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EBPU Evidence Based Practice Unit

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Learning from HeadStart: **Does a brief, school-based intervention aimed at building resilience help children with emerging mental health difficulties?**

Understanding the impact of Bounce Back

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In collaboration with:

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About

The HeadStart programme

Started in 2016, HeadStart is a six-year, £67.4 million National Lottery funded programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. HeadStart aims to explore and test new ways to improve the mental health and wellbeing of children aged 10 to 16 and prevent serious mental health issues from developing. To do this, six local authority-led HeadStart partnerships are working with local children, schools, families, charities, community and public services to design and try out new interventions that will make a difference to children's mental health, wellbeing and resilience. The HeadStart partnerships are in the following locations in England: Blackpool; Cornwall; Hull; Kent; Newham; Wolverhampton.

The HeadStart Learning Team

The Evidence Based Practice Unit (EBPU) at the Anna Freud Centre and University College London (UCL) is working with The National Lottery Community Fund and the HeadStart partnerships to collect and evaluate evidence about what does and does not work locally to benefit children now and in the future. Partners working with the EBPU on this evaluation include the Child Outcomes Research Consortium (CORC) and the University of Manchester. This collaboration is called the HeadStart Learning Team. Previous partners in the HeadStart Learning Team include The London School of Economics (LSE) and Common Room.

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Executive summary

The aim of this study was to evaluate Bounce Back, which is a brief, school-based small group intervention aimed at building resilience among children with emerging mental health difficulties. Bounce Back is run in schools by HeadStart Newham.

We used a waitlist randomised controlled trial design, in which 24 schools were randomly assigned to deliver the intervention straight away or to join a waiting list.

Before the intervention began and after the intervention group participated in Bounce Back, we took measures of the 326 participating children's emotional symptoms, behavioural difficulties, problem-solving skills, and self-esteem.

We also gathered data on the number of sessions children attended so that we could see if this made a difference to the impact of Bounce Back.

We found that participation in Bounce Back had a significant impact on children's emotional symptoms. This was equivalent to an 8 percentile point reduction.

In analyses that took account of session attendance rates, we found evidence of larger intervention effects. For example, when children attended more than 8 sessions, this was equivalent to a 23 percentile point reduction in emotional symptoms.

Implications and recommendations

The findings of this trial provide robust evidence to suggest that Bounce Back is a promising intervention for reducing children's emotional difficulties. Our results also indicate that greater support and encouragement for participating children to attend and engage fully with the intervention will optimise its potential benefits.

Our analyses indicated that White and White British children were more likely to attend more sessions than children from other ethnic groups. We don't know why this was the case, and so more research focusing on the barriers to engagement for children from some minority ethnic groups might help to improve the accessibility of the intervention.

It is important that our findings are replicated. The study took place in a single London borough (Newham). This means that our results may not be generalisable to other settings. We also do not know whether the effects of Bounce Back on children's emotional symptoms are sustained in the longer term, and we recommend that this is examined in a future study.

Note

The contents of this evidence briefing are based on our original publication in the European Journal of Child and Adolescent Psychiatry, freely available here.

About Bounce Back

Bounce Back is a new brief, school-based group intervention. The aims of Bounce Back are to (i) improve children's understanding of resilience and wellbeing; (ii) support them to build their confidence and friendships; and (iii) provide practical skills to make positive behaviour changes. It is one of several new interventions that have been implemented and tested in HeadStart Newham.

Bounce Back is based on the academic resilience framework (available online). According to this framework, the promotion of resilience among children experiencing challenges in their lives can be achieved by providing support to meet the following needs:

- basic (e.g. getting enough sleep)
- belonging (e.g. developing and maintaining healthy relationships)
- learning (e.g. developing life skills)
- coping (e.g. problem-solving)
- core self (e.g. instilling a sense of hope) [1]

To achieve this, Bounce Back focuses on 5 core resilience skills:

- planning for success
- learning from experience
- staying motivated
- dealing with tricky situations
- being able to ask for help

In addition, the intervention promotes 10 resilience 'moves':

- staying in control and keeping cool
- tackling difficult relationships
- planning and achieving your dreams
- sleeping better
- noticing the good things in life
- being more active
- doing what you are good at
- having positive relationships and 'finding your crowd'
- eating healthily
- finding someone to trust and talk to [2]

In Bounce Back, children aged 9-11 work in groups of up to 15 over 10 weekly sessions delivered during the school day for up to an hour. Trained Youth Practitioners support the children during these sessions.

A Bounce Back resource pack supports the work of the Youth Practitioners. This includes session plans, step-by-step guidance to support children's learning, prompt cards, inspirational and motivational case studies, and intervention workbooks/journals.

Each week, children learn about 10 different aspects of their lives from the academic resilience framework and how these link to maintaining their wellbeing and emotional resilience.

Using an action learning approach, each child sets a weekly personal behaviour challenge (one of the 'moves' noted above). They rate their progress towards achieving it. This involves them working through the following cycle:

- plan (e.g. how can you tackle your problems?)
- move (e.g. how can you put your plan into action?)
- think (e.g. how are things going? What went well?)
- learn (e.g. what could be better? What could you try next?)

Children are provided with a Bounce Back workbook to guide their learning.

Information about the delivery of Bounce Back in Newham is available online and in a video produced by HeadStart Newham.

The study

This study was co-designed by the Manchester Institute of Education and HeadStart Newham. It took place during one academic year, 2019/20. Our research questions were:

1. Does participation in Bounce Back reduce children's self-reported emotional symptoms?
2. Does participation in Bounce Back reduce children's self-reported behavioural difficulties?
3. Does participation in Bounce Back improve children's self-reported problem-solving skills?
4. Does participation in Bounce Back improve children's self-reported self-esteem?
5. Do children's attendance rates at Bounce Back sessions make a difference to the above outcomes?

Design

In our study, all participants had the opportunity to take part in Bounce Back. However, by randomly assigning schools to deliver the intervention straight away or to join a waiting list, we could compare outcomes for children in schools who were receiving the intervention with those in schools still waiting. This is called a 'waitlist cluster randomised controlled trial' design.

An independent research associate at the Manchester Institute of Education randomly allocated 24 mainstream primary schools in Newham to implement Bounce Back (12 schools) or to continue usual practice (12 schools).

The sample

A total of 326 children (160 Bounce Back, 166 usual practice) aged 9–11 participated in the trial. They each displayed at least one indicator of an emerging mental health difficulty as assessed by the professional referring them on the basis of guidance used in HeadStart Newham. This guidance includes inclusion and exclusion criteria in relation to different mental health difficulties. For example, in relation to emotional difficulties, a referral for children exhibiting signs of mild or moderate anxiety and/or low mood would be appropriate, but a referral for a child experiencing suicidal thoughts would not (in such a case, discussion with and possible referral to Child and Adolescent Mental Health Services would instead be deemed appropriate). This 'simple nomination' method has been demonstrated to be as good, if not better than, more lengthy and complex screening and referral processes, in terms of identifying children who would benefit from interventions like Bounce Back.[3]

Measures

Before the intervention began (baseline) and after the intervention group participated in Bounce Back (follow-up), we took the following measures to address research questions 1-4:

The **Me and My Feelings**[4] measure was used to assess both emotional symptoms (e.g. "I worry a lot") and behavioural difficulties (e.g. "I do things to hurt people").

The **Student Resilience Survey**[5] was used to assess problem-solving skills (e.g. "I try to work out problems by talking about them") and self-esteem (e.g. "I can do most things if I try").

We also used routinely collected session attendance data to address research question 5.

Finally, available administrative data on children's ethnicity, free school meal eligibility, sex, special educational needs, and year group (Year 5 or 6) meant that we could account for these characteristics in the analyses reported below.

Analysis

We performed two types of analysis. The first of these analysed outcomes regardless of whether children in the intervention group received the full intervention or not.[6] The second of these took the number of sessions attended into account.[7] This approach classified children allocated to Bounce Back as either 'compliers' (those that attended the optimal number of sessions) or 'noncompliers' (those that did not attend the optimal number of sessions).

We used children's attendance at Bounce Back sessions to define compliance to the intervention in two ways: 'moderate compliers' (100 children, 30.7%) were those attending more than 7 of the maximum 10 sessions, while 'high compliers' were those attending more than 8 sessions (71 children, 21.8%).[1]

All of our analyses took into consideration the possible impact of other characteristics such as sex, year group, ethnicity, free school meal eligibility, and special educational needs.

[1] Medium attendance (>7 sessions) is the score at the 50% percentile. In other words, attendance >7 is higher than 50% of all the attendance scores. High attendance (>8 sessions) is the score at the 75th percentile. In other words, attendance >8 is higher than 75% of all the attendance scores.

Findings

For the full technical descriptions of our analyses, please see our original publication in the European Journal of Child and Adolescent Psychiatry, freely available online.

Does participation in Bounce Back reduce children's self-reported emotional symptoms?

We found that participation in Bounce Back had a significant impact on children's emotional symptoms. This was equivalent to an 8 percentile point reduction.

In analyses that took account of session attendance rates, we found evidence of larger intervention effects. For example, when children attended more than 8 sessions, this was equivalent to a 23 percentile point reduction in emotional symptoms.

Does participation in Bounce Back reduce children's self-reported behavioural difficulties?

We found no clear evidence that participation in Bounce Back led to a reduction in children's behavioural difficulties. Our analyses indicated that the number of sessions attended did not matter for this outcome.

Does participation in Bounce Back improve children's self-reported problem-solving skills?

We found no clear evidence that participation in Bounce Back led to an improvement in children's problem-solving skills. Our analyses indicated that the number of sessions attended did not matter for this outcome.

Does participation in Bounce Back improve children's self-reported self-esteem?

We found no clear evidence that participation in Bounce Back led to an improvement in children's self-esteem. Our analyses indicated that the number of sessions attended did not matter for this outcome.

Attendance

Our analyses showed that White or White British participants were more likely to attend more sessions than children from other ethnic groups. It is unclear from our study why this is.

Conclusion

Our study demonstrated that participation in Bounce Back led to significant reductions in emotional symptoms among children with emergent mental health difficulties. Furthermore, our analyses indicated that children who attended more sessions experienced greater reductions in these symptoms. These effects equate to an 8–23 percentile point change in this outcome.[8] This amount of change can be considered to be practically meaningful, particularly given that Bounce Back uses an efficient (e.g. group-based, brief) intervention model.

There were no significant intervention effects for behavioural difficulties, problem-solving skills or self-esteem. Furthermore, our analyses that took account of the number of sessions attended indicated that this did not make a difference to any of these outcomes. However, it is worth noting that the amount of change seen in our self-esteem outcome was the same as that identified for emotional symptoms. The lack of a 'significant' intervention effect for self-esteem is likely due to differences in the structure of the data and the relationship between baseline and follow-up data when compared to the emotional symptoms analysis. These factors in combination reduced the sensitivity of the self-esteem analysis to detect intervention effects.

Implications and recommendations

The findings of this trial provide robust evidence to suggest that Bounce Back is a promising intervention for reducing children's emotional difficulties (e.g. worry). Our results also indicate that greater support and encouragement for participating children to attend and engage fully with the intervention will optimise its potential benefits. Specifically, it appears that attending more than eight Bounce Back sessions leads to the largest reductions in emotional symptoms.

Of particular note is that our analyses indicated that White and White British children were more likely to attend more sessions than children from other ethnic groups. We don't know what the reason for this is, and so more research focusing on the barriers to engagement for children from some minority ethnic groups might help to improve the accessibility of the intervention.

Our findings also indicate that Bounce Back might not be a useful intervention for addressing behavioural difficulties, or improving problem-solving skills and self-esteem. However, in relation to self-esteem, for the reasons outlined above, we recommend that a future trial should incorporate a larger sample if possible, in order to determine whether an intervention effect can be verified.

It is important that our findings are replicated. The study took place in a single London borough (Newham). This means that our results may not be generalisable to other settings. We also do not know whether the effects of Bounce Back on children's emotional symptoms are sustained in the longer term, and we recommend that this is examined in a future study.

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