

SHINE Development Officer - Final Report

Aim: Develop a model for engagement with SHINE at a school and local authority level to support improvements in pupil health and wellbeing.

This piece of work was undertaken whilst seconded part time to the SHINE team from August 2021 to March 2022, alongside my role as SHINE school lead/Teacher of PE. The developments were primarily based at Meldrum Academy, which has been a member of the SHINE network since its inception in 2018, and included collaborations across Aberdeenshire, the local authority within which this school is based. The school had previously participated in the 2018 Health Behaviour in School Age Children Study¹, TeenCovidLife Survey 2020², administered the SHINE online Mental Health and Wellbeing Survey³ in 2021 and were in receipt of data reports relating to these.

The focus for my development work, while seconded to the SHINE Team was to explore the implementation of pupil mental health and wellbeing data, accessed through engagement with SHINE, to support improvements in pupil health and wellbeing. A practitioner enquiry approach, as evident in the GTCS Professional Standards for Teachers⁴ was utilised to ensure developments remained relevant and useful to school based, network members whilst also producing outcomes suitable for contributing to the further development of SHINE. The data sharing/implementation model developed aligns effectively with the Whole School Approach to Wellbeing⁵, published in a timely manner in relation to the timeframe of this study, to provide further appropriateness to the audience it aims to support.

The area of enquiry for this development work was sub-divided into the following four objectives.

1. Develop a model to support the successful sharing of data at school community level
2. Develop systems to support the successful implementation of mental health and wellbeing data at school community level
3. Develop a model to encourage successful engagement with SHINE across Aberdeenshire local authority secondary schools
4. Develop knowledge of research methods which could be used to complement SHINE pupil mental health and wellbeing data in relation to gathering parent/carer and staff data



MRC/CSO Social and Public Health Sciences Unit



Objective 1: Develop a model to support the successful sharing of data at school community level.

The first objective was created from an awareness that school level data existed, which had the potential to make a real impact on improving pupils' health and wellbeing, and the desire to share this with the wider school community. Given the sensitive nature of the data, careful consideration was required in relation to who the data would be shared with, what data would be shared, why we would wish to share the data and, if appropriate, when would be the most suitable time. The whole school health and wellbeing group was the starting point, applicable to align with the whole school approach and would ensure that all relevant stakeholders would have access to the data to support individual and group aspirations for improvement planning. To operate in the most effective and efficient way the following sub-groups were collectively agreed and formed:

1. Pupil Focussed
2. Parent/Carer Focussed
3. Staff Focussed
4. Strategic Development Planning/Policy Focussed

Support for the various group members in relation to the data interpretation was facilitated by myself, as the school-based SHINE Lead, with access to expertise from the SHINE team validating this process. This allowed themes to be identified which would be the focus for development work linked to objective 2. These included pupils "at risk" of depression, low self-confidence, happiness with appearance, managing emotions and loneliness. Applicable sections of the data have subsequently been shared with a range of stakeholders across the school community, at various times throughout the timeframe of this study, as part of this development work. Examples of the instances of sharing the data include:

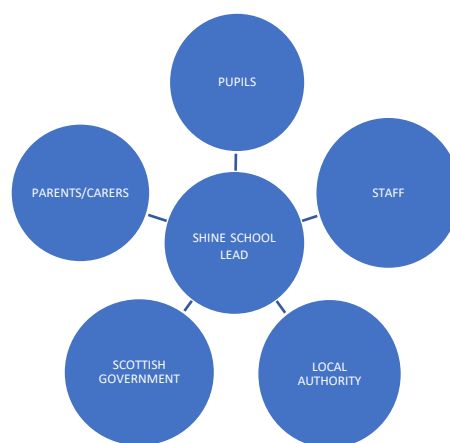
- staff in-service training,
- parent council meetings,
- whole school health and wellbeing events,
- curriculum delivery in senior phase classes,
- strategic development planning meetings.

Attention has been given to ensure recipients of this information understand the capabilities and limitations of the data. The model has been developed to ensure these processes are sustainable with flexibility in relation to the timing of data sharing, the type of data shared, membership requirements and meeting schedules as well as operational policy and procedure within the school. Looking ahead, we plan to repeat this process biennially following each cycle of survey completion/data report receipt.

Having a designated SHINE Lead as a facilitator to this process proved crucial in providing support and, importantly, two-way communication between the identified Health and Wellbeing group and the SHINE team within the SPHSU⁶. Designated time allocated to this role has been extremely important to the success of this process – this point was highlighted by both the SHINE Lead, the school Senior Management Team as well as staff members of the Health and Wellbeing Group. The quality of the data within the report has also been highlighted, with a significant number of stakeholders commenting on the potential positive impact of the data. Challenges were faced when trying to find common communication platforms to facilitate the adoption of the whole-school approach and include all the relevant stakeholders. Conflicting online permissions when trying to collaborate on identified platforms also proved tricky. However, the dedicated time for the SHINE lead role once again allowed these to be addressed with this facilitation role allowing all individuals to be fully involved by including additional meetings, alternative communication methods and flexibility within the working day incorporated into the model.

Objective 2: Develop systems to support the successful implementation of data at school community level.

Following on from the development of objective 1 the clear progression route was for this data sharing model, (see figure 1) to be utilised as a system for implementation.



(Figure 1)

The four sub-groups met periodically, again with facilitation from the SHINE school lead, to plan and deliver developments linked to the data themes that emerged from the SHINE Mental Health and Wellbeing survey. The strategic development planning/policy-focussed sub-group incorporate both the Scottish Government and local authority policy elements shown on figure 1, ensuring that our SHINE data themes were informing planning linked to both local (Education and Children Services

Priorities) and national policy (NIF) objectives. The main piece of work carried out by this group was the formation of a whole school HWB strategic development plan, capturing the developments of the other three sub-groups and thus providing a clear and coordinated focus for health improvement across the school community. This plan has served to raise awareness of these developments and ensures that work linked to our SHINE pupil data will continue to be at the heart of our school improvement planning. Many of these developments, driven by the pupil, staff and parent/carer focussed sub-groups, linked to ongoing work across the school community, with the data providing additional weight and relevance through highlighting need and supporting the effective apportioning of resources. Examples include:

- sharing data to support learning and teaching within areas of the health and wellbeing curriculum, specifically the National 4/5 Mental Health and Wellbeing Award, tutor time activities linked to wellbeing support and the S1 HWB course component which focusses on self-care activities and the five ways to wellbeing⁷,
- informing the production of whole school health and wellbeing awareness-raising event resources and activities, specifically mental health awareness week⁹ and time to talk day¹⁰,
- providing a focus for in-house staff continuing professional learning events by sharing specific data themes to provide relevance to HWB “Responsibility of All” development work as well as sign posting staff to relevant staff training events delivered by outside agencies,
- guiding targeted health and wellbeing support projects by informing the staff and young people involved in delivering peer mentoring programmes and young leaders of learning projects to the areas where specific support is required.

In other areas within these three sub-groups, new and exciting developments are underway, these include a SHINE cluster transition project and a parent/carer consultation which are specific to supporting health and wellbeing. Through membership of the SHINE network, there is the possibility to enhance this model of working with HWB data by attending follow up support events and participating in further high quality SPHSU health research studies, specific to some of the survey data themes identified as priorities in the school data report. In addition, a further agreed target is the development of a consultation programme focussed on staff health and wellbeing.

As with objective 1 this system or model of engagement has been developed with a focus on sustainability by building in flexibility and alignment with existing school operational procedures. The SHINE lead role within this system has proven to be successful as both a facilitator, ensuring that the expertise across the school community was utilised to benefit the outcomes of these projects in a co-ordinated way, and to lead projects where time capacities for others with a dedicated health and wellbeing remit may have prevented the delivery of these programmes. This model has enabled greater progress to be achieved within the development of health and wellbeing programmes and events which target the whole school population within a shorter timeframe. Other successes include the development of a whole school health and wellbeing strategic

development plan which has been informed by the data. The plan is, therefore, based on the needs of our pupils, which will continue to support the delivery of health programmes in a more transparent and co-ordinated way to assist the provision of universal support. Communication platforms have been set up which focus specifically on the CfE Health and Wellbeing – Responsibility of All experiences and outcomes⁸ and raise the profile across the school community of this key area of the curriculum. New opportunities for staff who have a particular interest in this area have also been created and the enthusiasm and commitment of personnel on these sub-groups have undoubtedly contributed to the successes. In addition, the development of contacts across the SHINE network, at all levels, to share practice and inform developments has been invaluable and will continue to be a central support beyond the timeframe of this case study. Time capacity continues to be a challenge and could be a potential barrier to further developments. However, the future possibility to retain this specific role as a HWB coordinator including the SHINE remit is currently being explored as a possible solution to the time challenges.

Objective 3: Develop a model to support successful engagement with SHINE across local authority secondary schools.

The following targets were created to support successful engagement with SHINE across Aberdeenshire secondary schools:

1. Set up a channel for communication with secondary schools who were already SHINE members and those with an interest in joining the network
2. Share the development/progress of work focussed on objective 1 and 2 with this potential group as well as access support to inform/shape these.
3. Communicate development of this case study with the respective local authority quality improvement/health improvement officers to support local authority developments focussed on health and wellbeing and access support from a strategic level where applicable

The first target involved reaching out to existing contacts, primarily staff within health faculties, to identify existing SHINE school leads and/or members of staff who were interested in finding out more about the SHINE network. The response was positive with a range of prior knowledge and engagement with SHINE existing. An initial meeting took place to gauge interest in the development of an Aberdeenshire Council SHINE group. In the meeting, I was able to share the level of my engagement to date, provide information about the network and explain how membership could support schools. A "SHINE Aberdeenshire" Microsoft Team was set up as a platform to communicate and collaborate moving forwards. In addition to this, I brought together the SHINE Network Manager with the Aberdeenshire Quality/Health Improvement officers to establish good lines of communication so that potential SHINE developments could be explored at Local Authority level.

The timeframe of this study has been a challenge in relation to the development of a Local Authority model given the scale of the endeavour and the relatively short timeframe of the secondment. This was further impacted with the continued implementation of Covid restrictions throughout this school session and adaptations to the initial timeline due to the major disruption caused by storms, during this time period. Progress has been made however with establishing good working relationships and communication between Aberdeenshire Council and the SHINE team. As a result, discussions are taking place to support Aberdeenshire schools to successfully engage with the SHINE network in order to potentially receive school, cluster and Local Authority-level data reports if interest in SHINE is sufficiently consistent across the Local Authority. Platforms to retain these lines of communication and collaboration have been developed and it is hoped that further developments beyond the time frame of this case study will continue to support this objective and can be shared with the wider network going forward.

Objective 4: Develop knowledge of research methods which could be used to complement the SHINE pupil mental health and wellbeing data in relation to gathering parent/carers and staff data.

The whole-school approach involves all stakeholders within our school community. When examining, interpreting, and reflecting upon the SHINE pupil mental health and wellbeing data the following questions arose:

1. What can we do as a whole school community to assist our parent/carers to support the health and wellbeing of their young people?
2. What can we do as a whole school community to support the health and wellbeing of our staff?

While in the SHINE Development Officer role, my opportunities to network more widely across SHINE with other schools and practitioners across Scotland were greatly increased. Through network events and contacts established I was able to discuss parental consultation, relating to health and wellbeing support with other practitioners and learn from best practice. These collaborations, combined with input from the parent council, supported the development of a parent/carers survey in my school. Data from the survey results have since informed the enhancement of a programme of activities for parent/carers aimed specifically at supporting health and wellbeing. Within this objective the aim to consider how best to support staff wellbeing has also been extensively explored. Consultation methods have been shared, topics and areas of focus have been considered and the possibility of a new piece of research, development of a research proposal within the SHINE team is being discussed. Successes within this objective have undoubtedly been the sharing of practice and learning which has taken place upon reflection from these discussions, amongst network members and the wider health and wellbeing workforce. These have arisen through network support within the SHINE Lead role and enhanced during the completion of this case study.

Challenges moving forward will be focussed on retaining these contacts and identifying times to meet regularly to engage in discussion around identified topics. Again, one potential solution is the possibility of retaining dedicated time to the SHINE Lead role.

Reflection on experience and conclusions.

Experiences within this SHINE Development Officer role has enabled sustainable systems to be set up which aim to maximise the use of HWB data to support improvements in pupil health and wellbeing. Protected time to work towards achieving these aims, increased contact with the SHINE team and extended networking across the Scottish health and wellbeing network have undoubtedly contributed towards embedding a whole school approach, with data at its foundation, at school level, and increased engagement and collaboration with SHINE at local authority level.

Recommendations for the further development of SHINE.

The outcomes of this case study demonstrate the value and impact of certain existing SHINE systems already in place and highlight the potential for some new developments:

- This case study underlined the importance of having a dedicated SHINE lead role within each school/cluster to oversee the survey administration programme, the data sharing process and the implementation of developments arising from these processes. For future development, it showed that this role should include the responsibility for the management and delivery of Health and Wellbeing - Responsibility of All experiences and outcomes and areas of these relating to the Whole School Approach to Supporting Mental Health and Wellbeing, supporting and reporting/ to the DHT with responsibility for welfare and pastoral care or equivalent.
- The initial development of an Aberdeenshire SHINE network within the wider national network demonstrated the enhanced opportunities for collaboration at local level and was very useful in streamlining extended direct communications with the SHINE team based in the SPHSU. Organising a local level of SHINE engagement within the national network via a dedicated authority SHINE Lead and LA Health Improvement Officer would ensure that communications and key messages could be amplified and consistent to better support busy schools.
- The future commissioning of studies/research may produce findings which can inform the development of programmes to support the health and wellbeing of school staff and/or parent/carers of school aged children and young people. My school's close connections with the SPHSU, forged through my secondment, would certainly support such engagement.

References.

1. <http://www.hbsc.org/>
2. <https://www.ed.ac.uk/generation-scotland/for-researchers/covidlife>
3. <https://shine.sphsu.gla.ac.uk/2021/09/07/shine-online-pupil-mental-health-survey/>
4. <https://www.gtcs.org.uk/professional-standards/professional-standards-for-teachers/>
5. <https://www.gov.scot/publications/whole-school-approach-mental-health-wellbeing/>
6. <https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/mrccsosocialandpublichealthsciencesunit/>
7. <https://neweconomics.org/2011/07/five-ways-well-new-applications-new-ways-thinking>
8. <https://education.gov.scot/Documents/hwb-across-learning-eo.pdf>
9. <https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week>
10. <https://timetotalkday.co.uk/>