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Solihull Emotional Health and Wellbeing in Schools Project 2014-2016

Among the myriad of expectations and duties placed upon schools at the present time is the requirement to promote pupils' wellbeing as well as their academic achievement (Education and Inspections Act 2006). Wellbeing is defined in the Children Act 2004 as;

… the promotion of physical and mental health; emotional wellbeing; social and economic wellbeing; education, training and recreation; recognition of the contribution made by children to society; and protection from harm and neglect.

Schools have a clear legislative and moral purpose in investing resources in pupil wellbeing. Public Health England identifies research evidence that suggest that academic achievement and health are closely linked. They also cite England's Chief Medical Officer who highlighted that;

… promoting physical and mental health in schools creates a virtuous circle reinforcing children's attainment and achievement that in turn improves their wellbeing, enabling children to thrive and achieve their full potential. (Public Health England, 2014.)

It follows that the links between good mental health and behaviour are also strong. For pupils to learn effectively the pre-requisites identified in Maslow's hierarchy of needs requires the fulfilment of a range of basic physiological and psychological needs. This includes being physically and mentally healthy, feeling and being safe and a sense of belonging. The Department for Education, goes on to identify the school's role in promoting pupils' resilience;

The role that schools play in promoting the resilience of their pupils is important, particularly so for some children where their home life is less supportive. School should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems. (Department for Education, 2016.)

For a significant minority of pupils, the school years will be a time when wellbeing is not optimal. Over half of all mental ill-health starts before the age of fourteen years, and seventy-five per cent has developed by the age of eighteen (Murphy and Fonagy, 2012).

Young Minds publish statistics in order to demonstrate some of the mental health issues that children and young people are experiencing:
- Nearly 80,000 children and young people suffer from severe depression (Office of National Statistics, 2004)
- 95% of imprisoned young offenders have a mental health disorder. Many of them have more than one disorder (Lader *et al.,* 2000)
- It has been estimated that nearly 300,000 young people in Britain have an anxiety disorder (The Royal College of Psychiatrists, 2017)
- One in 10 deliberately harm themselves (The Royal College of Psychiatrists, 2014)

A report, 'Measure What You Treasure' (Finch *et al.,* 2014), provides a worrying insight into the declining levels of wellbeing of almost 7,000 11- to 16-year during their teenage years. The report makes a helpful distinction between objective and subjective wellbeing, highlighting the fact that research around the former is more plentiful but that the latter is of just as high importance. Children and young people need to be in a position to think positively about and feel satisfied with their lives including how they perceive themselves as individuals and within their relationships with others.

For staff working in schools, research evidence would suggest that wellbeing is an equally

pertinent issue. The National Association of Schoolmasters Union of Women Teachers' (NASUWT, 2016) most recent "big question" survey identified the following:

- 1 in 10 have been prescribed anti-depressants to cope with work pressure
- 22% had increased alcohol intake, 21% more caffeine in response to stress
- 79% had experienced work-related anxiety
- 86% suffered sleeplessness

The schools involved in this project set out to capture data around pupil and staff wellbeing and demonstrate how they can make a positive difference, in some instances re-focussing existing practice whilst in others developing new ways of working.

Context

Health and wellbeing has been a Solihull Council priority for a number of years. A key tactic to achieve this is to develop opportunities to use the Healthy Schools framework to achieve improved health and wellbeing outcomes.

The Healthy Schools programme was and continues to be a cornerstone of Solihull's Emotional Wellbeing and Mental Health strategy for children & young people (2011-15). Currently, 85% of schools in Solihull have achieved Solihull Healthy School Status. Around 10% have carried out more focused work and are recognised as Enhanced Healthy Schools.

The Emotional Health and Wellbeing project has been driven by data from the Health Related Behaviour Questionnaire. The questionnaire, developed by the Schools' Health Education Unit, Exeter, has been completed every other year by schools in Solihull over the past 14 years. Analysis of the 2014 HRBQ data identified the emotional wellbeing and mental health of children and young people in Solihull as a priority. The data confirmed the trend, seen over a number of years in Solihull, that behaviours such as worrying were increasing while feelings of happiness/safety and overall self-esteem were in decline.

Schools also identified emotional wellbeing and mental health as a safeguarding priority when surveyed. 96% of schools or education providers that responded to the safeguarding questionnaire identified mental health as a top-five priority, with 32% of these identifying mental health as their number one priority. Training around identifying early signs of mental ill health in children and parents alongside support for children falling below CAMHS thresholds were highlighted as key issues for schools in Solihull during a survey into emotional health and wellbeing provision in schools (Autumn 2014).

Methods

Schools were invited to submit an application for a place within the project group indicating where their data suggested priorities lay and a commitment to identifying a lead member of staff. Seven schools expressed an interest and met the criteria for inclusion. The criteria used to make decisions were:

- The school has the senior leadership capacity and commitment to secure success;
- The school has current Solihull Healthy School status or can provide evidence of being a school that effectively promotes health and wellbeing of pupils;
- There is clear evidence of need, from a range of data and information, for that school community

Four of the schools were for primary-aged pupils (from Foundation Key Stage – to Key Stage 2), one junior (Key Stage 2 only), an infant school (Foundation Key Stage and Key Stage 1) and a special school (Foundation stage to Key Stage 4). There was a good spread geographically:- all regions of the borough were represented but the rural one.

A number of key documents were shared with schools in order to ensure that best and evidence-based practice was used in identifying need within individuals and groups as well as planning and implementing activities and interventions:

- Mental Health and Behaviour in Schools, Department for Education, 2014
- Promoting children and young people's emotional health and wellbeing: A whole school and college approach, Public Health England, 2015
- Guidance and lessons plans for schools on preparing to teach about mental health and emotional wellbeing, PSHE Association
- Five Ways to Wellbeing, New Economics Foundation 2008

Schools were signposted to a range of resources and information on the newly developed Health & Wellbeing website where a page was devoted to

Emotional Health and Wellbeing.

Several of the schools carried out an audit of provision using a pro-forma adapted from *Pupils' Emotional Health and Wellbeing: A Review of Audit Tools and a Survey of Practice in Northern Ireland Post-Primary Schools* (Connolly *et al.*, 2011).

Schools were supported by members of Solihull's Education Improvement Service to complete an action plan identifying clear outcomes to be worked towards. The Healthy Schools Enhancement model was used to structure a cycle of 'plan, do, review'. From the outset, there was an expectation that all schools would complete a case study of their work and the impact it had. For the five schools who were already recognised as Solihull Healthy Schools, submission of this case study or 'School Story' to the Solihull Healthy Schools Quality Assurance Group would enable them to be awarded Enhanced Healthy School status.

The project was underpinned by schools identifying risk factors and mitigating against these by promoting the factors that make children and young people more resilient.

Priority areas identified by schools:

- Developing resilience in identified vulnerable children (issues with general happiness/bullying/friendship issues);
- Developing coping strategies for staff and pupils;
- Developing resilience through effective PSHE;
- Reducing the occurrence and impact of anxiety upon children and their families including where online behaviours were having a negative impact.

Many of the schools undertook further investigation into pupil (and adult) needs, using a range of methods, in order to establish a baseline from which to plan interventions: Warwick-Edinburgh Mental Wellbeing Scale; Stirling Children's Wellbeing Scale; Strengths and Difficulties Questionnaire; Every Child Matters perceptions questionnaire; Health Related Behaviour Questionnaire; whole school behaviour and attendance data; school developed surveys; practice and provision audit.

A wide range of activities and interventions were planned within schools' action plans. Decisions were made as to which would be most

appropriate for the school according to need, target group, research evidence of impact, alignment with other school/local authority priorities e.g.

- Whole staff training around mental health, anti-bullying including challenging LGBT-phobia, online safety, domestic abuse, mindfulness;
- Development of the curriculum for Personal, Social, Health and Economic education (PSHE);
- Implementation of a whole school approach to include - restorative practices, 5 ways to wellbeing, talking about emotional health and wellbeing through the analogy of 'bucket filling';
- Small group activities for pupils developing resilience, self-esteem, healthy coping strategies, conflict resolution;
- More effective support for parents around online safety and other issues affecting pupil wellbeing.

A second facet to the project was to provide training for two members of staff within school to become Mental Health First Aiders. Project schools were invited in to attend the two day course alongside the three members of Solihull's Education Improvement team who were providing support to schools. The sessions were delivered by an accredited trainer from Mental Health First Aid England.

The aim of mental health first aid is to improve participant's knowledge, attitudes and helping behaviour. Participants are taught about mental health and trained to apply mental health first aid skills. The programme's learning outcomes are:

- To preserve life where a young person may be a danger to themselves or others.
- To provide help to prevent the mental health problem developing into a more serious state.
- To promote the recovery of good mental health.
- To provide comfort to a young person experiencing a mental health problem.
- To raise awareness of mental health issues in the community.
- To reduce stigma and discrimination.

Findings

Staffing changes meant that one school withdrew from the project at the end of the first year. Of the remaining six schools, five submitted

case studies and were awarded Solihull Enhanced Healthy School status.

Each school identified its own areas for development and therefore outcomes are unique to each school. The following summary categorises outcomes in themes across the five schools. Broadly, these relate to staff and pupil wellbeing, and pupil behaviour.

Staff wellbeing

- Increased percentage of staff able to name 5 or more positive, self-help coping strategies.
- Increased percentage of staff measuring own wellbeing at average or above.
- A doubling of the numbers of staff saying they can deal with problems some, a lot or all of the time.

Pupil wellbeing

- Increased proportions with medium/high self-esteem.
- Reductions in worrying, including around family relationships.
- Increased feelings of happiness, safety and overall satisfaction with life.
- Increased positive perceptions around whether their parents like to listen to them and hear their ideas.
- A reduction in the numbers of pupils saying that they want to change lots of things about themselves.
- A decrease in pupils assessing own wellbeing below average.
- Increased ability to name helpful coping strategies and deal with problems.

Pupil behaviour

- Pupils less likely to report that they fall out with their friends and other pupils in school a lot.
- Reductions in numbers of pupils accessing behaviour support and supervised isolation.
- Increased numbers in pupils thinking that their school takes bullying seriously.
- More pupils saying that their parents have rules about what they can do online.

Mental Health First Aid Training

Key outcomes from the Mental Health First Aid Training as researched and documented within the evaluation commissioned by Public Health, Solihull MBC were:

Personal changes identified by participants:

- Greater awareness of the signs of mental health difficulties

- Improved confidence to help someone or to have conversations earlier

Impact on the wider school:

- Greater confidence amongst the pastoral staff
- Better support for staff
- Mental health included more in curriculum time or planning

Impact on children and families:

- More effective support for children and parents

Discussion

This relatively small-scale study is congruent with wider research into factors that give rise to the likelihood of children and young people having good mental health. Khan identifies the following as being key for schools in order to create a culture and ethos where emotional health and wellbeing are promoted:

To be successful, mental health-promoting and anti-bullying approaches need to be threaded through the entire curriculum and embedded in school culture. Activity needs to be backed up by well-implemented policies, good relationships with parents, whole school training and commitment to being a mentally healthy school, parallel concern for teachers' mental health, swifter identification and good access to both in-house and community resources to ensure timely support. (Khan, 2016)

The schools submitting case studies were all organisations where a 'whole school approach' has been embedded over a number of years. The successes documented by the schools came about through identifying priorities, and a clear process of 'planning, doing and reviewing' to achieve the desired outcomes. This 'healthy school' approach and the supporting evidence for its efficacy are documented in *Promoting children and young people's emotional health and wellbeing: A whole school and college approach*, PHE 2015 and *Mental health and behaviour in schools, Departmental advice for school staff*, DfE 2016.

A feature of being involved in the project for all of the schools was the need to establish baseline information. Evaluative interviews after the MHFA training also highlighted the importance of evidence gathering, listening and asking the right questions. This has enabled interventions and activities to be specifically tailored, thus ensuring that outcomes were more likely to be successful. Where positive impact wasn't being experienced, schools reflected carefully upon why this might be and at times decisions were taken to involve other agencies.

Support for parents most notably through more skilled conversations and improved ability to signpost, appear to have impacted positively on children. Mental Health First Aid has made a strong contribution to improvements in this area for staff. The increase in pupil self-esteem and reduction in anxiety for pupils identified by a number of schools may well have been contributed to by improved communication between parent and child as shown explicitly by school A. This is also supported by the Chief Medical Officer:

> Young people during late childhood to mid-adolescence who report good communication with their parents or guardians have higher overall life satisfaction and report fewer physical or psychological complaints. (Department of Health, 2012)

All of the project schools spent time ensuring that their universal curriculum provision met need. Through developments such as conflict resolution, restorative justice, increasing awareness of and skills in positive coping strategies and anti-bullying awareness, improved wellbeing has been noted in individual pupils, identified vulnerable groups and whole cohorts. The need for additional learning for staff and pupils is highlighted by the success of schools in enhancing the range of positive coping strategies named. Perhaps more importantly though is the evidence seen of: reduced behaviour issues, including bullying incidents; reductions in indicators of anxiety within pupils; and improved outlook upon life which suggest that not only are pupils aware of a range of strategies but that they are also able to use them.

Conclusion

Positive emotional wellbeing and mental health is fundamental to all our lives and to the communities in which we live. It underpins everything that we do, how we think, feel, act and behave. It impacts on learning. Investing in children's emotional wellbeing and mental health is as important as attending to their physical health as it underpins positive outcomes in childhood and successes in future adulthood.

This study highlights the importance of several principles: of understanding the needs of pupils and families and being responsive to these as they change over time; schools adopting a 'healthy school' approach which is mindful of all stakeholders and the need to embed this work into all aspects of school life; developing knowledge and understanding around mental health in order to reduce stigma, better support pupils, staff and parents to have good mental health and recognise when additional help might be needed.

The schools whose work is documented within this report have made a measurable difference to the pupils and staff that they work with, the legacy of which will extend far beyond the time frame of this project.

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