Supporting Young People’s Emotional Health and Well-Being in Sefton: Final Report

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Table of Contents

Contributions........................................................................................................................... i
Acknowledgements ................................................................................................................. i
Abbreviations ......................................................................................................................... 1
Executive summary ................................................................................................................ 2
1 Introduction .................................................................................................................... 7
2 Evaluation methods ........................................................................................................ 9
3 Literature review ........................................................................................................... 10
4 An overview of current provision in Sefton schools ..................................................... 26
5 Specific programme case studies .............................................................................. 35
6 Student wellbeing and resilience survey ................................................................... 61
7 Staff wellbeing and resilience survey .......................................................................... 72
8 Key learning and recommendations .......................................................................... 79
9 Conclusions ................................................................................................................... 83
10 References ................................................................................................................. 84

Appendix 1. Methods and analysis ...................................................................................... 89
Appendix 2. School-level case studies ................................................................................. 94

List of figures

Figure 1: Outline of evaluation methods ................................................................................... 9
Figure 2: Children’s mental illness and wellbeing at age 11 (findings from the Millennium Cohort Study) ........................................................................................................................... 12
Figure 3: Logic model of current provision in Sefton schools .................................................. 27
Figure 4: School-level logic model – School 1 .......................................................................... 31
Figure 5: School-level logic model – School 24........................................................................ 32
Figure 6: School-level logic model – School 66 ........................................................................ 33
Figure 7: EHWB intervention programmes in Sefton schools ................................................. 35
Figure 8: Rainbow Leaders key values ..................................................................................... 36
Figure 9: Academic Resilience Approach Pyramid of Need ..................................................... 38
Figure 10: School-level logic model – Academic Resilience Approach .................................... 43
Figure 11: School-level logic model – Growth mindset ........................................................... 51
Figure 12: Youth Connect 5 topic areas ................................................................................... 54
Figure 13: Nurture and Thrive programmes .......................................................................... 57
Figure 14: Proportion of students with low mental wellbeing scores by individual resilience scores, student survey ............................................................................................................. 69
Figure 16: Proportion of students with low mental wellbeing scores by family and community resilience scores, student survey ............................................................................................. 70
Figure 17: Proportion of students with low mental wellbeing scores by school and peer resilience scores, student survey ............................................................................................................. 70
Figure 18: Proportions of staff responding positively and negatively to adult RRC-ARM questions, staff survey

Figure 19: Proportions of staff responding positively and negatively to WEMWBS questions, staff survey

Figure 20: Proportion of staff with low, moderate and high mental wellbeing scores by resilience level, staff survey

Figure 21: Staff satisfaction with school provision of resilience building or EHWB activities for staff and students, staff survey

List of tables

Table 1: Student sociodemographic data
Table 2: Individual sources of resilience by sex, year, and school type, student survey
Table 3: Family and community sources of resilience by sex, year, and school type, student survey
Table 4: School and peer sources of resilience by sex, year, and school type, student survey
Table 5: Mental wellbeing by sex, year, school type and area, student survey
Table 6: Staff sociodemographic data
Table 7: Prevalence of low mental wellbeing by responses to adult RRC-ARM questions, staff survey
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>ACE</td>
<td>Adverse Childhood Experience</td>
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<td>ARA</td>
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<td>Child And Adolescent Mental Health Services</td>
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<td>Clinical Commissioning Group</td>
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<td>Improving Access to Psychological Therapies</td>
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<td>Millennium Cohort Study</td>
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<td>Public Health England</td>
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<td>PSHE</td>
<td>Personal, Social, Health and Economic Education</td>
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<td>Resilience Research Centre Adult Resilience Measure</td>
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<td>Relationships and Sex Education</td>
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<td>SCWBS</td>
<td>Stirling Children’s Wellbeing Scale</td>
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<td>SEAL</td>
<td>Social and Emotional Aspects of Learning</td>
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<td>Social and Emotional Learning</td>
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<td>Special Educational Needs</td>
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<td>Senior Leadership Team</td>
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<td>SMT</td>
<td>Senior Management Team</td>
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<td>Student Resilience Survey</td>
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<td>WEMWBS</td>
<td>Warwick-Edinburgh Mental Wellbeing Scale</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>YCS</td>
<td>Youth Connect 5</td>
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Executive summary

This report presents the findings from a two-stage evaluation, which considered the short and medium term impact of a programme of early support to promote children and young people’s emotional health and well-being (EHWB) in Sefton schools. The first stage of the evaluation was published in September 2018. Alongside a literature review, the evaluation incorporated a range of research methods, including content analysis, a school survey, stakeholder engagement, qualitative interviews and a baseline monitoring survey with school students and staff.

Literature review

Poor mental health is perceived to be an increasing issue among children and young people. Research has demonstrated that approximately 200,000 young people are referred to specialist mental health services each year in England – putting increasing pressures on services. The significant role of wider structural factors, including higher-level political and economic factors, in affecting children and young people’s EHWB should not be minimised and there should be concerted efforts to incorporate an inequalities perspective when addressing children and young people’s EHWB. Poor EHWB in childhood can often have a lasting impact into adulthood. Having a trusted adult that they can confide in is important for children and young people’s EHWB, especially if the child or young person has experienced, or is at risk of experiencing, adverse childhood experiences.

National approaches to improving young people’s EHWB continue to be an important influence on, and driver of, practice. Recent years have seen the publication of a number of government strategies focused on introducing preventative measures as well as increased provision for those that have already developed EHWB issues. Universal whole-school approaches are more effective than approaches based on targeted or classroom-based teaching but should not be viewed as a short term, quick fix solution to children and young people’s EHWB. Intervention impacts on the school culture and environment may take some time to realise. Successful implementation and delivery requires long-term and multi-year commitment from funders, government departments, communities, and schools. Programmes should be acceptable to teachers and should incorporate evidence based teaching strategies.

Schools have an important role to play in identifying and meeting the need of students having difficulties with their EHWB, but without a supporting whole-school framework, school staff may not be able or ready to deliver such support. Schools also have a key role in identifying and referring young people to specialist mental health services and should be supported to develop good working arrangements with local mental health services.

Current provision in Sefton schools

Stress and anxiety were highlighted on the school survey as key EHWB issues that schools wanted to prioritise. Schools addressed stress and anxiety through Personal, Social, Health and Economic Education, as well as specialised programmes that taught students coping techniques. Building self-esteem was a priority discussed by many of the schools in their
mission statements and was discussed in several case studies. Low self-esteem was considered to be a common problem within schools in Sefton, in particular with students who required additional support. Mission statements emphasised how schools would treat students as individuals and tailor support to suit their needs in an attempt to help increase confidence and self-esteem. Highlighting the important role that schools have in identifying students that may need additional support with their EHWB, referrals to external services, such as Child and Adolescent Mental Health Services, were a key element in EHWB provision. Schools that had encountered students who required extra support that the school was unable to offer, would often make referrals to external services that could provide specialised support. A logic model was developed to provide an overall picture of the provision in Sefton, and a number of individual, school-level logic models were developed where possible. These provide illustrative examples of the reach of EHWB activities and programmes.

Interviews were also undertaken with staff and trainers involved in the implementation and delivery of seven EHWB intervention programmes in Sefton schools, which encompassed a range of approaches. Four programmes – Rainbow Leaders, Academic Resilience Approach Emotional Literacy and Growth Mindset – were focused on changing school culture, capacity and/or approach to EHWB. The Academic Resilience Approach and Emotional Literacy are large-scale programmes with implementation supported through external training provision. Both approaches had provided schools with a supporting framework for delivery of EHWB activities and had increased staff confidence in addressing EHWB. These approaches had also provided opportunities for schools to network and share good practice. Three programmes – Big Love Little Sista, Youth Connect 5, and Nurture and Thrive – involved working with external providers based on referral of targeted students. All three programmes were well received by schools, children and their parents, but issues were raised about the sustainability of delivery.

Student wellbeing and resilience survey

The student survey sample comprised 2,039 students aged 8-16 years attending primary (n=1,347), secondary (n=869), and SEN (n=93) schools in Sefton across a total of 29 schools. A modified 38-item version of the Student Resilience Survey was used to measure students’ perceptions of four individual characteristics (self-esteem, empathy, problem solving, and goals and aspirations) as well as protective factors in their environment from their family, school and community. Students’ perceptions of their individual characteristics revealed that girls were significantly more likely than boys to report low to moderate self-esteem scores and high empathy scores. There was no difference in scores for problem solving and goals and aspirations between girls and boys. School year and type had a significant association with scores for each of the four individual constructs. High scores on each construct were more prevalent amongst students in years 5 and 6 compared to other years, and amongst students in primary school compared to students in secondary and SEN schools. There were no clear differences in scores between boys and girls on the protective factors (family connection, family participation, community connection, community participation, school connection, school participation). However, girls were significantly more likely than boys to report high peer support scores. School year and type were significantly associated with scores on each of the protective factors. With the exception of school participation, high scores on each
construct were more prevalent among students in years 5 and 6 compared to other years, and among students in primary school compared to secondary and SEN schools.

Student mental wellbeing was measured using the Stirling Children’s Wellbeing Scale for primary school aged students and Warwick-Edinburgh Mental Wellbeing Scale for secondary school aged students. Girls were more likely than boys to report low or moderate mental wellbeing scores. School year and type were significantly associated with student mental wellbeing scores. Low mental wellbeing scores were most prevalent amongst students in secondary and SEN schools compared to students in primary schools. Resilience and mental wellbeing scores were significantly associated. The prevalence of low mental wellbeing scores was highest amongst those with low resilience scores on the individual characteristics and protective factors.

**Staff wellbeing and resilience survey**

The staff survey sample comprised 312 members of staff working in primary (n=153), secondary (n=131), and SEN (n=27) schools in Sefton across a total of 24 schools. Staff in a range of roles responded to the survey, although the majority (78%, n=244) were in teaching and learning support roles. The 12-item Adult Resilience Measure was used to measure staff resilience resources. Almost two-thirds (65%) of staff had a high level of resilience resources. There was no significant association between age or sex and level of resilience resources.

The Warwick-Edinburgh Mental Wellbeing Scale was also used to measure staff mental wellbeing. Four out of five (80%) staff had moderate or high mental wellbeing scores. There was no association between age or sex and mental wellbeing score. School type had a significant association with mental wellbeing score. Low mental wellbeing scores were more prevalent amongst secondary school (26%) and SEN school (24%) staff compared to primary school staff (14%). There were significant relationships between most of the individual resilience questions and mental wellbeing score. Two-thirds (67%) of staff who had low levels of resilience had a low mental wellbeing score.

Most staff were satisfied with both staff (79%) and student (63%) EHWB and resilience building activities in their school. There was a significant association between mental wellbeing and satisfaction with the provision of wellbeing activities for staff. Staff with moderate or high mental wellbeing scores were more likely to report being satisfied with wellbeing activity provision in their school.

**Conclusions**

This two-stage evaluation has demonstrated how many schools in Sefton are following national guidance through their provision of support for children and young people’s EHWB. It was clear that schools have internal policies, and are implementing a range of formal and informal activities and programmes that broadly relate to EHWB. However, it was also apparent that provision is not consistent across schools. There were perceived to be difficulties in evidencing the impact of EHWB programmes and this may affect future

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1School type was missing for one survey participant.
opportunities for funding and, consequently, sustainability. There was also an implied gap in provision between primary and secondary schools.

Whole-school approaches are widely acknowledged as the most effective way for schools to promote the EHWB of children and young people. The approaches examined were well received by the schools that participated in this evaluation, and appeared to be credible and workable for staff. Importantly, these approaches had supported schools to focus on the ability of their staff to support and strengthen their own EHWB. While support for more formalised monitoring and evaluation is required to demonstrate measurable impact of EHWB programmes it should be borne in mind that the impact of whole-school approaches may be difficult to measure based solely on traditional research criteria.

In conclusion, the programme of early support in Sefton funded through Public Health has provided a solid foundation for schools to develop frameworks to support the implementation and delivery of programmes and activities for EHWB.

Recommendations

- Ensure that senior management in schools across Sefton are aware of and supported to fulfil their role of as a key driver in the implementation and delivery of whole-school approaches that promote EHWB.
- Develop processes to promote the sharing of school’s experience of programme development and implementation. This could include continuation of events open to all schools and the development of resources to share learning and details of available support.
- Consider the provision of specific, targeted support to secondary schools to promote the implementation and delivery of preventative approaches. To support integration within the mainstream secondary school curriculum, additional research may be required to gain a better understanding of particular barriers to implementation and delivery in secondary schools.
- Schools should be supported to adopt a whole-school approach that best aligns with their school ethos and that takes account of the wider social and economic context of the school (e.g. schools with challenging community contexts may benefit more readily from the Academic Resilience Approach).
- Schools should be provided with support to identify evidence based classroom-based programmes and teaching practices that they can deliver within a whole-schools framework to support EHWB.
- Future research and impact evaluation should incorporate meaningful engagement (and potentially co-produced research) with school staff and students. New forms of knowledge production and exchange should be explored and the routine sharing of expertise facilitated and encouraged.
- The potential for differential impacts by sex or subgroups (e.g. based on SEN and measures of socio-economic status such as FSM) is of importance. Schools should be
supported to monitor EHWB outcomes alongside implementation in relation to their specific student populations and school contexts.

- The resilience and wellbeing surveys should be repeated annually. Repeated measurement could be done longitudinally (i.e. with the same students as they progress through different years of education), or as repeated snapshots of the same cohort (e.g. repeated for each year 7 group). Surveys should be repeated at the same time of year each time to ensure results are comparable.

- Teachers and schools should be supported to share good practice on supporting and strengthening their staff’s own EHWB.

- Consider whether staff EHWB would benefit from further focused investigation.
1 Introduction

This report presents the findings from a two-stage evaluation, which considered the short and medium term impact of a programme of early support in Sefton schools. The first stage of the evaluation was published in September 2018 [1].

Our evaluation considered programmes that were available across schools in Sefton to support young people’s emotional health and wellbeing (EHWB) and increase their mental resilience. Promoting and strengthening young people’s resilience and ability to cope through preventative approaches should have equal importance to delivering services that deal with problems once they have arisen [2].

National guidance recommends that schools and colleges should ensure that they provide an emotionally secure environment that offers help and support for children and young people [2-4]. It is important to empower young people in educational settings by giving them the skills they need to develop healthy relationships, for example, by providing opportunities within the curriculum to teach relationship skills [2].

The ‘Sefton 0-19 Service Review’ [5] identified that good mental health was an important theme among young people in the borough. Alongside other consultations with young people, and driven by the need for individuals to be resilient, Sefton Council have sought to develop a comprehensive, innovative and co-produced Mental Resilience in Schools Project.

1.1 The Sefton context

In 2014, Sefton published its first health and wellbeing strategy, ‘Living Well in Sefton’, which included a commitment to work with parents and carers so that all children and young people have opportunities to become healthy and fulfilled adults. Identified outcomes included achieving “good EHWB for children and young people”, and building “stronger communities involved in their own wellbeing and wider community’s mental health services”.

In 2017, a five-year ‘Children and Young People’s Plan’ targeted all services and organisations that work with children, young people and families in Sefton. One of the four priorities of the five-year plan is to “ensure positive EHWB of children and young people is achieved”. Key related objectives were to:

- Promote good mental health and emotional wellbeing for all children and young people, parents and caregivers in Sefton;
- Improve access for all children and young people who have mental health problems and disorders to timely, integrated, high quality, multi-disciplinary mental health services that ensure effective assessment, treatment and support for them and for their families, and to work together to tackle the stigma of mental ill-health; and
- Improve knowledge of brain development and attachment theory with parents and services so they can build on this to reduce the numbers of children and young people presenting with mental health issues.

Sefton also has a plan on ‘Mental Health (A Strategic Plan for Sefton 2015-2020)’. The objectives include the “promotion of positive wellbeing”, which aims to tackle the wider
determinants of mental health, ensuring mental health is integrated into other strategies and policies, neighbourhood development, environment and social actions. Governance of the strategy sits with Sefton’s Health and Wellbeing Board. Sefton Council along with partner agencies have established a steering group to drive forward improvement to Sefton’s children and young people’s EHWB. This group is tasked with developing strategic approaches to transform systems and services to improve outcomes for children and young people’s EHWB.

The population of children and young people (aged 0-19 years) in Sefton in 2016 was 59,580. Data shows that; 3.7% (n=1,188) reported an emotional disorder (anxiety disorders and depression); 5.7% (n=1,831) a conduct disorder and 1.5% (n=482) a hyperkinetic disorder [6].

Further to this, key findings from the ‘Child and Maternal Health Observatory’ [2] and the ‘2014 Sefton Strategic Needs Assessment’ [7] reported that:

- The health and wellbeing of children in Sefton is generally worse than the national average.
- The level of child poverty is higher than the national average with 19.8% of children aged under 16 years of age living in poverty.
- The rate of Sefton children and young people admitted to hospital because of a mental health problem in 2014/15 was 117.8 per 100,000 young people aged 0-17. This is significantly higher than the average in England.

1.2 Research aims

This report provides a background to, and an overview of, the current approaches implemented in Sefton schools that aim to support young people’s EHWB. It also provides an overview of seven specific programmes implemented in schools and through external providers (e.g. Children’s Centres) in Sefton.

The overall aims of evaluation were to:

- Explore the literature relating to young people’s EHWB, including the impact of poor EHWB, the role that schools have in supporting young people and examples of previous interventions;
- Understand the approaches taken by schools in Sefton with regards to improving and supporting young people’s EHWB as well as any barriers faced;
- Highlight school priorities relating to young people’s EHWB;
- Understand how specific programmes relating to young people’s EHWB have been implemented across Sefton, and any perceived outcomes achieved following delivery;
- Gather baseline data on levels of EHWB and mental resilience among primary and secondary school children and school staff in Sefton schools.
2 Evaluation methods

This evaluation incorporated a range of research methods outlined in Figure 1. For a full overview and justification of the methods used please refer to Appendix 1.

**Content analysis:** Mission statements were accessed from schools in Sefton. These were coded in order to identify common themes. The data derived from the mission statements has been used in this report to provide an overview of how schools approach the subject of young people’s EHWB.

**School survey:** A survey was disseminated to schools across Sefton, which asked about programmes that were currently in place in schools, how they were facilitated (e.g. what resources were needed), what worked well and any issues they had faced. The purpose of the survey was to gain an understanding of the current provision to support children and young people’s EHWB.

**Stakeholder engagement:** 60 individuals from primary and secondary schools and Sefton council participated in a stakeholder engagement activity to help to identify: the key activities undertaken around EHWB; how these activities are measured; and what changes are experienced as a result of engaging with these activities. Researchers also attended two Emotional Literacy workshops.

**Qualitative interviews:** Interviews were carried out with people who had been involved with the design, training and/or implementation and delivery of seven programmes: Rainbow Leaders; Big Love Little Sista; Youth Connect 5; Nurture and Thrive; Academic Resilience Approach; Emotional Literacy; and growth mindsets. Data from the interviews was used to develop case studies of each of these programmes.

**Survey with school students and staff:** A second survey was disseminated to schools across Sefton. The purpose was to gather data to establish a baseline measure of EHWB and mental resilience in primary and secondary school children and staff across Sefton.

Figure 1: Outline of evaluation methods
3 Literature review

3.1 The extent of the problem

The importance of young people’s wellbeing is increasingly recognised both globally and nationally. However, a 2007 UNICEF report on children’s overall wellbeing demonstrated how from a list of 21 developed countries, the UK ranked bottom. Further, England ranked 14th out of 15 countries for life satisfaction and 11th for recent feelings of happiness and feeling positive about the future [8]. A report by Public Health England (PHE) published in 2015 [6] showed that in an average class of 30 15-year-old pupils:

- Three could have a mental disorder;
- 10 are likely to have witnessed their parents separate;
- One could have experienced the death of a parent;
- Seven are likely to have been bullied;
- Six may be self-harming.

Further to this, Faulkner found that by the time a group of 30 young people reach their 16th birthday, eight will have experienced severe physical violence, sexual abuse or neglect; and three will be living in a step-family [9-11]. A recent study by Pitchforth et al. [12] demonstrates the basis for the growing concern over young people’s mental health. Data was collected from 36 national surveys (including a total of 140,830 participants from 1995-2014) and showed that the number of participants aged four to 24 years reporting a long-standing mental health condition has increased significantly across the whole of the UK over that period.

More recently, the latest in a series of government surveys on the mental health of children and young people showed that emotional disorders in five to 15 year-olds had risen from 3.9% in 2004 to 5.8% in 2017 [13]. This is a cause for concern due to the increasing pressures that are now being put on young people’s mental health services. Recent findings also show that at age 14 years, almost one in four (24%) girls and one in 10 (9%) boys may experience high levels of depressive symptoms [14]. Recent studies show that 11% of children aged 10-17 years in the UK experience low levels of wellbeing [8]. Approximately 200,000 young people aged 10-17 years are referred to specialist mental health services each year in England, suggesting a high-level of need [15].

3.2 Risk factors associated with poor EHWB

The Centre for Longitudinal Studies has analysed data from more than 12,000 children participating in the Millennium Cohort Study (MCS) to identify the range of factors that have a statistically significant influence on mental illness and wellbeing among children and young people at age 11, tracked through to age 16 [16]. The infographic below2 (Figure 2) shows the size of the association between each factor and mental health and/or wellbeing. The researchers found that arguments

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2 Available online from: www.cls.ioe.ac.uk/news.aspx?itemid=4510&itemTitle=Children%E2%80%99s+mental+wellbeing+and+ill-health%3A+not+two+sides+of+the+same+coin&sitesectionid=27&sitesectiontitle=News
between the child and their parents, and problems with peers had the largest influence on mental health, followed by chronic illness and communication difficulties.
Figure 2: Children’s mental illness and wellbeing at age 11 (findings from the Millennium Cohort Study)
Findings from the MCS Age 14 survey [17] show that as children move into adolescence, the proportion of children experiencing symptoms of depression increases significantly among girls, but not boys. Common factors associated with high depressive symptoms at age 14, for girls and boys, included being overweight, not getting along with peers and being bullied. Among girls, specific risk factors included being from a home with a lower family income, higher childhood cognitive scores, and greater parent mental health difficulties. Stark differences in wellbeing were also identified, with girls significantly more likely to report lower wellbeing than boys at age 14 (62% vs. 38%).

3.3 Adverse childhood experiences

A growing body of research over the past two decades has established that there is a link between adversity in childhood and poor physical and mental health outcomes across the life-course [18-20]. The term ACE (adverse childhood experience) is often used to describe such adversity, which includes a range of stressful events that children can be exposed to while growing up. ACEs can include, but are not limited to, physical, verbal and sexual abuse, physical and emotional neglect, exposure to domestic violence, parental separation or divorce, or living in a home with someone affected by mental illness, substance abuse, or who has been incarcerated.

“Nationally, almost half (47%) of adults (aged 18+ years) resident in England were found to have experienced at least one ACE, with 9% having experienced 4 or more.” [21]

Crucially, the impact of ACEs appears to be cumulative, with risk of poor outcomes increasing with the number of ACEs experienced [22, 23]. Exposure to ACEs has been associated with a wide range of poor outcomes [21, 22, 24], with mental health outcomes amongst the most strongly associated with having experienced multiple ACEs [24-26]. Studies across England and Wales have found that compared with individuals with no ACEs, those who reported four or more ACEs, were over four times more likely to have low mental wellbeing and life satisfaction as an adult [25], over nine times more likely to have ever felt suicidal or self-harmed [27], and six times more likely to have been absent from school [28].

This understanding of the prevalence and impact of childhood trauma has led to the increasing recognition of ACE strategies within national agendas. Developing resilience in children is an important mechanism to protect those experiencing ACEs against short- and long-term mental health problems [27]. Resilience reflects an individual’s ability to cope, adapt positively to and recover from adversity [29]. Whilst studies have identified a strong, graded relationship between ACEs and low mental wellbeing as an adult, recent research has demonstrated that risks of poor childhood health are substantively mitigated by childhood community resilience assets, such as access to a trusted adult [24, 27, 28]. Thus, other sources of resilience in the wider community are also thought to be important mechanisms to build resilience. For example, regular sports participation (school and non-school clubs) has been
found to be associated with lower levels of mental illness in adulthood across all ACE counts [27]. This indicates that substantial gains could be made in mental wellbeing through universal approaches that support children’s access to resilience building assets, such as school-based social and emotional developmental curriculum [27, 28].

3.4 National policy approaches to EHWB

The focus on young people’s EHWB has become increasingly prominent in national legislation. The life-course framework specified in the Marmot Review, for example, aims to build the resilience and wellbeing of children and young people across the social gradient [30]. Factors that influence young people’s mental health and mental wellbeing need to be addressed before birth and continued throughout the life of the child [31].

Recent national mental health policy, guidance and advice

2015

The *Future in Mind* report [32] identified the core principles and requirements necessary to support the emotional wellbeing and mental health of young people. It reinforced the need to build resilience, promote good mental health, advocate prevention, early identification and co-ordinated support. The report considered ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people’s mental health services are organised, commissioned and provided. The five key themes of the report were:

- Promoting resilience, prevention and early intervention;
- Improving access to effective support – a system without tiers;
- Care for the most vulnerable; accountability and transparency;
- Developing the workforce.

Guidance was issued to Clinical Commissioning Groups (CCGs) to help them *develop local transformation plans* (LTPs) for children and young people’s mental health and wellbeing. Some of the key objectives of the investment were to: (i) build capacity and capability across the system; (ii) rollout the ‘Children and Young People’s Improving Access to Psychological Therapies’ (IAPT) programme; (iii) develop evidence based community eating disorder services for children and young people; and (iv) improve perinatal care.

2016

The *Five Year Forward View for Mental Health* report [33] highlighted children and young people as a priority group for mental health promotion and prevention, and called for the recommendations of Future in Mind to be implemented in full. Early intervention and quick access to good quality care for children and young people was said to be vital, requiring a fundamental change in the way services are commissioned and placing greater emphasis on prevention, early identification and evidence-based care. It was recommended that NHS England continued to work with partners to fund and implement the whole system approach described in Future in Mind, building capacity and capability across the system.

Non-statutory advice in *Counselling in Schools – A Blueprint for the Future* [34] was provided to help school leaders set up and improve counselling services in primary and secondary
schools. It acknowledged that counselling is likely to be most effective where it is delivered as part of a whole school commitment to improving mental health and wellbeing.

2017
The Transforming Children and Young People’s Mental Health Provision Green Paper [35] focused on a small number of key deliverables, creating a pathway from schools to sources of further support, most notably Child and Adolescent Mental Health Services (CAMHS). The core proposals include the following:

- All schools and colleges will be incentivised and supported to identify and train a designated senior lead for mental health who will oversee the approach to mental health and wellbeing;
- Mental health support teams will be set up to locally address the needs of children and young people with mild to moderate mental health issues; they will work with schools and colleges to link with more specialist NHS services; and
- Piloting reduced waiting times for NHS services for those children and young people who need specialist help.

The Care Quality Commission review of children and young people’s mental health services [36] found that many children and young people experiencing mental health problems do not get the kind of care they deserve and that staff often work in very difficult conditions with long hours and low pay. The report made recommendations to local services, and Government, to improve the mental health care available for children and young people. These recommendations include greater collaboration across government departments, to ensure children and young people’s mental health is a higher priority [37].

2018-2019
The Government’s response to the consultation on the Transforming Children and Young People’s Mental Health Provision [38] committed to taking forward all of the proposals in the Green Paper.

Non-statutory advice in Mental Health and Behaviour In Schools [39] clarified the responsibility of the school and outlined what they can do to support children and young people whose behaviour may be related to an unmet mental health need.

The Government made an announcement on suicide prevention, which included further measures to support children and young people. This included the recruitment of mental health support teams to work with schools; and the reporting of children’s mental health in an annual State of the Nation report on World Mental Health Day3.

Under new draft proposals for Relationships and Sex Education (RSE) issued at the end of 2018, all pupils will study compulsory health education as well as new reformed relationships

education in primary school and relationships and sex education in secondary school. Topics will include various issues around mental wellbeing such as understanding emotions, loneliness and where to seek help. Following consultation, this will become compulsory in all schools across the country from September 2020.

Changes were introduced to the Ofsted common inspection framework in May 2019. Key additions to the framework include separate judgements on behaviour and attitudes and personal development, which make specific references to the essential components of EHWB. Within personal development, high-quality pastoral support is given greater prominence as an important aspect of school provision and staff well-being features as a key part of the leadership and management judgement.

**Public health approaches**

PHE is responsible for supporting the effective delivery of many of the recommendations in recent national mental health policy. Universal services such as health visiting, children’s centres, youth services, schools and primary care all play a key role in prevention and early identification of mental health problems, and the factors that influence the mental health and wellbeing of children and young people.

Within schools, a set of key principles that underpin an effective whole-school approach were identified in a 2015 PHE report, *Promoting children and young people’s emotional health and wellbeing: A whole school and college approach* [40]. The report set out key actions that head teachers and college principals can take. The eight principles were based on: (i) leadership and management; (ii) school ethos and environment; (iii) curriculum, teaching and learning; (iv) student voice; (v) staff development, health and wellbeing; (vi) identifying need and monitoring impact; (vii) working with parents/carers; and (viii) targeted support.

The national Healthy Child Programme, *Best Start in Life and Beyond*, is a key public health programme for children and young people and their families, used in local area planning and prioritisation [41]. The 5-19 years element of the programme is led by school nursing services. In schools, the importance of continuing to develop whole school approaches to promoting health and wellbeing was noted, including building on the Department for Education’s current work on character and resilience, Personal, Social, Health and Economic Education (PSHE) and counselling services in schools [2, 3, 34].

A series of early years high impact area documents were published by Public Health England in 2014 and updated in 2016 [42]. These support the transition of commissioning to local authorities and help inform decisions around the commissioning of the health visiting service and integrated children’s early years services. The first of the six school aged years high impact areas was ‘resilience and emotional wellbeing’.

### 3.5 The role of schools in EHWB

The responsibility for the provision of support to young people around EHWB is often passed between schools, services and parents. Research suggests that young people may be as much

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as ten times more likely to access a school-based mental health service than a non-school based one [43]. The academic impact of poor mental resilience has been noted in the literature with some suggesting that in order for children to be emotionally healthy, socially adjusted and able to achieve academic success, they need to have the ability to manage their emotions, and establish and maintain interpersonal relationships [44].

“Many have suggested that schools and colleges are amongst the best places to start identifying and meeting the mental health and emotional needs of students at an early stage, as well as signposting those who need further support.” [15]

If schools are to be considered a suitable place for early intervention, the ability and readiness of staff needs to be considered. A number of studies [45-48] indicate that staff may feel burdened by mental health needs of their students; lack confidence in managing mental health-related problems in the classroom; have difficulty identifying pupils with problems that may require intervention; and experience discomfort in discussing mental or emotional health with students compared to other health issues [46].

Kidger et al. [46] also reported the results from a qualitative study that examined the EHWB activities of 14 school staff at eight secondary schools in England. Three emergent themes were discussed: (i) a strongly held belief that teaching and EHWB are inevitably linked; (ii) a perception that many colleagues outside the study sample are reluctant to engage in EHWB work; and (iii) a concern that teachers’ own emotional health needs are neglected, leaving them unable or unwilling to consider those of their pupils. Whilst the study participants were convinced of the central importance of EHWB to the work of schools, most felt that their teaching colleagues did not always share this conceptualisation of it as an essential part of a teacher’s job but, rather, were reluctant to take an interest in the EHWB of their students. Additionally, whereas the study participants were convinced that EHWB work went hand in hand with the core aim of schools to achieve academic results, they felt that colleagues often did not see that, but took the view that they should not or could not focus on both [46].

Schools have increasingly being seen as an ideal setting for the promotion of EHWB and the prevention of mental health problems [49]. A three-tiered model of intervention has been widely adopted [50]; universal interventions target the whole school or classroom; selective interventions are targeted to subgroups at higher risk of developing mental health problems; and indicated (treatment) interventions target children and young people who are already showing signs of a mental health problem.

**Whole-school approaches**

Guidance from the National Institute for Health and Care Excellence (NICE) recommends that primary and secondary schools should be supported to adopt a comprehensive, whole-school approach to promoting the social and emotional wellbeing of children and young people [3, 4]. Whole-school approaches are embodied in the World Health Organization’s definition of a Health Promoting School [51], which involves the whole school community in co-ordinated action across three broad elements:
Health education is addressed within the school curriculum, and incorporated into teaching and learning;

Health and wellbeing are promoted through changes in the school ethos and environment;

Schools engage with families and communities.

Positive effects of universal, whole school approaches have been found for some interventions based on the WHO Health Promoting Schools framework [52] but not for others. The evidence base is also less certain in relation to the promotion of mental wellbeing. For example, a 2012 systematic review on the effectiveness of the health-promoting schools approach to building resilience identified that only a limited number of studies have been undertaken [53].

School ethos and environment

School-based interventions are more likely to be successful if they are informed by appropriate and sufficiently complex theories. Complex theories about the ways in which school culture and ethos, and the relationship and identities created within schools, can affect health have begun to emerge [54]. Bonell et al’s [55] integrated theory of school environment influences on students, for example, proposes that the school environment influences four interacting pathways:

1) **Student-school commitment** – a school’s instructional and regulatory orders determines whether each student is committed or not to that school. This can be broken down into whether the child is attached to the institution and its staff, is involved in pro-school activities and has belief in the values of the institution.

2) **Student-peer commitment** – relates to student’s peer commitments and whether these are with students who are themselves committed to the school or not. Suggests that more or less ‘committed’ students will generally associate by choice with other similar students (and in doing so have their pro- or anti-school values and behaviours reinforced) but that this is also partly shaped by other factors (e.g. where students are concentrated together by streaming, which may cause a contagion of or amplify a lack of school commitment).

3) **Student cognitions** – student’s cognition and behaviours are influenced by the school and peer environment. For example, students may be exposed to opportunities to learn from and adopt cognitions/behaviours from other students.

4) **Student behaviours** – suggests that students’ ability to act in either a health-promoting or health-harming way is partly enabled by the social ties and resources available to them. For example, students with pro-school values will draw on their positive relationships with staff and peers to pursue pro-school activities such as study and sports.

The model also involves a series of feedback loops so the consequences of each pathway influence the preceding pathway. However, they acknowledge that the current model does not greatly consider pathways via which schools influence students’ mental health.

“Reduced student commitment to school might, for example, result in poor educational attainment and schools cutting back on social and health education to focus on ‘the basics’ of teaching, perhaps further alienating some students.
Increased rates of smoking might result in staff instituting more severe disciplinary routines which inadvertently increase boundaries between staff and students. High rates of bullying might encourage some students to commit to anti-school peer groups as a means of developing self-protective social capital.” [55]
EHWB education in the curriculum

At the classroom level, a wide range of universal interventions have been evaluated in schools. Educational approaches to EHWB typically target an interrelated set of skills, but may be referred to under a range of headings, including mental health promotion, character education, social and emotional learning (SEL), bullying prevention, life skills training, strengths-based approaches, and positive youth development [56].

SEL programmes have dominated education worldwide over the last decade. Well-known national programme examples include the Social and Emotional Aspects of Learning (SEAL) programme in England [57] and the KidsMatter and MindMatters SEL initiatives in Australia [58]. The concept of SEL has served as an umbrella framework for a range of approaches [56], though in general, SEL programmes aim to develop five core social and emotional competencies (self-awareness, social awareness, self-management, relationship skills, and responsible decision making) and can serve as an organising framework for a whole-school approach [59]. Pooled analyses show that SEL programmes have significant positive effects on targeted social and emotional skills and attitudes about self, others, and school [44]. Building on the SEL movement, positive education is a new term for the application of positive psychology principles to education. According to White and Murray, positive education is “an umbrella term that is used to describe empirically validated interventions and programs from positive psychology that have an impact on student wellbeing” [60]. Noble et al. [61] suggest that an integration of SEL and positive education with the constructs of resilience and student wellbeing may offer an effective school-based framework for fostering student wellbeing.

A 2017 systematic review identified 57 trials that examined the effects of universal, ‘resilience-focused’ interventions on mental health problems [62]. The review supported some positive effects of resilience-focused interventions; however, effects varied according to the mental health problem addressed by the intervention, the age group examined and the length of study follow-up. Interventions were typically associated with short-term reductions in depressive and anxiety symptoms. A systematic review of UK-based studies also found that the effectiveness of universal school-based interventions remains mixed, with neutral to small effects identified [63].

Examples of universal EHWB interventions

Two large studies of universal EHWB interventions, The Gatehouse Project and Beyondblue are described below.

The Gatehouse Project

The Gatehouse Project provides an interesting insight into the impact that a multi-level school intervention has on EHWB and health risk behaviours. The Gatehouse Project was a school-based programme targeted at Australian secondary school students aged 12-15 years old. The project was originally developed to address some of the limitations in earlier school health promotion work and to build on whole-school change programmes. The programme is integrated into regular English, health, or personal development, with no project workbooks, but using programme curriculum material.

The major aims of the project were to increase levels of emotional wellbeing and reduce rates of substance use, thought to be related to emotional wellbeing. The project’s conceptual
framework identified three priority areas for action: (i) building a sense of security and trust; (ii) increasing skills and opportunities for good communication; and (iii) building a sense of positive regard through valued participation in aspects of school life. Bond et al. [64] examined the effect of the intervention on mental health and health risk behaviour outcomes, which began when students were in their second year of secondary school (13-14 years old). Twelve intervention schools were selected and compared with 12 control schools. A total of 2,678 year 8 students (74%) participated in the first wave of data collection.

The results of the study showed that the intervention was effective in reducing health risk behaviours; a comparatively consistent 3-5% risk difference was found between intervention and control students for any drinking, any and regular smoking, and friends’ alcohol and tobacco use across the three waves of follow up. The largest effect was a reduction in the reporting of regular smoking by those in the intervention group. However, there was no significant effect of the intervention on depressive symptoms, and social and school relationships. Bond et al. suggest that the three years of implementation may not have been sufficiently long enough to significantly impact on the school climate [64].

“It is clear… that a major limitation [of the Gatehouse Project] is the fundamental complexity of implementing a multi-focused intervention. Such an intervention requires long-term commitment by schools, an understanding that such interventions are not short term, quick fix solutions, and support throughout the process.” [64]

**The Beyondblue Schools Research Initiative**

The Beyondblue School Research Initiative investigated whether there were any long-term benefits from a multi-component, school-based approach to the prevention of depression among adolescents in Australian schools [65]. The intervention included four components:

- A curriculum intervention that aimed to improve problem solving and social skills, resilient thinking style, and coping strategies;
- Improvement in the quality of social interactions among all members of the school community, in both formal and informal settings;
- Enhanced partnerships between families, school staff, education support/welfare personnel, and community-based health professionals;
- Community forums that provided young people, their families, and school personnel with information to assist them to identify problems, to seek help for themselves, and to help peers.

Both short- and long-term follow-up of the programme found little evidence that the intervention had reduced levels of depression among participating students. Sawyer et al. [65] suggest that successful implementation requires programmes that are perceived by teachers and students as relevant to educational and learning goals.
“Implementing school-based interventions is challenging for both researchers and practitioners. To be successful, such interventions need to have clear goals, which are consistent with school priorities, effectively engage both teachers and students, allow sufficient time for implementation of all components, and not adversely affect other educational programs and priorities.” [65]

Personal, social, health and economic education
Clear guidance on what schools should do to provide effective PSHE is currently lacking. Healthy Minds, an evidence-based life skills course was developed by the charity Bounce Forward to address this gap. The course has a core theme of resilience and includes sessions on mindfulness, sex and relationships and substance use alongside mental health. A trial of Healthy Minds ran in 30 UK schools from 2013 to 2018, during which the course was delivered to 39 cohorts of students aged 11 to 15 years old [66]. A full evaluation report is due in 2020 but early findings show the course had a positive impact on student’s general health.

Selected and indicated approaches

Early intervention/identification
Both universal and targeted approaches have their place in whole-school approaches to EHWB. Teachers may be well placed to recognise those children who are having difficulties with their EHWB, but who may not yet reach the threshold for a mental health diagnosis [3]. Cheney et al. [67] carried out a systematic review to identify and describe targeted group interventions for students having trouble with their EHWB or social functioning within schools in the UK. They identified 16 articles that described eight targeted group interventions (including nurture groups, SEAL small group work, the FRIENDS intervention, Pyramid Club intervention and a multidisciplinary social skills programme). The interventions examined varied but generally had a significant positive impact on the EHWB of children who were potentially vulnerable to development of mental health difficulties. The authors note that the most persuasive finding was in support of integrated programmes within nurturing schools [67].

Access to specialist support
Future in Mind (the report of the Children and Young People’s Mental Health Taskforce) identified a need for improved communication and access for children and young people experiencing mental health problems [32]. Many areas in England are moving away from the historic organisation of CAMHS along the four ‘tiers’ model of care towards new models of working; including the ‘0–25 years integrated pathway’ and the THRIVE framework [68].

Acting on the recommendations of Future in Mind, NHS England and the Department for Education initiated a pilot programme in 2015 to test how and whether training and subsequent joint working between schools and NHS Children and Young People’s Mental Health Services (CYPMHS) could improve identification and referrals to specialist services. Twenty-two areas, incorporating 27 CCGs and 255 schools, were funded to establish named lead contacts within NHS CYPMHS and schools during the pilot. Overall, an evaluation found that the pilots were successful in strengthening communication and joint working
arrangements between schools and NHS CYPMHS [69]. At a programme level, the evaluation found quantifiable improvements in frequency of contact between schools and CYPMHS, understanding of referral routes, and knowledge and awareness of mental health issues affecting children and young people. The programme was also thought to have contributed towards improvements in the timeliness of referrals, and helped to prevent inappropriate referrals within many areas. The programme is currently being rolled out to all school and colleges in England.

In response to Government proposals for transforming children and young people’s mental health provision, the King’s Fund have voiced concerns that the proposals do not go far enough in addressing the wider factors affecting mental health, such as ACEs and household adversity [70]. They note that many services are insufficiently resourced, or have faced cuts to funding, which raises questions about the wider availability of support once mental health support teams have identified a need. The Kings Fund also highlight that it is not clear whether the necessary workforce exists to carry out transformation. It is estimated that, currently, mental health services are able to provide support for only 25% of children and young people who need it [70].

**Implementation and delivery**

Schools are complex social systems, whose functioning is ever changing and adapting to the interactions of staff, students and parents [71]. Consequently, schools may face challenges in implementing whole-school approaches. Components supporting implementation of whole-school approaches have, however, been identified [72, 73]. Drawing on the review by Pearson et al. [73], implementation factors that require consideration may be grouped under the following concepts:

1) **Preparing for implementation** – introduction of a programme is more likely to be successful when systematically planned in conjunction with other school responsibilities and involving:
   - Pre-delivery consultation
   - Pupil engagement
   - Reciprocity (the idea that teachers and pupils judge that they have something to gain from implementation)
   - Concordance of the programme with current practice and interests (although lack of concordance may also act as a stimulus for change)

2) **Introducing a programme within a school** – introduction of a programme is more likely to be successful when it is incorporated into school activities by:
   - Integrating a programme into the life of a school (requires active support by senior figures and a named co-ordinator to initiate and sustain delivery);
   - Engaging those who deliver health promotion programmes (teachers who perceive that training for a programme addresses relevant skill or knowledge deficits are more likely to be motivated to engage with that training);
• Engaging those who participate in health promotion programmes (programme flexibility to accommodate pupils’ different rates of physical, psychological, and social development facilitates engagement).

3) **Embedding a programme into routine practice** – takes time and motivation and requires pro-active management.

4) **Fidelity of implementation and programme adaptation** – may be more likely where there is scope for ‘mutual adaptation’ between the programme and the people delivering it.

**Summary: Literature Review**

**The extent of the problem**

• Poor mental health is perceived to be an increasing issue among children and young people. Research has demonstrated that approximately 200,000 young people are referred to specialist mental health services each year in England – putting increasing pressures on services.

• The significant role of wider structural factors, including higher-level political and economic factors, in affecting children and young people’s EHWB should not be minimised and there should be concerted efforts to incorporate an inequalities perspective when addressing children and young people’s EHWB.

• Poor EHWB in childhood can often have a lasting impact into adulthood. Having a trusted adult that they can confide in is important for children and young people’s EHWB, especially if the child or young person has experienced, or is at risk of experiencing, ACEs.

**National policy**

• National approaches to improving young people’s EHWB continue to be an important influence on, and driver of, practice.

• Recent years have seen the publication of a number of Government strategies focused on introducing preventative measures as well as increased provision for those that have already developed EHWB issues.

**The role of schools in EHWB**

• Universal whole-school approaches are more effective than only targeted or classroom-based approaches but should not be viewed as a short term, quick fix solution to children and young people’s EHWB. Intervention impacts on the school culture and environment may take some time to realise. Success requires long-term and multi-year commitment from funders, government departments, communities, and schools.

• Programmes should be acceptable to teachers and should incorporate evidence-based teaching strategies.

• Schools have an important role to play in identifying and meeting the need of students having difficulties with their EHWB, but without a supporting whole-school framework, school staff may not be able or ready to deliver such support.
• Schools also have a key role in identifying and referring young people to specialist mental health services. Schools should be supported to develop good working arrangements with local mental health services.
4 An overview of current provision in Sefton schools

This section brings together the findings from three elements of the evaluation to provide an overview of current provision:

- **Content analysis of school mission statements** – the mission statements of each of the schools provided a valuable insight into their overall approach to delivering a supportive and inclusive learning environment;
- **A school survey about EHWB programmes and approaches** – the responses provided an understanding of current provision across nine schools;
- **Stakeholder engagement event** – an overall logic model was developed from the information provided through the stakeholder event and Wellbeing Lead meetings.

The logic model (Figure 3) provides an overall picture of the provision in Sefton and is an illustrative example of the reach of activities and programmes. The logic model can be used to focus and improve the implementation of activities and programmes and to identify where there are gaps in provision and what resources may be required.

4.1 Approaches to supporting young people’s EHWB

Whilst EHWB and mental resilience were not always referred to specifically in school mission statements, the majority of the schools discussed how the ethos of their school aimed to support young people in relation to these issues. Almost half of the schools who completed surveys (n=4/9) had specific written policies relating to EHWB. However, the majority did have some policies in which the safety and general wellbeing of students was incorporated, for example, child protection policies, and behaviour and conduct policies.

**Main factors relating to young people’s emotional health and wellbeing**

The survey asked schools to highlight what they felt were the main factors that needed to be considered with regards to young people’s EHWB. School wide factors included: resilience; management of stress and anxiety; recognition of needs; and incorporating health and wellbeing within the ethos of the school. This was further reflected in the mission statements of the schools, with a third (29%, n=29) of schools highlighting the importance of valuing each child’s individual needs.

For children with special educational needs (SEN), an emphasis on increased support, as well as building self-esteem, were consistent points raised throughout the surveys and some of the mission statements, as well as recognising the individual needs of these students.

**Current programmes and services that support young people’s emotional health and wellbeing in Sefton**

As evidenced through the stakeholder event and responses to the survey, a number of specific programmes that aim to support young people’s EHWB are ongoing in Sefton schools. Overarching programmes and approaches are grouped within the logic model. Named programmes and activities included the Academic Resilience Approach, Think Yourself Great, Relax Kids, Nurture Base, Tackling the Blues, and the Big Love, Little Sista project.
Figure 3: Logic model of current provision in Sefton schools
PSHE was also highlighted in the surveys as one of the ways in which schools support the EHWB of their students. PSHE covers a wide range of topics including relationships, managing stress and promoting general health and wellbeing. Whilst PSHE was only specifically mentioned in a small number of the school mission statements, several others referred to how they incorporated EHWB into their curriculum.

Referrals to wider support services were also noted by some schools who completed the survey, for example CAMHS. Almost all of the completed surveys listed at least one external service, which schools used to refer families for support more specific to their needs. One of these referral programmes, Nurture and Thrive, is currently delivered across all Children’s Centres in Sefton (see Section 5).

A wider range of ongoing programmes and activities were captured through the stakeholder event (Figure 3). Whole-school activities supporting EHWB included Student/Pupil Voice and Class Councils, Mental Health and Wellbeing champions, and enrichment activities.

The role of ‘community’ in supporting young people’s EHWB

The concept of ‘community’ was highlighted in over half (63%, n=62) of the school mission statements. Many of the statements implied that the sense of community created within their school played an important role in ensuring that all students felt that they were a valued member of the school. Mission statements also referred to the wider community, for example parents, churches and local neighbourhoods. Schools were often seen as being ‘at the heart’ of local communities and the wider community was often cited as having a joint responsibility for young people’s wellbeing.

“It is the school’s responsibility to work in partnership with all members of the local and wider community to provide each child with the skills and values they need to shine in the real world.” (Mission statement, school 68 – Primary)

Mission statements for a further 15 schools (16%) referred specifically to the role that families had in children’s education and development. Often families were described in mission statements as being a key partner. Parent activities were also a key activity identified through the stakeholder event.

“In partnership with families, we will help pupils to become responsible young people.” (Mission statement, school 1 – Primary)

Additionally, a proportion of schools also demonstrated a high level of consultation with parents and the wider community regarding EHWB through parent surveys, SEN reviews, parent/teacher meetings and website activities.

“Regular information about support available is included in weekly newsletters.” (Survey data, school 23 - Primary)
Almost half (n=46) of the schools were either Catholic or Church of England schools and referred to Christianity and the role of the church community in their mission statements. Whilst spiritual development was a core aim of these schools, many of them also incorporated religious references in their discussion of EHWB. In particular, there was emphasis on Christian teachings of togetherness.

“We are committed to the message that Christ gave us when he instructed his followers to ‘love one another as I have loved you’.” (Mission Statement, school 77 – Secondary)

Young people’s role in their own emotional health and wellbeing
Consultation with students regarding the types of support they would value regarding their EHWB was a practice discussed by several schools that completed the survey. Methods that facilitated this included pupil surveys, Circle time and Student/Pupil Voice.

The way in which children relate to one another, as well as how they view themselves were also key themes across the mission statements. Over half (n=54, 54%) cited ‘respect’ as being a key concept promoted by their school and small number (n=11, 11%) discussed the importance of young people learning to be compassionate to others.

“Everyone values and respects themselves and each other.” (Mission statement, school 16, Primary)

Furthermore, many of the schools considered themselves to have a key role in increasing the self-esteem and confidence of their students.

“We want to help each child to attain the self-esteem and confidence, which are necessary for a full and happy life.” (Mission statement, school 14, Primary)

The majority of the schools that completed the survey stated that they were using a whole-school approach. However, there were also a number who were either working towards this, or aspired to have the resources to do so. The concept of a whole-school approach was a key feature in a quarter (n=25, 25%) of the mission statements.

“It is the responsibility of the whole school community to ensure that every child feels cared for and safe.” (Mission statement, school 12 – Primary)

The role of staff in addressing young people’s EHWB
An important element of addressing EHWB is the availability of training for staff who are in roles relating to young people’s welfare. Within schools, the level of training attained by staff varied, although all participants were able to highlight at least one staff member who had
relevant welfare training, quite often the SEN co-ordinator or school nurse. A small number however, did demonstrate a higher level of training amongst staff, with one school noting that staff had received mental health first aider training. It was also noted by some schools that completed the survey that dealing with the EHWB needs of their students was often done on a daily basis in an informal way. Therefore, whilst they may have had more limited involvement with specific programmes, it was still an important and integrated part of their work.

“We have an experienced pastoral team who daily informally unpack and mentor our vulnerable children but [we] have found it difficult to implement more formalised intervention packages.” (Survey data, school 43 – Primary)

The school survey asked for information about the types of pastoral care offered to support the EHWB of students, parents/guardians and staff, and this was supplemented by the information gather through the stakeholder event. Whilst all schools were able to indicate some resources that they had implemented, the survey identified that the range of support given to students could vary quite dramatically between schools. Some schools were able to offer a variety of different options for their students, and others only a smaller selection. Some of the services offered included mental health first aider, peer mediators, animal therapy, Relax Kids, referral to agencies such as CAMHS, art therapy and mental health support sessions.

In addition to student pastoral care, schools provided a variety of resources to its parents/guardians and staff, such as: parent-teacher meetings; referral services; Attendance and Welfare Managers; Parenting 2000; Sefton Women’s and Children’s Aid; School Nurse; and support with health costs. None of the mission statements discussed what support was available to staff and only a small minority discussed provision for parents in terms of opportunities for life-long learning.
4.2 School-level examples

Where possible to do so, school-level logic models were developed from the information collected at the stakeholder event. This information was combined with the survey data to develop three school-level examples of EHWB provision in Sefton schools. The stage 1 case studies are also provided in Appendix 2.

School 1
This primary (junior) school has over 400 students aged 7-11 years.

Main factors to be considered about young people’s EHWB:
- Whole school responsibility
- Understanding that children will learn and make progress when they have good mental health and wellbeing
- Schools should ensure that everyone is committed to promoting good mental health
- Schools should do as much as possible to reduce risk factors in all environments
- Key members of staff who support EHWB for children and staff are part of the school improvement plan

**Activities**
- Morning greetings
- Take a breath and smile
- SEAL Programme – assemblies at the beginning of each half term
- growth mindset
- Academic Resilience Approach training
- PSHE scheme of work – ‘One decision’
- World Mental Health Day
- Extracurricular activities – mindfulness, colouring, music, sports, arts and crafts
- Relax Kids

**Outputs**
- Attendance
- Referrals

**Outcomes**
- Increased resilience (pupils)
- Pupils recognise their skills and assets and how to work with these
- Self-regulation of emotions – giving children the skills to help themselves
- Developing empathy and compassion for others
- Developing ownership for decision-making and actions

Figure 4: School-level logic model – School 1
Figure 5: School-level logic model – School 24

School 24
Primary school with over 200 students aged 4-11 years.

School has behavioural and anti-bullying policies and has consulted with students about the type of EHWB support they would value. School staff have had development opportunities to support the EHWB of their students. The school engages with and provides support for parents.
School 66
This primary school has around 200 students aged 4-11 years.

The school doesn’t have any specific policies at present but is taking forward plans to develop as a ‘mentally healthy school’ as part of the School Improvement Plan.

The school has provided sessions on Mindfulness and SATs survival alongside other informal activities.

Figure 6: School-level logic model – School 66
Summary: Current provision in Sefton schools

- Stress and anxiety were highlighted on the survey as key EHWB issues that schools wanted to prioritise. Schools addressed stress and anxiety through PSHE, as well as specialised programmes that taught students coping techniques.

- Building self-esteem was a priority discussed by many of the schools in their mission statements and was discussed in several of the case studies (see Appendix 2). Low self-esteem was considered to be a common problem within schools in Sefton, in particular with students who required additional support.

- Mission statements emphasised how schools would treat students as individuals and tailor support to suit their needs in an attempt to help increase confidence and self-esteem.

- Highlighting the important role that schools have in identifying students that may need additional support with their EHWB, referrals to external services such as CAMHS were a key element in EHWB provision in Sefton schools. Schools that encountered students that required extra support that the school was unable to offer would often make referrals to external services that could provide specialised support.

- A logic model was developed to provide an overall picture of the provision in Sefton, and a number of individual, school-level logic models were developed where possible. These provide illustrative examples of the reach of EHWB activities and programmes.
5 Specific programme case studies

Interviews were undertaken with staff and trainers involved in the design, implementation and/or delivery of seven EHWB intervention programmes. These programmes encompassed a range of approaches (Figure 7), including approaches that were either designed to change school culture, capacity and approach or involved work with external providers through referral.

![Diagram of EHWB intervention programmes in Sefton schools]

5.1 Changes to school’s culture, capacity and approach

Rainbow Leaders

*Overview*

Rainbow Leaders has been implemented within one Sefton primary school over the past four years. The programme was designed by a teacher in relation to their work with values and in response to issues identified in the school, such as poor attendance. Rainbow Leaders aims to encourage students to take on more responsibilities and “equip them to be part of society”. Rainbow Leaders are ten students from year 6 who have been selected to lead a rainbow group consisting of ten children of mixed ages (from reception through to year 6). Students who wish to be Rainbow Leaders go through an application process during their final term in year 5. Current Rainbow Leaders are included in the shortlisting and interview process. Rainbow Leaders deliver a session to their rainbow group once a week, which focus on promoting key values (Figure 8). This case study was developed based on an interview with the teacher who had originally developed the idea for Rainbow Leaders within the school.
Over the past year, the programme had piloted a series of badges that children in school years 4 to 6 could work towards: serviceable-self, aspiration, confidence and resilience. Children had to complete and evidence a series of tasks. Children were encouraged to work independently; however, the pilot had demonstrated how for some children, such as those with SEN, more structured support in completing tasks was needed. Obtaining a badge was recognised as a great achievement. Future provision may include adapting badges to make them accessible to younger children.

“*What we want to do for our pupils is develop them as citizens that are going to go to high school and beyond and have skills that will enable them to be able to work and be successful adults.*” (Teacher)

**Facilitators & Barriers**
Teaching staff who had recognised the issues relating to students’ EHWB were the main facilitators behind the project. Further, a whole of school approach in embracing the programme also helped to facilitate and embed the programme into the school’s ethos and culture. Additionally, the involvement of the current Rainbow Leaders in the recruitment of the new cohort had helped to further facilitate the programme. Funding from a mental health charity had enabled the programme to be extended through the incorporation of the badges.

The member of staff who designed the programme did not face any barriers to implementation. They did discuss how there had been potential barriers relating to SEN students engaging with the programme but they had made adaptations to try and ensure that the programme was as inclusive as possible, for example, by having a specific SEN Rainbow Group.
Perceived Impact

The application process was designed to encourage students to think ahead for the shortlisting process. For example, the school had issues with attendance (which in turn affected student’s wellbeing) so a good attendance record was seen as key for an application. The programme encouraged older students to take responsibility for being a role model, and gave younger students someone to relate to and look up to. Rainbow Leaders had successfully included SEN students, thus increasing their confidence.

“\textit{I think it has had a tremendous impact on our school... I think giving pupils responsibility for self and encouraging them to live according to a code and look up to people in our school who live well by that code has been of benefit to everyone.}” (Teacher)

The perceived impact of the programme was very much focused on how the students felt within the school environment. A tension was acknowledged between the values that the child might be exposed to at home and the values that they were being encouraged to adopt at school. There had been no feedback from parents on the achievements of the children participating in the Rainbow Leaders programme.

Resources

The main resource required to implement the programme was time and dedication in promoting the key values from all staff.

“The values work, the Rainbow [Leaders] work – that work is almost at the heart of everything we do. It underpins everything we do because if it didn’t underpin in then it wouldn’t be done properly would it?” (Teacher)

“Time is a big factor and actually changing a culture has demanded everybody as a resource from the teaching assistants to the teachers, to the welfare staff. So all the staff modelling the values and then the children linking into that.” (Teacher)

Overall, this was a low cost intervention. Funding obtained from a mental health charity was used to set up the badges and to cover printing costs for booklets. It was envisaged that this aspect of the programme will continue and that future costs will be absorbed by the school. Thus, Rainbow Leaders should be sustainable in the long-term if staff within the school continue to dedicate their time to the programme. The nature of this programme means that it could be implemented in other schools, although time would be needed to build and develop the school culture and ethos needed to make the programme a success.
Academic Resilience Approach

Overview

A number of schools in Sefton had received training on the Academic Resilience Approach (ARA). At the time of this evaluation, there were 24 schools in Sefton involved, including primary, secondary and SEN schools. The training delivered to schools was the same regardless of the age range of the students and had been delivered over a 12-month period. ARA works with an ‘ecological’ definition of resilience, meaning that “ways to foster resilience are understood to be found both inside the person and around them” [74].

Professor Angie Hart and collaborators (www.boingboing.org.uk) developed the resilience framework that forms the basis for ARA. YoungMinds provide bespoke ARA training for schools, tailored to the assets and needs of each school. Schools received an introductory half-day of training, followed by a second half-day. In addition, each school has access to a half-day of the trainer’s time in school and an additional eight workshops are offered. All of the Sefton schools that were involved were at different levels and carrying out ARA at different paces.

The key steps in ARA are:

- That as many people as possible understand the evidence and what they can do (e.g. through whole staff workshop/s);
- Identifying vulnerable and higher risk pupils (using existing pupil data and other information);
- Gaining an insight in to how it is now in the school (focus groups, audit) and getting ideas for improvement (staff/pupils);
- Developing concrete improvement plans;
- Continuous learning and embedding change (Community of practice).

A Pyramid of Need (Figure 9) has been used to support delivery of ARA, which aims to promote a focus on children in the middle of the pyramid who have concerning levels of vulnerability but who are not currently receiving any extra support.

“It’s not necessarily about [schools] doing more, it’s about being more aware of what you do well.” (Trainer)
This case study was developed based on interviews with two YoungMinds ARA trainers and with the Co-ordinator for Mental Health at a SEN school (aged 5-16 years). The school had adopted a whole-school approach to ARA (e.g. Figure 10) and made the children, staff and parents aware of what is needed to develop the approach and develop resilience. All of the children in the school are considered to be more vulnerable in relation to the Pyramid of Need (Figure 9). The school was in a relatively early stage of implementation, the YoungMinds trainers had delivered a workshop with staff about the ARA audit and to talk through the resilience framework in January. The school had chosen initially to focus on strengthening the staff and working with parents.

This case study also draws on information gathered at a final workshop event held by YoungMinds in June 2019. This workshop aimed to enable eight schools who attended to feedback about the delivery of ARA, reflect on their own journeys, and celebrate their achievements in implementing ARA.

Facilitators and barriers
ARA was considered by the Co-ordinator for Mental Health in the SEN school to provide an important framework and support for developing their students as ‘well-rounded’ citizens, who are able to function in society. For example, having parents coming together and sharing experiences was considered by the school to be invaluable. Those with positive experiences of the transition from mainstream schooling were able to share this with those who’d had less positive experiences and regarded coming to a SEN school as almost like a ‘sanction’ or ‘punishment’. It was felt that the school and their approach could help the parents to see that they all are working together in the best interests of the child.

ARA fit well with the school ethos and the approach of the SEN school and was considered to build on established good practice in the school. The underpinning resilience framework had made a lot of sense to the staff working in the school and had helped support their understanding about developing resilience. A number of the teachers who participated in the workshop event also spoke about how attending the ARA training had made them realise how much they were already doing in their school.

“It’s not new to us, because basically it’s our bread and butter... It’s what we do, and do really well... (it’s) about looking at what’s already in place and then building on that.” (School Co-ordinator for Mental Health)

Constraints that were experienced with ARA were often related to time and finances. The Mental Health Co-ordinator also expressed the view that as a SEN school most staff are experienced at working with young people who face difficulties, so might not feel that they have as much need for ARA training. The ARA training session had run over 12 months, and the space between sessions was viewed as invaluable as it had enabled the teachers to reflect on their learning, supported them to develop a deeper understanding of ARA, and provided them with the skills to evolve (as well as apply) the approach practically within their schools.
**Perceived impact**

From the information gathered at the final workshop event, it was evident that training had helped staff to reflect on what they were doing with their pupils and the policies that they currently had in place within their school, as well as identifying areas for improvement. ARA was seen by one teacher who attended the workshop to underpin all of their school practice, and another spoke about having recently re-written their values and linked these into a resilience framework. A number of staff also felt that the training and the ARA approach had encouraged them to be more proactive so that wellbeing issues were identified and addressed before reaching ‘crisis point’. It was felt that by getting all the underpinning elements of children’s EHWB (i.e. acknowledging children’s strengths and not just the issues they had) and education right early on, that this would impact positively upon their future. There was also a strong emphasis and focus from schools on implementing EHWB support for their staff.

ARA is considered to be difficult to evaluate because it is developed as a bespoke approach by each school. However, the SEN school had undertaken a baseline assessment in the preceding Autumn term, which included the senior leadership team (SLT) and staff. A pupil survey was also being undertaken using PASS (Pupil Attitudes to Self and School; [www.gl-assessment.co.uk](http://www.gl-assessment.co.uk)) to provide a marker for measuring any improvement.

Schools who participated in the final workshop event had also carried out self-assessment activities, including staff and SLT audits and staff wellbeing surveys. The importance of addressing staff wellbeing was recognised. Schools had used the self-assessment activities to both recognise good practice, provide opportunities for staff to have their views heard, and to identify and address staff wellbeing needs.

The Co-ordinator for Mental Health emphasised that through the approach the school does not feel isolated anymore. They spoke about how the school is working with mainstream schools where some of their children have come from; sharing ideas, supporting each other and sharing resources (e.g. links to visiting speakers).
The YoungMinds ARA programme trainers also noted that schools were working together in the context of implementing and learning from the approach. This was reinforced by the information gathered at the workshop event. The training was seen as a ‘protected time and space’ where schools could listen and share example of their practice, and provided an opportunity to meet with other schools and develop new networks.

“[The Academic Resilience Approach has] given that framework really where we’re not working in isolation, we’re networking, working together with everybody and also sharing good practice... It’s all very positive at the moment, it’s more than we’ve ever had in terms of not feeling isolated, feeling that the local authority is behind us and that there are other schools out there, we’re all working together.” (School Co-ordinator for Mental Health)

“...They feed off one another... to get the most out of their half day, some of the schools have joined up... that communication, and that community based work, it’s great that they’re coming together.” (Trainer)

“The [schools attending ARA training] might all have concerns with parental engagement, but that in my experience tends to be something that secondary’s struggle with more anyway. So bringing them all together, for secondary’s to hear from the primaries can be quite a rich thing to happen.” (Trainer)

Resources
The Local Authority had invested in the programme and so there had not been a cost to the schools who participated in the ARA training. As part of the training, YoungMinds went into schools and these visits were seen to give direction and to help communicate the importance of ARA to school staff, helping to ‘get them on board’. It was also found to be reassuring and motivational. The practical support provided through the training had enabled schools to look at existing practices through a ‘fresh pair of eyes’, identify their areas of strength and areas for improvement. The SEN school planned to carry on using ARA and noted that the staff would like the ‘speaker’ to come again. The teachers who participated in the workshop also felt that an additional school visit would be beneficial to gauge how they were developing and how they may progress further with ARA. The Co-ordinator for Mental Health in the SEN school was of the view that mainstream schools may make more use of ARA. It was felt that as a SEN school, most staff were already experienced in working with young people facing
difficulties, and that they might, therefore, have more of an established base of good practice to build on.

Teachers attending the final workshop event discussed whether there was the potential to develop more resources that could be utilised with parents and staff. It was clear that it was considered important for schools to be able to develop their own resources, as well as to adapt those provided through the training, to fit their own situation/context. Going forward, the teachers spoke about the importance of maintaining a strong focus and momentum on ARA and expressed that they wanted more time to work collaboratively with other schools on implementing the approach.
Figure 10: School-level logic model – Academic Resilience Approach

- **Activities**
  - Academic resilience programme with other Sefton schools (whole school)
  - Supervision with staff from mental health practitioner – strategies for identified pupils and opportunities for staff to discuss scenarios
  - Specific focus for girls activities (proposed; e.g., yoga, gymnastics)
  - School nurse drop in - supports all pupils (weekly)
  - Online therapy (proposed) – specific computers/room for pupils to access therapies (web cam) in a timely fashion
  - Parent activities e.g., cooking classes. Proposed to extend to days out in the future
  - Use of alternative providers – Princes Trust for example, supports all pupils
  - 1:1 fitness sessions (high intensity) – sports and mental health link (15 minutes per session)
  - Staff wellbeing (proposed to take place weekly) – appreciation gift draw

- **Outputs**
  - Attendance
    - Increased awareness of EHWB (pupils, staff, parents)
    - Reduced isolation (school)
    - Increased/developing personal resilience (pupils)
    - Improved opportunities in the future (pupils)
    - Improved/developing relationships between pupils, staff and parents
  - Behaviour – bullying, incidents of behaviour, racism, positive handling incidents, exclusions
  - Safeguarding
  - Academic data – KS2 and KS4 outcomes; vocational qualifications
  - Carefully measure health and wellbeing using: PASS software, Boxall data and profiling, pupil/staff/parent surveys
Emotional Literacy

Overview

Like other SEL approaches (e.g. SEAL), Emotional Literacy has its origins in Daniel Goleman’s work on Emotional Intelligence [75]. It aims to help children to understand as well as articulate their emotions through the development of skills such as empathy and listening to others, which can enable them to form positive social interactions. Emotional Literacy has five core aspects:

- Self-awareness – recognising feelings as they happen;
- Managing emotions/emotional control – the resilience to self-manage emotional reactions;
- Empathy – emotional sensitivity to the feelings of others;
- Handling relationships – self-confidence and social skills to work collaboratively/lead people;
- Self-motivation – perseverance and determination to work with emotions and overcome challenge.

Emotional Literacy has been used as a supporting framework for a whole school approach [76]. This case study is based on an interview with a Parent Support Adviser/Learning Mentor at a primary school in Sefton. The school is the lead school in a cluster of schools implementing an Emotional Literacy approach. The overarching aim for the school were to take a whole-school approach and to build Emotional Literacy into the every day, and to change the ethos around EHWB. Emotional Literacy is being used as an overarching framework under which a number of EHWB programmes will sit.

“*It’s to change and move forward with people’s thinking and people’s ways and just to embed it more within the school. So looking at the bigger picture not just what’s just, for example, for a certain child that you’re working with at the time, not just what’s going on that day but looking a bit deeper and thinking a bit more. So changing people’s ways and people’s mindset...*” (School Parent Support Adviser)

Emotional Literacy training has been provided to 44 schools in Sefton. This case study also draws on secondary data in the form of questionnaires completed by a number of staff from these schools who had attended the training. Two layers (or groups) were created at a senior level and practitioner/pastoral level. Each group were trained and informed regarding subject matters of their choosing or regarding recent innovations of developments within it.

Facilitators and barriers

The implementation of the Emotional Literacy approach was driven by the school head teacher. This was seen to be beneficial as the approach was being driven from the top down. As the lead school within a cluster, the school also had a role in cascading information down to other schools. The head teacher was also keen to involve schools in Sefton that had not previously been involved in the Emotional Literacy training. The training was identified as a
good networking opportunity that had highlighted what other schools are doing and the resources being used around the provision of EHWB support in schools.

Emotional Literacy was seen to build upon and enhance what the school already had, and what was working well. The Emotional Literacy approach was therefore seen to be very compatible with existing work practices. There was a focus on the Emotional Literacy approach being delivered through the curriculum, in all lessons being taught, and that the approach was very much adapted to suit what was required at the time.

“There’s not a programme as such... We’ve implemented [Emotional Literacy] as a whole school approach and it’s holistic to suit each individual. We’ve done it across the board as well, so we’ve included the staff, parents, children...”  (School Parent Support Adviser)

Emotional Literacy was described as linking together other EHWB programmes that the school had implemented (e.g. Laughology and FEEL). It was considered that together they formed a suite of tools that could be used to meet individual, group or whole school needs.

“They all link in together and you can take bits... I think if you look at the bigger picture it’s worth taking everything into account and then looking at what’s best suited for the individual again or the whole school depending on what you’re doing and the situation itself.”  (School Parent Support Adviser)

Perceived impact
It was acknowledged that initially some staff may have been sceptical or resistant to the new approach, but that by providing a greater understanding and awareness of EHWB and Emotional Literacy, there had been a change in the culture and mind set of the school staff. Key areas of Emotional Literacy and the EHWB development of students were seen to be self-awareness, managing emotions/emotional control, empathy, relationships and self-motivation. Developing these skills in the children was something that the Parent Support

“It’s something that you like to think that you do on a daily basis anyway. However, just having that greater awareness, and looking deeper, and having that confidence. Talking personally for myself, feeling more confident and being able to go along with it more than I probably would have to begin with.”  (School Parent Support Adviser)
Adviser felt that they would like to think that they did anyway, however, the Emotional Literacy training was perceived as increasing their confidence.

The school representative hoped that through the Emotional Literacy approach, children would have more positive outcomes in relation to: their awareness around EHWB; being positive role models; and their future, such as through their input into the community and adult life. Starting early, whilst the children were in primary school, was felt to be key to this. The teacher felt that overall, it was also important to educate not only the children, but also parents around EHWB.

The responses on the questionnaires completed by schools who attended the training highlighted how learning from the training had been translated in the schools’ approaches to mental health and wellbeing. There was a very positive approach to the training and building in approaches to EHWB based on Emotional Literacy and associated models into the school environment. Positive outcomes relating to changing practices in school were already beginning to be seen. The training was considered by many attendees to have increased their awareness and knowledge around Emotional Literacy and its associated models, such as Seligman’s PERMA model⁵ and the Five Ways to Wellbeing (developed by the New Economics Foundation⁶). It had also provided information relating to all aspects of developing wellbeing. This was seen to enhance a whole-school approach and lead to a greater focus on mental health, with initiatives being put in place that would benefit the whole school. For some schools, this change was seen to be beginning on a smaller scale. Implementation of an Emotional Literacy approach was at varying stages within the schools attending the training. Those that already had plans in place noted that attending the training had provided opportunities to listen to and share ideas about good practice. Schools’ ethos around EHWB was being shaped by the Emotional Literacy approach and there were the beginnings of culture change, with new ideas being developed and curriculums being revised. In one example, a training participant described the importance of mental health being built into all aspects of the school environment and talked about the use of displays and resources in classrooms to “help pupils and remind them to look after their mental health and wellbeing”.

“We have looked at the mental health of staff and pupils, linked it to [Seligman’s PERMA model] and looked at improvements that can be made.” (Training Participant)

⁵ A model of the five core elements of wellbeing and happiness developed by Martin Seligman (one the founders of Positive Psychology). The five elements are: Positive emotion; Engagement; Relationships; Meaning; and Achievement.

⁶ The five ways to wellbeing are: Connect; Be Active; Take Notice; Keep Learning; and Give.
Many of the training participants acknowledged the importance of focusing upon staff wellbeing and the direct impact that this could have. Some also reported that staff in their respective schools were more encouraged to take part and be ‘on board’ with ideas and future projects around mental health and wellbeing.

“I now feel empowered and even more passionate about changing attitudes to and improving mental health of pupils and staff.” (Training Participant)

“Staff wellbeing has improved and staff have commented on how much better they feel.” (Training Participant)

Resources
Whilst the Emotional Literacy approach was something that the school would like to continue to use and develop, it was acknowledged that it was imperative to keep up the momentum of change. It was felt that this could be done through additional training and networking. It was acknowledged that whilst there was little resource (in terms of additional staffing and materials) actually required to implement the Emotional Literacy approach in school on a day-to-day basis, time was an important factor. In addition, if more teachers were to go on the training (and additional follow-on training, if available) then funding would be needed to support this.

“The biggest [barrier] is time, but you just have to find time to do things don’t you, but more so I would say probably money. It is always a barrier isn’t it, whether you’re buying more resources or training or you’d like to send more staff on this training.” (School Parent Support Adviser)

Referring more generally to EHWB support in Sefton, it was felt that long-term professional development was needed. This also included being able to access additional resources and knowing where these may be accessed, so that they may discuss specific cases where additional support or reassurance may be needed.

“...In my role [additional resources] would be fantastic because we discuss children on a daily basis and I know what I need to do with them, but I just haven’t got the resources or where would I go to, to find that out? For my role if there was just that link that you have got that you know you could just tap into...” (School Parent Support Adviser)
Growth Mindset

Overview

Growth mindset theory was developed by Dr Carol Dweck [77], based on the concept that individuals can develop and grow the capacity of their brain to learn and solve problems (also referred to as an incremental theory of intelligence).

Research suggests that holding a growth mindset may predict better academic performance, particularly among students facing difficulties or challenges [78]. Haimovitz and Dweck [78] provide examples of both classroom-based and school-wide approaches to the implementation of a growth mindset culture. However, much of the work looking at the relationships between a growth mindset and academic success has been conducted outside of the UK. Warren et al. [79] examined whether there was support for the relationship from a UK perspective, but found that the relationship did not hold for children with free school meal status (FSM; as a marker of low socio-economic status) or those with an identified SEN as it did for the rest of the sample. They note that as well as encouraging children to hold a growth mindset, interventions may also need to focus on enabling children to access additional support and resources. A recent evaluation of the Changing Mindsets project [80], based on approaches to developing a growth mindset, found a small impact of the approach on one non-cognitive skills measure, but it did not have a measurable impact on student attainment. One explanation for this is that growth mindset theory is already widely in use across schools.

This case study was developed from an interview with the head of PSHE/RSE in a primary school in Sefton. The growth mindset approach has been applied within an overarching positive education framework (Figure 11) incorporating mindfulness and Seligman’s PERMA model. The ethos has existed within the school for some time but changes to the RSE curriculum had prompted the development of a new curriculum underpinned with a growth mindset approach and links to PERMA theory. There has been an effort to embed the growth mindset approach within the culture and ethos of the school and into everyday practice.

Facilitators and barriers

“We were this year trying to prepare for the RSE curriculum... so we wanted to really help to reduce stress and anxiety and create that culture within the school, which is what growth mindset is all about, with the ‘I time’ and ‘I will’ and ‘I can’t do it yet’ and promoting the ‘power of yet’. We also wanted to improve the emotional wellbeing of staff and pupils.” (Head of PSHE/RSE)

The staff had committed to the approach and were open to creating opportunities for the students to develop a growth mindset. At the start of the year, it had been identified that work was needed around the language the teachers were using. This involved a shift from praising for outcome to praising for effort and so reinforced the provision of constant encouragement and support to students. Other facilitators were funding provided by the Senior Management Team (SMT) to provide opportunities for training. The teacher also spoke
about growth mindset being on the school improvement planning agenda for the last two years. Delivery of the approach within the school was perceived to have become more consistent over time.

Although in the minority, staff members who already had resilience were seen as a potential barrier to the approach as their resilience may hinder their understanding of why the approach was needed. It was felt that this was addressed through increasing knowledge and understanding of the approach through inset days and training. Overall staff had seen the benefits of the approach in helping themselves as well as the students.

Time restraints in the curriculum and it not being a standalone lesson were also viewed as potential barriers, however, implementation into every day practice was viewed as being a key facilitator in the development of the growth mindset approach.

Waiting lists for Parenting 2000 and CAMHS were seen to have the potential to hinder the benefits of implementing EHWB programmes such as growth mindset, as teachers did not have the skills or resource to work with those children ‘in crisis mode’.

**Perceived impact**

The growth mindset approach had become embedded into everyday school life, for example in improving staff and student communication outside of the classroom environment. Overall, the growth mindset approach was seen to improve the resilience of the children and was also seen to help improve the wellbeing of the teachers who were able to use the approach to help themselves.

“I think there’s a lot of communication and professional conduct in talking to the children and how we speak to the children, and how we conduct ourselves... It’s become more high profile in the school.” (Head of PSHE/RSE)
The teacher spoke of an example where they have a ‘Take What You Need’ board, which the children have developed where there are inspirational quotes that the children can take when they need them. A teacher had also utilised this board after seeing the ‘stop and take a breath’ sign, which had encouraged them to just take a moment out of their hectic day. There was also a Staff Wellbeing board in the staffroom and there had been focus on supporting and helping teachers with their own wellbeing.

“It’s definitely improved the children’s resilience and approach to challenges, both academic challenges, and also they’re taking it outside of school as well… they use it if they’re going to a football competition… dance practice… they use it throughout their life.” (Head of PSHE/RSE)

A growth mindset was seen to be able to help children to understand that there will be set backs and challenges in their lives. However, it was felt that a growth mindset approach by itself was not enough, especially where there are issues (e.g. parental separation) that need to be supported by additional services.

Resources
The school used resources from a number of different places. External organisations that provided support in school included Relax Kids and Confident Minds, who provided resources and training on Cognitive Behavioural Therapy. Training was also provided to the teaching assistants from the Together Trust. Inset days also provided further opportunities for internal training around EHWB, and the teacher spoke about the resources and knowledge they had utilised from attending an ERASMUS course on the topic area.

The teacher had been able to attend workshops along with other schools in the area where they had been able to share their practices and ‘magpie’ from each other and this was seen to have been invaluable.

The teacher emphasised the importance of early intervention/access to support and felt that schools in Sefton needed access to: quality training and advice, increased funding, easy access to CYPMS, reduced waiting times, access to play therapy for younger children, talking therapy services for children and easy access to parenting courses.
Figure 11: School-level logic model – Growth mindset

- Activities
  - Growth Mindset at the core of the curriculum
  - PERMA Model – Primary Model
  - Erasmus – mindfulness, promoting wellbeing
  - 5 ways to wellbeing
  - SMSC Book
  - PSHE
  - Healthy Champions
  - Awareness weeks and days: Behaviour awareness week; Hello Yellow Day (Young Minds) etc.
  - Wellbeing Champions
  - Engagement and Flow – camping (Yr 3); Robin Wood (Yr 5)
  - Chipmunks school charity
  - Take What You Need Board
  - Pet Therapy Dogs

- Outputs
  - Attendance (weekly registrations)
    - Behaviour measures via CPOMS. Analysis of incidents/concerns relating to established school categories. This may prompt further discussion/referral to other agencies CPOMS

- Outcomes
  - Improved behaviour
  - Increased emotional resilience
  - Improved attendance
  - Developing positive learners and a love for learning
  - Developing/improving relationship between staff and pupils

Figure 11: School-level logic model – Growth mindset
5.2 Working with external providers

Big Love Little Sista project

Overview

The Big Love Little Sista project was piloted in two schools in Sefton, having previously been successfully delivered in Knowsley. The schools selected included one all girls secondary school, which was reported to have had high levels of self-harm amongst pupils, and one SEN school. Approximately 20 students in each school took part in the pilot. The programme was targeted at Year 10 students in the secondary school, and students of mixed ages in the SEN school who had problems with anxiety. This case study was developed based on interviews with a Teacher in one of the participating schools and the Big Love Little Sista Project Leader.

Students were identified by school staff and were asked if they would like to sign up to the programme, all of the students voluntarily took part. The aim of the project is to bring young girls together with women (teachers and community leaders) and use art and creativity to discuss and connect with their own and other people’s emotions. The programme encourages young girls to recognise their own strengths, take inspiration from other women, and understand how they can contribute to their community. It avoids using specific language around mental health and resilience.

“A group of targeted individuals which we felt either had some concerns regarding anxiety and mental health but they weren’t seeking any specialist health, so no one under CAMHS or anything like that. So they were identified from the mentors, counsellors, form tutors and they signed up to it, so they wanted to do it.” (Teacher)

Students took part in six sessions that each lasted an hour and a half and used art therapy as a means of discussing issues that relate to EHWB. The girls were encouraged to sit with women and their teachers in ‘circles’ and discuss how they are feeling and any anxieties they have, however specific terms such as ‘mental health’ and ‘resilience’ were not used. All participants worked towards creating a ‘self-portrait’, which were displayed in a shop in Liverpool’s City Centre at the end of the programme.

“So we don’t ever come in and go this is how you have good mental health. We don’t even mention mental health or resilience because we get the girls to recognise their own strengths rather than tell them what they haven’t got.” (Project Leader)
Facilitators and barriers
The engagement by teachers was seen as both a barrier and facilitator. Teachers who worked in the SEN school appeared to find it easier to adapt to having less formal conversations with the young people, for example they were more comfortable being referred to by their first name compared to those teachers from the secondary school. Furthermore, the secondary school had a stricter timetable which made it harder to fit the programme in compared to the SEN school.

Funding from Public Health, Sefton Council facilitated the pilot. This one-off funding was agreed through a series of collaborative meetings (incorporating Public Health, the CCG, head teachers and members of the local community and voluntary services).

Perceived impact
Teachers at the SEN school have implemented some of the techniques into their daily routine, for example starting the day with a ‘circle’. Parents had fed back that children appeared to be more able to discuss emotions and noticed improved behaviour at home. The exhibition in a local shop was a milestone for the participants. This was publicised by Public Health on social media and was included in Sefton’s Public Health Annual Report. A film was made to present the outcomes of the pilot, which has also been promoted on social media and has been shown to the council’s Children’s Overview and Scrutiny Committee, as well as the CCG.

Resources
The implementation of the Sefton pilot of the Big Love Big Sista project was funded by Public Health, Sefton Council. This paid for art materials for the project, and schools provided some additional materials that they already had in their stock. Time from staff was another key resource, however it was noted that the timetable of the programme could be flexible to fit around other school commitments, particularly important for the secondary school. However, the teacher at one of the schools was concerned that, going forward, the project would not be sustainable because of a lack of provision for future funding and the need for a member of staff with specific interests and training to lead the programme.

“We would benefit if they ran it again because the girls got a lot out of it, but I’m not sure if it is sustainable...You need someone to deliver it, someone with an interest in arts and training in mental health.” (Teacher)
Youth Connect 5

Overview

Youth Connect 5 (YC5) was designed by Merseyside Youth Association, in response to the need to improve children and young people’s resilience and EHWB. Funding for the programme has been provided by Cheshire & Merseyside Champs Public Health Collaborative. It provides families with the tools to help support children through resilience-building techniques. The YC5 programme has been piloted across nine local authorities in Cheshire and Merseyside, including Sefton. The programme is based on a Train the Trainer model that has trained 249 frontline workers, chosen due to their roles within relevant organisations, to deliver a parenting course. The parenting course is primarily targeted at parents and carers of children aged 8-18 years and is free to attend.

At the time of this evaluation, approximately 29 frontline workers within Sefton had attended the YC5 Train the Trainer programme, and over 100 parenting courses had been delivered to almost 700 parents and carers. The YC5 parenting course is a 5-week course, covering seven topic areas (Figure 12). This case study was developed based on an interview with a staff member from Sefton Council Voluntary Services (CVS) who had participated in the YC5 Train the Trainer programme. They had run three 5-week parenting courses at the time of the interview.

Figure 12: Youth Connect 5 topic areas

The YC5 parenting course comprises five two-hour sessions. Sessions are delivered in a variety of community-based settings, such as community centres and schools. The course utilises a comprehensive workbook and worksheets, with additional online resources available. The YC5 website also provides a range of external links to local and national organisations offering support. The focus of the intervention is to empower the parents with skills and knowledge. Furthermore, as the parenting course includes group sessions, there is an opportunity for peer learning and support as parents are able to share their experiences with each other. One of the key aims is to reduce the number of referrals to higher tier services through encouraging young people to be more confident in discussing issues relating to EHWB with
their parents and by giving parents knowledge about how to help with these issues and raising
their awareness of other sources of support.

“[YC5] is targeted at parents of high school children and it’s to teach them
strategies and skills to support their child’s emotional health and wellbeing... It’s
ultimately meant to reduce demand on higher tier services.” (Trainer)

Facilitators and barriers
One of the main facilitators of the programmes was the funding from Champs for the Train
the Trainer model, which enabled the parenting course to be delivered free of charge. The
trainer however described a number of barriers that they had encountered when delivering
YC5. They reported that some trainers did not have the capacity to meet the demand for the
parenting course and that a further impact on provision had been the loss of some trainers
from the area because of redundancy. The trainer also discussed how some parents would
drop out partway through the programme, which affected the completion rate.

“The main problem we have had is trainers’ capacity. The demand for the [parenting
course] is there but we can’t meet it because of time constraints. I know a few people
who were trained to deliver [YC5] have also left Sefton...” (Trainer)

Impact
An evaluation of the YC5 found that there was a marked improvement in knowledge,
confidence, resilience and mental wellbeing among parents who attended the course. The
validated Short Warwick-Edinburgh Mental-Wellbeing Scale was used to measure parent
wellbeing outcomes before and after the course, and the data for Sefton showed an improved
mean score among parents. The trainer discussed how parents had reported that they
learned new techniques and strategies to help them manage their children, as well as their
own mental health. Parents also reported gaining a benefit from peer support, which came
about through the group-based delivery. It gave them the opportunity to share experiences
and reduce the feeling of isolation that the parents had felt prior to the course.

Resources
The main resource required to implement the programme was time and dedication from the
trainers. As delivery of the parenting course is not funded, frontline staff who received the
YC5 training were required to implement the course alongside the other commitments of
their full-time frontline role. In order for YC5 to be sustainable and available for more parents
in Sefton, more trainers are required.

8 Champs Public Health Collaborative provided funding for the Train the Trainer element of the programme only
and not delivery of the parenting course.
**Nurture and Thrive**

**Overview**

Nurture and Thrive is a package of intervention and preventative services delivered in and by Children’s Centres across Sefton. Nurture and Thrive was designed as a means of trying to reduce the number of referrals to CAMHS. The intervention package supports parenting, adult and child mental health and emotional wellbeing. The programme was funded by Public Health, Sefton Council. This case study was developed from interviews with managers in three Children’s Centres in Sefton.

“[Nurture and Thrive] is an early intervention and prevention programme. It stops children and their parents going down the route of having to need counselling, CAMHS services early on. It gives people the techniques to manage their own wellbeing and mental health but recognises that you might need medication or help but to try this [Nurture and Thrive] in addition.” (Centre Manager)

The programme was developed by staff at children’s centres in an attempt to provide support that is more cohesive across Sefton.

“The Children’s Centres came together to do it. We had been delivering these courses as centres quite separately through different training courses that we had all been on and we recognised that we were duplicating.” (Centre Manager)

Places are allocated on a referral only basis, requiring a referral form from a school, Children’s Centre or relevant professional (e.g. health visitor). Appropriate courses (Figure 13) and venues for each participant are decided by the Nurture and Thrive panel. Currently, the programme is run across all 10 of Sefton’s Children’s Centres.

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**Figure 13: Nurture and Thrive programmes**
The training begins before children reach school age, and can be utilised throughout childhood. Each of the courses aims to tackle a different issue that may contribute to the poor mental resilience and wellbeing of families as a whole. Nurture and Thrive aims to address issues at both child and parental levels.

“Nurture and Thrive came about because in Children’s Centres we were very conscious that, whilst we dealt a lot with the problems the parents had, we didn’t have anything in place that built resilience, that did any direct work with the children or direct work with the parents to actually inform them about child mental health and how they impacted on the children.” (Centre Manager)

Facilitators and barriers
The manager of one of the Children’s Centres developed the bid for funding which had enabled the programme to be delivered across all of the Children’s Centres in Sefton. The funding had also facilitated transport for vulnerable parents to attend sessions if needed. A further facilitating factor was the crèche facilities that enabled parents who had young children to attend. One of the centre managers noted that a lack of crèche facilities might have previously prevented parents from attending similar programmes. Good relationships between stakeholders has also been a facilitator for the programme.

“The close relationship between the health workers and us, and with other agencies which have supported Nurture and Thrive and make it possible before it was the Nurture and Thrive pathway. Working so closely with those agencies has meant that we have had the right people, the right staff and the right families. This has allowed us to put it on and make sure it is working.” (Centre Manager)

A number of barriers were also identified by the Children’s Centre managers. One discussed how issues with staffing at their centre had affected provision of the programme. Another also discussed how some parents might struggle to engage with the programme if they are experiencing issues with their own mental health.

“Staffing has been an issue for me because we are such a small centre. All the staff here are only part time...when you have a small number of staff you lose skills if someone is off ill.” (Centre Manager)

“I think if you are struggling with your own mental health, things like that might be a barrier.” (Centre Manager)
Perceived impact
According to the Children’s Centre managers, the impact of Nurture and Thrive could be seen at both an individual and a family level. The multi-faceted approach was perceived to have helped improve family relationships and bonding, as well as child behaviour. In the long-term, parents had shown a better understanding of children’s mental health, and supportive strategies.

“We have had parents on social care plans and be stepped down from them and one of the reasons is that they have engaged [in Nurture and Thrive].” (Centre Manager)

“The older children certainly have told us that they know how to calm themselves down now... The teaching staff have commented on the difference of these children in class, and parents, the difference at home.” (Centre Manager)

Resources
The formation of Nurture and Thrive came about through Children’s Centres desire to develop a more direct package of interventions to help parents and children to build resilience from an early age. Additional staff costs were minimal, but some of the courses offered within Nurture and Thrive did have additional delivery costs (e.g. Mellow Parenting). In order for the programme to be sustainable, funding for staff to attend additional training is required (e.g. on attachment and linked behaviours), as well as a more comprehensive referral scheme in order to make sure the needs of the family are addressed.

“...Some of the programmes will stop. Some of it can continue with very little money but the particularly expensive bit is the [Mellow Parenting] programme because it’s a 14 week programme.” (Centre Manager)
Summary: Specific programme case studies

- Interviews were undertaken with staff and trainers involved in the implementation and delivery of seven EHWB intervention programmes in Sefton schools, which encompassed a range of approaches.

- Four programmes (Rainbow Leaders, Academic Resilience Approach, Emotional Literacy and Growth Mindset) were focused on changing school culture, capacity and/or approach to EHWB. The Academic Resilience Approach and Emotional Literacy are large-scale programmes with implementation supported through external training provision. Both approaches have provided schools with a supporting framework for delivery of EHWB activities and have increased staff confidence in addressing EHWB. These approaches have also provided opportunities for schools to network and share good practice.

- Three programmes (Big Love Little Sista, Youth Connect 5 and Nurture and Thrive) involved working with external providers based on referral of targeted students. All three programmes were well received by schools, children and their parents, but issues were raised about the sustainability of delivery.
6 Student wellbeing and resilience survey

6.1 Sample characteristics

Overall, students from 29 schools took part in the surveys, including 20 primary schools, six secondary schools and three SEN schools. This equates to 29.0% of schools in Sefton. In total 2,309 students across school years 3-11 participated (1,347 primary students, 869 secondary students and 93 SEN students). Student sociodemographic data are presented in Table 1.

Table 1: Student sociodemographic data

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</table>

6.2 Resilience

A modified 38-item version of the Student Resilience Survey (SRS) was used to measure students’ perceptions of their individual characteristics as well as protective factors in their environment from their family, school and community. The SRS is comprised of 11 subscales.
which measure different sources of resilience including: family connection; school connection; community connection; participation in home life; participation in school life; participation in community life; peer support; self-esteem; empathy; problem solving; and, goals and aspirations. Response options included: none of the time; rarely; some of the time; often; and all of the time. Responses on each item were dichotomised into positive (all of the time, often) and negative responses (none of the time, rarely, some of the time) for each item. Total scores for each source of resilience were calculated by averaging participant’s scores on each question related to that construct (e.g. family connection). Student’s scores on each resilience construct were then categorised as high (3.6-5), moderate (2.5-3.5) and low (1-2.3).

Individual characteristics

Self-esteem
The sample mean score for self-esteem was 3.81 (SD=0.85). Two-thirds (68.8%; n=1,421) of students had high scores, 26.1% (n=539) had moderate scores, and 5.0% (n=104) had low scores. There was a significant association between sex and self-esteem score, with a higher proportion of females with low or moderate self-esteem scores, compared to males (Table 2; p<0.01). The proportion of students reporting high self-esteem scores was also significantly different across school type, with a higher proportion of primary school students having high self-esteem scores compared to secondary or SEN school students (Table 2; p<0.001). Similarly, high self-esteem scores were significantly more prevalent amongst students in years 3/4 and years 5/6 compared to years 7/8/9, and years 10/11 (Table 2; p<0.001).

Empathy
The sample mean score for empathy was 4.07 (SD=0.94). Seven in ten (70.6%; n=1,457) students had high scores, 23.8% (n=491) had moderate scores, and 5.6% (n=116) had low scores. There was a significant association between sex and empathy scores, with a higher proportion of males with low or moderate empathy scores, compared to females (Table 2; p<0.001). The proportion of students reporting high empathy scores was also significantly different across school type, with a higher proportion of primary school students having high empathy scores compared to secondary or SEN school students (Table 2; p<0.001). Empathy score was also significantly associated with year group, with the highest prevalence of low or moderate empathy scores amongst years 9/10/11 (Table 2; p<0.001).

Problem solving
The sample mean score for problem solving was 3.60 (SD=1.03). Six in ten (59.1%; n=1,220) students had high scores, 30.3% (n=626) had moderate scores, and 10.6% (n=218) had low scores. There was no significant association between sex and problem solving score (Table 2). Problem solving score significantly differed across school type, with a higher prevalence of low problem solving scores amongst secondary and SEN school students, compared with primary students (Table 3; p<0.001). Problem solving scores were also significantly associated with year group, with the highest prevalence of low or moderate problem solving scores amongst years 7/8 and years 9/10/11 (Table 2; p<0.001).

Goals and aspirations
The sample mean score for goals and aspirations was 4.02 (SD=1.01). Almost seven in ten (67.6%; n=1,395) students had high scores, 25.2% (n=520) had moderate scores, and 7.2%
had low scores. There was no significant association between sex and goals and aspirations score (Table 2). Goals and aspirations scores significantly differed across school type, with a higher prevalence of low goals and aspirations scores amongst SEN school students, compared with primary or secondary school students. Goals and aspirations scores were also significantly associated with year group, with the highest prevalence of low or moderate scores amongst students in years 7/8 and years 9/10/11 (Table 2; p<0.001).

**Protective factors**

*Family connection and participation*

The sample mean score for family connection was 4.38 (SD=0.63). The majority (88.7%; n=1,922) of students had high scores, 10.0% (n=217) had moderate scores, and 1.2% (n=27) had low scores. There was no significant association between family connection score and sex (Table 3). The proportion of students reporting high family connection scores was significantly different across school type, with a higher proportion of primary school students having high family connection scores compared to secondary or SEN school students (Table 3; p<0.001). Family connection score was also significantly associated with year group, with the highest prevalence of low or moderate family connection scores amongst students in years 9/10/11 (Table 3; p<0.001).

The sample mean score for family participation was 3.53 (SD=0.93). Four in ten (42.7%; n=881) students had high scores, 47.5% (n=981) had moderate scores, and 9.8% (n=202) had low scores. The proportion of students reporting high family participation scores was significantly different across school type, with a higher proportion of primary school students having high family participation scores compared to secondary or SEN school students (Table 3; p<0.001). Family participation score was also significantly associated with year group, with the highest prevalence of low or moderate family participation scores amongst students in years 9/10/11 (Table 3; p<0.001).

*Community connection and participation*

The sample mean score for community connection was 4.38 (SD=0.63). The majority (87.6%; n=1,878) of students had high scores, 9.6% (n=206) had moderate scores, and 2.8% (n=59) had low scores. There was no significant association between community connection score and sex (Table 3). The proportion of students reporting high community connection scores was significantly different across school type, with a higher proportion of primary school students having high community connection scores compared to secondary or SEN school students (Table 4; p<0.001). Community connection score was also significantly associated with year group, with the highest prevalence of low or moderate community connection scores amongst students in years 9/10/11 (Table 3; p<0.001).

The sample mean score for community participation was 3.55 (SD=1.42). Approximately half (53.0%; n=1,135) of all students had high scores, 24.6% (n=526) had moderate scores, and 22.4% (n=479) had low scores. There was no significant association between community participation score and sex (Table 3). The proportion of students reporting high community participation scores was significantly different across school type, with a higher proportion of primary school students having high community participation scores compared to secondary or SEN school students (Table 3; p<0.001). Community participation score was also
significantly associated with year group, with the highest prevalence of low or moderate community participation scores amongst students in years 7/8 and 9/10/11 (Table 3; p<0.001).

School connection and participation
The sample mean score for school connection was 4.03 (SD=0.89). The majority (71.7%; n=1,544) of students had high scores, 22.4% (n=483) had moderate scores, and 5.9% (n=127) had low scores. There was a significant association between sex and school connection score, with a higher proportion of males with low or moderate scores, compared to females (Table 4; p<0.05). The proportion of students reporting high school connection scores was significantly different across school type, with a higher proportion of primary and SEN school students reporting a high school connection scores compared to secondary school students (Table 4; p<0.001). School connection score was also significantly associated with year group, with the highest prevalence of low or moderate school connection amongst students in years 9/10/11 (Table 4; p<0.001).

The sample mean score for school participation was 2.75 (SD=1.02). Approximately half (48.6%; n=1,003) of students had moderate scores, 34.0% (n=702) had low scores, and 17.4% (n=358) had high scores. There was no significant association between school participation score and sex (Table 4). School participation score was significantly different across school type, with a higher proportion of secondary school students having low school participation scores compared to primary or SEN school students (Table 4; p<0.001). School participation score was also significantly associated with year group, with an increase in prevalence of low school participation score among students in the older year groups (Table 4; p<0.001).

Peer support at school
The sample mean score for peer support at school was 3.92 (SD=0.86). Seven in ten (71.9%; n=1,530) students had high scores, 22.9% (n=487) had moderate scores, and 5.2% (n=110) had low scores. There was a significant association between sex and peer support score, with a higher proportion of males with low or moderate scores, compared to females (Table 4; p<0.001). Peer support score was significantly different across school type, with a higher proportion of SEN school students reporting low peer support scores compared to primary or secondary school students (Table 4; p<0.001). Peer support score was also significantly associated with year group, with the highest prevalence of low peer support scores amongst students in years 7/8 and years 9/10/11 (Table 4; p<0.001).
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Table 3: Family and community sources of resilience by sex, year, and school type, student survey

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<td>41.8</td>
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</tr>
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<tr>
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6.3 Mental wellbeing

We measured student mental wellbeing using the Stirling Children’s Wellbeing Scale (SCWBS) for primary school children and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) for secondary school students. WEMWBS is a 14-item scale with five response categories (none of the time, rarely, some of the time, often, all of the time), summed to provide an overall score ranging from 14 to 70. Items are positively worded and cover both feeling and functioning aspects of mental wellbeing. Total scores were categorised into low (≤40), average (41-58), and relatively good mental wellbeing (≥59). The SCWBS is a positively worded measure of emotional and psychological wellbeing in children aged 8-15 years and is based on the same constructs as WEMWBS, making it an age appropriate comparable measure. SCWBS is a 12-item scale with five response categories (never, not much of the time, some of the time, quite a lot of the time, all of the time), summed to provide an overall score ranging from 12 to 60. Total scores were categorised into low (≤37), moderate (38-49), and high (≥50).

The mean score for secondary school students on WEMWBS was 47.97 (SD=12.31). The mean score for primary school students on SCWBS was 45.85 (SD=9.02). Overall, almost half (48.2%; n=954) of students had moderate mental wellbeing scores, 31.4% (n=621) had high mental wellbeing scores, and 20.4% (n=403) had low mental wellbeing scores. There was a significant association between sex and mental wellbeing score, with a higher proportion of females reporting low scores, compared to males (Table 5; p<0.05). There was a significant association between year group and mental wellbeing score, with the highest prevalence of low mental wellbeing scores amongst students in years 7/8 and years 9/10/11 (Table 5; p<0.001). Mental wellbeing score also significantly differed across school type, with a higher proportion of SEN and secondary school students having low mental wellbeing scores compared to primary students (Table 5; p<0.001).

Table 5: Mental wellbeing by sex, year, school type and area, student survey

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<td>High</td>
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<tr>
<td><strong>Sex</strong></td>
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<td>Male</td>
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<tr>
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<td><strong>Year</strong></td>
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<td>45.0</td>
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<td>53.4</td>
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<tr>
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<td>54.3</td>
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<td>38.4</td>
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<td>53.8</td>
<td>21.0</td>
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<td>SEN</td>
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<td>54.1</td>
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6.4 Associations between resilience and mental wellbeing

For all sources of resilience, there was a significant association between a student’s resilience score and their mental wellbeing score. This indicated a graded relationship, with the highest prevalence of low mental wellbeing scores amongst students with low resilience scores, and the lowest prevalence amongst those with high resilience scores (p<0.001; Figures 14-16).

The majority of students with low self-esteem scores had a low mental wellbeing score (82.1%; n=78; Figure 14). Approximately half (53.2%; n=58) of the students with a low empathy score also had a low mental wellbeing score, whilst approximately two thirds of students with a low problem solving score (63.2%; n=132) and goals and aspirations score (69.3%; n=97) had a low mental wellbeing score (Figure 14).

Approximately seven in ten students who had low family (70.8%; n=17) and community (74.5%; n=38) connection scores had a low mental wellbeing score, compared to approximately 16% of those with high family (16.9%; n=297) and community (16.2%; n=282) connection scores (Figure 15). Approximately half (54.6%; n=106) of the students with low family participation scores had a low mental wellbeing score compared to 8.4% (n=71) of those with high family participation scores (Figure 20). Approximately one third (36.6%; n=159) of the students with low community participation scores had a low mental wellbeing score compared to just 12.7% (n=133) of those with high community participation scores (Figure 15).
Low mental wellbeing scores were also more prevalent amongst students with low school connection scores (61.7%; n=66) and peer support scores (69.1%; n=67) compared to those with high scores (school, 14.1%; n=201; peer, 11.2%; n=159) (Figure 16). Similarly, low mental wellbeing scores were higher amongst students with low school participation scores (36.8%; n=246) compared to those with high scores (5.3%; n=18; Figure 16).

Figure 15: Proportion of students with low mental wellbeing scores by family and community resilience scores, student survey

Figure 16: Proportion of students with low mental wellbeing scores by school and peer resilience scores, student survey
Summary: Student wellbeing and resilience survey

- The student survey sample comprised 2,039 students aged 8-16 years attending primary (n=1,347), secondary (n=869), and SEN (n=93) schools in Sefton across a total of 29 schools.

Resilience

- A modified 38-item version of the SRS was used to measure students’ perceptions of their individual characteristics as well as protective factors in their environment from their family, school and community.

- Students’ perceptions of their individual characteristics showed that female students were significantly more likely than male students to report low to moderate self-esteem scores, but female students were significantly more likely to report high empathy scores. There was no difference in scores for problem solving and goals and aspirations between female and male students.

- School year and type had a significant association with scores for each of the four individual constructs (self-esteem, empathy, problem solving, and goals and aspirations). High scores on each construct were more prevalent amongst students in years 5 and 6 compared to other years, and among students in primary school compared to secondary and SEN schools.

- There were no clear differences in scores between male and female students on the protective factors (family connection, family participation, community connection, community participation, school connection, school participation). However, female students were significantly more likely than male students to report high peer support scores.

- School year and type were significantly associated with scores on each of the protective factors. With the exception of school participation, high scores on each construct were more prevalent among students in years 5 and 6 compared to other years, and among students in primary school compared to secondary and SEN schools.

Mental wellbeing

- Student mental wellbeing was measured using SCWBS for primary school children and the WEMWBS for secondary school students.

- Female students were more likely than male students to report low or moderate mental wellbeing scores.

- School year and type were significantly associated with student mental wellbeing scores. Low mental wellbeing scores were most prevalent amongst students in years 7 and 8, and years 9, 10 and 11, compared to other years, and among students in secondary and SEN schools compared to students in primary schools.

- Resilience and mental wellbeing scores were significantly associated. The prevalence of low mental wellbeing scores was highest amongst those with low resilience scores on the individual characteristics and protective factors.
7 Staff wellbeing and resilience survey

7.1 Sample characteristics

A total of 312 staff participated in the survey across 24 schools, including 16 primary schools, 5 secondary schools and three SEN schools. The staff who took part in the survey encompassed a number of different roles supporting the learning and welfare of students, but the majority (77.9%, n=243) were in teaching and learning support roles. This included staff in the following teaching and learning support roles\(^9\): teachers (n=116), department/year heads (n=32), heads and assistant heads (n=30), SEN coordinators (n=13) and teaching assistants (n=71). Staff sociodemographic data are presented in Table 6.

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<th>Table 6: Staff sociodemographic data</th>
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<td>Time in current school (years)</td>
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<td>Time in education sector (years)</td>
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</table>

\(^9\) Survey participants could select more than one role.
7.2 Resilience

We used the 12-item Resilience Research Centre Adult Resilience Measure (RRC-ARM) to measure staff resilience resources. Response options included: not at all, a little, somewhat, quite a bit, a lot. Responses on each item were dichotomised into positive (quite a bit, a lot) and negative responses (not at all, a little, somewhat) for each item. The majority of staff responded positively to most questions (Figure 17). Approximately four in ten staff gave negative responses to: I know where to get help in my community; I feel I belong in my community; and, Getting and improving qualifications or skills is important to me (Figure 17).

![Figure 17: Proportions of staff responding positively and negatively to adult RRC-ARM questions, staff survey](image)

Figure 17: Proportions of staff responding positively and negatively to adult RRC-ARM questions, staff survey

Similar to practice elsewhere [27], to provide an overall measure of resilience, a count was created of the number of items a participant responded positively to. The average number of positive items was 9.9. Participants were then grouped into three categories: low resilience resources (<7 positive items); moderate resilience resources (7-9 positive items); and high resilience resources (10-12 positive items). Almost two thirds (64.5%; n=182) of staff who took part in the survey were classed as having high resilience resources, whilst almost three in ten (27.7%; n=78) had moderate resilience resources and 7.8% (n=22) had low resilience...
resources. There was no significant association between age or sex and level of resilience resources.

### 7.3 Mental wellbeing

We measured staff mental wellbeing using WEMWBS. Approximately half of staff responded positively to most items (Figure 18). However, 74.6% and 80.8% of staff responded negatively to items about feeling relaxed and having energy to spare (Figure 18).

The mean mental wellbeing score for staff was 48.51 (SD=9.26). This is lower than the mean wellbeing score for the English population based on norms for England developed from the Health Survey for England 2011 (mean score = 51.61). Total scores were then categorised into low (≤40), moderate (41-58), and high (>59). Approximately seven in ten (69.1%; n=197) staff had moderate mental wellbeing scores, one in ten (10.9%; n=31) had high scores, and 20.0% (n=57) had low scores. There was no significant association between age or sex and mental wellbeing score. There was a significant difference between school type and prevalence of low mental wellbeing scores amongst staff, with the lowest prevalence of low mental wellbeing scores in primary schools.
wellbeing scores amongst primary school staff (14.2%; n=20) compared to secondary (26.3%; n=31) and SEN school staff (24.0%; n=6; p<0.05). There was no significant association between mental wellbeing score and number of years working in current school or education sector.

### 7.4 Associations between resilience and mental wellbeing

To examine the association between resilience and mental wellbeing, wellbeing scores were dichotomised into the presence (scores ≤40) or absence (scores 41-70) of low mental wellbeing. There were significant relationships between all individual resilience questions and low mental wellbeing except *I can solve problems* and the *enjoyment of partner/family’s cultural and family traditions*. All significant associations between individual resilience questions and low mental wellbeing, showed a decreased prevalence of low mental wellbeing for each item (Table 7).

Table 7: Prevalence of low mental wellbeing by responses to adult RRC-ARM questions, staff survey

<table>
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<th>Response</th>
<th>% low mental wellbeing</th>
<th>χ²</th>
<th>p</th>
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<td>I have people I can respect in my life</td>
<td>Negative: 60.0</td>
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<tr>
<td></td>
<td>Positive: 15.6</td>
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</tr>
<tr>
<td>Getting and improving qualifications or skills is important to me</td>
<td>Negative: 28.9</td>
<td>8.998</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td></td>
<td>Positive: 13.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My family know a lot about me</td>
<td>Negative: 40.5</td>
<td>10.000</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td></td>
<td>Positive: 16.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I try to finish what I start</td>
<td>Negative: 22.2</td>
<td>0.860</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>Positive: 19.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can solve problems without harming myself or others</td>
<td>Negative: 50.0</td>
<td>0.033</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>Positive: 19.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know where to get help in my community</td>
<td>Negative: 32.5</td>
<td>19.605</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Positive: 10.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I belong in my community</td>
<td>Negative: 38.0</td>
<td>34.231</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Positive: 8.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My family stand by me during difficult times</td>
<td>Negative: 44.4</td>
<td>5.695</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td></td>
<td>Positive: 18.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My friends stand by me during difficult times</td>
<td>Negative: 39.3</td>
<td>6.079</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td></td>
<td>Positive: 17.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am treated fairly in my community</td>
<td>Negative: 46.3</td>
<td>26.914</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Positive: 13.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have opportunities to apply my abilities in life</td>
<td>Negative: 55.2</td>
<td>22.917</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Positive: 15.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I enjoy my family’s/partner’s cultural and family traditions</td>
<td>Negative: 28.1</td>
<td>1.071</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>Positive: 18.6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: negative = somewhat, a little, not at all; positive = quite a bit, a lot.

There was a significant difference in the proportion of individuals who had a low mental wellbeing score across levels of resilience (using the overall measure of resilience). Two thirds (66.7%; n=14) of staff who had low levels of resilience had a low mental wellbeing score, compared to one third of staff with moderate levels of resilience (34.2%), and less than one in ten (7.9%) staff who had high levels of resilience (p<0.001; Figure 19).
7.5 Staff satisfaction with school provision of wellbeing activities

Individuals participating in the staff survey were asked to rate their satisfaction (1 = very unsatisfied; 10 = very satisfied) with the provision of resilience building or EHWB activities for staff and students in their school. The average satisfaction score for provision of staff activities was 6.1 ($SD=2.5$) and for provision of student activities was 7.3 ($SD=1.8$) (Figure 20). Overall the majority of staff were satisfied (scores of >5) with both staff (78.8%; n=238) and student (62.6%; n=189) resilience building or EHWB activities in their school. There was a significant association between mental wellbeing and satisfaction with the provision of activities for staff, with 70.5% (n=160) of staff with average or relatively good mental wellbeing reporting being satisfied with activity provision, compared to 29.8% (n=17) of staff with low mental wellbeing.
Figure 20: Staff satisfaction with school provision of resilience building or EHWB activities for staff and students, staff survey

The majority (79.8%; n=241) of staff reported that they would be interested in wellbeing or support services for staff being offered at their school, whilst 15.6% (n=47) were unsure and 4.6% (n=14) were not interested. The mean satisfaction score with the provision of staff wellbeing activities was significantly lower amongst staff who reported they would be interested in activities being offered in the future (5.8) than amongst staff who were not interested (7.6) or were unsure (7.1; p<0.001).
Summary: Staff wellbeing and resilience survey

- The staff survey sample comprised 312 members of staff working in primary (n=153), secondary (n=131), and SEN (n=27) schools in Sefton across a total of 24 schools. Staff in a range of roles responded to the survey, although the majority (77.9%, n=244) were in teaching and learning support roles.

Resilience

- The 12-item RRC-ARM was used to measure staff resilience resources. Almost two-thirds (65%) of staff had a high level of resilience resources. There was no significant association between age or sex and level of resilience resources.

Mental wellbeing

- WEMWBS was used to measure staff wellbeing. Four out of five (80%) staff had moderate or high mental wellbeing scores. There was no association between age or sex and mental wellbeing score.

- School type had a significant association with mental wellbeing score. Low mental wellbeing scores was more prevalent amongst secondary school (26%) and SEN school (24%) staff compared to primary school staff (14%).

- There were significant relationships between most of the individual resilience questions and mental wellbeing score. Two-thirds (67%) of staff who had low levels of resilience had a low mental wellbeing score.

Staff satisfaction with school provision of wellbeing activities

- Most staff were satisfied with both staff (79%) and student (63%) EHWB and resilience building activities in their school. There was a significant association between mental wellbeing and satisfaction with the provision of wellbeing activities for staff. Staff with average or relatively good mental wellbeing were more likely to report being satisfied with wellbeing activity provision in their school.
8 Key learning and recommendations

The importance of the relationship between young people’s EHWB and academic success has become increasingly prominent within national agendas seeking to improve educational and health outcomes. Research has shown the importance of young people developing skills to increase their mental resilience at a young age and the impact that poor EHWB can have on outcomes in childhood as well as later in life.

National guidance states that there should be treatment provision for young people who have poor EHWB, as well as services that can offer appropriate support. In addition to this, national guidance highlights the importance of all young people having access to preventative programmes that help them to gain skills that would improve their EHWB as well as develop their mental resilience.

Prevention of young people developing poor EHWB is a key factor in national policy. An emphasis is also placed on approaches that support communities and families, to ensure that parents and carers are also able to develop the necessary skills to help improve their own and child’s EHWB. This evaluation has demonstrated that schools in Sefton are aware of and actively addressing the need to support young people’s EHWB from an early age.

8.1 Addressing EHWB with a focus on multiple aspects of wellbeing through whole-school approaches

Through the different sources of data analysed, it was evident that promotion of good EHWB was a key part of the programmes implemented across Sefton. The approaches implemented varied both in ethos and in terms of what the expected impacts were. Many programmes were designed to give students skills to build resilience and other aspects related to EHWB. For example, ways to cope with stress, as well as recognising when they were having problems with their EHWB, and who they could go to in order to get support.

The whole-school approaches (ARA, Emotional Literacy and growth mindset) provided an overarching framework for schools to support the implementation of programmes and activities for EHWB. The importance of considering and addressing the wider context of young people’s EHWB (through community and parent/family approaches) was accordingly evidenced. Further, many of the mission statements for schools emphasised the importance of maintaining a good relationship between schools and parents and carers.

It was clear, however, that provision was not consistent across schools, with some schools having more established provision in place, whilst others were in the early stages of establishing programmes. Active and practical support from senior figures within schools is often cited as a key driver in the successful implementation of health promotion approaches [73, 81]. The specific programme case studies demonstrated how staff time was often the key resource needed to establish programmes, and that this time commitment was, in some circumstances, difficult to sustain. There may be opportunities to address this through the provision of greater senior management support (for example, adequate training and administrative support).
The two large-scale, whole-school approaches examined (Academic Resilience Approach and Emotional Literacy) appeared to be credible and workable for staff based on the case study interviews and training feedback. More generally, the topics and approaches of the programmes examined in this evaluation did not appear to be contentious and appeared to work in conjunction with the current practice and interests of the participating schools. Approaches that are flexible and adaptable to school and classroom contexts are more likely to be successfully implemented [73, 81]. There was the suggestion of a clear readiness for schools to engage in addressing EHWB among their students and that the whole-school organising frameworks were facilitating this.

Recommendations:
• Ensure that senior management in schools across Sefton are aware of and supported to fulfill their role of as a key driver in the implementation and delivery of whole-school approaches.
• Develop processes to promote the sharing of school’s experience of programme development and implementation. This could include continuation of events open to all schools and the development of resources to share learning and details of available support.

8.2 Resilience and mental wellbeing decline as students progress through school

The collection of baseline data suggests that student wellbeing and resilience peak in school years 5 and 6 (Upper Juniors). Early adolescence is a period of transition and other studies have shown similar declines in resilience factors [82]. Universal preventative approaches need to be delivered over the long term, including over several years and there is evidence that Sefton schools are starting early to develop student’s social and emotional skills. Examples of delivery and implementation of EHWB approaches were, however, more readily available from primary schools across Sefton and we lack a good understanding of provision and approaches within Sefton secondary schools, or in the period of transition between primary and secondary school. A 2010 survey of mental health promotion in primary and secondary schools in England found that secondary schools were mainly focusing on helping children who were starting to develop, or who already had experienced, problems as opposed to taking a more preventive approach [83].

Recommendations:
• Consider the provision of specific, targeted support to secondary schools to promote the implementation and delivery of preventative approaches. To support integration within the mainstream secondary school curriculum, additional research may be required to gain a better understanding of particular barriers to implementation and delivery in secondary schools.

8.3 Addressing both individual and structural factors to make a difference

It is important to recognise that wider structural factors, including political and economic factors, are an important external influence on children and young people’s EHWB. Hart et al. [74] outline the need to unite resilience research and practice with an inequalities approach. An ecological understanding of resilience (i.e. extending beyond the individual to aspects of
the person’s ecology; the family, school, and the cultural and community contexts in which they live) may assist in achieving this aim. This thinking underpins the resilience framework of the whole-school Academic Resilience Approach developed by Hart and collaborators.

The whole-school approaches examined in this evaluation appear to provide a valuable organising framework for schools to address both individual and structural factors, although the Academic Resilience Approach is more explicitly based on socio-ecological theories. Currently, there isn’t a sufficiently developed evidence base to recommend delivery of one whole-school approach over another.

**Recommendations:**

- Schools should be supported to adopt a whole-school approach that best aligns with their school ethos and that takes account of the wider social and economic context of the school (e.g. schools with challenging community contexts may benefit more readily from the Academic Resilience Approach).

- Schools should be provided with support to identify evidence based classroom-based programmes and teaching practices that they can deliver within a whole-school framework to support EHWB.

### 8.4 Formal evaluation of the programmes is rare, potentially causing difficulties with sustaining implementation

Through the case studies undertaken in the first stage of the evaluation (Big Love Little Sista, YC5 and Nurture and Thrive) [1] we identified that an important issue was the difficulty in evidencing impact. This was also perceived to be the case with the large-scale programmes being implemented (Academic Resilience Approach and Emotional Literacy). These programmes were described as being ‘bespoke’ and were serving as overarching frameworks for the implementation of a range of (formal and informal) activities and programmes, both within and outside the school curriculum. Many of the outcomes discussed were based on teacher observations and feedback from parents, rather than formal outcome evaluation. As discussed in the introduction to this report, much of the responsibility for the provision of programmes to support EHWB has been placed with local CCGs. It may be important, therefore, that in order to secure future funding, schools are able to measure impact based on traditional health research criteria. Support for more formalised monitoring and evaluation is required to demonstrate measurable impact of EHWB programmes. Alongside this, future research also requires a shift in approach for two purposes: (i) the impact of whole-school approaches is difficult to measure based solely on traditional research criteria (e.g. Randomised Controlled Trials); and (ii) to ensure that research incorporates both a public health and education perspective.

**Recommendations:**

- Future research and impact evaluation should incorporate meaningful engagement (and potentially co-produced research) with school staff and students. New forms of knowledge production and exchange should be explored and the routine sharing of expertise facilitated and encouraged.
• The potential for differential impacts by sex or subgroups (e.g. based on SEN and measures of socio-economic status such as FSM) is of importance. Schools should be supported to monitor EHWB outcomes alongside implementation in relation to their specific student populations and school contexts.

• The resilience and wellbeing surveys should be repeated annually. Repeated measurement could be done longitudinally (i.e. with the same students as they progress through different years of education), or as repeated snapshots of the same cohort (e.g. repeated for each year 7 group). Surveys should be repeated at the same time of year each time to ensure results are comparable.

8.5 Teacher’s own EHWB is important

Research has highlighted the links between teachers’ own emotional health needs and their ability to consider the EHWB needs of their students [84, 85]. Strengthening staff abilities to support their own EHWB was a feature of the implementation of the whole-school approaches (ARA, Emotional Literacy and growth mindset) and examples of staff activities supporting EHWB were captured through the logic model. However, we lack an in-depth understanding of the activities and approaches that support teacher’s own EHWB more broadly. The majority of staff who participated in the survey were interested in wellbeing and support services being available.

Recommendations:

• Teachers and schools should be supported to share good practice on supporting and strengthening their staff’s own EHWB.

• Consider whether staff EHWB would benefit from further focused investigation.
9 Conclusions

This two-stage evaluation has demonstrated how many schools in Sefton are following national guidance through their provision of support for children and young people’s EHWB. It was clear that schools have internal policies, and are implementing a range of formal and informal activities and programmes that broadly relate to EHWB. However, it was also apparent that provision is not consistent across schools. There were perceived to be difficulties in evidencing the impact of EHWB programmes and this may affect future opportunities for funding and, consequently, sustainability. There was also an implied gap in provision between primary and secondary schools.

Whole-school approaches are widely acknowledged as the most effective way for schools to promote the EHWB of children and young people. The approaches examined were well received by the schools that participated in this evaluation, and appeared to be credible and workable for staff. Importantly, these approaches had supported schools to focus on the ability of their staff to support and strengthen their own EHWB. While support for more formalised monitoring and evaluation is required to demonstrate measurable impact of EHWB programmes it should be borne in mind that the impact of whole-school approaches may be difficult to measure based solely on traditional research criteria.

In conclusion, the programme of early support in Sefton funded through Public Health has provided a solid foundation for schools to develop frameworks to support the implementation and delivery of programmes and activities for EHWB.
10 References


70. King’s Fund *Transforming children and young people’s mental health provision – our response.* 2018.


Appendix 1. Methods and analysis

Content Analysis of Mission Statements

Mission statements were downloaded from the websites of all primary, secondary and SEN schools in Sefton\(^9\) (n=99). These were uploaded to QSR Nvivo 11 and thematically coded using a summative content analysis approach to identify common themes, such as priorities, curriculum that relates to EHWB as well as the school ethos and its relation to EHWB [86, 87]. Illustrative quotations from mission statements have been used to evidence common themes.

School Survey

A semi-structured survey was sent to all primary, secondary and SEN schools in Sefton\(^1\) (n=99). Schools were initially contacted by email and were invited to complete and return the survey; the research team followed up with phone calls and emails and Sefton Council emailed all schools to endorse the study and encourage participation. The survey asked questions about the school’s current provision of programmes that relate to the EHWB of their students, as well as the key issues that they feel affect young people’s EHWB. As the survey was semi-structured the participants were able to expand on their answers and were also able to provide links to policy documents and resources if appropriate.

Due to the timing of the study there was a low response rate (n=9 completed the survey and n=2 declined). Therefore, examples have been presented as case studies. Each survey was summarised and key points were considered alongside the analysis of the mission statements. The survey will be re-sent to all schools that did not respond in the upcoming academic year.

Qualitative Interviews

Qualitative interviews were carried out with 10 members of staff who were involved in the design and/or implementation of any one of the seven EHWB programmes: Academic Resilience Approach, Emotional Literacy, growth mindsets, Rainbow Leaders, Big Love Little Sista, Youth Connect 5 and Nurture and Thrive. Two individuals who provided the training for the Academic Resilience Approach were also interviewed.

Sefton Council provided the research team with a list of key contacts who had been involved in these projects and introduced the research team via email. The research team then contacted potential participants to invite them to take part in a semi-structured telephone interview. All interviews were transcribed. The interview transcripts were used alongside supplementary documents (such as previous evaluation reports and programme websites) to produce illustrative case studies.

Development of the Logic Model

On 31\(^{10}\) October 2018, 60 individuals from primary and secondary schools and the council in Sefton attended the Sefton Children and Young People’s Wellbeing Conference at Crosby

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\(^{10}\) Excluding private schools.
Lakeside. As part of this conference, a 60 minute time slot was allocated to the researchers at PHI, LJMU to deliver a stakeholder engagement activity to help to identify:

- the key activities undertaken by primary, secondary and special schools in the area around emotional and mental health;
- how these activities are measured (outputs); and
- what changes are experienced (by the children, their families and teachers etc.) as a result of engaging with these activities.

A breakdown of the specific activities that individuals engaged with and approximate timings are shown below:

<table>
<thead>
<tr>
<th>Approximate Timings</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Introducing the session</td>
</tr>
<tr>
<td>25 minutes</td>
<td>Defining the outcomes</td>
</tr>
<tr>
<td></td>
<td>List the key outcomes of the activities/support you or your organisation provide.</td>
</tr>
<tr>
<td></td>
<td>Please use one post-it for each outcome. For each outcome please detail:</td>
</tr>
<tr>
<td></td>
<td>- Your school and programme</td>
</tr>
<tr>
<td></td>
<td>- What the change is</td>
</tr>
<tr>
<td></td>
<td>- Is this change actual (has it happened) or proposed (do you expect it to happen)?</td>
</tr>
<tr>
<td></td>
<td>- Who is experiencing this change?</td>
</tr>
<tr>
<td></td>
<td>- Are these changes experienced in the short-, medium- or long-term?</td>
</tr>
<tr>
<td>20 minutes</td>
<td>Understanding the activities</td>
</tr>
<tr>
<td></td>
<td>List the activities that you or your organisation deliver.</td>
</tr>
<tr>
<td></td>
<td>Please use one post-it for each activity. For each activity please detail:</td>
</tr>
<tr>
<td></td>
<td>- Your school and programme</td>
</tr>
<tr>
<td></td>
<td>- The frequency and duration e.g., once a week for one hour</td>
</tr>
<tr>
<td></td>
<td>- Who the activity is carried out with e.g., age/year group of children; gender (if applicable)?</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Exploring the outputs</td>
</tr>
<tr>
<td></td>
<td>Explore what data are currently collected to enable us to find out whether the activities lead to the outcomes</td>
</tr>
<tr>
<td></td>
<td>Please use one post-it for each output. For each output please detail:</td>
</tr>
<tr>
<td></td>
<td>- Your school and programme</td>
</tr>
<tr>
<td></td>
<td>- What the countable product is</td>
</tr>
<tr>
<td></td>
<td>- How this is measured</td>
</tr>
<tr>
<td></td>
<td>- Which activity is this related to</td>
</tr>
</tbody>
</table>
Two additional meetings, on the 25\textsuperscript{th} January and 1\textsuperscript{st} February, were also attended by researchers. These meetings had been set up for the Mental Health leads from primary, secondary and special schools in Sefton and were held at the Sefton Professional Development Centre. Each lead gave a short presentation about their school and their emotional and mental health and wellbeing provision. Researchers used these two meetings as an opportunity to gather further information around activities, outputs and outcomes.

The information from the conference and the Mental Health lead meetings were used to develop an overall logic model to provide an overall picture of the provision in Sefton as well as to develop a number of individual, school-level logic models. The logic model can be used for a number of reasons, including: as an illustrative example of the reach of activities and programmes; to focus and improve the implementation of activities and programmes; and to identify where there are gaps in provision, and what resources may be required to address these gaps.

\textbf{Survey with school students and staff}

All Sefton school head teachers were contacted with a letter of invitation for their school to participate in the school student and staff survey. Each school was provided with a letter, a detailed information sheet and both an opt-in and opt-out consent forms which they can use at their own discretion to inform parents about the study and allow them to withdraw their child if they wish using the method of consent they feel is most appropriate for their children’s age group. Head teachers of participating schools were asked to provide written consent in \textit{loco parentis} for children whose parents do not contact them to opt out of the study or if the head teacher chooses not to send out the opt-out forms.

Participating children completed a developmentally appropriate questionnaire. This method is considered appropriate for this age group in line with the general consensus from the literature that children and young people with average cognitive development will feasibly be able to take part in questionnaires with carefully adapted questions by age seven [5, 6]. The questionnaire was available in English and completed online hosted via Survey Monkey. Children completed the questionnaire on their own on a whole class basis, supervised by a school teacher.

The questionnaire collected basic demographic information (sex, age) and school name and year group. It includes validated tools to measure mental wellbeing and resilience, the Stirling Children’s Wellbeing Scale for primary school children, the Warwick Edinburgh Mental Wellbeing Scale for secondary school children and the Student Resilience Survey for primary and secondary school children.

\textbf{The Stirling Children’s Wellbeing Scale:} is a positively worded measure of emotional and psychological wellbeing in children aged between 8-15 years. It contains 2 subscales; positive emotional state, positive outlook, and a social desirability indicator.

\textbf{The Warwick Edinburgh Mental Wellbeing Scale:} measures positive mental wellbeing with the general population and has been validated with children aged 13 and above but has been used with children aged 11 and above.
**The Student Resilience Survey**: measures different protective factors in children’s lives. It is the combination of 2 scales: the California Healthy Kids Survey and the Perception of Peer Support Scale. It is appropriate for children aged 7+ years. Following feedback from schools two items were removed from the peer support scale to lessen the impact on children who do not have many friends and who may have to tick ‘never’ to the majority of these items.

All staff working in Sefton primary and secondary schools were invited to complete the staff survey. A link to the survey (hosted on Survey Monkey) was provided to heads of schools to distribute to staff. The questionnaire collected basic demographic information (age, sex, local authority of residence), school name, years working in current school and educational sector and role in school. Section 2 of the survey asked participants to rate their level of satisfaction with the provision of resilience building or mental health activities in their school for staff and students, and asked whether they would be interested in wellbeing services for staff being offered in their school. The third section of the survey includes validated tools to measure adult mental wellbeing and resilience; the Warwick Edinburgh Mental Wellbeing Scale and the Resilience Research Centre Adult Resilience Measure.

**The Resilience Research Centre Adult Resilience Measure**: includes 12 items used to measure current adult resilience. It has previously been used in a Public Health Wales population survey about adverse childhood experiences.

**Ethical considerations**

Gatekeeper consent was sought from the head teachers of all schools that participated in the survey and interviews. Staff who took part in an interview or who completed a survey were also asked to provide consent and were free to withdraw from the study at any time. Names of schools and individuals who have taken part in the research have not been included in this report. Whilst examples of outcomes relating to specific students were discussed in the surveys and interviews, students were not named.

Ethical approval for this study was granted by the Liverpool John Moores University Research Ethics Committee (18/PHI/028).

**Study Limitations**

There are a number of limitations associated with this study:

- Mission statements were downloaded from school websites. It is possible that some of the schools did not keep their websites up to date and, consequently, some outdated mission statements may have been included in the analysis.

- The survey was sent to every school in Sefton, however due to the timing of the study there was a low response rate. This has limited the analysis that we have been able to carry out on the surveys. Therefore, case studies have been presented in this report as opposed to an overview of the current provision of support available to support young people’s EHWB across Sefton, which was originally intended. Schools that did not respond to the initial invite to complete the survey will be contacted again in the new academic year in an attempt to increase the response rate.
• All schools and organisations that were involved in the implementation of the four case study programmes in Sefton were invited to participate in an interview. Youth Connect 5 and Nurture and Thrive were implemented in a number of schools and children’s centres. However, not all of these are represented in the interviews that were conducted. Therefore the case studies of the four programmes provided in this report may not be fully representative.
Appendix 2. School-level case studies

Nine schools returned a completed survey. The following were selected and presented as case studies in the interim report to demonstrate how some schools have approached the issue of the EHWB of their students.

The case studies include an overview of the school and their current approach to EHWB, a list of the EHWB resources that they included on the survey, and an overview of what they consider to be the main factors that need to be considered in regards to young people’s EHWB.

School Case Study 1 (School 1)

- This primary (junior) school has over 400 students aged 7-11 years.
- Currently, the school has one member of staff trained in Mental Health First Aid, a specific EHWB nurse, and three members of staff who lead on EHWB.
- Staff recently attended the Academic Resilience Approach training, which aims to provide staff with the knowledge of key theories of resilience and the relationship between risk, protective factors and resilience in children. It also aims to help staff identify vulnerable children and know how to support those at risk. Staff at the school are encouraged to recognise the benefits of academic resilience.
- The school has also been able to use Young Minds and Action for Happiness resources, and has paid for Relax Kids resources for children needing intervention.

EHWB resources
The school offers a range of pastoral sources and techniques for students, parents/guardians and staff including:

- Rainbow room
- Mental health first aid trained SENCO
- Peer mediators to help younger children manage conflict
- Play leaders to assist younger children to play together
- 1 to 1 mentoring meetings 3 times a year
- Mindfulness and Yoga
- Reading dog - helps to reduce anxieties of children who have difficulties reading

Main factors to be considered about young people’s EHWB according to School 1

- Whole school responsibility
- Understanding that children will learn and make progress when they have good mental health and wellbeing
- Schools should ensure that everyone is committed to promoting good mental health
- Schools should do as much as possible to reduce risk factors in all environments
- Key members of staff who support EHWB for children and staff are part of the school improvement plan
School Case Study 2 (School 27)

- This primary school has over 180 students aged 4-11 years.
- Currently, a small number of staff have attended the 2-day Creating Mentally Healthy Schools training. There has also been a draft Health and Wellbeing policy created, with hopes of implementation going forward.
- In relation to engagement with parents and the wider community about EHWB, the school has plans to do so in the future, but has nothing currently in place.
- As part of their commitment to EHWB, the school has had involvement with two interventions:
  - Tackling the Blues – a partnership with Everton FC aimed at year groups who are struggling to get on to encourage a team mentality and greater empathy in disputes.
  - Fillies – a football-based intervention with girls, aimed at improving their mental health and encouraging ‘openness’.

EHWB resources
The school offers a range of pastoral sources techniques for students, parents/guardians and staff including:

- Circle time
- Tackling the Blues
- Fillies
- Transition meetings
- Social and Emotional Aspects of Learning (SEAL) resources
- Learning mentors

Main factors to be considered about young people’s EHWB according to school 27
- Behavioural issues may be due to underlying mental health issues that are undiagnosed
- For SEN children, a greater awareness of how to recognise their EHWB issues

“Children who attended ‘Tackling the Blues’ are happier to discuss their feelings and have the language to do so with confidence. They understand how their actions can affect others” (Teacher)

“We hope to use a Whole School Approach once we have received training” (Teacher)
School Case Study 3 (School 91)

- This secondary school has approximately 1,200 students aged 11-18 years.
- EHWB is encompassed within other school policies; however, no specific policy is in place at present.
- Currently, the school consults with students about types of support around EHWB in the form of a PSHE focus group, student survey, a year 8 survey, and a bully box. In order to engage with parents and the wider community, the school also ensure parents receive regular contact with a pastoral team, and provide parents support evenings, home visits, as well as a school nurse and other resources.
- As part of the schools commitment to the EHWB of their pupils, they use PSHE resources, bully busters and Citizenship days. They also utilise the Catch 22 alternative education services.
- In addition to this, the school has also provided HeartMath training to pupils, which aims to help participants regulate their emotions, increase self-awareness and improve mental health.

EHWB resources
The school offers a range of pastoral sources techniques for students, parents/guardians and staff including:

- Early help assessment
- Lunch club
- School nurse
- Educational psychologist
- Parenting 2000 centres
- CAMHS and SWACA referrals
- Family Centres
- Mentoring
- HeartMath
- Duke of Edinburgh
- Bully Busters

“From September there is a new tutor programme to include mental resilience”

(Teacher)

Main factors to be considered about young people’s EHWB according to school 91

- Safe place
- Social media
- Anxiety
- For those who are at risk/vulnerable to abuse, child sexual exploitation and self-harm, a sense of self-worth is important
School Case Study 4 (School 43)

- This primary school has over 400 students aged 4-11 years.
- EHWB is currently part of the school behaviour policy; however, they are currently reviewing their mental health and EHWB action plan.
- At present, there is no formal method for consultation with students about the type of support they would value, however the school is looking to implement a pupil wellbeing committee next year.
- As part of their commitment to EHWB, the school has been involved in the CAPITA mental health and wellbeing project with the pastoral lead and support staff all being involved.
- The school has also run the Think Yourself Great programme, which aims to help children with anxiety, self-esteem and anger issues to take responsibility for their own actions, have respect for others, to make the right choices and to understand the importance of positive actions.

EHWB resources
The school offers a range of pastoral sources techniques for students, parents/guardians and staff including:

- Needs led mentoring
- Achieve 360 art therapy
- Pastoral support for parents
- Think Yourself Great
- Signpost to VENUS, SWACCA and other referral agencies
- Andy Cope ‘Art of Brilliance’
- PSHE foundation mental health resources

“[Think Yourself Great] did help give pupils strategies when feeling angry/allowed them to discuss how they were feeling” (Teacher)

Main factors to be considered about young people’s EHWB according to school 43
- Ways to keep mentally well
- Building resilience
- Build a sense of community and belonging
- For those who are at risk/vulnerable to abuse, a listening ethos is key