



## **Barnardo's Scotland and NSPCC Scotland submission to Scottish Government Review into Personal and Social Education (PSE) in schools, including pastoral care and counselling services**

Barnardo's Scotland and NSPCC Scotland welcome the Scottish Government's Review into Personal and Social Education (PSE) in schools, including pastoral care and counselling services. We appreciate the recent opportunity to engage with the Review via the third sector roundtable and the invitation to provide a complementary written submission to the Review Team.

This paper outlines some of the key issues Barnardo's Scotland and NSPCC Scotland have identified, which reflect our priority work around Child Sexual Abuse (CSA) and children and young people's mental health and wellbeing as well as our work in and with hundreds of schools across Scotland. We are aware that there is significant cross over between our perspective and that of many organisations in the women's sector, including that of Zero Tolerance and partners, and we trust that the Review Team will acknowledge the strength of feeling that underpins the points made below.

### **Values and Infrastructure**

Health and Wellbeing is one of the three key pillars of Curriculum for Excellence and is the responsibility of all education staff. It is our view that Health and Wellbeing does not currently have equal status or parity of esteem with Literacy and Numeracy within education and that this Review has the scope to address some of these issues.

We believe that parity of esteem for Health and Wellbeing can only be achieved if improvement to PSE is approached not as a single lesson, but with a focus on values and infrastructure throughout the school.

Taking a 'Whole School Approach' to health and wellbeing ensures that schools are not only able to raise awareness of issues in the classroom, but be ready to provide appropriate support around the issues raised. Excellent work is being undertaken to drive this forward in Wales.<sup>1</sup> In relation to CSA,

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<sup>1</sup> <https://gov.wales/newsroom/educationandskills/2018/work-begins-on-step-change-in-emotional-and-mental-health-support-in-schools/?lang=en>

while high-quality and consistent PSE supports efforts to prevent CSA, including harmful sexual behaviours and peer abuse, a focus on values and infrastructure strengthens schools' ability to deal with issues of Child Protection.

Improving the mental health and wellbeing of children and young people must also be approached holistically – equipping pupils with the knowledge and skills they need via PSE, supporting those with particular needs through appropriate provision, and ensuring each school and all staff members' are supported to look after their own mental health as well as that of their pupils.

To ensure that PSE is not viewed as an isolated lesson, we recommend a focus on the following areas:

- a) Leadership:** It is crucial that school leaders truly value Health and Wellbeing, not just as a subject but as children and young people's lived experience of school. Creating and fostering a school culture is central to this but there are also practical issues, for example staff must be given time to support children and young people; CPD and ongoing training must be reflective of this; and the role of all staff in children and young people's wellbeing (including reception staff, administrators, cleaners, support staff etc.) should be recognised and supported. We would also like to see consideration of the need for staff to be given space and time to reflect on their work and how this may be impacting on their own mental health and wellbeing, similar to supervision requirements in other sectors.
- b) Monitoring and measurement:** We need an effective way of tracking children and young people's progress around Health and Wellbeing. This should come from students themselves through self-assessment as well as through professional assessment from staff. This is crucial to schools recognising Health and Wellbeing as being as important as the rest of the curriculum, where exam results are used as measurements. We welcomed the Scottish Government's inclusion of two additional measures directly related to health and wellbeing in response to the consultation on measuring the attainment gap.<sup>2</sup>
- c) Modelling:** Schools must reflect the values and principles that they are teaching, for example does the school effectively tackle bullying and harassment? Are students treated with compassion and respect both inside the classroom and out? Does the school model healthy relationships in how it interacts with parents, pupils and the wider community? Are all pupils effectively included - both in terms of participation in school and seeing themselves reflected in the curriculum?

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<sup>2</sup> <https://www.gov.scot/publications/2018-national-improvement-framework-improvement-plan/pages/5/>

#### **d) Support for children and young people who are, or who may be, in need**

All school staff should be able to engage effectively with children and young people who need help. This should include formal processes such as Child Protection Procedures or CAMHS referrals as well as more informally at the earliest stages of wellbeing concerns. There should be a good balance between the responsibilities of specialist teachers (for example guidance or pastoral staff) and all other staff. We believe that staff should be supported to feel confident to:

- Ask a child if they are okay and how they can help;
- Display professional curiosity about children and young people's wellbeing;
- Recognise the early signs of behaviour that may indicate a child has particular needs (for example sexual behaviour not in line with age and stage of development, or behaviour indicating trauma symptomology);
- Respond effectively to disclosures; and,
- Hear about difficult things from a child and provide a first response which supports the child emotionally.

#### **e) The Health and Wellbeing Curriculum is engaging, developing and supported**

In the Thematic Inspection Report<sup>3</sup>, young people in secondary schools reported that Health and Wellbeing is overly repetitive and lacks progression. Dedicated time for Health and Wellbeing enables children and young people to engage with and unpick issues. Health and Wellbeing lessons should be well respected by students and staff as a valuable part of their day; there should be minimum standards such that all key topics are covered early enough, at appropriate stages of age and development, and that topics develop with and alongside the young people. Individual lessons should fit into an overall, school-wide structure and strategy for Health and Wellbeing. When voluntary sector organisations are brought in this should fit with the overall development the children and young people are working through and this should be effectively supported, for example all staff should have time to reflect and unpick the issues that are being discussed so they can confidently handle any further discussions (not only disclosures) that come out of individual sessions.

#### **Issues specific to CSA**

- **RSHPE should reflect Age and Stage:** Lessons related to relationships, sexual health and parenthood, including but not limited to consent, must take place early enough, must develop with the young people's development, and must provide space for children and young people to

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<sup>3</sup> <https://education.gov.scot/what-we-do/inspection-and-review/thematic-reports/Thematic%20inspection%20of%20personal%20and%20social%20education>

unpick and discuss relevant issues, for example gender stereotypes in society including pornography, and how this is impacting on their understanding of consent. This should include considering what messages should appropriately be given to very young children, especially around keeping safe<sup>4</sup>.

- **RSHPE should be consistent within schools and across Scotland:** Elements of PSE, most notably relationships, respect, sex, and consent should be standardised and delivered consistently across Scotland. The Thematic Inspection Report identified that the most notable feature of PSE/HWB in secondary schools was the widely varying approaches to its delivery and time-allocation from school to school. This is deeply concerning as it is likely a significant minority of Scottish young people are not receiving adequate information on topics that are fundamental to their safety and wellbeing. Consistency of delivery should be founded on principles of gender equality.
- **Development of counselling and guidance provision should reflect best practice in responding to CSA and CSE:** As the level of provision in schools grows, it is important to recognise the breadth of issues that this workforce is likely to be required to deal with. It may be that these members of staff become first responders to children experiencing or at risk of sexual abuse and/or exploitation. In addition, specialists within schools should be able to identify children who may be vulnerable to CSA/E as well as dealing with disclosures. In all circumstances, responders should employ a trauma-informed approach, be aware of best practice and align with Child Protection processes.
- **RSHPE should reflect children's experiences online:** The internet has a huge bearing on how children interact with each other in school, and outside. While the internet can be a force for good, it can also leave children vulnerable to bullying and abuse. Childline regularly hears from young people concerned about online bullying, or children concerned about sexting or pornography. PSE has a fundamental role to play in exploring these topics, supporting young people to stay safe and free from harm in their relationships, both online and offline.

### **Issues specific to Mental Health and Wellbeing**

- **School-based counselling cannot replace other services:** School-based counselling is a helpful model which can allow access to support for some children and young people; however it should only be delivered in the context of a Whole School Approach to mental health and wellbeing and not seen in isolation. A traditional counselling model will not reach all those who require support, often the most vulnerable, and consideration should be given to how this commitment can be delivered in a flexible

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<sup>4</sup> The NSPCC's PANTS campaign<sup>4</sup> is an example of how we can teach children important messages to prevent child sexual abuse, in an age-appropriate manner <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/>

way which helps support the mental health and wellbeing of all children within a school environment.

Consideration should be given to other models of mental health support within schools such as holistic family support work and the LIAM work being undertaken by NHS Education for Scotland and partners to upskill professionals in dealing with and supporting young people with low level anxiety problems<sup>5</sup>. Investment should be made in areas which can help prevent problems from arising or getting worse for young people.

- **PSE should directly address issues of mental and emotional health and wellbeing and be embedded in a broad curriculum:** Social and emotional learning should be embedded into the curriculum at an early stage and be embedded in PSE as well as wider learning<sup>6</sup>. These approaches support children and young people to name their emotions, build emotional literacy, and develop coping strategies which can be critical for their future development and wellbeing. PSE lessons should encourage discussion, interaction, open and honest debate and avoid a focus on telling children what is right and wrong, or on deterministic, clinical or diagnostic approaches to mental ill health. Encouraging and supporting young people to establish and maintain good mental and emotional health is equally important.
- **Schools should promote trauma-informed environments that holistically support children and young people's mental health:** Mental health problems do not develop in a vacuum: a young person's environment, home-life, community, other relationships, and early experiences all have an impact. Interventions and supports shouldn't be based around a 'within the child' model and seek to fix problems, rather they should look more holistically at what might be impacting on their mental health and wellbeing and indeed what strengths and protective factors that young person has in their life.

Adopting trauma-informed, aware and sensitive approaches, in line with the NHS Education Scotland Transforming Psychological Trauma Framework <sup>7</sup>, within an entire educational establishment can help improve the mental health and wellbeing of all pupils but will especially help those young people who have experienced or are experiencing early trauma in their homes and their communities. Relational and restorative approaches should be considered which place relationships at the heart of all interactions and work with children and young people.

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<sup>5</sup> NHS Education for Scotland - Let's Introduce Anxiety Management for Children and Young People

<sup>6</sup> This is the model adopted by Barnardo's Scotland's PATHS® programme in primary schools <http://www.pathseducation.co.uk/>

<sup>7</sup> <https://www.nes.scot.nhs.uk/media/3983113/NationalTraumaTrainingFramework-execsummary-web.pdf>