

Winston Churchill Memorial Trust  
Travelling Fellowship Report



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## Exploring Wellbeing Interventions & Outcomes for Vulnerable Children

*'Travel to learn – return to inspire...'*

Sophie Cobb 2016

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Particular thanks goes to the following organisations and individuals who met with me during my travels and provided me with so much information and resources to bring back. Their kindness and generosity has been amazing.

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Toronto District School Board.

Toronto Catholic District School Board.



## Abbreviations and Glossary

ASD	Autistic Spectrum Disorder.
BC	British Columbia.
OCDSB	Ottawa and Carleton District School Board.
OT	Occupational Therapists.
PMLD	Profound and Multiple Learning Difficulties.
SLD	Severe Learning Difficulties.
TCDSB	Toronto Catholic District School Board.
TDSB	Toronto District School Board.
UK	United Kingdom.
USA	United States of America.
YRDSB	York Region District School Board.

Vulnerable – working definition – children and young people under the age of 18 years who are influenced by complex factors including looked after, young carer, learning disability, neurological issues, refugee or asylum seeker, protection plan, experience of abuse or neglect.

Metis – Group of people in Canada who trace their decent to First Nation peoples and European settlers.

Inuit – Culturally similar indigenous peoples inhabiting the Arctic regions of Greenland, Canada and Alaska.

First Nation – Predominant Aboriginal peoples of Canada South of the Arctic.

## About The Author

I qualified as a teacher in 2003 having previously completed a degree in Social and Professional Studies: Learning Disabilities in 2001, since then I have worked in Special Schools for 14 years working with children and young people aged 3 to 19 years with a range of additional learning needs including ASD, PMLD, SLD. I am currently an Assistant Head working in Briarwood School in Bristol with responsibility for behaviour, wellbeing, attendance and take the role as safeguarding deputy. I am passionate about working to support vulnerable children and young people who face additional challenges to their wellbeing and education.



## Executive Summary

In the UK the profile of good mental health and wellbeing is being promoted, with Government initiatives being developed, extended media coverage and through local educational authorities cascading information into schools. Theresa May (January 2017) has announced that action will take place to tackle the stigma around mental health problems and has pledged new initiatives for schools and employers to provide mental health support.

I was given the responsibility, as part of my assistant head role within a Bristol special school, to lead the development of wellbeing for our pupils. During the initial stages of looking into this area I focused on identifying existing programmes and research to support children with severe learning difficulties. There seemed to be a lack of local and national information to support this and after looking further afield, Canada highlighted some innovative practices that addressed some of the areas I was focusing on. This led to my application to the Winston Churchill Memorial Trust.

Exploring wellbeing interventions and outcomes for vulnerable children focused on innovative approaches in Canada and the USA that have made strategic changes, introduced collaborative working and developed programmes to support the most vulnerable. The work focused on the following research questions:

- What are the main interventions that are being used to support the emotional health and wellbeing of vulnerable children, especially those identified as having additional learning needs?
- How are local areas and organisations structuring and disseminating these approaches?

Over a period of 5 weeks I interviewed and met with a range of professionals working in schools, mental health centres, hospital treatment centres and District School Boards.

Four main themes were identified through careful analysis of the findings and they have led to some key recommendations.

The key recommendations identified in this report are:

- Collaborate – creating strong pathways to work in partnerships.
- Tackle stigma – developing creative ways to engage and communicate with stakeholders.
- Programmes and packages that are accessible – adapting and creating bespoke strategies and resources to target the most vulnerable.
- Knowledge sharing – developing clear and accessible documentation that is shared via a detailed dissemination plan.
- Strategic development – delivering a top down approach to provide a solid basis for planning.
- Interpersonal relationships – building trusting, accepting and empathetic relationships.



## Introduction

### Background

There are UK Government expectations that schools should support pupils to be resilient and mentally healthy. They should provide a safe environment that fosters trust and belonging and should create a culture that supports mental health.

It is estimated that 1 in 4 children and young people will be affected by a mental health problem each year and that 1 in 10 children in the UK aged between 5 years and 16 years have a diagnosable mental health condition. Children with learning disabilities are over 6 times more likely to have a diagnosable psychiatric disorder than their peers who do not have learning disabilities (BOND 2014).

A child's emotional health and wellbeing is related to their cognitive development and learning, as well as their physical and social health and their mental wellbeing in adulthood. A whole school emotional wellbeing approach that moves beyond learning and teaching to cover all aspects of school life has been found to be effective in bringing about sustained health benefits. (Public Health England 2015)

There are an increasing number of children with learning difficulties facing mental health issues which significantly impact their attainment and wellbeing. The most vulnerable of these can be identified by looking at wellbeing barriers and to date the challenge has been to develop meaningful and bespoke interventions to meet their needs.

There are many approaches that are being implemented within mainstream schools in the UK and the results have been highly successful in supporting the emotional health and wellbeing of pupils. These approaches, whilst being successful, are not always suitable to meet the needs of those pupils that have additional vulnerabilities or learning needs.

### Aims and Objectives

The aims of the project were to research interventions in Canada and USA that are improving wellbeing outcomes in vulnerable children, by visiting specialist settings, schools and agencies. To influence practice within specialist education in Bristol, UK, and on a wider scale, by sharing good practice. To develop new teaching and learning approaches, and work more collaboratively to tackle barriers faced by vulnerable children.



## Approach

The project was based on a qualitative research design. Observations, shadowing, semi-structured interviews, analysis of documentation and reflective notes formed the main methods of data collection.

I met with a range of professionals from schools, universities and specialist settings working with vulnerable children. I was able to take part in observations and was able to shadow key individuals. The professionals involved in the project included Teachers, Key Workers, School Principals, University Professors, Programme Directors and School Board representatives.

The organisations I visited supported a cross section of children and young people including those with developmental disabilities, autism, mental health issues and other vulnerabilities including those with refugee status and behavioural issues.

Whilst visiting the settings I was able to focus on approaches and strategies used to support emotional health, development of self-esteem, self-regulation and increased confidence and resilience.

During the meetings with the Universities, School Boards and Programme Directors I was able to gain a wider understanding of strategic and policy development, management structures and approaches that are in place within the organisations and the impact they have on wellbeing.

I kept a daily journal outlining my findings and I was able to analyse this alongside research literature and information provided by the organisations to establish patterns, impact and next steps.

## Report

This report will discuss the findings through four main themes. These were created from analysis of the findings; the topics that are included in the themes were evident in all the areas that I visited and they are written in order to emphasize the stages involved to set up wellbeing in Canada.

- Building Foundations – covers the government’s expectations, provincial guidance and resources as well as the strategic plans created by the different school boards.
- It takes a Village – is taken from the saying “it takes a village to raise a child” and highlights the importance of information sharing and partnership working.
- Supporting Wellbeing – provides an overview of the range of programmes and support that is being offered in the settings.
- Reducing Stigma – details how barriers are being tackled and stigma is beginning to be reduced across the difference Provinces.

Each theme will be discussed in detail and will address how the findings relate to provision in the UK.



## Findings

A summary of the main findings, their relevance to the UK and key recommendations will be discussed under four themes.

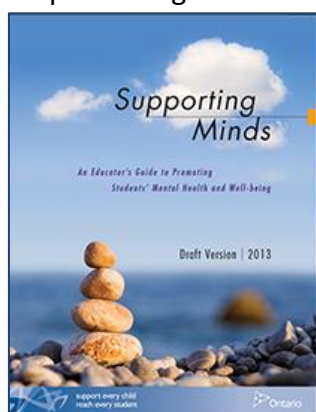
### Building Foundations

In 2012 the Mental Health Commission of Canada produced 'Changing Directions, Changing Lives' a mental health strategy to improve the mental health outcomes for all Canadians. 'Changing Directions, Changing Lives' sets out six key strategic recommendations:

- Promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible.
- Foster recovery and well-being for people of all ages living with mental health problems and illnesses, and uphold their rights.
- Provide access to the right combination of services, treatments and supports, when and where people need them.
- Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities.
- Work with First Nations, Inuit, and Métis to address their mental health needs, acknowledging their distinct circumstances, rights and cultures.
- Mobilize leadership, improve knowledge, and foster collaboration at all levels.

Since the release of this document each Province has been responding and making systemic changes to promote mental health and wellbeing in schools and local communities. They provided a solid foundation for the regional school boards and mental health agencies to establish their agenda for developing next steps. Similarities can be drawn between the Canadian 'Changing Directions, Changing Lives' document and the 'Future in Mind' document produced by the UK Government in 2015 to support the development of mental health and wellbeing in the UK.

The Ministry of Education in Ontario has produced 'Supporting Minds - An educators guide to promoting students' mental health and wellbeing' and this is being used alongside the support provided by the School Mental Health ASSIST team, which provide leadership, resources and training.



Supporting Minds 2013

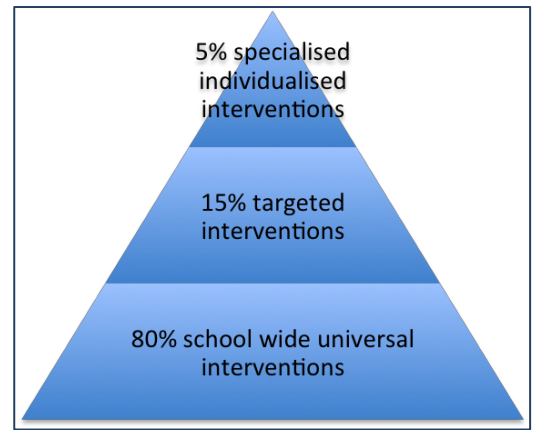
In response to this the District School Boards have created a 3 – 5 year Mental Health Strategy outlining key areas of improvement. Ontario Ministry of Education, Toronto District School Board (TDSB), Toronto Catholic District School Board (TCDSB), Ottawa and Carleton District School Board (OCDSB), York Region District School Board (YRDSB) and School Mental Health Assist have based their strategic plans on a tiered model of support.





The tiered model starts with developing an approach for the greatest number, targeting ALL through a universal approach. The next tier identifies SOME who may be at risk, and more detailed assessment and identification can provide support for the FEW who require more intensive interventions.

This model is used to structure the delivery of interventions as well as the dissemination and deployment of strategic support starting with the systems (provincial level) at tier 1, schools at tier 2 and classroom practice at tier 3.

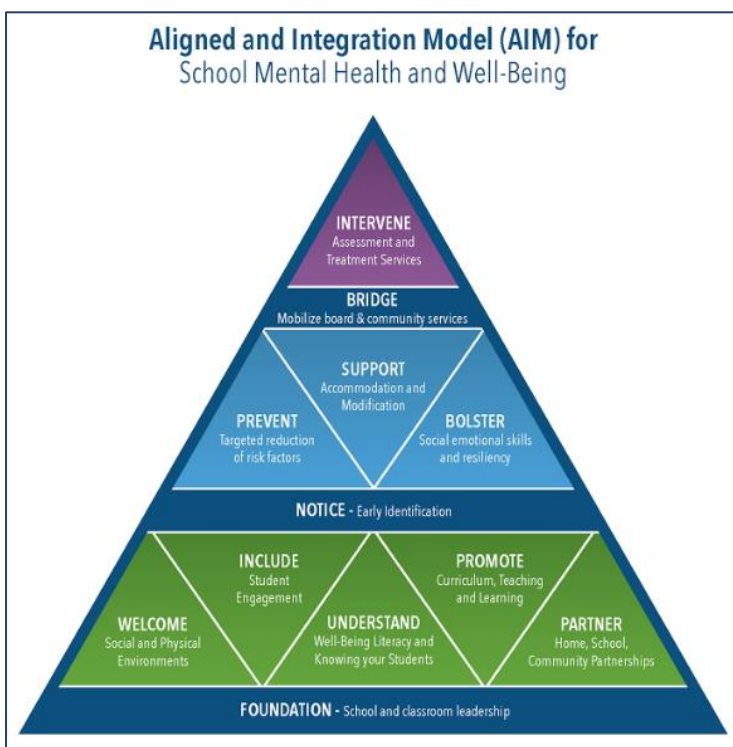


Tiered Model diagram

Pat Miranda outlined during our meeting the success of this model in British Columbia in developing a new curriculum based on a universal design for learning and how it includes all students within its approach.

The individual school boards have then used this model as the foundation to address a series of key elements to promote mental health and wellbeing. These include building knowledge and capacity, reducing stigma, engaging families, supporting wellbeing and developing partnerships.

The importance of the role that schools play and their ability to promote wellbeing in schools is vital and to enable them to target a number of mental health and wellbeing elements the School Mental Health ASSIST team have produced an overview of how this can be achieved. The Aligned and Integrated Model focuses on providing welcoming and accepting environments where children can learn to build skills and resilience, where adults are training to identify and nurture and partnerships and pathways can be created.



During a visit to the Cardinal Carter Secondary School in Toronto I was able to observe how their established approach to supporting emotional health and wellbeing of the students has been developed by providing a curriculum that focused on developing a skills set to enhance resilience, by establishing a welcoming and accepting environment and by raising the profile of the importance of good mental health amongst students and their families.

Schools Mental Health ASSIST, Ontario Ministry of Education



**York**  
**MISSION**  
 To ensure student achievement and well-being through public education,  
 which motivates learners, fosters inclusion, inspires innovation and builds community.  
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**MENTAL HEALTH AND ADDICTION STRATEGY**

**CONTEXT**  
 The York Region District School Board (YRDSB) values positive mental health as fundamental to student achievement and well-being. Mental health can be viewed as a continuum from health to illness. Schools are ideal settings for mental health promotion, addiction awareness education, wellness development, and connecting those in need to care pathways. Early identification and intervention are important because many mental health challenges manifest in childhood and appropriate care is not often accessed.  
 The Mental Health and Addiction Strategy provides direction for actions in classrooms, schools and the system to foster optimal mental health and well-being.  
 To support understanding of a specific school context, visit tools to access school reports/tables and YRDSB's mental health targets.

**FOUNDATIONAL PRACTICES THINKING PROMPTS**  
 The following three thinking prompts are designed to assist in fostering an Equity, Inclusion and Leadership mindset while reviewing the contents of the Mental Health and Addiction Strategy; these questions provide a lens through which decisions should be fostered:  
 1. Who might share leadership (Formal leaders/ Informal leaders/ Student leaders/ Other) in implementing an action? How might implementing this action both engage and develop leadership skills more broadly?  
 2. How will we ensure that our diversity strengthens our implementation of an action? How might we identify and reduce barriers in order to increase equity and inclusion in our implementation?  
 3. How might innovations in our practice (processes, technologies, resources) improve our implementation of an action? How might we consider local and global research in implementing this action?  
 To further support the implementation of the actions, visit the foundational practices core resources.

**MENTAL HEALTH THEORY OF ACTION**  
 If we...  
 • build knowledge and capacity;  
 • develop mentally healthy environments;  
 • reduce stigma; and  
 • create collaborative care pathways;  
 then we will foster optimal mental health and well-being for all students.

BUILDING KNOWLEDGE AND CAPACITY	DEVELOPING MENTALLY HEALTHY ENVIRONMENTS	REDUCING STIGMA	CREATING COLLABORATIVE CARE PATHWAYS
<p><b>Building Knowledge and Capacity</b> involves developing understanding, skills, strategies and resources that promote positive mental health and resilience.</p> <p><b>ACTIONS</b></p> <p><b>System</b></p> <ul style="list-style-type: none"> <li>Build a collective understanding of the conditions of a mentally healthy environment using Leading Mentally Healthy Schools and Supporting Tools: An Educator's Guide to Promoting Student Mental Health and Well-being.</li> <li>Increase system capacity to use the Mental Health and Addiction Continuum.</li> <li>Develop a systematic, tiered approach to professional learning.</li> <li>Use the School Mental Health Decision Support Tool to coordinate mental health and addiction-related system responses.</li> <li>Select and/or develop social-emotional learning resources and implement them system-wide using the School Mental Health Decision Support Tool - Evidence-Based Mental Health Promotion Programming.</li> <li>Establish a system Well-Being Steering Committee to support the capacity-building process and to make connections among Mental Health and Addictions, Caring and Safe Schools, Healthy Schools and Eco-Schools initiatives.</li> </ul> <p><b>School</b></p> <ul style="list-style-type: none"> <li>Build a collective understanding of the conditions of a mentally healthy environment supported by Leading Mentally Healthy Schools.</li> <li>Build the capacity of all staff members to model and promote positive mental health and well-being through professional conversations, actual implementation planning and co-learning opportunities.</li> <li>Utilize the School Mental Health Decision</li> </ul>	<p><b>Developing Mentally Healthy Environments</b> involves proactive and responsive approaches to create and sustain the conditions for optimal mental health.</p> <p><b>ACTIONS</b></p> <p><b>System</b></p> <ul style="list-style-type: none"> <li>Align YRDSB mental health and addiction initiatives, guided by the Ministry's Ontario's Well-Being Strategy for Students and Leading Mentally Healthy Schools.</li> <li>Review and refine assessment tool(s) to examine the mental health of learning environments in the district.</li> <li>Develop a Fostering Inclusive, Mentally Healthy Learning Environments resource for schools in order to examine their practices, processes, resources and spaces to support them in building and sustaining safe, inclusive, and welcoming environments.</li> <li>Review recommendations derived from the Resiliency Project and integrate appropriate recommendations into the Mental Health Strategy.</li> <li>Pilot public health model for school-based partnerships and evaluate for impact and scalability.</li> </ul> <p><b>School</b></p> <ul style="list-style-type: none"> <li>Create working and learning environments that are responsive to supporting students at all points across the Mental Health and Addiction Continuum as well as the tiered model of support.</li> <li>Use Fostering Inclusive, Mentally Healthy Learning Environments resource to examine school spaces for their impact on students' well-being to enable safer and more inclusive spaces.</li> <li>Implement, monitor and refine practices to improve faculty presence.</li> </ul>	<p><b>Reducing Stigma</b> involves broadening collective awareness about mental health and addiction, and challenging existing attitudes, values, beliefs, and behaviours.</p> <p><b>ACTIONS</b></p> <p><b>System</b></p> <ul style="list-style-type: none"> <li>Design and implement a district-wide Stigma Reduction Plan.</li> </ul> <p><b>School</b></p> <ul style="list-style-type: none"> <li>Collaborate with students, families, staff members and community partners to plan, implement and model strategies that increase awareness and reduce the stigma of mental health and addiction.</li> <li>Implement actions from the Fostering Inclusive, Mentally Healthy Learning Environments resource that build and sustain a stigma-free environment.</li> <li>Ensure interdepartmental communication and coordination for a comprehensive approach to stigma reduction.</li> </ul> <p><b>Classroom</b></p> <ul style="list-style-type: none"> <li>Use district-approved stigma reduction resources designed for the classroom.</li> </ul> <p><b>Classroom</b></p> <ul style="list-style-type: none"> <li>Implement the strategies in the Fostering Inclusive, Mentally Healthy Learning Environments resource that build and sustain a stigma-free classroom.</li> </ul> <p><b>Classroom</b></p> <ul style="list-style-type: none"> <li>Engage students in learning about how stigma can hurt all people especially those struggling with mental health and addiction difficulties.</li> </ul>	<p><b>Creating Collaborative Care Pathways</b> engages all stakeholders in an inclusive community that provides clear access to mental health and addiction supports and care.</p> <p><b>ACTIONS</b></p> <p><b>System</b></p> <ul style="list-style-type: none"> <li>Create and maintain a resource which identifies care pathways and district resources that include practitioners and intervention services (e.g. Teacher Liaison, Community Resource Referrals, Psychology, Social Work, etc.).</li> <li>Work with community partners to develop a community mental health and addiction plan.</li> <li>Work with community partners to develop a York Region Community Side Protocol/ Intervention/Prevention based on the ASIST and safeTALK model.</li> <li>Respond to specialized populations of students and proactively address mental health and addiction through collaborative work with key stakeholders.</li> </ul> <p><b>School</b></p> <ul style="list-style-type: none"> <li>Strengthen working relationships and protocols with community partners by coordinating school-based mental health and addiction activities/programs in alignment with the School Mental Health Decision Support Tool.</li> <li>Develop an online partnership application process for agencies wishing to deliver mental health and addiction services in schools.</li> </ul> <p><b>School</b></p> <ul style="list-style-type: none"> <li>Respond to the mental health and addiction needs of all students by engaging the appropriate school, district and community supports and resources (e.g. In-School Team, Interdisciplinary Team, Student Support, COPPMS, MHAN Nurses, Addictions Counsellors).</li> <li>Use Supporting Minds: An Educator's Guide to Promoting Student Mental Health and Well-being and School Mental Health Decision Support</li> </ul>

Other district school boards have responded by creating a range of different documents providing guidance and support for the implementation of mental health and wellbeing. The YRDSB have produced a document which outlines the approaches that are being delivered to meet outcomes within these elements. Each approach has links to further information, resources or research to support the delivery at all levels in the organisation. Liz Davis and Mellissa Easton McCammon discussed how useful this document was to each individual school at providing clear signposting routes and links to valuable practical resources.

The tiered model to service provision is supported by the province of British Columbia, their framework for curriculum delivery provides inclusive and targeted support to ALL children in education. This model has been used by school boards in the area to implement strategies to support attainment and achievement by tackling barriers in an inclusive way.

The utilisation of information, signposting and enhancing skills and knowledge are also an integral part of building foundations to support children's mental health and wellbeing. The Centre of Excellence for Child and Youth Mental Health in Ontario work with child and youth mental health

agencies to strengthen services and build effective systems of support. They offer a wide selection of tools, online resources and training to help professionals find, use and share evidence that improve outcomes. The Centre provides an umbrella of support to the services and schools within the Ontario area, by disseminating consistent knowledge, accessibility to a range of products as well as an opportunity to develop some quality assurance around the type of support that is being provided.

Ontario Centre of Excellence for Child and Youth Mental Health  
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**THE SYSTEM IS CHANGING. SO ARE WE.**

The Centre is enhancing our services to help take the child and youth mental health system to the next level.

Find out more

**Walking the talk**  
Youth engagement toolkit

**Together to live**  
Community mobilization for youth suicide prevention

**Doing more with what you know**  
Knowledge mobilization toolkit

**Dare to Dream program**  
Support for youth-led mental health projects

**Better is always possible. We help make better happen.**

Ontario Centre of Excellence for Child and Youth Mental Health website screenshot



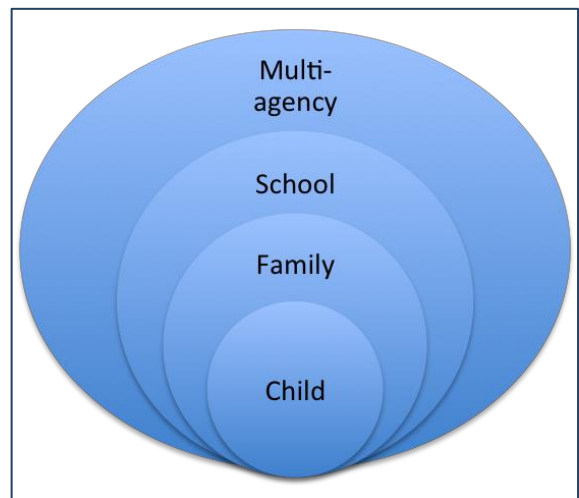
Although the tiered model is already in existence in many organisations in the UK and is part of strategic development. The models that have been developed in Canada and the elements of wellbeing that are being addressed provide a much more detailed and robust framework to enable consistent support to children and young people. In the UK we are at the infancy of developing these strategic changes with the 'Future in Mind' document that was released by the government in 2015. Canada have been addressing and promoting Mental Health on a strategic level since 2012 and have been able to create evidence based approaches, which are embedded with their strategic plans. By addressing the needs of ALL children and young people with the framework they are able to remain an inclusive system and target those individuals that present with the most significant need.

## It Takes a Village

Working in partnerships to support children's wellbeing was a key theme that came out of all the organisations that I was able to visit during the Fellowship. Developing clear pathways and collaborating with a range of stakeholders has enabled settings to improve the outcomes for children.

Placing the child at the center of any intervention, working with families before including and involving all key individuals has provided many of the organisations with a structure to roll out support. It provides an opportunity to identify areas of need, engage all main stakeholders and share key pieces of information and learning in a structured sequence.

"It takes a village to raise a child" was mentioned by many of the services and professionals that I met during the five weeks.



Collaborative Working diagram

Working in this collaborative way has raised the profile for mental health and wellbeing outcomes for children and has helped to reduce stigma.

An example of robust collaborative working has been developed at the Ottawa Children's Treatment Centre that provides education to children with physical disabilities and associated complex needs aged 3 to 5 years. The pupils receive academic and therapy support during their time at the centre. They have access to regular input from physiotherapist, occupational therapists and speech and language therapists who work with the education staff to dovetail approaches and create individualised programmes. Alongside the core educational curriculum and therapy programming the pupils have access to music therapy, dog therapy, cooking sessions run by the speech and language therapists and constraint therapy delivered by the physiotherapists.



The following two organisations have developed highly successful models for working in a collaborative way to support and signpost children and families.

### The Centre for Child and Family Wellbeing in Seattle

The Centre supports families, schools and the community to access mental health wellbeing strategies, programmes and training. It provides training in mindfulness, raises community awareness of good mental health, delivers programmes to families and schools, signposts to

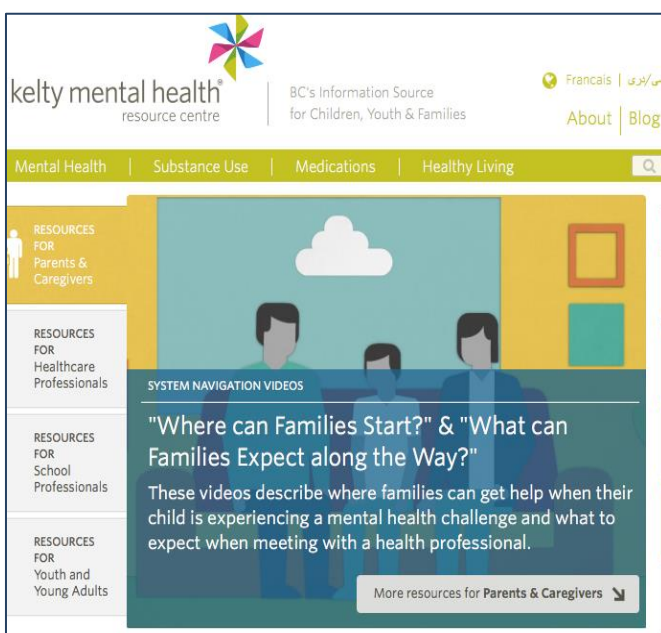


relevant agencies and carries out research into wellbeing approaches. Emphasis is placed on developing a layered approach to disseminate the wellbeing support that targets all stakeholders involved, starting with engaging the families before focusing on the wider community. Rolling out information has been delivered in a range of ways including; public lectures, series of talks 'life long learners', billboard/signage, using time in meetings for a slot to introduce an idea or tool and using staff training sessions.

Centre for Child and Family Wellbeing website screenshot

### The Kelty Mental Health Centre in Vancouver

The Centre is based at the BC Children's Hospital and provides information, peer support and resources about mental health, substance use and eating disorders for children, young people and their families.



Kelty Mental Health Resource Centre website screenshot

The Centre has a highly informative website which has links to toolkits, self-help and prevention resources, quick reference sheets on a range of mental health issues as well as details of who to contact for more information. Young people and families are able to visit, call or email the Centre to talk with Peer and Parent Support Workers to gather more information and receive signposting to relevant resources, agencies and online guidance.



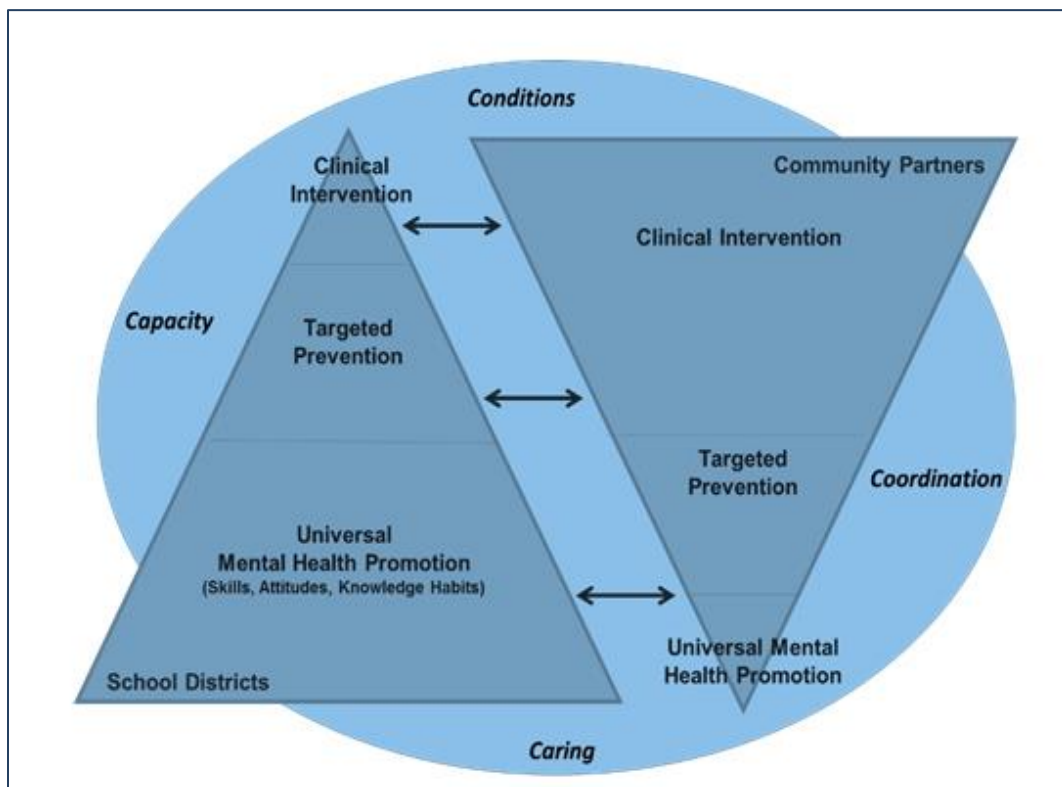
The schools in both BC and Ontario have been addressing this theme by producing a range of documentation to support effective joint working especially with families and multi-professionals.

Clear guidance from the VDSB has been developed and provided to the local schools to encourage meaningful consultations to take place with families. Included within this are principles, skills and outcomes that are based on respectful, genuine communications.

	Meaningful Consultation
Consultation is...	ongoing and prior to any decisions
Schools...	carefully consider student and family needs, and their perspective
Families...	are actively encouraged to share their strengths and perspectives
Interaction style...	is respectful, genuine and collaborative
Process is...	open, timely and receptive to families
Information sharing is...	timely, adequate and relevant

The table below includes an excerpt from the guidance:

School Mental Health ASSIST has created this image to demonstrate the relationship between a tiered approach that schools provide to support wellbeing interventions (left triangle) with the interventions that are provided by community partners via a multi-agency approach (right triangle). The importance of developing robust partnership working is highlighted by the amount of support required for an intervention at tier three.



Schools Mental Health ASSIST tiered approach to schools and multi-agency approaches and partner working



Other resources to support collaborative working include 'Together to Live' an online toolkit produced by the Centre of Excellence for Child and Youth Mental Health for community partners to work together to tackle youth suicide. It contains useful resources; guidance and documents including a strategic action plan which focuses on developing a united approach. Many network groups in the Ontario area have used this resource to develop a collaborative way of addressing youth suicide.

The collaborative approach to setting up systems of support via organisations like The Centre of Excellence for Child and Family Wellbeing and online sites similar to the Kelty Mental Health Resource Center has enabled easy access to resources and information for families and professionals. It pulls together a varied group of multi-agencies and aims to target a range of groups within the community.

The Centre for Child and Family Wellbeing has provided the community with a range of training and information sharing opportunities as well as reducing the stigma around mental health. Partnership working also enables a shared language to be developed alongside providing clear pathways for support.

## Supporting Wellbeing

There are many successful programmes that are running in the schools across Canada. The Mind Up Curriculum was developed by the Hawn Foundation and was being used in all the District School that I visited. This programme enables schools to embed mindfulness-based strategies throughout the day to ALL pupils. The curriculum offers strategies to help children focus their attention, improve self-regulation and build resilience. It also teaches about basic brain development. The programmes have been developed to be delivered from pre-kindergarten (4 years) to Grade 8 (14 years).



Mind Up Curriculum 2011

The Mind Up Curriculum is not being used in isolation in many of the schools settings it was often enhanced by self-regulation programmes. The Zones of Regulation and Calm, Alert and Learning are resources that focus on teaching children the skills that are needed to recognise levels of alertness and how to maintain a balance to enable an optimum state. The skills focus on recognising emotions and linking them to changes in behaviours. Activities, tools or actions that can be accessed to balance levels of alertness are then explored and identified. Shanker (2013) identifies five key domains that contain attributes that characterise a mentally healthy child. They include:

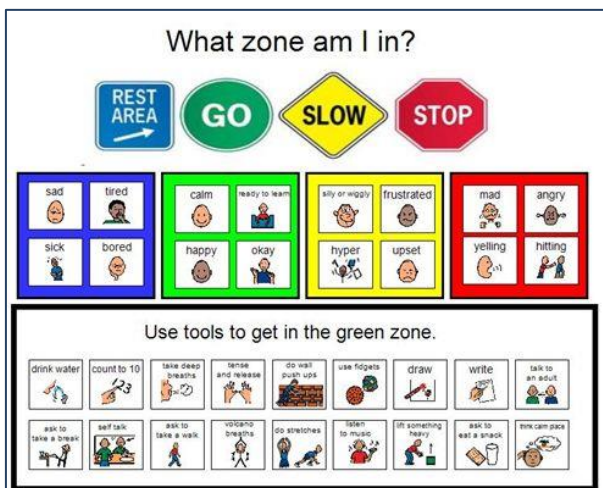
- The Biological Domain – robust physical health.
- The Emotional Domain – modulation of emotions.



- The Cognitive Domain – ability to focus and attend.
- The Social Domain – understand own and others emotions and feelings.
- The Prosocial Domain – ability to empathise and co-regulation.

In developing these attributes, which naturally link to self-regulation and by focusing on individualised outcomes an effective approach can be developed to support children’s wellbeing.

There are many existing programmes that have been developed both in Canada and USA as well as in the UK that targets the wellbeing for children, however there is still a gap in the provision for the



Example of Zones of Regulation chart

most vulnerable children, including those with additional learning disabilities. There are elements within the Mind Up Curriculum that can be adapted and tailored to meet the needs of children whose additional vulnerabilities cause a barrier to their learning. Many schools in the UK are using self-regulation on an individual basis with the support of Occupational Therapists (OT’s), however by identifying the key attributes to focus on and developing bespoke resources such as the Zones of Regulation chart children can meaningfully access a tool to support their own wellbeing.

Children and young people living in immigrant and refugee families represents the fastest-growing segment of the Canadian population (Statistics Canada, 2007). The Supporting Minds document highlights the importance of creating an environment that is supportive, respectful and values diversity.

*‘It is important for schools and communities to develop their “cultural competence” in order to meet the mental health needs of students and parents from diverse immigrant, ethnic and linguistic backgrounds’*

Supporting Minds 2013

The TBSC are supporting the wellbeing of immigrant and refugee children and young people by establishing partnerships with communities and building knowledge and have a bimonthly teleconference across the province to share best practice. An example of this is creating pop up classrooms that are based near the families housing, this enables the learning to be taken to the children and supports a staggered approach to settling into the country. By doing this they are focusing on common outcomes to develop resilience, identify need and support as well as providing a good welcome package for all newcomers.

Other organisations are running very successful programmes and offer a range of support packages.



An example of supporting wellbeing in a collaborative way whilst utilising an adapted approach can be seen in the work delivered at Integra. Integra is a programme run by the Child Development Institute in Toronto and is the only accredited children’s mental health agency in Canada to provide services to children and young people with learning disabilities (LD) aged 8 to 18 years. The definition of LD differs slightly from our own as it refers to those with average or above average intelligence who are affected by neurological problems that impact the way that they process, store and use information.

Integra provide a range of services to support children and families. These include individual and/or family counselling and therapy, Social Competence Group treatment, Triple P parenting programme, training and workshops. They also provide innovative programmes specifically designed to meet the needs of children with LD. They run Integra Mindfulness Martial Arts sessions for ages 12-18 and Integra Young Warriors for ages 8 -12 as well as Camp Towhee in the Summer. The Martial Arts and Young Warriors sessions have been created and adapted to meet the needs of the children and young people with LD. The sessions provide a meaningful and appropriate opportunity to develop skills to support self-esteem, attention as well as physical activity and mindfulness practices.

The Kelty Mental Health Centre offers a range of signposting opportunities for families and young people to access. There are links to a range of toolkits, apps and programmes that can support wellbeing. These are free, easily accessible and engaging.

For a more comprehensive list of resources, apps and programmes that are being used in the organisations visited please refer to Appendix 4.

Producing a meaningful and appropriate approach to support children’s wellbeing is important but a vital part of this support is the delivery and attitude of the adults involved.

### **The Wave**

***Witness***

***Accept***

***Validate***

***Empower***

Meg Hanshaw  
Empowerment Education

Developing a safe environment where trusted relationships can be nurtured is key to establishing a basis to build upon. Respect and empathy are vital parts of this approach where the focus can be placed on the whole child. Delivery methods that are structured using a model similar to The Wave approach (Meg Hanshaw) can encourage these to take place.

Gladstone Secondary School described establishing a model that builds on four elements of trust – ‘competent’, ‘caring’, ‘committed’, ‘consistent’ and the success this can have when working directly with the children and young people.





## Reducing Stigma

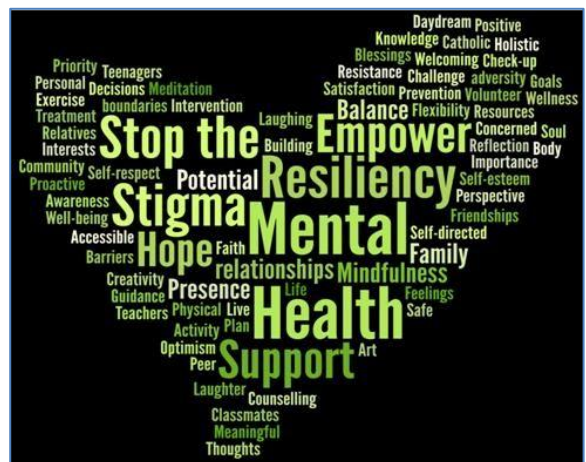
Reducing the stigma attached to mental health and wellbeing are fundamental to addressing outcomes for vulnerable children. Barriers need to be tackled on a community level as well as on a more local level.

The work of the Kelty Mental Health Resource Centre, The Centre for Child and Family Wellbeing and the Centre of Excellence for Child and Youth Mental Health are helping to breakdown some of these barriers by providing easily accessible resources, engaging with communities by running awareness workshops and linking services together. One of the main elements in making this successful is the publicity of the impact wellbeing can have and this has been achieved by creating posters, newsletters, user-friendly online websites and resources. Linking with individuals in the media and having their support has also raised the awareness of wellbeing within the communities. The Duke and Duchess of Cambridge met staff from the Kelty Mental Health Centre during their tour of Canada a few weeks prior to my visit and this helped raise the profile of their work.

Across the Country school boards have included mental health and wellbeing as a priority in their strategic planning. The recognition of the links that wellbeing has on academic achievement and personal development are now widely recognised and that alone has made a difference in breaking down some of the stigma attached to mental health.

The availability of resources through websites, schools and training events has enabled people to gain a wider understanding and knowledge base about the issues child and young people may face which has helped to alleviate some of the fear and shame that may have been attached to this previously.

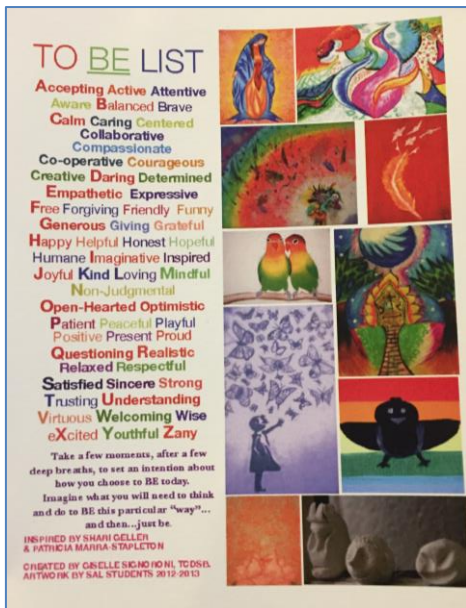
Within the schools there are many things that have been put into place to promote the importance of mental health and wellbeing and to reduce stigma. Cardinal Carter Secondary School has put into place a Building Healthy Minds group, which includes an identified wellbeing teacher and pupil wellbeing champions. Emphasis has been placed on building a wellbeing community in the school and they have developed a range of activities and resources to make this possible. The school provides activities that focus on promoting wellbeing strategies, self-regulation and how to reduce the stigma attached to mental health. Examples have included allowing pupils to have their own objects around them, developing peer teaching and setting wellbeing projects that are meaningful for the pupils. They have run mindfulness workshops, a tea and therapy session with therapy dogs, a colouring in lunchtime club 'colouring outside of the lines', yoga and writing



TCDSB Stop the Stigma logo



sessions. This approach is embedded within the schools culture and information is being readily shared with families to support their awareness.



Other school settings have set up similar approaches to support wellbeing; examples include weekly 'shout outs' of a wellbeing quote, newsletters containing tips for wellbeing practice, running a wellbeing awareness week which addressed five wellbeing elements e.g. being mindful, exercising and eating healthily, getting enough sleep with supportive activities and displaying posters and flyers.

TCDSE wellbeing resources



## Conclusion

To conclude, having visited a number of organisations in Canada and the USA this report covers only a part of the work that is being delivered to support the wellbeing of vulnerable children.

In summary the organisational structures and dissemination plans have enabled schools within Canada to embed wellbeing strategies into the daily routine. The development of umbrella organisations that are easily accessible have provided a solid resource base for professionals to tap into as well as proving a consistent systemic approach and arena for quality assurance. User-friendly documentation and resources have enabled all families, professionals and young people to gain a wider skill set and understanding of good mental health and wellbeing.

The interventions that are being used within the settings vary in their ability to address specifically the needs for the most vulnerable. However, they are all providing inclusive packages of support to target all children and young people and have pathways for referring to more specific intensive support if needed.

*‘Wellbeing is a positive sense of self, spirit and belonging that we feel when our cognitive, emotional, social and physical needs are being met. It is supported through equity and respect for our diverse identities and strengths. Wellbeing in early years and school settings is about helping children and students become resilient, so that they can make positive and healthy choices to support learning and achievement both now and in the future’.*

Ontario’s Wellbeing Strategy for Education: Discussion Document, 2016

## Recommendations

The following recommendations are based on the findings and research taken place during the Fellowship.

### Collaborate

In many of the schools and organisations a strong emphasis was placed on working in partnerships. This has been achieved by creating strong pathways and signposting. Joint working where a shared language was used and streamlined outcomes produced the most successful results for the children and young people.

### Tackle stigma

For any fundamental change to take place any stigma needs to be addressed. This has been achieved by good quality signposting, information sharing and training as well as developing creative ways to engage all stakeholders.



### Programmes and packages that are accessible

Adaptations of existing programmes and support packages are needed to develop interventions that can target those with additional needs. Although many programmes have been observed and researched there does not appear to be a 'one size fits all' when approaching children with additional vulnerabilities.

### Knowledge sharing

Clear, accessible and easily understood documentation that is shared with stakeholders through a range of mediums has had an impact on the ability to inform, update and support. Quality assured evidence based training is also an important part in supporting the outcomes for children.

### Strategic development

A clear strategic plan of development and roll out that is delivered in a top down approach has provided a firm basis for the wellbeing work that is happening across Canada.

### Interpersonal relationships

Building trusting relationships that foster individual development are vital to supporting children's wellbeing. The attitude of the adults should be empathetic as well as accepting of each individual needs.



## Dissemination

Since the completion of the Fellowship I have presented the report to the following groups:

- Briarwood School Leadership Team and Governors.
- Bristol Clinical Commissioning Group: Emotional Health and Wellbeing Working Group.

Presentations have been booked for:

- South West Association of Leaders in Special Schools (SWALSS) in March 2017.
- Bristol LDD Positive Behaviour and Wellbeing Group – March 2017.

## Next Steps

- To creating a set of resources and programmes that can be delivered within the classroom to teach skills to promote wellbeing and develop resilience for vulnerable children.
- To take part in action research within my own setting by delivering bespoke 1:1 sessions with identified pupils using the resources and programmes that have been developed.
- To share findings and programmes with other special schools through network groups and training sessions.
- To publish an article outlining the findings in specialist magazines aimed for professionals working in the field of special educational needs.
- To look into gaining a Masters focusing on research into emotional health and wellbeing for vulnerable children.



## References

- Bond (2014) 'Children and Young People with Disabilities – Understanding their Mental Health'
- Centre for Child and Family Wellbeing online resource <http://depts.washington.edu/ccfwb/>
- Department of Health and NHS England (2015) 'Future in Mind' online document [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)
- Hanshaw 'Wave Institute' online resource <http://www.waveinstitute.com/about-us/>
- Kelty Mental Health Centre online resource <http://keltymentalhealth.ca>
- Mental Health ASSIST 'Leading Mentally Healthy Schools - A Resource for School Administrators' School Ontario
- Mental Health Commission of Canada (2012) 'Changing Direction, Changing Lives' (2012) <http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf>
- Ministry of Education (2013) 'Supporting Minds' <http://www.edu.gov.on.ca/eng/document/reports/SupportingMinds.pdf>
- Ontario Centre of Excellence for Child and Youth Mental Health 'Live Together' online tool kit <http://www.togethertolive.ca>
- Public Health England (2015) 'Promoting children and young people's emotional health and wellbeing'
- Shanker (2012) 'Calm Alert and Learning'
- The Hawn Foundation (2011) 'The Mind Up Curriculum Grades Pre-K -2 Brain-Focused Strategies for Learning – and Living'
- Vancouver District School Board (2008) 'Supporting Meaningful Consultations with Parents'
- York District School Board 'Mental Health and Addiction Strategy' <http://www.yrdsb.ca/AboutUs/BIPSA/Documents/Mental-Health-Strategy.pdf>



## Appendices

### Appendix 1 - Map

#### Vancouver

- Gladstone School
- Kelty Mental Health Resource Centre
- University of British Columbia
- Vancouver District School Board

#### Seattle

- Seattle Children's Hospital
- Centre for Child & Family Wellbeing



#### Ottawa

- Ottawa Children's Treatment Centre
- Ontario Centre of Excellence for Child & Youth Mental Health
- Ottawa-Carleton District School

#### Toronto

- Integra The Child Development Institute
- York Region District School Board
- Ontario Ministry of Education
- Toronto District School Board
- Toronto Catholic District School Board
- Zareinu School



## Appendix 2 – Itinerary

Screen shots of the Itinerary for the 5 week Fellowship

### October Vancouver & Seattle

Monday	Tuesday	Wednesday	Thursday	Friday
17 Gladstone Secondary School pm Eleanor <del>Crook</del>	18 Kelly Resource Centre meeting 09.30	19 University British Columbia 10.00 meeting Pat Miranda	20 Lord Nelson School Templeton School	21
24	25 Travel to Seattle Depart 17.40 Arrive 18.24 Flight No. AC8099	26 Seattle Children's Hospital	27 Centre for Child & Family Wellbeing meeting 11.30 – 14.00	28
31	Kelly Mental Health Resource Centre 309 Mental Health Building, 4500 Oak Street, Vancouver V6H 3N1 (Michelle Horn Program Manager), Mary McCracken & Andrea Vukobrat  Pat Miranda, Professor, Department of Educational & Counselling Psychology & Special Education, room 2323, <del>Scote</del> Building, Vancouver campus V6T 1Z4  Seattle Children's Hospital 4800 Sand Point Way, NE Seattle, WA98105 (Jim Mancini), Tara Godinho  Centre for Child & Family Wellbeing 3903 Brooklyn Ave NE, Seattle, WA98105 <del>Liliana Lengua</del> Director			

### November Toronto Sophie Cobb

Monday	Tuesday	Wednesday	Thursday	Friday
	1 1 pm Integra introductory meeting	2 Integra Workshop - time TBC	3 Integra Workshop 'Walk a mile in my shoes' 18.30 - 20.30	4 11.00 York Region District School Board
7 Toronto District School Board & Toronto Catholic District School Board	8	9 11.00 <del>Zarenu</del> School	10 10.30 Kathy Short meeting	11 9.00 – 12.00 Autism & Trauma Conference
14 Centre Of Excellence Meeting 14.00 – 16.00	15 10.00 Leslie Walker Ottawa Children's Treatment Centre	16 9-11.30 Peter <del>Symmonds</del> Ottawa District School Board	17	18
21	22	23	24	
Integra The Child Development Institute, 25 Imperial Street, 4 <sup>th</sup> Floor Toronto M5P 1B9 - Marjory Phillips Director, Kate <del>Crossman</del> Community Education Ontario Centre of Excellence for Child and Youth Mental Health, 695 Industrial Ave, Unit1 Ottawa K1G 0Z1 <del>Purnima Sundar</del> Director Knowledge Mobilization Ontario Ministry of Education 101 Bloor St W, Toronto, ON M5S 2Z7 - Kathy Short Autism & Trauma Conference The Westin <del>Harbour</del> Castle, 1 <del>Harbour</del> Square Toronto, ON M5J 1A6 Ottawa Children's Treatment Centre, 395 Smyth Road, Ottawa K1H 8L2 - Leslie Walker, Principle Ottawa-Carleton District School Board, 133 <del>Greenbank</del> Road, Ottawa, K2H 6L3 – Peter <del>Symmonds</del> , System Principle & Dr Petra <del>Duschner</del> – Room B100				





### Appendix 3 – List of organisations and URL's

Vancouver	Toronto
<ul style="list-style-type: none"> <li>• Kelty Mental Health Resource Centre <a href="http://keltymentalhealth.ca">http://keltymentalhealth.ca</a></li> <li>• University of British Columbia <a href="https://www.ubc.ca">https://www.ubc.ca</a></li> <li>• Vancouver District School Board <a href="https://www.vsb.bc.ca">https://www.vsb.bc.ca</a></li> </ul>	<ul style="list-style-type: none"> <li>• Integra The Child Development Institute <a href="http://www.childdevelop.ca/programs/integra-program">http://www.childdevelop.ca/programs/integra-program</a></li> <li>• York Region District School Board <a href="http://www.yrdsb.ca/Pages/default.aspx">http://www.yrdsb.ca/Pages/default.aspx</a></li> <li>• Ontario Ministry of Education School Mental Health ASSIST <a href="http://smh-assist.ca">http://smh-assist.ca</a></li> <li>• Toronto District School Board <a href="http://www.tdsb.on.ca">http://www.tdsb.on.ca</a></li> <li>• Toronto Catholic District School Board <a href="https://www.tcdsb.org/Pages/default.aspx">https://www.tcdsb.org/Pages/default.aspx</a></li> <li>• Zareinu School <a href="http://zareinu.org">http://zareinu.org</a></li> </ul>
Seattle	Ottawa
<ul style="list-style-type: none"> <li>• Seattle Children's Hospital <a href="http://www.seattlechildrens.org">http://www.seattlechildrens.org</a></li> <li>• Centre for Child &amp; Family Wellbeing <a href="http://depts.washington.edu/ccfwb/con tent/home">http://depts.washington.edu/ccfwb/con tent/home</a></li> </ul>	<ul style="list-style-type: none"> <li>• Ottawa Children's Treatment Centre <a href="https://www.octc.ca">https://www.octc.ca</a></li> <li>• Ontario Centre of Excellence for Child &amp; Youth Mental Health <a href="http://www.excellenceforchildandyouth.ca">http://www.excellenceforchildandyouth.ca</a></li> <li>• Ottawa-Carleton District School <a href="http://www.ocdsb.ca/Pages/default.aspx">http://www.ocdsb.ca/Pages/default.aspx</a></li> </ul>



## Appendix 4 – List of resources, apps and programmes

### Resources:

- Stresslr.ca
- Mindcheck.ca includes website & online resources + Start Wondering, Start Knowing; A mental health vide resource for schools
- Balanced – website eating disorders
- The F.O.R.S.E. society for kids’ mental health - website
- Culturally Connected – website
- ‘Growing Mindful’ cards
- Living Healthy...It’s in Everyone a guide to healthy living for families
- DWD: Dealing Wirth Depression information pack
- From Survive to Thrive: a resource for recovering form an eating disorder + parents Survive to Thrive Guide

### Apps:

- MindShift
- Breathr
- Settle your glitter
- dwdonline.ca
- Headspace for kids

### Programmes:

- Mind Up
- ‘Zones of self regulation’
- Roots of Empathy
- Strong Kids
- Kahoot
- Learning for All
- Mind Masters
- Friends for Life – parent programme & school based programme



