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Supporting Young People's Emotional Health and Well-being in Sefton: Interim Report

Public Health Institute

Executive Summary: Supporting Young People's Emotional Health and Well-Being in Sefton

The Public Health Institute (PHI) at Liverpool John Moores University (LJMU) was commissioned by Public Health, Sefton Council to undertake a study investigating the current programmes implemented throughout Sefton that are aimed at supporting young people's emotional health and well-being (EHWB). Supporting mental health in schools has recently been prioritised by the Department for Education. It has been recognised that supporting young people with their EHWB is important as poor mental resilience in childhood can lead to further problems throughout the life course. This study is composed of 2 stages, with Stage 1 being the focus of this report.

Stage 1 of the study aimed to do the following:

- 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 in Sefton.
- 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 in Sefton.





Extent of the Problem


- 11% of children aged 10-17 years in the UK experience low levels of well-being [1].
- Approximately 200,000 young people aged 10-17 are referred to specialist mental health services each year in England [2].
- Findings have shown that at age 14, almost 1 in 4 (24%) girls and 1 in 10 (9%) boys reported experiencing high levels of symptoms of depression [3].
- 9.4% (3,305) of young people in Sefton aged 5-16 had some form of mental health disorder [4].
- The rate of children and young people in Sefton admitted to hospital as a result of a mental health problem in 2014/15 was significantly higher than the national average [4].

Methods and Findings

Research methods included :

 Content analysis of school mission statements (n=99)

 Paper survey with school staff (n=9)

 Interviews with professionals who have implemented 4 specific programmes: Rainbow Leaders, Big Love Little Sista, Youth Connect 5 and Nurture and Thrive (n=7)

The survey found that staff considered the following as important considerations for young people's EHWB:

- ❖ Resilience
- ❖ Management of stress and anxiety
- ❖ Recognition of needs
- ❖ Building self-esteem

16% of schools referred to the role that families have in a child's education and development in their mission statements

The concept of a 'Whole school Approach' was a feature in 25% of mission statements

Schools indicated the use of referrals to external services such as CAMHS

Many of the schools considered themselves to have a key role in increasing their student's self-esteem and confidence.

Rainbow Leaders

- Rainbow leaders has been in place for the past 4 years in 1 school.
- Rainbow Leaders are students from year 6 who have been selected to lead a rainbow group consisting of 10 children of mixed ages (from reception through to year 6). They deliver a session to their group once a week.
- The programme encourages older students to take responsibility for being a role model for those younger than themselves and gives younger students someone to relate to and look up to.

Youth Connect 5

- Youth Connect 5 aims to improve children and young people's resilience and EHWB by providing families with the tools to help support children through resilience-building techniques.
- It has been piloted across 9 local authorities in the Cheshire & Merseyside areas, including Sefton, and is ran over a 5 week period with parents and carers of those aged 8-18 years.
- Parents reported that they learned new techniques and strategies to help them support their children in relation to their EHWB. Data also demonstrated improved parental EHWB.

Big Love Little Sista

- The programme was piloted in 2 schools in Sefton.
- 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.
- Parents reported that their children appeared to be more able to discuss emotions with them and noticed improved behaviour at home.

Nurture and Thrive

- Nurture and Thrive is the name given to a package of interventions and preventative services delivered in and by children's centres across Sefton.
- The programmes are designed to support parenting, adult and child mental health and emotional well-being. The programmes are currently ran in all 10 of Sefton's children's centres.
- Nurture and Thrive is a multi-faceted approach and has helped to improve relationships within families as well as young people's behaviour.

Concluding Comments

The results of Stage 1 have demonstrated the following:

- Whilst schools in Sefton are keen to implement a 'whole school approach' with regards to young people's EHWB, some require more support.
- EHWB is addressed in a number of ways across Sefton's schools through a range of formal and informal programmes. EHWB is often part of a wider school culture and ethos. This can take time and commitment to establish.
- There is a lack of formal evaluation of programmes that support young people's EHWB. This creates difficulties in providing measurable data to demonstrate their impact, which in turn can affect their sustainability as this is often a requirement for funding.

The findings presented in this interim report will be used to inform the second stage of this research which will include:

- A stakeholder event to discuss school priorities relating to EHWB.
- Continuation of Stage 1 school survey.
- Qualitative interviews with those who have implemented the Academic Resilience Approach, Emotional Literacy and Growth Mindsets.
- Survey with young people to measure their EHWB and mental resilience.

Findings from Stage 2 will be presented in the final report, which is due in March 2019.

References

- [1] L. Pople, G. Rees, G. Main and J. Bradshaw, "The Good Childhood Report 2018," The Children's Society, 2018.
- [2] Public Health England, "Children and Young People's Mental Health and Wellbeing," 2015.
- [3] Institute of Education, "Mental ill-health and wellbeing at age 14- Initial findings from the Millennium Cohort Study age 14 survey," Institute of Education, London, 2018.
- [4] Sefton Council, "Sefton's Children and Young People's Emotional Health and Wellbeing Strategy," Sefton Council, 2016.

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Foreword

Resilience is not something that people either have or do not - resilience is learnable and teachable, and as we learn we increase the range of options available to us when things get difficult.

We know that individual mental resilience reduces the potential impact of negative life events and mental health problems. Such events affect a significant number of children and young people, with the most recent data suggesting that one in ten has some form of clinically diagnosable mental health disorder. This level of prevalence equates to around 850,000 children and young people with a diagnosable mental health disorder in the UK today; according to Public Health England in an average class of 30 x 15-year-old pupils:

- 3 could have a mental disorder
- 10 are likely to have witnessed their parents separate
- 1 could have experienced the death of a parent
- 7 are likely to have been bullied
- 6 may be self-harming

The Department for Education (DfE) recognises that: *“in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy”*. There is good evidence to support this assertion and Ofsted has highlighted that children and young people themselves say that they want to learn more about how to keep themselves emotionally healthy.

The main question is how this can be achieved within Sefton at a time of greater demand on resources and increased attention within the public eye on the issue of mental health and wellbeing? Over the last 18 months Sefton has embarked on a partnership journey to help establish what activity could work best within the Borough. A dozen different approaches, as part of a Public Health funded pilot, were proposed and using a collaborative partnership decision making process seven were chosen for either further development or to be tested within Sefton.

This report presents the initial findings of four approaches namely; Rainbow Leaders, Big Love Little Sista, Youth Connect 5 and Nurture and Thrive; with a second evaluation report to follow in the spring of 2019 detailing other approaches. The findings of both reports will help to support and direct further activity within Sefton to improve, not only mental resilience, but also mental health and wellbeing in all children and young people.

Steve Gowland

Public Health, Sefton Council

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1 Introduction

This research considers the programmes that are available across schools in Sefton to support young people's emotional health and well-being (EHWB) and increase their mental resilience. Promoting and strengthening young people's resilience and ability to cope should have equal importance to delivering services that deal with problems once they have arisen [1]. 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, 3, 1] 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 [1]. The 'Sefton 0-19 Service Review' [4] identified that 'good mental health' was as 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. This report presents the findings from the first stage of an evaluation to consider the short and medium term impact of this programme of early support in Sefton schools.

1.1 The Sefton Context

In 2014, Sefton published its first health and well-being 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 well-being 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", with key related objectives being to:

- Promote good mental health and emotional well-being 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 of the plan include 'Promotion of positive well-being', 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 Well-being 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% (1188) reported an emotional disorder (anxiety disorders and depression); 5.7% (1831) a conduct disorder and 1.5% (482) a hyperkinetic disorder [5]

Further to this, key findings from 'Child and Maternal Health Observatory' [1] and the 'Sefton Strategic Needs Assessment' [6] reported that:

- The health and well-being 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 as a result 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

The first stage of this evaluation has focused on providing a background to, and an overview of, the current approaches implemented in Sefton schools that aim to support young people's EHWB. Furthermore, this report will also provide an overview of four specific programmes implemented in schools and children's centres in Sefton. The overall aims of the first stage of this evaluation are:

- 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.
- To understand the approaches taken by schools in Sefton with regards to improving and supporting young people's EHWB as well as any barriers faced.
- To highlight school priorities relating to young people's EHWB.
- To understand how specific programmes relating to young people's EHWB have been implemented across Sefton.

2 Literature Review

2.1 The Extent of the Problem

The importance of young people's well-being is increasingly becoming recognised on the global and national stage. However, a 2007 UNICEF report on children's overall well-being demonstrated how from a list of 21 developed countries, the UK ranked bottom [7]. 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) [5] showed that in an average class of 30 15-year-old pupils:

- 3 could have a mental disorder [9]
- 10 are likely to have witnessed their parents separate [10]
- 1 could have experienced the death of a parent [11]
- 7 are likely to have been bullied [11]
- 6 may be self-harming [12]

Further to this, Faulkner goes on to demonstrate that by the time a group of 30 young people reach their 16th birthday, 8 will have experienced severe physical violence, sexual abuse or neglect; and 3 will be living in a step-family [10, 13, 14].

A recent study by Pitchforth et al. has demonstrated the growing concern over young people's mental health [16]. Data was collected from 36 national surveys with a total of 140,830 participants from 1995-2014. The number of participants reporting a long-standing mental health condition increased significantly across the whole of the UK. 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 have also shown that at age 14 years, almost 1 in 4 (24%) girls and 1 in 10 (9%) boys reported experiencing high levels of depressive symptoms [15]. Recent studies show that 11% of children aged 10-17 years in the UK experience low levels of well-being [8]. Approximately 200,000 young people aged 10-17 are referred to specialist mental health services each year in England, suggesting a high-level of need [17].

2.2 Risk Factors Associated with Poor Emotional Health and Well-being

The Centre for Longitudinal Studies has analysed data from more than 12,000 children participating in the Millennium Cohort Study to identify the range of factors that have a statistically significant influence on mental illness and well-being among children and young people at age 11, tracked through to age 16 [18]. The infographic below¹ shows the size of the association between each factor and mental health and/or well-being. The researchers found that parents reported arguments with the child and problems with peers had the largest influence on mental health, followed by chronic illness and communication difficulties.

¹ Available online from:

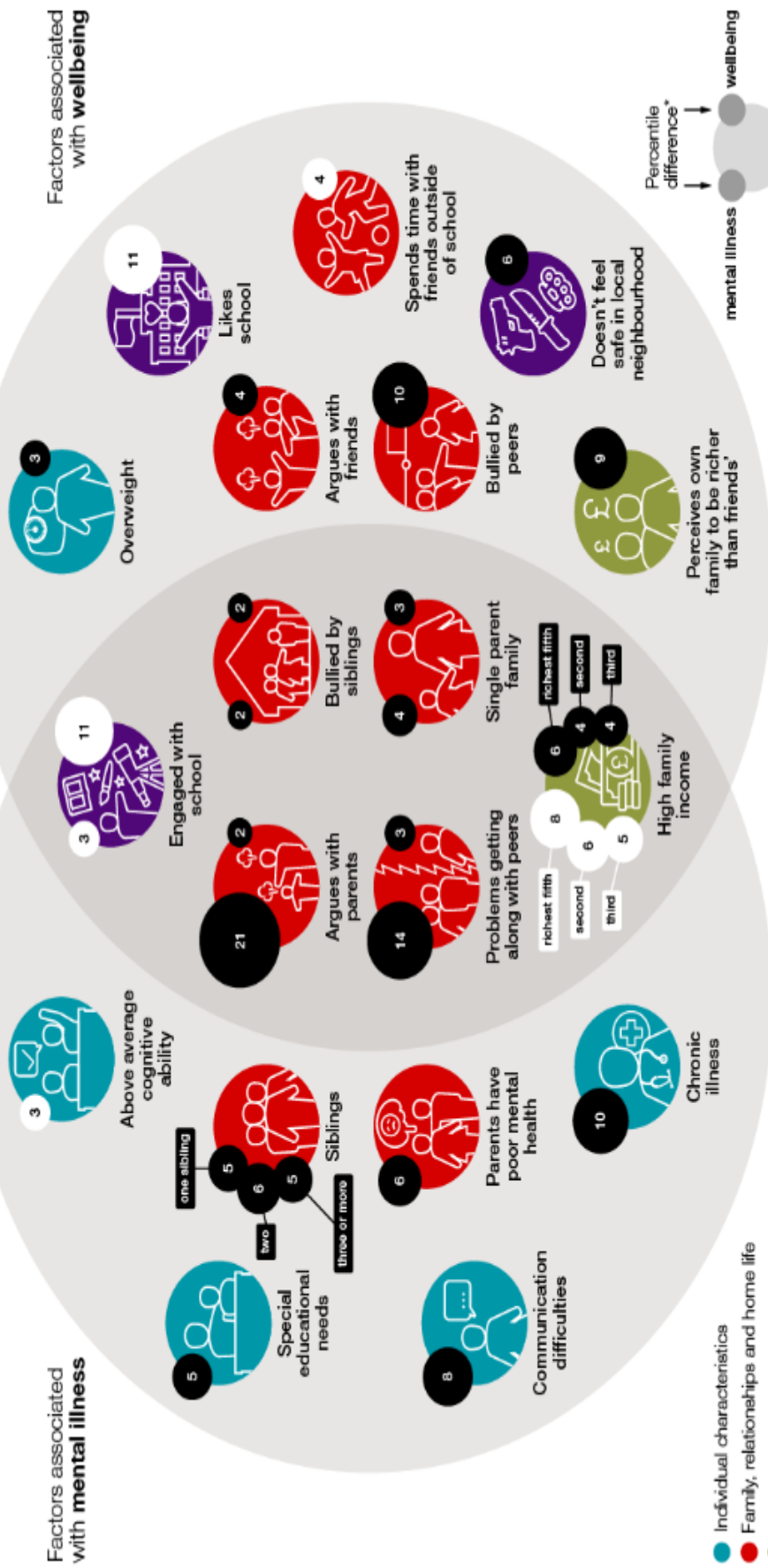
<http://www.cls.ioe.ac.uk/news.aspx?itemid=4510&itemTitle=Children%E2%80%99s+mental+wellbeing+and+ill-health%3A+not+two+sides+of+the+same+coin&sitesectionid=27&sitesectiontitle=News>

Children's mental illness and wellbeing at age 11

Findings from the Millennium Cohort Study

Factors associated with **mental illness**

Factors associated with **wellbeing**



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All factors included in the infographic are statistically significant at (at least) the 5% level. • Findings from Patalay, R. and Fitzsimons, E. (2016) Correlates of mental illness and wellbeing in children: are they the same? *Journal of the American Academy of Child and Adolescent Psychiatry* 55(8), pp. 771-783.

*'Percentile difference' is the change in rank position between 1 and 100 away from the median or reference category.

As children move into adolescence, the proportion of girls suffering from poor mental health increases significantly. Common factors associated with poor mental health included being overweight, not getting along with peers and having been bullied by peers. Specific risk factors for girls included a low family income, higher childhood cognitive scores and greater parent mental health difficulties. Stark differences in well-being by sex were identified, with girls significantly more likely to report lower well-being.

2.3 Adverse Childhood Experiences

A growing body of research over the past two decades has established the link between adversity in childhood and poor physical and mental health outcomes across the life course [19, 20, 21]. 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 experiences at least one ACE, with 9% having experienced 4 or more (Bellis et al., 2014) [22]

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 [22, 24, 25], with mental health outcomes amongst the most strongly associated with having experienced multiple ACEs [26, 27, 28]. 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 well-being and life satisfaction as an adult [27], over nine times more likely to have ever felt suicidal or self-harmed [29], and six times more likely to have been absent from school [30].

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 [29]. Resilience reflects an individual's ability to cope, adapt positively to and recover from adversity [31]. Whilst, studies have identified a strong, graded relationship between ACEs and low mental well-being 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 [28, 29, 30]. 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 [29]. This indicates that substantial gains could be made in mental well-being through universal approaches that support children's access to resilience building assets, such as school-based social and emotional developmental curriculum [29, 30].

2.4 National Approaches to Young People's Emotional Health and Well-being

The EHWP of young people is becoming increasingly prominent in national legislation. The life course framework specified in the Marmot report aims to build the resilience and well-being of children and young people across the social gradient [18]. Factors that influence young people's

mental health and mental well-being need to be addressed before birth and continued throughout the life of the child [32].

The 'Future in Mind' document produced by the Department of Health and NHS England taskforce identified the core principles and requirements necessary to support the emotional well-being and mental health of young people [33]. It reinforced the need to build resilience, promote good mental health, advocate prevention, early identification and co-ordinated support. The five key themes included: promoting resilience, prevention and early intervention; improving access to effective support – a system without tiers; care for the most vulnerable; accountability and transparency; and developing the workforce. The task force 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.

In 2011, the government strategy 'No Health without Mental Health' outlined an ambition to further incorporate mental health into mainstream services in England [34]. This includes an emphasis on early intervention to stop serious mental health issues developing, particularly amongst children. Building on this, a government document was produced that outlines the contribution that the health visiting and school nursing services can make to improving EHWP outcomes for children, young people and their families [32]. This was designed using the resources from the Healthy Child Programme, which was developed in 2009, with updated guidance issued in 2016 [35]. In February 2016, NHS England published the 'Five Year Forward View for Mental Health' [36]. This report from the independent Mental Health Taskforce to the NHS found half of all mental health problems have been established by the age of 14, rising to 75 per cent by age 24, however most children and young people get no support. Even for those that do, the national average wait for routine appointments for psychological therapy was 32 weeks in 2015/16. The report went on to detail that children and young people are a priority group for mental health promotion and prevention, and called for the Future in Mind recommendations 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 continues to work with partners to fund and implement the whole system approach described in Future in Mind, building capacity and capability across the system.

A series of early years high impact area documents were developed by Public Health England in 2014 and updated in 2016 [37]. 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 [38]. The first of the six school aged years high impact areas was 'resilience and emotional well-being'. Guidance has also been issued to Clinical Commissioning Groups (CCG's) to help them develop 'Local Transformation Plans' for children and young people's mental health and well-being. According to PHE, the ability to access funding through CCG's will be dependent on a clear demonstration of 'strong local leadership and ownership at a local level through robust action planning and the development of publically available 'Local Transformation Plans for Children and Young People's Mental Health and Well-being'. These plans will be based on the 'Future in Mind' report. PHE state that what will be included should be decided at a local level in collaboration with children, young people and their families as well as commissioning partners and providers. Some of the key objectives of the investment are to: build capacity and capability across the system; rollout the 'Children and Young People's Improving Access to Psychological Therapies' programme; develop evidence based community eating disorder services for children and young people; and improve perinatal care.

Schools and colleges are recognised as a vital part of a wider systems approach to promoting positive mental well-being and preventing mental illness in children and young people. In 2016, 'Counselling in Schools – A Blueprint for the Future' was published by the Department of Education [39]. This advice is non-statutory, and produced to help school leaders set up and improve counselling services in primary and secondary schools. It is 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 well-being. In March 2016, the Department of Education published an updated 'Mental health and behaviour in schools' report, featuring advice for school staff [40]. This non-statutory advice clarifies the responsibility of the school, outlines what they can do and how to support a child or young person whose behaviour - whether it is disruptive, withdrawn, anxious, depressed or otherwise - may be related to an unmet mental health need. A research project 'Supporting Mental Health in Schools and Colleges' was recently commissioned by the Department for Education in order to understand what schools, colleges and other educational institutions in England currently do to promote positive mental health and well-being among all of their pupils, which will provide a basis for future policy and research [41].

The national Healthy Child Programme 'Best Start in Life and Beyond', updated in 2018, brings together the evidence for achieving good health, well-being and resilience for children [42]. The 5-19 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 well-being was noted, including building on the Department for Education's current work on character and resilience, Personal Social and Health Education (PSHE) and counselling services in schools [33, 2, 3].

The Care Quality Commission (CQC) recently carried out a review of children and young people's mental health services [43]. They 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 [44].

The recent government Green Paper 'Transforming children and young people's mental health provision' [45] sets out the ambition that children and young people who need help for their mental health are supported. Unlike the previous, wide-ranging 'Future in Mind' strategy of 2015, the current Green Paper focuses 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 [46]. 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 well-being.
- 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.
- Piloting reduced waiting times for NHS services for those children and young people who need specialist help.

The consultation focuses on whether the balance between schools, colleges and secondary mental health services is right and seeks views on the approaches required.

However, it is not clear whether the necessary workforce currently exists to carry out these proposals relating to young people’s mental health service provision [46]. There are workforce pressures, and currently mental health services are able to provide support for only 25% of children and young people who need it [46]. Plans laid out in the ‘Five Year Forward View for Mental Health’ seek to expand that provision, but only to 33% by 2020/21. According to the King’s Fund, the proposals do not address wider factors adequately – factors such as ACEs and household adversity. In addition to support for the child, the families and communities, which are the source of ACEs, need support. Yet many of these services are insufficiently resourced, or have faced cuts to funding. There are also questions about the wider availability of support once mental health support teams have identified a need [46].

2.5 The Role of Schools in Emotional Health and Well-being

The onus of 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 as ten times more likely to access a school-based mental health service than a non-school based one [47]. The academic impact of poor mental resilience has been noted in the literature with some suggestion 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 [48].

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 (House of Commons, 2017) [17]

If schools are to be considered a suitable place for the early intervention regarding mental resilience, the ability and readiness for staff needs to be considered. A number of studies [49, 50, 51, 52] indicate that teachers feel burdened by students’ mental health needs; lack confidence in managing mental health-related problems in the classroom; often 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 [49].

Kideger et al. also reported the results from a qualitative study that examined the EHWB activities of 14 school staff at eight secondary schools in England [49]. 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. While 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 part and parcel of a teacher’s job but, rather, were reluctant to take an interest in the emotional health of their pupils. 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 [49].

2.6 Universal School-based Interventions

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 well-being of children and young people [2, 3]. Positive effects of universal, whole school approaches have been found for some interventions based on the World Health Organization’s Health Promoting Schools framework [53] but not others. The evidence base is less certain in relation to the promotion of mental well-being. For example, a systematic review on the effectiveness of the health-promoting schools approach to building resilience identified that a limited number of studies have been undertaken [54]. Through the literature review, we have identified several interventions targeting young people’s EHWP that have relevance to this evaluation.

2.6.1 HeadStart

‘HeadStart’ is a major five-year programme set up and funded by the Big Lottery Fund, which aims to explore and test ways to improve the mental health and well-being of 10 to 16-year-olds. The intervention aims to improve emotional well-being; improve engagement in school and academic attainment; reduce the onset of diagnosable mental health disorders; and reduce engagement in ‘risky’ behaviour. There are currently ‘HeadStart’ partnerships in Blackpool, Cornwall, Hull, Kent, Newham and Wolverhampton, all of which are piloting different approaches to build young people’s emotional resilience [55]. A core aspect of the programme is an annual school-based survey that asks children and young people in specific year groups, in participating schools, to complete the online Well-being Measurement Framework. The framework asks young people questions that give indications of their mental health and well-being. In 2017, 30,843 children and young people in Years 7 (age 11–12) and 9 (age 13–14) completed the Well-being Measurement Framework across 114 participating ‘HeadStart’ schools. The results of the survey provided some key insights into young people’s emotional well-being, with 18.4% indicating they were experiencing emotional problems, with this being more common for girls (24.9%) than boys (10.9%) [45]. Following on from this Deighton et al., go on to show that 18.8% indicated they were exhibiting behavioural problems, with this being more common for boys (23.1%) than girls (15.1%). The breakdown of risk factors for experiencing mental health problems (either emotional or behavioural) showed that the odds were significantly and consistently increased for children who were eligible for free school meals, had special educational needs (SEN), or were categorised as a ‘child in need’ [55]. However, an evaluation of the programme has demonstrated how, in times with frequent cuts to services, it is important that this programme does not over rely on services which may not be available in the future [56].

2.6.2 The Gatehouse Project

‘The Gatehouse Project’ (first run in Melbourne, Australia), provides an interesting insight into the impact a multilevel school intervention has on emotional well-being and health risk behaviours. ‘The Gatehouse Project’ was a school-based programme targeted at 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, going on to build on whole school change programmes. The programme is integrated into regular English, health, or personal development classes (but could be implemented in an after-school setting), with no project workbooks, but using programme curriculum material.

The major aims of the project were to increase levels of emotional well-being and reduce rates of substance use, thought to be related to emotional well-being. 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. 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) [57]. 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% to 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 [57][46].

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. (Bond et al, 2004) [57]

2.6.3 The Beyondblue Schools Research Initiative

The 'Beyondblue School Research Initiative' investigated whether there were any long term benefits from a multicomponent, school-based approach to the prevention of depression among adolescents in Australian schools [47]. The intervention included four components: (i) a curriculum Intervention that aimed to improve problem solving and social skills, resilient thinking style, and coping strategies, (ii) improvement in the quality of social interactions among all members of the school community, in both formal and informal settings, (iii) enhanced partnerships between families, school staff, education support/welfare personnel, and community-based health professionals, and (iv) 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 longer term follow-up of the programme found little evidence that the intervention had reduced levels of depression among participating students. Sawyer et al. 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. (Sawyer et al. 2010) [58].

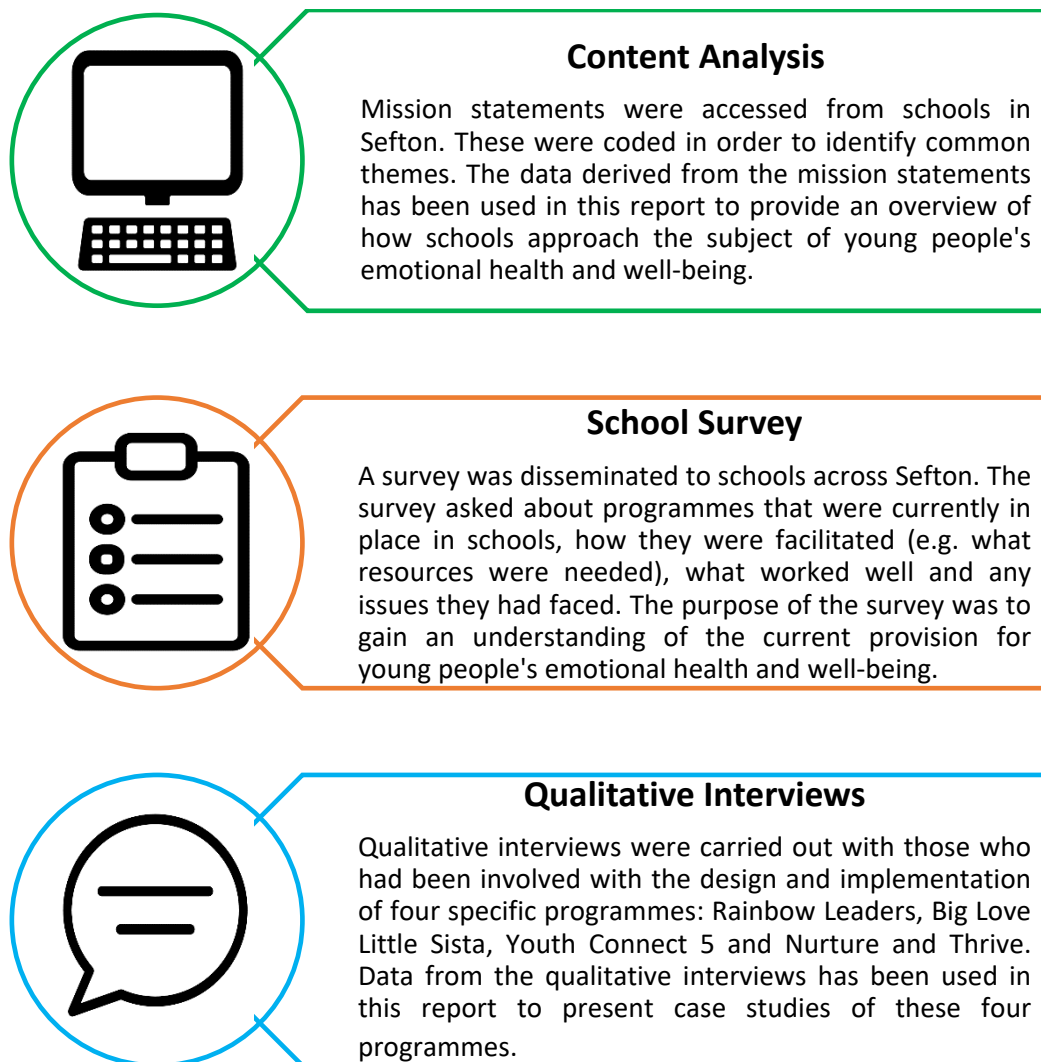
Literature Review Summary

- Poor mental health is becoming an increasing issue for young people. Research has demonstrated how approximately 200,000 young people are referred to specialist mental health services each year in England and this is putting increasing pressures on these services. [17].
- Research suggests that substantial gains could be made in mental well-being through the delivery of universal approaches for building resilience. 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.
- Schools have an important role to play in identifying and meeting the mental health and emotional needs of their students, but school staff may not be able or ready to deliver such support.
- Schools also have a key role in referring young people to specialist mental health services, however these services are currently underfunded and may not always be able to meet demand.
- National approaches to improving young people's EHWB are becoming increasingly more common. There have been a number of government strategies focused on introducing preventative measures as well as increased provision for those that have already developed EHWB issues.
- Whole school approaches should not be viewed as short term, quick fix solutions; intervention impacts on school climate may take years to realise. Success therefore requires long-term commitment by funders, government departments, communities, and schools.

3 Methods

The first stage of this evaluation incorporated a range of qualitative research methods outlined in Figure 1. For a full overview and justification of the research methods please refer to Appendix 1.

Figure 1: Outline of study methods



4 Findings

4.1 An overview of approaches to supporting young people's emotional health and well-being in Sefton schools

The mission statements of each of the schools provided a valuable insight into their overall approach in delivering a supportive and inclusive learning environment. Whilst EHWB and mental resilience were not always referred to specifically, the majority of the schools discussed how the ethos of their school aimed to support young people in relation to these issues. Almost half (4 out of 9) of the schools who completed surveys had specific written policies relating to EHWB. However, the majority did have some policies in which the safety and general well-being of students was incorporated, for example, child protection policies, and behaviour and conduct policies.

4.1.1 Main factors relating to young people's emotional health and well-being

The survey asked schools to highlight what they felt were the main factors that need to be considered in regards to young people's EHWB. School wide factors included; resilience, management of stress and anxiety, recognition of needs and incorporating health and well-being 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.

"We believe that the individual matters" (Mission statement, school 9 – Primary)

For children with SENs, 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 (for example, Case Study 2).

4.1.2 Current programmes and services that support young people's emotional health and well-being in Sefton

A number of specific programmes that aim to support young people's EHWB were cited on the surveys. These included; the 'Academic Resilience Approach', 'Relax Kids', yoga, 'Anti-bullying Ambassadors', 'Fillies', 'Tackling the Blues', 'Think Yourself Great' and 'Heartmath'. Programmes such as 'Tackling the Blues' and 'Fillies' have a sports based approach. Fillies, for example, is a football focused intervention for girls. The program aims to improve girl's body confidence and openness. Other programmes such as 'Think Yourself Great' concentrate more on helping students manage their anger and anxiety. There were also programmes that focused on art-based therapy, such as 'Big Love, Little Sista' (see Case Study B) and 'Achieve 360 Art Therapy' (see Case Study 4).

PSHE was also highlighted in the surveys as one of the ways that schools support the EHWB of their students. PSHE covers a wide range of topics including relationships, managing stress and promoting general health and well-being. 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 Children and Adolescent Mental Health Services (CAMHS). Almost all of the completed surveys listed at least one external service, which they use to refer families to in order to get support that is more specific to their needs. One of these referral programmes is 'Nurture and Thrive', which is currently implemented across all children's centres in Sefton (see Case Study D).

4.1.3 The role of 'community' in supporting young people's emotional health and well-being

The concept of 'community' was highlighted in over half (63%, n=62) of the mission statements. Many of the statements implied that the sense of community created within their school played an important part 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 well-being.

"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)

A further 15 schools (16%) went on to refer specifically to the role that families had in children's education and development. Often families were described as being a key partner. This has also been reflected in the examples of programmes that support young people's EHWP that are included in this report (refer to Case Studies C and D).

"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 EHWP 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 of the schools were either Catholic or Church of England schools and (n=46) 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)

Case Study B is an example of how the wider community in Sefton has been included in an approach, ‘Big Love, Little Sista’, which aims to support the EHWB of young girls. This case study highlights how young people can benefit from engagement with the wider community, for example through engaging with role models and developing new skills.

4.1.4 Young people’s role in their own emotional health and well-being

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 (for example, Case Study 1). Methods that facilitated this included pupil surveys, circle times and student voice. Case Study A is an example of how students can be encouraged to have an important role in developing their own, as well as other student’s, EHWB.

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 their student’s self-esteem and confidence.

“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 felt they were using a ‘whole school approach’. However, there were a number who stated they were either working towards this, or would like 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)

4.1.5 The role of staff in addressing young people’s emotional health and well-being

An important element of addressing EHWB, is the availability of training for staff who are in roles relating to young people. 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 training, quite often the special educational needs co-ordinator (SENCO) or school nurse. A small number however, did demonstrate a higher level of training amongst staff, with one school having a dedicated mental health and well-being nurse, as well as staff having 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 have found it difficult to implement more formalised intervention packages” (Survey data, school 43 – Primary)

Schools were asked to provide information on the surveys about the types of pastoral care offered to support the EHWB of students, parents/guardians and staff. Whilst all schools were able to indicate some resources they implement, the range of support given to students varied 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, Relaxed 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 available to its parents/guardians and staff, such as; parent-teacher meetings, referral services (see Case Study D), attendance and welfare managers, ‘Parenting 2000’, ‘Sefton Women’s and Children’s Aid’ (SWACA), 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 lifelong learning.

4.2 School case studies

In total, n=9 schools returned a completed survey. The following have been selected as case studies 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 well-being
- 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 MHWB 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 Well-being 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*

“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)

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

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

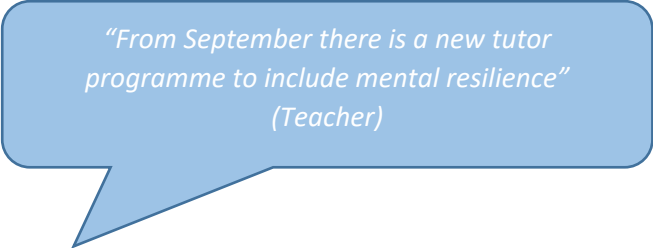
School Case Study 3 (School 91)

- 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 well-being committee next year.
- As part of their commitment to EHWB, the school has been involved in the CAPITA mental health and well-being 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

4.3 Programme case studies

The data collected from the programme specific case studies demonstrates how a number of programmes are aimed at addressing the risk factors associated with poor EHWP that are highlighted in section 2.2. Some programmes, such as ‘Rainbow Leaders’ (see Case Study A) encouraged children to engage more with school, as well as peers. Other programmes, such as ‘Big Love, Little Sista’, ‘Youth Connect 5’ and ‘Nurture and Thrive’ aimed to overcome communication difficulties, which in turn helped the participants to have more positive communications with parents and peers.

Case Study A – 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:



Over the past year, the programme has also piloted a series of badges that children in years 4-6 can work towards: serviceable-self, aspiration, confidence and resilience. Children have to complete and evidence a series of tasks. Children are encouraged to work independently; however, the pilot has demonstrated how some children, such as those with SENs, have needed more structured support in completing tasks. Obtaining a badge is 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 and Barriers

Teaching staff who had recognised the issues relating to students EHWB were the main facilitators behind the project. Further, the whole 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 also helped to further facilitate the programme. Funding from a mental health charity 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 in the implementation. They did discuss how there had been potential barriers relating to SEN students engaging with the programme but they made adaptations to try and ensure the programme was as inclusive as possible, for example 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 well-being) so a good attendance record was seen as key for an application. The programme encourages older students to take responsibility for being a role model for those younger than they are and gives younger students someone to relate to and look up to. Rainbow Leaders has successfully included students that have SENs, thus increasing their confidence.

*“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 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 is envisaged that this aspect of the programme will continue and that future costs will be absorbed by the school. Thus, this intervention is sustainable in the long term if the school can continue to dedicate the 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 needed to make the programme a success.

Case Study B – Big Love Little Sista

Overview

This programme was piloted in two schools in Sefton having been successfully implemented in another borough. The schools selected included one all girls secondary school, which had high levels of self-harm, 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 that had problems with anxiety. Students were identified by schools 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 EHWP. 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)

"So the women and the teachers, leaders and girls all produced a self-portrait which says something about who they are, what they love and what scares them" (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 into compared to the special educational needs 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 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 Big Love Big Sista 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 programme could be flexible to fit around other school commitments, this was 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.

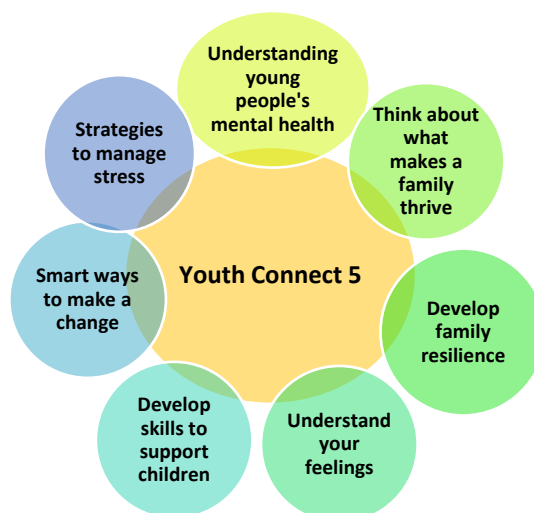
"We would benefit if they ran it again because the girls got a lot out of it but I'm not sure if it is sustainable...You need someone to deliver it, someone with an interest in arts and training in mental health" (Teacher)

Case Study C – Youth Connect 5

Overview

Youth Connect 5 was designed by Merseyside Youth Association (MYA), in response to the need to improve children and young people’s resilience and EHWB. Funding for the programme has been provided by Cheshire and Merseyside Partnerships (CHAMPS). It provides families with the tools to help support children through resilience-building techniques. The programme relies on the Train the Trainer model and trained approximately 249 trainers who were chosen due to their roles within relevant organisations. The programme has been piloted across nine local authorities in the Cheshire and Merseyside areas including Sefton. It has been primarily targeted at parents and carers of those aged 8-18 years.

The programme was free for parents and carers living the Cheshire and Merseyside. Parents and carers wishing to take part in the programme can book online for their relevant area. At the time of this evaluation, within Sefton approximately 29 frontline workers had received the training, in excess of 103 courses had been delivered to over 696 parents or carers. Youth Connect 5 is a 5 week course, covering the following topics:



Youth Connect 5 is made up of five two hour sessions. Sessions are delivered in a variety of community based settings, such as community centres and schools. The training utilises a comprehensive workbook and worksheets, with additional online resources available. The Youth Connect 5 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 Youth Connect 5 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 of Youth Connect 5 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.

“It [Youth Connect 5] 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 well-being...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, which enabled the programme to be free for parents and carers.

The trainer described a number of barriers that they encountered when delivering the programme. Firstly, they reported that some trainers did not have the capacity to meet the demand for training. Furthermore, some people who were trained to deliver the Youth Connect 5 programme were made redundant which also had an impact on provision. The trainer also discussed how some parents would drop out partway through the programme, which affected the completion rate.

Impact

A recent evaluation of the overall programme² found that over the course of the intervention there was a marked improvement in knowledge, confidence, resilience and mental well-being for the parents who attended Youth Connect 5. The validated Short Warwick-Edinburgh Mental-Wellbeing Scale was used to measure parent well-being outcomes. Parents were asked to use the scale to rate how they had felt over the previous two weeks and data was collected in pre and post training. The data for Sefton showed an improved mean score for parents in Sefton.

The trainer based in Sefton discussed how parents’ reported that they learned new techniques and strategies to help them manage their children, and their own mental health. Parents’ also reported the benefit of peer support, which came about as a result of the group trainings. It gave them the opportunity to share experiences and reduce the feeling of isolation parents felt. The trainer felt that the evaluation forms needed to be re-designed in order to focus more on how the programme could be improved.

Resources

The main resource required to implement the programme was time and dedication from the trainers. As the training is not independently funded trainers must implement it alongside the commitments of their main job. A training booklet is also required, which is printed for participants.

² <https://phi.ljmu.ac.uk/wp-content/uploads/2018/08/Champs-Youth-Connect-Report-executive-summary.pdf>

“The main problem we have had is trainers’ capacity. The demand for the training is there but we can’t meet it because of time constraints” (Trainer)

In order for this intervention to be sustainable and implemented across additional schools in Sefton, more trainers will be required. However, further funding would be essential for this.

Case Study D – Nurture and Thrive

Overview

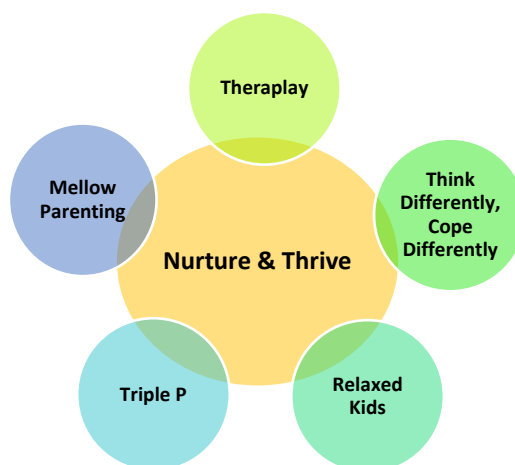
Nurture and Thrive is the name given to a package of intervention and preventative services delivered in and by children’s centres across Sefton. Nurture and Thrive was designed as a means of trying to reduce the number of referrals to CAMHS. The programmes support parenting, adult and child mental health and emotional well-being. The programme was funded by Public Health, Sefton Council.

“It 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 well-being 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 and venues for each participant are decided by the Nurture and Thrive panel. Currently, the programme is ran across all 10 of Sefton’s children’s centres. The courses include in the programme are:



The training begins before children reach school age, and can be utilised throughout childhood.

“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)

Each of the courses aims to tackle a different issue that may contribute to the poor mental resilience and well-being of families as a whole. Nurture and Thrive aims to address issues at both child and parental levels.

Facilitators and Barriers

The manager of one of the children’s centres developed the bid for funding which was successful and enabled the programme to be delivered across all of the centres in Sefton. The funding 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 relationship between stakeholders has also been a facilitator for the programme.

“The close relationship between the health workers and use, 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 centre managers. One centre manager discussed how issues with staffing have meant that their centre has affected provision of the programme. Another centre manager 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 centre managers, the impact of Nurture and Thrive can be seen at both an individual level, and as a family. The multi-faceted approach has helped to improve family relationships and bonding, as well as the behaviour of the child. In the long-term, parents have 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." (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. The staff running the programme are already costed in, so additional staff costs were minimal, however some courses do come with additional costs e.g. Mellow Parenting.

"..some of the programmes will stop. Some of it can continue with very little money but the particularly expensive bit is the Mellow programme because it's a 14 week programme" (Centre Manager)

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.

Findings Summary

- 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. 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. This was further highlighted within the case studies, for example, Rainbow Leaders, which adapted its programme to ensure that students with additional learning needs could be included.
- 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. However, referrals were also made to specialist programmes, such as Nurture and Thrive. Programmes such as Nurture and Thrive and Youth Connect 5 also aimed to reduce the number of referrals to specialist services.

5 Summary

The EHWB of young people is gaining increasing prevalence on the national agenda. 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 childhood as well as later in life. National guidance states that there should be provision to recognise young people who have poor EHWB, as well as services that can offer appropriate support. In addition to this, national guidance also highlights the importance of all young people having access to 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 whole families, to ensure that parents and carers also develop necessary skills to help improve their child's EHWB. This first stage of our evaluation has demonstrated that schools in Sefton are aware of the need to support young people's EHWB and that they are actively trying to address issues from an early age.

5.1 Key Messages

Addressing EHWB with a focus on multiple aspects of well-being through a range of 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. Many were designed to give students skills to build mental resilience and other aspects related to well-being. 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. It was also evident however, that provision was not consistent across schools, with some having more established provision in place, whilst others were in the early stages of establishing programmes. The case studies of the programmes that are currently in place demonstrated how staff time was often the key resource needed to establish programmes, and that this was sometimes difficult to maintain.

The approaches implemented varied both in ethos and in terms of what the expected impacts were. For example, the teacher that designed and implemented Rainbow Leaders discussed how one of the key outcomes in relation to this programme was improved attendance.

The importance of a family approach in improving young people's EHWB was evidenced throughout these initial stages of data collection. Many of the mission statements for schools emphasised the importance in schools and parents/carers maintaining a good relationship. Furthermore, both 'Youth Connect 5' and 'Nurture and Thrive' were based on supporting parents to help their child with issues relating to EHWB, as well as offering support to parents/carers. Programmes appear to be well received by schools, children and their parents based on feedback.

Formal evaluation of the programmes is rare causing difficulties with sustaining implementation

The case studies of 'Big Love Little Sista', 'Youth Connect 5' and 'Nurture and Thrive' demonstrated how one of the main perceived outcomes of these programmes was young people being able to better express their emotions to their parents. Hence, when they were having EHWB related issues they found it easier to ask for support. However, one of the main issues highlighted in the surveys and case studies of programmes was the difficulty in evidencing this perceived impact of the programmes.

Many of the outcomes discussed tended to be based on teacher's observations and feedback from parents, rather than on formal 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 and therefore it is important that schools are able to measure impact in order to secure future funding. Out of the four programme case studies, only 'Youth Connect 5' had been subject to a formal evaluation. Whilst the other three had positive impacts associated with them, these were based on anecdotal evidence (such as the perceptions of teachers and children's centre managers and informal parent feedback) and more formal monitoring and evaluation is needed in order to demonstrate measurable impact.

Teacher's own EHWB is also important

A significant gap identified in the first stage of the evaluation was that there was no evidence of approaches that support for teacher's own EHWB having been implemented. This requires further investigation as research has highlighted the links between teachers' own emotional health needs and their ability to consider the EHWB needs of their students [59, 60].

Other issues...

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. It is important that the impact of these approaches is formally evaluated so that examples of best practise and recommendations for future provision can be provided.

5.2 Next Steps

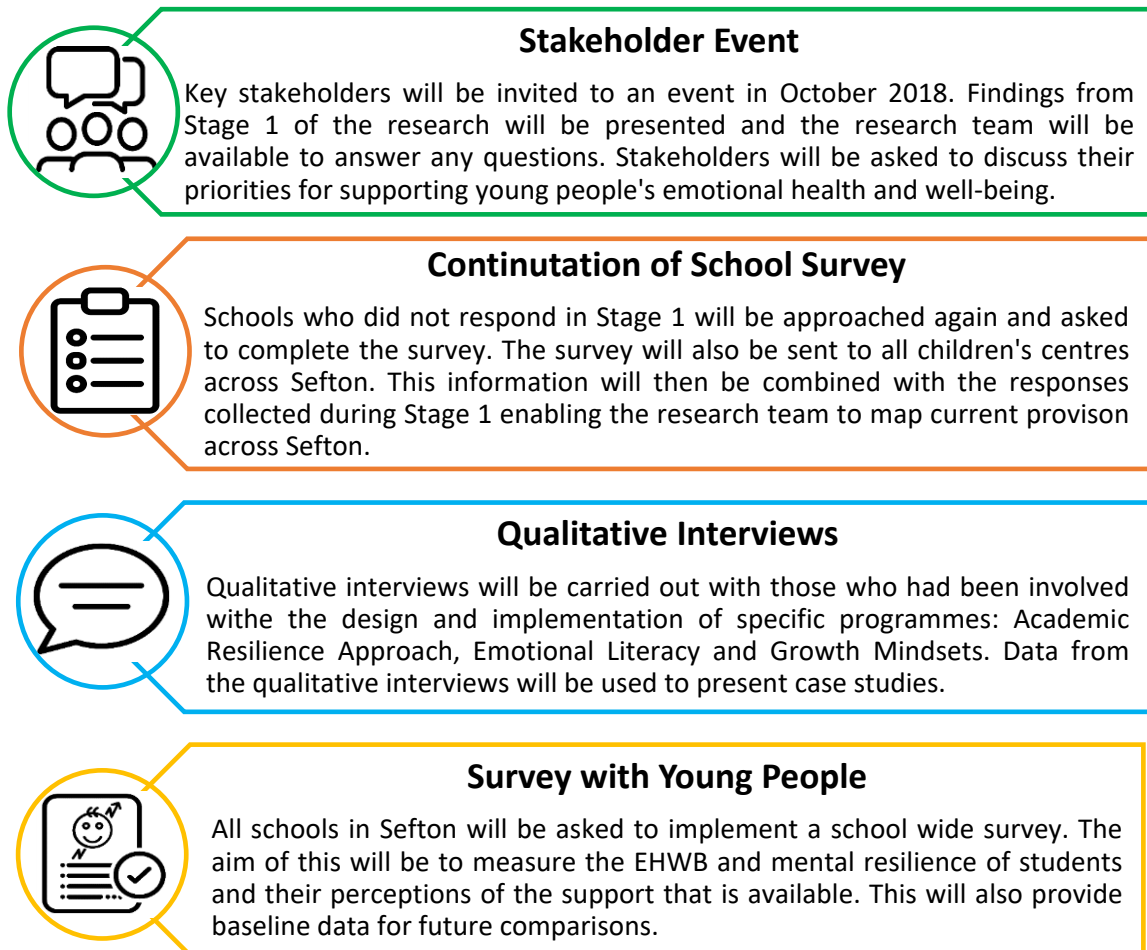
The first stage of this evaluation has demonstrated how many schools in Sefton are following national guidance through their provision to support young people's EHWB. It was clear through the initial data collection, which has been carried out to inform this report, that schools are implementing a range of formal and informal programmes and internal policies that relate to EHWB. The findings presented in this report will be used to inform the second stage of this research outlined in Figure 2. Findings from Stage 2 will be presented in the final report, which is due in March 2019.

Stage 2 will aim to collect further data through continuation of the survey and the stakeholder event to confirm the current provision of programmes that support young people's EHWB in schools across Sefton. This will then be mapped to identify current gaps and highlight where there is potential for resources to be shared. Information will also be collected on four more case studies of specific programmes that have been implemented in schools across Sefton.

Stage 1 has highlighted how there is currently a lack of formal evaluations of programmes that are implemented in Sefton which support young people's EHWB. In order to understand the impact that any programmes have it is important to understand the current level of EHWB of young people in Sefton. Therefore, Stage 2 will include a survey with young people in Sefton to gauge their EHWB and mental resilience. This will provide important baseline data that can be used in the future if the survey is repeated, to help monitor the impact of programmes relating to young people's EHWB. The survey will also ask the students about their perceptions of support that is currently available. Stage 1 of this project has demonstrated how many schools appear to be delivering informal ways of supporting the EHWB of their students, hence, the survey will be important in capturing this and demonstrating the impact that this support has.

Stage 1 has also demonstrated how some programmes, such as Youth Connect 5 and Nurture and Thrive are aimed at supporting parents and carers, yet there is a lack of formal support for teachers EHWB. The stakeholder event in Stage 2 will explore the type of support that is needed by teachers in Sefton.

Figure 2: An overview of Stage 2



6 References

- [1] Public Health England, "Child and Maternal Health Observatory," 2014. [Online]. Available: <https://fingertips.phe.org.uk/profile/child-health-profiles>. [Accessed 20 09 2018].
- [2] NICE, "Social and emotional wellbeing in primary education," National Institute for Health and Care Excellence, London, 2008.
- [3] NICE, "Social and emotional wellbeing in secondary education," National Institute for Health and Care Excellence, London, 2009.
- [4] Sefton Council, "Sefton's Children and Young People's Emotional Health and Wellbeing Strategy," Sefton Council, 2016.
- [5] Public Health England, "Children and Young People's Mental Health and Wellbeing," 2015. [Online]. Available: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/1/gid/1938133089/pat/6/par/E12000002/ati/102/are/E08000014>. [Accessed 19 09 2018].
- [6] Sefton Council, "Sefton Strategic Needs Assessment," 2014.
- [7] UNICEF, "Child poverty in perspective: An overview of child well-being in rich countries," Innocenti Research Centre, Florence, 2007.
- [8] L. Pople, G. Rees, G. Main and J. Bradshaw, "The Good Childhood Report 2018," The Children's Society, 2018.
- [9] H. Green, A. McGinnity, H. Meltzer, T. Ford and R. Goodman, "Mental health of children and young people in Great Britain," Palgrave, London, 2005.
- [10] J. Faulkner, "Class of 2011 yearbook: how happy are young people and does it matter," Relate, Doncaster, 2011.
- [11] R. Langford, C. Bonell, H. Jones, T. Poulidou, S. Murphy and E. Waters, "The WHO health promoting school framework for improving the health and well-being of students and their academic achievement.," Cochrane Database of Systematic Reviews 4, 2014.
- [12] World Health Organization, "Health behaviour in school-aged children: world health organization collaborative cross-national survey.," World Health Organization, 2013/2014.
- [13] NSPCC, "Child cruelty in the UK 2011: An NSPCC study into childhood abuse and neglect over the past 30 years," NSPCC, London, 2011.
- [14] Social Exclusion Task Force, "Think Family: Improving the Life Chances of Families At Risk," Cabinet Office, London, 2008.
- [15] Institute of Education, "Mental ill-health and wellbeing at age 14- Initial findings from the Millennium Cohort Study age 14 survey," Institute of Education, London, 2018.

- [16] J. Pitchforth, K. Fahy, T. Ford, M. Wolpert, R. Viner and D. Hargreaves, "G118 Mental health and well-being trends among children and young people in the UK, 1995 – 2014; analysis of repeated cross-sectional national health surveys," *Psychological Medicine*, pp. 1-11, 2018.
- [17] House of Commons, "Children and young people's mental health- the role of education," House of Commons, London, 2017.
- [18] P. Patalay and E. Fitzsimons, "Correlates of mental illness and wellbeing in children: are they the same? Results from the UK Millennium Cohort Study," *Journal of the American Academy of Child & Adolescent Psychiatry*, vol. 55, no. 9, pp. 771-783, 2016.
- [19] M. A. Bellis, K. Hughes, N. Leckenby, K. A. Hardcastle, C. Perkins and H. Lowey, "Measuring mortality and the burden of adult disease associated with adverse childhood experiences in England: a national survey," *Journal of Public Health*, vol. 37, pp. 445-454, 2015.
- [20] R. F. Anda, V. J. Felitti and J. D. Bremner, "The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology," *Eur Arch Psychiatry Clin Neurosci*, pp. 174-186, 2006.
- [21] V. J. Felitti, R. F. Anda, D. Nordenberg, D. F. Williamson, A. M. Spitz, V. Edwards and et al., "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults," *American Journal of Preventative Medicine*, pp. 245-258, 1998.
- [22] M. A. Bellis, K. Hughes, N. Leckenby, C. Perkins and H. Lowey, "National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England," *BMC Medicine*, vol. 12, no. 72, pp. 1-10, 2014.
- [23] M. A. Bellis, H. Lowey, N. Leckenby, K. Hughes and D. Harrison, "Adverse childhood experiences: retrospective study to determine their impacts on adult health behaviours and health outcomes in a UK population," *Journal of Public Health*, vol. 36, no. 1, pp. 81-91, 2013.
- [24] M. J. Chartier, J. R. Walker and B. Naimark, "Separate and cumulative effects of adverse childhood experiences in predicting adult health and health care utilization," *Child Abuse and Neglect*, vol. 34, no. 6, pp. 454-64, 2010.
- [25] M. A. Bellis, K. Hughes, K. Hardcastle, K. Ashton, K. Ford, Z. Quigg and A. Davies, "The impact of adverse childhood experiences on health service use across the life course using a retrospective cohort study," *Journal of Health Services Research and Policy*, vol. 22, no. 3, pp. 168-177, 2017.
- [26] K. A. Hughes, M. A. Bellis, K. A. Hardcastle, D. Sethi, A. Butchart, C. Mikton, L. Jones and M. P. Dunne, "The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis," *The Lancet*, vol. 2, pp. e356-66, 2017.
- [27] K. Hughes, H. Lowey, Z. Quigg and M. A. Bellis, "Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey," *BMC Public Health*, vol. 16, no. 222, pp. 1-11, 2016.

- [28] M. A. Bellis, K. Hardcastle, K. Ford, K. Hughes, K. Ashton, Z. Quigg and N. Butler, "Does continuous trusted adult support in childhood impart life-course resilience against retrospective childhood experiences - a retrospective study on adult health-harming behaviours and mental well-being," *BMC Psychiatry*, vol. 17, no. 110, pp. 1-12, 2017.
- [29] K. Hughes, K. Ford, A. R. Davies, L. Homolova and M. A. Bellis, "Sources of resilience and their moderating relationships with harms from adverse childhood experiences," Public Health Wales, Wrexham, 2018.
- [30] M. Bellis, K. Hughes, K. Ford, K. Hardcastle, C. Sharp, S. Wood, L. Homolova and A. Davies, "Adverse childhood experiences and sources of childhood resilience: a retrospective study of their combined relationships with child health and educational attendance.," *BMC Public Health*, vol. 18, no. 1, 2018.
- [31] M. Rutter, "Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder," *The British Journal of Psychiatry*, vol. 147, pp. 598-611, 1985.
- [32] Department of Health and Public Health England, "Health Visiting and School Nurse Programme: Supporting implementation of the new service offer: Promoting emotional wellbeing and positive mental health of children and young people.," Department of Health and Public Health England, 2015.
- [33] Department of Health and NHS England. , "Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.," Department of Health and NHS England. , 2015.
- [34] HM Government, "No Health Without Mental Health: a cross-government outcomes strategy.," HM Government, 2011.
- [35] Public Health England, "Healthy child programme 0-19: health visitor and school nurse commissioning," Public Health England, 2016b.
- [36] NHS England, "The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England," NHS, London, 2016.
- [37] Public Health England, "Overview of the six early years and school aged years high impact areas," Public Health England, 2016.
- [38] Institute of Health Visiting, "PHE: New integrated 4-5-6 model and updated high impact areas.," Institute of Health Visiting, 2016.
- [39] Department for Education, "Counselling in schools: a blueprint for the future: Departmental advice for school leaders and counsellors," Department for Education, 2016.
- [40] Department for Education, " Mental health and behaviour in schools: How to identify and support pupils whose behaviour suggests they may have unmet mental health needs. Department for Education.," Department for Education, 2016a.
- [41] Department for Education , "Supporting Mental Health in Schools and Colleges.," Department for Education , 2017.

- [42] Public Health England, "Best start in life and beyond: Improving public health outcomes for children, young people and families," Public Health England, 2018.
- [43] Care Quality Commission, "Review of children and young people's mental health services: Phase one report.," Care Quality Commission, 2017.
- [44] Young Minds, "CQC review finds urgent action required for CAMHS," 14 08 2018. [Online]. Available: <https://youngminds.org.uk/blog/care-quality-commission-review-finds-urgent-action-required-for-camhs/>.
- [45] Department of Health, "Transforming children and young people's mental health provision – a green paper.," Department of Health, 2017.
- [46] King's Fund, "Transforming children and young people's mental health provision – our response," 2018. [Online]. Available: <https://www.kingsfund.org.uk/blog/2018/03/transforming-children-young-people-mental-health-provision>. [Accessed 24 08 2018].
- [47] House of Commons, "Children's and adolescents' mental health and CAMHS- Third report," House of Commons, London, 2015.
- [48] J. Durlak, R. Weissberg, A. Dymnicki, R. Taylor and K. Schellinger, "The impact of enhancing students' social and emotional learning: A meta-analysis of school based universal interventions," *Child Development*, vol. 82, pp. 405-432, 2011.
- [49] J. Kideger, D. Gunnell, L. Biddle, R. Campbell and J. Donovan, "Part and parcel of teaching? Secondary school staff' views on supporting student emotional health and wellbeing," *British Educational Research Journal*, vol. 36, no. 6, pp. 919-935, 2009.
- [50] S. Moor, A. Maquire, H. McQueen, E. Wells, R. Elton, R. Wrate and C. Blair, "Improving the recognition of depression in adolescence: can we teach the teachers?," *Journal of Adolescence*, vol. 30, no. 1, pp. 81-95, 2007.
- [51] H. Walter, K. Gouze and L. K.G., "Teachers' beliefs about mental health needs in inner," *Journal of the American Academy of Child and Adolescent Psychiatry*, vol. 45, no. 1, pp. 61-68, 2006.
- [52] A. T. Cohall, R. Cohall, B. Dye, S. M. Dini, R. D. Vaughan and S. Coots, "Overheard in the halls: what adolescents are saying, and what teachers are hearing, about health issues,," *Journal of School Health*, vol. 77, no. 7, pp. 344-350, 2007.
- [53] R. Lanford, C. Bonell, H. Jones, T. Poulou, S. Murphy and E. Waters, "The WHO health promoting school framework for improving the health and well-being of students and their academic achievement.," *Cochrane Database of Systematic Reviews* 4, 2014.
- [54] D. Stewart and D. Wang, "Building resilience through school-based health promotion: a systematic review," vol. 14, no. 4, pp. 207-218, 2012.

- [55] J. Deighton, T. Lereya, P. Patalay, P. Casey, N. Humphrey and M. Wolpert, "Mental health problems in young people, aged 11 to 14: results from the first HeadStart annual survey of 30,000 children," Evidence Based Practice Unit, 2018.
- [56] E. Stapley, "HeadStart year 1: national qualitative evaluation findings," Anna Freud National Centre for Children and Families, London, 2017.
- [57] I. Bond, G. Patton, S. Glover, J. Carlin, H. Butler, L. Thomas and G. Bowes, "The Gatehouse Project: Can a multilevel school intervention affect emotional wellbeing and health risk behaviours?," *Journal of Epidemiology & Community Health*, vol. 58, no. 12, pp. 997-1003, 2004.
- [58] M. Sawyer, T. Harchak, S. Spence, L. Bond, B. Graetz, D. Kay, G. Patton and J. Sheffield, "School-Based Prevention of Depression: A 2-Year Follow-up of a Randomized Controlled Trial of the beyondblue Schools Research Initiative," *Journal of Adolescent Health*, vol. 47, no. 3, pp. 297-304, 2010.
- [59] S. J. Roorda, H. Koomen and J. Split, "The Influence of Affective Teacher-Student Relationships on Students' School Engagement and Achievement," *Review of Educational Research*, vol. 81, no. 4, pp. 493-529, 2011.
- [60] J. Split, H. Koomen and J. Thijs, "Teacher Wellbeing: The Importance of Affective Teacher-Student Relationships on School," *Educational Psychology Review*, vol. 23, no. 4, pp. 457-477, 2011.
- [61] V. Braun and V. Clarke, "Using thematic analysis in psychology," *Qualitative Research in Psychology*, vol. 3, no. 2, pp. 77-101, 2006.
- [62] H.F. Hsieh and S.E. Shannon, "Three Approaches to Qualitative Content Analysis," *Qualitative Health Research*, vol. 15, no. 9, pp. 1277-1288, 2005.

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 Sefton³ (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 [61, 62]. 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 Sefton¹ (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 n=7 staff who were involved in the design and/or implementation of either Rainbow Leaders, Big Love Little Sista, Youth Connect 5 and Nurture and Thrive. Sefton Council provided the research team with a list of key contacts that 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.

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).

³ Excluding private schools.

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.

