

ABERDEEN CITY COUNCIL

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| COMMITTEE | Education & Children's Services Committee |
| DATE | 24/06/2025 |
| EXEMPT | No |
| CONFIDENTIAL | No |
| REPORT TITLE | Health & Wellbeing Report |
| REPORT NUMBER | F&C/25/155 |
| DIRECTOR | Eleanor Sheppard |
| CHIEF OFFICER | Shona Milne |
| REPORT AUTHOR | Emma Powell |
| TERMS OF REFERENCE | 1.1.1 |

1. PURPOSE OF REPORT

- 1.1 This report sets out the findings of the Health & Wellbeing surveys undertaken within Aberdeen City Schools in December 2024.

2. RECOMMENDATIONS

That the Committee:-

- 2.1 notes the content of this report;
- 2.2 acknowledges the hard work of secondary schools, and the wider support staff in Education and Lifelong Learning in supporting S5 Girls to improve their mental health outcomes;
- 2.3 instructs the Chief Officer Education and Lifelong Learning to consider the findings of the report and plan next steps as part of work being taken forward to develop the next Local Outcome Improvement Plan and associated National Improvement Framework Plan; and
- 2.4 instructs the Chief Officer Education and Lifelong Learning to report the findings of the next Health and Wellbeing surveys to Committee following the next survey point.

3. CURRENT SITUATION

- 3.1 Within the curriculum, health and wellbeing is currently organised into six areas:
- mental, emotional, social and physical wellbeing
 - planning for choices and changes
 - physical education
 - physical activity and sport
 - food and health
 - substance misuse
 - relationships, sexual health and parenthood

- 3.2 Schools across the city deliver a health and wellbeing curriculum aligned to the six areas of responsibility and keep this under regular review. A range of resources are available to support curriculum planning and provide staff with access to relevant and up to date resources. Schools have invested in and developed, with wider Education and Lifelong Learning Service support, universal supports which targeted interventions are then built upon. A progression overview and resource bank for Physical Education for Primary Schools is also available to all Aberdeen City Education Staff and was developed by Aberdeen Physical Education, Physical Activity and School Sport (PEPASS) team.
- 3.3 To determine the effectiveness of arrangements currently in place to support positive wellbeing, the Education & Lifelong Learning Cluster regularly surveys pupils to help identify trends and determine the adequacy of current approaches. The report in Appendix A, is a summary of city-wide findings from the two most recent Health & Wellbeing Surveys issued to children and young people within Aberdeen City during November and December 2024. One survey is delivered in partnership with Schools Health Improvement and Research Network (Shine) and focusses on mental wellbeing for pupils in P6-S6, the second focussed on physical wellbeing, and was designed locally and undertaken by pupils in P5-S6. These surveys are taken at the same time to try and provide consistency within the data and subsequent data analysis.
- 3.4 The city-wide analysis, contained in Appendix A, shows that there are encouraging widescale improvements in almost every aspect of wellbeing compared to previous data sets which include:
- a reduction in levels of pupils with low mood and at risk of depression;
 - an improved picture on the Strengths and Difficulties Questionnaire (SDQ) which measures mental health difficulties;
 - improved levels of reported self-confidence levels and optimism;
 - improvements in physical health;
 - an improved picture in relation to feelings of safety, inclusion, good health, aspects of sleep, and being listened to; and
 - reduction in reporting of loneliness
- 3.5 In general, city outcomes continue to sit above national comparator data. We remain alert to reports of self-harming and happiness with appearance and both continued to improve in this year's data. Improvements were also observed for this with our 'Did Not Disclose' gender group, and with girls. There remain areas for us to consider more fully. These include a need for us to work with Community Planning Partners to:
- continue to address the gap between the Family Affluence Scale Groups (low, medium and high) even though each group is showing an improved position the gap between them especially the low and high affluence groups has not improved;
 - whilst acknowledging the improvements in improved levels of liking school, we are seeing more learners feel pressurised by schoolwork, this is likely connected to the hard work across Aberdeen to improve educational attainment and outcomes for all learners;
 - stay alert and monitor data in relation to boys' levels of confidence
 - consider how best to support secondary pupils to eat breakfast; and

- continue to work with the Alcohol and Drugs Partnership to address the slight increase in the number of pupils trying of e-cigarettes/vapes and other substances, including lifestyle drugs that have not been prescribed to them.

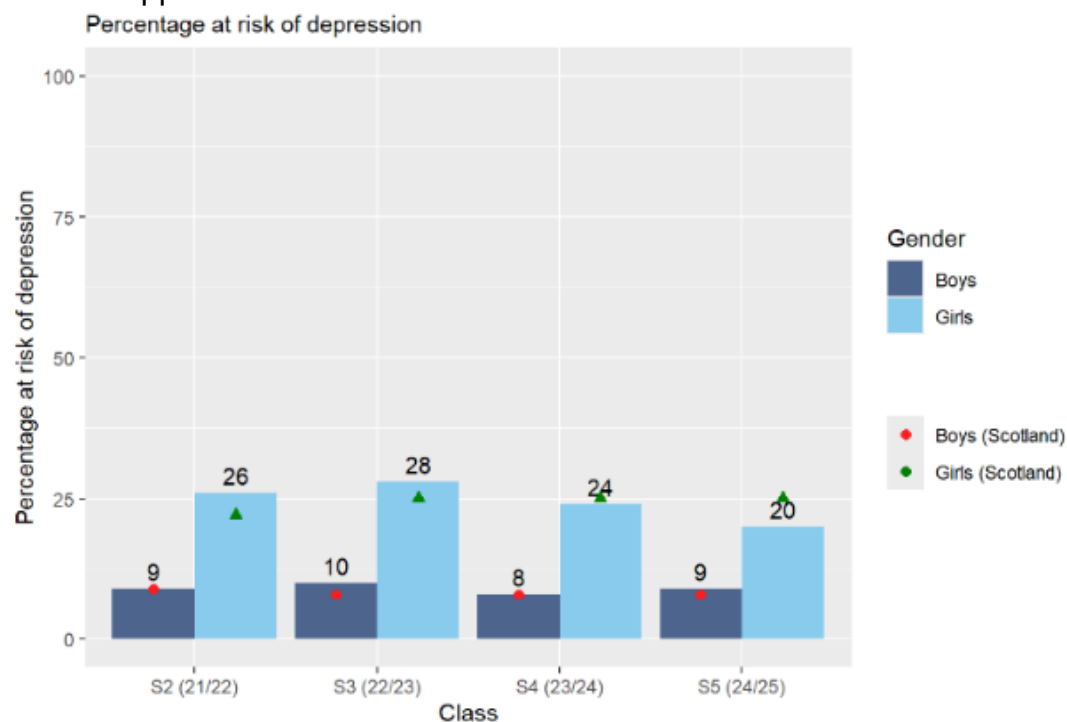
3.6 Cohort of Focus: S5 Girls (Previous S4 Girls)

In keeping with the Committee instruction, we applied a focused lens to our data to consider our current S5 girls who were identified as a cohort of focus due to their then continued poorer outcomes compared to their male peers, and the years above and below them. These girls transitioned to Secondary School during and between Covid lockdowns, this meant they did not have the opportunities normally in place for successful Primary to Secondary transitions. They did not have visits to school, the opportunities for small group working and chances to get to know their teaching staff, nor their support links in guidance. Once they transitioned to Secondary school, they were not able to access school groups whether sports, arts, drama or humanities clubs, as these were not allowed to be in place. Moreover, social distancing and bubbles were in place. This meant less contact and interaction with their peers. Research into Teenage Brain Development tells us that social connectivity is typically more important for teenage girls than boys, and that at this stage of development social interactions matter more for girls. To explore the positive outcomes in more detail, an explorative case study was carried out with a secondary school to discover the approaches that lay behind their positive data.

3.7 Within Appendix A you can see that the outcomes for our current S5 girls, our cohort of focus, have improved. We are really pleased to see this. The areas of improvement include:

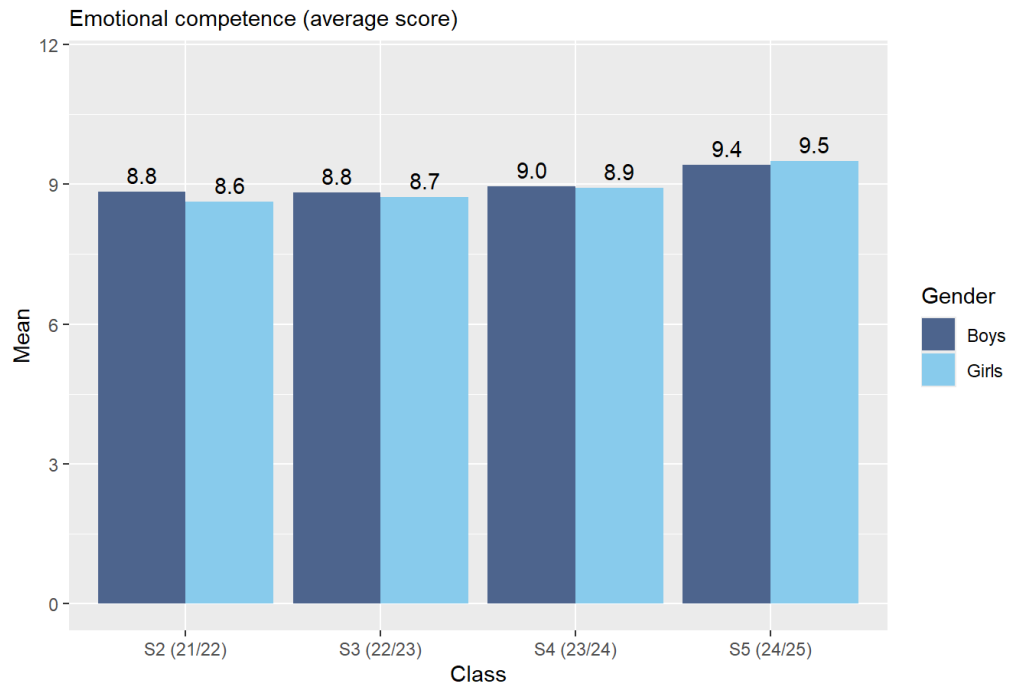
- General health
- Emotional Competencies
- Loneliness
- Risk of Depression
- Belief in Self
- Liking School
- Belief in school support

3.8 The following graphs show the progression made for this cohort compared to previous years with the graph to the right showing the progress in lowering the reported risk of depression for this cohort. You can see how our cohort of focus

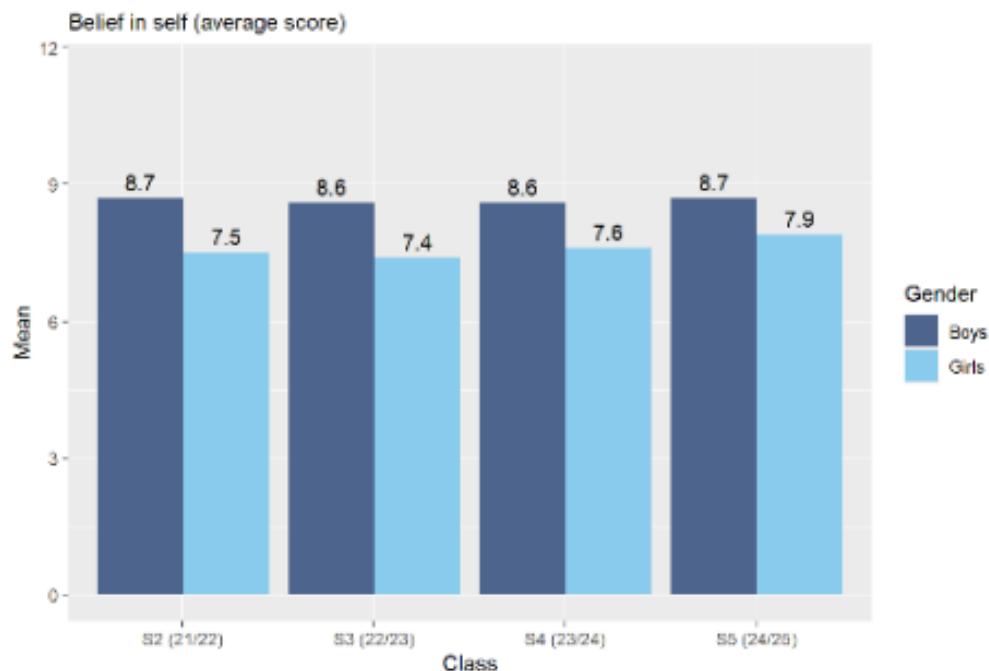


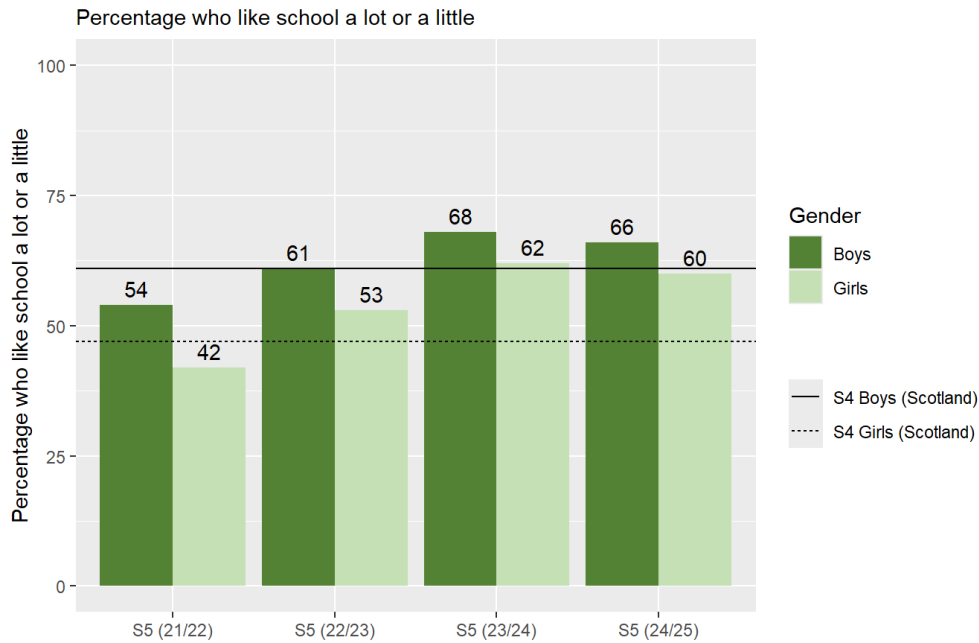
were originally higher than the Scottish Comparators but are now below that level (the green triangles).

3.9 Emotional competency is higher now in S5 than in S2 to S4 and compared to the reporting of previous S5s. Emotional competency is a positive mental health determinant. Higher scores signify better outcomes for learners.



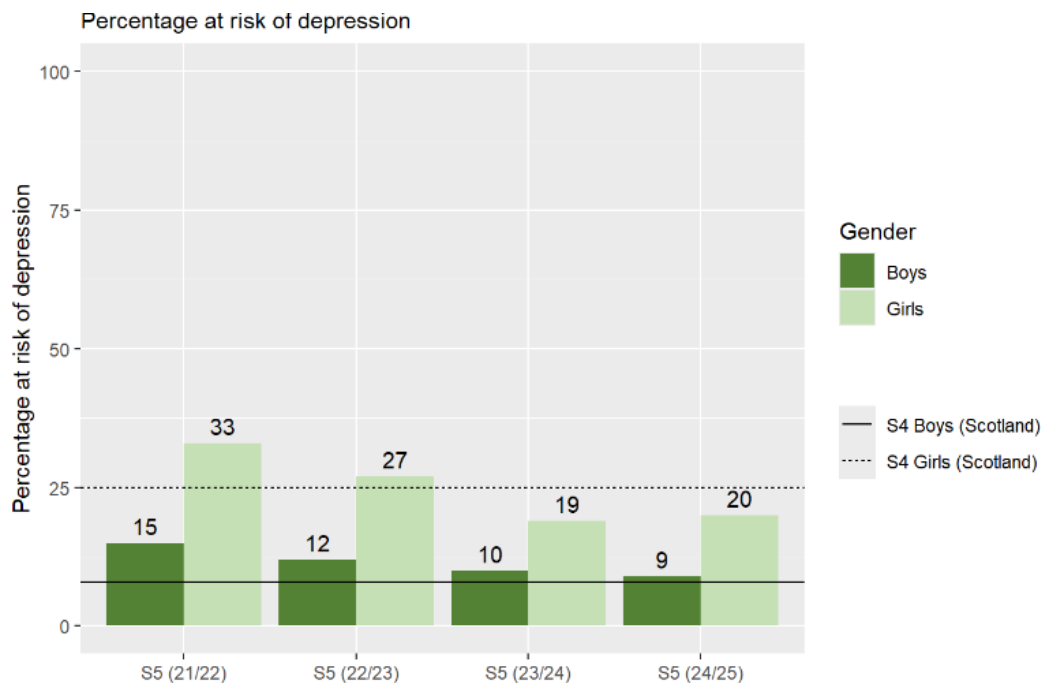
3.10 The graph in blue below shows Belief in Self. This is a protective mental health measure made up of the average scores in the subdomains of self-efficacy, self-awareness and persistence, which when added together, create an overall score of belief in self. You can see how our cohort of focus have improved in this domain, especially over the last year.

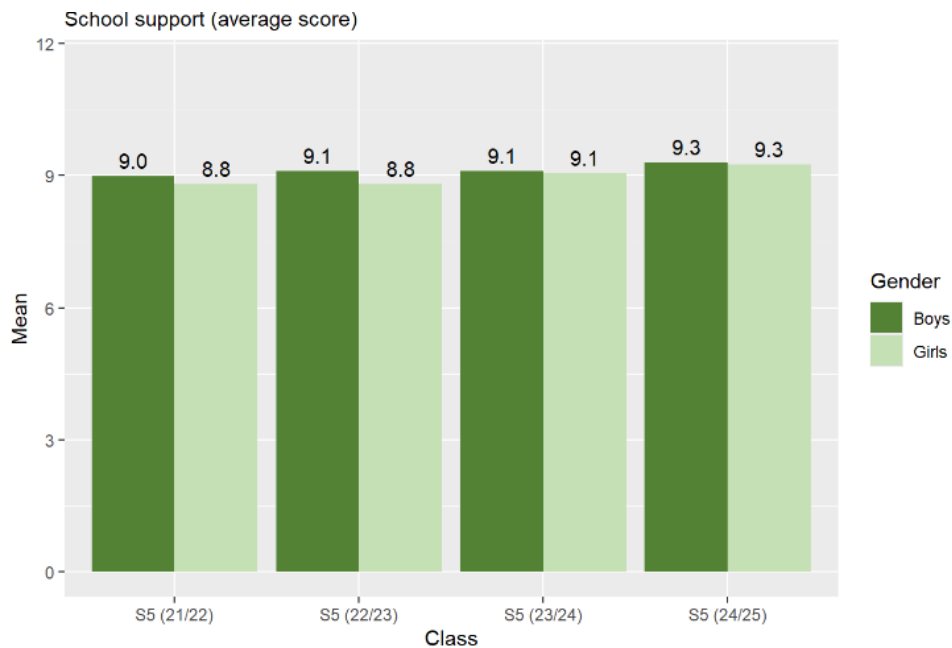




3.11 The graph above in green shows that more girls report liking school now in S5 than when they were in S2 to S4. This is more than previous S5s and we can see from the line, more than the national average.

3.12 The following graphs show the progression made for this cohort in comparison to previous S5 cohorts. You can see from the chart on the left below that our current S5 cohort are reporting lower risk of depression than our first 2 cohorts of S5 pupils surveyed under Shine. We can also see that the gender gap has reduced for this cohort in this important area too.





3.13 The graph above on the right shows us that the average score for school support has increased for our current S5 cohort compared to previous cohorts. Again the gender gap has decreased for these cohorts.

3.14 Although we are seeing overwhelming progress for this cohort, there are a couple of areas we need to give focus to. Areas still requiring consideration for our cohort of focus:

- 'Feeling pressured by schoolwork'
- 'Emotional Symptoms' & 'Hyperactivity' within the Strength and Difficulties Questionnaire
- Risk of Low Mood, although this has come down for our S5 girls compared to their previous years' reporting, it is still higher than the reporting for other stages this year

3.15 Insight from the Secondary Schools in relation to the factors that allowed them to have a positive impact on the current S5 girls include:

- Strong leadership, and strong wider leadership structures and clear roles and remits
- Knowing their own unique context, learners and their families and addressing key areas for them – use school based and the Shine and Physical Health and Wellbeing Surveys data
- Targeting Attainment, and making mental health and wellbeing connected and part of this, rather than a separate focus. Integrating wellbeing into learning, teaching and assessment
- Invest in the capacity of staff, to build their skills and understanding in learning, teaching and assessment and the role they play on factors of mental health and wellbeing
- Making it a whole school approach, not just a 'Support for Learning' or Guidance responsibility
- Starting with universal supports, especially universal teaching and supports – to reduce stress, low sense of self as learners, and lack of confidence
- Engage learners in meaningful consultation and collaboration

- Support the learners to become leaders of learning and empowerment approaches, so programmes designed in collaboration with themselves, they then deliver to, or support others to deliver to other learners
- Developing understanding of families, through collaboration and connection

3.16 This local insight clearly correlates with the best practice laid out in Scottish Government's 2021's "Whole School Approach Framework for Schools to Support Children and Young People's Mental Health and Wellbeing". This framework draws together factors for successfully supporting mental health and wellbeing across a whole setting, and with full engagement and connection to the wider school community. It proposes that positive mental health and wellbeing is integral to a school support model and that a piecemeal approach to address mental health and wellbeing will not work. The Eight Principles will continue to be considered by the service and are detailed in the diagram below:

| E. Eight principles of a whole school approach to support mental health and wellbeing |
|---|
| 1. Leadership and management that supports mental health and wellbeing across the school |
| 2. An ethos and environment that promotes positive and respectful relationships and values diversity |
| 3. Effective curriculum and learning and teaching to promote resilience and support mental, emotional, social and physical wellbeing and learning |
| 4. Enabling children and young people's voices and participation to influence decisions |
| 5. Supporting staff professional learning and development in order to ensure their own and others' wellbeing |
| 6. Identifying need and monitoring impact of interventions |
| 8. Targeted support and appropriate pathways to the right support |

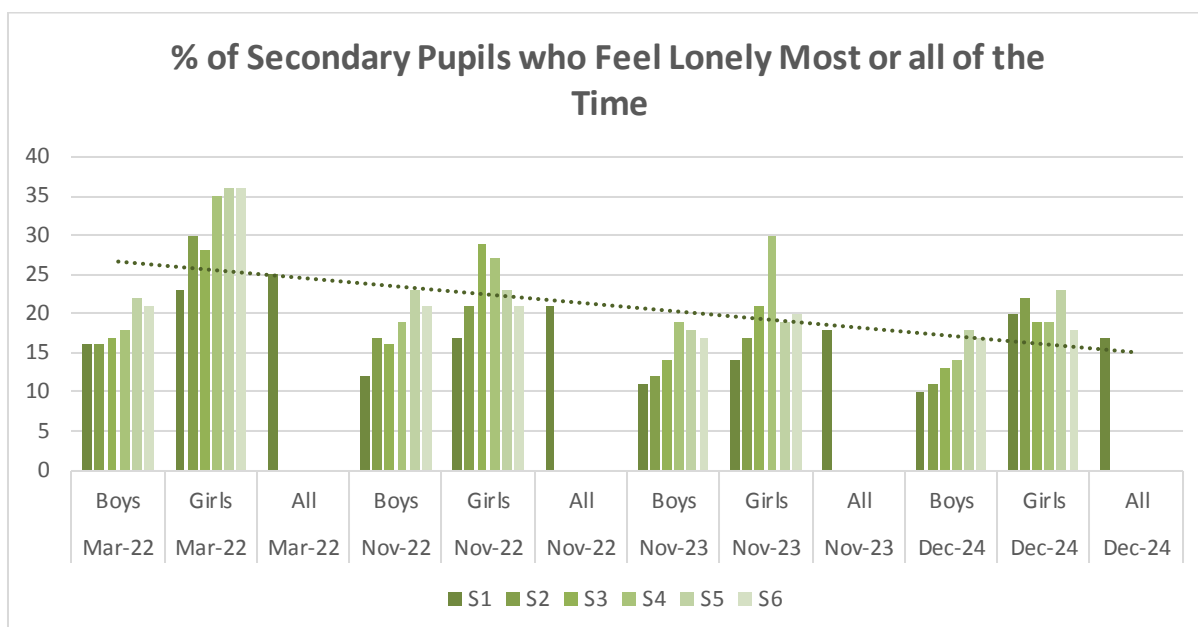
3.17 **Factors that can lower Risk of Suicide**

The Children's Services Plan Annual Report highlights an area of concern, younger adults at increased risk of suicide. At April's Education and Children's Services Committee it was agreed that the service should consider this further in relation to the data within the Shine Mental Health and Wellbeing measures.

3.18 Certain mental health and wellbeing measures can be considered risk or protective factors as part of the highly complex picture and pattern of death by suicide. Some indicators that are viewed as being involved would be ratings of:

- Loneliness
- Optimism
- Risk of depression
- Increased emotional competence

3.19 All these measures have shown continued improvements for us in our data again this year. Especially loneliness, risk of depression and low mood, which all have lower reported scores. This is encouraging, but our on-going consideration of this area, within the content of Children's Services Planning, will continue.



- 3.20 Scottish Government's document, ["Time Space Compassion: Supporting People Experiencing Suicidal Crisis"](#) highlights some key interventions being trialled by NHS Trusts and 3rd Sector organisations. Distress Brief Intervention (DBI) Scotland is highlighted and this intervention continues to be offered in our schools.
- 3.21 Other integral aspects includes the importance of genuine listening and connections, and again many Aberdeen City Council support offers focus on a sense of belonging as being fundamental to successful support for learners. Additionally, the need for practitioners to be trauma-aware and informed in their approaches when working with learners and their families is thought to be key.
- 3.22 Our continued work on trauma and nurture will support the service to be as suicide preventative in our approaches as possible and we will continue to monitor new publications of emerging learning to strengthen our arrangements. We will continue to be responsive to events across our school communities, as well as utilising materials coming from the Local Government's Working Group on Mental Health. SAMH currently are working with five Aberdeen City schools to assist their work in this area. School staff across the city have been trained as Mental Health First Aiders, and settings continue to work with a variety of third sector partners who offer support and advice around suicide prevention. Schools can request a Systemic Early Intervention Consultation at any point with their locality EPS in relation to suicide prevention, personal and social education curriculum, or to consider their Shine data more carefully.
- 3.23 School leaders have access to Associated School Group (ASG) Shine reports and their physical health and wellbeing survey data through a PowerBI dashboard to help illustrate local trends over the last 3 years. This trend data is enabling individual schools and ASG partnerships to identify positive changes and areas for inclusion in School Improvement Plans for 2025/26. Officers in the Quality Improvement Team, and the Educational Psychology Service are there to support schools in their data exploration, support planning, or building capacity. Some school communities are working together within their Associated Secondary Group's (ASGs) to address challenges and trends they

see across their contexts, or to promote and develop positive factors of mental health and wellbeing.

- 3.24 The report and data available in Appendix A will be tabled with the Children's Services Board and used to inform delivery of year 3 of the established Children's Services Plan. It will also be considered as the National Improvement Framework Plan for 2025-26 is being developed and as priorities for inclusion in the Next Local Outcome Improvement Plan are being considered.

4. FINANCIAL IMPLICATIONS

- 4.1 There are no financial implications arising from this report. The costs of all improvement actions will be undertaken within existing budgets.

5. LEGAL IMPLICATIONS

- 5.1 The Children and Young People (Scotland) Act 2014 provides that children's services should be provided in a way which best safeguards, supports or promotes the wellbeing of children; ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising; is most integrated from the point of view of the recipients; and constitutes the best use of available resources.
- 5.2 The Standards in Scotland's Schools etc. Act 2000 places a duty on Education Authorities to secure that education is directed to the development of the personality, talents and mental and physical abilities of the child or young person to their fullest potential and in carrying out this duty to have due regard to the views of children and young people.
- 5.3 The Education (Additional Support for Learning) (Scotland) Act 2004 places a duty on the Authority to make adequate and efficient provision for supporting children and young people with additional support needs.
- 5.4 The Equality Act 2010 places a duty on the Authority to advance equality of opportunity between people who share a relevant protected characteristic and those who do not and to take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.
- 5.5 The ingathering of data from the surveys undertaken and the proposed steps to address the findings of these surveys will assist the Authority to implement these duties more effectively.

6. ENVIRONMENTAL IMPLICATIONS

- 6.1 Only positive environmental impacts have been identified. On-going promotion of pupil voice and their participation in decision making will help develop citizens who consider environmental implications in later life.

7. RISK

| Category | Risks | Primary Controls/Control Actions to achieve Target Risk Level | *Target Risk Level (L, M or H) *taking into account controls/control actions | *Does Target Risk Level Match Appetite Set? |
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| Strategic Risk | Risk of not improving outcomes for children and young people | Data gathered from the wellbeing surveys and the work in schools in response to this is tailored to meet the needs of children and young people at a local level, thereby reducing some risk. | L | Yes |
| Compliance | No significant risks identified | | | |
| Operational | Staff are overwhelmed, which leads to low morale as staff feel unable to meet the educational and well-being needs of young people. | Staff wellbeing surveys are undertaken which help us to understand their needs and respond with an ongoing commitment to delivering support and high-quality professional learning for all. | L | Yes |
| Financial | Risk of not having sufficient resource. | Ongoing consideration of a multi-agency approach to service delivery and resource, ensures the right support from the right place is timely and we have a more joined up process for children and families. | L | Yes |
| Reputational | Where single agency support is in place for children and | Data scrutiny, reporting and strong partnerships enable | L | Yes |

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| | young people to meet their physical and mental wellbeing needs we are unlikely to meet these needs, causing a reputational risk to the organisation. | us to enhance the Council's reputation for strong collaborative and solution focused working. | | |
| Environment / Climate | No significant risks identified | | | |

8. OUTCOMES

| <u>COUNCIL DELIVERY PLAN</u> | |
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| <u>Aberdeen City Local Outcome Improvement Plan</u> | |
| Prosperous People Stretch Outcome (Children & Young People) | <p>The detail within this report supports the delivery of Children & Young People Stretch Outcomes 4 to 9 in the refreshed LOIP. This includes the following projects:</p> <ul style="list-style-type: none"> • Increase to 80%, the number of staff who feel confident about how to directly support, or refer a child for support, and signpost to appropriate services by 2022. • 100% of schools offer sustainable and equitable access to counselling for those children aged 10 and above who require it by 2022. • The number of children and young people with an eating disorder who are identified within 3 months of onset is increased by 50% by 2023. • Increase by 80% the use of digital wellbeing resources for children and young people's mental health and wellbeing by 2022. • 100% of children and young people have free access to physical activity which improves mental health and wellbeing by 2022 • Increase the number of care experienced young people by 10% receiving multiagency throughcare/aftercare support by 2023 • Increase number of young people who need support in relation to trauma and bereavement having access to such support by 50% by 2023. |
| Prosperous Place Stretch Outcomes | <ul style="list-style-type: none"> • Increase % of people who walk as one mode of travel by 10% by 2023. • Increase % of people who cycle as one mode of travel by 2% by 2023. • Increase the number of community run green spaces by a minimum of 8 that are organised |

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| | and self-managed for both people and nature by 2023. |
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| Regional and City Strategies Regional Cultural Strategy Prevention Strategy Children's Services Plan National Improvement Framework Plan | The universal provision of education is fully aligned to the Prevention Strategy and a key partner to the Children's Services Plan. |

9. IMPACT ASSESSMENTS

| Assessment | Outcome |
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| Integrated Impact Assessment | No assessment required. I confirm this has been discussed and agreed with Shona Milne, Chief Education Officer on 16/05/25 |
| Data Protection Impact Assessment | Not required |
| Other | None |

10. BACKGROUND PAPERS

None

11. APPENDICES

Appendix A – ACC Health & Wellbeing Survey Analysis (April 2024)
Appendix B

12. REPORT AUTHOR CONTACT DETAILS

| | |
|----------------------|--|
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