

Report

Report to:	Education Resources Committee
Date of Meeting:	21 May 2024
Report by:	Executive Director (Education Resources)

Subject:	Health and Wellbeing Census
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update regarding some of the background related to the national Health and Wellbeing Census for children and young people
- ◆ seek approval to conduct a large-scale health and wellbeing survey of P6-S6 pupils South Lanarkshire schools on a cyclical basis

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the background related to the national Health and Wellbeing Census for children and young people is noted;
- (2) that South Lanarkshire engages in a large-scale survey of children and young people's health and wellbeing, for pupils P6-S6;
- (3) that, in order to provide ongoing evidence of progress in this area, this survey should be repeated on approximately a 3-4 yearly cycle; and
- (4) that, if possible, the survey is linked to any future extension of the national Health and Wellbeing Census, and that core content is established.

3. Background

National and South Lanarkshire Context

- 3.1. The mental health and wellbeing of children and young people is a national and local priority. Children's health and wellbeing is essential to their healthy development and long-term outcomes and schools have a key role in supporting children and young people's wellbeing.
- 3.2. As part of the Getting it Right for Every Child (GIRFEC) approach, all services working with children and young people, and those who care for them, must play a part in promoting, supporting and safeguarding child wellbeing. The United Nations Convention on the Rights of the Child (UNCRC) provides a framework to ensure that children's rights are considered whenever decisions are taken, and to help provide every child with a good start in life and a safe, healthy and happy childhood.
- 3.3. The focus on the health and wellbeing of children and young people is a key Public Health Priority and also emphasised in the National Improvement Framework (NIF), which states that one of its key priorities is "improving the health and wellbeing of children and young people".

- 3.4. In South Lanarkshire, mental health and wellbeing is a key priority for the Children's Service Partnership, with a multi-stranded action plan and thematic sub-group targeting improved outcomes in this area. The broad outcome of the group is to support every child and young person to be able to access support which helps improve their mental health and emotional wellbeing.

Thematic strands have been identified as follows:

- ◆ Improve maternal and infant mental health
 - ◆ Improve support offered to children and young people who may be at risk of self-harm and suicide
 - ◆ Improve whole system approaches to mental health and wellbeing.
 - ◆ Improve visibility and accessibility of community mental health supports and services
 - ◆ Develop staff professional learning and development to ensure their own and others wellbeing established
- 3.5. Within Education Resources, the Education Resource Plan for 2024-2025 has as one of its key priorities, improving health and wellbeing and enabling children and young people to flourish.
- 3.6. An Education Resources Mental Health Group has a wide range of areas of focus, including:
- ◆ Ensuring a co-ordinated and coherent approach to supporting mental health and wellbeing within Education Resources
 - ◆ Whole school mental health and wellbeing
 - ◆ Workforce wellbeing and capacity building
 - ◆ Improve visibility and accessibility of community mental health supports and services
- 3.7. Securing improved data at the establishment and whole system level is key to measuring improvement and targeting next steps for both of these groups.
- 3.8. In recent years, children and young people and parents and carers and wider professionals, have consistently reported concerns in terms of the health and wellbeing for children and young people. This pre-dates the COVID-19 pandemic, with the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) survey and other surveys showing a decline in positive wellbeing in Scotland since 2010.
- 3.9. COVID-19 further impacted on positive wellbeing negatively. A survey carried out by Education Resources during lockdown in relation to the impact of COVID-19, yielded response rates of 5800 parents/carers and 3000 children and young people. There were clear themes about the adverse impact of lockdown on mental health and wellbeing. The findings of these surveys directly supported recovery planning and approaches by identifying core actions. Subsequent research, completed as part of the scoping for community mental services, asked over 3000 secondary pupils in the authority in depth about mental health. Young people noted high levels of confidence in relation to talking about mental health (86% were confident to some degree), but less confident talking about their own mental health (55% confident to some degree). It is notable that 48% had been concerned to some degree about their own mental health in the previous year.

- 3.10. South Lanarkshire participated in the Realigning Children's Services Wellbeing Surveys in 2016. The Realigning Children's Services (RCS) programme gathered evidence on the experiences of children and young people and parents through school-based surveys, mapped investment in children and family services and provided support and facilitation to Community Planning Partnerships (CPPs) to improve their joint strategic decision making in relation to children's services. As part of this process, 7078 primary aged children, 9385 secondary aged young people and 510 parents gave their views. This survey was comprehensive and supported further improvement activity. It provided powerful evidence of persistent inequalities in health and wellbeing and considerable gender and age variation across many of the domains.

4. National Health and Wellbeing Census

- 4.1. The original proposal for introducing a Scotland wide Health and Wellbeing Census dates back to 2015. The rationale for the survey noted that although relevant national and locally commissioned surveys had been set up by individual local authorities and health boards, it was reported that these collections did not provide sufficient, consistent or timely enough data to support: annual reporting at local authority level to meet current and future obligations; exploration of inequalities within and across local areas; or service improvement activities at very local level, and were not useful at national level either. Smaller scale surveys, for example the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), last delivered in 2018, and Health Behaviour in School Aged Children (2022) have given useful insights, including the ability to consider possible trends now, and comparison to previous years, but have had extremely limited sample sizes. Over time comparison can be a vital component of surveys of this nature.
- 4.2. Delivering the Health and Wellbeing Census has been identified as potentially having benefits at 3 levels: school level, authority level and national level. At a school level, data should be available at individual school level, and this could support curriculum planning and school improving planning, ensuring children's voice is central to this, and providing evidence of impact for whole school interventions. At authority level, it can potentially help evaluate delivery of the Promise, approaches to address the poverty related attainment gap, support curriculum design and feed into the development of whole system approach through providing data on the experiences to support children and young people. At National level, the Health and Wellbeing Census would support evidencing need and progress against national outcomes including National Improvement Framework and National Performance Framework outcomes and potentially support policy development. It allows for the collection of whole population data and data of vulnerable groups at all levels.
- 4.3. The Scottish Government states that the Health and Wellbeing Census is local authority data, and the prime aim is to give local authorities and their local partners evidence for informing and monitoring improvement activity and meeting commitments and goals as set out in the National Improvement Framework. It is administered by the local authority and each local authority should have access to its own data first and foremost. The Scottish Government then asks the local authority to share data with it. Local authorities can decide for themselves whether or not to undertake their own census and define those questions to be included in the Health and Wellbeing Census. Importantly, the local authority can add questions as well as remove questions.

- 4.4. The Health and Wellbeing Census was delivered in Scotland between October 2021 and June 2022. South Lanarkshire Council did not participate at this time. The Census aimed to ask all children and young people from P5- S6 a range of questions on the following topics:
- ◆ Attitudes to school and aspirations
 - ◆ Neighbourhood and life at home
 - ◆ Physical health
 - ◆ Mental health and wellbeing
 - ◆ Experience of bullying
 - ◆ Substance use
 - ◆ Relationships and sexual health
- 4.5. 16/32 local authorities collected data in 2021/2022. The Health and Wellbeing Census covered a range of topics and children from P5-S6 were included. The Census content varied across the age ranges. The main findings at a national level showed a clear trend that positive perceptions decrease with pupil stage, particularly up to S4, and that girls have less positive perceptions than boys across a wide range of measures. Additionally, those from more deprived postcodes, report feeling less positive about a range of measures, and there are some differences in substance use with the prevalence of being a regular smoker increasing with deprivation, as does the current use of e-cigarettes.
- 4.6. The number of authorities completing the survey in 2021/2022 (16/32) was lower than expected. While other reasons may have influenced individual authority decisions, and the survey was delivered during the COVID-19 pandemic which would have impacted, there was significant scrutiny and discussion of the content of the survey, especially the relationships and sexual health section and particularly the questions that related to senior phase pupils (S4-S6). There was some significant comment in the media about the content of the survey. Of the 16 authorities that took part in 2021/2022, two opted to shorten this section and cut some of the more invasive questions and one authority chose to adapt them so they were useful locally but did not form part of the national data set. Young people who responded to these questions were much more likely to indicate that they did not want to answer, by selecting “prefer not to say”.
- 4.7. Overall, it is important to note that the Health and Wellbeing Census offers parents the right to withdraw, and children and young people the right to not participate either in the whole survey or opt out of an individual question or group of questions.
- 4.8. Since the 2021/2022 Health and Wellbeing Census, other authorities have continued to develop their own approaches to gathering large scale data in this area and many have robust arrangements in place. For example, one authority in the West Partnership has delivered a large-scale survey based on the Warwick Edinburgh Mental Wellbeing Scale (WemWBS), whilst another uses the Strengths and Difficulties Questionnaire (SDQ). South Lanarkshire Education Resources had good access to small scale surveys and evaluations, for example the COVID-19 and Community Mental Health surveys mentioned above, and evaluations (annually completed) on the counselling through schools and community mental health. Previous surveys are now out of date, in a context around Mental Health and wellbeing that is fast changing, whilst service evaluations offer only a snapshot of wider issues.

5. Summary

- 5.1. In summary, it is considered that the Health and Wellbeing Census could potentially generate essential information to support strategic planning to meet needs for schools, Education Resources and the Children's Service Planning Partnership.

6. Recommendations

- 6.1. For the reasons noted in 3.3 above, it is recommended that South Lanarkshire Council engages in a large-scale survey of health and wellbeing, to gather high quality whole system information on health and wellbeing.
- 6.2. It is recommended that South Lanarkshire Council seeks to deliver a survey that reflects the local context and stakeholders' views, but broadly aligns with the national census. If possible, it would align in timeframe with a future national Health and Wellbeing Census.
- 6.3. After careful consideration of the content of the 2021/2022 national Health and Wellbeing Census, it is specifically proposed not to include some of the more invasive questions relating to sexual health and relationships.
- 6.4. An options appraisal of alternative methodologies has identified that proceeding in this way would be the best option, as alternative surveys are limited in scope, or overly reliant on one tool.

7. Key Implementation Points

- 7.1. To ensure effective implementation in South Lanarkshire, it will be essential to ensure that:
- ◆ The approach taken to implement a health and wellbeing survey is bespoke and meets the needs of South Lanarkshire's key stakeholders
 - ◆ Specifically, questions around sexual health and relationships are only included where they are not overly invasive and are vital to feed into partnership planning (for example, around initiatives relating to gender-based violence)
 - ◆ Effective arrangements are in place to ensure compliance with legislative, information management and legal responsibilities, for example in ensuring a privacy agreement and Data Protection Impact Assessment is in place
 - ◆ The approach ensures a children's rights-based approach, through consideration of a children's rights impact statement and through thorough consultation with children and young people
 - ◆ Appropriate safeguarding arrangements are in place to which children and young people can be signposted for support
 - ◆ A robust approach to consent is in place that offers children, young people and parents the option to opt out

8. Consultation

- 8.1. Consultation in relation to the Health and Wellbeing Census has to date taken place with a group of headteachers, of non-denominational and denominational schools, and wider agency partners, including the Child Health Commissioner for Lanarkshire and Health Improvement Officers, and a range of partners in the GIRFEC Strategy Group and Children's Service Health and Wellbeing Thematic Group. Scoping with authorities who were involved in 2021/2022 has taken place, to gauge the challenges and benefits of implementing a large scale survey.

- 8.2. Further in depth consultation will be essential to ensure that the approach to a future health and wellbeing survey takes into account the views of stakeholders in South Lanarkshire.
- 8.3. Key stakeholders include children and young people, parents and parent groups, schools and Church Groups.

It is vital to ensure that there is an effective communication strategy regarding the health and wellbeing survey, to ensure that information in the public domain is accurate and objective and South Lanarkshire's considered approach to delivering a Health and Wellbeing Census is fully understood.

9. Employee Implications

- 9.1 There are no employee implications for noting.

10. Financial Implications

- 10.1. There are no financial implications for noting.

11. Climate Change, Sustainability and Environmental Implications

- 11.1 There are no significant implications for climate change, sustainability and the environment arising from the recommendations in this report.

12. Other Implications

- 12.1. There are no sustainability or other implications arising from the recommendations made in this report.

13. Equality Impact Assessment and Consultation Arrangements

- 13.1. This report does not require an equality impact assessment.
Consultation and engagement with stakeholders and multi-agency partners will continue as the strategy is further implemented within educational establishments.

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30 April 2024

Link(s) to Council Values/Priorities/Outcomes

- ◆ Improve achievement, raise educational attainment and support lifelong learning
- ◆ Ensure schools and other places of learning are inspirational

Previous References

None

List of Background Papers

- ◆ Health and wellbeing among children and young people in South Lanarkshire-Findings from the RCS Wellbeing Survey Programme (2017) children and young people in South
- ◆ Health and Wellbeing Census 2021/22. Key Findings

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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