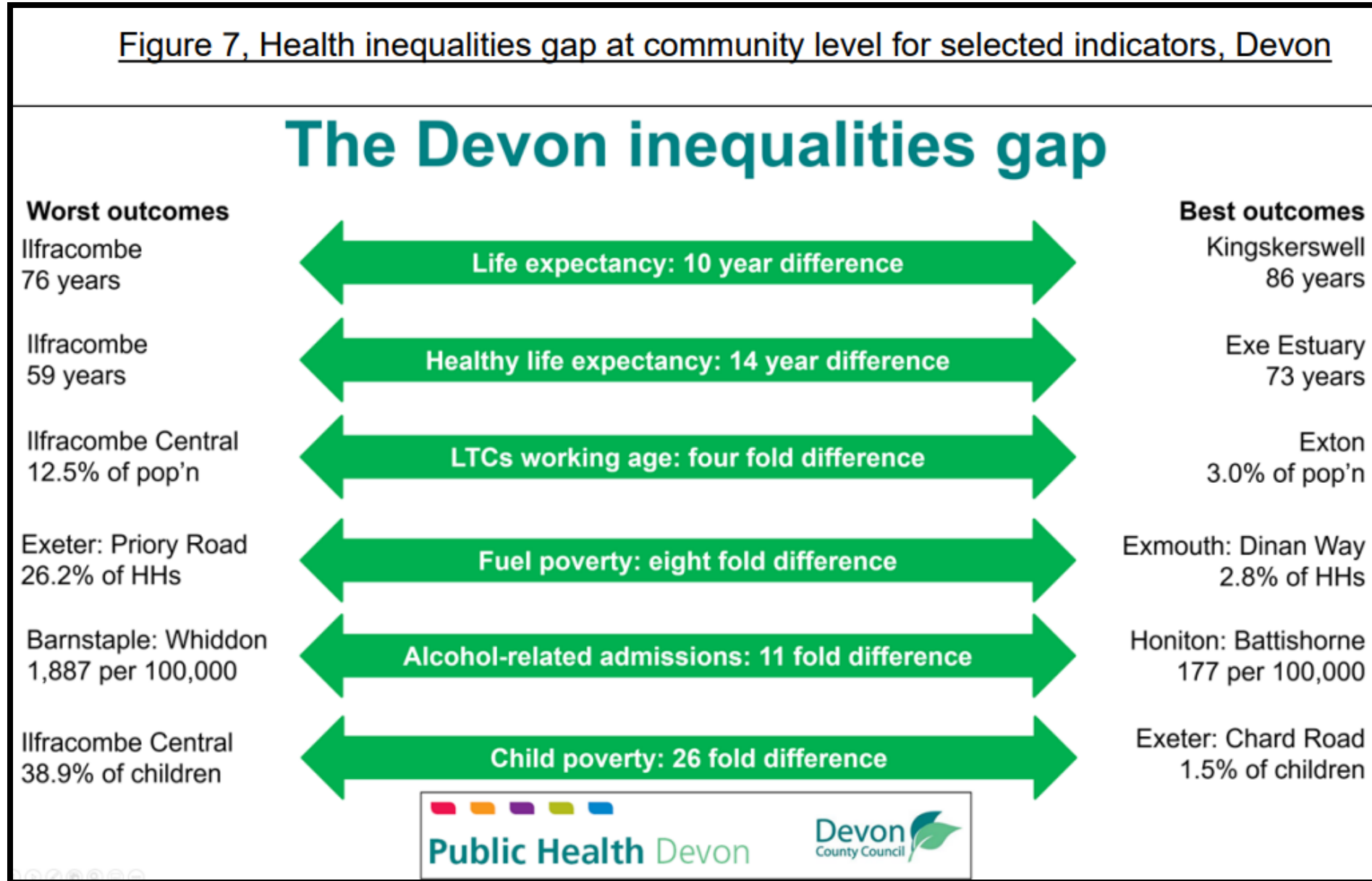


# Impact of health inequalities on the mental health of pupils at Ilfracombe C of E Junior School.

Jody Le Bretonchel - Head Teacher Ilfracombe C of E Junior School



Figure 7, Health inequalities gap at community level for selected indicators, Devon



# Ilfracombe – what the data says

## Ilfracombe is the most vulnerable of Devon's 25 market and coastal towns

(based on the Index of Multiple Deprivation, age structure, income data and claimant count)

**The town has a quarter of Devon's most vulnerable wards**

**Universal Credit claimants are more than double the Devon average**

## How does Ilfracombe compare with Devon, Plymouth and Torbay?

Lowest for life expectancy

Highest for preventable deaths

Worst for household deprivation

Worst for long-term unemployed or never worked

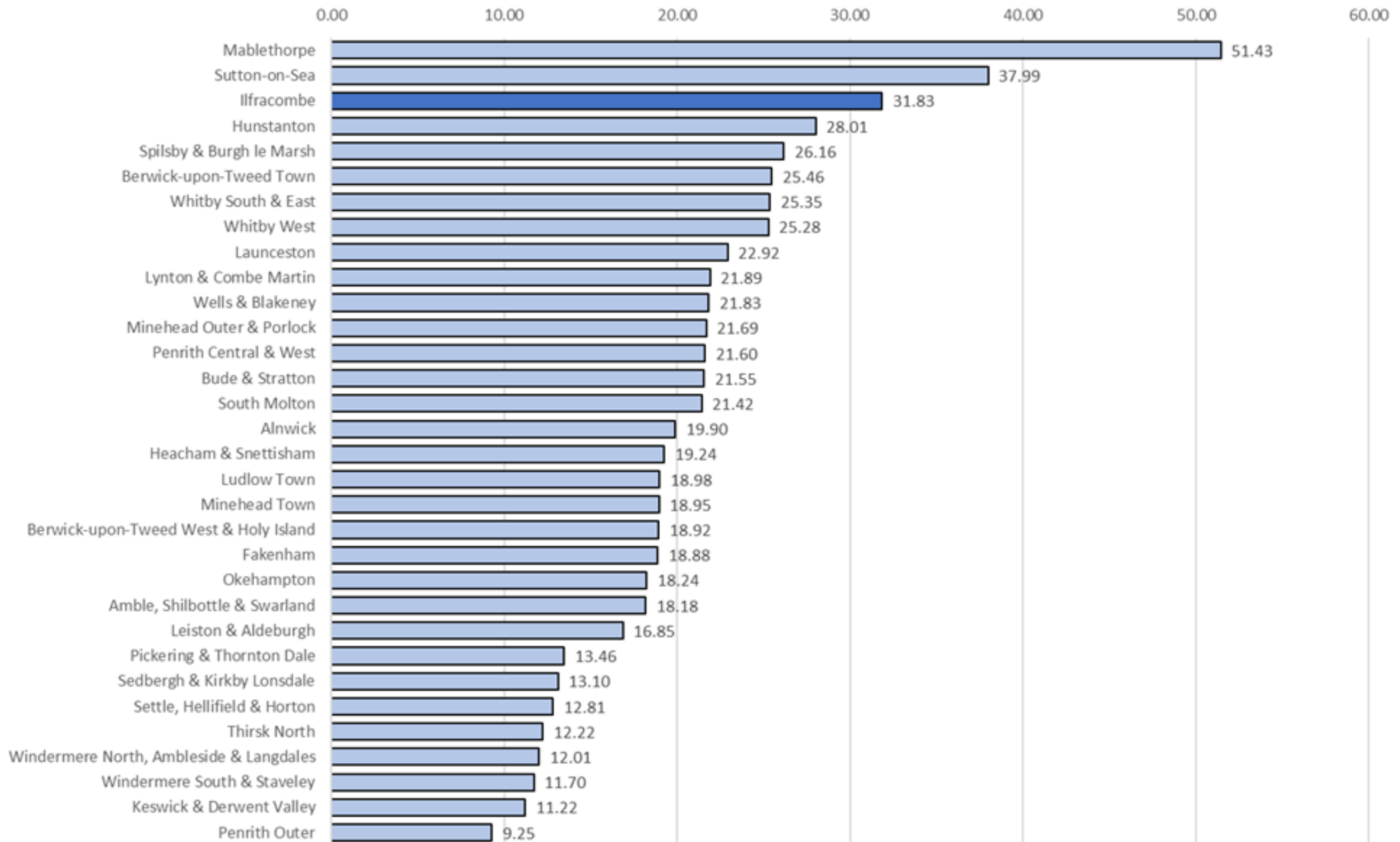
One third -- highest proportion – living in private rented accommodation

Second worst for no qualifications

Third worst for self-harm injuries

Fourth worst for child poverty

## Average Index of Multiple Deprivation Score for Towns in Sparsely Populated Settings, 2019



# Potential Priority Themes

- An ageing population with higher levels and an earlier onset (older working age) of long-term conditions and multi-morbidity reflected in health expectancies
- High levels of private renting, less secure tenures, HMOs and living alone
- Low wages and greater cost of living impacts resulting in fuel and food poverty
- Complex patterns of deprivation largely centred on High Street / privately rented areas
- Higher levels of smoking, obesity and substance misuse, lower physical activity
- Higher levels of serious mental illness and self-harm
- Housing conditions and affordability, including hazards and health impacts
- Job insecurity and seasonal patterns of employment/unemployment
- Lower educational attainment/workforce skills and limited social mobility
- Distance for health and care services and employment opportunities

# 'Ilfracombe Futures'

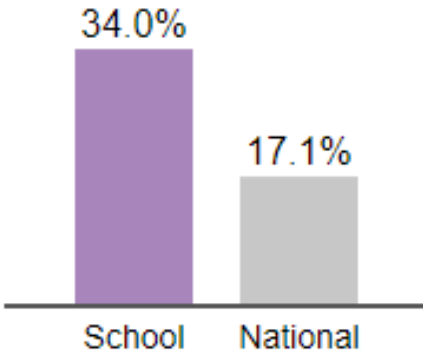
[Contents](#)

Cross-sector collaboration, based in place and providing targeted support.

Our vision is to create a thriving coastal community where every child has equal access to quality education and opportunities for success. Through cross-sector collaboration and targeted interventions, we aim to break the cycle of **educational** disadvantage, empower **families**, and foster a supportive environment that nurtures the potential of every child and young person. By working together, we envision a future where all members of our **community** can achieve their fullest potential and contribute positively to society.

# Pupil Demographics Whole School

## Pupils with SEND

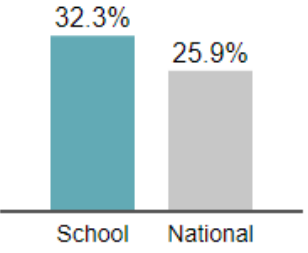


	# Pupils	% Pupils
SEN Support	101	27.2%
EHC Plan	25	6.7%

## SEND Specific Needs

	# Pupils	% Pupils
Social, Emotional and Mental Health	54	14.6%
Speech, Language and Communication Needs	53	14.3%
Moderate Learning Difficulty	35	9.4%
Autistic Spectrum Disorder	12	3.2%
Specific Learning Difficulty	5	1.3%
Other Difficulty/Disability	4	1.1%
Physical Disability	3	0.8%

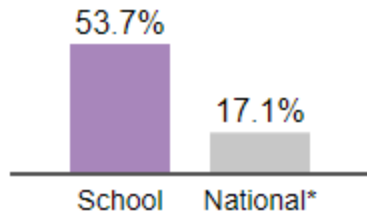
## Ever 6 FSM



# Pupil Demographics (Disadvantaged pupils)

121 / 371 pupils classed as disadvantaged (33%)

## Pupils with SEND



	# Pupils	% Pupils	National*
SEN Support	49	40.5%	14.1%
EHC Plan	16	13.2%	3.0%

## SEND Specific Needs

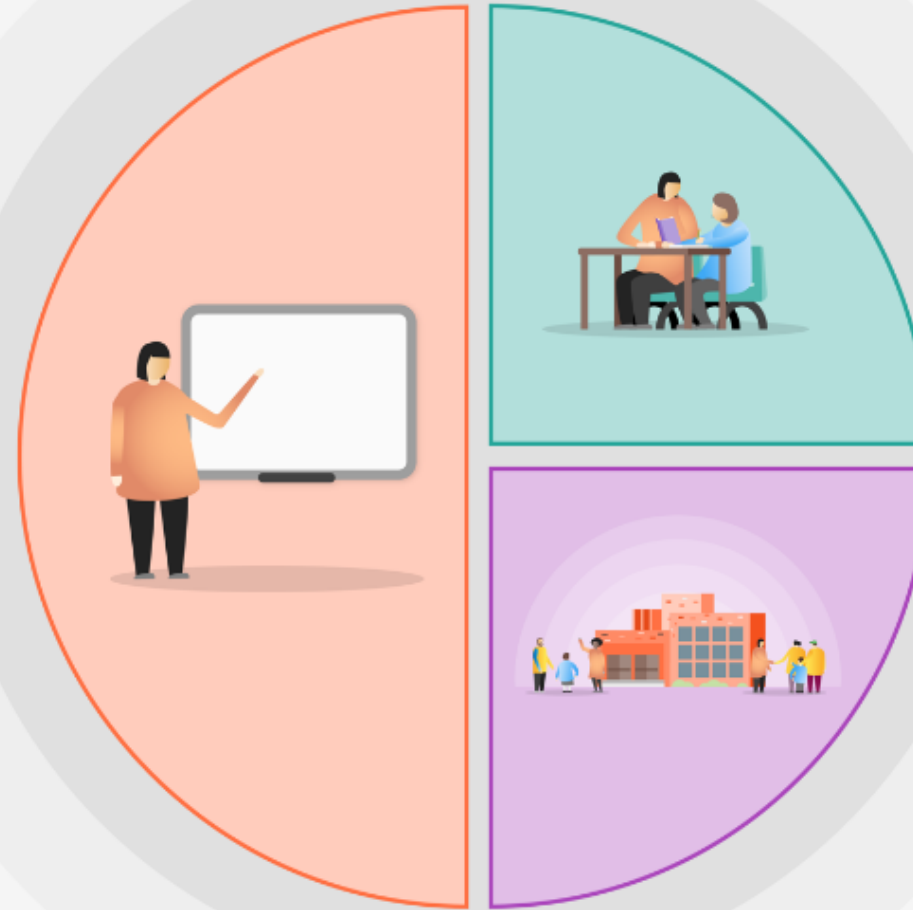
	# Pupils	% Pupils
Social, Emotional and Mental Health	33	27.3%
Speech, Language and Communication Needs	23	19.0%
Moderate Learning Difficulty	18	14.9%
Autistic Spectrum Disorder	6	5.0%
Other Difficulty/Disability	3	2.5%
Specific Learning Difficulty	2	1.7%
Physical Disability	1	0.8%

# Provision for disadvantaged pupils is highly effective

[Contents](#)

## 1 Teaching

- An ambitious curriculum and high quality teaching in every class supported by whole school CPD and a shared focusing on raising the attainment of all pupils through the effective use of assessment.
- English specialist teaching and dyslexia support.
- Pupil Premium Lead and middle leaders as Pupil Premium Champions to plan, monitor & support good progress for disadvantaged pupils; to ensure appropriate challenge for high standards
- Weekly coaching for NQT/new teachers
- Excellent pupil conduct
- Half termly pupil progress reviews
- CPD to promote the effective use of Teaching Assistants to support raising the attainment of pupils with additional needs.



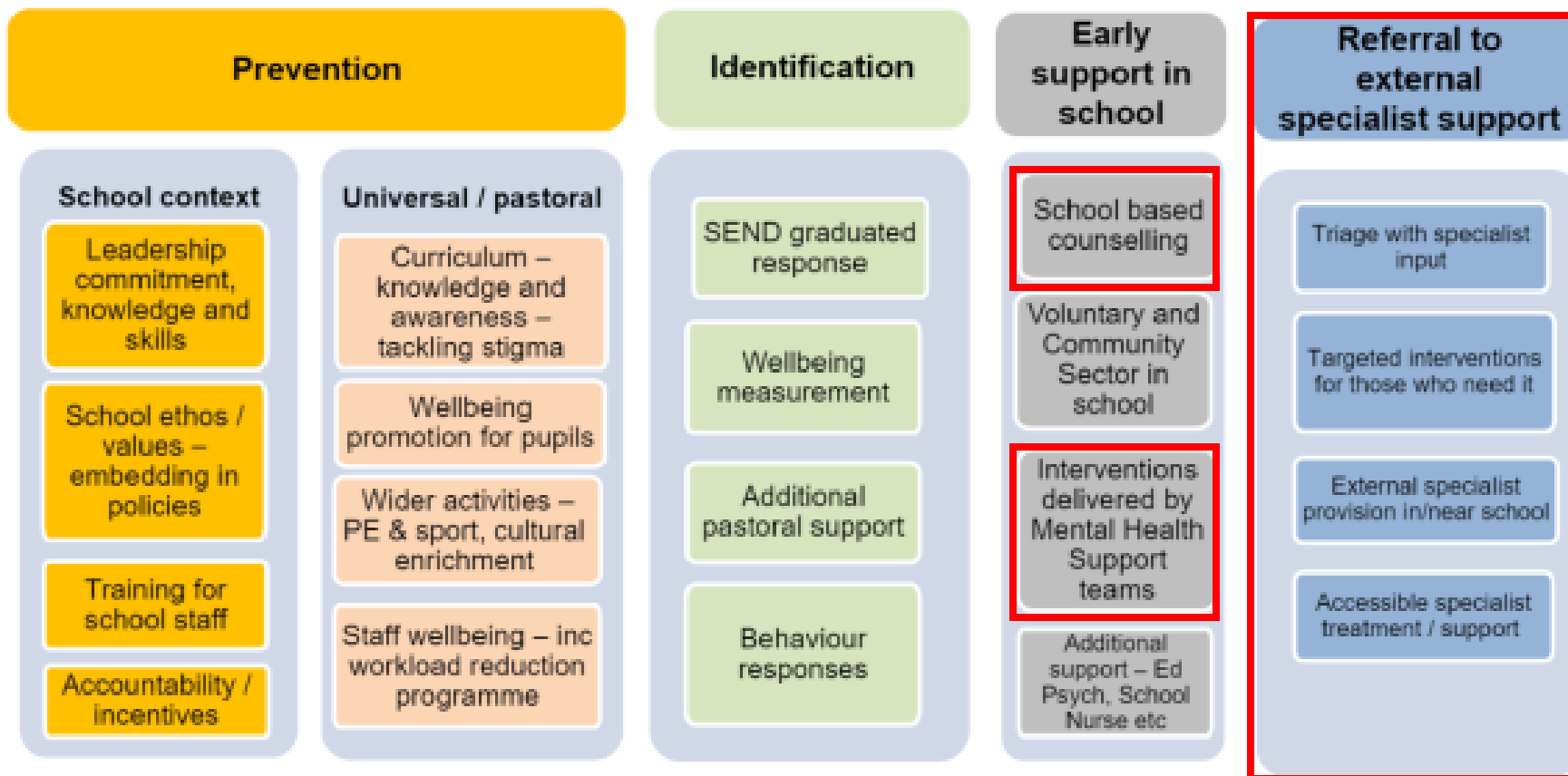
## 2 Targeted academic support

- Targeted provision for small groups working significantly below the expected standard
- 1:1 & group interventions – prioritising Phonics (RWI)
- 1:1 Academic mentoring and pupil conferencing with a focus on target setting, high expectations of learning behaviours & attendance.

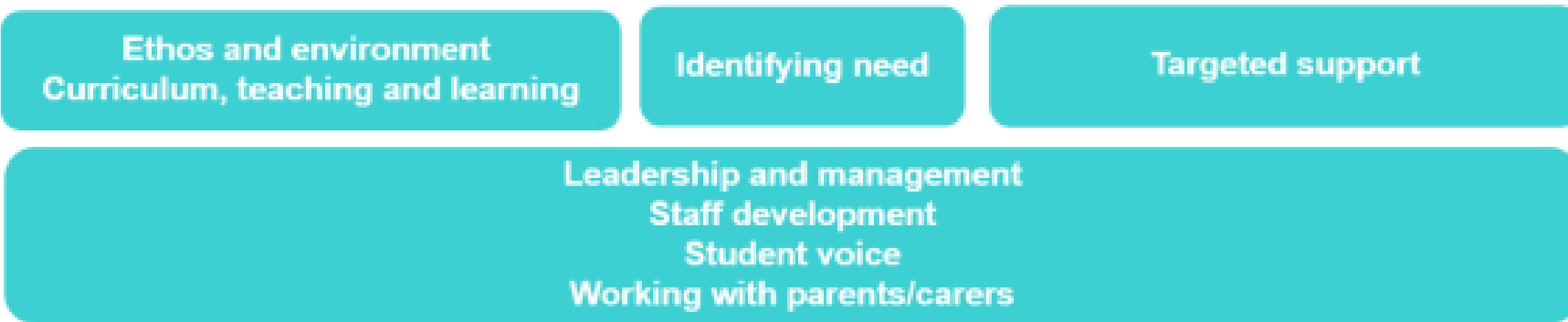
## 3 Wider strategies

- Pastoral care to support pupils with SEMH needs through the 'Thrive' approach.
- Effective Early Help support for families
- Universal Breakfast Club with free provision for FSM
- Alternative curriculum provision to support social interaction & basic skills, including music therapy, Forest Schools & cooking
- Support for a wide variety of extra-curricular clubs, residentials and visits.
- A 'Character Curriculum' that enables pupils to develop positive character traits through carefully planned for opportunities.
- Attendance lead implementing new Attendance Policy.

# Whole school approach to mental health and wellbeing



DHSC/DfE eight principles to promote emotional health and wellbeing in schools and colleges:



# Specialist Provision: NHS MHST

- The NHS Mental Health Support Team (CFHD) work within our school providing low intensity cognitive behaviour therapy 1:1 or in small groups

Referral Criteria Traffic Light System (Who do we see/What can we support with)		
Yes	Maybe	No
<p>Common mental health difficulties that may respond to early intervention/low intensity approaches.</p>	<p>Common mental health difficulties that may respond to early intervention/low intensity approaches, however consideration required concerning the severity and impact of the presenting difficulties to determine suitability.</p>	<p>Significant levels of need/complex conditions which are not suitable for brief early intervention/low intensity approaches.</p>
<ul style="list-style-type: none"> <li>• Low Mood/Mild to Moderately Severe Depression</li> <li>• Panic Disorder</li> <li>• Panic Disorder &amp; Agoraphobia</li> <li>• Generalised Anxiety Disorder/Worry</li> <li>• Simple Phobia (but not blood, needle, vomit)</li> <li>• Sleep problems</li> <li>• Stress management</li> <li>• Primary age behavioural support</li> </ul>	<ul style="list-style-type: none"> <li>• Anger difficulties</li> <li>• Low self-esteem</li> <li>• Mild social anxiety disorder</li> <li>• Some compulsive behaviours</li> <li>• Mild health anxiety</li> <li>• Assertiveness/interpersonal challenges (e.g. with peers)</li> <li>• Self-harm is disclosed but is assessed as linked to low mood but is not assessed as enduring and high risk in nature</li> <li>• OCD</li> </ul>	<ul style="list-style-type: none"> <li>• Pain management</li> <li>• PTSD</li> <li>• Bipolar Disorder</li> <li>• Psychosis</li> <li>• Personality Disorders</li> <li>• Eating Disorders</li> <li>• Chronic depression/anxiety</li> <li>• Established health anxiety</li> <li>• Historical or current experiences of abuse or violence</li> <li>• Complex interpersonal challenges</li> <li>• Bereavement</li> <li>• Active, enduring and significant self-harm</li> <li>• Relationship problems</li> </ul>

# Specialist Provision: Place2Be

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Ifracombe has a two day, MHP/counsellor service and a half day family practitioner for the whole academic year. Over the last year the service has provided Place2talk, Place2think & One to one counselling and targeted groups. PIPT interventions (parent partnership) sessions.



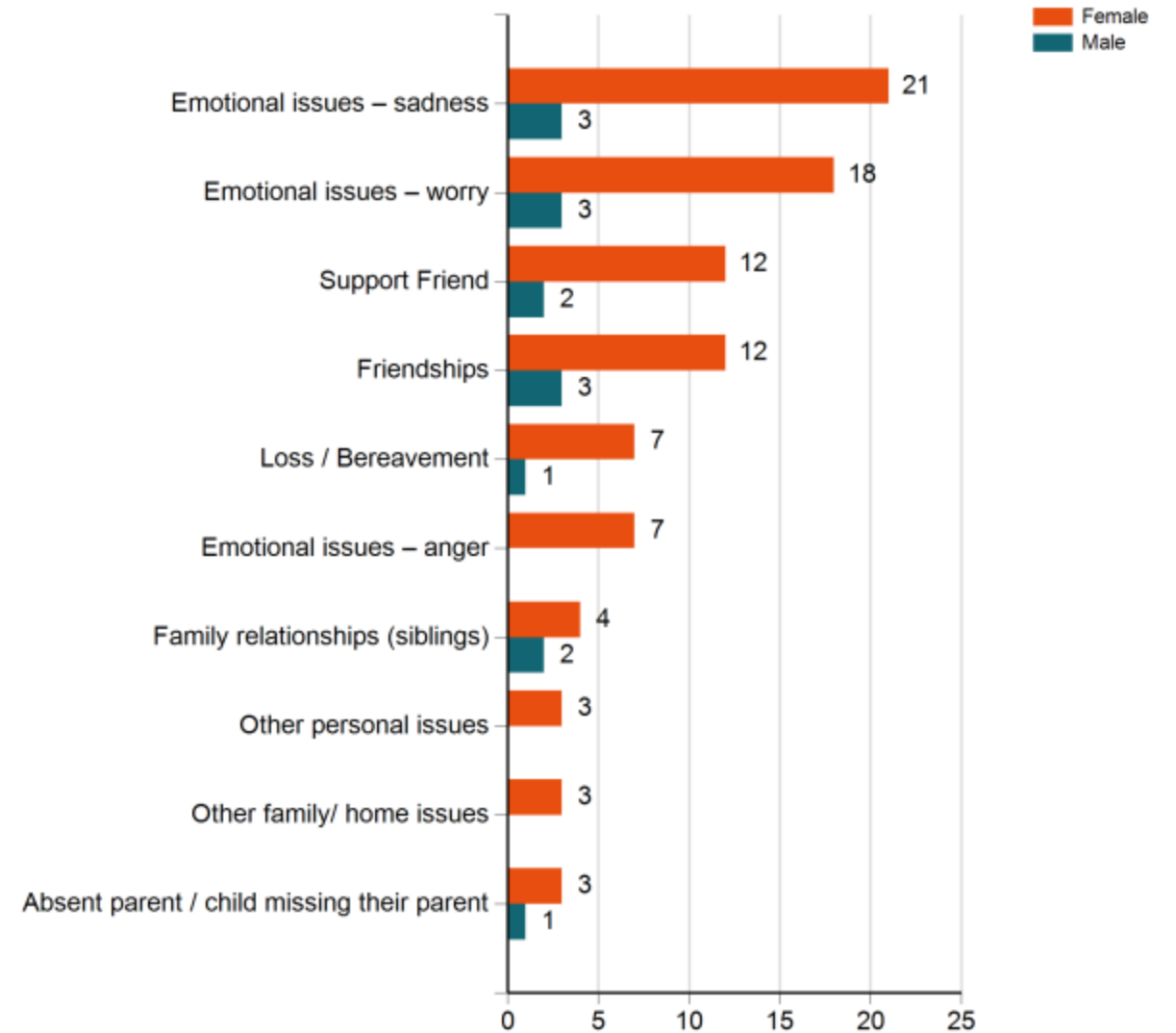
# Place2Talk

Place2Talk - Building resilience			
Gender		Attendance	
Boys:	8	No. of group sessions held:	29
Girls:	33	No. of individual sessions held:	49

## Place2Talk

No. of children / young people seen:	41
No. of sessions held:	78

### Main issues discussed



# Place2Be 1:1 Counselling

Referral Criteria Traffic Light System (Who do we see/What can we support with)

Yes	Maybe	No
Common mental health	Common mental health	Significant levels of need/complex conditions which are not suitable for brief early intervention/low intensity approaches.
<ul style="list-style-type: none"> <li>Disorder/Worry</li> <li>• Simple Phobia (but not blood, needle, vomit)</li> <li>• Sleep problems</li> <li>• Stress management</li> <li>• Primary age behavioural support</li> </ul>	<ul style="list-style-type: none"> <li>challenges (e.g. with peers)</li> <li>• Self-harm is disclosed but is assessed as linked to low mood but is not assessed as enduring and high risk in nature</li> <li>• OCD</li> </ul>	<ul style="list-style-type: none"> <li>• Pain management</li> <li>• PTSD</li> <li>• Bipolar Disorder</li> <li>• Psychosis</li> <li>• Personality Disorders</li> <li>• Eating Disorders</li> <li>• Chronic depression/ anxiety</li> <li>• Established health anxiety</li> <li>• Historical or current experiences of abuse or violence</li> <li>• Complex interpersonal challenges</li> <li>• Bereavement</li> <li>• Active, enduring and significant self-harm</li> <li>• Relationship problems</li> </ul>

Assessment	
No. of children / young people in assessment:	2
No. of assessments completed:	18
One-to-one counselling	
No. of children / young people seen:	11
No. of sessions held:	123
Key themes emerging:	Worry, general anxiety, separation anxiety, hearing voices, sleeping difficulties, friendship issues, change within family, low self-esteem, low mood, wanting to understand and manage emotions more, self-harm, and suicide ideations.



# Place2Be Parents and Safeguarding

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<b>Parent work</b>	
No. of sessions held in Parent Partnership:	40
Main issues explored:	Sleeping difficulties, separation anxiety, general anxiety, mental health advice, sign posting parent for own mental health support. How to approach difficult conversations, supporting managing behaviour and school refusing. Supporting parent with risk assessments and safety plans, sharing safety
<b>Safeguarding</b>	
No. of disclosures passed on to the school:	47
No. of low threshold disclosures:	16
No. of high threshold disclosures:	31

# OFSTED 24<sup>th</sup>-25<sup>th</sup> September 2024

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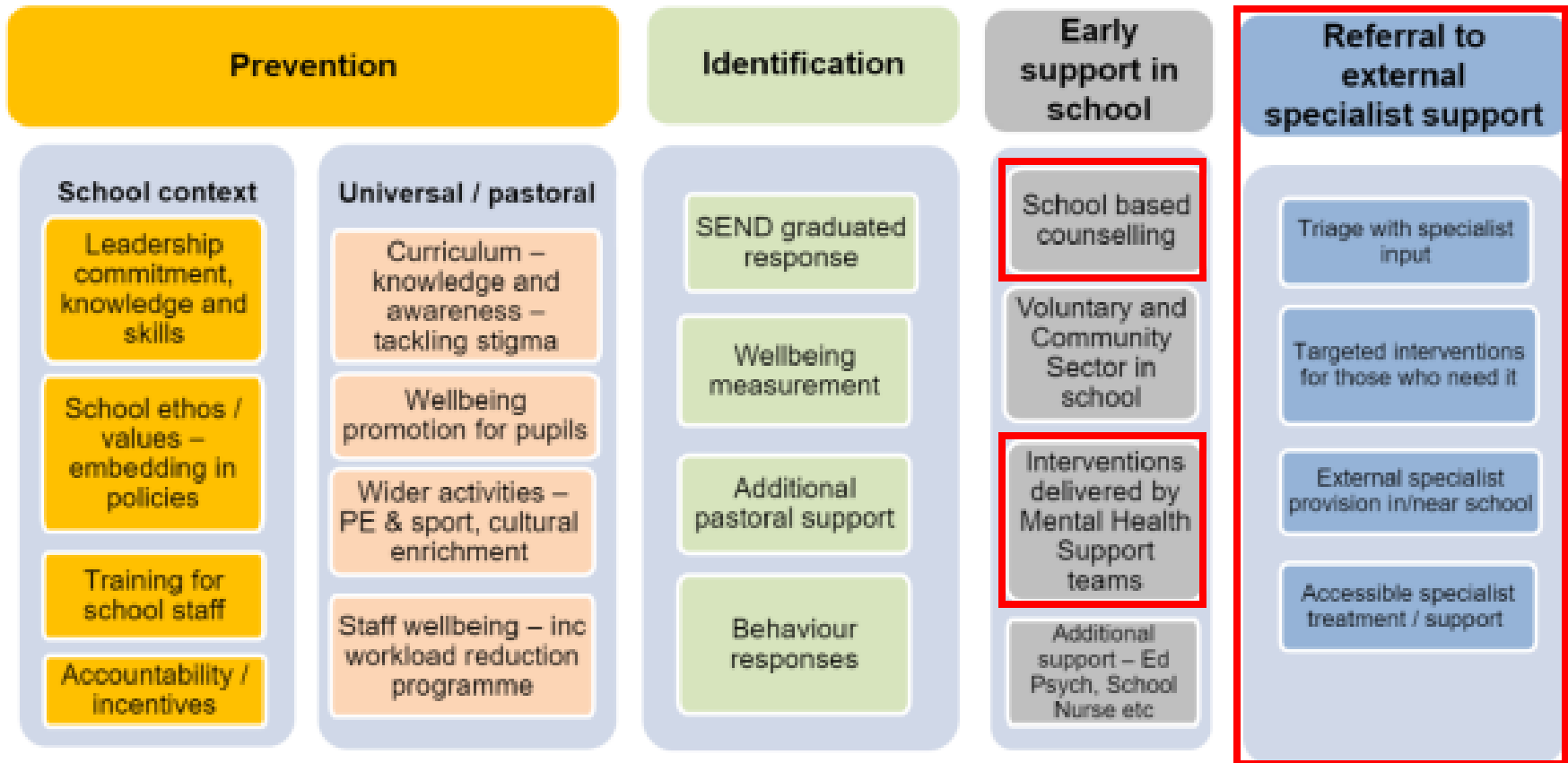
**The quality of education** Good  
**Behaviour and attitudes** Outstanding  
**Personal development** Good  
**Leadership and management** Good

[Ifracombe C of E Junior School](#)

Many pupils face barriers to learning. This can be in the form of special educational needs and or disabilities (SEND), as well as other challenges. Pupils' needs are identified quickly and accurately. Pupils trust staff and feel safe at school. As a result, they persevere to give their best efforts. Attendance is improving because pupils want to be in school. The school is viewed as 'a sanctuary' for its pupils. This is bolstered further by the enthusiasm that pupils have for their learning across the curriculum.

The impact of the school's work is firmly rooted in the exceptional way that it prioritises pupils' social and emotional needs from the time that they start at the school. It makes an impressive impact on pupils' attitudes to learning and the way in which they behave.

# Whole school approach to mental health and wellbeing



DHSC/DfE eight principles to promote emotional health and wellbeing in schools and colleges:



# Further Impact

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- Improved attendance and a significant reduction in persistent absence
- 0 permanent exclusions
- 0 referrals to CAMHS for mental health reasons

# Our request

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- 1) For One Northern Devon to consider using £7,500 of its 25/26 locality health inequalities budget to fund the school's contribution to this provision to enable it to continue for another year.
- 2) Support in preparing a business case to ensure its long-term sustainability, particularly in view of its reduction in demand on children and young people's mental health services.