| **Institution:** The University of Manchester |
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| **Unit of Assessment:** 23 (Education) |
| **Title of case study:** Transforming wellbeing provision in education: changing the way that schools identify, monitor and provide support for mental health needs among their pupils |
| **Period when the underpinning research was undertaken:** 2014 – 2020 |
| **Details of staff conducting the underpinning research from the submitting unit:** |

| **Name(s):** | **Role(s) (e.g. job title):** | **Period(s) employed by submitting HEI:** |
|---|---|---|
| Neil Humphrey | Professor | 2002 – present |
| Michael Wigelsworth | Senior Lecturer | 2010 – present |
| Kirstin Kerr | Senior Lecturer | 2005 – present |
| Pam Qualter | Professor | 2017 – present |

| **Period when the claimed impact occurred:** 2014 – 2020 |
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| **Is this case study continued from a case study submitted in 2014?** No |

**1. Summary of the impact**

Our research has transformed the way that schools in England identify, monitor and provide support for pupils' mental health:

1. Primary schools across England now use *evidence-based guidance to inform their social and emotional learning practices*.
2. Nearly 300 primary and secondary schools in 68 Local Authorities (20% of LAs in England) have *implemented our Wellbeing Measurement Framework (WMF) to systematically assess and monitor the mental health of over 100,000 pupils, using the data gathered to inform their provision*.
3. Blackpool and Newham LAs have *introduced universal screening approaches to enable earlier identification of emergent mental health difficulties in their pupil population (totalling >22,000 in eligible year groups), using the data generated to inform referral for targeted provision*.
4. Newham have *made decisions to adapt and maintain targeted interventions for vulnerable children and young people*.

**2. Underpinning research**

There is a major public health crisis in relation to children and young people's (CYP) wellbeing, fuelled by rising prevalence of mental health difficulties (NHS Digital, 2018) and service cuts (House of Commons Health Committee, 2014). Amid this crisis, the 'front line' role of the education system has taken on increasing importance (House of Commons Education and Health Committees, 2017). More specifically, schools and colleges can (i) create a nurturing environment where CYP feel safe and happy; (ii) identify and monitor mental health needs among CYP; (iii) provide support for mental health needs; and (iv) refer to and/or deliver specialist provision (NatCen/NCB, 2017). However, the status quo is one of unfulfilled potential. For example, only 15% of schools make use of universal screening approaches (NatCen/NCB, 2017), and two-thirds do not use research evidence to inform their decision-making in relation to mental health provision (Vostanis et al. 2013. *Child and Adolescent Mental Health* 18(3): 151-157).

The underpinning programme of research for this case study speaks directly to these four critical functions:

**1. Identifying effective, evidence-based social and emotional learning practices for teachers and schools** [1]
Our comprehensive, systematic analysis of 33 reviews and meta-analyses identified the 13 best validated universal social and emotional learning interventions, from which key strategies and practices were drawn. For example, in terms of self-management, *effective interventions were found to commonly teach children self-calming strategies, positive self-talk, and recognition of body cues to help them manage their behaviour and control impulses, alongside using images and metaphors to develop their understanding* – **Key Finding 1**.

**2. Assessing and monitoring mental health in school settings** [2,3]
We developed, piloted, and rolled out the Wellbeing Measurement Framework (mental health and wellbeing, emotional strengths and skills, support networks, risk factors) in three studies involving nearly 300 schools and >100,000 CYP across 68 Local Authorities in England. Data from these studies enabled us to *establish prevalence estimates in high need areas; establish the psychometric properties of measures;* and*, improve understanding of the determinants of mental health in CYP* – **Key Finding 2**.

**3. Utility of school-based universal screening for mental health needs** [4]
Our extensive review of the literature rigorously demonstrated that school-based universal screening can help schools to identify CYP with emergent mental health needs. In particular, *alternative methods such as simple nomination and screening for the presence/absence of protective factors may be just as useful as traditional approaches (wherein CYP or proxy informants complete mental health measures)* – **Key Finding 3**

**4. Summative evaluation of targeted interventions** [5,6]
Our research has shown the impact of a range of school-based targeted mental health interventions in Newham (e.g. Team Social Action, Bounce Back, More Than Mentors). For example, our randomised trial of BounceBack *demonstrated its efficacy in reducing children's emotional symptoms; furthermore, the magnitude of this effect was larger among moderate (those attending >70% intervention sessions) and high (>80%) compliers* - **Key Finding 5**. In another study, our randomised trial of Team Social Action demonstrated *no main intervention effect on at-risk adolescents' wellbeing, peer support or school connectedness; however, analysis did reveal positive effects on wellbeing and peer support among 'high compliers' (those attending >80% of intervention sessions)* – **Key Finding 6**.

**3. References to the research**
1. **Wigelsworth, M.**, Verity, L., Mason, C., **Qualter, P**. & **Humphrey, N**. (2020). *Programmes to practices: identifying effective, evidence-based social and emotional learning strategies for teachers and schools.* London: Education Endowment Foundation.
https://educationendowmentfoundation.org.uk/public/files/Social_and_Emotional_School_Survey.pdf
2. Deighton, J, Lereya, S.T., Casey, P., Patalay, P., **Humphrey, N.** & Wolpert, M. (2019). Prevalence of mental health problems in schools: poverty and other risk factors amongst 28,000 adolescents in England. *British Journal of Psychiatry*, 215, 565-567*.*
DOI: 10.1192/bjp.2019.19.
3. Lereya, S.T., **Humphrey, N.**, Patalay, P., Wolpert, M., MacDougall, A. & Deighton, J. (2016). The student resilience survey: psychometric validation and associations with mental health. *Child and Adolescent Psychiatry and Mental Health,* 10, 44-59. DOI: 10.1186/s13034-016-0132-5.
4. **Humphrey, N.** & **Wigelsworth, M.** (2016). Making the case for universal school-based mental health screening. *Emotional and Behavioural Difficulties* [invited article], 21, 22-42. DOI: 10.1080/13632752.2015.1120051.
5. **Humphrey, N.** & Panayiotou, M. (2020). Bounce Back: Randomised trial of a brief, school-based group intervention for children with emergent mental health diffculties. *European Journal of Child and Adolescent Psychiatry*. DOI: 10.1007/s00787-020-01612-6.
6. Gill, V., Panayiotou, M., Demkowicz, O. & **Humphrey, N.** (2019). *Does social action help young people with emerging mental health issues?* London: National Lottery Community Fund.
https://www.tnlcommunityfund.org.uk/media/insights/documents/headstart_evidence_briefing_4.pdf

**Related grant awards:**
(i) HeadStart Phase 2 [HS2]* (Humphrey, Wigelsworth), awarded by National Lottery Community Fund, 2014-2016, £60,000
(ii) HeadStart Phase 3 [HS3]* (Humphrey, Wigelsworth, Kerr), awarded by National Lottery Community Fund, 2016-2023, £1.115m

(iii) Mercers Wellbeing Study* (Humphrey). Awarded by the Mercers Company, 2016-2021, £126,000

(iv) Social and emotional learning: programmes to practices (Wigelsworth, Humphrey, Qualter), awarded by the Education Endowment Foundation, 2018-2019, £50,000

*Collaborative projects led by the Anna Freud Centre; UoM are the main partner organisation and the underpinning research was a joint venture; all grant income noted above is attributable to UoM.

**Evidence of research quality:** The quality of the underpinning research is evidenced by the application of rigorous designs (e.g. randomised controlled trials) and analytical techniques (e.g. complier average causal effect estimation) and the publication of outputs in high quality, peer reviewed, ISI-indexed journals (e.g. British Journal of Psychiatry, IF: 7.85; European Journal of Child and Adolescent Psychiatry, IF: 3.94)

**4. Details of the impact**
Our research sought to address the aforementioned public health crisis by influencing how schools create a nurturing environment for CYP, identify and monitor mental health needs, provide support for mental health needs, and refer to and/or deliver specialist provision.

**1. Increased use of evidence-informed social and emotional learning practices in primary school classrooms**
Key Finding 1 resulted in the production of a guidance document published by the Education Endowment Foundation, the government's What Works Centre for Education, in 2019 [A]. This has been downloaded 11,526 times from 13 countries (as at 31/12/20), and has improved the practice of teachers via their adoption of evidence-based strategies to promote social and emotional learning (SEL), which in turn fosters positive experiences and outcomes for CYP. Following continuing professional development events in Manchester and York used to showcase the guidance after its launch, 91% of participating teachers agreed that their understanding and knowledge of SEL had improved, 100% agreed that they had new or improved ideas and strategies for teaching SEL explicitly, 98% reported gaining useful knowledge in choosing whether to adopt an SEL programme, 100% reported having new ideas to take back to their school, and 100% agreed that their pupils would benefit from our recommendations [B]. For example, in line with the guidance on developing emotional vocabulary and problem-solving strategies, each class in one school now has a 'feelings wall' where pupils place their names on the emotions they are experiencing, which are then matched to corresponding support strategies associated with that feeling [C]. In addition, Year 5 and 6 pupils have been trained as wellbeing ambassadors, to talk positively to their peers about their struggles, anxiety and worries. "*This allows children to talk more openly about how they are feeling and reduces the stigma associated with doing so*" [C]. Following the guidance on emotional management, the school has also implemented 'calm-boxes' that include resources to help children self-regulate [C].

**2. Introduction of systematic assessment and monitoring of mental health and resilience of pupil populations via the Wellbeing Measurement Framework, and use of data gathered to inform provision**
Nearly 300 schools in 68 Local Authorities (20% of all LAs in England) have implemented the Wellbeing Measurement Framework (WMF) to systematically assess and monitor the mental health of >100,000 pupils. All schools receive a comprehensive, bespoke aggregated report via our online portal, which allows them to interrogate patterns and trends that can inform their future provision. These interactive functions derive directly from Key Finding 2. For example, common risk factors identified in said research (e.g. special educational needs) are available as filters, such that schools can monitor levels of need among target groups: "*The WMF allows us to routinely assess and monitor mental health/wellbeing and related aspects of young people's lives via a single survey platform. It overcomes a downfall of our previous approach, in which we were using many different measures that were all administrated variably and then reported on and interpreted differently*" [D]. Data is also presented longitudinally to facilitate analysis of

trends over time, thereby enabling evaluation of the impact of different aspects of mental health provision in a given school [D]. Specific examples of impact include:

- Introduction of WMF measures as Key Performance Indicators in Cornwall Council's Business Plan, with targeted funding made available to schools to support areas of identified need [E]
- Raised staff awareness of pupil mental health issues and planning of interventions [D]
- Use of WMF to provide independent evidence for Ofsted relating to pupil wellbeing [F,G]
- Integration of WMF with police, LA and NHS Foundation Trust data to provide a comprehensive assessment of community needs in order to inform a population-wide approach to resource allocation [G]

### 3. Introduction of universal screening and use of data to inform referral for support

Key Finding 3 resulted in the introduction of universal screening in Newham and Blackpool, two local authorities with extremely high levels of underpinning need (e.g. Blackpool is ranked as the most deprived authority in England; Ministry of Housing Communities and Local Government, 2019). This has taken place in Years 5-10 in 39 primary and 13 secondary schools across Newham [H] (serving an annual pupil population of >20,600 since 2016) and in Year 5 in 32 primary schools across Blackpool [G] (serving an annual pupil population of >1,500 since 2017). Data generated via screening are used to inform referral to specialist/targeted interventions. Ultimately, this means that CYP with emergent mental health difficulties in these areas are identified earlier and given the support they need, and school staff and allied professionals are able to provide improved continuity of care [G,H]. In Newham, >4,700 referrals have been made following screening, with >2,700 CYP subsequently provided with targeted/specialist support [H]. In Blackpool, >500 CYP have been identified as requiring additional support following screening, and have subsequently been provided with targeted intervention or referred to specialist services [G].

Our research on identification and risk factors was showcased in workshops, which led to further discussions with staff in the two Local Authorities. Newham used our review (Key Finding 3) which, *"supported us to consider different approaches to identifying our target population resulting in us choosing a simple nomination approach"* a method that, *"enables the appropriate use of the resources available, enabling the young people in need of support to access the right interventions, at the right level"* [H]. Blackpool chose to screen for the cumulative presence/absence of sources of resilience, a decision based directly on Key Findings 2 and 3, which were, *"instrumental in supporting us in developing the student resilience survey as an identification method. This is now embedded as a population tool for all young people in Year 5 and enables us to ensure we are providing opportunities for young people to benefit from the most appropriate activity"* [G].

### 4. Making evidence-based decisions about school-based targeted mental health interventions

Key Findings 5 and 6 led directly to key decisions to adapt and maintain school-based targeted mental health interventions in Newham. For example, Bounce Back has been maintained and has been delivered with nearly 1200 CYP with emergent mental health difficulties to date [I]; our RCT evidence indicates that they will have experienced reduced emotional symptoms as a result. Efforts to improve engagement and attendance include behaviour management training for youth practitioners and are directly based on our finding of increased intervention effect sizes among children who attended more sessions (Key Finding 5) [I]. Similarly, the Team Social Action service plan was adapted to include closer monitoring of attendance and changing the timing of intervention sessions in order to maximise CYP's participation; these changes were implemented because our research rigorously demonstrated positive effects on wellbeing and peer support when session attendance was >80% (Key Finding 6) [I]. Team Social Action has also been maintained, and nearly 700 at-risk adolescents have participated to date. Collectively, our summative evaluations have been a key instrument for Newham in determining what works in promoting mental health among their most vulnerable CYP, enabling them to base decisions

about future implementation on high quality independent evidence as opposed to anecdotal feedback [I].

**5. Sources to corroborate the impact**

A. Education Endowment Foundation (2020). *Improving social and emotional learning in primary schools: Guidance report.* London: EEF. https://educationendowmentfoundation.org.uk/tools/guidance-reports/social-and-emotional-learning/

B. Analysis of feedback from CPD event attendees (2019)

C. Testimonial from Deputy Headteacher, Brooklands Primary School, Manchester (July 2020)

D. Testimonial from Student Support Officer, Heath Park School, Wolverhampton (October 2020)

E. National Lottery Community Fund/Evidence-Based Practice Unit (2019). *Using data to inform system and cultural change.* https://www.ucl.ac.uk/evidence-based-practice-unit/sites/evidence-based-practice-unit/files/casestudy_3_011019_v5_031019.pdf

F. Testimonial from Chief Operations Officer, St Mary's Secondary Academy, Hull (July 2020)

G. Testimonial from Programme Lead, HeadStart Blackpool (August 2020)

H. Testimonial from Former Senior Research and Data Lead, HeadStart Newham (July 2020)

I. Testimonial from Resilience Training Lead, HeadStart Newham (July 2020)