Barnet Resilient Schools Programme

Phase 1 Evaluation Summary

2018-2019 (Wave 2)

Aim and method

The University of Northampton was funded by Barnet Public Health to undertake an independent evaluation of the Resilient Schools programme to understand the effectiveness of the programme and to draw out key lessons learnt to support ongoing development and improvement.

The evaluation consisted of pre- and post-programme online survey together with feedback through focus groups. The survey data concentrated on changes occurring over the course of the programme in the following outcomes for students, staff and parents: mental health, wellbeing, resilience and digital resilience.

The evaluation was undertaken by:

Dr Tracey Redwood (Project Lead and Principle Investigator)

Dr Katy-Louise Payne (Quantitative analyst)

Ms Natasha Bayes (Researcher and PhD candidate)

Staff -survey response

305 school staff engaged in the pre-survey from 15 schools

71 school staff took part in the post survey from 6 schools.

Focus groups

10 students **5** parents **6** staff

School engagement

15 A total of fifteen (15) schools took part:

7 primary schools

6 secondary schools

1 pupil referral unit (11 - 16)

1 special educational needs secondary school

Students-survey response

728 students engaged in the pre-survey from twelve (12) schools

150 students engaged in the post survey from four (4) schools.

Parents -survey response

119 parents engaged in the pre-survey from eight (8) schools,

25 parents took part in the post survey from three (3) schools.

Summary of Key findings

The results of the survey and the focus groups indicated that participants reported medium to good levels of wellbeing and resilience prior to the programme. There were some students, parents and staff whose mental health and wellbeing were low, and these individuals benefitted from the programme in supporting improvements in mental health. The data analysis found very little differences based on demographic variables, except for age which was significant. Females were higher in levels of worry and lower in levels of resilience. This pattern was not consistent among all participants or cohorts.

➢ year 10 students indicated poorer well-being, increased stress, less confidence to cope and less mental health confidence than the year 6 students.

➢ Year 7 and year 10 students reported feeling significantly more connected to friends when using social media than the year 6 students

➢ Year 10 students results indicate an increasing role of social media as age increases. This would tentatively suggest that there is a relationship between social media connectedness and mental health and well-being

➢ parents reported an increased confidence to cope post-programme

➢ staff reported an increased confidence to cope

➢ in students' mental health confidence was reduced post-programme.

➢ students, staff and parents all significantly benefitted from the Mental Health Awareness course in improving their mental health knowledge, awareness and understanding, as well as their personal confidence to support themselves and others.

Students highlighted:

- They were confident about their knowledge and understanding of resilience.
- They were well equipped in knowing where to seek mental health support should they require it
- Their first point of contact was believed to be someone in your peer group, then a peer mentor, followed by a year ten and finally a teacher. Parents were not mentioned in the context of priority of contacts you should seek support.
- When directly questioned "*Has resilience training helped you?*" the students unanimously answered an enthusiastic "Yes!".
- They could describe several concepts to assist them when dealing with difficult situations personally (internally) and within their environments (externally).
- Their wish to have more resilience input within the school environment.
- They overwhelmingly believed that resilience training should be begun early in their lives, be embedded from an early age, so that it can be built on throughout their school careers.
- Terms times, exam preparation, mocks and periods, pre-Christmas and winter are a few of the flagged academic year times for higher student stress. These students identified the transition to Year 7 as a stressful time.

Parents highlighted:

- They believed they should be involved with the resilience programme
- They had never heard of the programme
- They did not know of the variety of support mechanisms the school had in place to assist their children

Staff highlighted:

- their learning was predominantly through on the job experience. However, staff acknowledged that their capacity and capability to support children with their mental health and resilience was facilitated by the ethos within the school.
- that the term "resilience" is sometimes used without true understanding or superficially.
- To promote mental health and resilience, concepts relating to it must be universally embedded into all actions within the school
- the core roles imbedded in supporting children's mental health and resilience: listening and understanding; encouraging and teaching; reflecting and responding; collaborating
- a core strategy for educating children about mental health and resilience through modelling
- Collaboration between school staff and parents was important
- importance of implementing a range of strategies that would support children's awareness and understanding of resilience such as zones of regulation
- Within the issues related to gender, culture and religion, staff described of variety of stereotypes related to mental health which are deeply embedded into some cultures.
- that concepts and practices related to mental health and resilience evolve and become more advanced and imbedded as the students get older
- the programme as beneficial to children in improving their mental health and resilience.
- the programme enabled them to develop their own mental health and resilience as a personal benefit of teaching and supporting student mental health and resilience.
- the importance of focusing on mental health and resilience at core transition periods and at different times of the year
- concern that many schools do not have a strong understanding of mental health and resilience and how to drive the agenda within the school
- that the Resilient Schools programme required additional and consistent funding to ensure mental health and resilience agendas continued to be supported within schools and to ensure the sustainability of these programmes
- Additional parent engagement would be beneficial to encourage parental understanding surrounding mental health

Recommendations

R1: The Resilience school programme should consider the factors that influence mental health and resilience strategy implementation (e.g. time of year, cultural values, age and birth order of the child and gender). This should include developing "target" points within the academic year, in conjunction with national guidelines, where more resilience strategies and input maybe required to support all students.

R2: The Resilience school programme should continue to develop the strategies the students use when they encounter difficulties, this should include anonymous and online opportunities. These strategies should be circulated to staff, students and parents.

R3: The Resilience schools programme should consider developing a priority of contacts from the listed resources identified by students to assist all students with a clear pathway of identification when they encounter difficulties.

R4: The Resilience schools programme should develop a training package including the student "training ideas" to engage students and ensure effective learning.

R5: Mental health and resilience programmes should ensure parent engagement. Encouraging parental understanding relating to mental health and developing resilience strategies will support their children (and themselves) as co-educators. Strategies could include information evenings, workshops/coffee mornings, assemblies, online resources or "Apps" and crib sheets. Engagement with difficult to reach parents might require additional work.

R6: Local public health agendas should enable all schools to engage with mental health and resilience programmes to ensure consistent, long term support is available to children throughout childhood. The priority should be early primary school years, building foundations for future development.

R7: Schools should be supported and equipped with the relevant resources, including champion communicators and support staff, required for the long-term sustainability of mental health and resilience programmes.

Further information on Barnet Resilient Schools Programme contact:

Jayne.abbott@barnet.gov.uk