HeadStart Hull

What Works to Improve Mental Wellbeing and Resilience for 10-14 Year Olds?

**Literature Review for
Hull HeadStart Partnership Group**

**Hull
City Council**

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Introduction

This report is intended to be a working document that provides the HeadStart Partnership Group with examples of emotional wellbeing interventions that include the key age group of 10-14 years, in order to aid discussion on the type of intervention to be included in the next phase of Hull's HeadStart bid. It should be noted that emphasis has been placed on the inclusion of interventions that have been evaluated for effectiveness, although this has not been possible in very case.

Feedback would be most welcome on areas for additional research where colleagues feel there are gaps in the scope of this report or if further detail is required on any of the specific interventions, in order for a further report to be presented to the HeadStart Partnership Group in due course.

Background

The Big Lottery Fund is piloting new service models to improve mental health and resilience of 10-14 year olds through its Fulfilling Lives: HeadStart programme. 12 areas have been chosen to be pilot sites for this work. In addition to Hull, other HeadStart areas: Lewisham, Kent, Cumbria, Middlesbrough, Cornwall, Southampton, Birmingham, Wolverhampton, Knowsley, Blackpool.

The next phase of the work is to propose specific evidence based projects, and to do this there needs to be a review of what interventions work best in different settings:
- School – whole school resilience
- Community
- Family / parenting
- Digital (YouTube / parenting support / apps)
- A whole system approach to reach the most vulnerable

And at different levels of intervention:
- Universal – all children in the 13 schools (3 secondary and 10 primary)
- Targeted and Targeted plus – for age 10-14 where a specific problem has been identified (eg. exams, bullying, body image)

This work will inform the lottery bid to build on the pilot already underway. £10M max over 5 years may be available. The final bid will include an evidence base for specific costed projects and will needs a mixture of
- school specific projects,
- whole system change and
- targeted community interventions.

Local research completed in 2014 identified the top 5 issues in Hull for young people, so these are the issues that the interventions need to address.
 Bullying (including cyber bullying),
1. exam stress,
2. body image,
3. drugs and alcohol
4. Self esteem and confidence.

The remit for this initial research report is to find out what research and evaluations have already been done and pick out specific examples that might be of interest to pursue in Hull, with links and references.

Why investing in Emotional health is important

The most recent official survey of mental health (2004) identified that 10% of children and young people aged 5–16 had a clinically diagnosed mental disorder. Older children (aged 11–16 years) were more likely than younger children (aged 5–10) to be diagnosed as such (12% compared with 8%) (DoH 2004).

Extensive developmental research indicates that the effective mastery of social and emotional skills supports the achievement of positive life outcomes, including good health and social wellbeing, educational attainment and employment and the avoidance of behavioural and social difficulties. There is also a substantive international evidence base which shows that these skills can be enhanced and positive outcomes achieved through the implementation of effective interventions for young people. (Clarke 2015)

The 11-14 age group for HeadStart is a crucial phase in a young person's life as they transfer from primary to secondary school. This transition can be stressful and challenging periods for children, young people and their parents or carers as they worry about academic expectations, and about negotiating new environments and social relationships. However, school transitions can also provide important opportunities for pupils to build resilience. Resilient pupils are more able to deal with difficulties and adversities, and are therefore more likely to experience conditions which are positive for health. School transitions can thus be both a threat and opportunity. (Roberts 2015)

A NICE briefing (LGB no.12, 2013) for Local Government outlined what could be by promoting the social and emotional wellbeing of children and young people:

- *Improve the population's health and wellbeing* - Social and emotional wellbeing provides personal competencies (such as emotional resilience, self-esteem and interpersonal skills) that help to protect against risks relating to social disadvantage, family disruption and other adversity in life and to enable children and young people to take advantage of life chances. Negative parenting and poor quality family or school relationships place children at risk of poor mental health. Early intervention in childhood can help reduce physical and mental health problems and prevent social dysfunction being passed from one generation to the next

- *Improve social and economic outcomes* - For children and young people with poor social, emotional and psychological health there is an increased likelihood of poor social and economic outcomes, in both the short- and long-term. For example, children with behavioural problems are more likely to leave school with no qualifications, become teenage parents, experience relationship or marital problems and experience unemployment in adulthood

- *Reduce demand on services* - For children and young people with poor social, emotional and psychological health there is an increased likelihood of criminal behaviour and higher risk behaviours such as substance misuse, lower levels of social interaction and poor mental health, outcomes which may continue into adulthood

- *Promote educational attainment and reduce bullying and risk-taking behaviour among pupils* - The emotional wellbeing of children and young people is enhanced through building self-esteem and self-efficacy, reducing bullying behaviour, reducing risk-taking behaviours and supporting the development of social and emotional skills. This may also improve all pupils' interest in their learning, lead to better school attendance and improve attainment.

- *Support national strategy* - Government policy puts a significant emphasis on early intervention services to ensure all children have the best possible start in life. The aim is to address the inequalities in health and life chances that exist between children living in disadvantaged circumstances and those in better-off families. The government's mental health strategy (The mental health strategy for England) supports prioritising mental wellbeing and early intervention across all ages. The schools white paper (The importance of teaching), expects schools and their local partners to play a vital role in promoting health and wellbeing. In addition, the statutory framework for the early years foundation stage makes personal, social and emotional development a cornerstone of early years learning and education.

What does national Guidance say on what works to improve Emotional wellbeing and Resilience?

General Principles

Relationships are at the centre of young people's health and wellbeing. These will be with friends, family, romantic/sexual partners, teachers, role models, health professionals and others in the local community. Relationships can help make them resilient, but they can also make them vulnerable. Recognising and supporting healthy relationships is central to improving young people's physical and mental health and wellbeing. (Improving young people's health and wellbeing - A framework for public health (PHE Jan 2015)

This means:

- giving them the **skills** they need to develop healthy relationships – eg. through personal, social, health and economic (PSHE) education, and sex and relationships education
- promoting **anti-bullying interventions** to reduce short and long-term adverse consequences
- providing an appropriate range of **support** for young people affected by violence, adverse childhood experiences and sexual exploitation
- recognising the important protective effects of having an **adult** that the young person trusts
- supporting parents and carers of young people with general **parental advice** as well as advice on specific issues
- **educating** peer and staff groups to reduce stigma about mental health and promote positive emotional wellbeing

Young people place great importance on:

- the overlap between mental and physical health, and the impact of health on other aspects of life (such as college)
- the centrality of relationships in how young people think about health
- the role of families in providing support and advice
- the positive role of peers, particularly around mental health

From research on the views of young people, all services need to:

- offer a confidential and a non-judgemental approach
- appreciate the challenge for young people in seeking help
- offer easy access to generic, accessible community-based services but also topic specific targeted services
- reach out and engage with all young people, including particularly vulnerable groups
- offer prevention and early intervention, as well as crisis care and follow-up support
- think about young people as a separate group with their own voice and views
- train staff to be young person friendly and provide age appropriate services
- draw more on the possibilities of the internet and social media

The Department of Health (2015) has published *Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing* which makes a number of proposals the government wishes to see implemented by 2020. These include:

- tackling stigma and improving attitudes to mental illness;
- introducing more access and waiting time standards for services;
- establishing 'one stop shop' support services in the community;
- and improving access for children and young people who are particularly vulnerable.

The report sets out how much of this can be achieved through better working between the NHS, local authorities, voluntary and community services, schools and other local services. It also

makes it clear that many of these changes can be achieved by working differently, rather than needing significant investment.

The Child and Young People's Mental Health Coalition (CYPMHC) report *'Resilience and Results'* *– How to improve the emotional and mental wellbeing of children and young people in your school* (2012) states that s supporting everyone's emotional and mental wellbeing and giving additional support to pupils with behavioural and emotional problems is important because:

- 1 in 10 or at least 3 young people in every class has a behavioural or emotional difficulty
- In an average classroom: 10 young people will have witnessed their parents separate; 1 will have experienced the death of a parent, and 7 will have been bullied
- 1 in 4 young people of secondary school age will have been severely neglected, physically attacked or even sexually abused at some point in their lives

Mental healthy children and young people are able to:

- Enter into and keep good personal relationships
- Develop well, psychologically
- Play and learn appropriately for their age
- Develop a sense of right and wrong
- Cope with a degree of psychological distress
- Have clear sense of identity and worth

Some young people are at greater risk and may need targeted support:

- LGBT
- Diagnosed with ADHD, depression, eating disorder or a learning disability
- Young carers
- BME
- Deaf children
- Looked after children

Examples of the school based interventions included in the 'Resilience and Results' report can be seen in **Appendix 1**. Although some of these interventions have been evaluated, no overall effectiveness rating has been reported by which to categorise and compare the different programmes.

Following on from 'Resilience and Results', CYPMHC worked with Public Health England to develop a framework *(Promoting Emotional Health and Wellbeing in Schools March 2015)* to help schools understand how implementing the key principles of a whole school approach, can help promote emotional health and wellbeing within schools. It outlines eight key principles to promote children and young people's emotional health and wellbeing in schools and colleges, which are:

1. **Leadership and management**
   Support from the senior leadership team is essential to ensure efforts to promote emotional health and wellbeing are accepted and embedded.
2. **School ethos and environment**
   The environment in which staff and students spend a high proportion of every week day has been shown to affect their physical, emotional and mental health and wellbeing, as well as impacting on attainment.
3. **Curriculum, teaching and learning**
   School-based programmes of social and emotional learning can help young people acquire the skills they need to make good academic progress as well as benefit pupil health and wellbeing.
4. **Student voice**
   Involving students in decisions that impact on them can help them to feel part of the school and wider community, and to have some control over their lives.

5. **Staff development, health and wellbeing**

   It is important for staff to access training to increase their knowledge of emotional wellbeing and to equip them to be able to identify mental health difficulties in their students. Promoting staff health and wellbeing is also an integral principle of the whole-school approach.

6. **Identifying need and monitoring impact**

   Education settings can use a variety of tools to understand and plan a response to pupils' emotional health and wellbeing needs. Defining pupil need on a more formal basis can help to inform commissioning decisions at school level, across clusters or at a local authority level. It is also important to record and monitor the impact of any support that is put in place.

7. **Working with parents/carers**

   Families play a key role in influencing children and young people's emotional health and wellbeing.

8. **Targeted support**

   Some children and young people are at greater risk of experiencing poorer mental health and will need targeted support.

General recommendations for Schools:

It terms of general evidence based recommendations for schools, NICE have published two guidance documents, NICE PH12 (2008) for Primary Schools and PH20 (2009) for secondary schools, as well as associated NICE pathways:
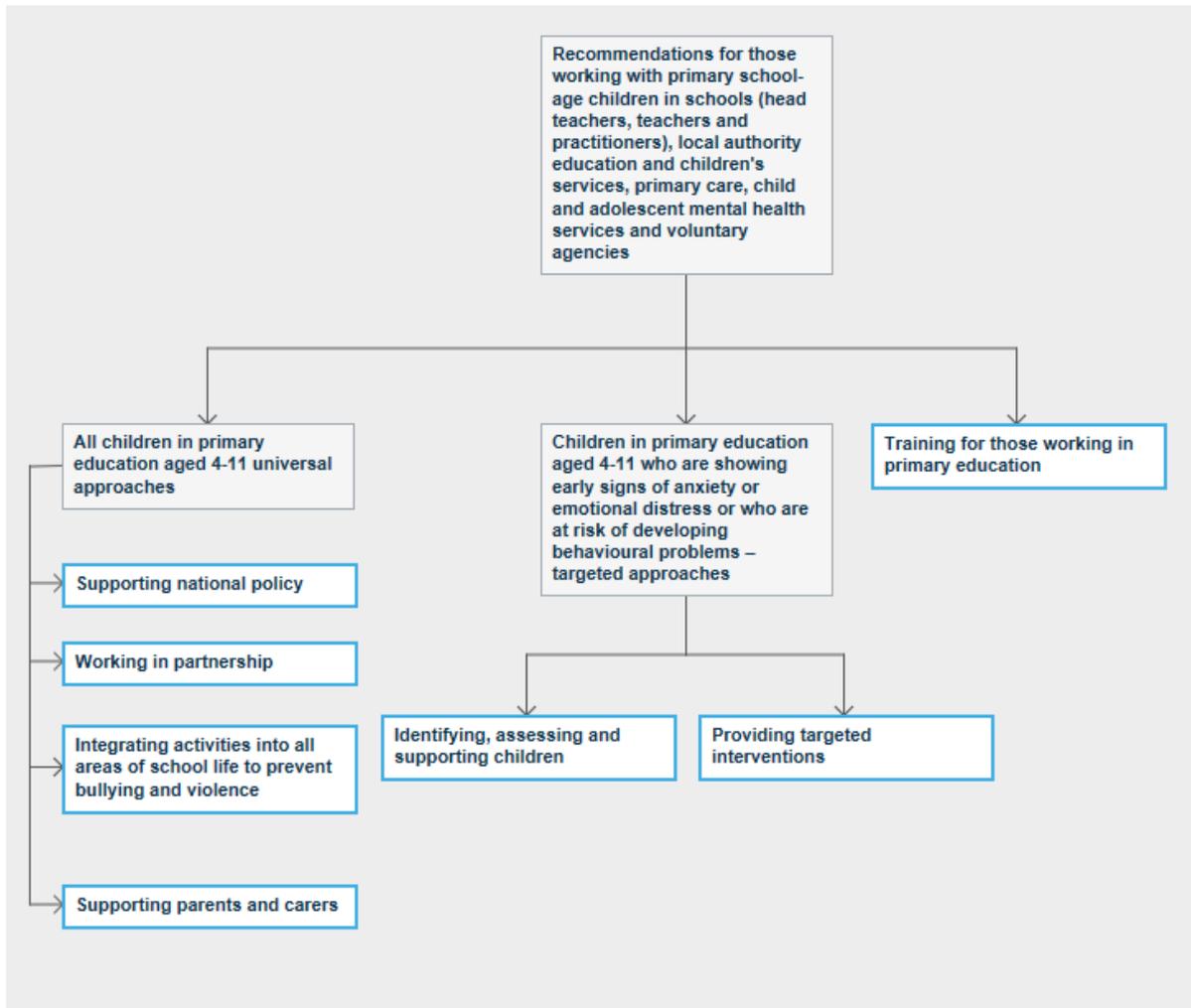
Recommendations (PH12) include:

- Local authorities should ensure primary schools provide an emotionally secure environment that prevents bullying and provides help and support for children (and their families) who may have problems.
- Schools should have a programme to help develop all children's emotional and social wellbeing. It should be integrated it into all aspects of the curriculum and staff should be trained to deliver it effectively.
- Schools should also plan activities to help children develop social and emotional skills and wellbeing, and to help parents develop their parenting skills.
- Schools and local authorities should make sure teachers and other staff are trained to identify when children at school show signs of anxiety or social and emotional problems. They should be able to discuss the problems with parents and carers and develop a plan to deal with them, involving specialists where needed. Those at higher risk of these problems include looked after children, those in families where there is instability or conflict and those who have had a bereavement.

The six recommendations in PH20 for secondary schools cover: strategy, the key principles and conditions, working in partnership with parents, families and young people, the curriculum, and training and professional development.
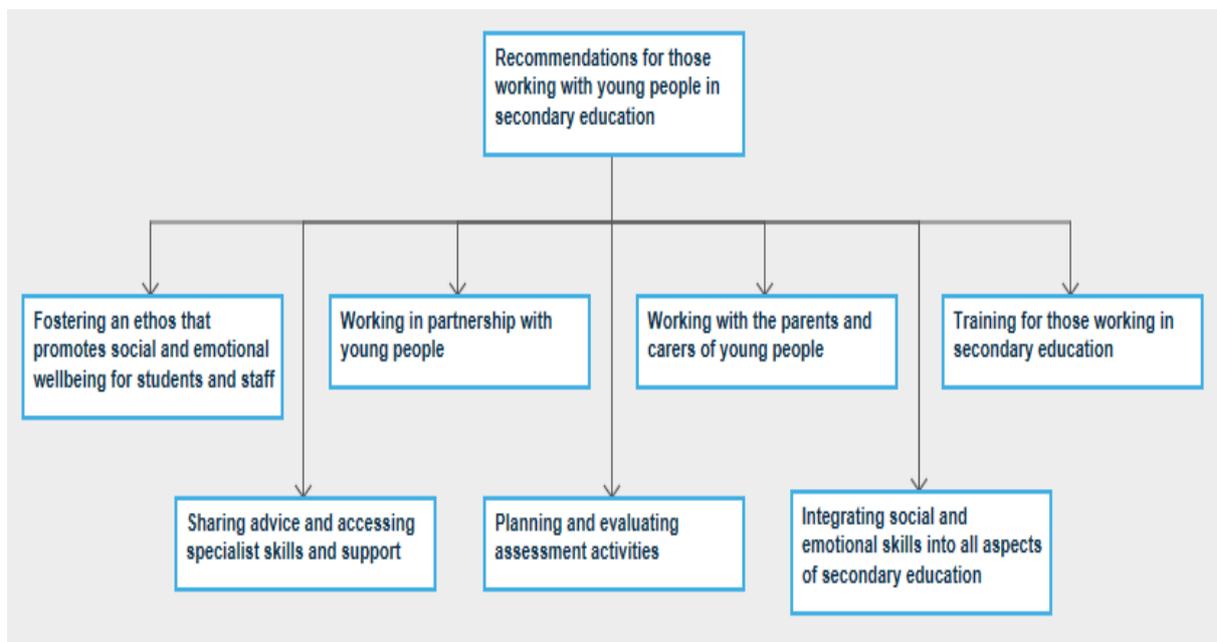
They include:

- Secondary education establishments should have access to the specialist skills, advice and support they require.
- Practitioners should have the knowledge, understanding and skills they need to develop young people's social and emotional wellbeing.
- Secondary education establishments should provide a safe environment which nurtures and encourages young people's sense of self-worth, reduces the threat of bullying and violence and promotes positive behaviour.
- Social and emotional skills education should be tailored to the developmental needs of young people.

NICE Pathway for Emotional Wellbeing in Primary Schools

Recommendations for those working with primary school-age children in schools (head teachers, teachers and practitioners), local authority education and children's services, primary care, child and adolescent mental health services and voluntary agencies

All children in primary education aged 4-11 universal approaches

Children in primary education aged 4-11 who are showing early signs of anxiety or emotional distress or who are at risk of developing behavioural problems – targeted approaches

Training for those working in primary education

Supporting national policy

Working in partnership

Integrating activities into all areas of school life to prevent bullying and violence

Supporting parents and carers

Identifying, assessing and supporting children

Providing targeted interventions

NICE Pathway for Emotional Wellbeing in Secondary Schools

Recommendations for those working with young people in secondary education

Fostering an ethos that promotes social and emotional wellbeing for students and staff

Working in partnership with young people

Working with the parents and carers of young people

Training for those working in secondary education

Sharing advice and accessing specialist skills and support

Planning and evaluating assessment activities

Integrating social and emotional skills into all aspects of secondary education

Specific Interventions - Key Documents about what works:

The report by Clarke 2015 is a key one, as it is a *systematic review* of the literature 2004-14 of evaluated interventions implemented in the UK with children and young people aged 4-20. (Treatment interventions for identified disorders were not included) The review was commissioned by the Early Intervention Foundation (EIF), the Cabinet Office and the Social Mobility and Child Poverty Commission as part of wider efforts to encourage evidence-based commissioning and delivery of services for young people.

It defines social and emotional skills as the development of five interrelated competencies:
1. Self-awareness
2. Self-management
3. Social awareness
4. Relationship skills
5. Responsible decision making.

Underpinned by a core set of capabilities (of value to young people) grouped into seven clusters, each of supported by evidence of positive life outcomes:
1. Managing feelings
2. Communication
3. Confidence and agency
4. Planning and problem solving
5. Relationships and leadership
6. Creativity
7. Resilience and determination.

39 school based interventions and 55 community based programmes were selected for review by Clarke et al and all were rated using the following definitions of effectiveness.

Rationale for programme	Evidence	Programme	Rating
Multiple high-quality evaluations (RCT/QED) with consistently positive impact across populations and environments	Established	Consistently Effective	4
Single high-quality (RCT/QED) with positive impact	Initial	Effective	3
Lower-quality evaluation (not RCT or QED) showing better outcomes for programme participants	Formative	Potentially Effective	2
An intervention has a logic model and programme blueprint but has not yet established any evaluation evidence	Non-existent	Theory-based	1
The programme has not yet developed a coherent or consistent logic model, nor has it undergone any evaluation	Non existent	Unspecified	0
Evidence from at least one high-quality evaluation of being ineffective or resulting in harm	Negative	Ineffective / Harmful	-1
RCT = randomised controlled trial ; QED = quasi experimental design			

Programmes highlighted below and rated at levels 2 to 4 have been included in the EIF online Guidebook and summarised in **Appendix 2** of this report.

(NB. It should be noted that evaluations of effectiveness were based on outcomes for the programme participants and did NOT necessarily include a cost benefit analysis. The costings of individual interventions would have to be considered further by the HeadStart group at the next bid stage.)

Summary of findings *from Clarke et al 2015 for the 10-14 age group:*

School programmes were classified as follows:
1. Interventions with a *competence enhancement* focus
a. Universal social and emotional skills interventions
b. Small group social and emotional skills interventions
c. Mentoring and social action interventions

2. Interventions aimed at *reducing problem behaviours*
a. Aggression and violence prevention interventions
b. Bullying prevention interventions
c. Substance misuse prevention interventions

The programmes (relevant to the 10-14 age group) with the strongest evidence within each group are as follows:

1.   Interventions with a competence enhancement focus
a)   *Universal social and emotional skills interventions*
- *Friends*
- *UK Resilience,*
- *Lions Quest*
- *Positive Action*

These programmes were shown to have a significant positive impact on children and young people's social and emotional skills including coping skills, self esteem, resilience, problem solving skills, empathy, reduced symptoms of depression and anxiety and in secondary schools there was reduced behaviour problems, enhanced academic performance, and improved family relations.

There is promising emerging evidence in relation to UK developed interventions including *Circle Time, Lessons for Living, Strengths Gym, Rtime* and *.b Mindfulness Programme.*

The Australian developed online cognitive behavioural skills intervention *MoodGYM,* is well evidenced, and is currently being implemented and evaluated as part of the Healthy Minds in Teenagers curriculum in the UK.

Results from evaluations of the primary and secondary Social and Emotional Aspects of Learning (SEAL), which adopt a whole school approach to implementation, provide limited evidence of improvements in primary school children's social and emotional skills and no programme impact was reported in an evaluation of secondary SEAL.

b)   *Small group social and emotional skills interventions*
Well evidenced interventions for students at higher risk of developing social and emotional problems are: *Going for Goals, and New Beginnings*

2.   Interventions aimed at reducing problem behaviours
a)   *Aggression and violence prevention interventions*
The following primary school interventions are *well evidenced* for their impact on reducing social and emotional problems and aggressive and disruptive behaviour: *Second Step* and *Peacebuilders*

b)   *Bullying prevention interventions*
Three interventions are *well evidenced* in terms of their impact on social and emotional skills including social relations, prosocial behaviour and reduced bullying and victimisation. These interventions adopt a whole school approach to bullying prevention providing curriculum resources, whole staff training, parent guides and addressing school environment and ethos:
- *Olweus*
- *Kiva*
- *Steps to Respect*

There is evidence from the studies reviewed to indicate that bullying prevention peer mentoring interventions are *ineffective* in improving children and young people's social and emotional skills and in some cases can have a negative impact on rates of bullying.

c)   Substance misuse prevention interventions
Five substance misuse prevention interventions that teach personal and social skills for self-management and resilience were identified. These interventions have an established international evidence base indicating their positive impact on the use of skills and strategies to resist risk-taking behaviour and reduced alcohol, cigarette and drug use:
- *LifeSkills Training,*
- *Keepin' It Real,*
- *All Stars*
- *Project Star*
- *SHAHRP.*

Effective school-based programmes identified in the review shared a number of *common characteristics* and these include:
- Focus on teaching skills
- Use of competence enhancement and empowering approaches
- Use of interactive teaching methods to teach skills
- Well-defined goals and use of a coordinated set of activities to achieve objectives
- Provision of explicit teacher guidelines through teacher training and programme manuals.

Not many studies reported on subgroup differences. There is, however, some evidence to indicate that interventions aimed at increasing social and emotional skills and reducing problem behaviours are particularly effective with children and young people who are most at risk of developing problems.

Only a few interventions have been analysed for their cost-benefit ratio in UK schools, but where they are available they generally show a positive return on investment, eg.
- *UK Resilience* (1:7.1)
- *Lifeskills Training* (1:10.7)
- P*roject STAR* (1:1.2)*.*

<u>*Community based Programmes*</u>
Over 80% of the identified interventions were developed and evaluated in the UK in the last five years (81.8%), many in unpublished reports (63.6%). Most had no control group and most were short duration (less than one year) and implemented with socially excluded and disadvantaged young people aged 13-20 determined to be at risk of developing social and emotional problems / engagement in risk-taking behaviour.

These programmes were classified into the following groups:
1. Interventions with a competence enhancement focus
a. Youth arts and sports interventions
b. Family-based interventions
c. Mentoring interventions
d. Education, work, career interventions
e. Cultural awareness interventions

2. Interventions aimed at reducing problem behaviours
a. Crime prevention interventions
a. Substance misuse prevention interventions

Interventions with a competence enhancement focus:
Youth arts and sports interventions

There is evidence from two interventions which used standardised outcome measures to indicate significant improvements in young people's self esteem, confidence, emotional regulation, organisation and leadership skills
- *Hindleap Warren Outdoor Education Centre* which provides outdoor activities for young people;
- *Mini-Mac,* a peer led music project

Family-based interventions
Three interventions, adopted from the US and implemented in the UK, are *well evidenced* in terms of their impact on children and young people's social skills including self concept, self efficacy, internalising and externalising behaviour and peer and family relations
- *Families and Schools Together*
- *Strengthening Families Programme*
- *Social Skills Group Intervention-Adolescent*

Broader outcomes include improved academic performance and attachment to school, improved parental engagement and reduced rates of parental substance misuse.

Mentoring interventions
The *Big Brothers Big Sisters* mentoring programme has an established international evidence base in terms of positive long-term impacts of matching adult volunteer mentors with young people aged 6-18 to support them in reaching their potential over the course of a year. Outcomes include improved self worth, relationships with peers and parents, reduced substance misuse and improved academic outcomes.

Social action interventions
Twelve social action interventions were identified, eleven of which were developed in the UK. *National Citizen Service* was the only intervention to utilise a quasi-experimental design and some standardised outcome measures to determine programme impact. This intervention produced promising evidence in terms of its significant impact on young people's confidence, happiness, sense of worth, anxiety levels, interest in education and attitude towards mixing in the local area. Additional self reported improvements included social competence, resilience, communication, leadership, decision making and teamwork skills.
The *vInspired Team V* has limited evidence in terms of its effectiveness on young people's self confidence, self esteem, social skills, leadership skills, problem solving, organisational skills, communication skills and motivation, but like *National Citizen Service* it also delivered broader outcomes, including increased community engagement, enhanced career ambition, improved attitudes about future employment, increased intention to engage in voluntary activities in the future. The quality of this evidence, however, does need to be strengthened using more robust evaluation designs with standardised outcome measures.

Effective community based programmes identified in this review shared a number of *common characteristics* and these include:
• having specific and well-defined goals
• direct and explicit focus on desired outcomes
• provision of structured activities
• training of facilitators and use of a structured manual
• implementation over longer period of time.

Other Interventions
Details regarding further findings on other specific interventions (not included in the two key reviews reports above) but from high quality studies sourced from https://www.evidence.nhs.uk/ are included in **Appendix 3.**

Findings in other settings

➢ **Whole System Change:**

The Kings Fund paper (Nov 2014) on how the NHS can tackle poverty describes a case study involving whole system change to better target deprived children (pp85). Derbyshire community paediatric services underwent a complete remodelling to ensure that children and young people living in deprived circumstances, particularly those in the poorest and most vulnerable categories, received equitable access to care. Derbyshire targeted children with special educational needs, those in need of safeguarding or in care, travellers, asylum seekers and refugees, and young offenders. Care was offered in places close to home and school, using a multi-agency approach and an open referral system. Following the remodelling, more than two thirds of patient contacts are with children in the most deprived two-fifths of the population, a group that represents more than half the local child population and the traditionally hard-to-reach children.

➢ **Potential Combination of Physical Activity and Peer mentoring**

The HUNT study (Ranoyen 2015) examined the role of adolescents' self-esteem and physical activity level in families experiencing anxiety and depression parents and offspring. Over a ten year time span if was found that children of parents with anxiety/depression problems are at a sustained risk for mental health problems. The associations between parental and offspring anxiety/depression were partially mediated by offspring self-esteem but were moderated by physical activity. Hence, prevention and treatment efforts could be aimed in these areas.

(HeadStart could consider evaluating an approach that combines Peer Mentoring to develop self esteem and community physical activity - such as Parkrun or Junior Parkrun - that could involve parents, children and peer mentors.....?)

➢ **Websites and Apps**

Youth Health Movement website (peer mentoring)

The Royal Society for Public Health (2015) has launched a new national website aimed at engaging young people to play a part in their own and their peers' health and wellbeing. The www.YouthHealthMovement.org.uk website is a national hub for young people and youth organisations which aims to provide young people with the skills, knowledge and confidence to act as peer mentors, increasing awareness of healthy lifestyles and encouraging involvement in activities to promote good health. It also provides the opportunity for young people and youth leaders to network and share ideas. (also see RSPH press release)

Mindmate website

https://www.mindmate.org.uk/ *(Leeds)* is a website created for young people, their families and the professionals who support them, to help explore emotional wellbeing and mental health issues and offer information about where support is available.

Health apps

http://apps.nhs.uk/apps/mental_health/

There are apps (NHS recommended) to help monitor young people who have a diagnosed mental illness (eg. Psychosis, Depression) and some for general mental wellbeing (Hands Up Therapy; Moodbug; Mindlgr; kooth.com; School Nurse). However, apps to improve wellbeing might be better designed by local young people themselves as a wellbeing project in itself, as has been done in Leeds to create a prototype app that allows young people to "store up happiness for an emotional rainy day", keeping a virtual scrapbook that makes them feel good such as photos, videos, music and messages in one place on their phone that they can access when they need a boost. (http://www.southleedslife.com/happy-app-to-help-support-young-peoples-mental-health/)

Key points

- 12% of older children (aged 11–16) and 8% of younger children (aged 5–10) in Great Britain have a clinically diagnosed mental health disorder.
- 1 in 10 or at least 3 young people in every class has a behavioural or emotional difficulty
- Early intervention and the effective mastery of social and emotional skills leads to positive life outcomes, including good health and social wellbeing, educational attainment, employment and the avoidance of behavioural and social difficulties such as relationship problems, criminality and substance misuse.
- The transition from primary to secondary school represents a time of potential stress but also an opportunity to build resilience.
- Recognising and supporting healthy relationships is central to improving young people's physical and mental health and wellbeing.
- Common characteristics of effective school-based programmes include:
  - Focus on teaching skills
  - Use of competence enhancement and empowering approaches
  - Use of interactive teaching methods to teach skills
  - Well-defined goals and use of a coordinated set of activities to achieve objectives
  - Provision of explicit teacher guidelines through teacher training and programme manuals.
- Common characteristics of effective community based programmes include:
  - Having specific and well-defined goals
  - Direct and explicit focus on desired outcomes
  - Provision of structured activities
  - Training of facilitators and use of a structured manual
  - Implementation over longer period of time.
- Other types of interventions worth consideration are websites, locally created apps and programmes involving physical activity

Recommendation

It is recommended that the HeadStart group considers the information on individual interventions in Appendix 1, 2 and 3, as a basis for further discussion and progression of the HeadStart pilot and highlights any issues that need following up with a more detailed literature search.

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Appendix 1 - Summary of School based Interventions (CYPMHC Nov 2012)

Programme	Description	Age Group	Outcome	Targeted /universal	Evaluation
Targeted Mental Health in Schools (TAMHS)	Targeted mental health support	Primary age pupils	reduced behavioural problems	Targeted	CAMHS Evidence based Practice Unit 2011
The UK resilience programme	worked with three local authorities and delivered workshops to Year 7 pupils.		significant short term improvements in pupils' depression symptom scores, school attendance rates, and academic attainment in England.		(Challen 2011)
Skills4Change	The accredited programme consists of 5 sessions that develop resilience, raise confidence and self esteem and give the young people the skills to break free from the cycle of intergenerational substance misuse.	11-16	Young people describe: • Improved peer relationships, self confidence, behaviour • Willingness to talk • Reductions in risk taking behaviour • New knowledge about first aid, healthy eating and the effects of substance misuse	Targeted to young people aged 11-16 who have been impacted by parental substance misuse	(Currently being evaluated by Warwick Uni) www.addaction.org.uk
CyberMentors	www.Cybermentors.org.uk Online and offline mentoring for young people experiencing wellbeing and mental health issues, particularly around bullying. Provides both Trained CyberMentors (aged 11-17) in schools, supported by Senior CyberMentors (aged 18-25) and BACP accredited counsellors online.	11-17	The programme is proven to have: • improved levels of wellbeing and mental health • reduced the incidence of bullying and violence in schools by 40% • enhanced a positive school culture, climate and ethos (reduce Incidents of Concern by 73%) • improved reporting of bullying by 60% • reduced the levels of	Targeted	CyberMentors has been fully and independently evaluated (Banerjee, et al, 2012).

			exclusion (including exclusions related to bullying) by 31% • reduced unauthorised pupil absence (e.g., levels of truancy) by over a quarter (27%) • improved pupil attainment • reduced the amount of time teachers spend dealing with cases of bullying and cyberbullying		
Young Minds in Schools	www.youngminds.org.uk/training_services/young_minds_in_schools online learning resources for teachers holistic approach to building emotional resilience in a school cluster		Pupil reliance enhanced Staff confidence increased Parents felt more confident in their ability to support their child and improved parent/child relationship	Whole school approach in clusters – one secondary and 3 primaries. Specific focus on transition from primary to secondary	Piloted in 4 clusters in England and one in Scotland www.scotland.gov.uk/resource/doc/1049/0086488.pdf
Be Your Best Project – loveursoul	3 phase programme starting with teachers then extending to teachers and then extending to pupils and families 1. Evaluation of current emotional and physical issues in the school 2. Implementation of the Health and Wellbeing system including a portal for teachers and monthly newsletters to pupils and parents 3. Optional extension to mentoring programmes	?	?	Whole school	www.Loveursoul.co.uk £1750 per site plus £15 per teacher
BOND (Better Outcomes new Delivery)	Consortium of agencies building VCS capacity to deliver early intervention mental health support to children and young people. Testing new approaches in 5 pilot areas starting with Tees Valley.			Hopes to deliver a national programme of work that will look at BME young people, LAC, youth	www.youngminds.org.uk/bond

				counselling and the school setting.	
Family Action's Safer Children project	Works to improve the self esteem and emotional health of children to reduce their vulnerability to gangs. Includes peer led group work with children and parents		Targeted to transition between primary and secondary		www.famil-action.org.uk
Place2Be	Charity working in over 170 schools, proving counselling support for children, parents and teachers. Menu of services tailored to each school but may include Place2Talk – lunchtime pupil referral service; Place2Think – for advice and guidance for staff and a Place for Parents – counselling service		Improved social and emotional difficulties; improves ability to focus in the classroom	Includes transition work for years 7,8 and 9	www.place2be.org.uk/ typical model includes 5 Place2Be staff, with school paying 70-80% of total annual cost
42nd Street	Community and school based services for young people in year 9 and up in Manchester area. School based counselling; one-to-one informal support; drop-ins; helpline. Also offer training and teaching to staff on areas such as self harm, anxiety and depression, brief solution focussed work	Year 9 and above			www.42ndstreet.org.uk/index.html

Appendix 2 - Characteristics of Evaluated Interventions (Clarke et al 2015)

Programme Name	Target Age	HeadStart age	Setting	Notes	Rating
All Stars	11-14	11-14	School	US based evaluation only but implemented in UK by Barnardos. Substance misuse, violence and premature sexual activity prevention. Classroom-based brief interventions consisting of 10-14 lessons. Outcomes include increased personal commitment to not use drugs, reduction in alcohol, drug and cigarette use and better school bonding. Implemented by the class teacher using a programme manual after 2 days training (face to face or online).	3
Big Brothers Big Sisters	5-19	10-14	Mentoring	Average duration 6-8 weeks for universal but usual match with trained, trusted volunteer mentor is for 12 months for targeted at risk individuals (4 hour sessions 3 times a month).. Outcomes - improved self worth, behaviour, relationships with peers and parents, reduced substance use and improved academic outcomes. Uses volunteer mentors. Universal or targeted at disadvantaged, socially excluded and at-risk groups, conduct disorders or at risk of school failure or exclusion. Well evidenced, 18 month evaluation with over 1100 participants. Significant positive effect on young people's communication skills, relationships with peers and parents and behaviour, maintained at 18 months follow up. Broader outcomes included significantly improved academic outcomes and a significant reduction in initial alcohol and drug use rates. Cost per person matched with mentor $1312. Not evaluated in UK.	4
Circle Time,	5-11	10-11	School	Aims to develop a classroom climate in which children are listened to, respected and helped by adults and peers. Consists of wide range of strategies used throughout school that affect children's self esteem and positive behaviour. Significant increase in - esteem • Self-worth • Self-competence. Mean improvement for girls was greater than for boys	3
Families and Schools Together (FAST)	11-14	11-14	After school	Two year after school, multi-family group programme, aims to enhance parent-child bonding and family functioning, enhance school success through parent involvement, prevent substance use and reduce parent and child stress. FAST groups composed of parent, child, school partner & community based partner from health or social work 8 weekly sessions, each 2.5 hours, followed by 2 years of monthly parent led group meetings. Manualised intervention Staff trained to deliver FAST programme, supervised by certified FAST trainer. Cost £235,	4
Friends	7-11	10-11	School	Universal cognitive behavioural intervention. Aims to treat and prevent anxiety, increase emotional resilience, problem solving abilities and teach lifelong coping skills. 10 lessons (1-2 hours per week). Can be targeted to at risk groups identified by school nurse. Significant improvement in anxiety and self esteem scores, especially in group led by health professionals rather than teachers. Two day training; Teacher manual and child workbook; Supervision provided by clinical psychologist.	4

Going for Goals	6-11	10-11	school	UK developed intervention. Delivered as part of SEAL. Targeted group based intervention, 8 weeks, 45 min session each week. Significant improvement in social and emotional competence. Delivered by Teacher / teacher assistant / learning mentor.	**3**
Hindleap Warren Outdoor Education Centre	7-24	10-14	Community	Young people from schools, youth clubs, social services and specialist units. Three to four day group-based residential courses aimed at developing social and emotional skills. Significant improvement in Emotional Control; self-confidence; Task Leadership ; Time Management ; Intellectual Flexibility.	**2**
Keepin' It REAL	12-14	12-14	school	US intervention, implemented in UK though Life Skills Education CIC. No UK evaluation. Multi-cultural school based substance use prevention programme. Aims to help students assess risks associated with substance abuse, enhance decision making and resistance strategies, improve antidrug normative beliefs and reduce substance use. 10 lesson curriculum, 45 min sessions over ten weeks with booster sessions delivered the following year. Curriculum used series of five videos produced by youth and based on students' real stories as key learning tool. Significantly reduced student reported alcohol, marijuana and cigarette use at post-intervention. Effects maintained at 14 months follow up (alcohol and marijuana) and 8 months follow up (cigarette use). Teacher implemented. Programme manual with video. One day teacher training provided.	**3**
KiVa	7-15	10-14	school	Antibullying curriculum aims to reduce bullying, victimisation and aiding bullying. 10 lessons accompanied by computer games and virtual environment for learning. Significant reduction in self and peer-reported victimisation. Participant in intervention group significantly decreased assisting the bully and reinforcing the bully. Parent guide, web resources for teachers and whole school materials. £600 per school for training for 1/2 teachers and materials.	**3**
Lessons for Living: Think Well, Do Well	9-10	10	school	Developed and implemented in Scotland. Universal mental health promotion intervention aimed at improving children's coping and problem solving strategies and reducing anxiety. Significant reduction in anxiety scores at post intervention and 6 months follow up (psychologist and teacher led) Significant reduction in children's avoidance coping skills at post intervention and 6 months follow up (psychologist and teacher led) Significant increase in problem solving coping skills at post-intervention and 6 months follow up (psychologist and teacher led). Intervention manual. One day training. Teacher / Psychologist implemented intervention.	**3**

Lifeskills Training	12-14	12-14	school	Implemented but not evaluated in UK. Classroom-based programme aims to prevent alcohol, tobacco and marijuana use and violence. Teaches students (i) self management skills (ii) social skills (iii) information and resistance skills related to drug use. Primary and secondary school programme.LST contains 30 lessons to be taught over 3 years in secondary schools. Significantly greater improvements than control group in life skills knowledge both at short and longer term follow up. Significantly reduced rates of tobacco, alcohol, marijuana use at post intervention. Results maintained at 6 year follow up. Intervention group engaged in 50% less binge drinking; significantly less smoking, less drinking, less inhalant and drug use at post intervention, significant reduction in violence and delinquency at 3 month follow up; significant reduction in risky driving at 6 year follow up. Teacher implemented Teacher manual provided Teacher attends one-two day training. Booster training and train the trainer workshop provided to support implementation.	4
Lions Quest – Skills for adolescence	6-12, 13-17	10-14	Schools and community	Currently implemented in UK in school and out-of-school setting (Ambition UK) UK evaluation Underway. Muticomponent life skills whole school intervention for children and young people aged 6-12 and 13-17 years. Aims to help young people develop social emotional competencies, good citizenship skills, strong positive character and to promote drug free lifestyle. 80 x 45 min lessons. Significant positive impact on young people's: success in school; reduced misconduct, binge drinking, marijuana use. Manualised intervention. Two day training.	4
Mini-Mac	11-17	11-14	Community, targeted.	Children and young people who are at risk of offending and present with behaviour that challenges others. A musical activity programme aims to provide opportunities for at risk young people to deliver and be recipients of musical activity that promotes positive mental health 10-20 group-based. Improvements in young people's Self-efficacy, Self-esteem, Resilience, Emotion regulation. Reduction in aggression, Conflict & impulsivity. Improvements in self confidence & wellbeing. Manual provided. See http://www.mac-uk.org/projects/mini-mac *(Could double as a Hull2017 project??)*	2
MoodGYM	12-17	12-14	Schools/ online	Implemented as part of developing Healthy Minds in Teenagers curriculum in south of UK (Year 10). Online self-directed CBT intervention designed to prevent depression in youth. Intervention delivered over five week period with one module of programme presented each week. 20-24 min to complete module. Significantly lower levels of anxiety, depression (esp males) post intervention and 6 month follow up. Participants with high adherence rates reported significantly stronger intervention effects for anxiety and depression. Significantly more males in control group met criteria for clinical depression at post intervention. Teacher responsible for implementation of programme. Dropout rate 12.5%. Mean number of modules completed 3.16 / 5.	3
New Beginnings	6-11	10-11	schools	Targeted group-based social and emotional learning intervention for children thought to be 'at risk' of developing social and emotional difficulties. Aims to develop empathy, emotional understanding and social problem solving. 7 week intervention, 45 mins each	3

				session. Delivered by Teacher / teacher assistant / learning mentor. Significant improvement in social and emotional competence, peer relationship problems and prosocial behaviour.	
Olweus	5-11 and 12-14	10-14	school	Evaluation was carried out in UK: Sheffield Anti- Bullying Project. School wide multicomponent programme designed to prevent bullying. Programme includes school level, classroom level and individual level components. Manualised intervention. Teacher implemented. Whole school training provided by certified Olweus Trainer. Costs, Two day training with coordinating committee $3,000	3
Peacebuilders	6-12	10-12	school	School wide violence prevention intervention for primary school. Aims to create positive climate by developing positive relationships between students and school staff, teaching non violent attitudes, values, beliefs. Implemented in Scotland, no UK evaluation. Staff Manual Implemented by school staff Training: Leadership team (2hr); Whole school staff (4hr) Ongoing support provided to address issues identified by staff.	4
Positive Action – Sec school	5-17	10-14	School / Community / family	Implemented in UK but no evaluation. School based curriculum, together with school-wide, family and community components, aims to support children's prosocial behaviour, school performance and family functioning. Session duration 15-20 min fully integrated into mainstream curriculum. Pupils typically receive 35 hours of PA curriculum in single school year. Significant improvements in student wellbeing, safety, involvement, satisfaction, learning, teamwork, reading and maths proficiency, family cohesion, parent child bonding. Significant reduction in substance misuse behaviours, violence related behaviours, bullying, disruptive behaviours and absenteeism. Teacher implemented Training provided for teachers – self training kit, online webinars, on-site or off site training workshops	4
Project STAR	11	11 (Year 7)	school	Implemented in UK as Blueprint Programme. Multi-component drug prevention programme. Consists of curriculum, teacher training, school drug advisor, support, media and health policy. Reduced tobacco, alcohol and cannabis use. Long term impact through to early adulthood. Impacts most consistent for cigarette smoking. Teacher implemented Teachers received six days training: two days prior to delivery in each academic year and additional day to reflect on experience of programme.	4
.b Mindfulness Programme	13-16	13-14	School	Developed in the UK. Secondary school, classroom based intervention. The .b Mindfulness Programme draws upon principles of mindfulness based stress reduction and mindfulness based cognitive therapy. The programme involves learning to draw attention to immediate experience. Well evidenced from 3 UK evaluations. Found significant improvement in social and emotional skills including resilience, coping skills and reduction in depressive scores (results maintained at 3 month follow up). The .b Mindfulness Programme was implemented in the UK by teachers who were mindfulness practitioners or teachers who had been trained and approved as ready to teach the curriculum by its developers.	

Rtime	5-11	10-11	School	Developed in UK for Primary schools. Whole-school universal intervention designed to create positive relationships, improve behaviour and reduce bullying. "Random Pair Work" between students. Short bursts of planned activities for 10-15 minutes, once a week for 30 weeks each school year. Significant positive changes in children's relationships and friendships. Intervention delivered by all teachers and staff members R-time manual (245 activities): £75. Other resources (activity books, DVD training etc.) are optional.	**3**
Second Step	4-14	10-14	School	Universal classroom based violence prevention intervention aimed at reducing social, emotional and behavioural problems and in supporting the learning of prosocial behaviours. Core units empathy, problem solving and anger management. 25-40 min lessons, Implemented 1-2 times a week. Implemented in UK but only evaluated in US. Significant reduction in children's antisocial behaviours: change was greatest among students with high baseline rating for antisocial behaviour. Implemented by teachers who receive one day training	**4**
SHAHRP	13-15	13-14	school	Harm reduction classroom intervention aims to reduce alcohol related harm in young people. Combines harm reduction principles with skills training, education and activities designed to encourage positive behavioural change. Implemented over two year period, Phase 1 at 13 years of age; 17 skills based activities conducted over 8-10 lessons. Phase 2 conducted following year, 12 activities delivered over 5-7 weeks. DVD used in Phase 2 – scenarios young people may experience. Intervention groups reported significant positive results with respect to improvements in alcohol related knowledge, 'healthier' attitudes towards alcohol use, less alcohol related harm and lower consumption of alcohol at 'last time use' Results showed greater intervention effect for external facilitators compared to teacher. Young people abstinent at baseline and those reporting themselves as supervised had best outcomes with respect to alcohol related harm. Behavioural effects most significant among group who self-reported drinking at baseline. Implemented by class teacher Phase 1: Teacher receives two days training. Phase 2: Two day training for teachers new to the project Teacher manual with lesson plans for eight 60 min lessons (Phase 1) and five 50 min lessons (Phase 2). Student workbooks available for each phase.	**3**
Social Skills Group Intervention-Adolescent	13-16	13-14	Community / parents/	Developed in US but implemented in UK. Aimed at young people aged 13-16 who experience peer relationship difficulties 12 weekly 1-hour sessions including instruction and active practice of skills with modelling, roleplaying, and positive reinforcement). Parents involved in 4 sessions and included in weekly homework assignments. Significant improvement in global self-concept and social self-efficacy; Significant decrease in internalising behaviour including anxiety, depression, and somatisation. No significant difference in externalising behaviour including hyperactivity, aggression, and conduct problems.	**3**
Steps to Respect	6-12	10-12	School	Whole school intervention designed to prevent bullying behaviour and counter the	**4**

				personal and social effects of bullying by promoting positive school climate. Consists of schoolwide programme guide, staff training, classroom curriculum (11 skills based lessons implemented over 12- 14 weeks). No UK evaluation. Manualised intervention. Teacher implemented, whole staff. Training provided.	
Strengthening Families Programme	10-14	10-14	Schools / community	Families of young people age 10-14 years Implemented in UK. Family skills training programme aims to improve social competencies and reduce problem behaviours. 7 session DVD-based intervention. Each of 7 weekly sessions is 2 hours with 8-12 families. No significant impact on aggressive and destructive behaviour, but improved skills dealing with problem situations and improved family functioning. Young people reported improved skills in developing positive friendships, improved relationship with parents. No significant impact on alcohol initiation and use; other drug initiation and use, school absence, parenting behaviour or measures of family life. (Marginal benefit cost ratio found.)	3
Strengths Gym	12-14	12-14	school	UK developed intervention. Character strengths based. Positive psychology intervention. Aims to encourage students to build their strengths, learn new strengths and recognise strengths in others. Children complete strengths-based exercises through in-class activities, open discussion and homework activities. 24 lessons implemented in Year 7,8,9. Significant increase in life satisfaction score and significant effect on positive mood. No effect on negative mood or self-esteem.	3
UK Resilience	11-12	11-12	schools	Developed in US but delivered to Year 7 pupils in 3 local authorities (22 schools). Aims to improve children's psychological wellbeing by building resilience and promoting accurate thinking. Teaches cognitive behavioural and social problem solving skills Ellis Activating-Belief- Consequences model Weekly workshops for 18 weeks. Significant reduction in depression scores (especially girls) but not maintained at 1-2 yrs; no significant reduction in anxiety scores, except for those who had the worst pre-intervention scores. Disadvantaged pupils and pupils from Special Education Needs significantly more likely to benefit. No impact on behaviour or life satisfaction, but improvement in rate of absenteeism and in English scores. Manualised intervention comprising 18 hours of workshops; Pre-programme training 5-7 days. Delivered by How to Thrive Classes must only contain 15 pupils. Facilitators included teachers, learning mentors, teaching assistances, local authority staff and school nurse.	3
vInspired Team V	14-25	14	Community	UK developed intervention. Volunteering programme to support youth-led teams (aged 14-25) to deliver and lead positive social action in communities across England. Impact on core volunteers (14-25+) : increased self confidence , selfesteem, resilience, communication skills and social capital	2

Appendix 3 – Other Interventions

Ref	Programme	Description	Age Group	Outcome	Targeted /universal
1.	**Steps to Cope: A brief intervention for children and young people living with parental substance misuse and/or parental mental health problems**	Northern Ireland based intervention. One to one or group sessions with skilled practitioners	12-18	The *Steps to Cope* intervention can be delivered in line with the 5-Step Method on which it is based, and that this framework, and the stress-strain-coping-support model on which the 5-Step Method is based, are suitable for young people. The workbook appears to be a valuable part of the intervention to support the work and the practitioners value the structure and focus which *Steps to Cope* gives them. The report includes a useful resilience scale for adolescents. (p47)	Community based, Targeted
2.	**INCLUSIVE (initiating change locally in bullying and aggression through the school environment)**	1 year pilot study. A whole-school restorative approach to behaviour change which aims to reduce bullying and promote mental and emotional well-being. Combines changes to the school environment with the promotion of social and emotional skills and restorative practices through the formation of a school action group, involving students alongside staff (supported by an external facilitator), to review needs assessment data, determine priorities, and develop and implement an action plan for changing the school environment to improve relationships at the school and reduce aggression; whole-school staff training in restorative practices; and a new social and emotional skills curriculum for Year 8s.	Year 8 (12-13 yrs)	Challenging to deliver in large secondary schools, but concluded that INCLUSIVE is a feasible and acceptable intervention and "potentially scalable". Phase 3 trial planned for 2014 with the potential for scale-up being a key focus.	Universal, school based
3.	**Tackling homophobic, biphobic and transphobic bullying among school-age children and young people. (Findings from a mixed methods study of**	Findings from a qualitative study carried out to explore what works in tackling homophobic, biphobic and transphobic (HBT) bullying among school-age children and young people in England and Wales.		Not an evaluation as such but a qualitative description from providers and school case studies about their perceptions of what works: • Policies that gave school staff confidence to tackle HBT bullying • A whole school, integrated approach to	Universal school based**.**

	teachers, other providers and pupils)				HBT bullying • Training for teachers • Consistent approach to n reporting, recording and punishment • Support for pupils who have been bullied	
4.	**Harmless** and its **Tomorrow Project**	'Harmless' is a city-wide approach to promote early intervention for those at risk of self-harm or suicide. The community-based project is developed to target hard-to-reach groups like young men, members of rural communities or those reluctant to access traditional healthcare. Harmless manages 'The Tomorrow Project', an outreach suicide prevention programme commissioned by the Nottingham City CCG to raise awareness, encourage help-seeking by people at risk and to reduce the stigma attached to mental health issues. It provides: : ♣ Support for young people between the ages of 11-19 years ♣ Workshops for professionals, supporting them to work effectively with issues relating to self-harm/suicide ♣ Workshops for parents/carers ♣ Informal support	11-19	The 'On the Edge' report by Childline on Suicide cites this 'great example' from Nottingham of statutory agencies working together to promote good practice locally.	Community

Refs:

1. http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0109.pdf

2. http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0008/148877/FullReport-hta19530.pdf

3. http://www.natcen.ac.uk/media/563016/natcen-social-research-hbt-bullying-findings.pdf

4. http://www.nspcc.org.uk/globalassets/documents/research-reports/on-the-edge-childline-suicide-report.pdf cites www.harmless.org.uk / and http://www.tomorrowproject.org.uk