Evaluation of the South West London Children and Young People's Emotional Wellbeing in Schools Programme

By Health Innovation Network
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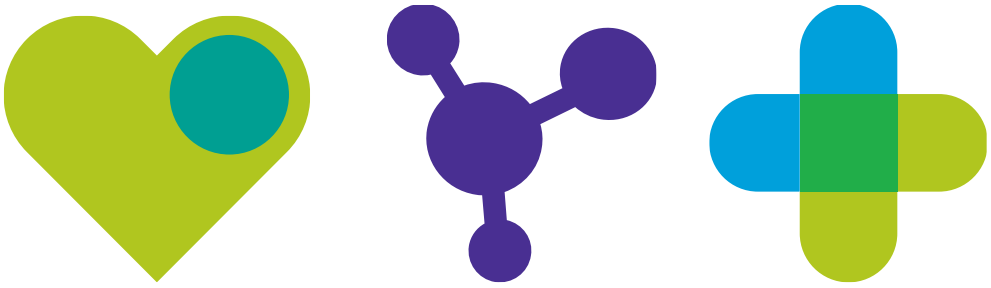
Health Innovation Network South London

Contents

About

The Health Innovation Network is the Academic Health Science Network (AHSN) for south London, one of 15 AHSNs across England. We are the bodies uniquely established to connect NHS and academic organisations, local authorities, the third sector and industry, in order to increase the spread and adoption of innovation across large populations, at pace and scale.



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- D'Andra Buchan (Project Support Officer, SWL ICB)
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1. Executive Summary

1.1 Introduction

South West London Integrated Care Board (ICB) (formally Clinical Commissioning Group) commissioned the Health Innovation Network (HIN), south London's Academic Health Science Network (AHSN), to complete an independent evaluation of the Children and Young People Emotional Wellbeing in Schools Programme in South West London (SWL). The aim of the evaluation is to determine the ideal Whole Schools Approach, assess the extent to which this has been achieved, and identify how to improve the Whole Schools Approach.

1.2 Evaluation Approach

The mixed methods evaluation used a range of qualitative and quantitative methods in two phases. Phase 1 involved interviews with key stakeholders, review of cluster action plans and identification of quantitative data sources. Phase 2 involved analysis of quantitative data and in-depth qualitative work with four case studies to capture a range of perspectives from cluster leads, teachers, providers, children and young people and parents and carers and sample non-cluster staff to provide a comparison. The evaluation gathered feedback from 422 stakeholders in qualitative interviews/focus groups (n=196) and surveys (n=226). In addition, observational data was gathered from many more stakeholders at cluster meetings, where the number of attendees was not tracked.

1.3 Findings

The findings are presented as a synthesis of material analysed for each element of the evaluation:

- Document review
- Interviews with broader stakeholder groups
- Quantitative data analysis
- Mental Health Support Team service user feedback surveys
- Interviews with cluster leads, cluster clinical leads, school staff and the mental health support teams working in four qualitative case study clusters
- A survey of staff at case study cluster schools
- Insights from parent and carers captured in interviews and a survey
- Focus groups with children and young people

Following a description of the SWL Children and Young People Emotional Wellbeing in Schools Programme (the Programme), the synthesis focuses on presenting evidence from these multiple sources against the evaluation questions covering 'what good looks like' (the criteria for success), the impact of the Programme, the factors associated with success and areas for improvement.

1.3.1 Description of the Programme

The South West London Integrated Care System (formerly the Health & Care Partnership) has been working with schools and colleges since Autumn 2018 to deliver the SWL Children and Young People Emotional Wellbeing in Schools Programme – a large-scale pilot to provide earlier support for children and young people's mental health. This is part of a national programme to implement the Government proposals set out in a 2017 Green Paper, 'Transforming Children and Young People's Mental Health Provision'.[1] The SWL Programme is externally funded by the Department for Education, the department of Health, and NHS England and Improvement.

The SWL Programme focuses on building emotional resilience, prevention, and early intervention. The creation of school clusters, each with a Mental Health Support Team delivered by a mental health organisation, is a key feature of the Programme. The Mental Health Support Teams deliver targeted evidence-based one-to-one and group

[1] https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

interventions to children and young people in schools/colleges. They also support schools and colleges in developing a Whole School Approach to emotional wellbeing.

As shown in Figure 1, sixteen clusters have been established in SWL in a series of waves. Each cluster has 10-20 schools, both primary and secondary, with a total school population of about 8,000 pupils. Each cluster is led by a head teacher from one of the cluster secondary schools. A key theme in every cluster is the aim to address health inequalities and disadvantage, and each cluster also has a cluster-specific focus to achieve improvements around locally relevant issues of concern, such as exclusion and youth violence, special educational needs and disability (SEND), children from an ethnic minority, self-harm, and domestic violence.

SWL Programme documentation presents interventions associated with the Programme using the structure of the Whole School Approach domains, as shown in Box 1.

Box 1: Key interventions delivered through the SWL Programme under the eight domains of the Whole School Approach[2]

Leadership and management: Systems and processes, governance and leadership, including a Designated Senior Mental Health Lead in each school/college.

Ethos and environment: Schools and colleges develop a mental health policy.

Curriculum and teaching: Schools/colleges improve emotional wellbeing as part of Personal, Social and Health Education (PSHE) curriculum; a directory of services is developed; children and young people can access resources to support improved emotional wellbeing via Kooth (an online counselling and self-help service).[3]

Targeted support and appropriate referral: Mental Health Support Teams deliver targeted interventions to children and young people in schools/colleges (individual and group); children and young people can access the Kooth online counselling and self-help service.

Working with parents and carers: Mental Health Support Teams deliver parent workshops to support the implementation of the whole school approach; "empowering parents empowering community" (EPEC) peer parenting programme aims to develop parental resilience.

Monitoring impact: HIN evaluation; school data collection including Child Outcomes Research Consortium (CORC) surveys.

Student Voice: Involving children and young people as part of how the Whole School Approach is developed and delivered.

Staff development and support: Mental Health Support Teams deliver interventions to support staff (individual and group); key pastoral staff in schools/colleges trained in mental health first aid and offer extended to other school/college staff; schools engage staff to identify need for additional support and delivery wellbeing initiatives in response.

The SWL Programme has a governance structure that includes regular cluster meetings chaired by the Cluster Lead, cluster leads meetings and a Programme steering group.

1.3.2 Criteria for assessing Programme effectiveness

Quantitative indicators of success for the Programme were established by South West London Clinical

[2] Adapted from: Programme Lead (2019) Children and Young People Emotional Wellbeing. 2-page summary. V8 28 August 2019

[3] https://www.kooth.com/

Commissioning Group in the initial application for funding. Key stakeholders interviewed in the first phase of the evaluation identified the importance of system-wide change; however, this is difficult to measure. Based on evidence from multiple other sources, the criteria for success were assessed as falling broadly within the eight domains of the Whole School Approach.

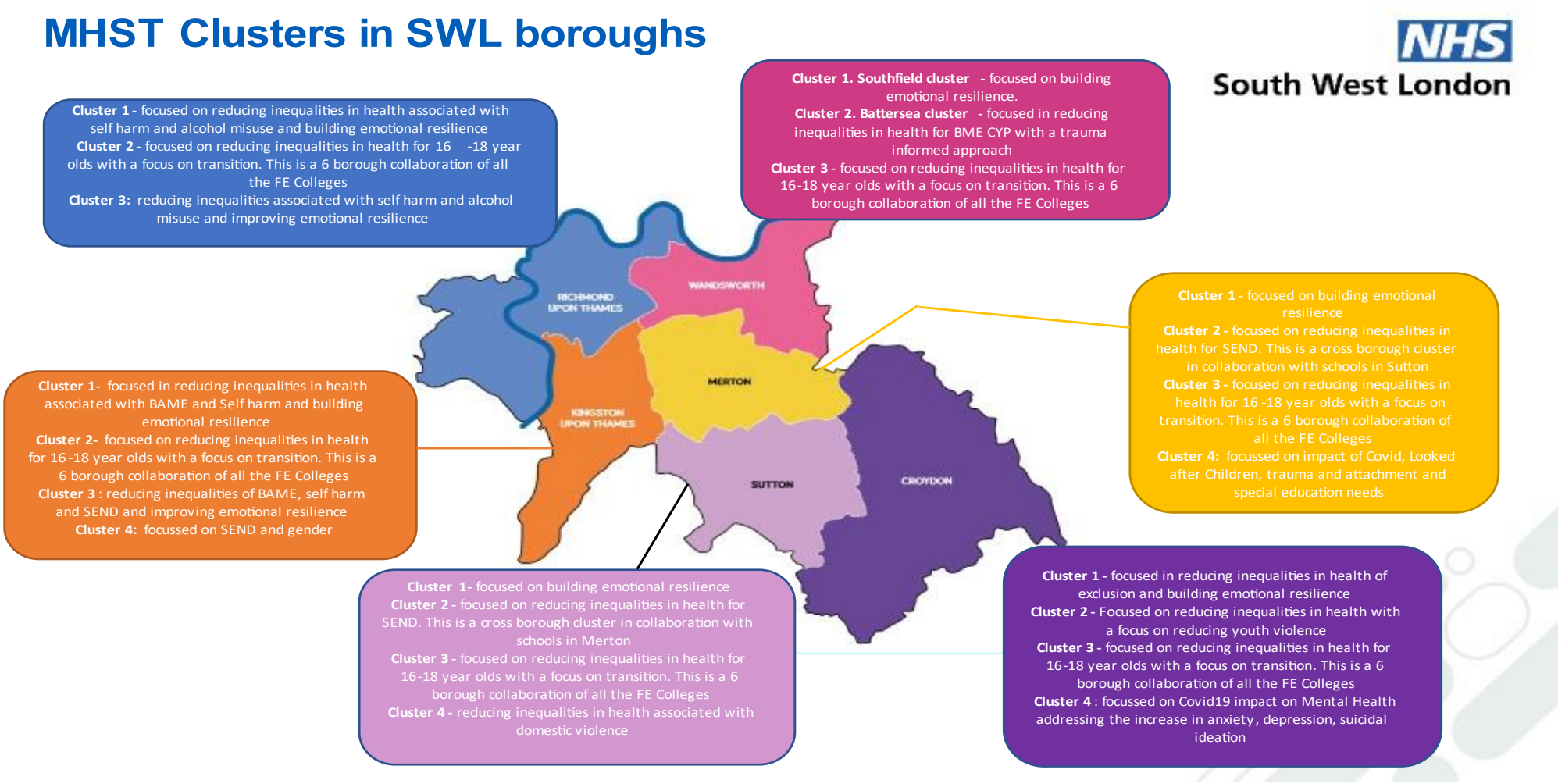

Figure 1: Clusters with Mental Health Support Teams in the six SWL boroughs. Source: Children and Young People's Emotional Wellbeing Update, presented to the Children and Young People Emotional Wellbeing in Schools Programme Steering Group on 29 September

1.3.3 Programme impact

The evaluation provides considerable qualitative evidence of positive change associated with the Programme. Evidence from quantitative data demonstrates a good deal of new activity aimed at improving emotional wellbeing in schools, however limited outcomes data was available to draw conclusions about the impact of the Programme.

Summary of quantitative evidence

The Trailblazer, wave 1 and wave 2 Mental Health Support Teams had on average between 30 to 58 referrals per quarter for their individual interventions delivered to children and young people during the periods that data was available for. Additionally, the Mental Health Support Teams delivered group interventions for children and young people, parents/carers and staff though it is not possible to determine the number of individuals that took part in these sessions from the available data. In the first quarter of 2020/2021, 600 children and young people across SWL registered on Kooth. Data provided by Kooth indicates that the large majority of these children and young people accessed self-help resources. Around 100 accessed the practitioner interventions including a live chat feature to access qualified counsellors through drop-in or pre-arranged online chat.

A small amount of data on clinical outcomes was available for children and young people receiving an individual intervention from two cluster Mental Health Support Teams (Merton Trailblazer and Croydon wave 1). The data indicates there were improvements. However, it is not possible to conclude from this data if the Programme had a statistically significant impact on clinical outcomes. Data provided by South West London and St Georges NHS Foundation Trust for the Merton Trailblazer cluster (average GBO scores pre- and post-intervention) indicate that progress towards goals was achieved during the intervention period. Data was provided by South London and Maudsley NHS Foundation Trust (SLaM) for the Croydon wave 1 cluster for 112 discharged children and young people with a paired outcomes measure. This indicates the majority (57%) showed no change, 38% showed a reliable improvement, and 4% showed a reliable deterioration.

Data available in the CORC reports of pupil surveys indicates that between the two time points that the surveys were conducted in the cluster schools, there was some increase in the percentage of schools whose scores got better in relation to each of the seven CORC 'Emotional strengths and skills' categories compared to a national benchmark of school results. For example, compared to the national benchmark:

- In terms of 'Empathy', the score got better in 23% of SWL cluster schools, it stayed the same in 58% of schools, and got worse in 19% of schools.
- In terms of 'Self-esteem', the score got better in 4% of schools, stayed the same in 77% of schools, and got worse in 19% of schools.
- In terms of 'Problem solving', the score got better in 12% of schools, stayed the same in 62% of schools, and got worse in 27% of schools.

NEL CSU report analysis shows a decreasing trend in Emergency Department attendances for self-harm over 2019 and 2020, with slight increase in winter 2020, and dropping again in 2021 and 2022. The HIN evaluation team were not able to access raw data, so it has not been possible to calculate the rate of change in the number of children and young people attending as a result of self-harm, nor to establish whether any change was statistically significant.

CORC staff reports were provided at cluster level, for surveys completed in 2020 and 2021/2022. Comparing results at the two time points indicates small improvements in responses to questions relevant to this metric: Participants felt they were knowledgeable on a wide range of mental health issues (68% compared to 65% at timepoint 1); Participants felt confident to support children that are experiencing difficulties with their mental health and wellbeing (62% compared to 61%); Participants felt confident to talk to children about their mental health and wellbeing (70% compared to 68%). The HIN evaluation team were not able to access raw data, so it has not been possible to calculate change in staff confidence or knowledge scores nor to establish whether any change was statistically significant.

Analysis of data on authorised or unauthorised absence rates found there were no statistically significant

differences between trailblazer and non-trailblazer schools.

Summary of qualitative evidence

The evaluation gathered feedback from 196 stakeholders in qualitative interviews and focus groups. In addition, observational data was gathered from many more stakeholders at meetings of clusters, cluster leads, and the Programme steering group. A very broad range of different perspectives was captured, including school staff, parents/carers and children and young people, as well as those involved at a more strategic level. Stakeholders from across these different groups were able to give examples of where the Programme had achieved positive qualitative outcomes.

In summary, the evaluation found there is a general consensus that the Programme has achieved improvements in the provision of support around emotional wellbeing in schools – for Children and Young People, parents/carers, and staff. Improvements were identified across the eight Whole School Approach domains. The increased capacity the Programme provided for additional support to cope with increased emotional wellbeing needs as a consequence of the COVID-19 pandemic, was seen as a specific benefit.

Compared to staff in schools that had little or no involvement in the Programme, the case study cluster school leads were particularly positive about additional resources available from outside the school to fund activities to improve emotional wellbeing across the school community. Work with parents and families was an area where the cluster schools appeared to be performing particularly well.

1.3.4 Features of the Programme associated with success

The success of the Programme can be linked to seven interrelated features. Broadly, two of these operate at a system-wide level and four operate at a cluster-level, with a cross-cutting theme of governance.

System-wide features of success

Programme set up was driven by strong senior leadership from across SWL and this was consistently identified as a feature of the Programme's success by strategic level stakeholders. Four very senior leaders from across the SWL system had been collaborating on developing a programme around self-harm as part of a system leadership course. The availability of government funding for the trailblazers was seen as an opportunity to take this work forward. The four senior leaders were closely involved in the initial trailblazer funding application which built on the work that had already been carried out, including initiatives that were already underway to bring about system thinking around children and young people's mental health, through work with schools. Stakeholders said that SWL was prepared and ready when the possibility of funding emerged.

The project manager who worked with the senior leaders to set the Programme up was also consistently identified as a key driving force by strategic level stakeholders, including the cluster leads. They were described as being heavily invested in the ambition of the Programme to improve provision for children and young people in SWL.

Cluster-level features of success

The factor most consistently associated with the Programme's achievements was the input of additional resources in schools to fund new activity around emotional wellbeing over a sustained period. Specifically, the new activity that was funded fell into three categories: the work of the mental health support teams to deliver evidence-based interventions, school-led initiatives, and emotional wellbeing leadership development. The latter included the new roles of the cluster leads and senior designated mental health leads, and the mechanism of the cluster meetings.

The sharing of learning between schools at the cluster meetings was another feature frequently associated with progress.

The cluster action planning process was also regarded positively as a mechanism to identify priorities across the cluster.

The strength of the cluster leadership and the way the Programme built on existing relationships was another cluster level feature associated with success. Early wave cluster leads were hand-picked by the centre to include those who had already demonstrated leadership in driving emotional wellbeing initiatives in schools and in some cases across clusters of schools. Pioneering schools was said to have spearheaded implementation of the Programme.

Cross-cutting features of success

The Programme governance structure with representatives from across the system is a feature of success, which operates both at a SWL level as well at the cluster level. The cluster meetings provide school/college leadership with a platform for raising concerns about the provision of mental health services for children and young people, identifying issues where experience is shared and lobbying for improvements. The structure provides opportunities for grass roots challenges to be flagged by school/college leads at the cluster meetings and then rapidly escalated to cluster leads and programme steering group meetings and where strategies to address them can be agreed with system leadership. There was evidence that information sharing at the cluster level had led to some system changes and mobilisation of activity around mental health. The need to improve access to Child and Adolescent Mental Health Services (CAMHS) for pupils with higher level needs was consistently mentioned. Through the cluster meetings, the Programme has given schools/colleges the knowledge to call for change around management of children and young people that needed specialist care.

The cluster meetings also provided a structure for school/colleges leads to influence the work of the Mental Health Support Teams. Cultural differences between the NHS and education sector presented challenges at the out-set, for example, differences in usual ways of working, processes, and terminology. The Programme governance structure had provided platforms where those differences could be worked through.

1.3.5 Areas for improvement

The lack of Programme level processes for systematically monitoring success is consistently identified as an area for improvement. Quantitative measures of success were identified in the initial application for Trailblazer funding, but no effective mechanisms have been established to determine progress against these. The lack of good quality quantitative data has limited the ability of this evaluation to assess the Programme's impact. It has also meant that it has not been possible to conduct an economic evaluation to establish the cost-effectiveness of the Programme.

Whilst the Programme set-up built on existing grass roots expertise and networks, it essentially took a top-down approach that some perceived to have failed to reflect existing school priorities and processes. It also was associated with a gap around expectations of what the Programme could deliver in terms of providing support for children and young people with more complex emotional wellbeing needs. The top-down approach could account for the finding that there was little awareness of the SWL Programme in schools outside of those directly involved in the cluster meetings, that is the designated senior mental health leads. Sharing information about the Programme across the school community, with children and young people, parents, and staff, could broaden understanding of the Programme and extend engagement.

Some of the wider group of strategic stakeholders interviewed in the first phase of the evaluation suggested that there was a low level of engagement amongst some schools. The case study cluster leads indicated that they did not perceive this to be a problem in terms of engagement in the cluster meetings, whilst acknowledging that at times schools were unable to engage in the short-term due to capacity issues. There were, however, indications that some schools were not engaging with their cluster mental health support team. Again, this could be addressed by raising awareness of the Programme across the school community in all cluster schools.

The rate at which the number of schools in clusters had grown was associated with challenges by some of those who attended the cluster meetings. The size of the meetings made it difficult for some to engage and limited the

extent to which the action planning process reflected perspectives from all schools. A staggered approach could be beneficial along with resources to support involvement in those new to the cluster.

There was a perception that new clusters were constantly 'reinventing the wheel'. A manual providing guidance in running a cluster with templates to support action planning and monitoring could be helpful here.

Cluster meetings were consistently identified as providing good opportunities for sharing learning and examples of good practice, however it was evident that learning was not always cascaded to the wider group of school staff. Resources to support dissemination of material from the cluster meetings with the wider school community could be of benefit.

Challenges with staffing levels in the Mental Health Support Teams were frequently mentioned. Problems recruiting and retaining staff had limited the extent of Mental Health Support Team activity and therefore the amount of direct support they were able to provide. Generally, difficulties recruiting staff were felt to be exacerbated by what was described as an inflexible Mental Health Support Team staffing model and more flexibility in the team structures was suggested as a way of addressing this.

There were also difficulties with staffing in other aspects of the Programme. Some clusters had struggled to identify a cluster lead, and some schools were without a Designated Mental Health Lead. Programme set up had been carried out by a full-time project manager and there was positive feedback from the clusters about the initial support from this individual. However, since July 2021, less than two days a week have been committed to Programme management. Programme support has also been affected by a high level of staff turnover. There were indications that the central Programme team would benefit from additional resources to enable more effective delivery.

Challenges faced by schools in supporting pupils experiencing mental health difficulties which were beyond the remit of the Mental Health Support Team was a consistently occurring theme. Learning from clusters taking positive action on this should be shared. Linked to this point, was CAMHS long waiting times which meant that children and young people were not able to access the care they needed. One cluster of schools had mobilised around the issue of provision for their pupils with higher level needs to lobby the care system for change. The experience of this cluster could usefully be shared with other clusters, all of whom appear to share beliefs that urgent action is needed. Crucially, the ICB should listen to these concerns, and actively engage with schools in co-producing an effective solution.

1.4 Conclusions

The evaluation found considerable qualitative evidence that the SWL Children and Young People Emotional Wellbeing in Schools Programme has supported improved provision for the mental health and wellbeing of children and young people across SWL. The Programme was perceived to provide additional resources to improve emotional wellbeing in schools/colleges and this was universally welcomed. Stakeholders from across the system were positive about the principle of the Programme and felt it should continue into the future, though most also suggested adaptations.

There is quantitative evidence of increased activity, most significantly the delivery of one to one and group interventions by the Mental Health Support Teams and access to self-help resources and direct support via the Kooth online platform. However, the impact of the increased activity around emotional wellbeing is challenging to measure quantitatively due to a number of factors, not least COVID19.

The evaluation identified features of the Programme that were associated with the successes. There is a strong common theme around leadership and management running through these features. Additional funding had enabled provision of direct support to be increased through the Mental Health Support Teams. However, it was the availability of additional resources for leadership around emotional wellbeing in schools in combination with the governance mechanisms that had enabled an improved dialogue between schools and external organisations, including the ICB, local authorities and particularly, the mental health trusts. It was leadership that had driven

improvements around system-level thinking about the mental health of children and young people in SWL.

1.5 Limitations

The impact of COVID19 on both the Programme and the evaluation cannot be under-estimated. The evaluation began work in July 2021 when schools faced considerable pressure in dealing with the impact of COVID. This severely disrupted activity in schools and made engaging with the schools very challenging. The pandemic also affected the amount and quality of data available. Accessing quantitative data proved challenging throughout the evaluation. Data to measure the quantitative impact of the Programme was particularly limited. Resource use data was not available to undertake an economic analysis.

1.6 Recommendations

Based on the areas identified for improvement, the evaluation makes the following recommendations.

Quantitative measures of impact

1. In consultation with stakeholders from across the system, SWL should agree a clear set of core metrics to measure the impact of the Programme.
2. Effective mechanisms should be established to capture and report data against the agreed metrics. This may involve working with Business Intelligence teams within statutory bodies (local authorities, ICB) and commissioned partner to create a dashboard to facilitate regular routine monitoring.

Economic analysis

3. Resource data to establish the cost-effectiveness of the Programme should be made available for an independent economic evaluation to be undertaken.

Increasing awareness amongst the broader school community

4. Information about the Programme should be shared across the school community, with children and young people, parents and staff, aimed at broadening understanding of the Programme and extending engagement.

Cluster meetings

5. A staggered approach to increasing the size of clusters should be considered to maximise engagement.
6. Resources should be provided to induct those new to the cluster. This could take the form of a toolkit.
7. A manual providing guidance in running a cluster with templates to support action planning and monitoring could be helpful.
8. Resources to support dissemination of material from the cluster meetings with the wider school community could be of benefit.

Mental Health Support Team staffing

9. Challenges with staffing levels in the Mental Health Support Teams could be addressed by allowing more flexibility in the Mental Health Support Team staffing model.
10. The central Programme team could benefit from additional resources to enable more effective delivery.

Addressing gaps in provision beyond the remit of the Mental Health Support Team and the scope of the SWL Programme

11. Learning from clusters taking positive action around the challenges faced by schools in supporting pupils experiencing mental health difficulties which were beyond the remit of the Mental Health Support Team should be shared.
12. The ICB should listen to stakeholder concerns about access to CAMHS, and actively engage with schools and CAMHS in co-producing an effective solution.

2 Introduction

In 2017, the Department of Health and Social Care (DHSC) and Department of Education (DfE) published the 'Transforming Children and Young People's Mental Health' Green Paper, which set out proposals for improving the services and support available to children and young people with mental health problems. The focus is to improve provision for those with mild to moderate mental health needs within schools. The proposals had three main elements:

- Incentivise schools to identify a designated senior lead (DSL) for Mental Health to oversee the approach to mental health and wellbeing.
- Create Mental Health Support Teams, providing specific extra capacity for early intervention and ongoing help, and supporting the promotion of good mental health and wellbeing in education settings.
- Trial a four-week waiting time for access to specialist NHS children and young people's mental health services (N.B. the four-week wait is outside of the scope for South West London).

The proposals have been implemented as large-scale pilot programme waves of mental health support team sites, of which South West London Integrated Care System (formerly the Health & Care Partnership) was part of the trailblazer, wave 1, 2, 4 and 6.

SWL Integrated Care Board commissioned the Health Innovation Network (HIN), south London's Academic Health Science Network (AHSN), to complete an independent evaluation of the Programme in South West London (SWL), to determine the programme outcomes and improve the approach.

3 Evaluation Aims and Objectives

The aim is to determine the ideal Whole Schools Approach, assess the extent to which this has been achieved, and identify how to improve the Whole Schools Approach. Specifically, the evaluation will address the following questions:

1. What does good look like for Whole Schools and College Approach for children and young people, parents/carers and teachers, commissioners and policy makers (i.e., what are the criteria for assessing effectiveness)?
2. What is the impact of the Whole School Approach for children and young people, parents/carers and teachers?
3. How can the Whole School Approach be improved? In terms of:
    a. What are the features associated with success?
    b. The 'blueprint' for implementing future clusters (i.e., How can the rollout/operationalisation of the Whole School Approach be improved?)
    c. Improving the provision within clusters (i.e., Whose needs are (not) being met by the Whole School Approach)?

4. Evaluation Approach

Following a lengthy scoping exercise, the evaluation was delivered in two phases. Phase 1 involved the conduct of stakeholder interviews, review of cluster action plans and identification of quantitative data sources. Phase 2 involved analysis of quantitative data and in-depth qualitative work with four case studies to capture a range of perspectives from cluster leads, teachers, providers, children and young people and parents and carers and sample non-cluster staff to provide a comparison.

Throughout the evaluation, the HIN worked with SWL Integrated Care Board colleagues and other key stakeholders who provided advice and guidance on the evaluation approach. A working group was established involving key stakeholders from SWL ICS, local authority, cluster schools and SWL mental health NHS Trusts. This group met monthly initially and then moved to quarterly. The HIN also attended the South West London Children and Young People Emotional Wellbeing in Schools Programme steering group on a quarterly basis to provide an update on evaluation progress and gather advice and guidance from members.

4.1. Evaluation Design

The HIN developed the evaluation design in discussion with the South West London Children and Young People Emotional Wellbeing Project Manager. The mixed methods evaluation has used a range of qualitative and quantitative methods, including online surveys, in-depth interviews, focus groups, analysis of routinely collected outcomes and activity data and reviewing documentation.

4.2. Quantitative Data

The first ten clusters established in South West London were included in the quantitative analysis. Later clusters were excluded as there was considered insufficient time for any quantitative impact to be seen. Quantitative sources included in the evaluation included:

- Mental Health Support Team activity data
- Clinical outcomes data
- Free school meals at school level across the six SWL boroughs
- School attendance and exclusion data
- CORC reports
- Kooth reports
- Department of Education survey
- School parent and staff surveys
- Participant feedback from Mental Health Support Team activities

Each of these are fully described in Appendices, along with the analytical methods used for reporting.

4.3. Qualitative Data

The evaluation used a combination of primary data collection methods to explore the perspectives of key stakeholders, including cluster leads, clinical leads, children and young people, parents and carers and staff.

Phase 1

In phase one, eighteen key stakeholders completed a one-to-one interview (Table 1). Due to pressures amongst the clusters, it was agreed that rather than the clusters taking part in individual stakeholder interviews, the HIN evaluation team would attend Cluster Leads Meetings and observe to gather data for the evaluation.

Phase 2

In phase 2, the HIN worked with four clusters to develop in depth case studies. The four case study clusters were chosen in discussion with SWL ICS to ensure there were a variety in terms of different mental health support team providers and demographics. SWL ICS approached each chosen cluster on behalf of the HIN to invite them to be a case study for the evaluation (Table 1). Interviews and focus groups (face to face, virtual or via telephone) were used to gather the majority of qualitative data. A staff survey and a parent and carer survey were also designed and disseminated via schools within the clusters. The surveys asked staff, parents and carers, closed and open-ended questions regarding the health and wellbeing offer at the school they work at / where their child(ren) attend. At the end of the survey, they were offered the opportunity to provide further in-depth data via an interview / focus group. If they wanted to be involved in an interview / focus group, the participant would leave their name, telephone number and email and provide consent to the HIN evaluation team to contact them to arrange a suitable date and time. All survey responses and transcripts were stored on a secure platform at the HIN with only project members being able to access data.

Table 1: Qualitative Data Collection Methods

Participant group:	Data collection methods / number of participants
Wider Stakeholders	**18 stakeholders** participated in one-to-one interviews
Cluster Meetings	**8 cluster meetings** attended across SWL, September 2021 – February 2022
Cluster Leads	**4 case study cluster leads** participated in one-to-one interviews
Clinical Leads	**3 case study clinical leads** participated in one-to-one interviews
Mental Health Support Teams	**28 Mental Health Support Team staff from 4 case study clusters** participated in focus groups or interviews
Children and young people	**98 pupils from schools/colleges in 3 case study clusters** participated in 5 focus groups.
School staff	**26 staff from case study schools/colleges** participated in focus groups or interviews. **16 staff from case study schools/colleges** completed an online school staff survey via MS Forms.
Parents and carers	**11 parents/carers from schools in 4 case study clusters** participated in a focus group or interview **210 parents/carers from schools in 2 case study clusters** completed an online survey via MS Forms.
Comparison school staff	**8 school staff** from schools that had no or very little engagement with the Programme participated in an interview.
The evaluation gathered feedback from 422 stakeholders in qualitative interviews/focus groups (n=196) and surveys (n=226). In addition, observational data was gathered from many more stakeholders at cluster meetings, where the number of attendees was not tracked.	

All interview transcripts and free text responses to survey were analysed using thematic analysis to identify key themes. An analytical framework was developed based on the evaluation objectives and the eight Whole School Approach domains illustrated in Figure 2.

Figure 2 Eight principles to promoting a whole school or college approach to mental health and wellbeing[4]

To ensure rigor in analysis, multiple researchers undertook coding and theme development using a framework analysis approach. The emergent themes were refined in discussion with the evaluation team at the HIN.

The aim of the qualitative analysis is to explore the breadth of what is working well and what could be improved from different perspectives (i.e., children and young people, staff, parents and carers). Themes may originate from small number of participants or in some instances an individual participant and have been reported in the findings because they are considered to have a key relevance to a specific aspect of the evaluation objectives.

Due to the small number of people that were interviewed across the different participant groups reporting will avoid any reference to specific services, locations and / or job roles, in order to maintain confidentiality and anonymity. For example, descriptors such as 'commissioner', 'school staff member', 'pupil' have been used.

[4] Source: Public Health England working with the Department for Education (2021) Promoting children and young people's mental health and wellbeing. A whole school or college approach. HM Government. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf

5. Findings

The findings are presented here as a synthesis of material analysed for each element of the evaluation:

- Document review
- Interviews with broader stakeholder groups
- Quantitative data analysis
- Mental Health Support Team service user feedback surveys
- Interviews with cluster leads, cluster clinical leads, school staff and the mental health support teams working in four qualitative case study clusters
- A survey of staff at case study cluster schools
- Insights from parent and carers captured in interviews and a survey
- Focus groups with children and young people

Following a description of the Programme, the synthesis focuses on presenting evidence from these multiple sources against the evaluation questions covering what good looks like (the criteria for success), the impact of the Programme, the factors associated with success and areas for improvement.

Detailed reports of the quantitative data analysis and different elements of the qualitative work are included as Appendices to this report.

5.1. Description of the Programme

5.1.1. Overview of the Programme

The South West London Integrated Care System (formerly the Health & Care Partnership) is working with schools and colleges to deliver a large-scale pilot project to provide earlier support for children and young people's mental health. This is part of a national programme – the Trailblazer Programme - to implement the Government proposals set out in a 2017 Green Paper, 'Transforming Children and Young People's Mental Health Provision'.[5]

The national programme has three main elements, two of which are being taken forward in SWL through the Children and Young People Emotional Wellbeing in Schools Programme with funding from the Department for Education and NHS England and Improvement. First, incentivising schools to identify a designated senior lead (DSL) for mental health to oversee the approach to mental health and wellbeing. Second, creating Mental Health Support Teams, providing specific extra capacity for early intervention and ongoing help, and supporting the promotion of good mental health and wellbeing in education settings with the aim of prevention. Funding was available for new initiatives and was not to be used to replace any current investment in emotional, behavioural and psychological wellbeing or interventions already being delivered.

In Autumn 2018, SWL Integrated Care System (formerly the Health and Care Partnership) secured funding through the national programme to establish Mental Health Support Teams in three trailblazer sites in Merton, Sutton and Wandsworth Place. Subsequently, funding was secured, in a series of waves, for further Mental Health Support Teams. By October 2022, there were sixteen Mental Health Support Teams delivered by four mental health organisations, supporting 44% of SWL state schools and all Further Education (FE) Colleges.[6] As shown in Figure 3, each of the six SWL boroughs now has at least two Mental Health Support Teams, each supporting a cluster of schools within the borough. SWL also have a dedicated further education cluster which is cross borough and there is a Mental Health Support Team focused on SEND in the boroughs of Merton and Sutton.

[5] https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

[6] Source: Children and Young People's Emotional Wellbeing Programme Update, presented to the SWL Children and Young People Emotional Wellbeing in Schools Programme Steering Group on 29 September 2022

Each cluster comprises between 10-20 schools, both primary and secondary, with a combined population of around 8,000 pupils. A head teacher from a secondary 'cluster school' has been nominated as the lead for each cluster. Table 2 shows the provider organisation and the number of schools in each of the first thirteen clusters.

Table 2: Provider organisations and number of schools in the first thirteen clusters

Wave	Cluster	Provider	Number of schools
Trailblazer (Live from January 2019)	Merton trailblazer	SWLSTG	14
	Sutton trailblazer		11
	Wandsworth trailblazer (Southfields)		20
Wave 1 (Live from September 2019)	Croydon wave 1	SLaM	13
	Kingston wave 1	AfC	12
	Richmond wave 1		13
Wave 2 (Live from January 2020)	Croydon wave 2	OTR/CDI	14
	Further education wave 2	SWLSTG	6
	Merton/Sutton wave 2		14
	Wandsworth wave 2 (Battersea)		18
Wave 4 (Live from January 2021)	Kingston wave 4	AfC	15
	Richmond wave 4		16
	Sutton wave 4	SWLSTG	10
Wave 6 (Live from January 2022)	Croydon wave 6	OTR / CDI	N/A
	Kingston wave 6	AfC	
	Merton wave 6	SWLSTG	

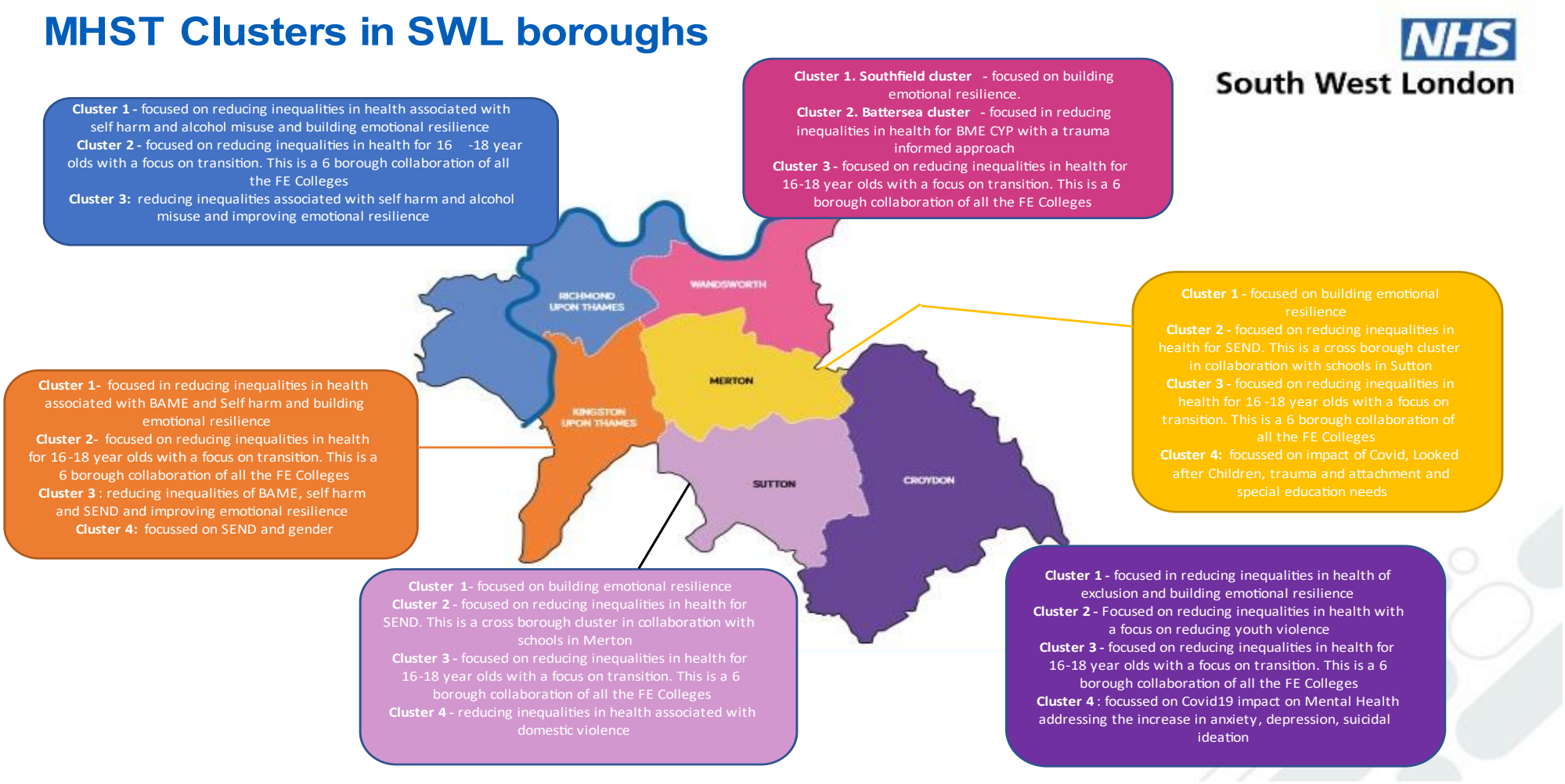

Figure 3 Clusters with Mental Health Support Teams in the six SWL boroughs. Source: Children and Young People's Emotional Wellbeing Programme Update, presented to the SWL Children and Young People Emotional Wellbeing in Schools Programme Steering Group on 29 September 2022

5.1.2. Programme focus

The initial 2018 funding application stated the goal to provide support for all children and young people in the three boroughs of Merton, Sutton and Wandsworth. The SWL proposal was described as a response to stakeholder feedback that the current approach to children and young people's emotional wellbeing was not working:

> *"current services are not meeting need and… too many children continue to present in mental health crisis to our mental health services or to A&E"*[7]

The application set out a focus on children and young people's emotional wellbeing and resilience which had been agreed in consultation with children and young people, parents and carers. This was an extension of initial work in SWL focused on a system wide co-designed programme around self-harm which had been driven by four senior leaders from across the SWL system.

The creation of 'school clusters', each with their own Mental Health Support Team, was identified as a key feature of SWL's plan. These would develop a whole schools approach with their teachers and pupils. Other features of the initial plan included using an existing coalition to oversee the development of Mental Health Support Teams and using school cluster designated senior leads for mental health to work with pupils, parents and teachers to co-design the Mental Health Support Teams.

A focus on building emotional resilience, prevention and early intervention, the creation of school clusters and the emphasis on co-producing a whole school approach to emotional wellbeing were maintained as key features of clusters funded in subsequent waves.[8] A key theme in each cluster of schools is the aim to address health inequalities and disadvantage. As shown in Figure 3, the specific focus in each cluster varies with clusters aiming to achieve improvements around locally relevant issues of concern. In different clusters these cover topics including exclusion and youth violence, special educational needs and disability (SEND), children from an ethnic minority, self-harm, and domestic violence.

5.1.2.1. Inequalities and disadvantage

As stated previously, a key theme in each cluster of schools is the aim to address health inequalities and disadvantage. The initial funding application summarises assessment of need in the three Trailblazer boroughs of Merton, Sutton and Wandsworth: approximately 111,000 children and young people at school; a very mixed demographic of inner and outer city with diversity regarding deprivation and ethnicity; and some of the more deprived wards (e.g. 3 wards in Merton and 5 in Sutton) nationally and some of the most affluent.[9] Figures are presented for the number of children and young people in each borough with a Child Protection Plan, a care plan, and a pupil premium. There were 675 looked after children across the three boroughs, 12,700 with a mild to moderate mental health need. The proportion of Black and Ethnic Minority children in Wandsworth was 72%, 36% in Sutton and 44% in Merton. An increase in Special Educational Needs and Disabilities (SEND) is outlined along with a statement of the implications:

[7] Source: Expression of interest in wave one trailblazer sites from SWL Health and Care Partnership (Merton, Sutton, Wandsworth Place), 17 September 2018

[8] Source: Children and Young People's Emotional Wellbeing Programme Update, presented to the SWL Children and Young People Emotional Wellbeing in Schools Programme Steering Group on 29 September 2022

[9] Expression of interest in wave one trailblazer sites from SWL Health and Care Partnership (Merton, Sutton, Wandsworth Place), 17 September 2018

This increase in children with challenging behaviour in the school settings has an adverse impact on exclusions with ongoing societal implications such as involvement in crime and gangs. In 16/17 there were 66 permanent exclusions and 3,050 temporary exclusions across Merton, Sutton and Wandsworth boroughs. A significant proportion of these children were not known to authorities prior to their exclusions and as such had little or no professional mental health support prior to this.

The HIN sought data to explore deprivation in cluster schools with a Mental Health Support Team in place compared to those with no Mental Health Support Team. Borough education leads advised that school-level data on pupil eligibility for free school meals (FSM) should be taken as a proxy measure of deprivation in schools. Analysis of FSM eligibility rates for all schools in the six SWL boroughs found no significant differences between cluster schools and non-cluster schools except for at wave 2 and wave 4. Schools in wave 2 clusters had statistically significantly higher FSM eligibility rates than non-cluster schools ($p < 0.05$). Conversely, wave 4 schools had statistically significantly lower rates than non-cluster schools ($p < 0.05$).

5.1.2.2. Existing provision of mental health support in SWL schools

The initial Trailblazer funding application states that in the three Trailblazer boroughs, "NHS-commissioned mental health support forms a very small part of the overall commissioned support in schools. The majority is commissioned either by schools directly or jointly between Place and Local Authorities."

Examples of current provision were outlined in the application as shown in Figure 4. It is stated that a full baseline assessment of existing provision would be conducted a part of the full Programme plan. The HIN were unable to source this document for review.

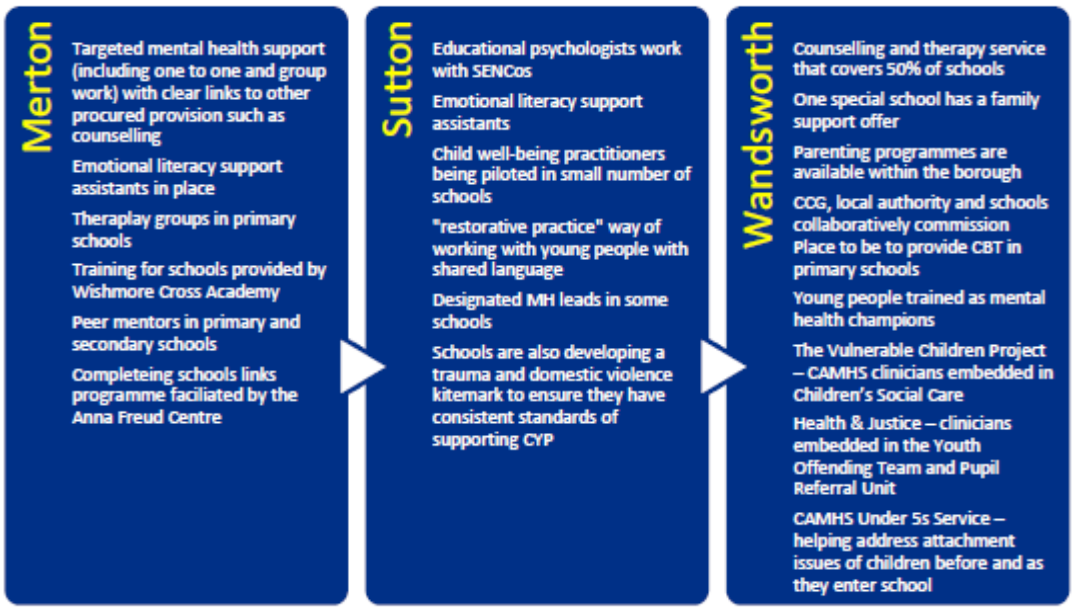

Figure 4: Existing provision of mental health support in schools[10]

Qualitative evidence gathered from staff working in the four case study clusters mirrors the picture shown in Figure 4 that prior to the establishment of the Mental Health Support Teams, there was a variety of different provision around emotional wellbeing in schools and colleges.

[10] Source: Expression of interest in wave one trailblazer sites from SWL Health and Care Partnership (Merton, Sutton, Wandsworth Place), 17 September 2018

5.1.3. Programme interventions

SWL Programme documentation usually presents interventions associated with the Programme using the structure of the Whole School Approach domains, as shown in Figure 5. The Whole School Approach is an evidence-based model to promoting mental health and wellbeing initially set out in a UK government paper in 2015 and updated in 2021.[11] As shown in Figure 2 above, the model has eight principles. It is of interest, that the principle of 'leadership and management' which lies at the centre of the model, is not represented in the SWL adapted version. The latter places 'Whole School Approach' in the middle for diagrammatic purposes to show the different domains that link to it. However, in doing this, the 'leadership and management' domain has not been included, and the documentation fails to refer to it.

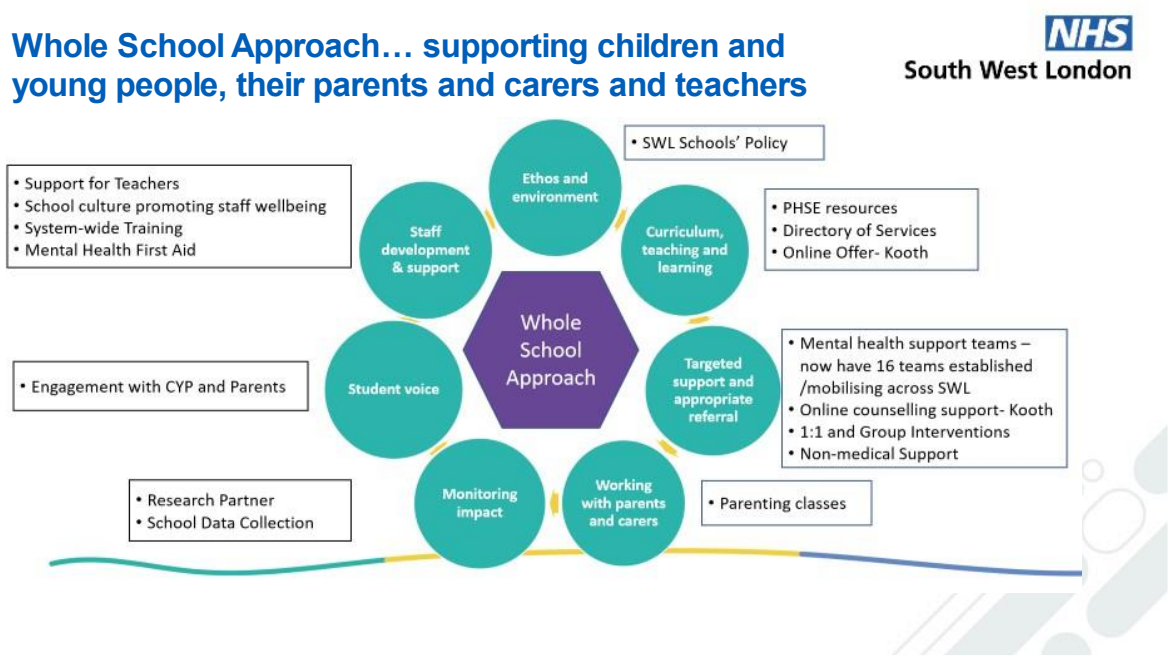

Figure 5: The South West London Children and Young People Emotional Wellbeing in Schools Programme interventions represented through the Whole School Approach model as presented in Programme documentation

The main interventions associated with the SWL Programme are set out in Box 1: Key interventions delivered through the SWL Children and Young People Emotional Wellbeing in Schools Programme under the eight domains of the Whole School Approach modelBox 1 against the eight Whole School Approach domains. These domains also commonly form the basis of the action plans prepared by each cluster setting out their priorities, as described in 'Criteria for assessing Programme effectiveness' below.

Box 1: Key interventions delivered through the SWL Children and Young People Emotional Wellbeing in Schools Programme under the eight domains of the Whole School Approach model

Leadership and management: Systems and processes, governance and leadership, including a Designated Senior Mental Health Lead in each school/college.

Ethos and environment: Schools and colleges develop a mental health policy.

[11] Public Health England working with the Department for Education (2021) Promoting children and young people's mental health and wellbeing. A whole school or college approach. HM Government. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf

Curriculum and teaching: Schools/colleges improve emotional wellbeing as part of Personal, Social and Health Education (PSHE) curriculum; a directory of services is developed; children and young people can access resources to support improved emotional wellbeing via Kooth (an online counselling and self-help service).[12]

Targeted support and appropriate referral: Mental Health Support Teams deliver targeted interventions to children and young people in schools/colleges (individual and group); children and young people can access the Kooth online counselling and self-help service.

Working with parents and carers: Mental Health Support Teams deliver parent workshops to support the implementation of the whole school approach; "empowering parents empowering community" (EPEC) peer parenting programme aims to develop parental resilience.

Monitoring impact: HIN evaluation; school data collection including Child Outcomes Research Consortium (CORC) surveys.

Student Voice: Involving children and young people as part of how the Whole School Approach is developed and delivered.

Staff development and support: Mental Health Support Teams deliver interventions to support staff (individual and group); key pastoral staff in schools/colleges trained in mental health first aid and offer extended to other school/college staff; schools engage staff to identify need for additional support and delivery wellbeing initiatives in response.

Programme governance and the Mental Health Support Teams are two pivotal Programme interventions and are described more in this section as they are critical to understanding the Programme. Other interventions will be explored in detail in subsequent sections of the report.

5.1.3.1. Programme governance structure

The "systematic involvement of education in governance" was outlined by SWL as a core focus from the outset of the Programme.[13] The Programme has a governance structure that includes:

- Cluster meetings
- Cluster leads meetings
- A Programme Steering Group
- A Programme Board

Each cluster holds regular cluster meetings – typically one each half term. At least one representative from each school within the cluster is invited to the meeting – usually this person is also the school's Senior Designated Mental Health Lead. The meetings are chaired by the Cluster Lead. Others attending the meetings include staff from the cluster Mental Health Support Team. Cluster Clinical Leads and representatives from the Local Authority education and public health departments are also on the invitation list but appear unlikely to attend unless there is a specific item on the agenda that they are covering. The SWL Programme Lead is also on the list of invitees but again is unlikely to attend.

The cluster leads meetings are convened by the SWL Programme Lead and chaired by the Programme Clinical Lead. Those invited include the lead for each cluster and a broad range of representatives from other organisations, including the Mental Health Support Team Providers and the Local Authority education and public health departments.

[12] https://www.kooth.com/

[13] Children and Young People's Emotional Wellbeing Programme Update, presented to the SWL Children and Young People Emotional Wellbeing in Schools Programme Steering Group on 29 September 2022

As described in the section on Programme impact, these meetings are identified as a feature of the Programme associated with its success.

5.1.3.2 Mental Health Support Teams

As shown in Table 2, the sixteen SWL Mental Health Support Teams are delivered by different mental health organisations. Eight are delivered by South West London and St George's Mental Health NHS Trust. The other eight are delivered by South London and Maudsley NHS Foundation Trust (SLaM), Achieving for Children, and Off the Record and Croydon Drop In. The Mental Health Support Teams have three core functions: to deliver evidence-based interventions to children and young people with mild-to-moderate mental health issues; to support the senior mental health lead (where established) in each school or college to introduce or develop their whole school or college approach; and give advice to school and college staff and liaise with external specialist service to help children and young people to get the right support and stay in education.[14]

The structure for the Mental Health Support Teams includes three Agenda for Change band 4/5 Educational Wellbeing Practitioners (EWP) and two band 6/7 clinical psychologists and are led by a band 8 clinical psychologist. During their first year the EWPs complete a post-graduate course such as the one at KCL which equips them with the learning to deliver a package of evidence-based interventions.[15] As will be described in subsequent sections of this report, difficulties with recruitment and retention meant that few of the Mental Health Support Teams were operating at full capacity.

5.2. Criteria for assessing Programme effectiveness

The first objective of the evaluation was to determine what good looks like for Whole Schools Approach for children and young people, parents/carers and teachers, commissioners and policy makers. This was defined as the criteria for assessing effectiveness.

A summary prepared by the Programme Lead in August 2019[16] outlines the quantitative indicators of success for the Programme as follows:

- Mental Health Support teams will deliver 500 contacts per year
- 500 children and young people will be accessing online counselling and self-help by July 2020
- 20% Improvement in the Warwick-Edinburgh Mental Wellbeing Scales for the teachers participating in the whole school approach pilot by 2020.
- 20% improvement in the resilience scores survey for the children and young people who have been part of the whole school approach (using CORC paired measures).
- 20% reduction in the number of children and young people attending the Emergency Department (ED/A&E) as a result of self-harm from year 2

These are similar to the measures set out in the initial Trailblazer funding application which also included other measures as follows:

- Pre and post intervention questionnaires to assess increase in confidence of young people to manage emotional wellbeing
- Pre and post intervention questionnaires to assess improved knowledge and confidence from teachers and parents on supporting children with emotional wellbeing issues
- School/college time lost

In qualitative interviews and focus groups, participants were asked to describe their views on what success would look like. Amongst the broader set of strategic level stakeholders interviewed there were varying perceptions

[14] South West London Health and Care Partnership, Mental Health Support Teams' Offer, presented to the SWL Children and Young People Emotional Wellbeing Steering Group on 2 February 2022

[15] https://www.kcl.ac.uk/study/postgraduate-taught/courses/education-mental-health-practice-pg-dip

[16] Source: Programme Lead (2019) Children and Young People Emotional Wellbeing. 2-page summary. V8 28 August 2019

around the detail of 'what good looks like' but consensus around the importance of system-wide change. There was no consensus in interviews conducted with the case study Mental Health Support Teams and the case study cluster school communities. However, based on evidence from these and from multiple other sources, the criteria for success were assessed as falling broadly within the eight Whole School Approach domains. As illustrated in Figure 6, thematic analysis of the action plans for the first ten clusters established confirms that the importance of the eight Whole School Approach domains in determining cluster priorities for action.

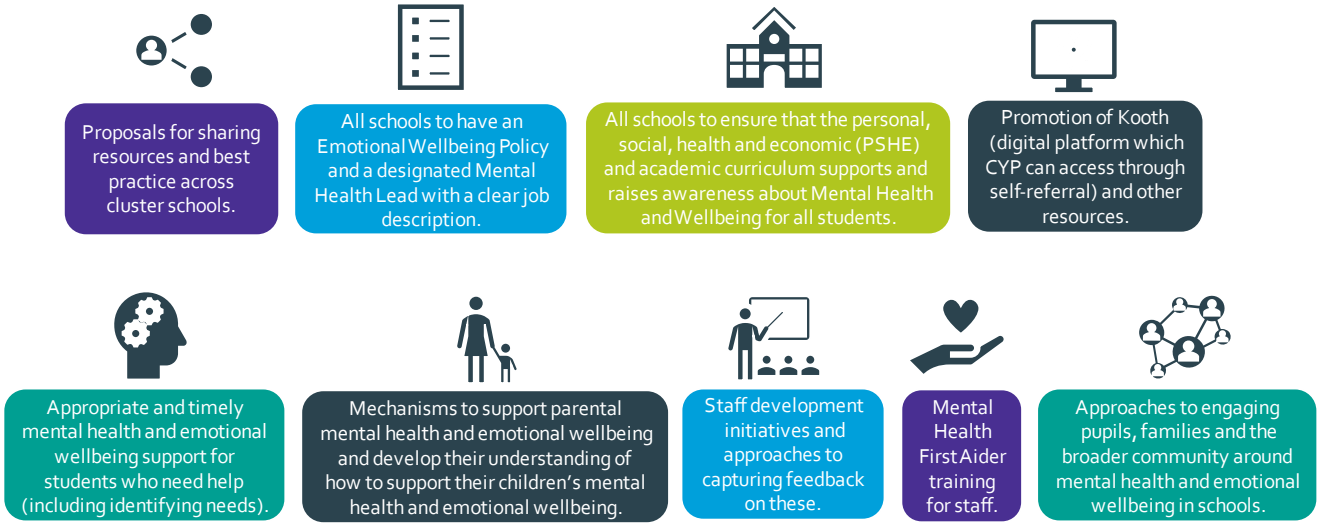

Figure 6: Common themes across cluster action plans

5.3. Programme impact

This section of the report addresses the second of the evaluation questions and presents evidence on the impact of the Whole School Approach for children and young people, parents/carers and teachers.

5.3.1. Overview of evaluation findings on the impact of the Programme

The evaluation provides considerable qualitative evidence of positive change associated with the Programme. Evidence from quantitative data provided by the Mental Health Support Teams demonstrates a good deal of new activity aimed at improving emotional wellbeing in schools. There is, however, limited quantitative evidence of the Programme's impact from clinical or other outcome measures. Quantitative measures of success were identified in the initial application for Trailblazer funding, but no effective mechanisms have been established to determine progress against these. The COVID-19 pandemic made collection of quantitative data problematic and significantly limited the ability of the evaluation to determine the quantitative impact of the Programme.

The evaluation had intended to conduct an economic evaluation to evaluate the cost-effectiveness of the SWL Children and Young People Emotional Wellbeing in Schools Programme. However, it was not possible to undertake a full economic evaluation due to a lack of comparator or appropriate baseline data. All schools have been implementing different versions of the programme and this made it challenging to define the comparator. Additionally, the actual cost data linked to the clinical outcomes data was not available.

5.3.1.1. Summary of findings against the Programme quantitative metrics

As described above, quantitative indicators of success for the Programme were identified by SWL Integrated Care

Board (formerly the CCG), in the initial Trailblazer funding application. The table below summarises the evidence against each of these. Evidence on these metrics is discussed more fully under the relevant domain in the next section, along with evidence from other quantitative sources. A full report of the quantitative data can be found in Appendix 2.

Overall, there is some evidence that the Programme has achieved positive change in terms of the activity related metrics. Mental Health Support Teams are likely to have achieved in excess of 500 contacts with children and young people, parents/carers and staff in the 2021-22 school year and more than 500 children and young people accessed online self-help resources in the first quarter of 2020-21. Based on the available data, it seems unlikely that other quantitative metrics on outcomes were achieved. Generally, the impact of COVID-19 makes establishing the impact of the Programme impossible, particularly in the absence of comparison data.

Table 3 Summary of findings against the Programme quantitative metrics

Indicator of success	Evidence	Conclusion
Mental Health Support Teams will deliver 500 contacts per year	The Trailblazer, Wave 1 and 2 Mental Health Support Teams delivered on average between 30 and 58 individual interventions to children and young people per quarter in the period that data is available for. Additionally, the Mental Health Support Teams delivered group interventions for children and young people, parents/carers and staff. Due to inconsistencies in the available data, it is not possible to determine the number of individuals that took part in these sessions.	Due to inconsistencies in the available data, it is not possible to establish a precise figure for the number of contacts delivered by each Mental Health Support Team. However, based on the available data, it seems probable this this metric was achieved in the 2021-22 school year.
500 children and young people will be accessing online counselling and self-help by July 2020	In the first quarter of 2020/2021, 600 children and young people across SWL registered on Kooth. Data provided by Kooth indicates that the large majority of these children and young people accessed self-help resources. Around 100 accessed the practitioner interventions including a live chat feature to access qualified counsellors through drop-in or pre-arranged online chat.	Based on the available data, it seems probable this this metric was achieved.
20% improvement in the Warwick-Edinburgh Mental Wellbeing Scales for the teachers participating in the Whole School Approach pilot by 2020.	Data on Warwick-Edinburgh Mental Wellbeing Scales was not available to the HIN evaluation team. CORC staff reports were provided at cluster level, for surveys completed in 2020 and 2021/2022. Comparing results at the two time points indicates a small worsening in staff wellbeing scores. In 2021/22, 73% of staff surveyed reported medium to high wellbeing compared to 75% in 2020. However, the HIN evaluation team were not able to access any raw data, so it has not been possible to establish whether this change was statistically significant.	The HIN evaluation team understand the Warwick-Edinburgh Mental Health Wellbeing Scale data was not collected for staff. Based on staff wellbeing data from the CORC staff survey, it seems unlikely that this metric was achieved. The impact of COVID-19 makes establishing the impact of the Programme on staff wellbeing impossible, particularly in the absence of comparison data.
20% improvement in the resilience scores survey for the children and young people who have been part of the whole school approach (using CORC paired	The HIN evaluation team were not given access to raw data for the CORC pupil surveys, so it has not been possible to calculate change in overall resilience scores nor to establish whether any change was statistically significant. Data available in the CORC reports of pupil surveys indicates that between the two time points that the surveys were conducted in the	Based on the available data, it seems unlikely that this metric was achieved. The impact of COVID-19 makes establishing the impact of the Programme on children and young people's resilience impossible, particularly in the absence of comparison data.

Indicator of success	Evidence	Conclusion
measures).	cluster schools, there was some increase in the percentage of schools whose scores got better in relation to each of the seven CORC 'Emotional strengths and skills' categories compared to a national benchmark of school results. For example, compared to the national benchmark: • In terms of 'Empathy', the score got better in 23% of SWL cluster schools, it stayed the same in 58% of schools, and got worse in 19% of schools. • In terms of 'Self-esteem', the score got better in 4% of schools, stayed the same in 77% of schools, and got worse in 19% of schools. • In terms of 'Problem solving', the score got better in 12% of schools, stayed the same in 62% of schools, and got worse in 27% of schools.	
20% reduction in the number of children and young people attending A and E as a result of self-harm from year 2	NEL CSU report analysis that shows a decreasing trend in Emergency Department attendances for self-harm over 2019 and 2020, with slight increase in winter 2020, and dropping again in 2021 and 2022. The HIN evaluation team were not able to access raw data, so it has not been possible to calculate the rate of change in the number of children and young people attending as a result of self-harm, nor to establish whether any change was statistically significant.	Based on the available data, it seems unlikely that this metric was achieved. The impact of COVID-19 makes establishing the impact of the Programme on self-harm in children and young people impossible, particularly in the absence of comparison data.
Pre and post intervention questionnaires to assess increase in confidence of young people to manage emotional wellbeing	No data that directly addressed this metric was available to the HIN evaluation team. Data provided by South West London and St Georges NHS Foundation Trust for the Merton Trailblazer cluster (average GBO scores pre- and post-intervention) indicate that progress towards goals was achieved during the intervention period. Data was provided by South London and Maudsley NHS Foundation Trust (SLaM) for the Croydon wave 1 cluster for 112 discharged children and young people with a paired outcomes measure. This indicates the majority (57%) showed no change, 38% showed a reliable improvement, and 4% showed a reliable deterioration. Data available in the CORC reports of pupil surveys indicates that between the two time points that the surveys were conducted in the cluster schools, there was some increase in the percentage of schools whose scores got better in relation to the CORC 'Emotional strengths and skills' category of Problem Solving. Compared to	No data that directly addressed this metric was available to the HIN evaluation team. A small amount of data on clinical outcomes was available for two clusters (Merton Trailblazer and Croydon wave 1). This data indicates some improvements. However, it is not possible to conclude from this data if the Programme had a statistically significant impact on clinical outcomes. Data from the CORC reports of pupil surveys indicates some improvement in 'Problem solving'.

Indicator of success	Evidence	Conclusion
	the national benchmark schools, the score got better in 12% of cluster schools, it stayed the same in 62% of schools and got worse in 27% of schools. The HIN evaluation team were not able to access raw data, so it has not been possible to calculate change on this measure nor to establish whether any change was statistically significant.	
Pre and post intervention questionnaires to assess improved knowledge and confidence from teachers and parents on supporting children with emotional wellbeing issues	CORC staff reports were provided at cluster level, for surveys completed in 2020 and 2021/2022. Comparing results at the two time points indicates small improvements in responses to questions relevant to this metric: Participants felt they were knowledgeable on a wide range of mental health issues (68% compared to 65% at timepoint 1); Participants felt confident to support children that are experiencing difficulties with their mental health and wellbeing (62% compared to 61%); Participants felt confident to talk to children about their mental health and wellbeing (70% compared to 68%). The HIN evaluation team were not able to access raw data, so it has not been possible to calculate change in staff confidence or knowledge scores nor to establish whether any change was statistically significant.	Based on the available data, it seems unlikely that the Programme had a statistically significant impact on this metric. The impact of COVID-19 makes establishing the impact of the Programme on staff knowledge and confidence impossible, particularly in the absence of comparison data.
School/college time lost	Analysis of data on authorised or unauthorised absence rates found there were no statistically significant differences between trailblazer and non-trailblazer schools.	Based on the available data, it seems unlikely that the Programme had a statistically significant impact on this metric.

5.3.1.2. Summary of qualitative evidence of positive change associated with the Programme

The evaluation gathered feedback from 196 stakeholders in qualitative interviews and focus groups. In addition, observational data was gathered from many more stakeholders at meetings of clusters, cluster leads, and the Programme steering group. A very broad range of different perspectives was captured, including school staff, parents/carers and children and young people, as well as those involved at a more strategic level. Stakeholders from across these different groups were able to give examples of where the Programme had achieved positive qualitative outcomes. This evidence is discussed more fully under the relevant Whole School Approach domain in the next section. Full reports of the different qualitative elements of the evaluation can be found in Appendices 1, 4, 6 and 7.

In summary, the evaluation found there is a general consensus that the Programme has achieved improvements in the provision of support around emotional wellbeing in schools – for Children and Young People, for parents/carers and for staff. Improvements were identified across the eight Whole School Approach Domains. The increased capacity provided by the Programme to provide much needed additional support to cope with the increase in emotional wellbeing needs as a consequence of the COVID-19 pandemic was seen as a specific benefit.

Compared to staff in schools that had little or no involvement in the Programme, the case study cluster school leads were particularly positive about additional resources available from outside the school to fund activities to improve emotional wellbeing across the school community. Work with parents and families was an area where the cluster schools appeared to be performing particularly well.

5.3.2. Improvements in provision across the eight domains of the Whole School Approach

This section of the report presents the findings from all the evaluation sources against the eight Whole School Approach domains.

5.3.2.1. Leadership and management

The Programme was perceived to provide schools with additional resources to develop leadership around emotional wellbeing. The principal mechanisms for improvements here were the cluster meetings and the appointment and training of the Designated Senior Mental Health Leads. Whilst there were a small number of criticisms made of both, they were generally regarded positively. The cluster meetings in particular were generally regarded as opportunities for networking across cluster schools which allowed examples of good practice to be shared and those who participated in the meetings to learn about innovative approaches from others. A divergent view suggested that the cluster meetings were too large for some voices to be heard, and that they had grown too rapidly to be effective. There were also indications that learning from the cluster meetings was not cascaded to the broader school community.

It was evident that individual staff played key role in initiating activity around emotional wellbeing and driving it forward. Often this person had training or experience in, or a passion for, emotional wellbeing and had a role within the school/college that specifically supports its delivery. Key players at a school level were typically also the school Designated Mental Health Lead (DMHL). These individuals would attend cluster meetings but when talking about emotional wellbeing focused on activity in their own school rather than cluster level activity. There were many examples of where they had set the emotional wellbeing agenda in their own schools.

On the whole, the school mental health leads spoke little about the training they had to deliver these roles, except where it was seen as lacking. One interviewee described how the training was overly focused on general leadership skills that participants would already possess, and that a focus on whole school approach leadership specific skills would have been more useful. At a cluster level, the cluster leads were the driving force, in particular by creating energy through the cluster meetings and mobilising activity in cluster schools through the action planning process.

> *"I was also able to earmark and to support staff members who are really interested in mental health. So I have a designated senior lead for mental health now who has a background in counselling." (Case study 4, cluster lead)*

The HIN's survey of school staff asked for their views on leadership around emotional wellbeing. Although the small number of respondents limit the reliability of the results, only one of sixteen disagreed that there is senior leadership support for promoting emotional health and wellbeing in their school. In the parallel survey of parents and carers, 138 (67%) of 206 respondents agreed with the statement, 25 (12%) disagreed and the other 43 (21%) neither agreed nor disagreed. Evidence from interviews with parents supports evidence from other sources on the critical role played by individual staff in supporting children and young people experiencing emotional difficulties.

In 2021, the Department for Education (DfE) conducted a national survey of school and college experience of working with mental health support teams. 100% of respondents from a South West London school/college with a Mental Health Support Team agreed with the statements that their school 'has senior leaders who are visible to the mental health support team and are committed to making full use of the Mental Health Support Team support offer', and that their school 'is an active partner in the programme.'

5.3.2.2. Ethos and environment

Being part of the SWL Programme has aided the development of a positive culture supporting mental health and emotional wellbeing. Interviewees from across all stakeholder groups talked about the way the Programme

has pushed mental health up the agenda in schools and colleges, making it more of a priority and raising awareness amongst staff and children and young people. In schools, children and young people are happy to talk about mental health and it has less of a stigma.

In schools, the cultural shift had created an environment which had allowed improvements in access to support for children and young people, for parents and carers, and for staff. However, there was evidence that in the Further Education Cluster there was still a sense of stigma around mental health and directly linked to this, service uptake was reported as being lower. The physical presence and consequent visibility of the mental health support teams in schools/colleges was seen as important in creating a positive culture and environment around emotional wellbeing. Colleges are trying to normalise having the conversation on emotional well-being and mental health for students, by having staff in key roles who help to bridge that gap to the Mental Health Support Team.

You know we now talk about mental health like we talk about safeguarding. It's everybody's responsibility. The stigma around mental health for staff and students is diminishing… wouldn't have people being so open about talking about it and seeking help. I think the channels for students and for parents and for staff to be able to access help has been a real result from that, from all the cluster work. (Case study 2 cluster lead)

The HIN's survey of school staff asked for views on the ethos and environment around emotional wellbeing. Although the small number of respondents limit the reliability of the results, just one of sixteen disagreed that the culture in their school promotes respect and values diversity. In the parallel survey of parents and carers, 162 (79%) respondents agreed with the statement, 18 (9%) disagreed and 25 (12%) neither agreed nor disagreed. In interviews, parents generally felt there was an open culture around talking about mental health, and this was said to go beyond academic outcomes. However, one parent felt there was too much emphasis on homework, assessment and academic outcomes at the expense of children's emotional wellbeing. Another felt that pupils should be encouraged to talk more about mental health.

5.3.2.3. Curriculum, teaching and learning

Schools and colleges had a range of staff supporting emotional learning and building resilience from a time that pre-dated the SWL Programme. These included staff in roles such as student services, pastoral services and youth workers. There were also many examples of where resources available through the SWL Children and Young People Emotional Wellbeing in Schools Programme has augmented the school's existing emotional wellbeing activity as part of the curriculum. The work of the mental health support teams was the most significant area of additional activity that was delivered as a result of additional funding through the Programme. There were, however, also many school-led initiatives to support improved emotional wellbeing that appeared to have been introduced with limited involvement from the Mental Health Support Teams. Changes to the curriculum, particularly through personal, social, health and economic (PSHE) lessons, but also through other academic subject areas and through tutorials, were the key mechanism here. Other common examples of school-led initiatives included various pupil peer support schemes such as mental health champions and ambassadors; devices such as 'time out cards' and 'emotional regulation' which allowed pupils who were struggling to access support; and assemblies that raised awareness around emotional wellbeing. There was also evidence of the development of new resources to support emotional wellbeing in schools. For example, one case study cluster had developed a directory of resources.

Kooth is an online platform providing mental health support for children and young people. Since 2020, SWL ICS has commissioned Kooth to provide access to the platform across SWL. Reports shared with the HIN evaluation team show that in 2020/2021, there were 3,142 new registrations to Kooth in SW London, and in the first three quarters of the year 2021/2022 there were 2,597, totalling 5,739 new registrations to the platform in SW London over the reporting period. Comparing the number of registrations at borough level indicates that Croydon has a consistently high number of registrations, whereas Wandsworth and Merton both have a consistently low number. The reports show that the large majority of those who accessed the platform used the self-help resources.

The HIN's survey of school staff asked for their views on the curriculum around emotional wellbeing. Although the small number of respondents limit the reliability of the results, just one of sixteen disagreed with the statement that in their school, 'There is a focus within the curriculum on social and emotional learning and promoting personal resilience'. In the parallel survey of parents and carers, 119 (58%) of 204 respondents agreed with the statement, 36 (18%) disagreed and the other 49 (24%) neither agreed nor disagreed. In interviews, parents talked about the positive culture around emotional wellbeing. Examples of how this was demonstrated included through assemblies, MHFA workshops and whole class exercises. They also talked positively about the peer support schemes in their child's school, saying this was helpful for children and young people. In contrast, some parents felt that more could be done to embed mental health and wellbeing within curriculum, teaching and learning. For example, one suggested that there should be more social activities and events at school for children and young people, especially in secondary schools, to build peer support networks.

5.3.2.4. Targeted support for children and young people and appropriate referral

The initiatives and interventions delivered by the Mental Health Support Teams were the most significant area of additional activity that was delivered as a result of additional funding through the Programme.

5.3.2.4.1. Activity to support children and young people

In interviews and focus groups, participants described a broad range of activity to provide targeted emotional support to children and young people. School staff typically focused on school-led activity, that is provision other than that delivered by the mental health support teams. This section of the report describes activity which was known to be directly attributable to the Programme, that is principally, activity delivered by the Mental Health Support Teams, however activity on the Kooth platform also falls into this category. A later section of the report, 'Attributing impact to the Programme' explores the wider offer in schools.

5.3.2.4.1.1. Kooth

As described above, reports shared with the evaluation team, shows that in 2020/21, 3,142 children and young people across SWL registered to access support through the Kooth platform. Reports shared with the HIN evaluation team show that the large majority of those who accessed the platform used the self-help resources but there were also a smaller number who accessed the 'chat' function. In each quarter in 2020/21, 100-200 children and young people across SWL accessed the practitioner interventions which include a live chat feature to access qualified counsellors through drop-in or pre-arranged online chat. A full summary of the Kooth reports can be found in Appendix 2.

5.3.2.4.1.2. Mental health support teams

The Mental Health Support Teams are delivering both one to one support and group work for children and young people with mild to moderate level needs for emotional wellbeing support. Quantifying the total number of individual interventions delivered by the Mental Health Support Teams is difficult because of inconsistencies in the data shared with the HIN by the Mental Health Support Team providers and SWL ICS. The data was provided in different formats and for different time periods which limits the ability to present data across providers.

5.3.2.4.1.2.1. Individual interventions delivered by the Mental Health Support Teams

Figure 7 illustrates the average number of one-to-one interventions delivered per quarter by the Mental Health Support Teams to children and young people over the period that data was available. From this, it can be roughly estimated that Mental Health Support Teams delivered between 120 and 232 interventions per year, but this number should be interpreted with caution for the reasons outlined previously regarding the inconsistencies in the available data that make comparison difficult.

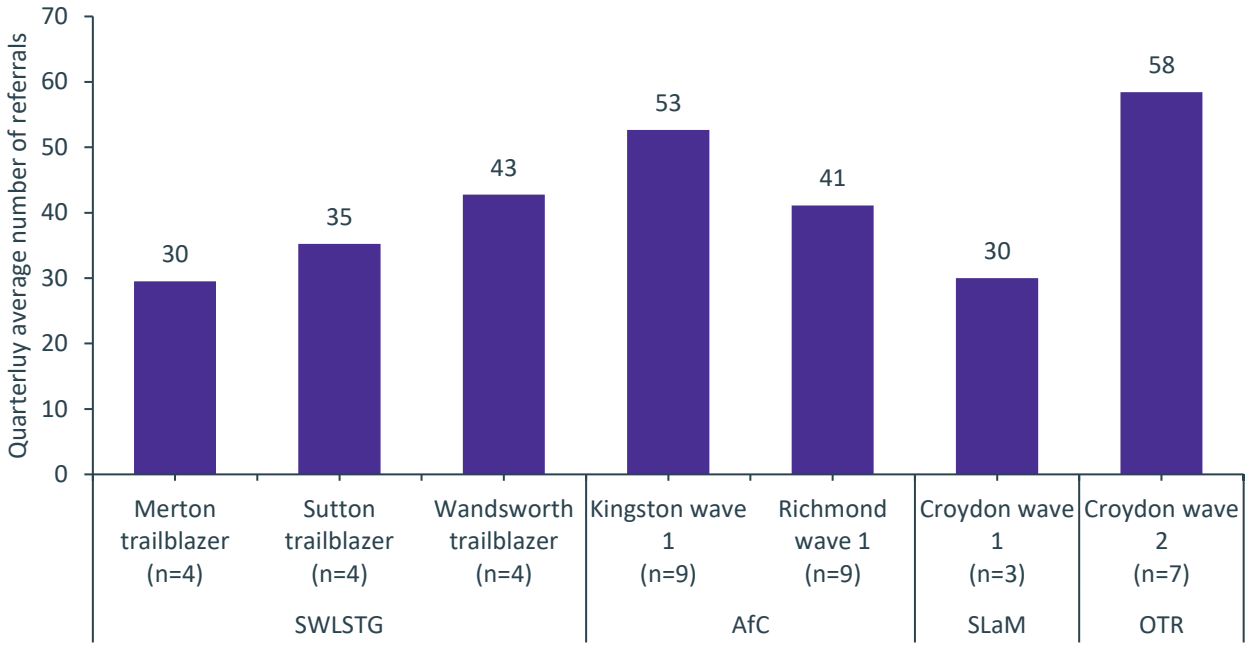

Figure 7: Quarterly average number of referrals to each Mental Health Support Team (n = number of quarters data was available for). Source: SWL Integrated Care Board and the Mental Health Support Team Providers: SWL and St Georges NHS Foundation Trust (SWLSTG), Achieving for Children (AfC), South London and Maudsley NHS Foundation Trust (SLaM) and Off the Record (OTR).

Reason for referral

Data on the reason a child or young person was referred to the Mental Health Support Team was available for five Mental Health Support Teams. The most common reason was due to anxiety (77% of Richmond and Kingston Wave 1 Mental Health Support Team referrals; and 61% of referrals to the three Trailblazer Mental Health Support Teams). Referrals for low mood or depression were the next most common reason across these Mental Health Support Teams (10% and 19%, respectively).

Demographic profile

Demographic data was provided for referrals to six Mental Health Support Teams. Different age group categories used by the Mental Health Support Team Providers means data cannot be presented across the Mental Health Support Teams. The analysis found there were variations between the Mental Health Support Teams in terms of the demographic characteristics of the pupils seen.

Pupils referred to the Kingston and Richmond wave 1 and Croydon wave two Mental Health Support Teams tended to be younger (primary school age) compared to the three trailblazer Mental Health Support Teams where a larger proportion of pupils referred were older (secondary school age).

There was less variation in terms of gender. Those referred to the three trailblazer clusters were more likely to be female compared to those referred to the Kingston and Richmond wave 1 and Croydon wave two Mental Health Support Teams, about half of whom were female.

Data on the ethnic group of pupils referred was provided for four Mental Health Support Teams. Almost half (45%) of pupils referred to the Croydon wave 2 Mental Health Support Team were white, 25% were black, 23% mixed race, 6% Asian and 2% were another ethnicity. 62% of pupils referred to the three trailblazer Mental Health Support Teams were white, 12% were Asian or Asian British, and 12% were mixed ethnicity.

Aggregate clinical outcomes

Clinical outcomes data was provided for pupils that were referred to two Mental Health Support Teams for an individual intervention. This is data collected from pupils about their clinical wellbeing at the start of the intervention and then at a later point which may or may not be at discharge. The two Mental Health Support Teams collected different outcome measures, so results are presented separately.

South London and the Maudsley NHS Foundation Trust provided data 112 patients with a paired outcomes measure who were discharged from the Croydon wave 1 Mental Health Support Team. Figure 8 shows reliable change, a measure of intervention effectiveness, in Croydon wave 1 referrals. The majority (57%) showed no change, 38% showed a reliable improvement, and only 4% showed a reliable deterioration.[17]

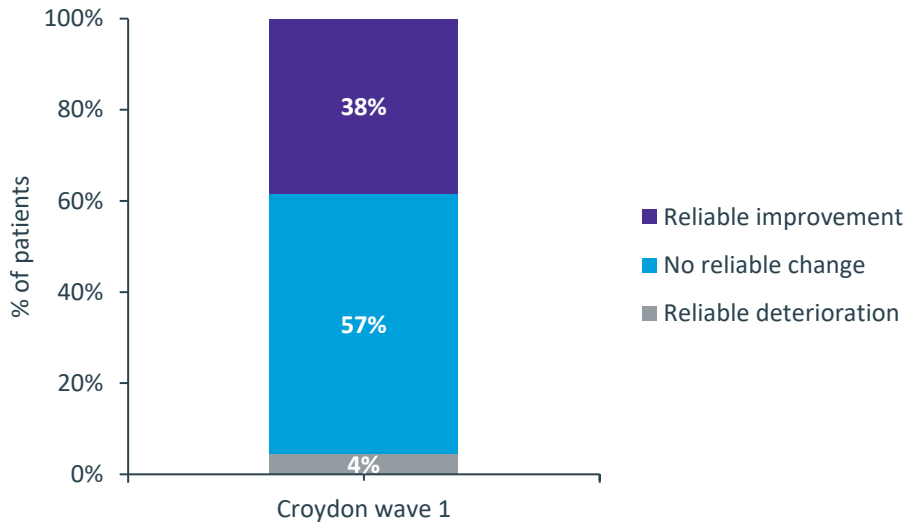

Figure 8: Reliable change in discharged patients with a paired outcome measure from the Croydon wave 1 cluster (n=112). Source: South London and the Maudsley NHS Foundation Trust

Goal Based Outcomes (GBO)[18] and Revised Child Anxiety and Depression Scale (RCADS)[19] data were provided by South West London and St George's NHS Foundation Trust for pupils receiving an individual intervention from the Merton Trailblazer Mental Health Support Team.

Figure 9 shows that average aggregated GBO scores increased indicating an improvement over time. Termly scores increased from an average of 3.5 pre-intervention to an average of 7.6 post-intervention, demonstrating that progress towards goals was achieved during the intervention period.

[17] A Reliable Change Index (RCI) is a psychometric criterion used to evaluate whether a change over time in an individual score, that is the difference in score between measurements at two points in time, is considered statistically significant. Source: Guhn, M., Forer, B., Zumbo, B.D. (2014). Reliable Change Index. In: Michalos, A.C. (eds) Encyclopedia of Quality of Life and Well-Being Research. Springer, Dordrecht. https://doi.org/10.1007/978-94-007-0753-5_2465. https://doi.org/10.1007/978-94-007-0753-5_2465

[18] At the beginning of all individual and group interventions, young people and/or parents are asked to select up to three goals that they would like to work on that are meaningful to them and their lives. Each goal is rated from 0 to 10, and progress towards them tracked each week during the 6-to-8-week intervention course and during the 6-week follow-up session. These goals are individualised and person-centred. Further information on GBO can be found here: https://www.corc.uk.net/outcome-experience-measures/goal-based-outcomes-gbo/.

[19] At the beginning of all individual young person guided self-help sessions, young people select a 'problem or challenge area' that has been causing them difficulty. RCADS is then used to monitor progress and change over the intervention course. A score above 70 represents a 'clinically raised score' and potential significant need, a score between 65-70 represents 'borderline' difficulties that are approaching a significant need. A score below 65 falls within the 'healthy' range. Further information on RCADS can be found here: https://www.corc.uk.net/outcome-experience-measures/revised-childrens-anxiety-and-depression-scale-rcads/.

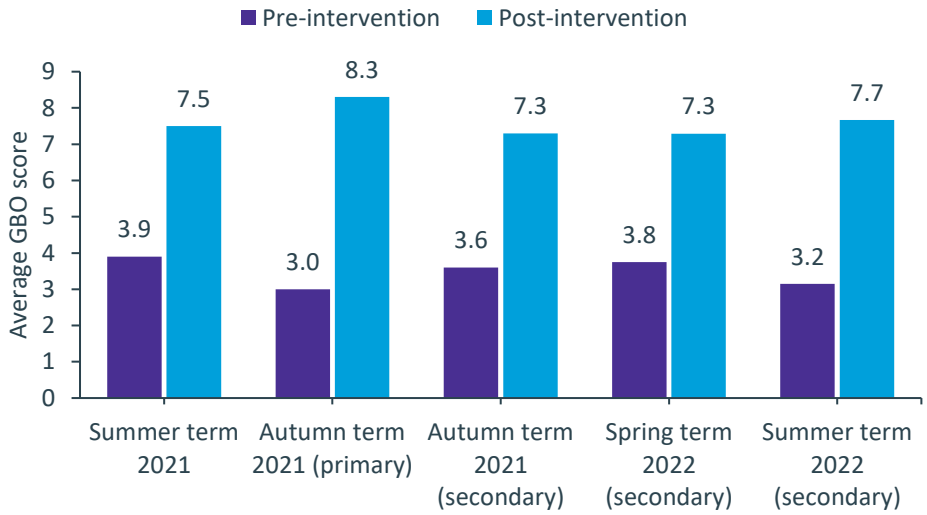

Figure 9: Average pre- and post-GBO scores by term for pupils receiving an individual intervention from the Merton Trailblazer Mental Health Support Team. (Number of pupils/parents not given). Source: South West London and St George's NHS Foundation Trust.

Average RCADS scores pre- and post-intervention per term are displayed in Figure 10. Each term, the average score decreased from within the 'borderline' and 'clinically raised' categories to within the 'healthy' range, demonstrating that on average there was an improvement during the intervention period.

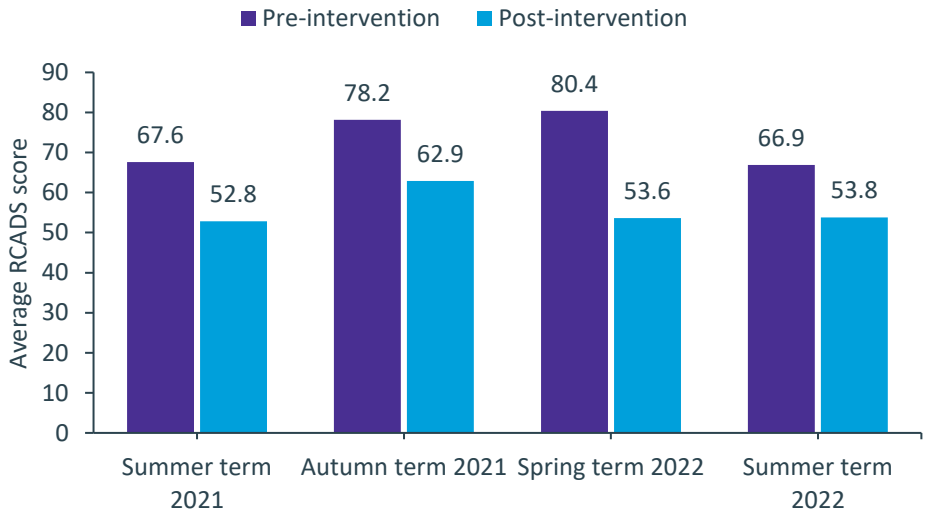

Figure 10: Average pre- and post- RCADS scores for pupils receiving an individual intervention from the Merton Trailblazer Mental Health Support Team. (Number of pupils not given). Source: South West London and St George's NHS Foundation Trust.

5.3.2.4.1.2.2. Group interventions delivered by the Mental Health Support Teams

In addition to the one-to-one interventions, Mental Health Support Teams supported children and young people through group interventions such as workshops. Table 4 summarises this activity.

Table 4: Summary of Mental Health Support Team group interventions delivered to children and young people

Mental Health Support Team	Reporting period	Activity and format	Number of attendees per session	Topics covered
Kingston wave 1	Spring term 2021 – summer term 2022	59 workshops: 95% in-person and 5% online	59% had 15 or less attendees; 39% were delivered to whole classes or year groups (30+ attendees)	• Building resilience • Anxiety/exam anxiety • Dramatherapy • Transitions/settling in • Navigating friendships • Low mood, • Emotional literacy • Emotional distress tolerance, • Bereavement
Richmond wave 1	Autumn term 2020 – summer term 2022	113 workshops: 98% in-person and 2% online	58% had 10 or less attendees, and 38% were delivered to whole classes or year groups (20+ attendees).	
Croydon Wave 2 (live from summer term 2020)	September 2019 – March 2022	133 workshops: Online (September 2019 to August 2021); in-person and online (from September 2021)	Average attendance of 7 pupils.	• Finding your rhythm during lockdown • Covid calm down • Coping with loneliness • Anger antidote • Sleep solutions • Keeping connected • Uncertain futures • Managing low mood/anxiety/stress/difficult feelings • Self-care • Mind & body connection • How to set goals and stick to them • Returning to school, college, university or work • Recognising emotions and coping with difficult feelings • Families/schools and how to survive them • Friendship • Identity • Internet safety • Grief support • Social media and self-care
Croydon wave 1 (live from autumn term 2019)	September 2019 – September 2022	Data on number of attendees not provided. Online, in-person and recorded.	Data not provided	• Anxiety, exam stress and sleep • Transition – Year 2/Year 6/sixth form and college • Low mood (adolescents) • Coronavirus – Looking after your mental health • Transition back to school • Peer mentor training
Merton trailblazer (live from spring term 2019)	Summer term 2021 - summer term 2022	Data not provided	Data not provided	• Worry Ninja

5.3.2.4.2. Perceptions of targeted support for children and young people

5.3.2.4.2.1. Overview

Mental Health Support Teams added to the existing provision in schools and colleges, augmenting direct, targeted support for children and young people with emotional support needs. There were positive accounts of the additionality the team brought, how it allowed support to be provided to more children and young people than the school could achieve with in-house resources.

The timeliness of additional provision through the Mental Health Support Teams in the light of the impact of COVID-19 in increasing the need for support was remarked upon. Interviewees consistently described how the pandemic had increased emotional wellbeing needs amongst pupils. The Programme remit to support low level needs has enabled targeted activities to address some of the effects of COVID-19 on emotional wellbeing. Specific sessions were mentioned such as those on managing exam stress, dealing with sleep disorders, and transition workshops.

5.3.2.4.2.1.1. Gap in provision

The quantitative data on Mental Health Support Team activity shared with the HIN indicated that a good deal of new support was being provided for children and young people. There was general agreement amongst interviewees that the Mental Health Support Teams had increased the amount of support available. It was evident, however, that there was a gap between the remit of the Mental Health Support Teams to deliver support for lower-level needs, and the higher-level needs of children and young people. Qualitative evidence from multiple sources indicated that schools and colleges experienced challenges in managing these more complex needs effectively. These issues frequently dominated discussion in meetings – the cluster meetings, the cluster leads meetings and the stakeholder steering group. Through the cluster meetings, one cluster had mobilised around this and were lobbying health services to take action. These issues are explored more fully in Appendix 4.

5.3.2.4.2.2. The Mental Health Support Team offer

The Mental Health Support Teams described a very broad range of provision in the cluster schools and colleges, both individual level and group interventions. The description here is intended to add some insights into the lists provided in the table above.

In one case study school the Mental Health Support Team supported and co-ran with the Mental Health Ambassadors, a weekly lunchtime well-being club for pupils. At another school which did not make referrals to the individual interventions delivered by the Emotional Wellbeing Practitioners (EWP), they delivered a group workshop on resilience to three-year groups.

In the Further Education cluster of SWL colleges, the Mental Health Support Team is supporting a three-week programme for students during induction to help them transition to student life. Other activities to support pupils moving from school to college included transition days for those identified as having vulnerabilities to spend a day at the college over the summer to become familiar with the environment and meet the Mental Health Support Team; and videos for secondary school students, utilising student experience of how they managed the long summer break and prep for college.

The project was very much about trying to engage with students in terms of their transition from school into college. It was very much about trying to gain greater insights into those early indicators. It was very much about opening up a dialogue around an initial conversation where we're building confidence among staff to talk to young people and to open up some of the things that may be concerning them. And also then you engage with some of the big things like low level anxiety,

worry and concern about things in their life. (Case study 1 staff)

In primary schools in one cluster, 'Worry Ninja' workshops were delivered in a series of three to year 6 pupils transitioning to secondary schools, with the teacher attending and learning the strategies children and young people can use to manage emotions around transition. Workshops were also delivered for parents to teach them the same strategies.

5.3.2.4.2.3. School staff engagement with the Mental Health Support Team offer

Common to all schools/colleges across all case study clusters was the impact COVID-19 had on how the Programme operated. It was suggested that remote working during lockdowns had made it more difficult for the relationship between the Mental Health Support Team and school staff to become established, which in turn had affected the ability of school staff to make appropriate referrals to the team.

COVID meant we switched to working remotely at the start of the emotional wellbeing programme Because of the pandemic, it was slow to get that relationship in place.....It's hard to have that rapport with people that you're working in partnership with. You don't even meet and then you're meeting online... It became hard to make the right referrals because we hadn't built up the relationships with the other practitioners, which makes referring and discussing students a lot easier. But I think now we're finding our feet. (Case study 1 Staff)

There were examples of where the Mental Health Support Team offer was tailored to meet the needs of the school or college, through dialogue with staff, particularly the mental health lead. For example, problem solving and self-esteem were two areas of concern that came out of the CORC survey and schools asked the Mental Health Support Team for support around this.

We have developed the relationships with the mental health leads that we can talk to them and they, kind of, say, 'Okay, it would be really great if we could have this,' or, you know, 'This is a need, what can we do about it?' Then we'll think as a team, what can we come up with. (Case study 2 Mental Health Support Team)

The therapy walks came from [xx school/college] and they said would you get involved in this and it was really positive as loads of people would come down and go for a walk...even in January and on these walks, young people walk and talk. That idea came from the college and we supported it. (Cast study 1 Mental Health Support Team)

Staff at one school mentioned the Mental Health Support Team delivered a staff INSET session to introduce who they were and what they offered and how to make referrals. However, there was low awareness of the Mental Health Support Team offer amongst some school staff who did not have a specific role within their school around emotional wellbeing.

5.3.2.4.2.4. School staff views of the Mental Health Support Team offer

As described in the section on 'Ethos and environment above, there was a more open dialogue around emotional wellbeing. This was said to have led to improvements in the extent to which the need for support was acknowledged and help could be requested. Along with improved signposting this was said to have led to improvements in terms of access to support. One school has a well-being section in the weekly newsletter which is

sent out to the whole school community. This includes information of support available from the Mental Health Support Team and how this can be accessed.

I think the channels for students and for parents and for staff to be able to access help because of it has been a real result from that all the cluster work……I think it's really opened up that dialogue about it's OK to admit when things aren't going right. And then you know, we're much better at signposting for support for that, whether it's online, whether it's anonymous, or whether it's in school. (Case study 2 cluster lead)

There were also positive accounts of where the Mental Health Support Team had supported pupils, both through individual interventions and through group workshops. For example, in the FE Cluster activities delivered by the Mental Health Support Team included student workshops, wellbeing events during mental health awareness week and anti-bullying week, and stalls, advice, and signposting at Freshers Fair.

There's particular students that have worked with the mental health team who have come back this year and said actually that was really useful… Can you signpost us to other services where we could continue this in some shape or form. So for me that's a success because particularly for those students that have come back and said that and they were students that we never would have had access to or never would have engaged with. (Case study 1 staff)

We get feedback from teachers saying that the children are still talking about it (the Worry Ninja workshops) weeks after, and the teacher can help shape the ideas and talk about thoughts about anxiety. (Case study 4 Mental Health Support Team)

The different provision provided by the various members of the team was welcomed. For example, the provision of creative therapies such as art therapy or play therapy, had been really useful for some children and young people who had been difficult to reach and who find talking about their emotions difficult.

When you've got young people who can't manage their emotions and can't even talk about their emotions, having those alternative forms of you know art therapy or play therapy that's really valuable… So I definitely say that that has been an additional benefit because it's not always a skill that school counsellors had. (Case study 3 staff)

The HIN's survey of school staff asked for views on the provision of targeted support around emotional wellbeing. Although the small number of respondents limit the reliability of the results, just two of sixteen disagreed with the statement that in their school, 'There is timely and effective identification of students who would benefit from targeted support and ensures appropriate referral to services'.

5.3.2.4.2.5. Parent and carer views of support for children and young people

One Mental Health Support Team Provider shared participant feedback from parents who took part in a Mental Health Support Team delivered intervention for the child. Feedback was broadly positive. For example, 95% of those who received care from Mental Health Support Team Merton provided positive feedback. Frequent aspects of the service respondents cited include being listened to and feeling understood; non-judgemental environment; being offered practical and helpful strategies and coping mechanisms; care being tailored to individual needs; the kindness and caring of therapists. Many respondents noted they felt well supported, being offered practical and

helpful advice tailored to their specific needs.

"I wasn't as aware of what he was going through and the anxiety he was feeling, the sessions opened my mind and helped me to slow down and break down his behaviours. It helped me change my response towards him. We are thankful, you have really helped us." (Parent/carer, SWLStG Mental Health Support Team feedback survey)

"(Name removed) has left a lasting impression on our family. She has given us our daughter back and helped us to understand that her anxiety is separated from her autism. (My child) had been on a reduced timetable for school on and off since year 7. She has been unable to use public transportation and go anywhere other than home or school. She now does all these things and more because she has strategies to cope and the vocabulary to say what she is struggling with. (My child) may always be a worry for us but I now feel a little more like in control of my own worries for her." (Parent/carer, AfC Mental Health Support Team feedback survey)

The HIN's survey of parents and carers asked respondents the extent to which they agreed or disagreed with the statement that in their child's school, 'There is timely and effective identification of students who would benefit from targeted support and ensures appropriate referral to services'. 87 (42%) of 207 respondents agreed with the statement, 52 (25%) disagreed and 68 (33%) neither agreed nor disagreed.

In interviews, parents emphasised the importance of a reliable and timely referral pathway. However, they demonstrated varying views regarding access to services where their child needed emotional support. Some were positive about support received from the school, for example describing services as reliable. However, others expressed clear dissatisfaction, for example describing poor communication between them and the school around their child's need for emotional support. It was suggested that more collaborative working between schools, GPs and NHS mental health and wellbeing services was needed.

"It's overstretched and underfunded. Schools do their best but don't have time, training or resources. We are broken." (Parent responding to HIN survey)

5.3.2.4.2.6. Feedback from children and young people about emotional wellbeing support

Two Mental Health Support Team providers shared data with the HIN with feedback that they had gathered from children and young people and their parents/carers about the individual interventions delivered to children and young people. A full report of the findings of the HIN's analysis of this data can be found in Appendix 3.

One Mental Health Support Team provider (Achieving for Children) shared data with the HIN from a survey capturing feedback from 42 children and young people who had received support from two Mental Health Support Teams. As shown in Figure 11, responses were broadly very positive about different aspects of the service. For younger children receiving a Mental Health Support Team intervention, feedback about the experience was captured from parents/carers. Analysis reported in Appendix 3 indicates that their feedback was also broadly very positive.

Open-ended feedback provided by children and young people and parents/carers in the Achieving for Children survey was overall highly positive. Qualitative feedback gathered by another provider (SWL and St George's NHS Foundation Trust) was also generally very positive. Respondents to surveys by both provides identified that sessions provided a safe, kind and accessible environment within which children and young people felt listened to and supported. Importantly, many identified they were provided coping mechanisms and strategies, and practical

resources to help deal with issues being faced. Some respondents identified that the support provided had resulted in an improvement in mental health. That therapy sessions provided holistic, caring support for the whole family was noted by several parents/carers as an important and transformative aspect of the care received. Support provided was also seen to be tailored, convenient, thorough, and accessible, with some explicitly citing the therapist's openness, kindness, knowledge and professionalism as stand-out aspects of care.

"The person who saw me listened very well and considered my problems very seriously and I think that she was very friendly." (Child/young person, AfC Mental Health Support Team feedback survey)

"[NAME] is very helpful and understanding and she was able to help me and support me with my wellbeing. I am more confident now and feel like I can speak more to my friends and in the classroom which I could not do before. School have seen me improve too and i couldn't have done this without the sessions." (Child/young person, SWLStG Mental Health Support Team feedback survey)

In the CORC surveys of pupils conducted in the school classroom, children and young people were asked their views of support from the school. HIN analysis found that there seemed to be an improvement between the two survey times points on this question. Full details of secondary analysis of the CORC survey reports are in Appendix 2.

Figure 11: Feedback from children and young people who received an individual intervention from an Achieving for Children Mental Health Support Team[20] (based on 42 responses)

[20] Source: HIN analysis of data provided by Achieving for Children (based on 42 responses to the Experience of Service Questionnaire (ESQ) from children and young people who received an individual intervention)

5.3.2.5. Staff development and support

5.3.2.5.1. Activity to support staff and develop capacity

Mental health support team activity to support staff and develop capacity

Mental health support teams offered one-to-one consultations for school/college staff where they could raise concerns about pupils at the school and obtain guidance. Additionally, Mental Health Support Teams offered teaching staff a reflective space where they could discuss any concerns they had in a supportive environment with a small group. Staff are encouraged to use these to seek support for their own emotional wellbeing as well as for supporting that of their pupils. Increasing demand from primary schools for this type of support was said to reflect how staff are overwhelmed by the difficulties their pupils present with, particularly as a result of the impact of the COVID-19 pandemic. Mental Health Support Teams also delivered activities to develop school staff knowledge around supporting pupils with emotional wellbeing needs. One example given was a presentation on self-harm to equip staff with strategies to handle this.

Table 5 summarises data shared with the HIN evaluation team about Mental Health Support Team activity to support staff and develop capacity around emotional wellbeing. As shown in the table, activity data shared by the Mental Health Support Team Providers was in different formats, over different time periods and in some cases incomplete. It is therefore not possible to provide an overview in terms of number of sessions delivered over a specific period of time.

Table 5: Summary of data shared with the HIN about Mental Health Support Team activity to support staff and develop capacity around emotional wellbeing. Source: Mental Health Support Team Providers (Achieving for Children, Off the Record, South London and Maudsley NHS Foundation Trust and SWL and St George's NHS Foundation Trust.

Mental Health Support Team	Reporting period	Activity and format	Number of attendees per session	Topics covered
Kingston wave 1	Spring term 2021 – summer term 2022	15 workshops: all in-person	3-8 attendees	• Reflective practice • Emotional distress tolerance
Richmond wave 1	Autumn term 2020 – summer term 2022	23 workshops: 87% in-person, 13% online.	1-40 attendees	• Staff reflective space • Children with anxiety and low mood • Experiential music therapy reflective group • Wellbeing workshop • Supporting students with their mental health and emotional wellbeing
Croydon Wave 2 (live from summer term 2020)	September 2019 – March 2022	8 workshops	Average 31 attendees	• Staff wellbeing • Mental health at work • Adverse childhood experiences
Croydon wave 1 (live from autumn term 2019)	September 2019 – September 2022	Number not available. In-person, online and recorded.	Number not available.	• Staff wellbeing • Mental health awareness • Mental health services for SENCOs • Anxiety intervention • Challenging behaviour intervention • Supporting parents with mental health problems and resources

Mental Health Support Team	Reporting period	Activity and format	Number of attendees per session	Topics covered
				• Supporting young people with problems at home • Wellbeing for education return COVID 19 • Transitioning to adult mental health services
Merton trailblazer (live from spring term 2019)	Summer term 2021 - summer term 2022	Number not available. In-person and online.	Number not available.	• Zones of regulation • Eating difficulties and disorders • Reflective practice and thinking together slots

Other Programme activity to support staff and develop capacity

As well as providing support through the Mental Health Support Teams for school and college staff to manage children and young people experiencing mental health difficulties, the Programme was also funding training for school staff to become mental health first aiders.

Activity in schools not associated with the Programme

Data from multiple sources indicates that the Mental Health Support Teams are delivering a good deal of support for staff working in schools and colleges, and there is evidence that this is valued. However, not all schools provide support for staff through the Mental Health Support Teams. Some already provide support for staff through other means, either through agencies such as Place2Be, or through their own internal structure and resources.

5.3.2.5.2. Perceptions of activity to support staff and develop capacity

Feedback about Mental Health Support Team provision to support staff and develop capacity

There was positive feedback from cluster leads about the Mental Health Support Team support offer for school/college staff. However, other interviewees had limited knowledge or engagement with this provision.

> *Having absolutely expert practitioners who everybody is just in awe of in terms of their capabilities and their knowledge on hand to think through our training needs to zoom in on a particular problem, to train staff, to talk through an issue. That's been fantastic. I mean, I can't tell you. And they're so willing. They're so ready to step up and give us that, that support that help, it's extraordinary and we're you know, we're so grateful to have this. (Case study 1 cluster lead)*

General views of support for staff

In addition to the Child Outcomes Research Consortium (CORC) surveys completed by cluster school pupils, staff in all clusters were asked to complete a CORC staff survey[21] in 2020 and then again in 2021/22. The survey was part of the SWL Programme and was administered independently of the evaluation by CORC at the Anna Freud Centre.

As shown in Table 6, comparing results at the two data collection time points shows some small differences at a cluster level. However, raw data could not be shared with the HIN evaluation team, so it is not possible to determine if any of these differences were statistically significant.

[21] More information about the CORC staff survey can be found here: https://www.corc.uk.net/media/2565/wmfs-staff-survey-brochure-a5-final.pdf

Table 6: Comparison of 2020 to 2021/22 CORC staff survey responses at cluster level. Source: CORC

Cluster	Merton trailblazer		Wandsworth trailblazer		Kingston wave 1		Richmond wave 1		Total	
Completion date	2020	2021/22	2020	2021/22	2020	2021/22	2020	2021/22	2020	2021/22
Participants	362	264	194	42	284	104	313	205	1,153	615
Participants reporting medium to high wellbeing	76%	74%	74%	59%	72%	71%	76%	76%	75%	73%
Participants felt they were knowledgeable on a wide range of mental health issues	65%	67%	61%	55%	63%	70%	68%	70%	65%	68%
Participants felt confident to support children that are experiencing difficulties with their mental health and wellbeing	63%	61%	55%	48%	58%	67%	64%	65%	61%	62%
Participants felt confident to talk to children about their mental health and wellbeing	72%	68%	66%	69%	65%	70%	69%	73%	68%	70%

The HIN's survey of school staff asked for views on support for staff around emotional wellbeing. Although the small number of respondents limit the reliability of the results, three of sixteen disagreed that in their school, 'Staff are supported in relation to their own health and wellbeing so that they can support student wellbeing'. In the parallel survey of parents and carers, 47 of 202 respondents (23%) agreed with the statement, 18 (9%) disagreed and most (n=137, 68%) indicated they were unsure by ticking 'neither agree nor disagree'. In interviews, parents also indicated this uncertainty around support for staff but they did feel that some staff were well trained to support children and young people with emotional difficulties. In contrast, other parents felt staff should receive more training in identifying mental health issues in pupils at an earlier stage and in the use of appropriate language.

5.3.2.6. Working with parents and carers

5.3.2.6.1. Activity with parents and carers

The Mental Health Support Teams were delivering activities designed to support parents/carers in managing their child's emotional wellbeing, as well as those supporting parents/carers who were experiencing difficulties with their own mental health. Through the work of the Mental Health Support Teams, the Programme has allowed schools to support and engage with parents and carers to a greater extent than previously.

The Mental Health Support Teams individual work with children and young people also includes the parents/carers of the children and young people who are struggling. This has led to schools asking if the Mental Health Support Team can also work with parents/carers on their own mental health. This in particular has come from 2 of the clusters (Case study 2 & 4)

Table 7 summarises data shared with the HIN evaluation team about Mental Health Support Team activity with parents. As shown in the table, activity data shared by the Mental Health Support Team Providers was in different formats, over different time periods and in some cases incomplete. It is therefore not possible to provide an

overview in terms of number of sessions delivered over a specific period of time.

Table 7: Summary of Mental Health Support Team activity to support parents and carers and develop capacity around emotional wellbeing. Source: Mental Health Support Team Providers (Achieving for Children, Off the Record, South London and Maudsley NHS Foundation Trust and SWL and St George's NHS Foundation Trust.

Mental Health Support Team	**Reporting period**	**Activity and format**	**Number of attendees**	**Topics covered**
Kingston wave 1	Spring term 2021 – summer term 2022	31 sessions: 74% in-person and 26% online.	Average of 9 attendees (range = 1-50)	• 'Coffee mornings' to share ideas and experiences and discuss learning strategies • Parent/child wellbeing • Anxiety/separation anxiety • Challenging behaviour • Emotional distress tolerance • Disordered eating awareness • Low mood
Richmond wave 1	Autumn term 2020 – summer term 2022	41 sessions: 68% online and 32% in-person.	Average of 11 attendees (range = 2-35)	As above plus: • Emotional wellbeing and resilience • Attachment and transitions • Self-harm • Claiming back boundaries • Managing screen time • Sleep • Exam anxiety
Croydon Wave 2 (live from summer term 2020)	September 2019 – March 2022	17 workshops: online to parents from multiple schools	Average of 5 attendees.	• Self-harm support • Transition to secondary school • Managing anxiety in children • Managing family relationships during the Christmas holidays • How to keep calm during COVID • Managing your child's behaviour/supporting anxious children during lockdown • Maintaining friendships in lockdown • Supporting your child's emotional wellbeing as schools open
Croydon wave 1 (live from autumn term 2019)	September 2019 – September 2022	Parents welcomed at some pupil workshops. Recorded sessions available on school website.	Numbers not available.	• Transition from year 6 to secondary school • Introduction to Mental Health Support Team and mental health awareness • How to support yourself and your child in lockdown (Family tensions, parent self-care, supporting home learning) • How to support young people to overcome anxiety • Preparing children for transition into reception class • Black Lives Matter explained for parents
Merton trailblazer (live from	Summer term 2021	Numbers not available. In	Numbers not available.	• Introduction to teenage mental health • Emotion regulation • Supporting child anxiety

Mental Health Support Team	Reporting period	Activity and format	Number of attendees	Topics covered
spring term 2019)	- summer term 2022	person and online.		• The zones of regulation • Monthly coffee mornings • Social media and gaming • Managing exam stress • Supporting your child's/teenage sleep • Eating difficulties and disorders • How to talk with your teen about sexual harassment • Worry Ninja parent sessions

Empowering Parents Enabling Communities (EPEC) was intended to be a significant aspect of the Programme's offer to support parents and carers. However, evidence from multiple sources indicates there is limited awareness of EPEC and take up was very low.

5.3.2.6.2. Perceptions of activities with parents and carers

Feedback about Mental Health Support Team activities with parents and carers

One Mental Health Support Team Provider shared participant feedback from parents who attended Mental Health Support Team delivered workshops. Feedback was broadly positive.

> *I liked (Mental Health Support Team staff name removed)'s open, relaxed manner. He made what could be an overwhelming topic for parents, feel manageable by giving us clear ideas and strategies on how to deal with your child's mental health. (Parent/Carer, SWLStG Mental Health Support Team Participant Feedback Survey)*

Amongst school staff interviewees, there was generally low awareness of the work that the Mental Health Support Teams carried out with parents/carers. However, those that were aware of them, suggested that the Mental Health Support Team coffee mornings for parents and carers were successful and well attended. School staff gave examples where support offered for parents and carers had been co-developed with the target group by collecting feedback from them in surveys.

> *Sadly, because of the need of the school… we concentrate a lot on the children and the parents are just something that we know we need to get to but it's almost like the last thing that we can actually get to. So having someone [from Mental Health Support Team] do that is fantastic. (Case study 3 staff)*

General feedback about engagement with parents and carers

The HIN's survey of school staff asked for views on working with parents and carers around emotional wellbeing. Although the small number of respondents limit the reliability of the results, just one of sixteen disagreed with the statement that in their school, 'There is a partnership with parents and carers to promote emotional health and wellbeing'. In the parallel survey of parents and carers, 114 of 204 respondents (56%) agreed with this statement, 43 (21%) disagreed and 47 (23%) neither agreed nor disagreed.

The school regularly shares links to info/training events on mental health. (Parent responding to the HIN survey)

In interviews with parents there was generally a low level of awareness of the SWL Programme and of any services offered by the Mental Health Support Teams for parents; none of the interviewees were aware of having had contact with them. There was widespread support for the need for the sort of service offered to parents by the Mental Health Support Teams. Parents generally felt that schools should work with parents where their child experienced emotional difficulties, including providing clear, consistent and frequent signposting to relevant services. However, there were mixed views regarding the extent to which this happened and the need for holistic discussions between the school and families was suggested. Parents also expressed mixed views about the extent to which schools should work with parents who themselves had emotional health problems. One view was that this support was better coming from agencies outside the school such as social services or the GP. The opposing view was that working with parents was necessary as their wellbeing and mental health affected that of their children. It was suggested that regular opportunities to provide feedback about the provision of support for children with emotional difficulties would be welcomed.

5.3.2.7. Children and Young People Voice

5.3.2.7.1. Activity to capture the voice of children and young people

There was evidence from multiple sources that schools were using pupil surveys to capture feedback from children and young people around emotional wellbeing. CORC surveys had been administered but some said they had not done this for various reasons including complicated instructions which were difficult to follow, the resources required to set the surveys up, a lack of alignment with the school's existing systems and the length of time before the results were available. Some schools had existing pupil surveys that covered emotional wellbeing and there was evidence that it was felt that the CORC surveys duplicated these.

Other approaches to capturing the children and young people's voice included the school council and diversity ambassadors.

As described above under 'Curriculum, teaching and learning', various initiatives had been introduced through which school pupils were providing support for their peers around emotional wellbeing. In addition, pupil Mental Health Ambassadors or Reps have been introduced in some of the case study clusters.

[MH ambassadors] are running a lunchtime club together which is also pretty nice and something that anyone from any year group can come to, which has been really nice and really popular to the point where I've been like a bouncer on the door having to almost stop lots of people coming in at the same time because we just don't have the space! That's been really lovely. (Case study 3 Mental Health Support Team)

We recognise that students might talk first to a peer and that therefore widens who gets support and therefore, does not reach crisis. We are very involved in supporting and developing those reps. It's all quite new but it is all coming together. (Case study 1 Mental Health Support Team)

5.3.2.7.2. Perceptions of activity to capture the voice of children and young people

The HIN's survey of school staff asked for views on how the school captured the voice of children and young people around emotional wellbeing. Although the small number of respondents limit the reliability of the results, just one of sixteen disagreed with the statement, 'All students have the opportunity to express their views and influence

decisions'. In the parallel survey of parents and carers, 115 of 204 respondents (56%) agreed with this statement, 27 (13%) disagreed and 62 (30%) neither agreed nor disagreed. In interviews with parents, some mentioned their child had been involved in peer support schemes at the school and talked positively about this. Otherwise, there was very little reference to the voice of children and young people.

5.3.2.7.3. Insights from children and young people about emotional wellbeing in schools

The evaluation captured feedback from 98 pupils at schools and colleges in 3 case study clusters. The children and young people participated in five focus groups: four in three primary schools with children from age 7 to 11; and one at a college with young people aged 16 to 25. A full report of the focus groups can be found in Appendix 7.

Overall, the children and young people were positively engaged with the focus group activities and discussion, suggesting that a positive ethos around emotional wellbeing exists in their school or college for these pupils.

During the focus groups with primary school children, the meaning of emotional wellbeing to participants was explored. The pupils provided responses around emotions and key factors which help them feel good. The key themes that pupils identified were:

- Happiness
- Feeling calm and relaxed
- Friends
- Family
- Sports

In the next section of the focus groups children and young people were asked to describe the activities in their school or college that supported emotional wellbeing. Themes included:

- Friends
- School Activities (such as school awards programmes)
- Quiet time
- Feeling supported by teachers and peers
- Sports and break times

There was considerable overlap in the themes that emerged in response here and those identified in the previous section which explored the meaning of wellbeing. For example, primary school pupils highlighted that 'friends' and 'sports' contribute to their wellbeing inside and outside of school. Additionally, some activities named by pupils expanded on themes in the previous section. For example, pupils highlighted activities that help them feel calm and relaxed such as quiet time and mindfulness practice within school.

Older pupils spoke more about specific school-based initiatives – such as pastoral support or school mental health champions – which supported their wellbeing within school. The college students were not asked about their definition of emotional wellbeing so comparison of wellbeing activities inside and outside of school was not possible.

Finally in the focus groups, children and young people were asked to describe things that would improve emotional wellbeing in their school or college. Many younger pupils wanted more emphasis on the things that were already benefiting their emotional wellbeing. This included the following four themes:

- More space and time to be active
- More space to cultivate friendships
- More breaks
- Additional quiet places to rest and be calm

College aged pupils felt they needed more freedom and less rules within the school, such as less restrictions around phone use and clothing. Older pupils also wanted more space and time to be active like the younger pupils, highlighting that their sports hall was only open during very restrictive timings.

5.3.2.8. Monitoring and evaluation

As outlined above, there is powerful qualitative evidence of widespread support for the SWL Programme, and in

interviews many examples were offered of positive change around emotional wellbeing in schools. However, the lack of quantitative data to measure the impact of the programme was frequently mentioned, often in the context of a sharp increase in mental health needs associated with the COVID-19 pandemic, not only of children and young people, but also of parents/carers and of staff. Stakeholders from different perspectives suggested there was no clear system-wide plan/approach for systematic and consistent approach to measurement and data collection. There was no mention of quantitative data being gathered at the cluster level to inform decision making within clusters. There was also no mention of if, or how, quantitative monitoring data or feedback is being collated and used outside of the cluster to inform the wider SWL programme.

> *Nobody has actually sort of sat us down and said, well look, these numbers have gone down or staying the same or going up. You're responsible. You've got to get this sorted out. …. I don't know whether that's because the pandemic has just so distorted everything that they, you can't compare one year to the next. It's been a really refreshing approach where the purpose has been expressed very much in terms of inputs and the quality of the relationships, that partnership working and the deployment and resources to good effect. (Case study 1 cluster lead)*

The Mental Health Support Teams described using clinical standardised outcome measures in their sessions with children and young people which include pre- and post-outcome measures, and within session outcome measures, to gauge improvement in those scores. There was no evidence that these outcomes were shared and reviewed by the Mental Health Support Team or at a wider cluster or programme-wide level.

The HIN evaluation team held discussions with each of the Mental Health Support Team provider organisations to access quantitative data on Mental Health Support Team activity and clinical outcomes throughout the duration of the evaluation. All providers had data but none in a format that could readily be shared. There was evidence that the process of exploring data with the HIN evaluation team led to providers reviewing their internal data collection processes and that progress was achieved. For example, South West London and St George's have subsequently developed a dashboard to monitor outcomes data.

Potential school level metrics mentioned in interviews included Further Education college retention rates and school attendance rates and teacher ratings of performance. Data around school absence was obtained and analysed by the HIN (see Appendix 2). However, this analysis found no evidence of statistically significant change that could be associated with the Programme.

There was evidence that some schools had their own systems in place for monitoring activity around emotional wellbeing within the school. Safeguarding and mental health is reported on at school level for school Governors meetings.

The HIN's survey of school staff asked for views on monitoring and evaluation around emotional wellbeing. Although the small number of respondents limit the reliability of the results, just two of sixteen disagreed with the statement, 'There is an assessment of the needs of students and the impact of interventions to improve wellbeing'. In the parallel survey of parents and carers, 89 of 202 respondents (44%) agreed with the statement, 52 (26%) disagreed and 61 (30%) neither agreed nor disagreed. This topic did not emerge as a theme in interviews with parents.

5.3.3. Attributing impact to the Programme

The absence of reliable quantitative outcomes data and a comparison group means that attributing impact to the Programme is generally problematic. To explore attribution, this section of the report presents first, the findings regarding the additional activity associated with the Programme, and second, the findings from interviews with staff from eight schools which had no or very little involvement with the SWL Programme.

5.3.3.1. Additionality

Some of the change around emotional wellbeing in children and young people that are described in the qualitative interviews is clearly an addition to usual practice. The work of the Mental Health Support Teams is the most evident example of this. As Mental Health Support Team activity is additional provision, the improvements in clinical outcomes observed in children and young people who took part in a Mental Health Support Team individual intervention may not have occurred in the absence of that intervention. However, with limited data and in the absence of a control group it is not possible to draw a definitive conclusion on this.

This is such a great system. Every college should have something of this sort of like this. Uh, and I really support the ambition to roll this out as a national system and not just the schools, and we must make sure that the colleges don't get forgotten in any design of a national system to deliver this because it is making a difference on a really big scale. There's, you know there's in this year several hundred young people will have been supported through this team and that will mean several 100 lives and family settings that will have been made much, much better. (Case study 1 CL)

Most schools and colleges had their own designated staff in roles supporting and delivering emotional wellbeing initiatives and activities and the SWL Emotional Wellbeing Programme was an addition to what they were already doing. Being part of the SWL Programme has increased the focus on emotional wellbeing in schools which may have resulted in the cluster schools/colleges developing and introducing new initiatives that might not otherwise have happened. The cluster meetings have enabled sharing of learning between schools which may have led to the implementation of new initiatives around emotional wellbeing.

So there's a lot of additionality to having come out of this program as a result of the program and having vision as to how you begin to join all the dots up that makes sense. The outcomes have been more than the sum... of the parts. (Case study 4 school staff)

The availability of additional resources in schools for emotional wellbeing provision as a result of the Programme was referenced frequently, particularly by the cluster leads.

As a result of the trailblazer, we've been able to access... additional training. So I was able to access mental health first aid training for my whole staff. (Case study 4 cluster lead)

We're very lucky to have a nurture team that provide a lot of emotional support to the whole school. But it's about getting to all of those children... we have quite a high need. ..... The cluster has enabled us or the professionals working, has enabled us to get to more children basically. Case study 3 staff

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A key area where the school clusters were maximising the resource of the SWL well-being programme over what they were already doing was the work with parents and carers.

Was able to access the emotional wellbeing practitioners service. Which has been... a really useful addition to the work that Place 2 Be does because it can be more targeted... The emotional wellbeing practitioners do much more family based work. So bringing in parents and supporting

parents to support their children's wellbeing and supporting parents wellbeing in the process. So I'd say that that's the key. That's the key thing that we've been able to access through the Trailblazer, which has been really, really positive. (Case study 4 staff)

5.3.3.2. Data from the comparison interviews

To explore the extent to which changes around emotional wellbeing provision identified in the case study schools could be attributed to the SWL Programme, a small number of interviews were conducted with staff from schools with no or little involvement in the Programme. A detailed account of the findings from these interviews is presented in the case study report in Appendix 4.

The interviews found that a lot of activity around emotional wellbeing was happening in the comparison schools with COVID-19 having brought the focus on emotional wellbeing much more to the forefront. The comparison schools drew on various borough-wide resources to fund emotional wellbeing initiatives, however, they also gave examples of where external funding had been cut, leading to the loss of staff and the ability to deliver the work. Compared to staff in schools that had little or no involvement in the Programme, the case study cluster school leads were particularly positive about additional resources available from outside the school to fund activities to improve emotional wellbeing across the school community.

Activity in the comparison schools around each of the eight Whole School Approach domains was contrasted with the findings from the cluster schools.

Evidence from the comparison schools confirmed the importance of leadership – individuals played a key role in determining the extent of emotional wellbeing support in their schools. Some comparison schools referred to having a designated Senior Mental Health Lead, trained through a government initiative. Just as in the cluster schools, learning from other schools about good practice in emotional wellbeing was seen as important in the comparison schools. There was evidence of some formal networks where this happened such as the Local Education Authority head teachers newsletter and the ELSA cohort. However, there appeared to be much more emphasis on informal networks in the comparison schools, particularly the use of social media.

There was evidence from the comparison interviews of a positive culture in schools that supported emotional wellbeing. As in the cluster schools, an openness around the topic of mental health and the importance of positive language was emphasised.

Comparison interviewees mentioned emotional wellbeing was covered in the personal, social, health and economic (PSHE) lessons, in RE and the English curriculum, in tutor sessions and in school assemblies. One comparison school had four six formers per form trained to deliver emotional wellbeing related PHSE sessions. Another had student mental health ambassadors/ reps.

Targeted support for pupils in the comparison schools included: a Place2Be counsellor one day a week; a play therapist one day a week to work with children with emotional wellbeing needs; Special Educational Needs Co-ordinator (SENCO) managed 'Nurture Rooms' for pupils with special education needs and disabilities (SEND); a safe space for pupils feeling vulnerable to go at playtimes; inclusion/safe room for pupils with an identified need to go; and specific initiatives around youth violence. Schools also had Emotional Learning School Assistants (ELSAs) and mental health first aiders, trained with Local Education Authority and Public Health funding.

Comparison schools were working with parents/carers through various initiatives e.g., one-to-one drop-ins for parents/carers through the Place2Be package. However, generally, work with parents and families was an area where the cluster schools appeared to be performing particularly well compared to the comparison schools.

Comparison schools had student committees and were using pupil surveys and Student Mental Health reps to

capture the children and young people's voice. In addition, comparison schools were monitoring emotional wellbeing in various ways. One example given was the monitoring and evaluation structure which was part of the Place2Be package.

5.4. Features of the Programme associated with success

This section of the report addresses the evaluation objective to identify the features of the Programme associated with success.

The success of the Programme can be linked to seven interrelated features. Broadly, two of these operate at a system-wide level and four operate at a cluster-level, with a cross-cutting theme of governance.

System-wide features of success

Programme set up was driven by strong senior leadership from across SWL and this was consistently identified as a feature of the Programme's success by the strategic level stakeholders interviewed in the first phase of the evaluation. Four very senior leaders from across the SWL system had been collaborating on developing a programme around self-harm as part of a system leadership course. The availability of government funding for the trailblazers was seen as an opportunity to take this work forward. The four senior leaders were closely involved in the initial trailblazer funding application which built on the work that had already been carried out, including initiatives that were already underway to bring about system thinking around children and young people's mental health, through work with schools. It was said that SWL was prepared and ready when the possibility of funding emerged.

The project manager who worked with the senior leaders to set the Programme up was also consistently identified as a key driving force by strategic level stakeholders, including the cluster leads. She was described as being heavily invested in the ambition of the Programme to improve provision for children and young people in SWL.

Cluster-level features of success

The factor most consistently associated with the Programme's achievements was the input of additional resources in schools to fund new activity around emotional wellbeing over a sustained period. Specifically, the new activity that was funded fell into three categories: the work of the mental health support teams to deliver evidence-based interventions, school-led initiatives, and emotional wellbeing leadership development, including the new roles of the cluster leads and Senior Designated Mental Health Leads, and the mechanism of the cluster meetings. These features are described in detail above so will not be explored again here. Compared to staff in schools that had little or no involvement in the Programme, the case study cluster school leads were particularly positive about additional resources available from outside the school to fund activities to improve emotional wellbeing across the school community. Work with parents and families was an area where the cluster schools appeared to be performing particularly well.

The sharing of learning between schools at the cluster meetings was another feature frequently associated with progress. Again, this is explored above - in the section of the report on leadership and management and that content will not be repeated here.

The cluster action planning process was also regarded positively as a mechanism to identify priorities across the cluster.

The strength of the cluster leadership and the way the programme built on existing relationships was another cluster level feature associated with success. Early wave cluster leads were hand-picked by the centre to include those who had already demonstrated leadership in driving emotional wellbeing initiatives in schools and in some cases across clusters of schools. Pioneering schools was said to have spearheaded implementation of the Programme.

Cross-cutting features of success

The Programme governance structure with representatives from across the system is a feature of success which operates both at a SWL level as well at the cluster level. The cluster meetings provide school/college leadership with a platform for raising concerns about the provision of mental health services for children and young people, identifying issues where experience is shared and lobbying for improvements. The structure provides opportunities for grass roots challenges to be flagged by school/college leads at the cluster meetings and then rapidly escalated to cluster leads and programme steering group meetings and where strategies to address them can be agreed with system leadership. There was evidence that information sharing at the cluster level had led to some system changes and mobilisation of activity around mental health. The need to improve access to CAMHS for pupils with higher level needs was consistently mentioned. Through the cluster meetings, the Programme has given schools/colleges the knowledge to call for change around management of children and young people that needed specialist care.

The cluster meetings also provided a structure for school/colleges leads to influence the work of the Mental Health Support Teams. Cultural differences between the NHS and education sector presented challenges at the out-set, for example, differences in usual ways of working, processes, and terminology. The Programme governance structure had provided platforms where those differences could be worked through.

5.4.1. Leadership as a key driver of success

There is a strong common theme around leadership and management running through each of the Programme features associated with success. Additional funding had enabled provision of direct support to be increased through the Mental Health Support Teams. However, it was the availability of additional resources for leadership around emotional wellbeing in schools/colleges in combination with the governance mechanisms that had enabled an improved dialogue between schools/colleges and external organisations, including the ICB, local authorities and particularly, the mental health trusts. It was leadership that had driven improvements around system-level thinking about the mental health of children and young people in SWL.

5.5. Areas for improvement

This section of the report synthesises the evidence relevant to the evaluation objective around identifying ways in which the SWL Programme could be improved.

The lack of Programme level processes for systematically monitoring success is consistently identified as an area for improvement. Quantitative measures of success were identified in the initial application for Trailblazer funding, but no effective mechanisms have been established to determine progress against these. The lack of good quality quantitative data has limited the ability of this evaluation to assess the Programme's impact. It has also meant that it has not been possible to conduct an economic evaluation to establish the cost-effectiveness of the Programme.

Whilst the Programme set up built on existing grass roots expertise and networks, it essentially took a top-down approach that some perceived to have failed to reflect existing school priorities and processes. It also was associated with a gap around expectations of what the Programme could deliver in terms of providing support for children and young people with more complex emotional wellbeing needs. The top-down approach could account for the finding that there was little awareness of the SWL Programme in schools outside of those directly involved in the cluster meetings, that is the Designated Senior Mental Health Leads. Sharing information about the Programme across the school community, with children and young people, parents and staff, could broaden understanding of the Programme and extend engagement.

Some of the wider group of strategic stakeholders interviewed in the first phase of the evaluation suggested that there was a low level of engagement amongst some schools. The case study cluster leads indicated that they did not perceive this to be a problem in terms of engagement in the cluster meetings, whilst acknowledging that at times schools were unable to engage in the short-term due to capacity issues created by other events, such as Ofsted inspections. There were, however, indications that some schools were not engaging with their cluster

Mental Health Support Team. Again, this could be addressed by raising awareness of the Programme across the school community in all cluster schools.

The rate at which the number of schools in clusters had grown was associated with challenges by some of those who attended the cluster meetings. The size of the meetings made it difficult for some to engage and limited the extent to which the action planning process reflected perspectives from all schools. A staggered approach could be beneficial along with resources to support involvement in those new to the cluster.

There was a perception that new clusters were constantly 'reinventing the wheel'. A manual providing guidance in running a cluster with templates to support action planning and monitoring could be helpful here.

Cluster meetings were consistently identified as providing good opportunities for sharing learning and examples of good practice, however it was evident that learning was not always cascaded to the wider group of school staff. Resources to support dissemination of material from the cluster meetings with the wider school community could be of benefit.

Challenges with staffing levels in the Mental Health Support Teams were frequently mentioned. Problems recruiting and retaining staff had limited the extent of Mental Health Support Team activity and therefore the amount of direct support they were able to provide. Generally, difficulties recruiting staff were felt to be exacerbated by the inflexibility of the Mental Health Support Team staffing model and more flexibility in the team structures was suggested as a way of addressing this.

Generally, difficulties recruiting staff were felt to be exacerbated by the inflexibility of the Mental Health Support Team staffing model. and more flexibility in the team structures was suggested as a way of addressing this. Stakeholders felt that recruiting different types of mental health professionals to the team where there were difficulties with recruiting those in particular roles could be beneficial.

There were also difficulties with staffing in other aspects of the Programme. Some clusters had struggled to identify a cluster lead, and some schools were without a Designated Mental Health Lead. Programme set up had been carried out by a full-time project manager and there was positive feedback from the clusters about the initial support from this individual. However, since July 2021, less than two days a week have been committed to Programme management. Programme support has also been affected by a high level of staff turnover. There were indications that the central Programme team would benefit from additional resources to enable more effective delivery.

Challenges faced by schools in supporting pupils experiencing mental health difficulties which were beyond the remit of the Mental Health Support Team was a consistently occurring theme. Learning from clusters taking positive action on this should be shared. Linked to this point, was CAMHS long waiting times which meant that children and young people were not able to access the care they needed. One cluster of schools had mobilised around the issue of provision for their pupils with higher level needs to lobby the care system for change. The experience of this cluster could usefully be shared with other clusters, all of whom appear to share beliefs that urgent action is needed. Crucially, the ICB should listen to these concerns, and actively engage with schools in co-producing an effective solution.

6. Conclusions

The evaluation found considerable qualitative evidence that the SWL Children and Young People Emotional Wellbeing in Schools Programme has supported improved provision for the mental health and wellbeing of children and young people across SWL. The Programme was perceived to provide additional resources to improve emotional wellbeing in schools/colleges and this was universally welcomed. Stakeholders from across the system were positive about the principal of the Programme and felt it should continue into the future, though most also

suggested adaptations.

There is quantitative evidence of increased activity, most significantly the delivery of one to one and group interventions by the Mental Health Support Teams and access to self-help resources and direct support via the Kooth online platform. However, the impact of the increased activity around emotional wellbeing is challenging to measure quantitatively due to a number of factors, not least COVID19.

The evaluation identified features of the Programme that were associated with the successes. There is a strong common theme around leadership and management running through running through these features. Additional funding had enabled provision of direct support to be increased through the Mental Health Support Teams.

However, it was the availability of additional resources for leadership around emotional wellbeing in schools in combination with the governance mechanisms that had enabled an improved dialogue between schools and external organisations, including the ICB, local authorities and particularly, the mental health trusts. It was leadership that had driven improvements around system-level thinking about the mental health of children and young people in SWL.

7. Limitations

Covid-19 Pandemic

1. The impact of Covid on both the Programme and the evaluation cannot be under-estimated. The evaluation began work in July 2021 when schools faced considerable pressure in dealing with the impact of Covid-19. This severely disrupted activity in schools and made engaging with the schools very challenging. The pandemic also affected the amount and quality of data available. The impact on the CORC surveys was particularly apparent.

Quantitative data

2. Quantitative data was collated for the first ten clusters that were set up in SWL. Later wave clusters were excluded from the analysis as they had been operating for insufficient time for any quantitative impact to be seen.
3. Data to measure the quantitative impact of the Programme was very limited. Accessing quantitative data proved challenging throughout the evaluation for various reasons:
    a. Mental Health Support Team activity data was incomplete and contained inconsistencies between the four Mental Health Support Team provider organisations in the way data was presented. For example, various headings were used to describe similar activity and data was presented for different time periods.
    b. Clinical outcome data for those receiving Mental Health Support Team interventions was particularly limited.
    c. Due to data protection issues the HIN was unable to obtain raw data from the CORC surveys and the Kooth platform, which meant that analysis was limited to reviewing reports shared by CORC and Kooth.
    d. The only reliable school level data available to the HIN to address the evaluation questions was for attendance and exclusions and for free school meal eligibility.
    e. NEL CSU carried out some analysis of a wider set of population health metrics relevant to emotional wellbeing in children and young people, including referrals for depression and anxiety and Emergency Department (ED/A&E) attendances for self-harm. However, data was not available to conduct analysis at a geographical level that allowed meaningful assessment of the quantitative impact of the SWL Programme. Furthermore, without an available comparator and in the conditions of the Covid-19 pandemic, the analysis of change over time does not allow any conclusions about Programme impact to be drawn.

Qualitative data

Parent and Carer Engagement:

1. Engaging parents and carers was challenging. School contacts were used to access parents and carers, but it was not possible to monitor if schools had sent the recruitment pack out to them. Based on the survey responses it appears that a very small number of schools shared details of the survey with their parents and carers.
2. Payment of an incentive to parents and carers could have improved their engagement however was ruled out by SWL Integrated Care Board.
3. For those parents and carers that did engage, their children had high level mental health needs and were out of scope for the evaluation of the Programme which focused on low-moderate mental health illness.
4. Following a high response rate from parent and carer survey, a limited number of parents and carers joined the focus group set up.

Staff Engagement:

5. Staff were under considerable pressure due to coping with the results of COVID. This meant it was difficult to engage staff members from all schools / colleges. Therefore, only a certain number of schools are represented in the evaluation.
6. There were just 27 responses to the HIN's staff survey and 11 of these were unusable in the analysis because so much data was missing.

Cluster Leads:

7. Due to significant pressures on the cluster leads, it was agreed at the steering group that the HIN would observe cluster leads meetings. Therefore, they were not interviewed individually which could affect the level of understanding and knowledge of their experience of the Programme.

Children and Young People:

8. It was challenging to set up focus groups with children and young people due to pupils taking time out of their educational timetable and unable to engage after school hours. For younger pupils, consent was challenging to obtain. Therefore, there is a lack of in-depth knowledge and understanding of the children and young people experience of the Programme.

Comparison school staff:

9. It proved difficult to identify a suitable comparison group for interview as almost all SWL schools were part of a Programme cluster by the time the fieldwork took place in Summer/Autumn 2022. The decision was taken to interview schools from one Wave 6 cluster in a borough where it was known that very little Programme activity had taken place. However, the staff that agreed to participate in an interview were those that had been most engaged in this cluster. Interviews were also conducted with staff from schools in South East London. However, again these staff were those that were highly engaged with emotional wellbeing activities.

Economic analysis

10. Data was not available to undertake an economic analysis as intended.

8. Recommendations

Quantitative measures of impact

1. In consultation with stakeholders from across the system, SWL should agree a clear set of core metrics to measure the impact of the Programme.
2. Effective mechanisms should be established to capture and report data against the agreed metrics. This may involve working with Business Intelligence teams within statutory bodies (local authorities, ICB) and/or commissioned partners to create a dashboard to facilitate regular routine monitoring.

Economic analysis

3. Resource data to establish the cost-effectiveness of the Programme should be made available for an independent economic evaluation to be undertaken.

Increasing awareness amongst the broader school community

4. Information about the Programme should be shared across the school community, with children and young people, and with parents and staff, aimed at broadening understanding of the Programme and further increasing engagement.

School Clusters

5. A staggered approach to increasing the size of clusters should be considered to maximise engagement in future.
6. Resources should be provided to induct those new to the cluster. This could take the form of a toolkit.
7. A manual providing guidance in running a cluster with templates to support action planning and monitoring could be helpful for Cluster Leads and schools
8. Resources to support dissemination of material from the cluster meetings with the wider school community could be of benefit.

Mental Health Support Team staffing

9. Challenges with recruitment and retention within the Mental Health Support Teams could be addressed by exploring more flexibility in the Mental Health Support Team staffing model.

Programme Management Team

10. An increase in staffing resource/capacity within the central Programme management team would enable more effective programme delivery.

Addressing gaps in provision beyond the remit of the Mental Health Support Team and the scope of the SWL Programme

11. Learning from clusters taking positive action around the challenges faced by schools in supporting pupils experiencing emotional well-being difficulties which were beyond the remit of the Mental Health Support Team should be shared.
12. The Integrated Care Board should proactively take steps to address stakeholder concerns about access to CAMHS, and actively engage with schools and CAMHS in co-producing an effective solution.

9. List of Appendices