

Priorities for action - Central Bedfordshire Pupil Health and Wellbeing Survey 2017

Main priority: Increasing pupil resilience

More pupils have a low measure of resilience compared to the wider SHEU sample.

19% Years 4 and 6, and 37% Years 8, 10 and 12 pupils (48% Year 10 girls) have medium to low resilience.

5 Related challenges:

LGB - Pupils who are Lesbian, Gay and Bisexual are more likely to have low self esteem and over 1/3 of all pupils do not seek support for gender issues.

Sleep - 17% of older students got less than 6 hours sleep the night before the survey.

Fear of bullying - The number of year 10 pupils who are sometimes afraid of going to school due to bullying has increased since 2014.

Self harm - 251 (9%) older pupils cut or hurt themselves when they have a problem or feel stressed. A quarter of older pupils go nowhere for information and support on social media problems.

Physical activity - Since 2014 fewer younger pupils report that their school helps them to be physically active.

- Central Bedfordshire results are from a representative sample from Years 4, 6, 8, 10 and 12 of 5,502 pupils (14% total mainstream pupil numbers across all years) in 36 Lower and Primary and 19 Middle and Upper schools (approx. 1/3 of all schools).
- Comparisons of local results are drawn with a robust SHEU data set of over 92,000 pupils across the UK.

Promoting resilience is a priority for the Health and Wellbeing Strategy and the Children and Young People's Plan.

What's being done?

1. **Development of the 'Promoting Emotional Health and Wellbeing and Resilience - a Whole School and College Approach' toolkit** to build universal resilience and promote emotional wellbeing for all school aged children. For dissemination in September 2018.
2. **The Central Bedfordshire PSHE Network** webpages and Facebook group offers training and promotes resources to support all Central Bedfordshire schools/colleges with high quality PSHE.
3. **The Health in Education Whole School/College Review** promotes the health and wellbeing of pupils through policies and practice to promote universal health and wellbeing and prevent negative health and wellbeing outcomes.
4. **Planned local analysis of self harm** will inform an evidence based approach to reducing self harm.
5. **Ongoing commissioned resilience intervention** for targeted children.
6. **Support and training for schools/colleges** provided by the CAMH and CHUMS schools teams and the School Nursing Service.

What else needs to be done?

1. Improve the support offered by schools/colleges and commissioned services for LGB and T children and young people through training for the children's workforce. **(Leads: CBC Children's Workforce Development and BCCG).**
2. Support parents/carers to build resilience in their children and young people via schools/colleges, and through Parenting Programmes. **(Lead: PH and Early Help).**
3. Champion the provision of high quality PSHE in schools/colleges to increase pupil resilience through building:
 - problem solving skills
 - social media coping skills
 - emotional intelligence and literacy
 - relationship education
 - self esteem and confidence**(Lead: DPH and DCS).**
4. Champion the implementation of a whole school/college approach to health and wellbeing, including implementation of the Emotional Health and Wellbeing and Resilience' toolkit. **(Lead: DPH and DCS).**
5. Schools/colleges to support children and young people to increase their physical activity to 60 minutes per day. **(Leads: PH, School Improvement, Leisure).**
6. Improve the knowledge and skills of the children's workforce through mental health and wellbeing training. **(Lead: CBC Children's Workforce Development and BCCG).**
7. Implement the local and national anti-stigma campaigns across the system, particularly focusing on boys. **(Lead: STP Prevention Board).**
8. Carry out a local analysis to inform an evidence based approach to reducing self harm. **(Lead: PH).**

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