

# Building resilience and emotional wellbeing in children and young people

Evaluation of the Youth Connect 5 Programme across Cheshire and Merseyside - Executive Summary



Prepared by Ellie McCoy, Karina Kinsella, Selina Wallis, Rebecca Harrison & Dr Hannah Timpson

# Foreword

The emotional health and wellbeing of children and young people is a priority for Cheshire & Merseyside. We know that locally children and young people may experience low levels of resilience and face many difficulties relating to their emotional health. We recognise the vital role families have in supporting the emotional wellbeing of children and young people. The Youth Connect 5 programme sets out to provide parents and carers with the understanding, skills and tools to build that emotional wellbeing.

The collaborative approach of the programme engages with parents as experts on their own children; being those closest, most trusted and the first point of support for most young people. The partnership and goodwill of schools, colleges, youth organisations, local authority and NHS workforces has enabled the delivery of the Youth Connect 5 programme.

This evaluation report describes the Youth Connect 5 programme and its effectiveness. The report aims to determine if the Youth Connect 5 train the trainer programme has good outcomes for children, young people and their families and to explore whether the train the trainer model is an effective way of delivering Youth Connect 5.

I hope you find this report informative.



## **Dr Sandra Davies**

Director of Public Health,  
Liverpool City Council and  
Lead Director of Public Health  
in Cheshire & Merseyside for  
children and young people's  
mental health and wellbeing



# What is Youth Connect 5?

Youth Connect 5 (YC5) is a training programme that aims to improve children and young people’s resilience, emotional health and wellbeing, through providing families with the tools to build positive emotional health for their children.

Cheshire and Merseyside have piloted Youth Connect 5 (YC5) across nine local authorities, targeting parents and carers of those aged 8-18 years. YC5 employs a train the trainer model to work with parents to provide them with the knowledge and skills to support the wellbeing and resilience of their children.

The Public Health Institute (PHI) at Liverpool John Moores University (LJMU), have undertaken the evaluation of the YC5 Programme. The evaluation aims to determine if the YC5 train the trainer programme has good outcomes for children, young people and their families and to explore whether the train the trainer model is an effective way of delivering YC5.

## Youth Connect 5 aims to:

- Build upon parents’ and carers’ knowledge, empathy, skills and attributes to promote and strengthen children and young people’s resilience and emotional wellbeing
- Strengthen parents’ and carers’ own levels of resilience
- Increase parents’ and carers’ confidence and ability to explore different ways to support their children
- Improve and enhance relationships and communication between parents and their children
- Link families into information, advice and support services where needed

## Why?

- In Cheshire and Merseyside **497,467** children and young people will be **under the age of 18** years when an estimated **50% of mental health problems emerge**
- Children & Young People’s emotional wellbeing report (Merseyside 2016) revealed low levels of resilience and high levels of risk factors
- Parents and carers play a pivotal role in promoting the knowledge, skills and environment that can help children cope with adversity
- Supporting families has a dual role of strengthening parent’s and children’s resilience

# THE APPROACH

The approach of the Youth Connect 5 programme is informed by a bio-psychosocial model that empowers all of us to play our part in improving mental health and wellbeing. Using the metaphor of driving a car and going on a journey, the aim was to take complex ideas about mental health and adolescent development to make them meaningful and accessible to parents/ carers. The philosophy of the programme, as translated through the skills of the group trainer, is to facilitate the group to think through the issues and reach psychologically informed solutions that are in line with their own constructs, values and available resources.

## How?

Merseyside Youth Association (MYA) adapted, delivered and project managed the YC5 programme. A branding exercise was carried out to gain insight into the name and identity that has most resonance with the programme. The equity of the Connect 5 brand has been built on to encompass a child/young person approach - resulting in 'Youth Connect 5'. Support, guidance and marketing tools have been developed and provided to assist trainers in the marketing of the programme to parents and carers.

The YC5 course manual provides facilitators with a user-friendly guide on how to deliver the course, thus ensuring course fidelity. The YC5 website is for professionals and parents/carers. It offers a secure online booking facility for trainers and parents, a range of downloadable resources and external links to local/national organisations.

The 'Train the Trainer' programme was delivered to 249 frontline workers who were asked to deliver two five-part programmes to parents across the nine local authorities. Local authority public health leads and schools/children's services leads co-ordinated local trainers and the administration.

## Evaluation methods

A range of qualitative and quantitative methods were used in triangulation to explore the effectiveness, efficiency and impact of YC5. This included:

### Understanding programme reach, delivery and impact: analysis of secondary data

Merseyside Youth Association (MYA) provided PHI with all available programme data. This included numbers of programmes run, professionals trained and parents attending YC5, alongside tabulated survey data completed by trainers following their initial training, and pre and post assessments undertaken with parents to explore changes in wellbeing. MYA provided training to 249 trainers, who then provided training to 696 parents across 103 programmes around Cheshire and Merseyside during the pilot.

It should be noted that training was still ongoing at the time of analysis. Total numbers should also be interpreted with caution; a number of closed groups run by trainers (groups run by the organisation that the trainers were based at) were not entered onto the YC5 website. Although a data cleansing exercise was conducted by MYA, numbers of groups and parents accessing YC5 are likely to be higher than recorded on the YC5 system.



---

## Understanding programme implementation and delivery: steering group member perspectives

Two focus groups were held with ten members from the YC5 Steering Group, with further information provided by other members via email. The focus group explored views and experiences regarding the design and delivery of the project, perceived effectiveness of the model and impact of the programme. The steering group were also asked to complete further information around the differences in delivery in their local authority.

Members of the group were provided with key findings from the evaluation for comment and supported the development of the recommendations. A paired telephone interview was conducted with the professionals who developed the adult Connect 5 programme and developed the YC5 Programme for Cheshire and Merseyside to use with parents of young people.

---

## Understanding programme implementation and delivery: wider stakeholder perspectives

An online survey was conducted with 39 stakeholders involved with the development and delivery of YC5. The survey was circulated to all trainers, service managers and relevant commissioners to explore a range of programme

elements including experience of programme delivery, feasibility, resources, sustainability, and the impact of this on programme outcomes.

---

## Understanding impact and experiences: interviews with parents and carers accessing YC5

Telephone interviews were conducted with 20 parents and carers across the nine local authorities who accessed the YC5 Programme. Interviews explored their experiences of the programme and any impacts the programme has had on them, their children, their families and any wider outcomes experienced. Originally it was anticipated that up to four focus groups would be held with six

follow up interviews, however uptake was poor with parents preferring one-to-one discussions. The interview recruitment aimed to speak to parents at different stages of attending the programme. All 6 surveys, focus groups and interviews also explored barriers to delivery and asked for recommendations for improving the programme.



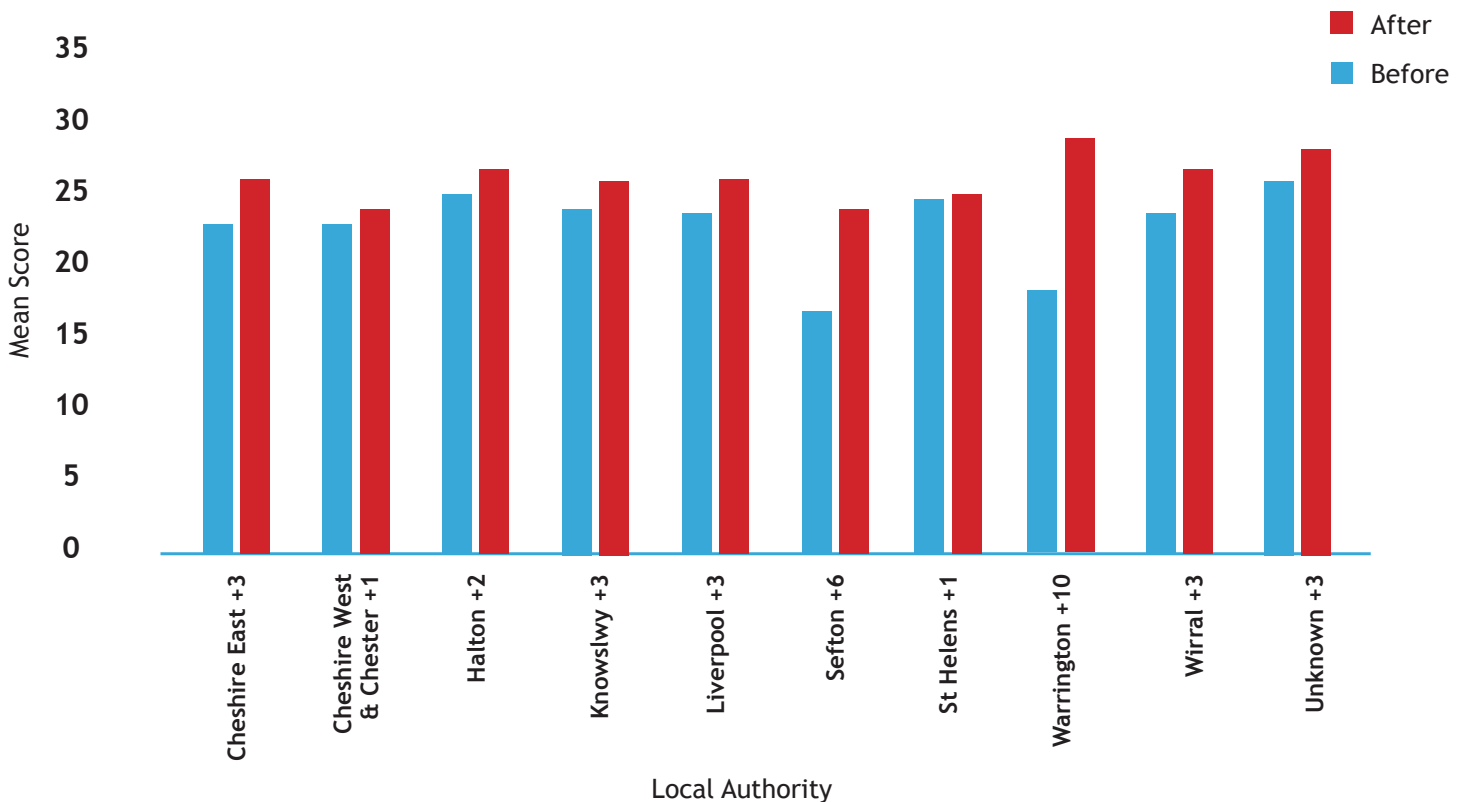
# Evaluation findings – Parents and carers

## Analysis of secondary data

Parents completed outcome measures before and after the programme (n=310 pre and n=201 post-test). Parents were asked to complete two assessments; a knowledge, confidence and resilience assessment and the Short Warwick-Edinburgh Mental-Wellbeing Scale. Improvements across the two measures indicate an improvement in knowledge, confidence, resilience and mental wellbeing for parents attending YC5.

The knowledge, confidence and resilience assessment asked parents to rate their understanding of mental health and wellbeing, how confident they were in supporting their child’s emotional wellbeing, to rate the resilience of their family, their confidence in applying positive strategies to help their child to understand themselves and how well they listen and talk to their child. Parents mean scores improved on all five measures relating to knowledge, confidence and resilience (the higher the score the more knowledgeable, confident and resilient) and the total mean score across the five measures improved from 32 to 40 (10 potential lowest score; 50 potential highest). All Local Authorities saw an increase in mean score of between 7 and 18, Warrington had the highest increase.

At pre and post-test, parent wellbeing outcomes were captured using the validated Short Warwick-Edinburgh Mental-Wellbeing Scale (SWEMWBS)<sup>1</sup>. This consists of seven questions about wellbeing. Parents rated how often they felt optimistic about the future, felt relaxed, dealt with problems well, thought clearly, felt close to other people and felt able to make their own mind up about things. Parents were asked to use the scale to rate how they felt over the last two weeks. Parents mean scores improved for five of the seven mental wellbeing (SWEMWBS) measures, and the total mean score across the seven measures improved (meaningful change) from 23 to 26 (7 potential lowest score; 35 potential highest). Overall total mean scores improved for all nine Local Authorities between 1 and 10 (a meaningful change for seven Local Authorities). Warrington had the highest improvement in scores.



**Figure 1.** SWEMWBS scores for parents before and after completing the YC5 Programme

<sup>1</sup> Available at <http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/>



# Engagement with parents, steering group members and trainers

## Positive benefits of peer support

Parents reported that they benefited greatly from sharing their experiences and learning from other parents in the group. Attending YC5 meant they did not feel alone and it improved their confidence in their parenting skills. A number of parents remained in touch following completion of the programme and continued to provide ongoing support for each other. Some parents were also keen to become trainers themselves to support other parents.

*They allowed us to be who we were as parents...we were very much a team of people together helping each other out. I think most of us cried throughout it...there was very much that element as a group, you looked forward to those two hours because it was in a comfortable environment. It didn't stop what was going on outside but when you walked out your shoulders would drop slightly and you felt a bit better."*  
(Parent)

*"There were some very helpful strategies picking the time and place to have a conversation, listening for cues, lots of hints and techniques for different ways to approach the communication."*  
(Parent)

## Changes in Knowledge, Techniques and Strategies

Parents reported learning new techniques and strategies from the programme and from other parents. Parents gave many examples of simple strategies and positive approaches that they had effectively tried. Some parents suggested that they had embedded the strategies into their parenting and predicted that the positive changes would last in the future.

## Parents and children's wellbeing

Parents had an increased awareness of their own mental health and the importance of looking after their mental wellbeing in order to support their children's wellbeing. Parents reported that improvements in their own and health and wellbeing including improvements in confidence, parenting and self-esteem, had resulted in systemic change in their children's health and wellbeing.

*"It's gone from everybody fighting to working as a family more because we've shared everything with them and used the techniques."* (Parent)

One parent, who had lost access to her children because of a family breakdown, went on to regain full access following attendance at YC5. Other improvements included wider relationships with the school and parents workplaces.

*"I don't feel a failure, I felt an awful parent before but I don't feel like that now."* (Parent)

*"The course has offered that breathing space to stop and think and take a step back."* (Parent)

*"I never considered that my wellbeing would have an impact on him until we attended there and a lot of the things we spoke about. Unless you feel good about yourself how can you project that and how can he feel good. That's exactly what it did."* (Parent)

# Evaluation findings – Professionals

## Development of the YC5 intervention

The YC5 programme was developed by the professionals who developed the adult Connect 5 Programme and then provided to MYA to deliver across Cheshire and Merseyside. Whilst MYA and Local Authority Public Health Leads tested and tailored the programme across Cheshire and Merseyside, the YC5 authors and YC5 deliverers (MYA) did not maintain communication following the initial training and handover of the programme. Whilst a number of process issues are discussed in the main body of the report (see section 3.2), along with challenges that were overcome during delivery of the programme, the outcomes experienced by the parents demonstrate that the YC5 delivery model is an effective way of delivering a parenting intervention.

*“I would not by choice write a training that I didn’t test out. It would have been lovely to have been able to test that out and see if it worked and refine it through experience.” (YC5 developer)*

*“The roll out of the YC5 course placed a significant and unanticipated amount of work on Public Health Teams. Explaining the course to potential trainers and recruiting them may not sound like it would take long, but it was very time consuming and involved a lot of checking things with people and chasing them up for information and confirmation”  
(Steering Group member)*

## The role of the trainers

Trainers were recruited differently in areas across Cheshire and Merseyside from health improvement teams, schools and parent partnership for families. Trainers volunteered time and commitment, with permission from Line Managers. The trainers were expected to recruit parents and to commit to delivering two programmes each with up to 10 parents and carers in each group. However, this was adapted in some areas as a number of trainers co-delivered sessions. Parents praised the importance of having specialist trainers delivering the programme. Findings from the wider stakeholder survey found that trainers described how the amount of course support varied by area; this included support and resources for trainers to advertise the course, and a heavy workload on top of their full time employment.

## Facilitators and barriers for parental engagement

Parents expressed different motivations to attend the course. Those who had children/young people without pre-existing issues wanted access to general information and learning about how to support and engage with teenage children. Others wanted to learn about techniques and strategies to help them improve their relationship with their children. Those with children who have complex issues saw the course as a valuable way to help improve their situation. Barriers to attending included stigma from other parents and attending sessions around employment. Some of the groups had low attendance, however smaller numbers appeared to work better for parents and created a good learning experience.

*“I was slightly worried before I went that I would feel a bit different to the other people on the course because it’s not designed for parents with children with any problems. The course is designed to help you prepare for it really. So I was reticent that I would feel everyone else is fine, I have these big problems. Some people are fine and some aren’t and everyone was completely understanding.” (Parent)*

*“At the time I felt like I wasn’t parenting properly. I felt like I was failing him, I didn’t really know what was happening.” (Parent)*



## Recruiting the parents

Steering group members discussed how they had originally planned to launch the programme and heavily advertise it, but realised they had the demand there in the services that trainers were currently working in. As a result, steering group members described different approaches to recruiting parents to YC5, depending on local resources, capacity and delivery. For some, this non-prescriptive approach had resulted in a lack of clarity regarding the target audience and focus for the intervention and steering group members described how the approach may have resulted in a lack of engagement from those most in need of the programme. Parents described how they were referred onto YC5 and generally did not have a clear understanding of the programme aims, some parents described how they were directly invited to the course via a targeted approach and believed this was to address child emotional/social issues or misbehaviour.

*“It wasn’t clear because at the beginning we were saying this is a universal programme but then some people have used it with targeting parents and families’ particular difficulties but it was a bit conflicted about was it enabling people to deal with family members mental health problems or was it just about general universal wellbeing, strengthening resilience and communication” (Steering Group member)*

*“To be totally honest I didn’t really understand it was to do with mental health and wellbeing. I wasn’t bothered what it was at that point I just felt I knew it was something that would help him and possibly me I guess, which it did in the end. [...] I was glad that I wasn’t totally sure exactly what it was. Especially with the stigma around mental health but what I found was great, it was focused on wellbeing, not just mental health.” (Parent)*

*“I felt like I didn’t receive enough training. I think that the training should have been delivered over a longer period of time as I did not have much prior knowledge of the topic of mental health. I felt that two days training was too rushed.” (Survey respondent)*

*“It’s good that you’re being talked to by people who’ve got experience either through the training or being with families with additional needs because it’s no good talking to people who have no idea what you’re going through.” (Parent)*

## Course content and training materials

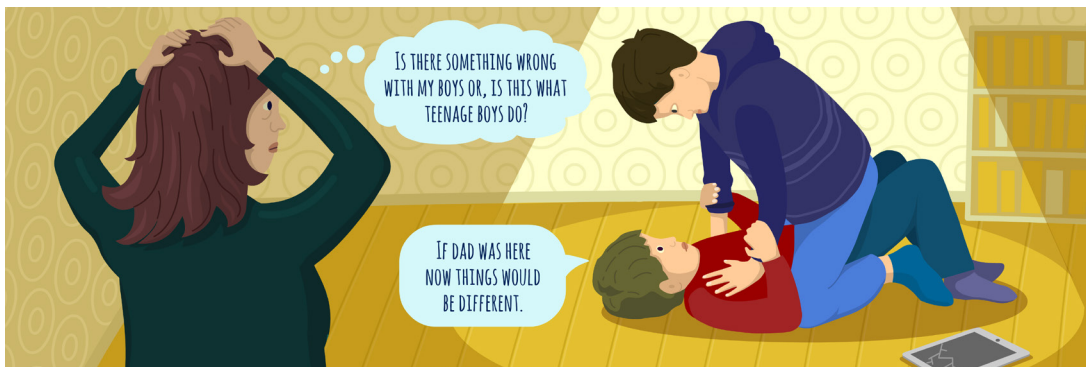
The steering group, parents and trainers were generally happy with the resources and praised that trainers could also use their own experiences to interact with parents. Evaluation participants recommended that some resources, specifically the advertisement posters could be more accessible with simplified language. A number of issues were also raised with using an online system to book courses which is not always accessible for all parents.

Most stakeholders described how they had adapted the course, especially those working with particular groups (for example foster parents and BME communities). Adaptions were also made for those working with primary aged children. MYA gathered feedback from trainers regarding their satisfaction with the training they had received, with all 192 respondents rating the programme excellent (n=130, 67.7%) or good (n=62, 32.3%). The survey respondents (including trainers) did however feel that training for trainers was too short and not in enough depth, especially for those without a grounding in mental health, or experience in delivering courses with parents (experience was however a criteria set out in the YC5 briefing document that was provided during the implementation of the programme).

# Collaborative working and monitoring the impact of YC5

YC5 demonstrates many examples of good working practice for the collaborative working between the YC5 team and each of the Local Authorities delivering the programme during the implementation and roll out across Cheshire and Merseyside. However, there were also communication difficulties because of the difference in approaches between areas and communication barriers and inconsistencies in certain areas, with some reporting good communication and others reporting limited communication between leads, trainers and the YC5 team. In some areas strategies to overcome communication barriers between Local Authorities and trainers were put in place, these included organising networking events to boost communication and engagement. A need for more regular, formal feedback was also identified; for trainers to provide details of their courses, so that PH Leads could monitor the number of courses being delivered and numbers trained and for trainers to receive parental feedback and hear success stories.

“The other thing we’ve tried to do is do an information and support event ....to see how each other is getting on, ask questions, build those partnerships and relationships and keep that network going. It’s easy as well once you’ve had that training to feel quite isolated and if you are a bit nervous and you’re not used to delivering courses or working with parents and things it’s easy to let the time roll by without delivering and then be too nervous to get started again. So that keeps that communication going”  
(Steering Group member)



# Learning from the YC5 Programme Pilot

Cheshire and Merseyside have demonstrated their commitment to supporting the emotional health and wellbeing of children and young people through the development and delivery of the Youth Connect 5 programme pilot. Investment in supporting parents to improve their parenting confidence and own wellbeing has shown to be an effective model in promoting resilience for the children and families. The ‘Train the Trainer’ model allows for a large number of professionals to receive training to deliver the programme and

YC5 uses a collaborative approach to bring parents together to support them to improve their own and their children’s wellbeing. Whilst a number of process issues and challenges were experienced, efforts were made to overcome these during the delivery of the programme; and the outcomes experienced by the parents and their families demonstrate that the YC5 delivery model is an effective way of delivering a parenting intervention. Six main recommendation action points have been developed in collaboration with the YC5 Steering Group:

## Recommended action points:

1. The multi-agency collaborative approach between Champs, Local Authorities and the provider organisation should be sustained to provide this coordinated sub-regional emotional wellbeing programme.
2. Refresher training and ongoing support for trainers and organisations are important to retain trainers, promote programme validity and to ensure a wider workforce continue to be trained utilising the train the trainer model.
3. Parental/carer engagement and peer support should continue to be integral to the further development of this programme.
4. Clear communications are required for parents and carers on the aims and content of the programme and for professionals on their role in the programme delivery.
5. The project management and administrative support required from Local Authorities needs to be recognised and accounted for in the further roll-out of YC5.
6. Ongoing monitoring and evaluation is required for evidencing the impact of the programme



# Acknowledgements

This evaluation report was commissioned by the Cheshire & Merseyside Directors of Public Health through the Cheshire and Merseyside Public Health Intelligence Network and Champs Public Health Collaborative. The Youth Connect 5 project was funded by Health Education England.

The authors would like to thank the following people for their assistance with and participation in this research:

Pat Nicholl and Cheryl Yeardsley from Champs Public Health Collaborative

The Cheshire and Merseyside Youth Connect 5 team; Damian Hart, Emily Jones, Tony Nieman and Sally Edgar at Merseyside Youth Association (MYA)

The Youth Connect 5 authors; Elysabeth Williams at Stockport Public Health and Dr Martin Powell at Stockport Metropolitan Borough Council

The Youth Connect 5 Steering group: Jill Cushing at Wirral Council; Pippa Tavriger at Liverpool City Council; Sheila Woolstencroft at Cheshire East Council; Katie Donnelly and Caroline Jenkins at Warrington Borough Council; Patrick Goodison and Richard Holford at Knowsley Council; Julia Rosser, Nyki Benson, Maria McNulty and Kate Bazley at Halton Council; Gillian Cowan at Cheshire West and Chester Council; Steve Gowland at Sefton Council; Julie Dunning at St Helens Council; Matthew Adam at West Cheshire CCG; Kevin Byrne at Healthy Futures Network; Anna Dollard and Louise Lord at Bebington High School; and Katherine Crompton, parent representative.

Cath Lewis, Christopher Leech & Laura Heeks from the Public Health Institute, Liverpool John Moores University

With a special thank you to the parents, carers and stakeholders who participated in the interviews and survey.

To view the full report please visit the reports section at:  
[www.ljmu.ac.uk/research/centres-and-institutes/public-health-institute](http://www.ljmu.ac.uk/research/centres-and-institutes/public-health-institute)