either very important or quite important to 80% of the responders and they felt that schools generally supported them to adopt healthy lifestyles:

Young people’s rating of the school offer on various health and wellbeing topics were varied:

- Physical education and drug/alcohol were rated very good or good by 59%.
- Nearly 1 in 5 did not have a view on physical education.
- 22% rated healthy eating offer as poor or very poor.
- 1 in 5 rated relationships and sex education as poor or very poor (the age of the respondents may have had a bearing on how this question was answered).

Top suggestions for schools to support healthy lifestyles:

- Healthy eating and better food choices
 - Increasing physical activities and sports clubs
- Focussed discussions with small groups of young people conducted by YOL! in the last year found that children and young people had a clear understanding of the benefits of both healthy eating and physical activity and that their learning in school was good They also spoke positively about their parents’ influence in incorporating healthy eating and physical exercise into their routines.

They reflected, however, that the environments in which they live do not always support them to make positive choices. Healthy eating options at school were limited and they reported high availability of unhealthy snacks. Others reflected that healthy alternatives were less affordable, often unappealing or insufficient in energy. They recognised that measures taken to decrease the availability of fast food and sugary snacks near schools were welcomed, but they would navigate this by travelling further to purchase unhealthy alternatives. Some young people remarked that neither they nor their parents were sufficiently skilled to cook healthy or tasty meals, so would be in support of school-based cookery lessons.

In terms of physical activity young people thought opportunities to be active both in and out of school were limited in comparison to the time spent sitting in lessons and studying at home. Time spent being inactive also increases as they progress through education and so they suggested 'step' competitions to encourage movement.

Over the last year young people attending YOL! have engaged in discussions about sexual health with local providers. Conversations revealed they had many unanswered questions regarding sexual health and were unsure how to resolve them. They feel embarrassed to talk about sexual health with adults so instead look to friends and the internet, neither of which provide readily accessible information. Off the Record Twickenham was known to be the place to access free condoms but they were unsure of the full range of support offered. School nursing was also known as a useful service to answer questions but nurses were not always on school site and more could be done to promote their availability. Young people thought that schools provided good sexual health information but lessons were too general, lacked confidential ways to ask questions and

too focused on STIs with little information on pornography, healthy relationships, self-eroticism or address "what is normal".

Young people at YOL! and Kingston and Richmond Youth Council (KRYC) also mentioned that they do notice other young people smoking, taking drugs and abusing prescription medication and were surprised that so many did so, believing that access to drugs is relatively easy and shared concern for the safety of their peers.

What are young people's suggestions?

- Create environment to support healthy eating choices, addressing availability of unhealthy snacks, addressing afford-ability of healthy alternatives and introducing school based cookery lessons.
- Increase opportunities to be active in and out of school
- Sexual health lessons should include opportunities to ask questions confidentially, more information on healthy relationships and address "what's normal".



Survey on Emotional Health (2015)⁵³

Previous Healthwatch surveys for young people in Richmond reaching over 1000 respondents across 15 Richmond schools showed:

Emotional wellbeing challenges:

- 2 in 3 young people reported stress, exam pressure and pressure to succeed
- 1 in 2 people reported self-confidence, relationships, pressure to look good, family problems
- 1 in 3 reported online bullying or bullying in person
- 1 in 4 people said that LGBT issues were important factors in young people's emotional wellbeing

Challenges for young people in Richmond

- Stress 8 in 10
- Exams/ academic achievement 7 in 10
- Confidence & self esteem 6 in 10
- Pressure to be successful near 6 in 10



- 1 in 5 reported prejudice or ethnicity issues as issues that impact young people's emotional wellbeing
- 1 in 7 said that violence was a significant factor for young people

Gender related emotional health inequalities:

Almost 11% of respondents, described themselves as 'something other than straight'. Significantly higher numbers of people describing their gender as "females, transgender and other" accessed support for mental health.

- Females reported poorer experiences of the care than that received by males.
- People in this group rated their emotional wellbeing lower overall and reported higher levels of needing support (64.5%) than those describing themselves as straight (32.5%).
- People in this group were three times more likely to report not being helped by accessing support than people identifying as straight (25.6% vs 8.4%) and twice as likely not to access support (22.7% vs 11.5%).

School and emotional health:

Factors at school which were positive or negative for emotional health as identified by children and young people in the survey are summarised below. The report highlighted that there was great variation in mental health support provided in different schools.

Young people's preference was that mental health support should be provided in a friendly and non-stigmatised environment outside school hours and in the community near the school.

⁵³ Improving Emotional Wellbeing for Young People in 2016
<https://www.healthwatchrichmond.co.uk/report/2015-08-01/improving-emotional-wellbeing-young-people-2016>



Positive

- Positive, understanding and supportive school staff
- Providing support for exam stress
- Mental health promotion and awareness
- Welcoming and friendly environment
- Non-stigmatised and open discussions



Negative

- Unapproachable staff
- not understanding of students mental health issues among all teachers
- lack of sympathy
- acknowledgement of exam stress but no support provided
- Bullying
- Lack of mental health promotion

Children and Young People with Special Education Need or Disability (SEND)

During 2019/20 Healthwatch Richmond consulted with 27 parents/carers of children with a SEND and 11 young people regarding their experiences. While some parents were very happy a small minority expressed concerns, particularly in relation to how EHCPs were carried out and the regularity of reviews. Some parents shared that attendance of their children at mainstream school was challenging. Children with ADHD, autism or whose learning difficulties were not formally diagnosed faced challenges accessing sufficient support at school and this had contributed to them dropping out of education. Transitions from childhood to adulthood were also exacerbated for these parents, during which young adults no longer have access to some health services. Adult services (where available) are also structured and funded differently. Problems highlighted within the current transition system include:

- Ceasing of children's care before adult provision is put in place.
- Adult services not sufficient to meet need
- Over reliance on parents to provide care.
- Confusion and distress caused by lack of information and support during the transition.

A SEND joint commissioning strategy is currently in development and will work to address concerns raised.

To summarise, the review of data and findings from consultations with children and young people suggests that healthy lifestyles are important for young people in Richmond young people and the majority are happy at school with good access to school and after-school sports provision. Some, however, expressed concern about crime or the fear of crime, relationships with peers, mental wellbeing (particularly in relation to exam stress and pressure to achieve) sexual health, healthy eating and physical activity. The reduction of obesity in primary school, particularly in Heathland, Barnes and Whitton wards should be a focus for schools in these areas. The provision of statutory RSE, RE and HE is welcomed.

Further work needs to be undertaken, however, to boost educational outcomes, particularly for young people with SEND, those in care, those on Free School Meals and those who are persistently absent from school. Health inequalities also disproportionately affected those identifying as LGBTQ+. Improving health outcomes for these groups will in turn have a positive impact on educational achievement and thereby improve health and wellbeing outcomes in adult life.

Section Three:

Evidence on Whole-school and Community Approaches



The Evidence Base

To provide an evidence-based framework for supporting the whole-school approaches in Richmond, a rapid review of literature was undertaken. This included both grey literature and published literature. The findings from the review are summarised into three themes:

- Models/frameworks of whole-school approaches
- Application of whole-school approaches
- Enablers and barriers to implementation
- The need for a variety of teaching methods and strategies which actively involve students in their learning, focusing on them as individuals and their present needs.
- The need to develop a role for young people in all decision-making processes relating to health.

Whole-school and Community Models

The model for a whole-school approach originated from the Ottawa Charter, which described health promotion as the process of enabling people to take control of their own health and environment. The concept of whole-school approach or whole of school approach was distinctly different from the health education model where students were taught about health, disease and healthy lifestyles as part of curriculum. An evaluation in Wessex found that Health education by itself did not achieve the goals and it was recognised that other factors played an important role⁵⁴:

- The need to involve parents and families in their children's health education.
- The involvement of the wider community.
- The importance of a comprehensive, co-ordinated, cross-curricular programme throughout the school career.
- The need to combine health education with other health-promoting initiatives in school.

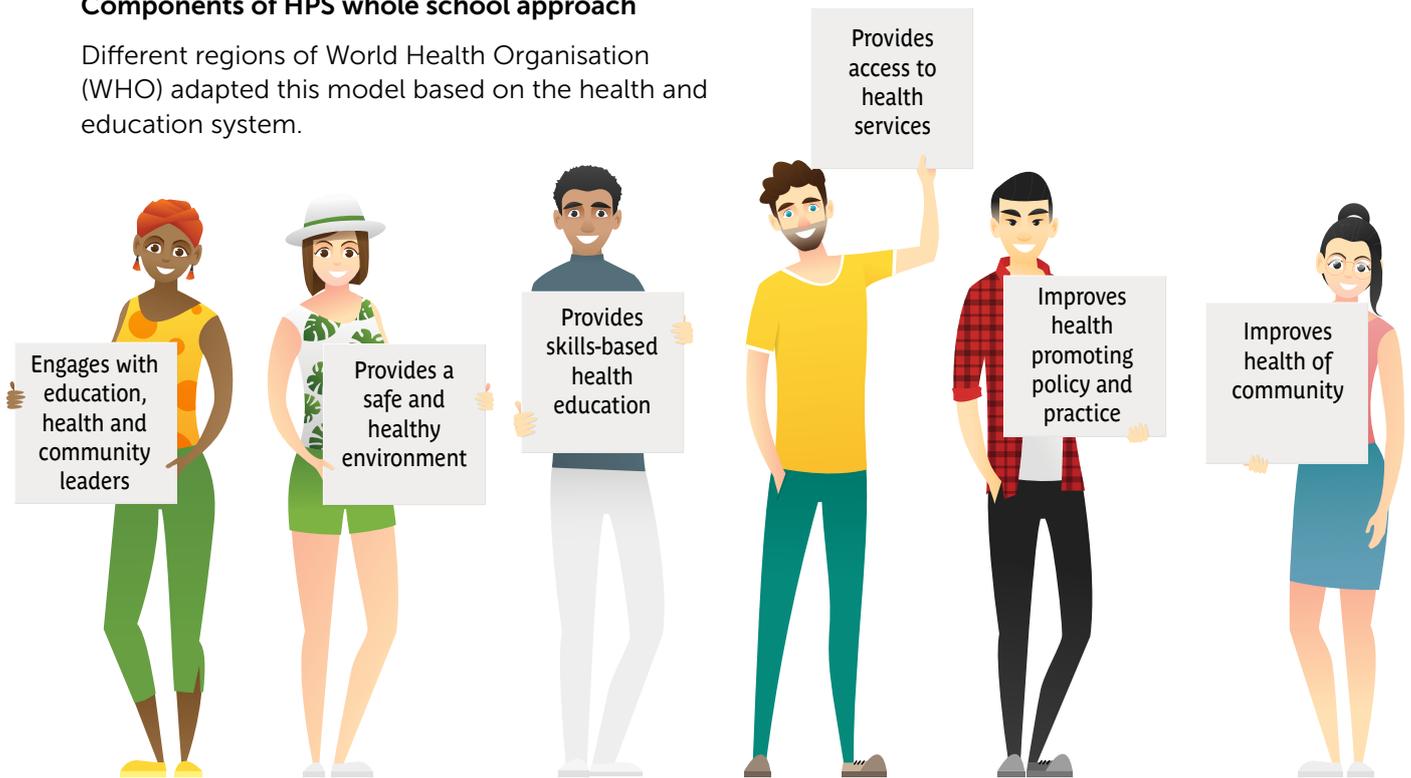
The basic model for a whole-school approach is based on six components as shown in Figure 6. This model implies school as a community asset that can foster partnerships between the education, health and community leaders. This partnership can facilitate health promotion in schools and the community that the school serves.



54 A. M. Moon, M. A. Mullee, L. Rogers, R. L. Thompson, V. Speller, P. Roderick, Helping schools to become health-promoting environments—an evaluation of the Wessex Healthy Schools Award, Health Promotion International, Volume 14, Issue 2, June 1999, Pages 111–122: <https://doi.org/10.1093/heapro/14.2.111>

Components of HPS whole school approach

Different regions of World Health Organisation (WHO) adapted this model based on the health and education system.



European Model of Whole-school Approach

In the European region, collaboration between the WHO and the European Council facilitated the formation of a strong network of practitioners and

researchers to share learning from practice and research. This formed the basis of a jointly agreed model and standards for a whole-school approach to health and wellbeing as shown below:

Five Values

1. Equity: equal access for all to education and health.
2. Sustainability: links health, education and development while activities and programmes are implemented in a systematic manner over a prolonged period of time.
3. Inclusion: addresses diversity, with schools being learning communities where all feel trusted and respected.
4. Empowerment: refers to the active involvement of all members of the school community.
5. Democracy: refers to health promoting schools based on values of equal right to speech, mutual decision making and respect for majority's decisions.

Five Pillars

1. Whole-school approach to health: health education in the classroom is combined with development of school health policies, healthy school environment, life competencies, involving the whole school community, and access to health services.
2. Participation: a sense of ownership exists among students, staff and parents.
3. School quality: health promoting schools create better teaching and learning processes and outcomes, with healthy pupils learning better and healthy staff working better.
4. Evidence: new approaches and practices based on existing and emerging research, are developed.
5. School and community: schools are seen as active agents for community development.

Standards were developed through systematic research and in partnership with school health coordinators and researchers. Fifteen areas were identified as key components for success. The standards were developed based on these fifteen areas:

| Key areas | Standards |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. School health policies | School policy and organisational structure |
| 2. Health Promoting School concept | support health promotion and enable a whole-school approach. |
| 3. Leadership and Communication | School leadership, advocacy and communication promote a whole-school approach to health promotion. |
| 4. Advocacy | |
| 5. School physical environment | A health promoting school provides a physical and social environment conducive to the safety, health, and wellbeing of pupils and school staff. |
| 6. School social climate | |
| 7. Teacher Training | The school implements a health promotion curriculum to pupils. |
| 8. Curriculum and Health Promotion activities | The school develops its health promoting resources and expertise. |
| 9. School Health Services | |
| 10. Collaboration and Partnerships | The school develops collaboration and partnerships conducive to health promotion quality, sustainability and impact. |
| 11. Links with Parents and community | |
| 12. Sustainability | |
| 13. Health literacy | The school improves pupils' health literacy. |
| 14. Empowerment | |
| 15. Evidence and evaluation | Positive Impact on the pupils' health, wellbeing and academic achievement. |

Different terminology is used in different countries. In England the term Healthy Schools is used. The Healthy Schools Framework enabled schools to develop whole-school approaches to different health targets identified locally. Progress was recognised by a rating and award scheme from bronze to gold. Evaluation of the healthy school

award scheme suggested that there was lack of awareness among students and staff regarding the concept and application of the WSA in their schools. The national scheme ceased in 2011, however many regions including London continued to operate the scheme.



Whole-school, Whole-Community, Whole-Child

The Whole-school, Whole-Community, Whole-Child model is the American joint health and education sector framework for addressing health in schools. The WSCC model is student-centred and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices.

The WSCC model has ten components:

1. Physical education and physical activity
2. Nutrition environment and services
3. Health education
4. Social and emotional school climate
5. Physical environment
6. Health services
7. Counselling, psychological and social services
8. Employee wellness
9. Community involvement
10. Family engagement

One of the distinctions in the application of the models is that in the European model, the school is a community asset that has the potential of promoting good health in the community. In the American model, the community is an asset that supports the school in promoting health in school. Both models emphasise the involvement and participation of the whole school community.

Whole-school and Community Application

There are many examples of the application of a whole-school approach in the United Kingdom and internationally. Based on these examples, there are differences in application of whole-school approaches.

National and Local Drivers

The implementation may be due to nationally driven top down process. For example, an intervention package may be mainly developed, implemented with high fidelity and evaluated by people from outside the school, such as health professionals. This top-down process can be characterised by the optimal use of expert knowledge, skills, and experiences, and can lead to more evidence-based health promotion interventions.

An example of such an approach is the mental health trailblazers, led nationally by the commitments in the green paper to support mental health in schools. The advantages from this type of approach are:

- There is a common framework⁵⁵ that can be applied across all schools.
- The availability of evidence-based resources and support that can be used^{56, 57, 58}
- An award scheme that supports schools to chart the progress towards excellence⁵⁹.

One disadvantage of such top-down approaches is that they can lead to addressing one health issue within a medical model (driven by disease and its treatment) of health. The health promoting model is based on the social model (driven by addressing wider social determinants of health) of health. A second disadvantage is that schools may be

unable to maintain the interventions when national policy or funding changes.

A bottom up approach where the whole school community is involved in finding local solutions is more likely to be sustained as the agenda is owned and resourced locally. This also allows use of all the assets in the community thus enabling the environments inside and outside the school to become healthy. The disadvantage to this approach is that it may take longer to formulate or select the interventions and evaluate. It could also be biased by 'felt need' at the expense of 'true need'.

Holistic Approaches to Health

Whole-school approaches may be used to address one issue or take a more holistic approach to health and wellbeing. An impact report conducted by the National Children's Bureau indicated that schools adopting a whole-school approach reported a reduction in stigma for mental health, improved student, staff and parent wellbeing, improved student behaviour and improved staff morale⁶⁰.

PHE guidance⁶¹ on emotional health and wellbeing, for example, provides a whole-school approach framework which is based on eight principles which are linked to the Ofsted inspection framework and NICE guidance.

1. Leadership and management
2. School ethos and environment
3. Curriculum, teaching and learning
4. Student voice
5. Staff development, health and wellbeing
6. Identifying need and monitoring impact
7. Working with parents/ carers
8. Targeted support

Similarly, the London Healthy Schools' framework takes a holistic approach to whole child physical, mental and social health.

55 PHE (2015) Promoting children and young people's emotional health and wellbeing A whole school and college approach

56 NCB (2016) A whole school framework for emotional wellbeing and mental health Supporting resources for school leaders

57 Anna Freud Centre: <https://www.mentallyhealthyschools.org.uk/resources/>

58 Charlie Memorial Trust: <https://www.cwmt.org.uk/whole-school-approach>

59 National Children's Bureau: <https://www.ncb.org.uk/wellbeingawardforschools>

60 NCB and Optimus Education (2019) The Wellbeing Award for Schools Impact, Best Practice and What Works: https://www.ncb.org.uk/sites/default/files/field/attachment/news/WAS_report_online.pdf

61 PHE (2015): <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>



Add-on Versus Organisational Change

The application of a whole-school approach may be an add-on to school activity where intervention is added to the existing activities of the school. The Daily Mile and Active Schools are both examples of add-on approaches.

Active Schools is an alternate whole-school whole-community approach for physical activity. Active Schools⁶² works with organisations and individuals, including PE staff, sports development officers and local clubs, to provide a wide range of opportunities connected to physical education, school sport and club sport within and beyond school. A range of volunteers, including teachers, parents, coaches and young leaders, deliver the activities⁶³ The school sport award

further encourages schools to continuously improve physical education (PE) and school sport opportunities and works on a whole-school approach principle to:

- Encourage schools to self-reflect and continuously improve.
- Put young people at the forefront of the decision making and planning of PE and sport in their school.
- Help schools to increase young people's opportunities and engagement in PE & school sport.
- Help schools to put PE & school sport at the heart of their planning, practice and ethos.
- Recognise and celebrate successful PE & school sport models.

62 Sport Scotland: <https://sportscotland.org.uk/schools/active-schools/>

63 <https://www.joininedinburgh.org/sports/active-schools/>

Enablers and Challenges

The implementation of interventions in any community setting is affected by variables related to communities, providers and innovations, and aspects of the prevention delivery system (i.e., organisational functioning) and the prevention support system (i.e., training and technical assistance).⁶⁴

Implementing a whole-school approach to health and wellbeing can be challenging as schools are primarily set up to deliver education and the performance is measured by academic achievements of the students.

One of the most important components of the whole-school approach is having effective partnerships between different sectors and networking. The factors that play a role in effective partnerships and networks are⁶⁵:

- Organisational cultures and priorities of the different sectors
- Respect for and recognition of different professional roles, concepts, and languages
- Trust and shared goals
- Responsibility and accountability within the network

Other factors linked to successful implementation are strong leadership, rationale for prioritisation, and communication⁶⁶. School leaders that are more engaged and champion implementation can reduce the competing priorities between education and health. Similarly, clear communication with school staff and between agencies were important for successful implementation.

To summarise, whole-school approaches offer effective mechanisms for improving health and wellbeing and have common themes:

- Require whole systems leadership including policy and workforce development
- Enable partnership approaches (networking)
- Promote pupil voice / participation is key
- Successful schemes are holistic and often use award schemes

Whole-school community approaches enable schools, together with the community, to become active agents for health.



64 Durlak, J.A. and DuPre, E.P. (2008), Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation. *American Journal of Community Psychology*, 41: 327-350 327: doi:10.1007/s10464-008-9165-0

65 Schools for Health in Europe Fact Sheet 3

66 Hudson KG, Lawton R, Hugh-Jones S. Factors affecting the implementation of a whole school mindfulness program: a qualitative study using the consolidated framework for implementation research. *BMC Health Serv Res.* 2020;20(1):133. Published 2020 Feb 22. doi:10.1186/s12913-020-4942-z

Section Four:

Whole-school and Community Approaches in Practice



Voluntary and Community Sector Support

There are many voluntary sector organisations that support schools and children and young people in Richmond, providing an important support mechanism to promote the health and wellbeing of children and young people, in particularly for more disadvantaged families in the borough. While it is not possible to capture the work of all our support services provided through the voluntary and community sector a summary of some of the services on offer is found in appendix one. Further detail can also be found on the Richmond Local Offer website which also includes a site specifically aimed at children and young people:

www.kr.afcinfo.org.uk

Local grant making charities with a long histories and grassroots knowledge of the local community in Richmond offer vital funding support for the voluntary and community sector. oneRichmond⁶⁷, for example has been established by Hampton Fund and Richmond Parish Lands Charity, two local grant-making charities. The partnership developed in response to independent research carried out by Rocket Science⁶⁸ on the needs in our borough, commissioned by the two charities. The report found that the perception of Richmond as a wealthy borough masks high levels of deprivation. The partnership will be working with other community stakeholders to:

- Unlock additional significant resources to tackle hardship across the Borough
- Improve opportunities and change lives
- Create a borough in which everyone can thrive

Richmond has the highest amount of greenery with over double the London average and also has good community assets in the form of, leisure and arts and culture services. With over 500 hectares of formal parks, sports grounds, playgrounds, and nature conservation sites it is the only borough

where residents live on both sides of the river.

Richmond council also offers a Leisure and Youth Richmond Card giving young people access to sports and fitness centres and discounts on sports, fitness and other youth activities including music and arts activities. Families and young people have ready access to an array of opportunities that can contribute to whole-school approaches to health and wellbeing.

Richmond's recently published Climate Change and Sustainability Strategy (2019-2024)⁶⁹ lays out collaborative action through community leadership to prevent climate change; which in turn improves and promotes health. The strategy defines clear actions to be progressed through effective collaboration with schools. Action on reducing air pollution around schools includes, but is not limited to:

- Sign-up of schools to Richmond Climate Charter
- Reducing overall amount of waste and single use plastic
- Reducing fuel consumption of council vehicle fleets including school buses
- 'No idling' signage and fines for those refusing to switch-off engines
- Tree-planting programmes and trial green screens near targeted nurseries and primary school
- Promotion of school travel plans and TFL Sustainable Travel programme
- Year 6 bike ability programmes and increases in journeys undertaken by bicycle or by foot.
- Climate change awareness sessions in schools
- Individual support to schools requesting air quality monitoring and audits

⁶⁷ www.onerichmond.org.uk www.hamptonfund.co.uk www.rplc.org.uk

⁶⁸ Rocket Science: On The Edge: Working together across Richmond to support people in need https://www.hamptonfund.co.uk/download/OnTheEdge_A4_Spreads_small.pdf

⁶⁹ London Borough of Richmond Upon Thames Climate Change and Sustainability Strategy (2019-2024): https://www.richmond.gov.uk/media/17738/climate_change_and_sustainability_strategy_2019_2024.pdf



Together these measures will not only reduce carbon-emissions but promote positive health and well-being including reduction of cardiovascular and respiratory diseases but also obesity. Borough wide engagement in the Healthy Schools London Programme could act as a positive conduit for promoting the Climate Change Strategy.

Local University Resource: Institute of Education, St Mary's University

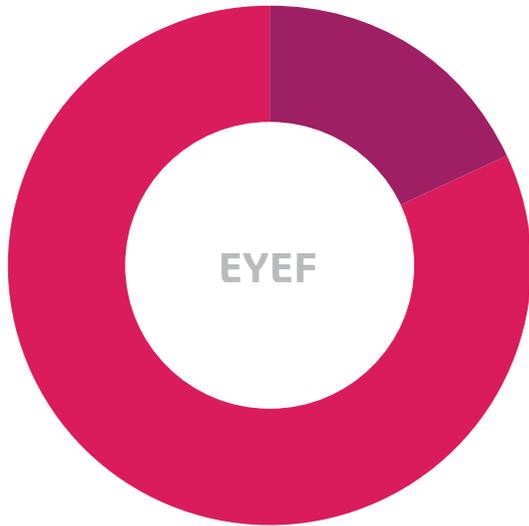
St Mary's University Institute of Education in Twickenham has one of the largest teacher training departments and supplies teachers to local schools and hosts many training events attended by teachers from all over England. The University embeds wellbeing within their teacher training programme and excel in applying research into practice and nurturing resilience in teachers. The university has the ability to foster and host a whole-school, whole community, whole child learning network to support local schools and wider partners. This has the potential to allow rapid evaluation of practice and models of improvement as well as evidence from international practice and research.

Whole-school and Community Approaches in Richmond

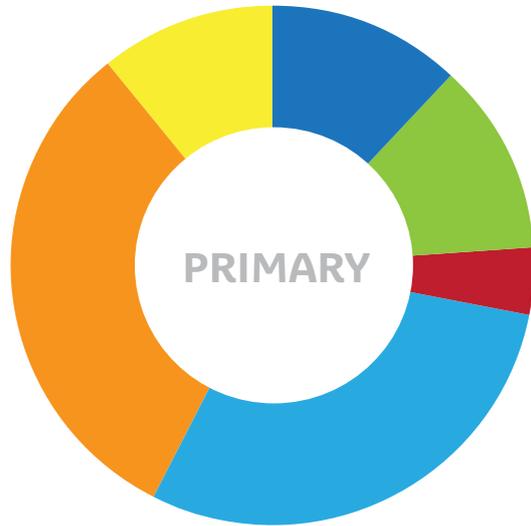
Schools are independent organisations and can therefore buy services from different providers. To understand the local picture on whole-school approach a mapping exercise was undertaken. The chart below provides a snapshot of collaborative work that is currently taking place across the early years and school phases:

In celebration of the excellent practice in the delivery of a whole-school approach across Richmond schools and settings were asked to provide and share examples of the work they are doing.

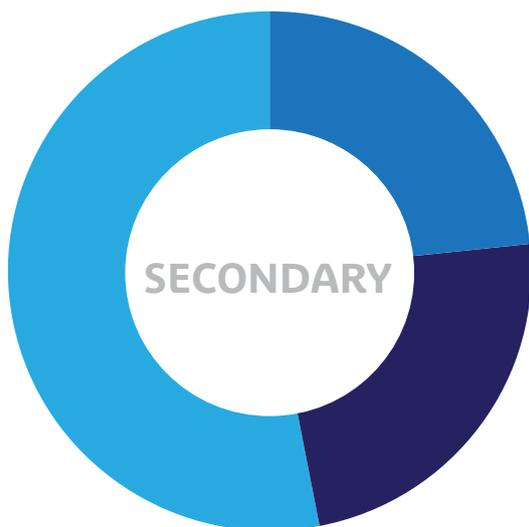
Health and Wellbeing Services in Schools



HEYL SETTINGS 54
HEYL SCHOOL 12



MH TRAILBLAZER / EHS 17
DAILY MILE 17
PATHS 6
HEALTHY SCHOOLS 42
SPORTS PARTNERSHIPS 45
JIGSAW 15



MH TRAILBLAZERS / EHS 4
DSM 9
HEALTHY SCHOOLS 9



MH TRAILBLAZERS / EHS 2
HEALTHY SCHOOLS 2
SPORTS PARTNERSHIPS 2

Case Studies: Emotional and Mental Health

PATHS: Building Resilience in childhood⁷⁰

Building resilience in childhood reduces the burden of mental and physical ill health over the life-course.

The PATHS® programme, designed for use with primary school children, offers an evidence based, universal, preventative, whole-school approach to mental health and wellbeing. It aims to develop pupils' emotional and social competence and social understanding, as well as to facilitate the educational processes in the classroom. The PATHS® Programme for Schools (UK Version) has been adapted for a UK audience by Barnardos. The curriculum includes four conceptual units:

- Emotional understanding
- Self-control
- Social problem solving
- Peer relations and self-esteem

The PATHS programme is delivered by the class teacher. A dedicated coach ensures that teachers are trained and fully supported in delivering the programme. The key elements of which are:

- A Pupil of the day is chosen and given either a sticker or a special badge, followed by peer and teacher's compliments to boost the individual's self-esteem.
- Pupils are taught that all feelings (negative and positive) are "okay" to experience and the programme helps pupils to identify, talk about and deal with them.
- Pupils learn a set of calming strategies that can be used to self-control uncomfortable feeling such as frustration and anger.
- Pupils explore friendship and peer relationship through class discussions, role play and stories which feature common friendship problems.
- Pupils are taught problem-solving techniques such as "the control signal". For example, children listen to stories of other children in difficult situations and discuss which technique could help them to make positive decisions.

Within the first year of the Coaching Model, the focus is to implement the key elements in the classroom. Once this is achieved the key components are echoed into the whole school life through generalisation, across the curriculum and through parent' engagement.

The need for a PATHS pilot programme in Richmond was informed by the Child and Adolescent Mental Health Transformation plan 2018 and the 2016 Richmond Health Watch 'Improving Emotional Wellbeing for Young People' survey. Studies identified a growing number of adolescents were assessed as reaching the clinical threshold for anxiety and depression and local evidence demonstrated that mental health and emotional wellbeing needs of children and young people were particularly high within Richmond; with some of the highest rates of hospital admissions for self-harm in London and high levels of risk-taking behaviour including drug, alcohol and tobacco use.



⁷⁰ <http://www.pathseducation.co.uk/what-is-paths>



Six schools in Richmond are now involved with the pilot PATHS programme. So far, 90 teachers and 87 support staff have been trained to deliver the programme reaching 2190 pupils across the borough.

PATHS programme has been evaluated using a combination of pre and post surveys, quotes, photos and videos. The following improvements have thus far been seen:

- An increase of pupils' empathy by 63%
- Concentration and attention increased by 56%
- Social and emotional competency increased by 57% and
- 44% reduction in aggression and disruptive behaviour

Pupils have reported that engagement in the PATHS programme has improved their emotional, social and self-awareness, self-control, problem solving, decision making and relationship skills by as much as 85% or more.

"The most useful thing I have learnt from PATHS® is how to solve problems myself." (Pupil, Kew Riverside School)

"The most useful thing I have learnt from PATHS® is that you don't have to fight to solve things." (Pupil, St Richard's School)

"Children are developing the skills for resilience and how to deal with some difficult emotions." (Class Teacher, Richmond)

"What I like best about the programme is that children are given strategies to calm down and work out their problems." (Parent, Buckingham School)

"There is no doubt that the PATHS programme helps children and their families to build resilience and ability to cope with difficult situations" (Public Health Mental Health lead)





Emotional Health Service

Achieving for Children (AFC) offers a multi-disciplinary Emotional Health Service (EHS)⁷¹ to all schools in Richmond. A team of clinical specialists and mental health clinicians including clinical and counselling psychologists, systemic art and child and adolescent psychotherapists, provide mental health support to children and young people. Currently, 14 primary schools have procured a psychological or therapeutic intervention from the services.

The service offers four different packages to schools; each providing support ranging from six sessions (18h) to 39 sessions (117h) each academic year which are tailored to the needs of the individual or school. The offer may include:

- Regular consultation slots with the individual tailored to need.
- Psychological group work, including art psychotherapy delivered jointly with a member of school staff.
- Support or training for parents on a range of topics: e.g. advising parents on how to effectively respond to behavioural challenges or identification of more severe psychological or behavioural problem.
- Training for staff or pupils to address and problem solve common issues such as anxiety problems, low mood, peer group problems, eating problems or disorders and exam stress.

- All training programmes include advice on resilience factors and the importance of developing communication skills.
- Service evaluation through service users (teachers', parents' and pupils') feedback.

Parents have said of the workshops offered by the service that they are practical, and solution focussed:

"It was practical and offered numerous tips on how to talk about anxiety to your child but also how to recognise it. Thanks to this workshop I bought two books called 'The huge bag of worries' and 'The invisible string'... it teaches children and adults how should we deal with them and... tackles separation anxiety. Sometimes it is just easier to read a book to start the conversation." (Parent, Understanding and managing your child's anxiety and worries workshop).

"We also went through the support document together last night at bedtime and it was a really helpful way to chat about her feelings and concerns... it was a good way to remember everything she has achieved during the last six weeks rather than dwell on everything she might have missed." (Parent, Emotional wellbeing workshop).

⁷¹ | The results of the second year PATHS programme in Richmond, were due at the end of the summer term. However, due to Covid 19 and temporary school closure the delivery of the PATHS programme in schools is now provided as part of the wider home-schooling offer.

⁷¹ <https://www.achievingforchildren.org.uk/emotional-health-service/>



Promoting Wellbeing During the Lockdown

The Emotional Health Service is part of the Mental Health Trailblazer Programme. Throughout lockdown the Mental Health Support Team (MHST) has created resources, pre-recorded online workshops, given live workshops and live Q&A sessions for parents/carers, provided transition group interventions for Year 6 pupils and continued online 1:1 interventions with clients. Programmes delivered promote the whole-school approach:

1. **Looking after Staff Wellbeing through COVID-19:** A staff wellbeing pre-recorded session designed for the Trailblazer schools based on their identified need.
2. **Supporting Transition to Secondary School for Year 6 staff** to facilitate better ending experiences for their students.
3. **A 10-week pre-recorded workshop with worksheets** for parents of Key Stage 1, 2, and 3 level pupils to build resilience and cultivate the growth Mind Set.
4. **Supporting children experiencing Anxiety, Managing Challenging Behaviour and Transition back to School after Lockdown** (including information for children with learning support needs). **Pre-recorded Workshops with optional Q&A sessions for parents** were recorded by Education Welfare Practitioners and sent out to trailblazer schools to share with parents to support them during lockdown and increase awareness about possible interventions to enable them to support their children.
5. **Supporting young people experiencing Low Mood:** Enabling parents of secondary school children to support those experiencing low mood or depression
6. **A Transition and Attachment to Secondary School pre-recorded workshops and worksheets:** Using a resource developed to help parents/carers of Year 6 pupils

prepare for transition to secondary school. In addition there is a 6-week programme targeted at children to help support and manage transition. These resources have been recognised by King's College London as evidence-based practice.

7. **Group Interventions with Year 6 Pupils:** The EWPs are supporting vulnerable groups with transition to secondary school workshops over six weeks. These sessions are offered online via video link and have been well attended.
8. **A School Readiness Workshop:** which helps parents understand the strategies that help ease the transition to school for young children in Nursery and Reception.

Feedback from schools and parents have been very positive. The following are a few examples:

*"The staff wellbeing PowerPoint was well received from our staff... with many saying that it gave them space to reflect on how they were feeling once the children had gone."
(Looking after Staff Wellbeing during COVID)*

*"We have had positive feedback from parents saying that they feel like their whole family is being cared for and supported at this time."
(Feedback regarding the 10 weeks Resilience and Growth Mind Set Program)*

*"Just to say thank you so much for all these fantastic resources. It has meant our Year 6 children have had an extremely successful transition back into school!"
(Transition after Lockdown)*





Jigsaw at Collis School: A Whole-school Approach to Mindfulness and Wellbeing

Jigsaw⁷² is a mindfulness-based approach to PSHE, allowing children to advance their emotional awareness, concentration, and focus. It has strong emphasis on emotional literacy, building resilience and nurturing mental and physical health.

Champion at senior level: Collis School became aware of an increase in anxiety and other mental health issues amongst primary school children. In response, the Head Teacher, became a champion of wellbeing and mindfulness and brought in the PSHE 'Jigsaw' curriculum resource. Staff across the school were trained in mindfulness to implement the resource.

All teachers, all students and parents: A 'wellbeing teacher' was employed to support the children with their wellbeing and the staff to teach wellbeing. The teacher, who is a trained teacher and experienced play therapist, supports children

experiencing a range of issues through individual therapy or small group work and supports parents through parenting classes covering a range of issues such as sleep or anxiety.

Changes across the school: One classroom has since been changed into a wellbeing room, encompassing soft furnishings and an adjusted lighting system to reduce sensory feedback. In addition to the programme both mindfulness and yoga are taught during the week; sport and healthy eating are both integral parts of this and the school is almost sugar free.

Monitoring and evaluation: Measuring improvements in wellbeing has been a challenge. Progress is now monitored through a repeated electronic wellbeing survey (Pupils Attitudes to themselves and School (PASS)) at the start of each academic year. The programme is in its early stages and a full evaluation is in development, however, staff report increased confidence in teaching wellbeing.

⁷² <https://www.jigsawpshe.com/>

The School & Family Works: Reducing Inequalities in Health and Education⁷³

Clarendon School is a special day school for 120 pupils aged 7 to 16 with moderate learning difficulties and autistic spectrum conditions. Staff at Clarendon recognised that some children were not engaging effectively with the school due to underlying mental health issues. In response Clarendon commissioned a local social business, The School & Family Works (SFW) to create a community that could work together to address the underlying issues that were preventing the children from fulfilling their potential.

The programme supports families from deprived areas and families of children with additional needs by creating a safe, nurturing environment and offering opportunities to reflect, sort out, reduce reactivity and clear space for rational choice. As a result parents become a resource to their children, who then find space to learn. Behaviour improves, school attendance rises, and children are happier. In enabling communities to develop among families who are often isolated, the programme also opens parents as a resource to each other and their relationship with the school improves.

The Intervention: The strengths-based intervention identifies community groups called Family Groups (FG) to utilise the talents of the participants for the collective good of those involved. Development sessions are co-facilitated by an experienced, professionally qualified therapist and a senior member of the school's staff. FG members included up to six children identified as at risk of not fulfilling their potential, together with at least one of each child's parents/carers. Group sessions are offered weekly and provide a multi-family therapy session. Sessions include communal activities designed to help the children (and their parents) manage and process any underlying trauma and resulting behaviour affecting their relationships. Families participate in FG sessions for as long as required for

the child to thrive, the process normally taking up to a year before graduation.

The Outcomes: Buoyed by a better relationship with their parents, supported by their peers and helped by more informed and effective school staff, the Clarendon children were able to begin to fulfil their potential, both as students and as people. Simultaneously, participating parents began to use their talents and experiences to help each other and to reduce their isolation. Some became volunteers or got involved in the school as class representatives or PTA members. Others were able to take up employment or enroll in educational courses. An evaluation of the Clarendon FG by an independent consultant noted that:

- Parents and teachers confirmed that all the FG children showed improved empathy with others because of attending FG.



⁷³ <https://theschoolandfamilyworks.co.uk/>

- Statistics showed a rise in numeracy and literacy scores for the pupils in FG.
- Parents believe that FG facilitated a better understanding of how school operates, how their child is working and the kinds of ongoing support that may help their children to thrive.
- The most important issue for teachers was the parent and school connection – the status of a special school is such that parents do not “meet” at the school gates and so are often isolated.

Parents and teachers have said of the programme:

“FG has been a fantastic experience. I have enjoyed quality time with my child, seen my child’s behaviour improve through setting targets and met some fantastic parents too” (Parent)

“(My child) has become better at controlling her emotions and more ‘grown up’ in her attitude and approach to things”. (Parent)

“She manages her emotional outbursts better in a shorter amount of time and can reflect on her behaviour when she is calm” (Teacher)

“Everything seems to have fallen into place for him; it’s a lot easier you know. His self-esteem, it’s gone right up – he used to say “I’m a rubbish child” and that doesn’t happen so much now” (Parent)



An Integrated Whole-College Approach to Health and Wellbeing

South Thames College (an FE College with various campuses across South West London) is currently delivering the Mental Health Trailblazer pilot. Prior to their involvement, the College identified student support for emotional health and wellbeing as a key issue; elements included:

- Reducing or removing perceived stigma associated with mental health.
- Supporting students to feel safe, particularly in relation to serious youth violence.
- Improving access to support from the counselling and wellbeing service.
- Developing activities to improve resilience.

The programme, led by the Student Support Team, developed multi-faceted interventions that were built on qualitative and quantitative data. Interventions offered were both holistic, pro-actively raised awareness of health and wellbeing and worked to reduce barriers to access. Activity at the College has included:

- Provision of a full-time counsellor and a dedicated role to support students with SEN and/or Education Health and Care Plans (EHCPs) with mental health.
- Introduced compulsory training modules on the mental wellbeing of children and young people for all staff and access to optional mental health First Aid and suicide prevention training.
- Embedding a range of mental health promotion activities for students including within assemblies and induction.
- Celebration of health themed days including additional support for sessions and speakers such as ‘Talk Wandsworth’.
- Development of the Student Support Service to build an integrated service incorporating counsellors, wellbeing practitioners, welfare advisers, youth workers and careers staff. The service model now offers a supportive triage system to fast track those with higher needs.



- Establishment of a working group to drive forward improvements and share good practice.

The service is beginning to see welcome outcomes. Interventions have supported students to develop positive self-help strategies through the use of Cognitive Behaviour Therapy (CBT), mentoring and coaching and 95% of the counselling and wellbeing service users have remained on their courses in 2018-19. The mid-year (2019/18) college survey now shows that 98% of students feel safe at the college. Increase of use of services by previously under-represented groups, such as younger students (increasing two-fold from the previous year). Progress at the college has been recognised within the latest Ofsted Inspection in February 2020, which was rated as Good. Ofsted identified that "Leaders have successfully created an inclusive college where students and staff feel valued and welcome".

Richmond Upon Thames College have been involved in the Mental Health Trailblazer programme alongside South West Thames Sector networks. Through this programme the college has been identifying emotional wellbeing needs at crucial transition points including moving in to, through the years and out of college following completion and also transitions from CAMHS to adults' services where needed. The college is in

the process of developing and furthering their emotional wellbeing action plans using a whole-school approach. The Mental Health Service Team currently offers health and wellbeing support, a GP outreach service and targets young people at risk of, or experiencing mental health issues, drug and alcohol issues, teenage pregnancy and poor self-care. The college is also looking to build on its programme to cover a broader range of public health resources such as meningitis immunisation and the Head of College has said of the progress that it has improved access to health resources and continuous professional development. College clusters, of which Richmond is a part, will be focussing on pro-actively engaging with young people in the development of action plans and will also be looking at the impact of COVID-19 on staff emotional wellbeing.

Case Studies: Physical Health

Daily Mile: A Whole-school Approach to Physical Activity⁷⁴

St Osmund's Catholic Primary School recognises and actively promotes the benefits of exercise and physical activity and demonstrates to pupils the importance of developing good health habits to build on throughout childhood. A dedicated PE coordinator and Assistant Headteacher have offered a running club to KS2 pupils for the past 16 years and have now been taking part in the Daily Mile in the last two years.

Daily Mile is a large part of the school's strategy to get the whole school moving - the school does the Daily Mile 3-5 times a week promoting '30:30' ratio (30 mins activity at home and 30 mins at school). Initial reluctance to the programme was soon outweighed by the benefits. The opportunity of getting fresh air and letting off steam really helped some children to re-focus when back in the classroom. The school has raised the profile of the programme through assemblies and certificates of achievement. The exercise is not competitive, and children enjoy the self-challenge;

setting themselves personal goals to motivate the pupils in all year groups.

The school has also developed a 'Wake and Shake' initiative for the whole school, led by the Assistant Headteacher and Year 6 house captains. It takes place every Monday and Friday before school from 08:30 to 08:50 and involves all pupils, parents and staff. During lockdown parents requested continuity of the Wake and Shake initiative. The routine has been filmed at school and uploaded for families to join at home.

Finally, St Osmund's is one of only 40 schools across London that has been successful in securing an 'inspiring activity' place in the 2020 Virgin Money London Marathon where applicants must inspire the whole school community. The school plans to link the applicant's training and preparation into whole school events, including fundraising and physical activities. Funds raised will be used to extend the school's Wake and Shake initiative, provide sporting enrichment activities and increase access to a range of off-school sporting facilities.



⁷⁴ <https://thedailymile.co.uk/>

Case Studies: Building Resilience

Daniel Spargo-Mabbs: Competence Based Drug Education

National data on young people's exposure to drugs, and use of drugs, has shown a significant increase over the last six years. Government data on young people's smoking, drinking and drug use in Richmond showed higher levels than both national and London averages (2015 data).

The Daniel Spargo-Mabbs Foundation⁷⁵ provides evidence-based drug education to support safer choices for young people. The programme for students, parents and staff, incorporates a spiral curriculum of age-appropriate sessions for secondary schools that complies with European standards of good practice.

The programme uses the medium of Theatre in Education (TiE) to tell a verbatim play 'I Love You, Mum - I Promise I Won't Die' using the words of Dan's family and friends to tell his story. Performances are followed by interactive drug and alcohol education workshops.

Since 2016, the Charity has been working with all of the borough's state-funded secondary schools and five of its independent schools, offering a variety of packages depending on need or resource; including:

- Workshops to students and parents
- Support with planning and resources to deliver evidence-based drug and alcohol education
- Training for teachers, police safer schools' officers, school nurses and others

In the last academic year four Secondary Schools across Richmond have commissioned the TiE play and workshops reaching around 3,200 young people and parents in the borough. Evaluation data gathered from teachers and over 160 students aged 13-16 from all four schools performances in Richmond revealed:

- 86% reported learning more about the risks of drugs.

- 87% said they had learned more about the impact drug use can have on others.
- The best element of the production was that it is a true story, and verbatim.
- 62% said it had made them think differently about taking drugs in comparison to 55% across the average.
- 19% reported having taken drugs before the play and workshop, compared to 10% across the wider 2019 tour.

"Very professional, sensitive content is delivered in a powerful way. The audience responded very well, some were emotional, but all were engaged throughout. The workshop had great student involvement – very useful information at the end." (St Richard Reynolds Catholic College)

"It put a message across that drugs can be harmful and it's your choice what you do." (Student)



⁷⁵ <http://www.dsmfoundation.org.uk/>



Grey Court Secondary School: A Whole-school Approach to Restorative Practice

Whole-school approaches can bring about transformation to improve the school culture and ethos resulting in better educational performance and happier children and staff. Grey Court School demonstrates how a poor performing school became an outstanding school by applying a whole-school approach. It is now supporting other schools through training.

Grey Court School had been placed under special measures. Exclusions were high, attendance was poor and academic results were below target. With a falling roll and high staff turnover, staff were concerned about the behaviour and ethos of the school and students felt people did not care enough about them.

Student Voice: When a new headteacher arrived at the school students were encouraged to voice their concerns about bullying, gossiping, disrupted lessons and the negative impact of this on their learning and wellbeing. Action was needed to rebuild relationships and ensure that both student and staff wellbeing was prioritised.

The restorative journey: The restorative journey began by adopting a 'whole-school approach'. A senior member of staff became responsible for embedding the strategy across the school. Student Support Officers (SSOs), non-teaching heads of year, were trained in restorative approaches. Training was expanded to all the Senior Leadership Team and then cascaded to all teaching and support staff. Students were also trained in restorative approaches; building skills in restorative conversation and conflict resolution. Furthermore, restorative classroom and whole year conferences created a space for students to supply feedback on issues, such as behaviour, teaching and learning, rewards and motivators, wellbeing, and environmental issues. Information gathered was actively used to make improvements.

School policies: Restorative approaches were embedded within all existing and new school policies, including behaviour, anti-bullying policies, Relationships policy and Wellbeing policies. Policies are created in consultation with students, staff and parents. Parents were also informed of the new approach.

Change in school ethos: The introduction of restorative approaches has had a powerful and positive impact on school ethos, which now emphasises; high quality relationships; a calm orderly learning environment; respect for one another and high standards of personal appearance and manners. Students have grown to be proud of their school. That pride came from two things: the realisation that the old standards were not good enough (as with everything, growth and development is the key), and a revived sense of 'community'.

'It is a lot easier to sort things out because you can talk about it calmly and not flip out and get angry' (Year 9 student)

'It helps me with my learning more because I am comfortable in my surroundings and I know that I can trust everyone, and I can talk to them easily' (Year 10 student)

'As a new teacher to Grey Court, one aspect of the school that particularly stands out to me as different from my experience working at other schools is that the relationships between staff and pupils are grounded in a mutual respect. This is because, instead of simply being told when their behaviour is right or wrong, the pupils are asked to reflect upon it, leading them to a far deeper level of understanding of how they behave, and allowing them to make positive changes far more quickly. (Teacher)

'The school is committed to a restorative justice approach to resolving conflict and improving students' behaviour and relationships. This is highly valued by the students, who feel the system is very fair and has really improved behaviour in the school.' (Ofsted 2018)



Stakeholder Views

Consultation was undertaken with a range of different stakeholders to gather, from their perspective, key issues, strengths, opportunities, and gaps that a whole-school approach could address. These are summarised in Appendix Two.

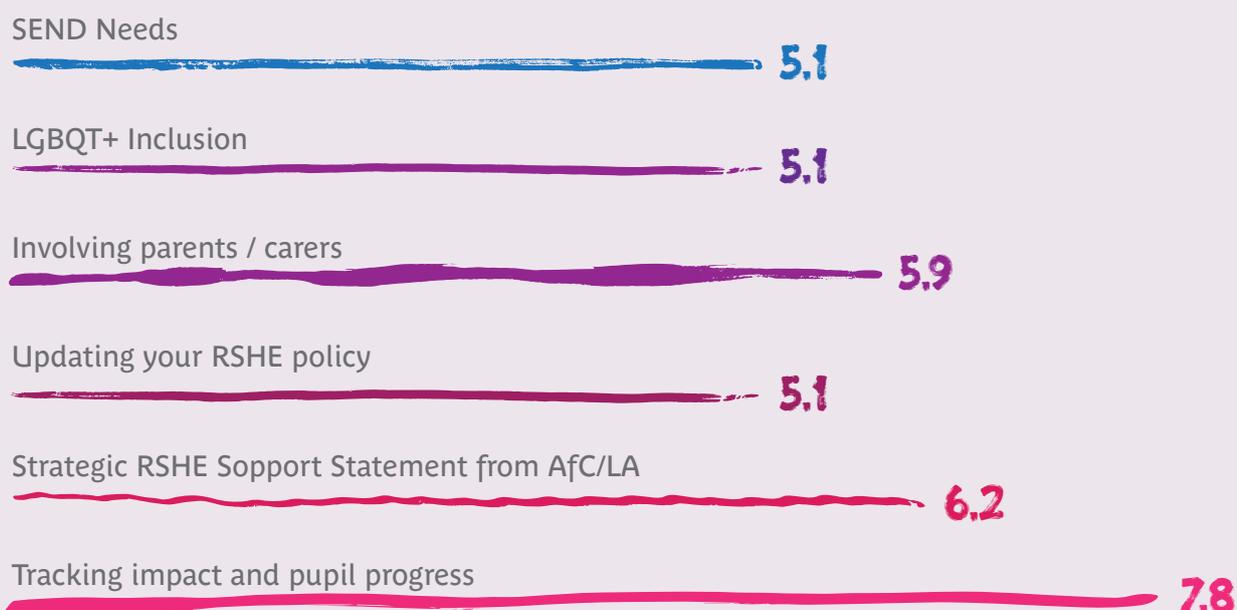
The key issues raised were the need for increased support for emotional, mental health and wellbeing across the age ranges. SEND was also highlighted as a key area of concern, particularly waiting lists for SEND assessments and the gap between achievement of those that meet the threshold for Educational and Healthcare Plans and those that do not. Concern was also expressed for prompt identification of and appropriate support for young carers.

Whilst many stakeholders mentioned higher prevalence of 'risky behaviours', there was anecdotal evidence on probable causes such as

'affluence neglect', early introduction to social drinking, and recreational drug use and peer pressure.

Consultation about the next steps for supporting schools to work toward statutory RE, RSE, HE was conducted in partnership with Kingston public health team at a recent School Improvement forum attended by over 70 primary schools from across Kingston and Richmond. A web based interactive survey was used during the virtual meeting to gain an understanding of priority areas of support required by schools. The results show that more support should be provided on tracking

Rank your priority areas for further training or support





impact and pupil progress and involving parents and carers. Schools would also welcome the production of a joint strategic Support Statement on RE, RSE, HE from AfC and the local authority. It is therefore important to review the development of this statement in the coming months.

There was concern that interventions were not always accessible to all settings across the borough and further consultation with partners could strengthen engagement of schools with high health need, but not readily engaging in programmes. This had the potential to further exacerbate existing inequalities. The allocation of the mental health trailblazers was given as a specific example.

A gap in health and wellbeing support was noted during transition years particularly as young people reach adulthood. Stakeholders felt that while colleges provided health and wellbeing support to their students the system still needs to be more connected.

Stakeholders provided information on what is working well including schools and colleges with wellbeing strategies, mental health trailblazer action plans, the Local Offer, SENCO staff, school nurses and the support provided by the voluntary and community sector. There is a clear need, however, to establish new and strengthen existing networks to facilitate the sharing of good practice to ensure collaborative approaches to health and reducing inequalities are enabled.

Section Five: Reflections and Recommendations



Reflections

Schools and other educational establishments are valuable community assets where our young residents are nurtured to become the adults of tomorrow.

Achieving good health (physical and mental) and social competency during childhood is equally as important as achieving educational attainment. Good health is a major resource for social, economic and personal development and an important dimension of quality of life. While it is acknowledged that Health Education alone does not achieve good overall health; our young people should be able to identify and achieve aspirations, satisfy needs and change or cope with their environment. Whilst Richmond is relatively less deprived and our outcomes for children and young people are relatively better than most other areas of London, it does not take away the real issues of obesity, poor emotional and mental health issues, health inequalities, and risky behaviour prevalent among our young residents.

The whole-school approach is evidence based and there is learning from the many years of experience of implementing it using different approaches internationally, nationally and locally. The approach embeds health and wellbeing within the school or settings' culture so that it promotes everyday healthy behaviour. The report recognises that there are many examples of effective whole-school approaches across Richmond and proposes we continue to build on this excellent practice so that every school or early years' setting has the confidence and support they require. Nurturing health and healthy behaviours from childhood and through adolescence and young adulthood is everybody's business. Schools are a prime setting but cannot achieve this on their own.

Richmond has less funding per head compared with many other areas to act on the wider social and environmental factors that influence health. It is all the more important for all partners including schools to pull resources together to implement

and sustain whole-school, whole-community, whole-child approaches across all educational establishments. There is a need to agree some common principles and share good practice so that inequalities affecting children and young people's health are reduced.

The local authority, through public health strategic influencing of the wider determinants of health, is recommended to work towards facilitating and achieving an ambition for a whole-school/college/university approach across all educational organisations in the borough with the aim to:

- Improve the physical health of our young residents.
- Improve nutritional health and healthy food habits.
- Reduce the challenges faced by our young residents which have a negative impact on their emotional and mental health.
- Promote inclusivity and reduce inequalities between and within schools.
- Provide services in a timely manner.
- Support and involve parents in the health and wellbeing of children.
- Acknowledge our assets and facilitate shared learning and opportunities for collaboration.
- Use evidence-based practice and digital resources and apply them at scale.

Recommendations

To achieve a collaborative ambition for implementing whole-school approaches the following recommendations for partners are proposed:

Recommendation One: Pro-actively influence strategic partners and partnership boards to strengthen existing strategies and plans that support the most vulnerable children, young people and families; most specifically: SEND, Young Carers and those in contact with social care as they move through crucial transition points.

Recommendation Two: Facilitate increased collaboration of school and community networks to connect wider partners in Education, Health and the Voluntary Sector, to promote collective action across all areas of health. Networks should be aligned to the SWL Health and Care partnership and recognise the additional needs of vulnerable groups such as young carers.

Recommendation Three: Set out plans with partners for strengthening the HEYL programme,

re-engaging with the London Healthy Schools Programme to promote holistic and whole-school / college approaches to health and wellbeing.

Recommendation Four: Strengthen the meaningful participation of children and young people in existing health and wellbeing strategies and commissioning to facilitate the sharing of their perceptions, concerns and solutions for promoting health.

Recommendation Five: Continue to support schools to work towards implementing the new statutory guidance on RE, RSE and HE through additional training, inclusion of the voluntary sector and the publication of a joint strategic statement of support from the local authority and AfC.

Recommendation Six: Build on the use of social media and digital platforms to promote public health interventions and messages to children and young people through targeted campaigns that promote the young people's health and wellbeing website: www.gettingiton.org.uk

| What do we recommend? | What impact will this have? | How will we know when we have achieved this? | Who will help us to achieve this? |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| One: Proactively engage with organisations and strengthen existing strategies that support the most vulnerable children, young people and families; most specifically: SEND, Young Carers and those in contact with social care | Existing strategies continue to make real measurable progress and benefit for CYP and families in Richmond Health and wellbeing outcomes continue to be improved | Through annual review of progress on strategies including Public Health influence over and contribution to these | AfC CCG CLCH Education Establishments VCS |
| Two: Facilitate increased collaboration of school and community networks | Increased and equitable access to a range of support services for schools, CYP and families across the borough | Networks are defined, established, operating regularly and receiving positive feedback from contributors | AfC CCG CLCH Education Establishments VCS |

| What do we recommend? | What impact will this have? | How will we know when we have achieved this? | Who will help us to achieve this? |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Three: Strengthen HEYL programme & re-engage with London Healthy Schools Programme | Increased range of evidenced-based health related activities & interventions in early years, schools and college settings | Agreed model for delivering HSL in Richmond with schools supported to achieve awards and local targets set. Increase in settings registering for and achieving HEYL & HSL awards. | AfC CCG CLCH Education Establishments VCS |
| Four: Strengthen the meaningful participation of children and young people in existing health and wellbeing related strategies and commissioning | Quality assure that the right services are delivered in the most accessible way and maximises engagement | CYP are represented on key strategic partnerships, are actively involved within commissioning cycles and supported to do so. | AfC CCG Healthwatch / YOL! Health Partners |
| Five: Support schools to work towards implementing the new statutory guidance on RE, RSE and HE | Schools and support agencies regularly participate in RE, RSE, HE related training programmes Publication of a joint strategic statement of support from the Local Authority and AfC | Schools feel supported and confident in their delivery Pupils and parent/ carers report increased confidence in supporting CYP through their school years | AfC Schools Health providers Pupils Parents / carers VCS |
| Six: Build on the use of social media and digital platforms e.g: www.gettingiton.org.uk | Young people have increased knowledge on the range of services on offer and skills to access them | Continued annual increase in use of the website and promoted targeted campaigns | AfC Schools VCS YP YOL! |

Delivered within the context of our existing and developing strategies for children and young people's health these recommendations will provide further opportunities to strengthen and embed parental involvement; involve the wider community; offer a co-ordinated approach and; promote the engagement of children and young people in the decision-making processes.

Public health will continue to support the identification of health need at a strategic level and ensure programmes are evidence-based, maximise health outcomes and promote family resilience. Progress on recommendations will be reviewed annually. Supporting whole-school and community approaches will enable our heroes of today to become the heroes of tomorrow.

Appendix One: Voluntary Sector Support for CYP and Families

| Voluntary Sector Organisations | Support for schools, CYP and their families in Richmond. For further information and a comprehensive list please visit www.kr.afcinfo.org.uk |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Crossways Pregnancy Crisis Centre | <p>Independent pregnancy centre offering free and confidential service to support women and their partners with;</p> <ul style="list-style-type: none"> • an unintended pregnancy, post abortion, pregnancy loss through termination, miscarriage, ectopic pregnancy, preterm loss or stillbirth • by offering counselling and psychotherapy <p>www.crosswaypregnancy.org.uk</p> |
| Family Lives | <p>Offers confidential advice to families across;</p> <ul style="list-style-type: none"> • all stages of a child's development including school issues, SEND, fostering and adoption • family/parenting/relationship support via parental online courses, community forum, Parentalchannel.tv • family breakdown, divorce, aggression in the home, bullying, teenage risky behaviour and children and parents' mental health concerns <p>www.familylives.org.uk</p> |
| HomeStart Richmond, Kingston and Hounslow | <p>Volunteer based support for to families facing a variety of difficulties:</p> <ul style="list-style-type: none"> • loneliness and isolation; post-natal depression; relationship difficulties • disabilities • ill health; bereavement • lone-parenting and managing pre-school children <p>www.homestart-rkh.org.uk</p> |
| LVA Trust | <p>LVA Trust Offers:;</p> <ul style="list-style-type: none"> • high quality, inclusive relationship and sex education via fun and interactive classroom workshops, assemblies and small groups. • one-to-one mentoring for young people who need extra support. <p>www.lvatrust.org</p> |
| Man&Boy | <p>Provide support for men & boys, to create strong and positive relationships; Supporting boys aged 9 to 12 in education transition</p> <ul style="list-style-type: none"> • weekend camping adventures • Relationship building courses • mentoring for fathers and reunion events <p>www.manandboy.org</p> |

Voluntary Sector Organisations **Support for schools, CYP and their families in Richmond. For further information and a comprehensive list please visit www.kr.afcinfo.org.uk**

Off the Record Twickenham

OTR offers free and confidential drop-in counselling, information and sexual health service covering;

- crisis counselling including self-harm and suicidal issues across locations in the borough
- up to 12 weekly counselling sessions
- walk-in information and a weekly sexual health clinic for 11-24 year olds
- support to parents and carers

<https://otrtwickenham.com/>

PAPYRUS

Richmond Carers Centre currently promotes PAPYRUS Prevention of Young Suicide Programmes. PAPYRS draws from the experience of many who have been touched personally by young suicide across the UK and speak on their behalf in campaigns. PAPYRUS provides;

- confidential support and advice to young people and anyone worried about a young person who may be at risk of suicide.
- national helpline, HOPELineUK, staffed by a team of mental health professionals,
- training to build skills, awareness and confidence to help prevent young suicide and delivers
- talks and awareness-raising sessions in schools, colleges, universities, community groups, prisons and other networks.

www.papyrus-uk.org

Richmond Borough Mind

Youth projects include;

- workshops for young people on anxiety, low mood, self-esteem, anger-management, transition to secondary school
- Youth Peer Volunteers: Training provided to young people with lived experience of mental health issues to deliver wellbeing sessions to young people in schools and youth settings
- Youth Peer Mentoring: structured programme of mentoring for young people including young carers
- Parent and Carer support and workshops

www.rbmind.org

| | |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Voluntary Sector Organisations | Support for schools, CYP and their families in Richmond. For further information and a comprehensive list please visit www.kr.afcinfo.org.uk |
| Richmond Carers Centre | <p>Richmond Carers Centre provides services for adult and young carers. Services targeting young carers include:</p> <ul style="list-style-type: none"> • info advice and support etc. 1:1 emotional support and mentoring programme delivered in schools or in the community • regular after school young carer support groups during term time • access to a leisure break programme in school holidays • bespoke projects and events – for example Career Guidance Programme for 14-17 year olds and Young Carers Awareness Day Celebration Event • signposting and referrals to respite breaks and grants or additional support as required • professional awareness programme – including offer of assemblies for schools and sessions for teaching staff • targeted support for sibling young carers and at key transition stages e.g. Year 6 to secondary school and impact on caring role <p>www.richmondcarers.org www.sibs.org.uk</p> |
| Richmond and Kingston Cross Roads Care | <p>Cross Roads Care provide respite and support for unpaid carers including families with children with behavioural, emotional and/or medical needs some of whom may be young carers.</p> <ul style="list-style-type: none"> • Min of 2 hours respite from their caring role. • Personalised care packages for the whole family. <p>www.crossroadscareruk.org</p> |
| Riverbank Trust | <p>Provides support to families</p> <p>1:1 emotional and practical support for children in 2 Primary Schools.</p> <p>Support Groups for parents of children with Special Educational Needs.</p> <p>Pre-school group providing home cooked lunches for families</p> <p>Drop-ins and support for families at a local homeless hostel</p> <p>www.riverbanktrust.org</p> |
| RUILS | <p>RUILS supports children and adults with disabilities and the elderly to live independently, be part of their community and to live life to the full. Specific activities for CYP include:</p> <ul style="list-style-type: none"> • Family Support for parents with children with additional needs and disabilities • Befriending for young disabled people • Independent Support for children/young people and their families who are going through the SEN process • Volunteering and work experience opportunities. <p>www.ruils.co.uk</p> |

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| Voluntary Sector Organisations | Support for schools, CYP and their families in Richmond. For further information and a comprehensive list please visit www.kr.afcinfo.org.uk |
| Skylarks | Supporting families with children with disabilities or additional needs through: <ul style="list-style-type: none"> • A diverse range of therapies with professional therapists and practitioners • Information and advice and advocacy • Peer support and groups for parents, carers and children www.skylarks.charity |
| Visit Richmond | Offers information to families on: <ul style="list-style-type: none"> • Sport and cultural events within the local communities • Promotes and encourages physical activity by using local parks and open spaces https://www.visitrichmond.co.uk/ |
| Youth Out Loud! | YOL! - a group of young people age 13-17. They work with Healthwatch in Kingston and Richmond to use their voices to make health and care services better for YP by: <ul style="list-style-type: none"> • Creating short informative films, • Conducting surveys and reviewing local services • Signposting YP to the correct local services • YOL! want to make sure young people's voices are heard and ensure that services work well for all young people in Richmond and Kingston. https://www.yolweb.info/ |

Further detail regarding family support services in Richmond can also be found on the Richmond Local Offer website. The site includes a section specifically aimed at children and young people www.kr.afcinfo.org.uk

Getting it on is a local website produced over the years by young people, for young people. The website provides information and services for 13-19 year olds on health and wellbeing, sexual and mental health issues, drugs & alcohol and

relationship problems covering the boroughs of Richmond, Kingston, Croydon, Merton, Sutton and Wandsworth. This is particularly useful for young people who reside in one borough but attend school in another borough.



Appendix Two: Summary of Stakeholder Consultation

| Issue / Topic | Strengths / Examples of good practice | Gaps / Concerns |
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| <p>Mental Health and Wellbeing</p> <p>Early Years: Self-care & toilet training Mental health</p> <p>Primary School: Emotional Wellbeing Fussy eating Anxiety</p> <p>Secondary School: Self-esteem Self-harm Eating problems Sleep Academic expectations</p> <p>Colleges: Managing own healthcare Eating disorders Relationship pressures</p> | <ul style="list-style-type: none"> • Schools are good conduits for promoting Health and Wellbeing. Early years nurturing promotes stable health and wellbeing foundations at both a family and child level. Which has commitment from a range of healthcare providers and professionals • Early Years: Healthy Early Years Award / Early Years Leaders Network / Childcare Provider Network / Parent Champions. Early years provision has commitment from a number of healthcare partners and professionals. • Mental Health Trail-blazers: providing additional support to schools e.g. access to psychologists, wellbeing practitioners, sharing good practice among different key stages / schools, providing regular time to meet with different professionals to discuss future steps. • Education Welfare Service • PSHE & School Policy: mindfulness programmes, Jigsaw, PATHs, ELSA, School PSHE Co-ordinators / Wellbeing co-ordinators in some schools & School policies e.g. Emotional Wellbeing Support Strategy Group In primary school / TA appointment cards. College wellbeing strategy and action plan. Parental engagement / training. | <p>Networking:</p> <ul style="list-style-type: none"> • Improve communication with School Health Service re general health activities across schools. • Improve access to health resources at college – e.g. training, networking and promotion of immunisations (PHE). <p>MH trailblazers: not available to all schools / Lack of involvement with School Health Team in designating MH trailblazers. Involvement in MH trailblazer can be very demanding for schools.</p> <p>Support Opportunities:</p> <ul style="list-style-type: none"> • Mental Health support and training for parents & teachers. • Strategies to reduce Adverse Childhood Experiences (ACES). • Early MH support for CYP facing DV, bullying. • 1:1 support with self-harm, eating disorders. • Mentoring opportunities / esp at transition points <p>Community Development:</p> <ul style="list-style-type: none"> • Range of afterschool / community clubs • Safe spaces for CYP to meet / engage in activities that promote wellbeing. • School capacity to accommodate range of programmes on offer and funding gaps. |

| Issue / Topic | Strengths / Examples of good practice | Gaps / Concerns |
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| | <ul style="list-style-type: none"> • External agencies in school: School Health Service 'Drop-ins', Man & Boy, LVA, counselling services, Daily Mile, GP on college campus, Health watch videos on exam stress, self-harm • Community Assets: Green Spaces / Forest Schools, Richmond Cultural Hubs – dance / drama / arts, Local Fire Station Visits / Fire Academy Events, Junior Citizens / SAFE DRIVE STAY ALIVE campaign, Homestart. • Community Consultation: Have Your Say / Youth Council, Healthwatch involved in service reviews / Healthcare plan. | |
| <p>SEND</p> <ul style="list-style-type: none"> • Increasing numbers of SEND including those with ADHD • EHC waiting lists | <ul style="list-style-type: none"> • SENCOs in every school • School SEND wellbeing forums • AfC SEND Futures Conferences • LGA Peer Challenge process | <ul style="list-style-type: none"> • Lack of funding while on SEND waiting list • Training in dyslexia, mental health & bereavement • Communication between home / school when health attends. • Bespoke support for mental health of children with SEND • Speech and Language Therapy |
| <p>Safeguarding</p> <ul style="list-style-type: none"> • Substance misuse • Sexual Health • Internet safety / Social-media | <ul style="list-style-type: none"> • DSM • Chlamydia testing / C-cards / Healthwatch SH videos • Schools on-line safety training | <ul style="list-style-type: none"> • over-arching prevention strategies • Parental engagement in prevention • Awareness raising campaigns on drugs and alcohol |

| Issue / Topic | Strengths / Examples of good practice | Gaps / Concerns |
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| <p>Healthy Eating / Obesity</p> | <ul style="list-style-type: none"> • Healthy Early Years Award / Early Years Leaders Network / Parent Champions • Healthy eating offer in all primary schools • Daily Mile / Sports premiums • Walking for Health | <ul style="list-style-type: none"> • Lack of age appropriate equipment in Gyms • HEYL to be stretched to reach more settings. |
| <p>Young Carers</p> | <p>Richmond Carers Centre Carers Trust – support for families Telephone access Referral process from AfC On-line Information to support sibling young carers www.sibs.org.uk</p> | <p>No routine identification of young carers from GPs or other primary care settings (e.g. through social prescribing)</p> <p>Lack of support for young carers with parents with substance misuse and/or mental health difficulties</p> <p>Support for schools to identify and support young carers</p> <p>Support for young carers right to a carers’ assessment</p> <p>Increasing caring responsibilities of young carers through pandemic – and subsequent impact on young carers mental and physical health and wellbeing.</p> <p>Importance of holistic family approach and importance of joint working across both statutory and non-statutory organisations</p> <p>Think whole families – it’s everybody’s business</p> <p>Consistency in ensuring young carers are included as a vulnerable group.</p> <p>Professional awareness raising to identify hidden young carers</p> <p>Increase profile and awareness of young carers through social media and other communications.</p> |

Opportunities

- Improve networking between different initiatives and programmes to promote availability of resources / good practice (e.g. LFB Life-Course)
 - Promote existing on-line directories of services for CYP / Parents / Teachers (e.g. Richmond Local Offer Website and www.gettington.org.uk for CYP).
 - Develop unified approach to identifying and supporting young carers.
 - Support staff caring for children with complex and traumatic experiences.
 - Prioritise vulnerable groups within programmes to reduce inequalities (e.g. Care Leavers, Young Parents, Young Carers, LGBTQ, BAME).
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