

Evaluating programmes to support pupil mental health and wellbeing: examples from schools and colleges working with the Mercers' Company

EBPU
Evidence Based
Practice Unit

A partnership of



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CORC
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Contents

Aims	02
Background	02
The Mercers' Company wellbeing evaluation project	04
A model of whole-school monitoring of mental health and wellbeing	05
Focused evaluation	06
Case study 1: Holy Trinity and St Silas Primary School	07
Case study 2: Walsall Academy	09
Case study 3: Culloden Primary School	11
Learning and recommendations	13



Aims

This briefing aims to describe an approach to monitoring and evaluating children and young people's mental health and wellbeing in schools and colleges, as a means to provide better support. The IDEA (Intervention description, Design, Evaluation implementation, Analysis and reporting) approach is described, which gives practical steps to the development of approaches to evaluating support for mental health and wellbeing delivered in educational settings. Three evaluations that have adopted this approach are also summarised.



Background

Recent research indicates that around one in six children and young people experience mental health problems. Consistent evidence also exists about a range of risk factors that are associated with increased odds of a young person experiencing mental health difficulties, including deprivation, special educational needs, parental mental health difficulties and adverse family circumstances. Although current prevalence estimates indicate that around 5 children in a class of 30 might experience mental health problems, the number is likely to be higher in classes where a greater proportion of children experience one or more of these risk factors. The government's green paper, *Transforming children and young people's*



¹Department of Health & Department for Education (2017). *Transforming children and young people's mental health provision: A green paper*. <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

mental health provision,¹ and the associated rollout of additional mental health support and training in education settings, recognise the important role schools and colleges play in supporting the mental health and wellbeing of children and young people. Recommendations include the development and provision of resources within educational settings to tackle mental health issues and the appointment of mental health leads in schools.

While a range of school-based mental health programmes exist, there are several challenges to identifying effective interventions suitable for rollout within schools and colleges:

1. There are many different forms of intervention available but the evidence supporting these is mixed, with only a few having compelling evidence of effectiveness.
2. Little of the existing evidence is accessible to schools and colleges.
3. Evidence that does exist is often based on studies carried out in the US, in educational systems that are quite different from those in the UK.
4. Even with the most effective interventions, context and implementation have a huge bearing on effectiveness.

For these reasons, there has been increasing emphasis on the importance of evaluating programmes in situ to ensure the approaches adopted are helping to achieve the expected outcomes. There has been specific interest in the development of guidance to help schools measure pupils' mental health

and wellbeing. However, currently there is little guidance about the approaches schools and colleges should take, or how to extract learning from the data collected.

The present best practice briefing describes a model developed by the Evidence Based Practice Unit (EBPU, based at UCL Faculty of Brain Sciences and the Anna Freud Centre), in collaboration with the University of Manchester and the Child Outcomes Research Consortium (CORC). It was intended that the model could be adopted more widely by schools and colleges to monitor wellbeing and evaluate school-based practices.



The Mercers' Company wellbeing evaluation project

The Mercers' Company commissioned the EBPU collaboration to support schools and colleges to understand more about the mental health and wellbeing of their students, and to assess the effect that a range of interventions have on these outcomes. There were two core strands to this approach:

1. A yearly 'whole school' survey administered online in specific year groups.

2. Evaluations focused on specific school- or college-based practices to support students' mental health and wellbeing.

Phase one of the programme was delivered between 2016 and 2019 and a summary of the learning from this phase can be accessed online.² Phase two ran from 2019 to 2022 and learning from the evaluations in this phase is shared below as case studies.



² Deighton, J., Stapley, E., Lereya, S.T., Burrell, K. & Atkins, L. (2019). *Measuring pupil mental health and wellbeing: examples of best practice from schools and colleges working with the Mercers' Company*. Evidence Based Practice Unit. https://www.ucl.ac.uk/evidence-based-practice-unit/sites/evidence-based-practice-unit/files/mercersreport_final_nov_2019.pdf

A model of whole-school monitoring of mental health and wellbeing

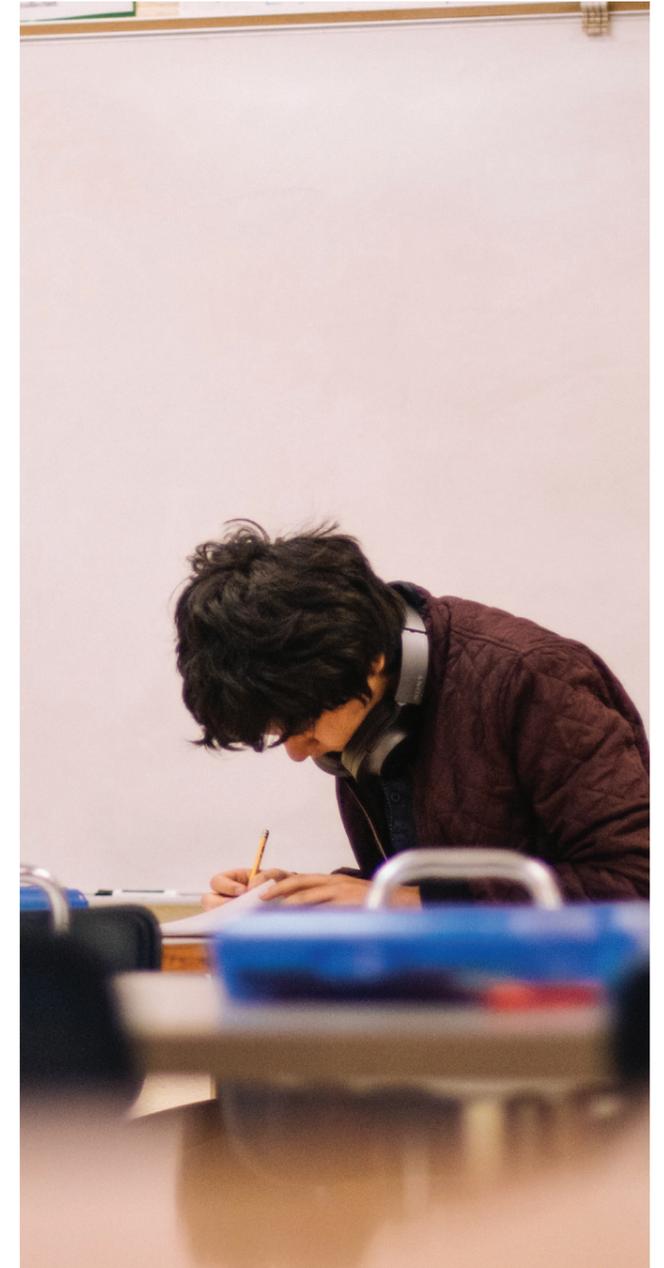
The first strand of the approach (monitoring mental health and wellbeing) was undertaken using whole year group surveys, in partnership with the Mercers' Company associated schools and colleges. These surveys were administered online using passwords unique to each student. The surveys enable students to self-report their mental health, wellbeing and resilience. The surveys were developed with three key principles in mind:

1. They must use tools that are already developed and that have been tested to establish their reliability and validity.
2. They must be acceptable to students and teachers.
3. They must be feasible to complete in a normal school/college class.

Three different versions of the surveys were created – for primary, secondary and college students.³ Surveys were completed annually (though there was some interruption to this during the coronavirus pandemic) and schools received aggregated feedback that allowed them to review the summary scores for their students relative to the national backdrop.

Schools and colleges were encouraged to review this feedback as a means to understanding the strengths and needs of their student population. It was emphasised that feedback does not in any way assess the school's or college's performance, instead it is suggested that the information provided may inform decision-making around the selection and development of mental health and wellbeing support for students.

³ For more information on these surveys, visit www.corc.uk.net/resource-hub/wellbeing-measurement-framework-wmf/



Focused evaluation

The second strand of the approach focused on specific interventions adopted by schools or colleges that aimed to support students' mental health and wellbeing. It involved developing a coherent understanding of the aims and anticipated outcomes of the activity and finding practical and achievable means to evaluate the activity in situ. We took a four-step approach to developing these pragmatic evaluations:

Step	Description
I ntervention description	A clear description of the intervention in question was developed using an adapted version of the Template for Intervention Description and Replication (TIDieR). ⁴ Descriptions included concrete details about who would deliver the intervention, over what period, in what setting and using what tools.
D esign	Based on this description, a logic model ⁵ was created that outlined the expected outcomes of the interventions, how those outcomes were achieved and under what conditions. Often, logic models needed iterative refinement to ensure that the elements incorporated were the most crucial aspects and the ones most amenable to data capture. An evaluation design was fitted to the logic model by selecting measures that match the key elements of the model and establishing how these measures would be recorded, collected and analysed.
E valuation implementation	The evaluation design was actioned, including the creation of questionnaire and interview tools where relevant, such as the Wellbeing Measurement Framework (WMF), and the collection and safe storage of data.
A nalysis and reporting of findings	Qualitative and quantitative analysis was undertaken and collated. Reports summarising the findings and recommendations were completed. Findings were shared with senior leaders and school staff. Special care was taken to share findings with pupils.

As an illustration, three case studies from Mercers' schools and colleges that have adopted this approach are presented next.

⁴ Hoffmann, T.C., Glasziou, P.P., Boutron, I., Milne, R., Perera, R., Moher D., Barbour, V, Johnston, M., Lamb, S. E., Dixon-Woods, M. & Wyatt, J. C. (2014) Better reporting of interventions: Template for intervention description and replication (TIDieR) checklist and guide. *British Medical Journal*, 348:g1687. <https://doi.org/10.1136/bmj.g1687>

⁵ Wolpert, M., Sharpe, H., Humphrey, N., Patalay, P. & Deighton, J. (2016). *EBPU Logic Model*. CAMHS Press. <https://www.corc.uk.net/resource-hub/ebpu-logic-model/>

Case study 1

Holy Trinity and St Silas Primary School

Ten Minutes Peace (TMP) mindfulness

TMP is a mindfulness programme which aims to help children to incorporate self-care in their daily lives through a combination of yoga, stretching, breathing and gratitude practices. This was a targeted intervention, meaning it focused specifically on children who might benefit from some additional support.

- Two groups of pupils were selected, one from Year 5 and one from Year 6. They were selected to take part based on identified social, emotional and mental health (SEMH) needs including emotion regulation, anxiety, low mood and negative thought patterns.
- A facilitator from TMP worked with members of the school staff to train them to deliver the intervention to pupils.
- The two TMP groups had 15-minute sessions, three times a week for the second half of the summer term. These were run by the trained school staff.



Design and evaluation implementation:

Key research questions for the evaluation	Data source
To what extent is the intervention associated with improvement in: <ol style="list-style-type: none"> pupils' mental health and wellbeing pupils' ability to cope with and to manage stress, worry and anxiety pupils' resilience? 	Pupils' responses to the annual online surveys ⁶
What are pupils' experiences of the TMP intervention?	Focus groups with pupils
What helpful factors and mechanisms for positive change do pupils identify?	
What unhelpful factors and suggested areas for improvement do pupils identify?	
What are pupils' perceptions of impact?	

⁶ Visit www.corc.uk.net/resource-hub/wellbeing-measurement-framework-wmf/

Case study 1 continued: Holy Trinity and St Silas Primary School

Analysis of findings:

The findings of the quantitative evaluation work were somewhat limited due to the small sample of children involved. Changes in raw scores appeared to suggest that pupils experienced little change in their self-reported wellbeing, resilience, aspirations and self-esteem after participating in TMP. Any changes that were observed seemed to suggest slight increases in difficulties over the period of the study, which were consistent with changes in difficulties for the group who did not access TMP, possibly suggesting wider contextual factors that may have influenced the year groups as a whole. However, these quantitative findings should

be interpreted with some caution because of the small sample size and the lack of formal statistical testing as a result (12 pupils, 9 of whom had paired data for time one and time two).

During the qualitative focus groups, all pupils reported positive feelings about TMP. They reflected on how helpful they found it and how much they enjoyed participating in the group. Pupils reported feeling calmer and in a better state of mind after taking part in the intervention. Pupils also had the opportunity to suggest improvements to the programme, which were shared with the school for further action.



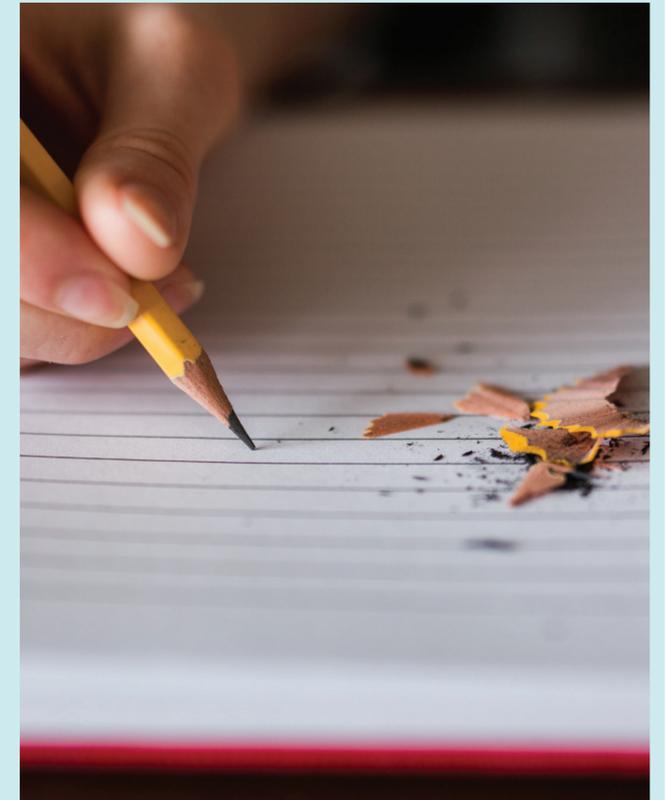
Case study 2

Walsall Academy Learning mentors

Mentors had experience and training in social, emotional and mental health issues in young people, offering attachment-based support and supporting pupils with specific concerns such as bereavement. Mentors used this training and experience to develop tailor-made mentoring programmes for individuals' particular areas of concern.

This was a targeted intervention, meaning it focused specifically on children who might benefit from some additional support.

- Pupils from Year 7 to Year 12 were eligible to participate and were selected using the school's triage system. Those with SEMH difficulties, those finding attending school difficult or those that had specific special educational needs or behavioural difficulties were prioritised.
- Participating pupils had weekly one-to-one sessions lasting 45–60 minutes.
- Mentoring continued for as long as it was useful to the pupil.



Design and evaluation implementation:

Key research questions for the evaluation	Data source
To what extent is the intervention associated with: <ul style="list-style-type: none"> a. improvement in pupils' social, emotional and mental health b. progress toward pupils' individual goals/aims (social/emotional/ educational)? 	Pupils' responses to the Strengths and Difficulties Questionnaire (SDQ) ⁷ and Goals Based Outcome (GBO) ⁸ measures.
What are pupils' experiences of the mentoring programme?	Interviews with pupils
What mechanisms for change (helpful factors) do pupils identify?	
What aspects do pupils identify as unhelpful and what improvements do they suggest?	
What are pupils' perceptions of impact?	

⁷ For more information on the SDQ, visit <https://youthinmind.com/products-and-services/sdq/>

⁸ For more information on GBOs, visit <https://www.corc.uk.net/outcome-experience-measures/goal-based-outcomes-gbo/>

Case study 2 continued: Walsall Academy

Analysis of findings:

Quantitative findings suggest that the programme had a small but significant effect on young people’s mental health difficulties and that participating pupils made significant progress towards wellbeing goals. Qualitative findings support this, with young people describing how helpful they found having a consistent trusted adult available for them to

talk to and share their worries with. Pupils also commented that they received valuable advice and skills from the mentors and the structured work they did together. Pupils reported feeling calmer and better able to manage their emotions and difficulties with peer relationships. Pupils also had the opportunity to suggest improvements to the programme, which were shared with the school for further action.



Case study 3

**Culloden Primary School
Emotional literacy support assistant (ELSA)**

The ELSA intervention aims to support pupils aged 5–11 to overcome any emotional, social or mental health barriers to their learning, such as friendship issues or difficulties in their home lives.

This was a targeted intervention, meaning it focused specifically on children who might benefit from some additional support. Pupils were referred to the intervention by parents and carers, teachers or via safeguarding.

- Pupils attended twice weekly sessions lasting up to 30 minutes. All sessions were face-to-face and were run as individual or group sessions, depending on the needs of the pupils.
- Typically, the intervention consisted of 14 sessions (however, this was flexible in response to the needs of the pupil).
- The ELSA mentors, who were also special educational needs and disability teaching assistants, had received ELSA training prior to the intervention.



Design and evaluation implementation:

Key research questions for the evaluation	Data source
To what extent is the intervention associated with: <ul style="list-style-type: none"> a. improvement in pupils’ social, emotional and mental health (pupil rated and teacher rated) b. progress toward pupils’ individual goals/aims c. improvement in the teacher-rated child social and emotional capabilities? 	Young people’s and teacher’s responses to questionnaires before and after the intervention, including Child Outcome Rating Scale (CORS) ⁹ and GBO measures.
What are pupils’ experiences of the mentoring programme?	Interviews with young people
What mechanisms for change (helpful factors) do pupils identify?	
What aspects do pupils identify as unhelpful and what improvements do they suggest?	
What are pupils’ perceptions of impact?	

⁹ For more information on the CORS, visit <https://www.corc.uk.net/outcome-experience-measures/outcome-rating-scale-ors-child-outcome-rating-scale-cors/>

Case study 3 continued: Culloden primary school

Analysis of findings:

The data collected from pupils as part of their ELSA mentoring indicates promising results. While sample sizes are too small to draw confident conclusions, descriptive results give some indications of improvements for each of the three main outcomes of the mentoring: pupils' SEMH, mentoring goals and social and emotional capabilities.

All pupils reported positive feelings about the ELSA mentoring sessions and reflected on how

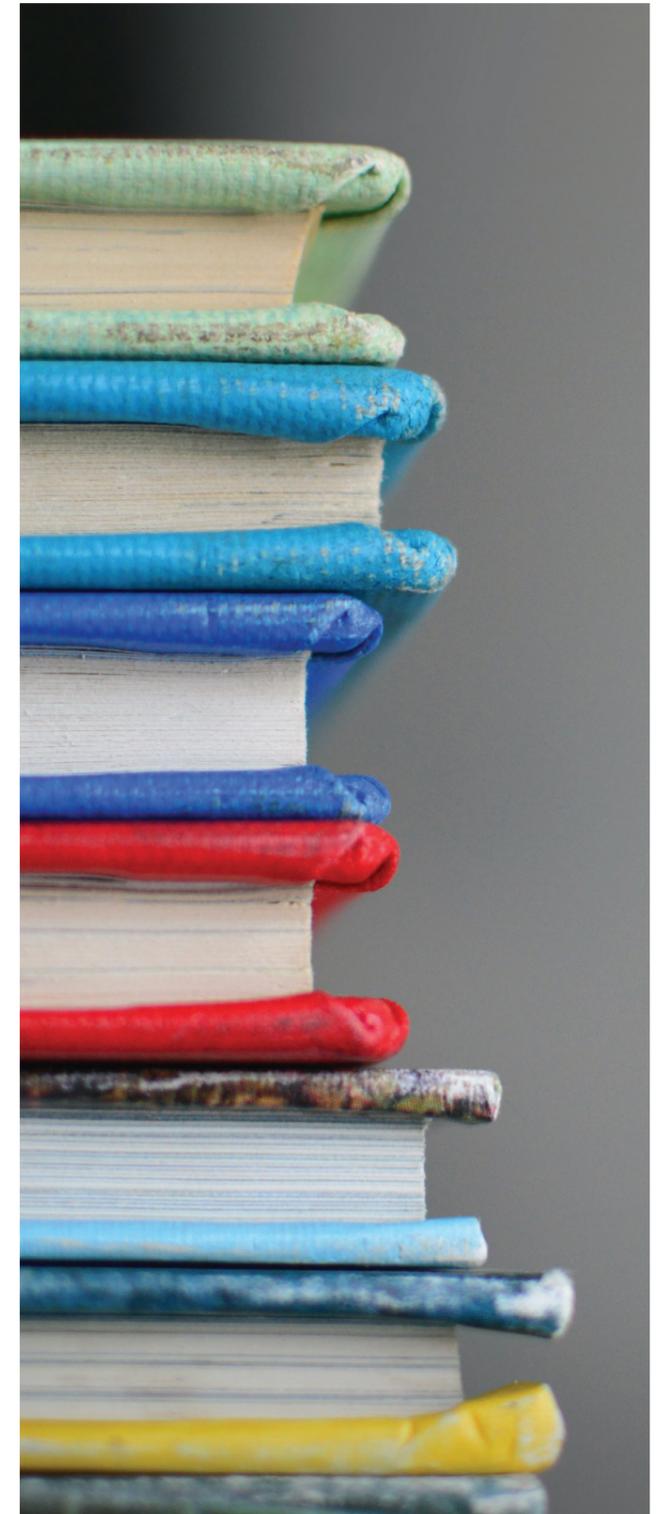
much they enjoyed participating in both the group and one-to-one sessions. Pupils reported being better able to manage their emotions since participating in the intervention and gave examples of techniques learnt from the mentoring sessions that helped them to do this. Pupils also had the opportunity to suggest improvements to the programme, which were shared with the school for further action.



Learning and recommendations

Schools and colleges are increasingly encouraged to evaluate their practice, but little practical guidance is provided to support this work. The pragmatic approach described has been shown to be feasible and valuable to the schools and colleges involved. It enables schools and colleges to reflect on what is being delivered in their setting, the intended outcomes of their mental health provision and to assess whether it is achieving the expected outcomes. When adopted as part of routine practice, the information obtained can be used to monitor effectiveness and inform quality improvement efforts, enabling evidence-based adjustments to be made to provision.

Often, the number of pupils involved in these evaluations is small. However, as shown in healthcare settings for many years, even modest data collection can be useful data to drive improvement. Repeated use of this approach would also result in increased sample size and more robust findings upon which to base decisions. In addition, findings can be used to demonstrate a commitment to understanding the best way to support the school population. It is therefore recommended that this pragmatic approach is adopted as part of routine practice.



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About EBPU

The Evidence Based Practice Unit is a child and youth mental health research and innovation unit based at UCL Faculty of Brain Sciences and the Anna Freud National Centre for Children and Families. Founded in 2006, this collaboration bridges cutting-edge research and innovative practice in children's mental health. We conduct research, develop tools, provide training, evaluate interventions and disseminate evidence across four themes: Risk | Resilience | Change | Choice

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