Barnet Resilience Schools Programme:

Wave 2 Evaluation Report

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Executive Summary

Introduction

The Resilient Schools programme was designed and implemented with the aim of educating students, parents and staff about mental health to recognise mental ill health among themselves as well as other, as well as support developing coping strategies and understandings about where to seek mental health support when needed. The University of Northampton was funded by Barnet Public Health to undertake an independent evaluation of the Resilient Schools programme in order to understand the effectiveness of the programme and to draw out key lessons learnt in order to support ongoing development and improvement.

The programme evaluation consisted of pre and post-programme quantitative survey data collection in conjunction with qualitative focus group data collection. 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. Digital resilience is the ability of young people to develop a critical mind-set when accessing digital information to reduce their vulnerability to potentially harmful information (DoE, 2019). Information on the internet and social media platforms can often be presented in a very persuasive, yet misleading, manner. The qualitative data concentrated on student, staff and parent perceptions of the programme, what they felt was good about the programme and improvements and changes they believed could be made in the future.

A total of sixteen (16) schools engaged in the evaluation activity; five (5) of these schools were involved in wave 1 (September 2017-July 2018) and 2 (September 2018-July 2019) of the programme, and eleven (11) schools were involved in wave 2 only. Within these schools, seven (7) were primary schools (with children aged 4-11 years), six (6) were secondary schools (with children aged 11-18 years), one (1) pupil referral unit (11 - 16) and one (1) was a special educational needs secondary school (mixed age groups). One (1) of these schools did not take part in any evaluation data collection, therefore a total of fifteen (15) schools engaged in evaluation activity.

Pre-post survey data results

For the survey data collection, a total of seven hundred and twenty-eight (728) students engaged in the pre-survey from twelve (12) schools, and one hundred and fifty (150) students engaged in the post survey from four (4) schools. A total of one hundred and nineteen (119) parents engaged in the pre-survey from eight (8) schools, and twenty-five (25) parents took part in the post survey from three (3) schools. A total of three-hundred and five (305) school staff engaged in the pre-survey from fifteen (15) schools, and seventy-one (71) school staff took part in the post survey from six (6) schools.

The focus group data collection consisted of a total of ten (10) students in a focus group; five (5) from Year 7 and five (5) from Year 10. A total of five (5) parents (and one teacher) were engaged in the focus group discussion and a total of six (6) staff took part in the focus groups.

The results and findings indicated that participants were reporting medium to good levels of wellbeing and resilience prior to the programme. This indicates that the programme and its interventions were beneficial in supporting the prevention of mental health issues. There was some students, parents and staff whose mental health and wellbeing were low, and these individuals also benefit from the programme in supporting improvements in mental health. The data analysis found very little differences based on demographic

variables, with the exception of 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.

Qualitative data results

The qualitative focus group analysis completed with students, staff and parents provided insights into a range of benefits of the programme, such as increased understanding around resilience, how to seek support about mental health issues and a range of strategies to be employed when individuals encounter difficulties as well as a number of recommendations for improvements/further developments, as follows:

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.

Mental Health Awareness Course Evaluations

Students, staff and parents who participated in Mental Health Awareness Courses course completed evaluation forms. There were a total of ninety-six (96) student mental health awareness course evaluation forms completed from 3 schools (26 year 7 students from school 1; 47 year 6 students from school 2; 28 year 7 students from school 3). There were two types of courses delivered to students; mental health awareness course delivered by peer mentors, which was attended by the 26 year 7 students from school 1, and the mental health awareness course delivered by adult mentors, which was attended by the 47 year 6 students from school 2 and the 28 year 7 students from school 3. A total of seventy-six (76) staff attended a mental health course, of which sixty-four (64) staff completed a course evaluation form. Two types of courses were delivered

to staff; mental health awareness course, which was delivered across two separate workshops (11 attendees in the first, and 8 attendees in the second), and the mental health first aid course, which was delivered across 5 separate workshops (9 attendees in the first, 8 attendees in the second, 11 attendees in the third, 13 attendees in the fourth but only 1 evaluation form completed, and 16 attendees in the fifth). A total of thirteen (13) parent mental health awareness course evaluation forms were completed from parents of year 9 students from one (1) school.

The findings indicated that 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.

Background:

Mental ill health amongst the United Kingdoms' children and young people is rising exponentially with 1 in 10 being diagnosed with a mental health issues and many of those problems arising in childhood (Kessler et al, 2005). Positive mental health and wellbeing of children and young people is vital due to a strong association with academic success, relationship development and the ability to overcome challenges individuals may face (Mental Health Foundation, 2018). The increased level of pressure on children and young people is evident with intensified academic demands; expectations via social media; cyber bullying and challenging levels of economic change (Bask et al, 2012). Such varied and constant demands can negatively impact wellbeing and mental health (Bask et al, 2012). Schools are well placed to provide preventative and intervention-based work and thus play a key function in the growth of social and emotional development of children. The "Every Child Matters" agenda stressed schools potential and duty to promote pupil's well-being. However, resources are limited (Department for Education, 2013).

Although ninety- eight percent (98%) of teachers indicated that they had encountered pupils who were suffering from mental health issues only forty-six percent (46%) had undergone training in children's mental health (CSJ, 2017). In addition, during a YouGov, (2017) poll more than half of all primary school teachers admitted that they do not feel sufficiently trained in supporting students with mental health issues. Ellis and Riel, (2014) argue that training and education in Mental Health will not only benefit the pupils but also the teachers; especially given the high dropout rates within teaching often citing stress and burnout (Bask & Salmela-Aro, 2012).

In recognition of the current situation Barnet Council commissioned an education package to develop and bolster resilience within pupils, staff and teachers. This whole school resilience approach aims to educate about mental health (recognising mental ill health and supporting others), coping strategies and where to seek support.

Resilience is often defined as "successful adaptation despite risk and diversity" (Masten, 1994, pg.3) and thus indicates that individuals who show resilience are those who successfully navigate through life's difficulties without significant impact on their wellbeing. More extensive definitions have aimed to not only highlight the method by which resilience can occur (coping) but also considers that coping is not always about adversity as well as the outcome of successful coping. Richardson, (2002) writes that resilience is "the process of coping with adversity, change, or opportunity in a manner that results in the identification, fortification, and enrichment of resilient qualities or protective factors" (pg. 8). This definition highlights that any change will

create the need to adapt and that resilience is not just linked to negative events but can be just as useful during any challenging event.

Theories of resilience discuss individual resilience traits that are developed via risk and protective factors, which can be both internal within the individual or external, from environmental influence (Bronfenbrenner, 1979). However, Rutter, (1990) extended the notion of things happening to an individual and discussed the dynamic nature of the individual and environment in how risk situations are negotiated. These negotiations can therefore be successfully achieved via protective mechanisms and process as much as they can be unsuccessfully navigated via detrimental mechanisms and processes. It is therefore argued that children can continue to develop the ability to use both internal and external resources to positively adapt, despite adversity, and that resilience is not a fixed trait (Yates et al, 2003). This definition also highlights that resilience cannot be taught however what can be provided is flexible coping strategies (psychological flexibility) to foster resilient outcomes.

According to a systematic review of four decades of resilience research the school is considered an ideal place to apply models of intervention with focus on strengths-based approaches (Masten et al, 2008). Healthy development is seen as the best protection against threats as well as identifying risks and early screening. Masten et al, (2008) also recognise that successful interventions ideally need to be multifaceted, building protection across several systems, such as home and school. This collaborative resilience programme approach between home, school and the community has also been discussed within Stewart and Sun's (2004) survey of 2580 students aged 8, 10 and 12 years.

This current study adopted a multifaceted consideration of resilience; focusing on outcome measures of strengths and difficulties, process measures from the Children and Young People Resilience and measures relating to where to turn for support and information, including the character traits from the Connor-Davidson resilience measure.

Defining Resilience:

Resilience, for the purpose of this evaluation, is defined as, "the process of effectively coping by mobilizing internal and external resources to adapt to or manage significant sources of stress or trauma" (Lee et al, 2012).

Evaluation aim and objectives:

Evaluation aim: To undertake an independent evaluation of the Resilient Schools programme in order to understand the effectiveness of the programme and to draw out key lessons learnt in order to support ongoing development and improvement.

Evaluation objectives:

Outcome objectives for young people:

1. Increased knowledge and understanding of mental health and resilience
2. Improved mental health and resilience
3. Increased engagement in mental health and resilience enhancing strategies (e.g. mindfulness, digital apps, online counselling)
4. Improved cyber/digital resilience (reduced bullying, improved safety)
5. Reduced absenteeism

6. Reduced behavioural instances
7. Changes in referrals to wellbeing support
8. Improved progress and attainment

Outcome objectives for schools and parents:

9. Increased knowledge and understanding of mental health and resilience, and how to identify and address mental health of children
10. Improved mental health and resilience
11. Increased engagement in mental health and resilience enhancing strategies (e.g. mindfulness, digital apps, counselling)
12. Improved skills, confidence and teaching practices to deliver content and strategies that are resilience enhancing to students (embedded within curriculum (e.g. teaching about mental health and resilience) and external to curriculum (e.g. providing mindfulness sessions))

Process objectives will also need to be factored into the evaluation:

13. What worked well and facilitated the delivery of the programme and attainment of outcomes
14. What worked less well and hindered the delivery of the programme and attainment of outcomes

(e.g. resources, training, partnership working, staff roles and responsibilities)

Evaluation Methodology:

For the initial pilot stages (Wave 1; September 2017 to July 2018) of the whole school resilience programme, five (5) schools took part in the programmes activity and engaged in the respective programme evaluation. The second year (Wave 2; September 2018 to July 2019) of the whole schools' resilience programme involved fifteen (15) schools in the evaluation. Evaluations occurred at each level that interventions were offered including the students, parents and school staff (e.g. class teachers, teaching assistants, deputy/assistant headteachers, mealtime supervisors, phase leaders).

A mixed methods design was adopted for this evaluation, using quantitative surveys and qualitative focus groups. For the quantitative data collection, an online survey design was used with students, parents and staff using carefully chosen, reliable and valid assessment tools, in line with the objectives of the programme. Questionnaires focused on wellbeing, worrying, resilience and flourishing. Due to the different cohorts, age specific and appropriate questionnaires were adopted in the first wave and the same survey version was used for Year six (6), Year seven (7) and Year ten (10) in the second wave. Quantitative surveys are a useful way to gather a large amount of data, and a pre- and post-programme design enables the research to specifically focus on potential changes among participants during the programme period on the constructs of interest (e.g. mental health, wellbeing, resilience) and to potentially identify relationships across constructs.

Qualitative data collection adds an additional layer of more in-depth information on what individuals' perceptions of what they like and do not like about the interventions, and what challenges, opportunities and recommendations they have about the interventions. Qualitative data collection on programme perceptions may also enable the quantitative results to be more accurately interpreted and explained. Qualitative research allows the individuals to explain how they perceived the interventions may impact themselves and others. In adopting this mixed methods approach (by using quantitative and qualitative data collection methods) a more holistic approach to evaluation can be presented, and the limitations of one data collection method can be

alleviated by using alternative data collection methods in conjunction with one another. Qualitative data was gathered using focus groups with students, parents and school staff. Focus groups are useful in obtaining information about personal and group feelings, they can provide a broader, more in-depth range of information. Targeted focus groups are a useful tool to encourage engagement of young people as they provide support and increase confidence, which facilitates discussions. (Kreuger & Casey, 2008).

Qualitative methodologies are used to address issues about experience, meaning and perspective from the standpoint of the participants (Hammerberg et al, 2016). In this case, the focus groups allowed an intricate understanding of the student experience, the teachers' engagement and the parents' viewpoint of the intervention. As each qualitative focus group was completed they were uploaded into a digital software package and sent for professional transcription which was then proof read by the research team for accuracy. Qualitative researchers strive for 'verification', research integrity and robustness (Hammerberg et al, 2016). Two of the project team independently reviewed the transcripts and were independently engaged in the thematic analysis. The team members cross checked each other's initial findings and analysis prior to the development of the recommendations. These measures align with the integrity of this work which can be defended by means of trustworthiness, credibility, applicability and 'consistency' (Hammerberg et al, 2016). The following four (4) key themes were identified at the completion of this process and linked to the objectives previously identified:

- Theme 1: Student's understanding and knowledge of resilience (Objective 1).
- Theme 2: Improved mental health and resilience (Objective 2).
- Theme 3: Student's engagement in strategies to support their mental health and resilience (Objective 3).
- Theme 4: Strengths and areas for development in supporting children's resilience (Objective 1 and 2).

The process of thematic analysis involves complex theoretical and philosophical frameworks and was conducted using Braun and Clarke's 6-step thematic framework. This process generated new knowledge, informs practice, supports schools and those children on their enrolment as well as contribute to community education.

Measures used:

Tool	Measures	4-7 yrs	7-11 yrs	11-16 yrs	Teachers	Parents
Child and Youth Resilience Measure	Resilience	✓	✓	✓		
Connor-Davidson – Short form	Resilience	✓	✓			
Connor – Davidson – full form	Resilience			✓	✓	✓
Worry - Short form	Worry	✓	✓			
Worry - full				✓	✓	✓
Help seeking		3 items	3 items	5 items		
PERMA	Flourishing			✓	✓	✓
Strengths and Difficulties – pro-social only		✓	✓			
Strengths and Difficulties - full	Conduct, hyperactivity, peer relations, emotional wellbeing	Teacher complete	Teacher complete	Self complete		
WEMWBS	Wellbeing				✓	✓
Perceived Stress Scale	Stress				✓	✓
Digital Resilience				✓	✓	✓

Quantitative Analysis:

Measures

Demographic measures

This section collected information on gender, school year, ethnicity, health status and the presence/absence of long-term illness, health problems or disability which limits daily activities or the work that can be done.

Wellbeing and stress

Within this section, 11 statements were presented to respondents regarding feelings and thoughts related to wellbeing and stress (e.g., I've been feeling optimistic about the future). Participants were asked to use a 5-point Likert scale from never to very often to indicate their experience of the statement over the previous month. Two statement responses were reverse scored (questions eight and eleven). Higher scores indicate better wellbeing and less stress. Scores can range between 11 and 55.

Confidence to cope

This section included 13 statements which asked about an individual's confidence to cope with problems or challenges that they might have faced (e.g., change what can be changed and accept what you cannot change). Responses were indicated on a 10-point Likert scale from cannot do at all to certainly can do. Higher scores indicate higher confidence to cope. Scores can range between 0 and 130.

Mental health confidence

This section included 13 statements related to the individual's confidence in supporting their own and others mental health (e.g., feeling hopeful about the future). Responses were measured on a 5-point Likert scale from not at all to completely. Higher scores on this measure indicate greater confidence. Scores can range between 13 and 65.

Psychological flexibility

This section included 10 statements asking about thoughts around the individuals own psychological flexibility in different situations (e.g., I often find 'change' to be a challenge). Responses were indicated on a 5-point Likert scale from never to almost always. Statement one was reverse scored. Higher scores on this measure indicate greater psychological flexibility. Scores can range between 10 and 50.

Responding to stress

This section included six statements measured on a 5-point Likert scale from very unlike me to very like me (e.g., a peer or friend approaches you who is experiencing significant distress. How do you feel in situations like these? I would feel apprehensive and ill-at-ease). Statements one and two were reverse scored. Higher scores on this measure indicate better abilities to respond to stress. Scores can range from 6 and 30.

Social Media Connectedness

This section asked about whether people feel more connected with friends and others when using social media. The question was scored on a 5-point Likert scale from never to most of the time.

Keeping safe online

This section included 6 statements about keeping safe online (e.g., I understand about privacy settings and can manage the settings to keep me safe). All questions were scored on a 5-point Likert scale from never to most of the time. Higher scores on this measure indicated better understanding of online safety behaviours.

Within the project three different groups of individuals completed the questionnaires: (1) Students; (2) Parents; and (3) staff. Unfortunately, typically different groups of people completed and returned the questionnaires before and after the programme thus comparison of the before and after results are not possible.

Results

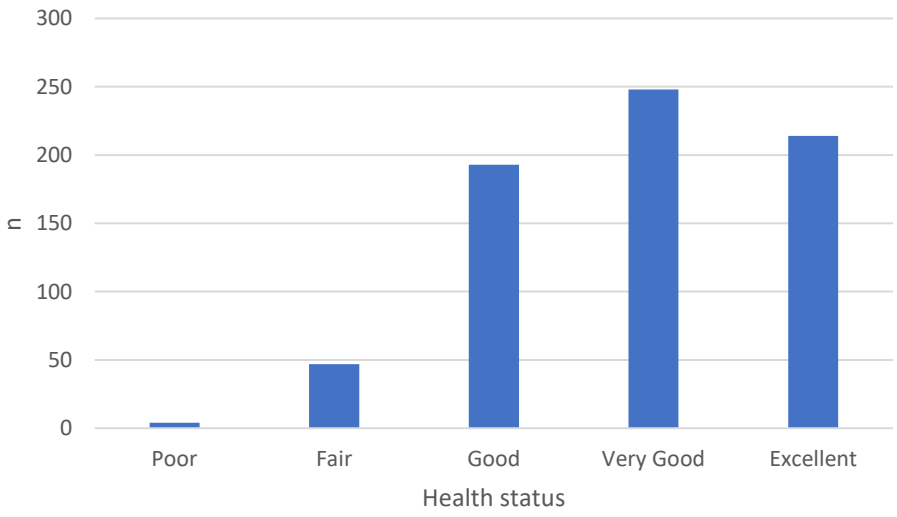
Students: Pre-Programme

Demographics:

The sample (n=728) was comprised of 389 males and 339 females predominantly including year 6 students (98%). The students represent a range of backgrounds including white (n=398; 53%), mixed/multiple ethnic groups (n=86; 11%), Asian/Asian British (n=90; 12%), black, African, Caribbean, black British (n=108; 14%), prefer not to say (n=43; 6%) and other (n=23; 3%).

The health status of the sample was largely good with only 8% (n=63) reporting a long-term illness, health problem or disability which limits daily activities or work. Figure 1 indicates the health status of the sample.

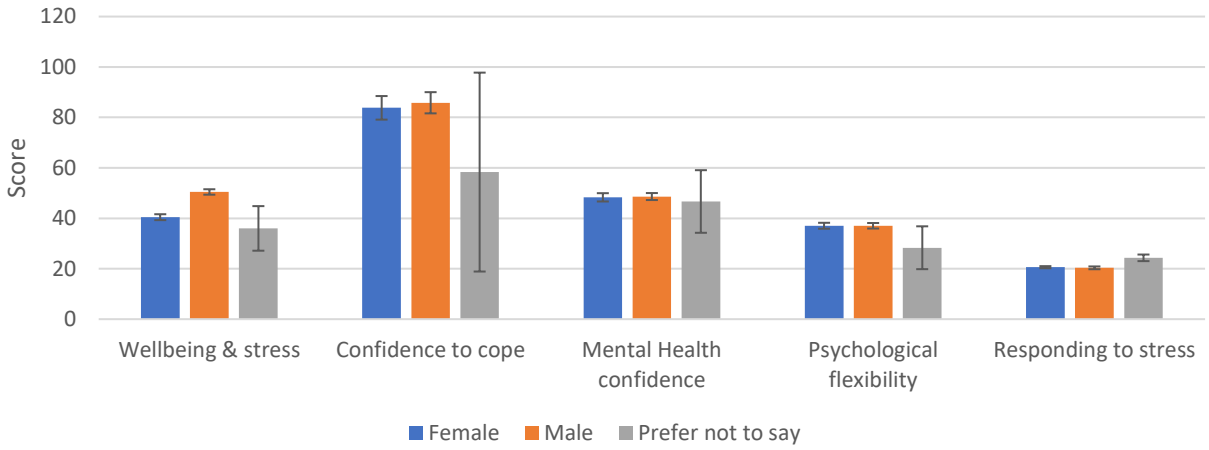
Figure 1: Health status of students



Mental health & wellbeing

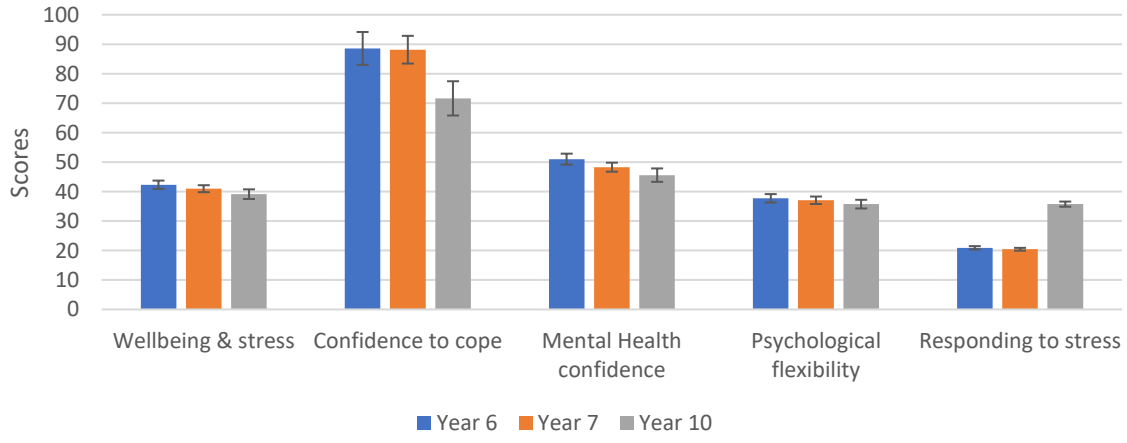
Gender: Multivariate analysis of variance (MANOVA) indicate that there was a significant effect of gender on the five measures (1. Wellbeing and stress; 2. Confidence to cope; 3. Mental health confidence; 4. Psychological flexibility; 5. Responding to stress), $F(10, 548) = 2.101$, $p = .023$, $\eta p^2 = .037$, although no significant univariate tests were found. This suggests that gender effects the variables to varying degrees, but that gender does not significantly influence any individual variable. Figure 2 provides a summary of the scores by gender.

Figure 2: Gendered mean scores on each of the five measures including 95% confidence interval error bars



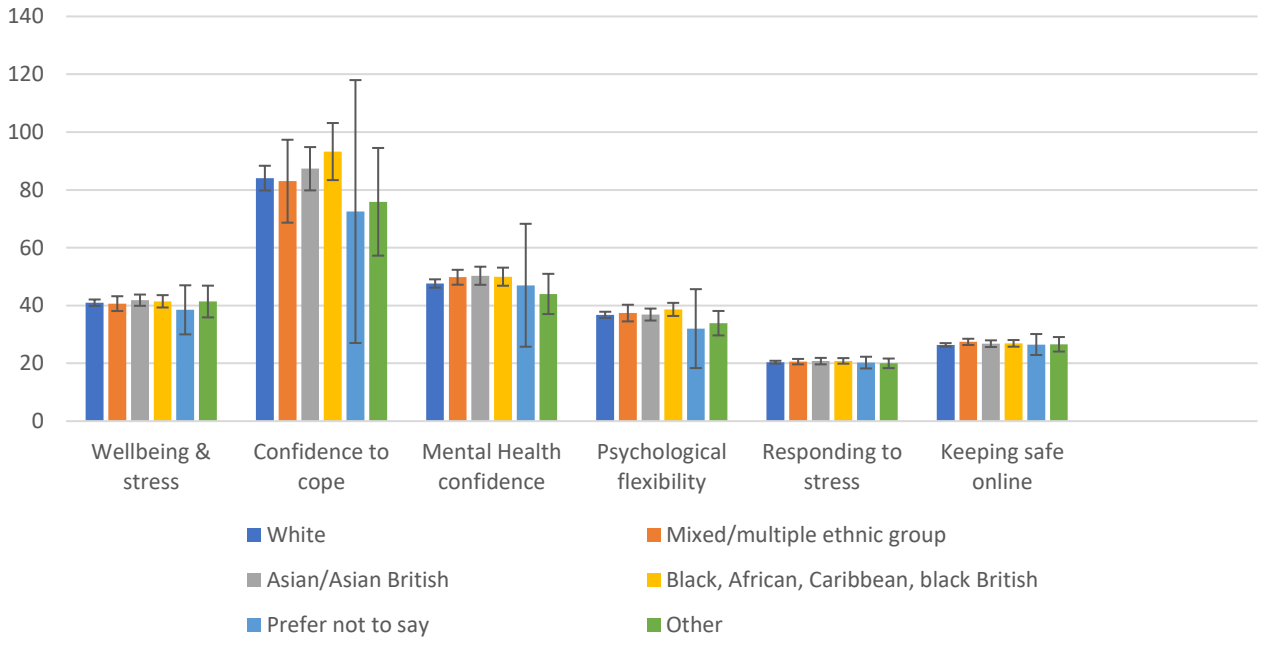
School Year: MANOVA indicates a statistically significant effect of school year, $F(10, 542) = 4.225$, $p < .001$, $\eta p^2 = .072$. Univariate tests indicated a significant effect of group (i.e., year 6, year 7, year 10) for three of the measures: 1. Wellbeing and stress, $F(2, 277) = 4.222$, $p = .016$, $\eta p^2 = .030$; 2. Confidence to cope, $F(2, 277) = 10.275$, $p < .001$, $\eta p^2 = .070$; and 3. Mental health confidence, $F(2, 277) = 6.889$, $p = .001$, $\eta p^2 = .048$. The pairwise comparisons indicate significant differences, with year 6 scoring higher than year 10 on the wellbeing and stress measure (p=.012), confidence to cope (p<.001) and mental health confidence (p=.001). Year 7 also scored higher than year 10 on confidence to cope (p<.001). Figure 3 provides a summary of the measures by year group.

Figure 3: Mean scores on each of the five measures by school year including 95% confidence interval error bars



Ethnicity: There were no significant effects of ethnicity on any of the five measures. Figure 4 provides an overview of the results.

Figure 4: Mean scores on each of the five measures by ethnicity including 95% confidence interval error bars



Social media and online safety

Gender: There was a significant overall effect of gender on the model (i.e., social media connectedness, online safety), $F(4, 1030) = 4.225$, $p < .046$, $\eta p^2 = .009$. Univariate analyses found no significant effect of gender on social media connectedness however there was a significant effect of gender on staying safe online, $F(2, 558) = 47.088$, $p < .040$, $\eta p^2 = .011$. Pairwise comparisons identified females (mean=26.77, SD=3.375) as scoring significantly higher than males (mean=25.95, SD=4.203) on staying safe online (p=.034).

School year: There is a significant effect of age on the model, $F(4, 1118) = 4.953$, $p = .001$, $\eta p^2 = .017$. Univariate analyses found a significant effect of age on social media connectedness, $F(5, 562) = 7.413$, $p = .001$, $\eta p^2 = .026$. Pairwise comparisons found that year 6 (mean=2.71, SD=1.450) scored significantly lower than both year 7 (mean=3.09, SD=1.282) and year 10 (mean=3.31, SD=1.324).

Ethnicity: There is a significant effect of ethnicity on the model, $F(10, 1122) = 2.656$, $p = .003$, $\eta p^2 = .023$. Univariate analyses found a significant effect of ethnicity on social media connectedness, $F(5, 566) = 4.941$, $p < .001$, $\eta p^2 = .042$. Pairwise comparisons found that white (mean=2.99, SD=1.321), Asian/Asian British (mean=3.44, SD=1.269), Black/African/Caribbean/Black British (mean=3.11, SD=1.214), and those reporting 'other' scored significantly higher on social media connectedness than those reporting prefer not to say (mean=1.95, SD=1.322).

Social media and mental health and wellbeing

Gender: No significant correlation between social media connectedness and mental health and wellbeing by gender (all p's>.155).

School year: Significant Pearson correlations were identified for the year 10 group on social media connectedness and three measures: 1. Stress and wellbeing (r=.305, n=97, p=.002); 2. Mental health confidence (r=.273, n=94, p=.008); and 3. total psychological flexibility (r=.328, n=107, p=.001). All other p's>.073.

Ethnicity: Significant Pearson correlations were identified between both social media connectedness and responding to stress (r=-.539, n=16, p=.031) and social media connectedness and psychological flexibility (r=-.470, n=18, *p*=.049) for those identifying at 'prefer not to say' on the ethnicity question. All other p's>.

Students: Post-programme

Due to the smaller numbers (150) of participants from whom data were collected in the post-programme group it was not possible to conduct statistical analyses however, the descriptive statistics are presented in figures 5 and 6. Findings indicate largely similar results between genders and ethnicities except on the confidence to cope. Males report feeling more confident to cope than females (see figure 5). Regarding ethnicity, Asian/Asian British young people reported feeling the most confident to cope. Black, African, Caribbean or Black British and mixed or multiple ethnic groups reported similar levels of confidence. The individuals who identified as white reported the lowest confidence to cope (see figure 6).

Figure 5: Mean scores of each of the seven measures by gender including 95% confidence interval error bars

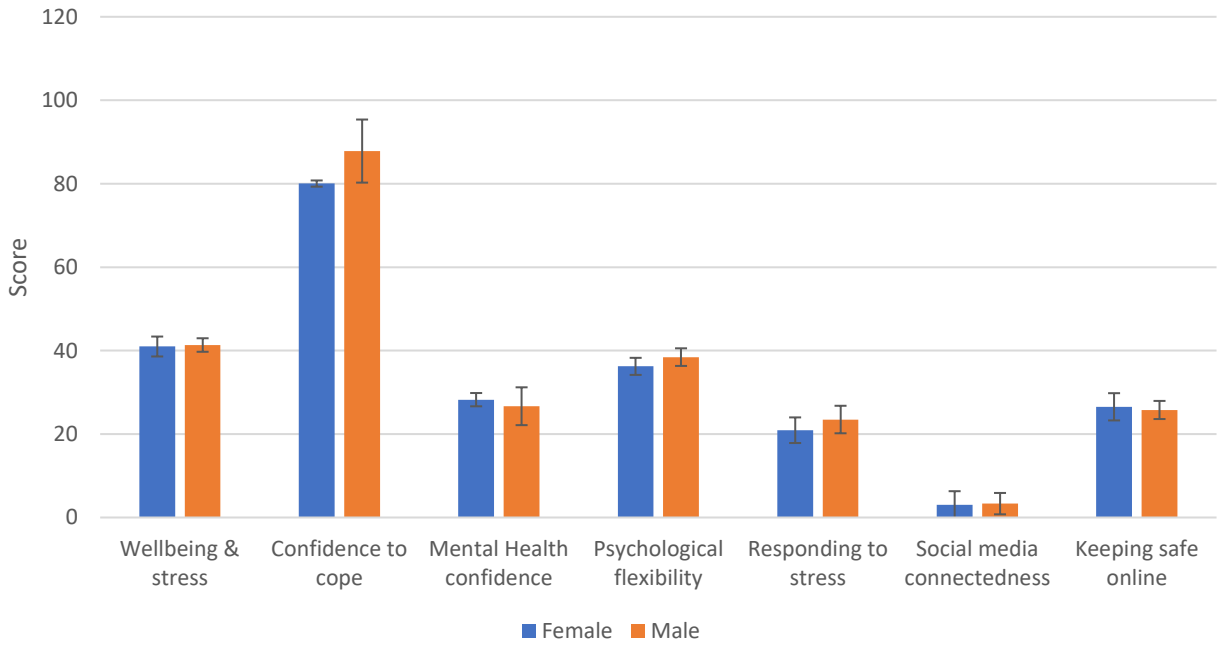
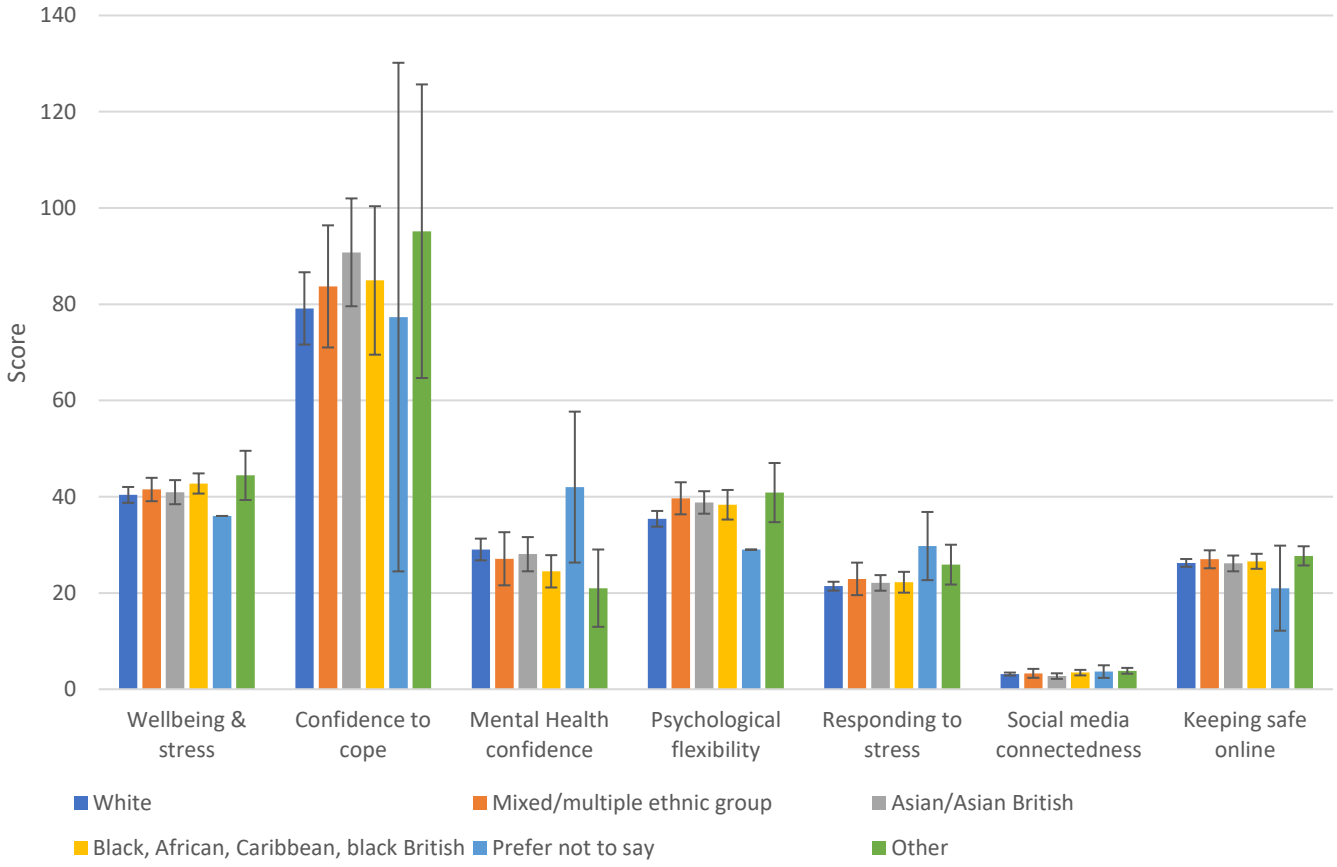


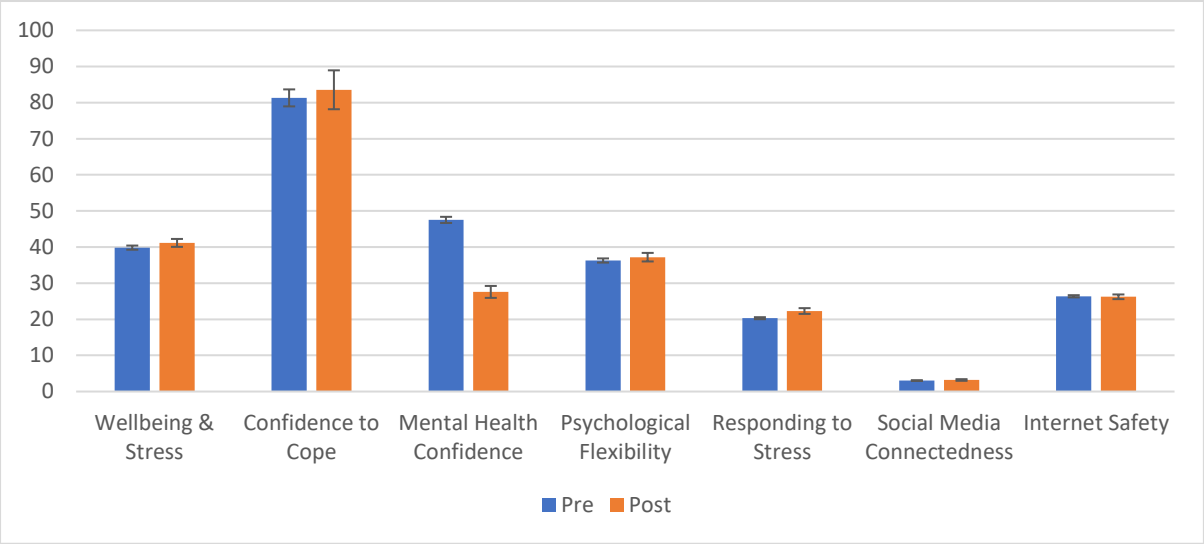
Figure 6: Mean scores of each of the seven measures by ethnicity including 95% confidence interval error bars



Student Pre and Post Comparison

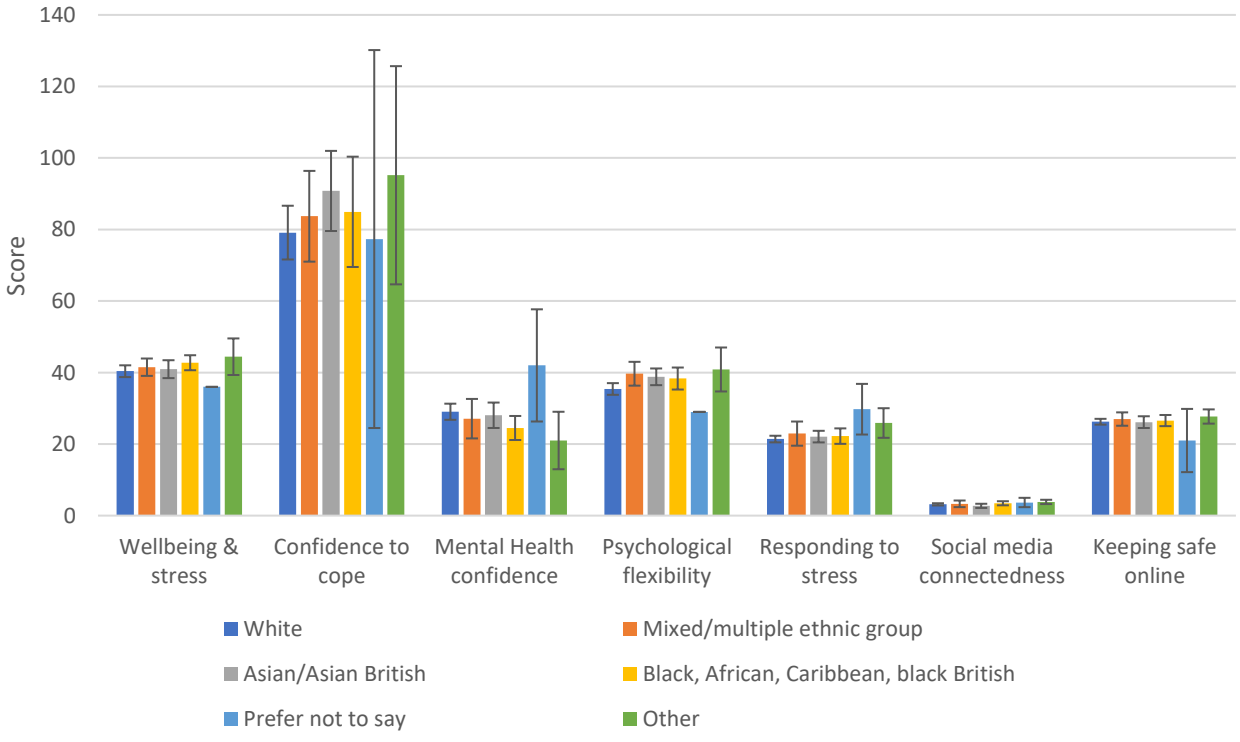
The post-programme results are largely comparable to the pre-programme scores with the exception of mental health confidence. Mental health confidence was reduced post-programme. Figure 7 provides an overview of the findings. It is important to note that the research design was intended for students engaged in the survey to complete the survey at both time point 1 (pre-programme) and time point 2 (post-programme) to enable changes in mental health variables to be measured during the course of the programme. However, students that responded to the pre-programme questionnaires were largely different to those completing the post-programme questionnaires which impacts upon the researcher's ability to confidently draw conclusions.

Figure 7. Summary of finding from the seven measures from the students pre and post-programme samples with 95% confidence interval error bars



Summary of student statistics

In summary, the pre-programme data indicates that there are no significant differences in mental health and well-being for both gender or ethnicity but that there is a difference for age. More specifically, the 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



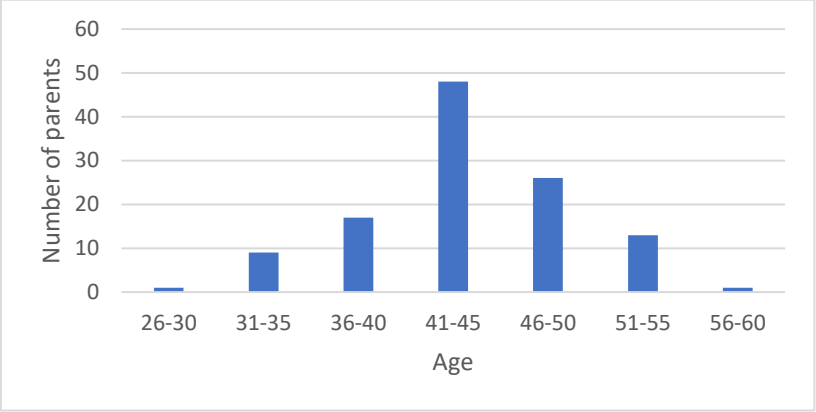
feeling significantly more connected to friends when using social media than the year 6 students. When looking at comparisons between social media connectedness and mental health and well-being there were only significant correlations for the year 10 groups. These indicate that for the year 10 students, as social media connectedness scores increased, so did scores on three mental health and well-being sub-scales (1. Stress and well-being; 2. Mental health confidence; and 3. Psychological flexibility). The results indicate an increasing role of social media as age increases. This would tentative suggest that there is a relationship between social media connectedness and mental health and well-being. However further research would be required to investigate which factor influences which (i.e., does mental health and wellbeing influence feelings of social media connectedness or vice versa?).

Parent Pre-Programme

Demographics

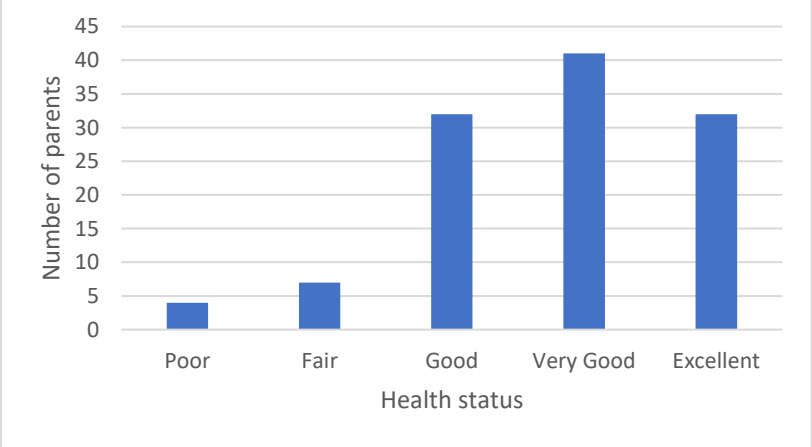
The sample (n=119) was comprised of 16 males (14%), 99 females (85%), 2 people who preferred not to say (2%) and 2 who did not provide answers (2%). The median age group for the sample was 41-45. Figure 8 indicates the distribution of the ages. The parents represent a range of backgrounds including British (n=67; 60%), Irish (n=3; 3%), any other white background (n=17; 15%), white and black Caribbean (n=2; 2%), white and black African (n=2; 2%), white and Asian (n=1; 1%), any other mixed background (n=3; 3%), Indian (n=4; 4%), Pakistani (n=2, 2%), any other Asian background (n=1; 1%), African (n=4, 4%), any other black background (n=1; 1%), Arab (n=1; 1%) and prefer not to say (n=1; 1%). A range of social supports were reported by the parents including friendships (n=98; 82%), partner or spouse (n=95; 80%), work colleagues (n=71; 60%), family (n=94; 79%), community (n=60; 50%) and prefer not to say (n=1; <1%).

Figure 8: Overview of the age range of the parent pre-programme sample



The health status of the sample was largely good with only 10% (n=12) reporting a long-term illness, health problem or disability which limits daily activities or work. Figure 9 indicates the health status of the sample.

Figure 9: Overview of the health status of the per-programme parent sample

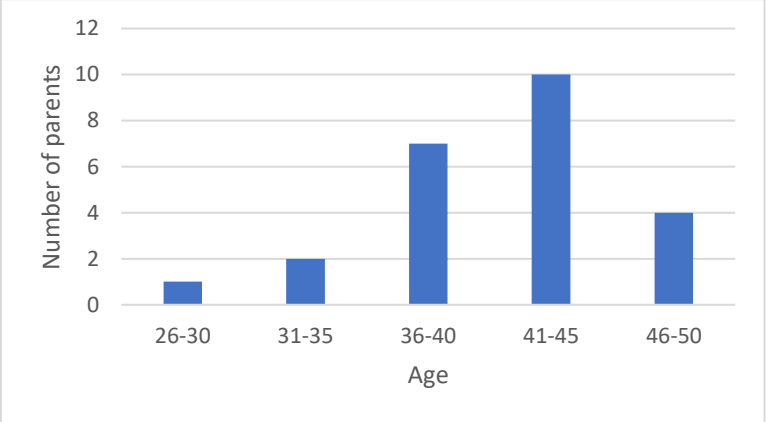


Parent Post-Programme

Demographics

The sample (n=25) was comprised of 2 males (8%), 22 females (88%) and 1 person who preferred not to say (4%). The median age group for the sample was 41-45. Figure 10 indicates the distribution of the ages. The parents represent a range of backgrounds including British (n=14; 56%), any other white background (n=6; 24%), white and Asian (n=1; 4%), Indian (n=1; 4%), Chinese (n=1; 4%) and prefer not to say (n=1; 4%). Parents reported a range of social supports including friendships (n=22; 88%), partner or spouse (n=20; 80%), work colleague (n=10; 40%), family (n=21; 84%) and community (n=14; 56%).

Figure 10: Overview of the ages of respondents in the parent post-programme sample

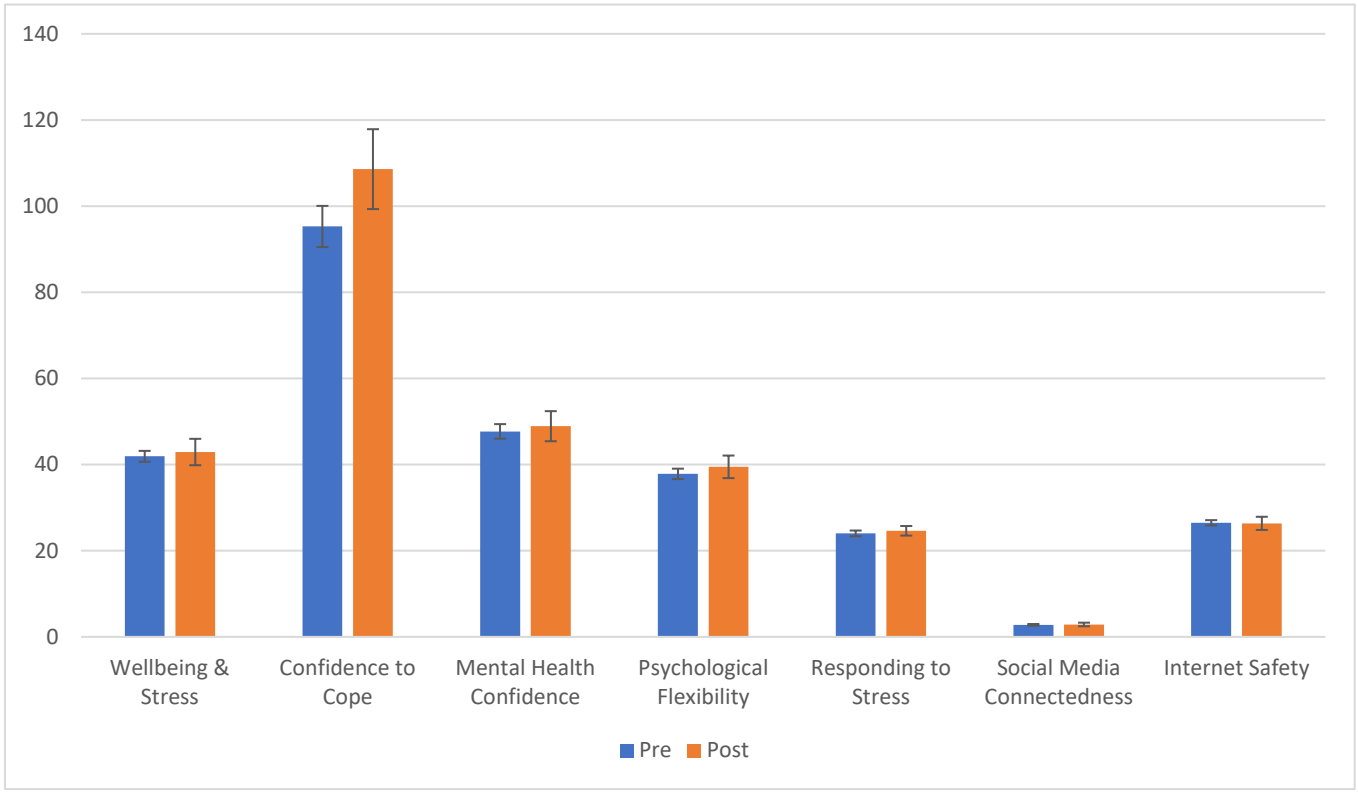


The health status of the sample was good with no parents reporting a long-term illness, health problem or disability which limits daily activities or work. Figure 11 indicates the health status of the sample.

Figure 11: Overview of the health status of the parent post-programme sample

Post-programme we can see that whilst most measures stay relatively similar to their pre-programme value, post-programme, the parents report an increased confidence to cope. It is important to note however that the parents that responded to the pre and post-programme questionnaires were typically different people which does impact on our ability to draw concrete conclusions. Figure 12 provides an overview of the findings.

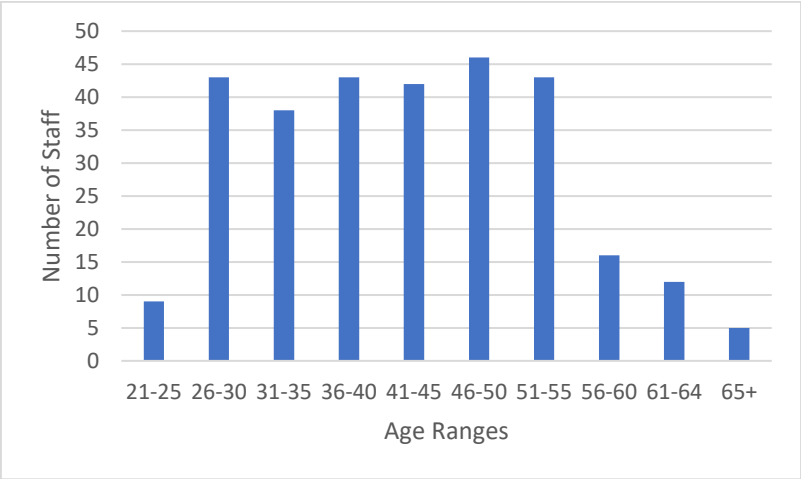
Figure 12: Summary of finding from the seven measures from the parent pre and post-programme samples with 95% confidence interval error bars



Staff Pre-Programme

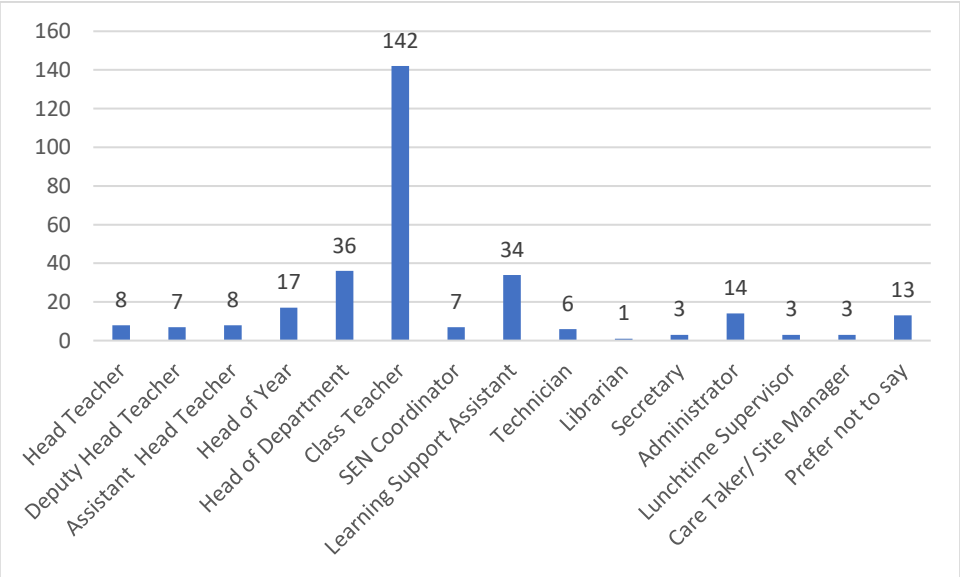
The sample (n=305) was comprised of 63 males (21%), 233 females (76%), 9 people who preferred not to say (3%) and one person who did not respond (<1%). The median age group for the sample was 41-45. Figure 13 indicates the distribution of the ages.

Figure 13: Overview of the age range of the staff pre-programme sample



The school staff represent a range of backgrounds including white British (n=183; 60%), white Irish (n=11; 4%), any other white background (n=58; 19%), white and black Caribbean (n=2; <1%), white and Asian (n=9; 3%), any other mixed background (n=5; 2%), Indian (n=5; 2%), Pakistani (n=2, <1%), any other Asian background (n=1; <1%), African (n=2, <1%), Caribbean (n=2; <1%), Arab (n=1; <1%), Chinese (n=3; 1%) and prefer not to say (n=9; 3%). The school staff were predominantly class teachers (n=142; 46%). Figure 14 provides an overview of the professions.

Figure 14: Overview of the professions of the staff pre-programme sample



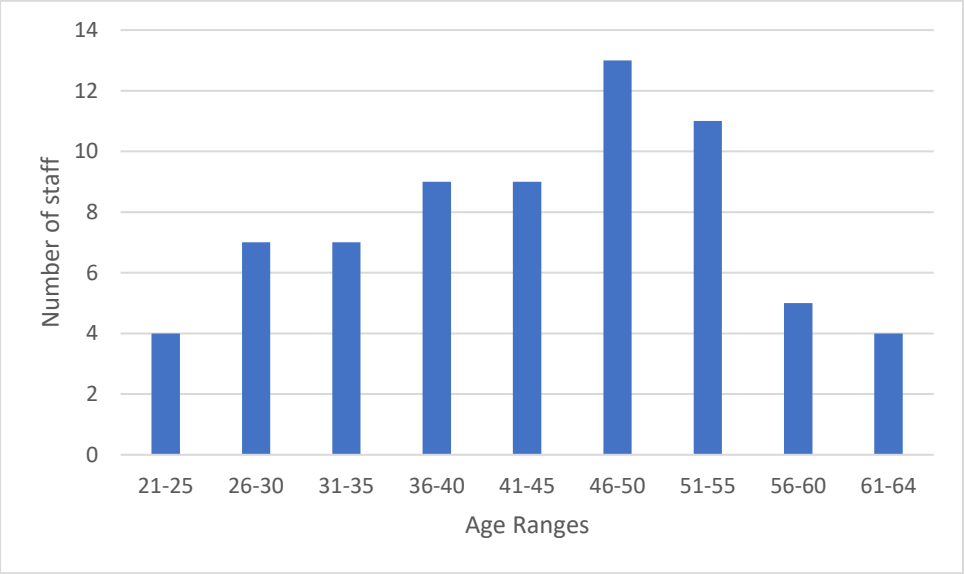
The health of the staff was largely good with majority of respondents reporting no long-term illness, health problem or disability which limits daily activities or work (n=269; 88%). Figure 15 provides an overview of the health status of staff.

Figure 15: Overview of the health status of the staff pre-programme sample.

Staff: Post-programme

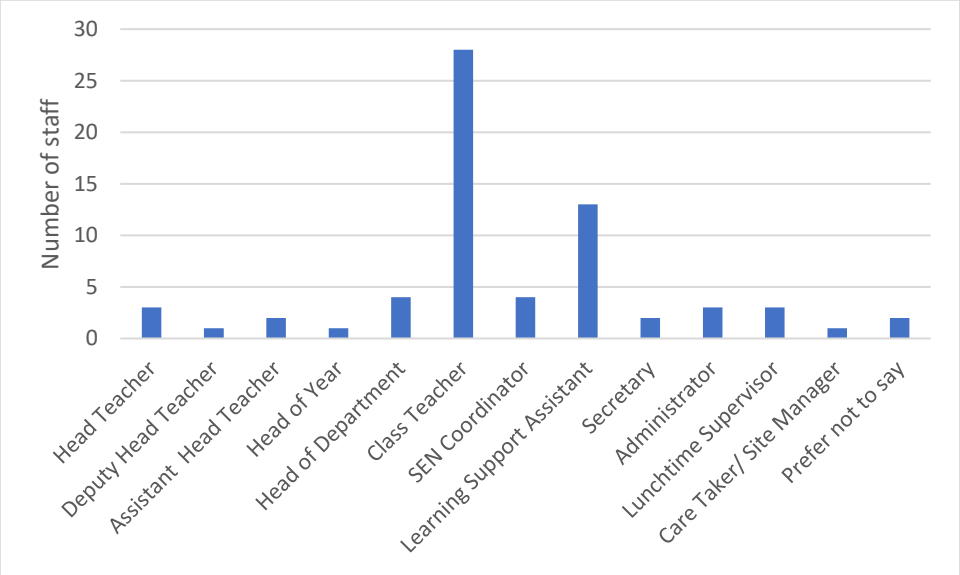
The sample (n=71) was comprised of 15 males (21%), 54 females (76%), 2 people who preferred not to say (3%) and one person who did not respond (<1%). The median age group for the sample was 41-45. Figure 16 indicates the distribution of the ages.

Figure 16: Summary of the age ranges of the individuals in the staff post-programme sample



The school staff represent a range of backgrounds including white British (n=47; 66%), white Irish (n=4; 6%), any other white background (n=8; 11%), white and Asian (n=2; 3%), any other mixed background (n=2; 3%), Bangladeshi (n=1; 1%), African (n=2, 3%), Caribbean (n=1; 1%), Arab (n=1; <1%), Chinese (n=2; 3%) and prefer not to say (n=2; 3%). The school staff were predominantly in class teacher roles (n=142; 46%). See figure 17.

Figure 17: Overview of the professions of the individuals within the staff post-programme sample

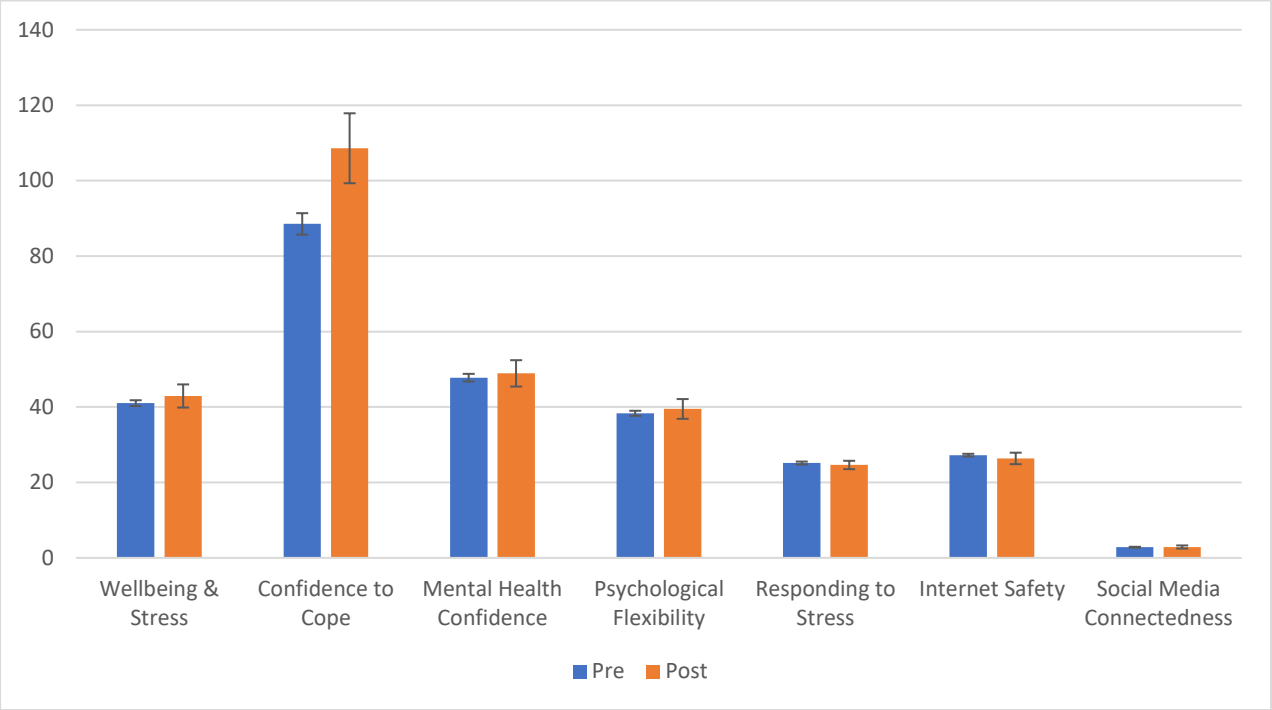


The staff within the sample typically reported good health with only 3% reporting having a long-term illness, health problem or disability which limits daily activities or work. Figure 18 provides an overview of the health status of staff included within this sample.

Figure 18: Overview of the health status of the staff in the post-programme group

Post-programme we can see comparable scores to the pre-programme scores on all measures except confidence to cope. Figure 19 provides an overview of the findings. Post-programme the staff report an increased confidence to cope. It is important to note however that the staff that responded to the pre and post-programme questionnaires were largely different members of staff which does impact on our ability to draw concrete conclusions.

Figure 19: provides an overview of the results for each of the factors with 95% confidence intervals.



Qualitative Analysis:

Student Focus Group Findings – Year 7 and Year 10

A focus group was conducted at Friern Barnet School on 9th July 2019. This was towards the end of the 2018-2019 academic year, and coincided with the second year of the Resilient Schools programme evaluation. A total of 10 students attended the focus group, 5 from year 7 and 5 from year 10. Students were chosen by staff to participate, however all students consented to engage in the focus group.

The aim of the programme is to develop a whole school mental wellbeing and resilience approach to support prevention, early identification and early support for mental health needs as part of Barnet's CAMHS Transformation Plan.

Resilience, for the purpose of this evaluation, is defined as, "the process of effectively coping by mobilizing internal and external resources to adapt to or manage significant sources of stress or trauma" (Lee et al, 2012).

The focus group was conducted to assess the following research objectives:

1. Increased knowledge and understanding of mental health and resilience
2. Improved mental health and resilience
3. Increased engagement in mental health and resilience enhancing strategies (e.g. mindfulness, digital apps, online counselling)
4. Improved cyber/digital resilience (reduced bullying, improved safety)
5. Reduced absenteeism
6. Reduced behavioural instances
7. Changes in referrals to wellbeing support
8. Improved progress and attainment

However, elements of all research objectives can be considered within the focus group.

A focus group guide was developed by the evaluation team in consultation with the commissioner, and the consultation group, to explore:

- Knowledge and understanding of mental health and resilience (e.g. wellbeing, empathy, resilience)
- Mental health and resilience
- Engagement in strategies that facilitate improved mental health, wellbeing and resilience (e.g. mindfulness, digital apps, online counselling)
- Cyber/digital resilience (awareness of bullying and safety)

Four (4) key themes were identified following thematic analysis:

- Theme 1: Student's understanding and knowledge of resilience (Objective 1).

- Theme 2: Improved mental health and resilience (Objective 2).
- Theme 3: Student's engagement in strategies to support their mental health and resilience (Objective 3).
- Theme 4: Strengths and areas for development in supporting children's resilience (Objective 1 and 2).

Theme 1: Student's understanding and knowledge of resilience (Objective 1).

The students were confident about their knowledge and understanding of resilience. They were able to verbalise how they were more resilient in their day to day activities (R1). The students were able to explain what resilience meant for them and the support they were able to access. They unanimously believed they had benefitted from resilience training and had a priory order of approaches they would engage with when they encountered difficult issues. They believed they required frequent input, in the form of teaching, to assist with their resilience.

1.1 Student's understanding of resilience:

The students defined resilience using several terms presented in the following table:

Helping people build their self esteem
Sticking up for yourself having the confidence and courage to do something that you are having doubts about but you want to do it
Having the confidence and courage to do something that you are having doubts about but you want to do it
Respecting yourself
Self-esteem
You can stand up for yourself, basically
You can apply into different aspects of your life, just not in school. Like, if you've a game of football and stuff, you can apply it then, somewhere else

Table 1: Students' understanding of resilience

Predominately these children aged between 11/12 (Year 7) and 14/15 years (Year 10) focussed on personal characteristics and traits acquired through their education of resilience. These findings align with their psychological development however may also correlate with their resilience education. They employed words like "self-esteem", "confidence", "courage" and "respect". In defining themselves using these words they demonstrated the positive attributes their education aims to provide for them. The example of football illustrates the student applying their knowledge,

as they highlight, “into different aspects of your life”. In application of knowledge we understand the students have engaged and internalised their understanding.

One of the students stated they believed resilience was about “helping people build their resilience”. This could be interpreted as a higher order generalist belief, removed from personal experience or the student disengaging from the information presented to them within their resilience education. Most likely the student, being the first to engage in answering the question, was striving to provide a general overview and demonstrate their understanding.

Some of the students were ambiguous in addressing their understanding relating to resilience. The following quote shows this students’ thoughts as willing to try, even if unsure of the outcome. They positively believe regardless of the outcome it would not affect their self-belief. Demonstrating their resilience.

> “And…to know that if you just give up straight away you won’t really know the impact that - if you don’t get it but even if you try that will still feel good that you tried, even if you it on something, you know that you’ll still be good enough yourself” (Year 7).

1.2 Student’s understanding of where to seek support about their mental health:

The students were well equipped in knowing where to seek mental health support should they require it. They were quick to list the resources available to them both within the school and home environment. The students repeated some of these resources and this is indicated within the brackets.

- We have an antibullying assembly (x3)
- Antibullying ambassadors: we go round and round and help anyone (x2)
- They can be a friend to each other
- Antibullying people (staff)
- Teachers (x2)
- Friends
- Parents
- Counsellors in the school
- Peer mentors
- Adult mentors

Table 2: Resources available for mental health support

1.3 Students first (priority) contacts:

The students were enthusiastic as they listed the resources available to them. They explained they believed there was a priority attributed to these contacts, an order, you should seek assistance should they require support. The 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. Both year groups of students believed that peer mentors should be highly visible to ensure they were accessible.

- It's important the peer mentor can be able to be seen (especially in Year 7)
- They can just see us (Year 10).
- Obviously…just like, 'So you can see peer mentors at all times' (Year 7)
- Peer group, peer mentor is better than a Year 10 or a teacher (Year 7).

1.4 Students understanding of the frequency of resilience support provided:

These students did not have an overview of how often they received resilience support initiatives. They were quite task and reward orientated, believing should they be given a role, they received support in undertaking that role or a reward. One of the examples of rewards was the issuing of badges and lanyards which the students were asking their teachers about. The lanyards were their reward for undertaking extracurricular peer resilience training. Generally, they believed they had received more resilience education in their primary schools, relating to academic and wellbeing strategies, than in their current secondary. Social media is acknowledged as a forum for learning, primarily about what not to do.

- Well sometimes we have if you become certain things, if you have a certain role to play (Year 10)
- Ambassadors you would have regular stuff going on. And then other times you would have social media, things like that. That would teach you not to… (Year 10)
- In primary school we did have much teaching about resilience and how to cope… (Year 7)

1.5 Student's perceptions about the helpfulness of the resilience training:

When directly questioned "*Has resilience training helped you?"* the students unanimously answered an enthusiastic "Yes!". The provided a variety of examples of how resilience had assisted them as individuals and continued to state that resilience training had helped them. Theme 2.1 provides specific 'go to' strategies the students employ when they encounter difficulties.

Theme 2: Improved mental health and resilience (Objective 2).

The students were able to describe several concepts to assist them when dealing with difficult situations personally (internally) and within their environments (externally). This included a list of strategies. The students categorised problems such as "annoying people", "argumentative people" and the concept of "peer acceptance". This concept they applied to their own behaviour to fit in when they believed they might encounter difficulties or judgement especially by their own peers.

2.1 Strategies students use when they encounter difficulties:

The following strategies were used by the students and presented in no obvious order, rather as the students stated them. These strategies were announced by the students as having been used that is in the past tense. This demonstrates their general engagement in assisting their personal mental health and how imbedded their knowledge of these resilience strategies are in their daily problem-solving skills.

- "Ask the teachers" (Year 7)
- "Speak to other people online" (Year 10)
- "Access anonymous services where you can go and talk to adults who know how to deal with stuff and give you advice…" (Year 7)
- "Go to places like the friendship space" (Year 7)
- "It's good it means you keep…always have someone to go to or somewhere…but if you haven't got them so you never feel like you don't matter, or you don't exist because you can always go and find someone that will listen to you…" (Year 7)

2.2 How students deal with their problems:

The students generated an interesting discussion concerning how they deal with three (3) distinct groups of people. Annoying and argumentative people were separated into distinct groups and the concept of peer acceptance was explored.

Schools are a predominant learning environment for social conduct, social skill development and of important social understandings that begin in early childhood (Eccles & Roeser, 2011). For teenagers, the peers they interact with in secondary schools are important information sources for them coming to understand how they are likely perceived in society at large. Peers provide young people with abundant information about who they appear to be and hold power to assign them into social categories based on perceived social characteristics (Stone, Barber, & Eccles, 2008). These concepts influence the normative work of identity formation (Crosnoe, 2011) and were expressed by the students engaged in these focus groups.

Annoying people:

The predominate reaction to annoying individuals expressed by these students was to ignore them and not provide them with the attention they sought. This strategy was used as an overarching reaction as well as to those demonstrating bullying tactics. The ability of some people to completely annoy everyone for no apparent reason is a recognized scientific phenomenon, labelled "affective presence" (Berrios et al, 2015). The students' reactions in ignoring these individuals demonstrated an effective strategy to employ when encountering difficult individuals. Below are two quotes which demonstrate individual adaptive techniques.

- Either I'd ignore it up to a point where it's really, really annoying you. And then that's when I would - When you ignore stuff the person that's…(Year 7)

- Say for example if it was bullying, if someone's trying to bully you, if you don't give them attention they'd just be like, 'Okay' (3) (Year 10).

Argumentative people:

Those individuals who were deemed to be argumentative were again ignored and not granted attention. However, should their behaviour escalate the students were ready to address these individuals, face to face, as the following two examples demonstrate. Both of these examples demonstrate a certain amount of self-confidence being exhibited by the students interviewed.

It takes lots of energy to defend yourself and maintain self-esteem when dealing with an individual that sees you as the source of wrongdoing. Developing a mature perspective, addressing rudeness and walking away are successful tactics when dealing with aggressive or argumentative individual (Eccles & Roeser, 2011). The following two quotes highlight, in the students' own words, how they deal with aggressive or argumentative individuals.

- If someone was to say argue, be like, 'Okay, what now?' (Year 10)
- You just don't give them attention, so it's like - if you don't give them attention I'm sure they'll stop. However, if they don't that's when you have to take matters in your own hands and you have to tell someone and you have to confront the bully. You'd be listening and, 'What you are doing is not nice', do you know what I mean? (Year 7)

Peer acceptance:

While these students demonstrated effective strategies to deal with annoying or argumentative individuals ultimately, they want to be accepted by their peers. *Fitting in*, or gaining peer acceptance, is a primary objective of teenagers in the secondary school context and, for many, may be more important than academic goals (Crosnoe, 2011; Eccles & Roeser, 2011). The following quote highlights the conflict this student felt in different groups of friends, her trust issues and frustration of not being true to herself.

> "Sometimes you have a group of friends but…you have to be something different to who you are and sometimes it takes - for example for me it takes *ages to* really trust friends-wise. Which is why sometimes I act different around other friends to other friends. And it's just like that whole thing, frustrating…can't really show who you are to a certain degree with them" (Year 7).

Theme 3: Student's engagement in strategies to support their mental health and resilience (Objective 3).

This theme contained findings similar to the previous year. The students were fully engaged in the use of strategies to support themselves because of their engagement with mental health training and school enhancement programmes. They were enthusiastic when listing examples which were employed within their school and mechanisms which allowed them to express themselves. The concept of how long to wait when they encountered difficulties was a new addition to the discussions.

3.1 Time frames students follow when experiencing difficulties:

When questioned by the researcher on how long the students should wait to seek support when they encounter a problem the students provided following two answers:

> "It depends what problem it is. Because if it's bullying for example, I would say give it about a week or two and if it carries on, if they are really, really starting to annoy you, then that's when you *(take action).* Because if someone says something to you and you just go and tell the teacher, that's just like you can't really - because you wouldn't know if they are joking or not. And they'd just be like, 'Oh, you can't really take a joke'. But if it's for one or two weeks and you can tell that they're being serious then it's like, 'Okay, I'm going to tell someone" (Year 7).

> "Yes, something stressful at home - with the home thing I don't think you should tell your friends at least because that's personal. So I don't know if you should let people too close, apart from our families and stuff, because you never know what could happen" (Year 7).

These responses demonstrate an element of caution and of thoughtful consideration or even procrastination which the student undergoes prior to taking or not taking action. The second quote highlights the concept that bullying which occurs outside the home is considered to not be personal in contrast to the home environment, as personal.

3.2 External support agencies

The students discussed the "Bureau" which was the National Childrens' Bureau, a leading childrens' charity, as an "outside of school…thing and from there I saw" which they believed they could access in an anonymised way online in their own time if required. The National Childrens' Bureau has a focus on assisting vulnerable children. Access to this service might not be as easy as the students believed.

Theme 4: Strengths and areas for development in supporting children's resilience (Objective 1 and 2).

The children were engaged, positive and informative about issues which directly affected them within their school. The concept of timeframes and when they should engage with resilience support and training as a new finding from the previous year. They were reflective of both what was working well for them and what areas needed improvement or adjustment. Below are the identified strengths and areas for development examples from the analysis of this focus group. They had concrete ideas on how to improve the resilience training which included online blogs and apps. This was a new finding from the students interviewed this year.

Areas for development:

4.1 Students believe they should have more resilience input:

The students involved in the focus group emphasized their wishes to have more resilience input within the school environment. This reflected their beliefs that the information and education they had received was important, useful and worth investing time and effort into. The first quote below is a student discussing resilience not from a personal perspective but concerning "others" to increase self-esteem and encourage perseverance. The second quote discussed the importance of having peer ambassadors as trustworthy, friendly, nice people who you can go to and they will assist as required.

> "more - not training, just teaching about resilience. Those people who feel like they give up really easily and you think they have so much they want to do in life and to give up and they don't really know what it means to give up" (Year 10).

> "I think there should be more people around, like more anti-bullying ambassadors and more people who will just be there for you and be a friend for you if you feel like you have no-one to go to and you feel like you can't trust people. So I feel like there should be more people like that who will just be your friend…be nice to you and help you" (Year 7).

4.2 The best time to have resilience training:

The students 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. They discussed secondary school as a time when they were too old "at our age" to "change our way of living". This quote reflects how they fundamentally believe resilience measures, incorporated from a young age, effects every aspect of their lives.

These next four quotes, all from Year 10 students, highlight these discussions, serving to demonstrate the students' beliefs in early resilience training.

> "I think when you're younger" (Year 10).

> "Yes, because at least you can build upon it, from what knowledge you have you can build…" (Year 10)

> "Because that's when you started that action development stuff. So if you grow up a certain way, it will be easier, whereas if you do it at our age it's like we're trying to change our way of living, if that makes sense" (Year 10).

> "I think maybe because not many people have - don't really know what resilience is in a sense. Because from a young age you are taught certain stuff. But it's not really expanded on so it's there but it's not really there. So maybe in school they could teach about it more…" (Year 10)

It was unclear from these discussions that these, Year 10, students had received resilience training during their younger formative primary school years. In reflecting on their beliefs of the general population in relation to resilience understanding they are indicating they missed out on some early training personally.

Strengths:

4.3 The identified timeframes for when additional support is required:

The students engaged in the focus groups had received additional resilience training. They generated a discussion of when they believed additional support should be made available to students. These timeframes were identified as stressful times in the academic year by the students however they do reflect nationally recognised stressful transitions times.

> "the start of Year 7 because it…you do have a lot on but in school you have a loads of new stuff and you feel quite isolated…so that's why it's better to have more people who will be your friend right at the start, so you can ask people" (Year 7 student).

> "they (Year 7) want to talk to somebody they can" (Year 10 student)

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.

4.4 How do we improve the training?

The students were enthusiastic in brainstorming ideas on how to improve their experience of resilience training. They gave some broad ideas initially however did develop their ideas into achievable training exercises which they would personally wish to be involved in. Two of the suggestions were anonymised reflecting their needs for privacy in line with their ages.

- Can make it more fun
- Add more activities
- Role play, yes
- So more physical as well
- Challenges and yes, team building
- A blog or something that's anonymised
- Concerns you could put it in a box

Table 3: Improved training ideas

Staff Focus Group Findings

School staff perceptions of resilience in school children

On Friday 4th October 2019, at the end of the 2018-2019 academic year (the end of wave 2 of the Resilient Schools programme), the school staff focus group was conducted. This focus group aimed to explore staff perceptions of resilience amongst school children including their perceptions of how the Resilient Schools programme influences resilience within the school. A total of six (6) school staff actively participated in the focus group. The staff were all female and ranged between 25-60 years of age (mean 39.5 years). Staff roles included teaching assistants (x2), deputy/assistant headteachers (x2), class teachers (x2), mealtime supervisor (x1) and phase leader (x1) (note: two members of staff had multiple roles).

The focus group was conducted predominantly to address the following research objectives:

9. Increased partnership working.
10. Increased knowledge and understanding of mental health and resilience, and how to identify and address mental health.
13. Improved skills, confidence and teaching practices to deliver content and strategies that are resilience enhancing (embedded within curriculum [e.g. teaching about mental health and resilience] and external to curriculum [e.g. providing mindfulness sessions])

However, elements of all research objectives can be considered within the focus group.

Thematic analysis was conducted, which identified 4 key themes (see Table 4 for a breakdown):

- Theme 1: Knowledge and understanding of mental health and resilience. This predominantly addressed research objective 10 and 13.
- Theme 2: School staff roles in supporting children's mental health and resilience. This predominantly addressed research objectives 10 and 13.
- Theme 3: Factors influencing mental health and resilience strategy implementation. This predominantly addressed objectives 10.
- Theme 4: Strengths and areas for development in supporting children's resilience. This predominantly addresses research objectives 9, 10 and 13., If also includes process objectives for the evaluation (e.g. strengths and weaknesses of the programme and its delivery).

There were several similarities of findings explored within the staff discussions from programme year 1 and programme year 2 focus groups there were also distinct differences. The following description is provided, by way of explanation, into the themes and subthemes including the overlaps and variations from the focus groups in programme year 1 (wave 1) and in programme year 2 (wave 2):

- Theme 1 is a new theme for evaluation year 2. However, subtheme '3' (learning strategies of school staff) is similar to 'theme 3' in year 1. However, it was not explored as thoroughly in the year 2 focus group.
- Theme 2 is the same as 'theme 1' from evaluation year 1'. Sub-subthemes 'Listening and understanding' and 'implementing and teaching wellbeing and resilience coping strategies' in both evaluation year 1 and year 2; the remaining subthemes are new to evaluation year 2.
- Theme 3 is a new theme differing from the evaluation of year 2.
- Theme 4 is the same as 'theme 4' from evaluation year 1. The same subthemes have been explored.
- In year 1, the following themes were generated that were not generated in evaluation year 2:
  - School staff perspectives of parental roles in supporting children's mental health and resilience (theme 2).
    - Subtheme: The influence of mental health and within the home environment; this subtheme did not really feature in evaluation year 2
    - Subtheme: Collaboration between staff and parents; this subtheme now sits in 'theme 2' (subtheme: collaboration) of evaluation year 2'
  - Exploring learning strategies of school staff to enable them to support children's mental health and resilience (theme 3)
    - Subtheme: Learning by experience
    - Subtheme: Sharing knowledge
    - Subtheme: Mentoring support

Table 4: Details the common threads within each of the key themes

Theme 1: Knowledge and understanding of mental health and resilience	**Theme 2: School staff roles in supporting children's mental health and resilience.**	**Theme 3: Factors influencing mental health and resilience strategy implementation**	**Theme 4: Strengths and areas for development in supporting children's resilience.**
The meaning of resilience	Core roles of school staff to support children's mental health and resilience	Time of year	Strengths of the programme
Understanding mental health and resilience		Gender, culture and religion	
		Age of child	Areas for development
Learning strategies of school staff to enable them to support children's mental health	Implementing and teaching wellbeing and resilience coping strategies	Stereotypes around mental health	

Theme 1: Knowledge and understanding of mental health and resilience

1.1 The meaning of resilience

School staff used several descriptions to explain their understanding of the meaning of resilience. Descriptions centred around concepts of being able to 'bounce back' after experiencing something challenging. Staff described resilience as being able to reflect and acknowledge that you are expecting to be challenged. They believed resilience was being able deal with challenges and using personalised strategies or by asking others for support when necessary. Table 5: provides examples of the types of descriptions of resilience provided by staff as well as quotes to illustrate the meaning.

Table 5: The meaning of resilience

Description	Example quote
The power of 'yet'	Participant 1: I've put 'Yet, the power of 'yet'. We've actually got one in Year 3 classes, an amazing display and it's the power of 'yet' and, 'I can't do it yet' and loads of other sayings around it. It's just right in front of the kids and it's amazing and the kids really look at it and they use it. Interviewer: I was going to say, do they use it in their vocabulary? That's excellent. Participant 2: I was going to say it's really funny, as well, because when you say to children, 'I can't do it', then they would say, 'Yet', it's the adult saying it to them and they would say it to each other.
Bouncing back	I wrote down about that cliché concept of bounce back and I drew a weeble, that's mean to be a weeble *[laughter*]. (Participant 3)
Resilience is knowing when and how to ask for help	And then I put for my definition that I do when things are difficult, being able to think of strategies. And if you can't do that then actually asking for help. (Participant 3)
Having an awareness that you are struggling and need support or to implement strategies	Identifying feelings, understanding them is a part of that. I have to know that I'm not coping, I have to understand that something's bothering me, then I went for help and maybe I'll try something. But actually it's awareness is a big part I think. (Participant 5)
Being honest with yourself that you are struggling and need support or to implement strategies	Participant 2: I put being honest with yourself, that's part of identifying. You can be, 'Actually no, I did find that really hard' and then how am I going to move on from that and being honest with yourself in that sense. Participant 5: Because it's difficult sometimes to admit that you are not coping, not understanding, to not be the one to ask for help; asking for help can be challenging I think.
Reflecting, taking responsibility and ownership	Participant 1: You have the power to change. Participant 3: Yes, you have the power to change it. Participant 1: And it's reflecting, isn't it? To be able to sit back and to accept responsibility if something's happened to them, or themselves etc. and take ownership and to then move forward.
Not giving up and carrying on	"…not giving up and actually carrying on, understanding that some things can be frustrating or will not work out." (Participant 5)
Resilience to cope with your work as a student	"…across all the subjects…I think they have to be resilient in maths, in English, in create curriculum…So I think it's across all the subjects. It's not only your wellbeing but curriculum progress and everything." (Participant 5)

1.2 Understanding mental health and resilience

School staff provided more detailed understandings of mental health and resilience. For example, staff discussed the 'alarm brain and thinking brain' as core constructs which contribute to mental health and resilience. Discussions around this enabled staff to acknowledge how the brain responds to a challenge. Having awareness enabled staff to acknowledge how their brain responded and how to retrain their mind to move through challenges practicing their resilience. The quote below reflects their understandings of mental health and resilience.

> Interviewer: So what was the alarm then? Tell me?
>
> Participant 2: So the idea that - and I've written it on here as well - the animal brain. So it's that idea that there will be various triggers that you will come across that will send your brain into that panic mode, into that alarm mode.
>
> Interviewer: Fight and flight, yes.?
>
> Participant 2: Yes, and then that idea of that's okay, but what is it that you can then do to let your thinking brain take over, get rid of those negative automatic thoughts and retraining your process? And also understanding that I might actually go into my alarm brain about 17 times in an hour but they're all small bits, they're not the huge bits. And actually I can contain it that way, so I can contain it when it's the big things.
>
> Interviewer: So is it just about containment then or is it about using those fight and flight responses as well?
>
> Participant 2: I think for me it's containing it and then dealing with it.
>
> Participant 6: It's what's [0:33:01.4] the lid [over talking] the kids, keeping your lid is like going to your alarm brain and then you have to get your thinking brain back.

1.3 Learning strategies of school staff to enable them to support children's mental health:

- On the job
- Mental health is embedded within the values and ethos of the school and this reflects in everything they do (e.g. within teaching and dedicated time related to mental health)
- Applying a restorative approach within the school
- A buzzword to be understood

Staff acquired their knowledge and understanding of how to support children with their mental health and resilience in several different ways. Staff highlighted that 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.

Mental health and resilience is embedded within the core values and ethos of the school, and this is reflected in everything that staff do, including curriculum and non-curriculum activity:

> "Yes, I think it's very embedded within our school thanks to [leadership staff], definitely embedded." (Participant 1)

> "And because I think because we at [this school] do have the restorative approach, that's always the ethos of the school…" (Participant 2)

Staff felt that the term "resilience" is sometimes used without true understanding or superficially. They expressed that they believed to promote mental health and resilience within schools more must be offered than brief, one off sessions relating to resilience. To promote mental health and resilience, concepts relating to it must be universally embedded into all actions within the school:

> "And what I found really interesting was when we were in the second year, obviously it was being bandied around by quite a lot of people outside of the school, you know, when you'd go to meetings and it's in the press and I think people didn't necessarily have a real grasp as to what it meant, but it was like a buzz word. Whereas I do feel at school people get what it is and what it means and what it looks like." (Participant 2)

Theme 2: School staff roles in supporting children's mental health and resilience:

2.1 Core roles of school staff to support children's mental health and resilience:

School staff described the core roles imbedded in supporting children's mental health and resilience: listening and understanding; encouraging and teaching; reflecting and responding; collaborating. Table 6 provides examples of the core roles explored by staff as well as quotes to describe the roles.

The role of encouraging and teaching children was discussed extensively by staff. They included teaching children that mistakes are acceptable, and the importance of seeking support and persisting when things are challenging. Staff described the importance of emphasising to children that their own behaviours impact on not only on themselves but also others. Staff highlighted a core strategy for educating children about mental health and resilience through modelling. Here, staff would tell children something that they themselves have struggled with and how they overcame the issue.

Staff highlighted that to support children's mental health and resilience, they have a vital role in collaborating with others to achieve this. This included collaborating with other school staff (e.g. primary schools collaborating with secondary schools) to support student transitions. Collaboration between school staff and parents was highlighted as important, to enable them to work together to identify how they can best support the mental health and resilience of the child/student. Collaborating with parents included working with them to develop their own mental health and resilience. This enabled parents to have a better understanding of mental health and resilience within themselves and therefore be able to transfer this knowledge to their child.

Table 6: School staff roles in supporting children's mental health and resilience	
Staff roles	**Role description**
Staff roles: Listening and understanding	
Understanding where he's coming from about the fact that he's experienced bullying himself but that doesn't necessarily mean that it will happen again. (Participant 2)	The value of staff listening to children.
Participant 1: We also get the Year 6s and Year 7s come in and they can ask questions, so they can give their view of how they felt and then the Year 6s can ask the Year 7s questions, which I think is really settling for them. (Participant 1) Participant 3: Yes, Year 7s can talk about who they go to as well so the Year 6s know, 'This member of staff will be good; if I have these problems I know that there's a member of staff in that senior school.	
Encouraging and teaching	
It's making mistakes and taking that risk and knowing that mistakes are not - everyone makes mistakes and we learn from them so it's a learning tool. (Participant 4)	Teaching children that it is ok to make mistakes.
Can be very powerful isn't it with a child sometimes, as a mistake can actually make them re-understand themselves or actions. (Participant 5)	
We teach them to take responsibility for reaching out for help. (Participant 5)	Teaching children to take responsibility for reaching out for help.
And I think one of the next steps, and that's something that the school will look to develop, is 'If I'm in that red zone, how is it affecting somebody else who is in the green zone?' (Participant 2)	Teaching children about how their mental health and behaviour can impact that of others.
Sometimes when things are not easy and you have to try a few times, yes? Try again and again like you said. It may not work on the first, second, third time, whether it's emotional state or learning, and showing them that it's a normal process of learning. (Participant 5)	Encouraging children to try again when things are difficult.
6 I think it's that modelling as well. I think for us as adults we are really open with them, the fact that we might find something difficult or we might have failures and actually that's okay, 'This is what we've done'. (Participant 6)	Modelling resilience to children
Reflecting and responding	
Participant 1: We were talking not that long ago, in every briefing on a Friday morning we have 'What's been really positive?' and having those positive thoughts instead of this negative. Interviewer: And is that for just the week? Participant 2: Yes, we do highlight of the week.	Staff reflecting together about issues related to mental health and resilience.
It's being prepared for anything that can happen as well, things can happen that are bad and you won't know that they are going to happen and it's being prepared for that eventuality. (Participant 6)	Staff need to be prepared to respond to and deal with a range of issues.
Collaborating	

Yes, so what they do is again we've made a really conscious effort at school to foster links between our main feeder schools. So we have that relationship with all of those schools so they would come in, as I said. (Participant 2)	Fostering links between primary and secondary schools to support student transitions.
…coming from our chats with parents what to do. Last year when we were working together we had one parent that asked for help. Sally had a nice chat with the parent, suggesting some things to do. (Participant 5)	Parents and school staff work together to identify how they can support the child.
I think we also can address it with parents if necessary because we can have anxious parents and they will try to build this resilience through sessions. (Participant 5)	Supporting parents with their own mental health and resilience.

2.2 Implementing and teaching wellbeing and resilience coping strategies

The staff discussed the importance of implementing a range of strategies that would support children's awareness and understanding of resilience. They believed that in supporting the childrens' resilience they would gain the ability to practice wellbeing enhancing strategies for themselves. Table 7 provides a plethora of strategies that were described by staff that were implemented throughout the year. For example, the 'zones of regulation' was a strategy designed and implemented to help children to identify whether their mental health is good (green zone), reasonable (blue or yellow zones) or poor (red zone). The strategy enabled children to categorise how they are feeling, in the present, to discuss how they may be able to get back into the green zone if required. The zones of regulation was described as *"…extremely helpful for talking to the children when they're not ready to talk"* (Participant 7)

Table 7: Mental health and resilience strategies implemented by school staff
Discussion based strategies
• Reinforcing the importance of asking for help • Reassuring children that experiencing difficulties do not last forever and improve over time • Considering positive thoughts in order to refocus and reframe away from negative thoughts • Normalising experiences related to mental health and resilience. For example, "'*Lots of people feel like that; I know that I felt like that when I was moving to secondary school', how that relationships might work with people.*'" (Participant 2) • Reflecting with children about what they could do in order to overcome a challenge
Strategic approaches within the school
• In lesson approaches. For example, embedding learning about mental health and resilience in lesson time. • Out of lesson approaches. For example, *"When it comes to Christmas we often have an RA/Growth Mindset week where we do lots of growth mindset activities based on children's listening skills, building on that failure. So quite often I like giving children tasks that they are going to fail at, then building that bounce-back ability, 'How are we going to*

overcome this? Sometimes we do find things difficult, how can we make things right and if we need help how can we do that?'" (Participant 2) • Embedding an 'open door' policy for former students in order to ensure students feel they have sources of support
Specific strategies
Bounce-back box: "And then I wrote down that I do shifting from my alarm brain into my thinking brain and then I just put an example of a child that was in Year 6 two years ago who just used to struggle with all elements of life and I did a bounce-back box with her. Do you remember when she did pieces of work that she showed adults? We wrote down how she did an amazing piece of work or made a good choice in the playground and then she would write on the Post-It Note how that made her feel. So when she was really struggling and she felt nothing was ever going to go her way, or nothing ever went her way, we would look at the Post-It Notes in the bounce-back box and that was one of her strategies." (Participant 3)
Resilience toolbox: Participant 3: The children have almost a toolbox of what they can do and then we feed back as a class. Then I've created some resources for children if they want to take some time out, some breathing cards.
Interviewer: So what's in a toolbox then? Participant 2: There's breathing strategies like the Lazy Eight, you breathe in, breathe out. Like Lazy Eight, breathe in, all the [six sides] of breathing. Some children like that. I've got a couple of children in my class that like having a bit of a stretch, they push and use some physical exercise and push against a wall. They get a bit fidgety, just to give themselves a stretch. Push against a wall and get some of that pressure out of their system
Reflection time out: "Even today I had a child in for Reflection Time Out who's on a report card and that meant that he would get a sad face, but it's actually thinking, 'Yes, this was a sad face but that doesn't mean it's going to be a bad day for the rest of the day, we can still get smileys. All smileys is a brilliant day; one sad face isn't great but we can still have a good rest of the day and it's turning it into that positive." (Participant 3)
Circle time: "We started with inset at the beginning and then you implement it across lessons, you include them, circle times, everything." (Participant 5)
Bubble time: "We teach them to take responsibility for reaching out for help. For example, Bubble Time, we have Bubble Time in class so they have to decide if they need help, they have to decide if there is something that bothers them and that they require help and they have to take initiative by putting their name and making sure the teacher knows [0:18:59.7 *background noise*]. So that's one of the things." (Participant 5)
Positive time: "…coming out of meditation actually, positive time yes. Positive time for them once a week, one afternoon for half an hour, positivity time, just to bring them together, relax." (Participant 5)
The zones of regulation: "Yes, we also use the zones of regulation. So with [0:20:43.0] in our Establishment Weeks, when we are focused we are in the green zone, then we've got the blue, yellow and red zone.

> And this week we've done a lesson on strategies to how to get back in the green zone. If you are in the yellow or the red or the blue, how can we get back? And all the children wrote, 'We tried out lots of different strategies'." (Participant 3)

Theme 3: Factors influencing mental health and resilience strategy implementation

Staff highlighted the factors which influenced the use of mental health and resilience strategies. These influencing factors are highlighted below [P1].

3.1 Time of year

The time of the academic year influenced the type of activities and events carried out to support the development of resilience coping strategies. Transition periods were considered particularly important. For example, the start of the school year was considered important:

> Participant 1: And the first week we go back in September the establishment week which I think has a huge impact on the children.
>
> Participant 5: It is, I think, the expectations again, like refreshing.

Transitioning from year 6 into year 7 (primary to secondary) was considered particularly important by school staff. To mitigate the challenges relating to this transition period, staff highlighted the strategies that they implement. These strategies included visits to the new school and attendance at the new school open days to familiarise the children. Additional visits were conducted for particularly anxious students. The children received visits in their current school environment by staff members from their soon to be new school.

> Participant 3: I know sometimes they have the opportunity to go to the senior schools and have a look around.
>
> Participant 5: Yes with [0:15:41.1] Open Days, exactly. And also the Head of Year 7 usually comes and they want to meet them and were encouraged to spend some time with the children.

3.2 Gender, culture and religion and stereotypes around mental health

Staff highlighted reflections on the gender-based differences in relation to mental health and resilience. The staff highlighted that boys were generally considered to find it more difficult to say how they are feeling and to self-regulate compared to girls.

Staff described how gender, culture and religion are intertwined with one another:

> Participant 1: I think their religion has a huge [0:28:49.1 *over talking*]
>
> Participant 2: I think the cultural thing is huge.
>
> Interviewer: So culture or religion.
>
> Participant 5: Both sometimes, it's [*all talking]*
>
> Participant 3: And boys, really quite important and girls are –
>
> Participant 2: Yes, and I think that gender thing comes through culture.
>
> Participant 5: Yes, I agree. Because in the same religion but from different parts of the world, you can see actually –
>
> Participant 2: Yes.

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. These they believed can impact on how mental health and resilience education is responded to within the school:

> *"And I think some of that can be culturally to do with the school and how, within the groups of families that we work with, mental health isn't a thing, it doesn't exist. 'My child cannot see a therapist or the Learning Mentor because you are telling me that Mentor means my child is mental', and 'Boys are strong bit it's okay for girls to do it'. So there's a lot of stereotypes around that and stigma, but I do feel that as those families are with us for longer, they understand and have a better understanding by the time their children have come through the school so therefore are open to things and are happy to try things at home as well. So I think gender and culture really effect…"* (Participant 2)

3.3 Age of the child

Staff highlighted that concepts and practices related to mental health and resilience evolve and become more advanced and imbedded as the students get older. However, concepts related to mental health and resilience can be introduced to students from an early age:

> *"I don't think there's an age; it's more about their capability because we introduce a concept of zones [of regulation] in Reception. So it's about our 4 and 5 year olds and we have a progression of how that will look from Reception all the way up to Year 6 and the language that that involves. Realistically long term is that really looking at Year 3, Year 4, Year 5, Year 6, looking at how their behaviour affects others, but it has to be cohort specific. If we've got a very immature Year 3 cohort then it's not going to work [0:25:16.6] not looking at in the summer term, so there's got to be that flexibility around their emotional literacy."* (Participant 2)

Staff acknowledged that families with multiple children may treat them differently due to birth order. With older children expected to cope better than younger children who were described as 'mollycoddled' compared with older children in the family. Birth ranking can impact on the resilience and development of the child when combined with gender and cultural factors, staff believed this would impact on a childs' resilience.

> *"I think there's a huge difference. The older children, I suppose it depends on particular families but often the younger children are very mollycoddled. I'm thinking of one particularly in [0:27:46.9] class and she is utterly mollycoddled. The older siblings, nowhere near, anywhere near and this child can do no wrong and is so disengaged."* (Participant 1)

> *"Especially if there are girls, girls, girls and there is a boy. In terms of culture, if the youngest is a boy, everything is given to the child and the child can do anything, there are no boundaries or anything and then the child doesn't have any resilience."* (Participant 5)

Theme 4: Strengths and areas for development in supporting children's resilience.

4.1 Strengths of the programme:

School staff discussed the strengths associated with the Resilient Schools programme. Benefits were associated with children, parents, staff, and the teaching and school approach. Staff championed the programme as beneficial to children in improving their mental health and resilience. They were confident that they are providing necessary skills which the children use throughout their lives, for example, recognising, reflecting and overcoming challenges:

> *"I think it's so beneficial for the children, I think they get a lot out of it without even realising. Yes, they get lots of different strategies etc etc and they leave our school in a much better place than they would have if this wasn't in place. So, a lot more resilient, yes."* (Participant 1)

Participant 6: It's teaching them skills for life.

Participant 2: It's just so beneficial for them.

The programme was felt to be beneficial for parents. The staff believed that it assisted them to develop a greater understanding of child mental health, which enabled a better understanding and ability to support their child's mental health and resilience:

> *"And I saw the session with the parents and the impact that that had on the parents as well for understanding how their children, or why their children sometimes react the way that they do."* (Participant 2)

Staff felt that 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. Staff felt that these developments improved their own mental health and resilience within and outside of the work environment. They were able to recognise their own mental health needs and more able to develop supportive strategies for themselves to overcome their challenges:

> *"But is it also beneficial for us because we're developing our own skills at the same time as we're learning them and teaching them to the kids? It's incredibly useful."* (Participant 7)

> *"Oh yes, and I have to say I think personally, for me as a person it's had a huge impact. Because I know how stressful the job is and I feel like it's really allowed me to recognise how I'm feeling at certain points and whether therefore I need to ask for help or whether I need to find other strategies."* (Participant 2)

> "…and I feel like it's helped me with lots of things inside and outside of school because I've got more awareness." (Participant 2)

Staff highlighted that the programme was beneficial to the teaching and school approach. It provided staff with more opportunities to make mental health and resilience a focus within the school, and help challenge historical beliefs surrounding mental health and illness:

> *"There is a focus as teachers actually to do it because to have a programme and expectations, what needs to be done, that we actually had to take initiative, include it and follow the programme and actually do it regularly to see the outcome."* (Participant 5)

Participant 3: I think people of my generation were expected to know this. Not even know this, but stiff upper lip, get on with it.

Participant 5: Yes, that's it, yes.

Participant 3: Mental health, there isn't.

Participant 5: [0:30:14.9 *over talking*] talking about it.

Participant 3: Yes, exactly. And I still do it at times, 'Oh just suck it up, get on with it'. [*laughter*]. And I still do it with me - not with the children, but with me. Sometimes stuff goes wrong and, 'Oh, just - okay bin it, bag it, bring it'. But these kind of things, they really help but I do think there is the generational thing, and I've learned so much since I've been at the school over everything like this.

The final positive quote serves to highlight the championing these school staff felt for the programme:

> *"Other than the fact it is bloody brilliant! [laughter] And you can quote that, "bloody brilliant"!"* [*laughter*] (Participant 6)

4.2 Areas for development of the programme

School staff discussed some of the challenges and areas for further development for the Resilient Schools programme. Support from parents was considered a challenge. Staff felt that many parents do not strongly promote or invest into programmes such as Resilient Schools. This may be due to challenges such as lack of understanding about mental health, and cultural challenges engrained within families. Additional parent engagement would be beneficial to encourage parental understanding surrounding mental health. For example, more workshops to understand what mental health and resilience is and how to develop strategies to support it [P2]:

> *"Parents and secondary schools. [laughter]. So, I think it's communicating with parents that it's a buy-in, 'You've chosen to come to our school, this is part of our curriculum so therefore we want to educate you and your children'. And this works but it's not a standalone thing it's a life skill."* (Participant 2)

> *"As we've been sat here, because we've been talking about it as a school, thinking about we have impact meetings and thinking, 'Do we want to maybe do an impact on the alarm brain/thinking brain? Teaching these strategies and zones to our parents? Maybe that could be a way - after school workshop or during school workshops and have the children sitting with the parents, saying, 'This is what I use', and using it at home because we do sometimes, with our more vulnerable children, send those resources home so it's consistent. But I think as a whole, school-wide we could use them as impacts and teach the parents like we do the children "(P3).*

> *"It is a long-term action plan for welfare" (P3).*

Staff re-emphasised the importance of focusing on mental health and resilience at core transition periods and at different times of the year. The transitional move from primary to secondary school (Year 6 to Year 7) is acknowledged as both an exciting and stressful period for children. The transition from reception to Year 1 is another acknowledged period requiring forward planning accountancy. Additional periods include the transition from Year 2 to Year 3 (infant to junior), exam periods and timeframes leading to holidays. These discussions highlight the need for schools to consider all key transition periods (reception to Year 1; infant to junior; junior to senior; exam periods, etc) and plan how to support children's mental health and resilience during these periods.

> *"May, I think that push between February half term and May. And that's why, again, that's when we've tried to have someone come in. Partly because that's when the majority of our Year 6s - at least the majority of them are 11 or are turning 11, so that they can access that. That's why we have the Transition Project. I know that… support Year 6 for quite a long time and then they might do additional lessons, yoga, meditation."* (Participant 2)

Although school staff highlighted their readiness to support the Year 3 to Year 7 transition, staff were concerned that many secondary schools may not have strong agendas relating to mental health and resilience. Consequently, the support available to children on this transition into secondary school may be limited. Staff acknowledged the importance of all schools, primary and secondary, in developing mental health strategies and resilience agendas to support children throughout childhood [R3]:

"And I think the secondary schools, and that's a tricky one because we are on the border of Barnet, Brent and Camden so actually the majority of our children go to a Camden school and they're not involved in the project, so they don't necessarily use the same strategies that we would have. Whereas I know that the other feeder school is [school name removed] and they've been heavily involved in the transition project, so our children have more chances to carry it on. So yes, I feel that's a bit of a stumbling block but then that is also life sometimes. And I think that's why we're so focused to get it - I know we can't get it perfect but to get it as right as we can do, so that when they do leave…" (Participant 2)

Staff were concerned that many schools do not have a strong understanding of mental health and resilience and how to drive the agenda within the school. Staff were critical of schools offering standalone lessons about mental health as sufficient to supporting mental health within the school. Conversely, staff advocated that mental health and resilience should be underpinned in most activities carried out within the school. This further reinforces staff perceptions for the need for all schools to develop mental health and resilience agendas in order to support children throughout childhood [R3]:

"It's like it's something that can be dealt with rather than something that can be embodied within" (Participant 5)

"I think that there are some schools who claim to be resilient and claim to foster and promote resilience, who don't. And I think that they think it can be a stand-alone lesson or a one-off thing and it's not part of their curriculum or the ethos, and it's really contradictory to the children. And it is that thing because it's become a buzz word and the cool thing to talk about in education. That's a concern for me, that it's not being done properly" (P2).

"It's that jumping on the bandwagon, isn't it?" (P3)

The school staff were convinced 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 [R4}:

"I think the project itself is financial sustainability. I think that's a concern because as a pilot school we were really fortunate to have access to some amazing training and whether that was whole school training or training that myself and the other Assistant had had and then we were able to facilitate sessions in school. Obviously that model is not there, public [0:37:46.9] and the funding reduced or not in place. So, I worry about how that good work from Year 1 and Year 2 can then be properly spread across the whole, now that there are 55 schools actively involved and what that package might look like. Some of the people that were involved in the pilot schools in Year 2 have now moved on to different schools. Who is the lead in the school that they've left behind? Yes, I feel like it needs to be a really strategic approach to ensure that it remains something at the forefront of Barnet and its education agenda". (Participant 2)

Parent Focus Group Findings:

Five parents of primary school children from one school were involved in this focus group and one teacher (total of six 6). The majority did not know about the resilience programme and only two knew what the word "resilience" meant. The parents had children ranging in age from seven (7) to ten (10) in primary school with some parents having secondary aged children and older; 13 to 22 years old. These parents had various combinations of boys and girls and there were no single children (they all had siblings). The generation of themes relating to the resilience programme with this focus group was not possible due to their limited understanding of the programme. It is unclear how these parents were selected to be involved in this focus group and purposive sampling is required to address the aims of this evaluation. However, the parents identified some problem-solving strategies, learnt about the schools' learning mentors and made suggestions.

When asked if they had "heard about the resilience programme?" One parent who had five children and was a school governor had heard of the programme.

> *"Yes, I have; Well, I've just been at the school a while, so I was here when it was introduced. It was to parents. I attended the meeting last year, they ran it just for parents and it was about resilience and growth mindset. An outside speaker came in and spoke to us, so I attended that. I'm sure it was the last school year. So yes, we got lots of big handouts." (P4)*

This parent did acknowledge that she probably knew more than the average parent involved with the school.

> *"Yes, so that the parents understand the workings. Because I feel a little bit like a – I already know, because I'm a parent here for a long, long time. I'm also on the governing body at the school so I do know lots of the things that go on behind the scenes that the children do that the parents don't know about" (P4).*
>
> *"I wouldn't say I've heard my child talk about it and I wouldn't say I've heard him use the words. But I know that the way he has spoken about issues that have come up in the playground, I know they use a lot of words and a lot of talking and a lot of speaking to each other now rather than maybe a lot of actions. They are doing lots of peer work. I don't know if they took it on themselves or whether that's something the school's introduced to them, but I know that in this school year he's definitely started doing that more in the playground. I don't know if it's because he's a bit older, a bit more mature, I'm not quite sure…" (P4)*

One parent had heard about it "Just now" (P3) and one parent heard about resilience at a

parent teacher conference the previous month.

> *"First time I've actually heard the word is at the Parent Teacher Conference, this past one. And the teacher said to my 7-year-old, 'We could work on a little bit more resilience'. Just on the maths questions he gets a little upset. But that's the first time…we've used the word" (P1).*
>
> *"I had to look it up today. Actually, I looked it up after the Parent Teacher but then I did look at it again this morning. Actually, he plays football and he shows remarkable resilience on the football pitch. It was a great lesson for me to then transfer it to the classroom for him. I said,*

'You know we talked about resilience? Well you just did it on the pitch; you can now try that in the classroom'" (P1).

The remaining (4) parents said they had never heard of the programme and one parent wanted to read the information form (for this evaluation) to assist them with their understanding of the resilience programme.

"I didn't even know about this… so I would look at it (indicating the information form) - very short time now, haven't read this properly" (P4).

Three of the parents asked to be included in the programme to assist in the future. They displayed a positive belief, from the little they understood, that it could assist both their children and themselves, particularly relating to problem solving.

"That's what I understand, that maybe someone can help us with how to deal with any problems in the future or… "(P3)

"Yes, how we can solve any problem, we can deal with it" (P5).

"Yes, I could use more of that too, we always could [laughs]…" (P1)

The parents identified that their children all approached difficulties in various way and that problems therefore needed to be addressed individually. Some of the parents indicated that when they intervened, and discussed their childs' issue it was not always addressed to their satisfaction.

"Personality is different. The middle one is a little bit sensitive and there have happened a lot of things this year and - I don't know. Because of the problem it makes her more sensitive. Even a small problem for her, it's too big. Maybe when she goes to speak to the teacher, the teacher sometimes sees it very little, she says" (P2).

"One time my daughter came and told me, 'I told the teacher this girl looked at me not nice'. But the teacher said it's just looking. But for her it's big because it's happened many times before...So, I think the problem grows inside also" (P3).

"I think because she is also young, in Year 3 and also she's not comfortable to go to other – (teacher) told me, 'She can come to me and… to the door', but she doesn't know him" (P3).

Parent suggestions:

These parents believed they should be involved with the resilience programme. They posed it should be "sold" as "wellbeing for all" (P1). They acknowledged an element of what they perceived as public sigma associated with mental health issues. They welcomed the implementation of "play buddies" as a positive endeavour to assist their children within the playground.

"I think looking back on it, there were sometimes he felt bad about going to her because then all the other kids said, 'Oh why are you going to her? Have you got problems? Are you mental? That kind of thing. To where it would be nice if everybody was like, 'Oh just Wellbeing, you are going to have a chat" (P1).

"We don't have a friendship bench. "We've got play buddies, which we've just introduced this year…they've got the high viz jackets which say Play Buddy" (P2).

Teacher suggestions:

The teacher present at the focus group was able to address the parents' anxiety relating to accessing support and the more public stigmas' the parents had already identified.

"I would say, with the Learning Mentor - who has just walked in [laughter] - a lot of parents don't necessarily know what our Learning Mentors do and I know that sometimes when we've had to speak to parents about having support around learning mentors, the parent might say, 'No, mental? My child isn't mental'. You know, that word that you've just used as well. So there is still a stigma attached with anything to do with supporting a child's wellbeing and mental health. And I think there's a lot of words…" (teacher)

After discussion the teacher posed the possibility of a coffee morning to assist parents and involve them in discussions to assist them engage in a more "relaxed" manner to generate discussions. This suggest was met with a generally positive response.

"I feel that we could do a Parent Circle in general terms. It maybe we'll find a morning that we could just get more people, we'll do it as a coffee morning because I just think it's a bit relaxed to be able to talk like this and just having that more involvement, not just when there's a problem" (teacher).

Learning mentors:

The parents did not know of the variety of support mechanisms the school had in place to assist their children and this was discussed by the teacher present at the focus group interviews:

"We talked about it before you came, that a social worker in school can help (P5)".

"We've got two Learning Mentors in the school and we talked about that if a social worker might get involved there's a serious case around the Learning Mentor "(teacher).

Once the parents began discussing the learning mentors one parent shared their personal experience of accessing them and one parent acknowledged they needed to "work with her" to help solve her childs' problem.

"Yes, we had wonderful care in Year 4 for my older boy when he was here, wonderful attention" (P1).

"Yes, because one of my daughters has a problem now, so I need to work with it with her" (P5). Each of the analysed focus group interviews generated recommendations; parents (6), staff (4) and students (5), these were then developed into the final seven (7) overarching broader recommendations. These seven recommendations, developed from the thematic analysis allow individual schools to target specific issues within individual schools or could be utilised as a wholesale approach to resilience training within all fifteen schools involved.

Qualitative 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" as identified in Table 3 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 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.

Student, Staff and Parent Mental Health Awareness Courses

Student Mental Health Awareness

There were two types of courses delivered to students; (1) mental health awareness course delivered by peer mentors, and (2) the mental health awareness course delivered by adult mentors. A total of ninety-six (96) student mental health awareness course evaluation forms were completed from 3 schools:

- 26 year 7 students from school 1; engaged in course delivered by peer mentors
- 47 year 6 students from school 2; engaged in course delivered by adult mentors
- 28 year 7 students from school 3); engaged in course delivered by adult mentors

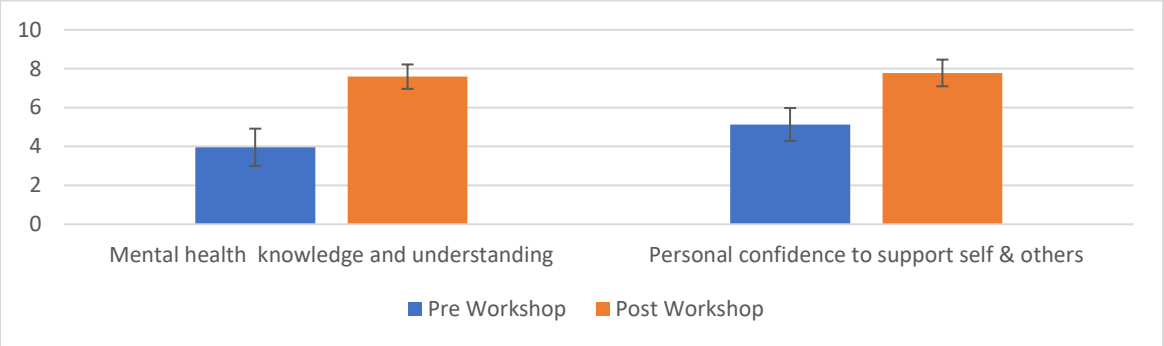
The peer mentor course evaluations and the adult mentor course evaluations have been evaluated separately.

Peer Mentor-led Mental Health Awareness Course

Twenty-three students provided feedback for the peer mentor facilitated workshop. All students were in year seven and were from one single school. A paired samples t-test found a significant improvement post workshop in both mental health knowledge and understanding, t (21) = -8.55, p < .001, and the student's personal confidence to support both themselves and others, t (22) = -6.54, p < .001.

Please see Figure 18 below.

Figure 18: Students self-reported scores on mental health knowledge and understanding and personal confidence to support self and others.

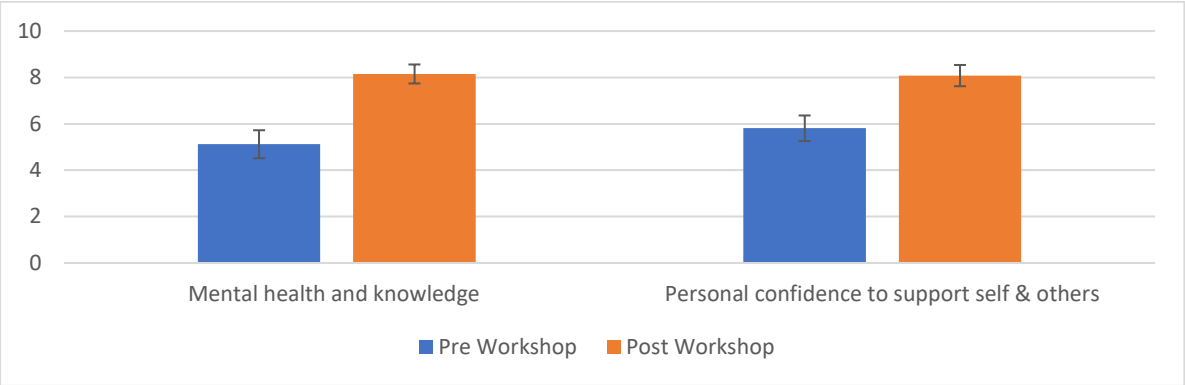


Adult-led Mental Health Awareness Course

Seventy-three students provided feedback for the adult-led mentor mental health workshop. These students were in years six and seven at two different schools (one primary and one secondary). A Wilcoxon Signed Ranks test found significant improvements post workshop on both knowledge and understanding of mental health, T = 1891, Z = -6.817, p <.001, and the student's personal confidence to support themselves and others, T = 1716, Z = -6.308, p <.001.

Please see results in figure 19.

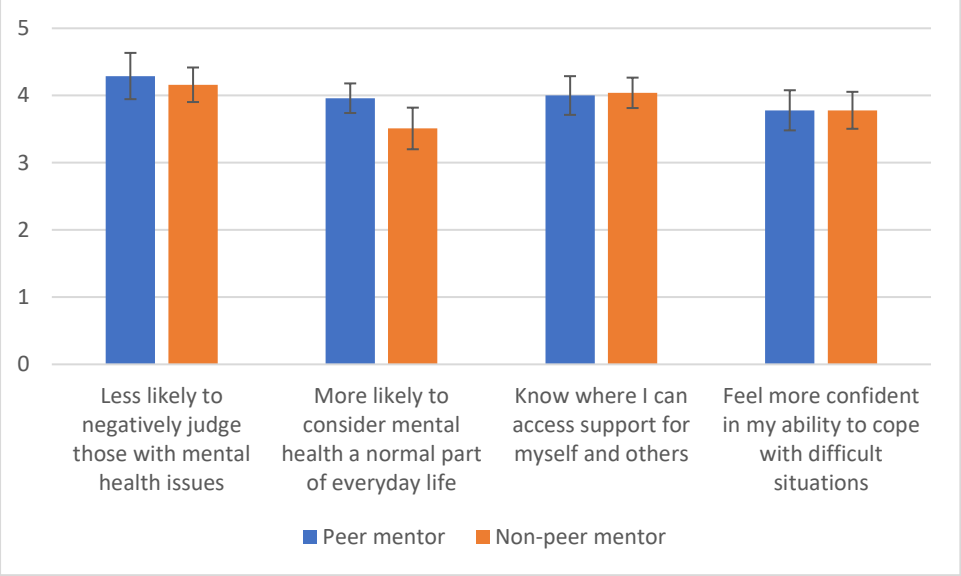
Figure 19: Students self-reported scores on mental health knowledge and understanding and personal confidence to support self and others.



Post course students

After engaging with the workshop, the students were asked to report information about their mental health judgement, perception of mental health, knowledge of available support and confidence to cope with difficult situations. One significant difference was found which indicated that when the workshop was led by peers, the students were more likely to consider mental health a normal part of their everyday life (t (90) = 2.29, p < .024). No further significant differences were observed between the peer-led and adult-led workshops (all p's > .119). Comparison of the peer-led and adult-led workshops are shown in Figure 20.

Figure 20: Comparison of peer-led and adult-led (non-peer) workshop student scores on mental health judgement, perception of mental health, knowledge of support and confidence to cope with difficult situations.



Children's comments about the workshop

Most of the children made comments on specific parts of the mental health courses that they found most beneficial. The following areas of the course were discussed:

Table 8: Mental health and celebrities

- "The part which they talked about the celebrities and what mental health they have"
- "Learning that even the world's biggest pop stars are suffering from mental illness"
- "The part where we found out that celebrities/idols have issues too"
- "Talking about celebrities who have a mental health problem"
- "The celebrity game"
- "About the celebrities that have disorders/guessing what celebrities have what mental illness"

These comments demonstrate these students enlightment relating to celebrities with mental illness. Reflection on their development relating to Ericksons' stages of psychosocial development (1964) show these children are on the cusp of the crisis of "Industry verses Inferiority" and "Identity verses Role Confusion". They struggle with the basic virtues of competency and fidelity and this is evident from their comments both about celebrities and the below comments relating to identifying mental health problems.

Table 9: Identifying mental health problems

- "Learning that it can be very hard to notice someone with mental health problems"
- "The part where they told us how to recognise mental health problems"
- "The part which tells me about different types of mental illness"
- "Learning about different mental illnesses"
- "The part where they talk about mental health and illness"
- "I learnt more about mental health"
- "Recognising mental health cannot be seen from the outside"

Identification, knowledge and understanding are integral to these students understanding of mental health and mental illness. These comments demonstrate the variety of knowledge these mental health awareness courses exposed the students to and consequently were able to reflect on and verbalise through these highlighted comments.

Table 10: Knowledge and understanding of mental health:

- "Knowing that if you have a mental problem you can still have a successful career"
- "That I now understand mental health properly"
- "The part where they showed us the scale of the reward and have to do"
- "The part where they showed us the scale with balancing"
- "Don't make fun of people" "The part about stress and anxiety"
- "Everybody respect and honour"
- "The bit about how to relieve stress"
- "I know a lot about mental health than before the workshop"
- "Not to judge anyone"
- "If you have mental health it does not concern me at all because it's not my problem"
- "You can help people with mental health, don't assume people have it"
- "That mental health of humanity and that mental health or no mental health every person should be treated the same"
- "It affects your daily life"
- "I know the difference between big feelings and little feelings"
- "I learn to not bully people with mental health issues"
- "I learnt that mental health actually helps you"
- "Finding out that there is more difficulties"
- "Eating disorders knowledge and know people have disabilities but we don't know"
- "Seeing which illnesses(?) there is"
- "Learning about different parts of illness"

Table 11: How to deal with mental health

- "When they gave us tips about how to deal with (poor) mental health"
- "That they told us how to deal with mental health"
- "When they explained how to cope with"
- "They said that I can talk to someone about my problems"
- "That to tell a teacher"
- "I know how to help a friend with (poor) mental health"
- "If this ever happens I now know who to go to"
- "To always support people"
- "Listening because they need it"
- "Ask for help and don't keep something important to yourself"
- "Talking to a family member"
- "How to show people that you're fully listening"
- "How to cope with people having mental health issues"
- "Breathing exercise"

These comments demonstrate the tools these students were enabled to use when challenged to deal with mental illness, either within themselves or for those they encounter within their daily lives. The adjectives of "dealing", "listening" and "coping" are fundamental concepts which these students have integrated into their strategies.

Teacher Feedback

There were two types of courses delivered to staff; (1) mental health awareness; and (2) mental health first aid. A total of seventy-six (76) staff who attended a mental health course, of which sixty-four (64) staff completed a course evaluation form.

The mental health awareness course was delivered twice, of which 11 staff attended the first, and 8 attended the second. The mental health first aid course was delivered five times, of which 9 staff attended the first, 8 attended the second, 11 attended the third, 13 attended in the fourth (but only 1 evaluation form completed), and 16 attended the fifth.

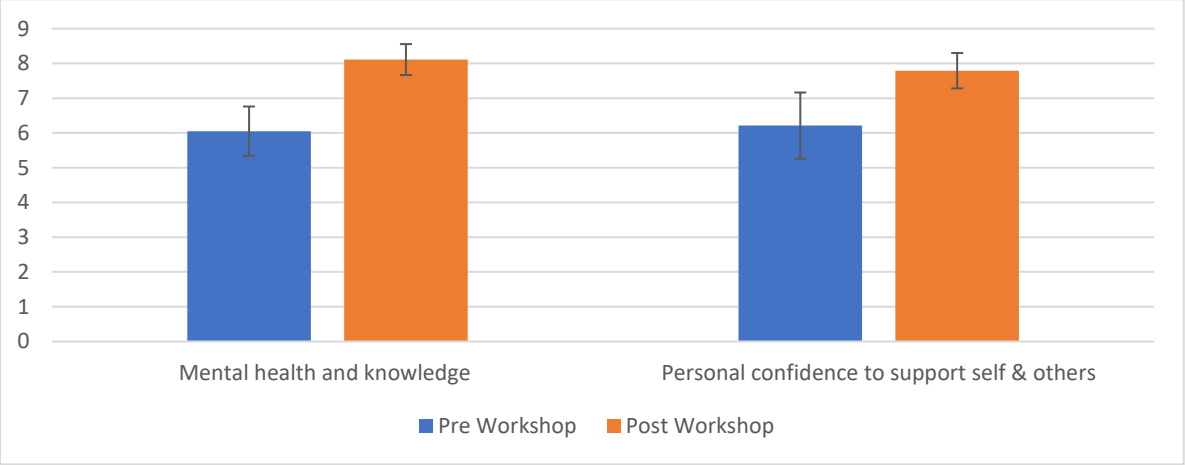
The feedback from the staff was positive and demonstrated knowledge, understanding and confidence increased after engaging in the workshops.

Mental Health Awareness Workshop

Nineteen (19) teachers provided feedback for the mental health awareness workshop. The teachers demonstrated a significantly improved awareness post-programme on both mental health awareness and understanding, t (18) = -7.60, $p < .001$ and their personal confidence to support themselves and others, t (18) = -4.96, $p < .001$.

Please see results in Figure 21.

Figure 21: Staff self-reported scores on mental health knowledge and understanding and personal confidence to support self and others.

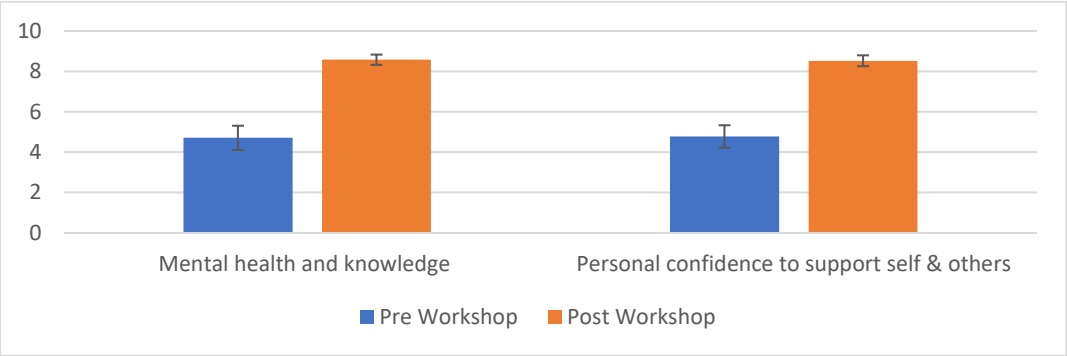


Mental Health First Aid

Forty-five (45) teachers provided evaluation for the mental health first aid workshops. The teachers reported increased knowledge and understanding of mental health (t (44) = -13.15, $p < .001$) and their ability to support themselves and others (t (44) = -13.91, $p < .001$) after attending the mental health first aid workshop.

Please see results in Figure 22.

Figure 22: Staff self-reported scores on mental health knowledge and understanding and personal confidence to support self and others.

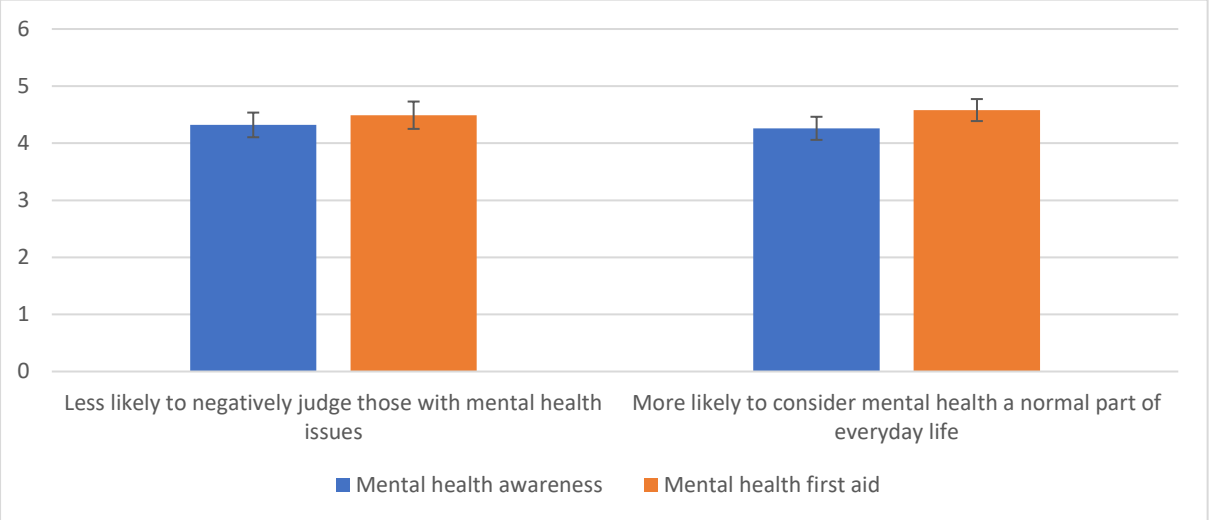


Post Workshop

Post workshop the teachers reported information about their mental health judgement and their perception of mental health. The findings indicate that individuals who engaged in the mental health first aid workshop were more likely to consider mental health and mental ill health a normal part of everyday life compared to those who attended the mental health awareness course.

Please see results in Figure 23.

Figure 23: Comparison of teacher attended mental health awareness and mental health first aid workshops scores on mental health judgement and perception of mental health.



Teacher's comments about the workshop

Eighteen (18) of the staff made comments on specific parts of the mental health courses that they found most beneficial. The following areas of the course were discussed:

- "The entire discussion was valuable and interesting"
- "The information about the developing brain"
- "Signs and symptoms of mental health issues to help identify issues young people may have"
- "Facts and figures, increasing understanding of the scale of mental health issues"
- "The reality of the number of risk factors that can contribute to the potential development of mental health issues"
- "The video explaining the science of the brain. It was detailed and useful"

- “Knowledge and understanding of the parts of the brain and how the brain functions”
- “The context of how to help children / resilience”
- “Discussion about building resilience”
- “Course manual is a good resource to refer to”

Most of the staff provided further comments about the workshop. Staff highlighted the course was informative and insightful, improved practical application and confidence in supporting others with mental health, and enabled. Staff positively reflected on the delivery of the course, highlighted they would recommend the course to others and that the course should be made more widely available. Some of the staff provided feedback on areas that could be improved, such as the length and/or amount of detail in the course, and the environment in which the course was delivered. Many of the comments are provided in Table 12 below.

Table 12: Feedback provided by staff related to course recommendations and availability:

• Very good course! Would highly recommend. • Would definitely recommend to colleagues. • Brilliant course. I believe every professional should attend. More courses needed for parents of children who need support. • This should be brought to every secondary/primary school. Very important lessons. • Every professional supporting children and young people should receive this training - essential and life changing.

Table 13: Feedback provided by staff related to information usefulness, practicality and confidence building.

- Thanks again, very thought provoking.
- Really interesting. Gave me time to reflect on my own experiences with friends and family members.
- Was really good, interesting.
- Very informative and helpful. Thank you.
- One of the best courses that I have attended. Fantastic delivery, interesting content and two brilliant trainers.
- Great course. It has given me a deeper understanding of children with mental health issues.
- Excellent, very enjoyable in that there were lots of experience both personal and professional being shared.
- Brilliant instructors! Course has prepared me for my 3rd year social work placement in a mental health / drug abuse team.
- I feel well-equipped to put actions into our school.
- Very informative course giving a good insight into mental health.
- It was very enjoyable and engaging and I learned a lot throughout the two days.
- Gained a great deal from this course (more than I expected to). Instructors were professional and personable at the same time. Many thanks.
- Thank you very much for such an informative course.
- Excellent! Will be brilliant for the students in practice.
- Really well delivered and informative. Very useful and practical. Glad I attended.
- Really informative and helpful with very user friendly strategies.
- The course allowed me to look at mental health in a different way. The course was delivered perfectly, allowing us to be upbeat about a serious issue. I will admit, I was worried that it was going to be too hard for me to understand, but it wasn't. Perfect delivery, thank you :-)
- This course was very informative and I feel I can use the things learnt in my everyday life as well as when needed as a Youth Mental First Aider. Thank you.
- Excellent resources (book and workbook). Thank you.
- Will take away a lot of useful information which I can put into practice. Very comfortable, informal setting. Felt able to speak with confidence.
- Fascinating, practical and informative. It has given me a lot more confidence in the approach to take with young people. Thank you.
- I will definitely feel more confident in assisting (talking about it, referring, not scared of it) a young person who feels suicidal.

All twenty-two comments provided here are a credit to the Mental Health Awareness course facilitators. These staff members, who are arguably expert in the pedagogy of teaching, obviously believed they had benefitted and were positive in their feedback evaluations. Their profession strengthens these findings.

Table 14: Feedback provided by staff related to course instructors and delivery

- Very well presented and informative
- Thank you to you both. It was a very informative course but you made it sensitive and supportive. A positive and professional approach. Thank you again.
- Useful and very well delivered
- The course was great. Really beneficial and the instructors were so welcoming and easy to discuss the topics with
- Lovely instructors who were able to help and advise further with case studies during break times as well as our course. Kept on reassuring us and instilling confidence in us to achieve our task.
- Excellent, well presented and well informed trainer - kind, knowledgeable and open to diversity of opinions and thoughts. Facilitates a good culture of transparency.
- Fantastic course - delivered really well
- Fantastic facilitating.
- You have made a very difficult subject easier to absorb/listen to. Thank you.

Table 15: Feedback provided by staff related to improvements

- Hard to see/read PowerPoint slides.
- Less moving around would have been good
- I wondered how much the case studies were made up/rang true?. This may be personal preference as much as anything else, but I would suggest an adjusted balance of analysis of approaches versus conditions. Analysis of conditions was thorough and illuminating, but sometimes analysis and approaches was rushed by comparison.
- Splitting the two days over a two week (rather than consecutively) might have given more process in between
- Room was not particularly conducive. Chairs very uncomfortable. Possibly better having the two days spread apart by at least 1 week; back to back was a bit too heavy. Course and content designed to cover very specifically every area in the manual which is a double edged sword. Would have appreciated more video clips of younger children or specific references to key stage 2 pupils.
- I found the introduction a bit lengthy.
- The day felt very long as the topic is quite intense. It was a lot of information to take in.

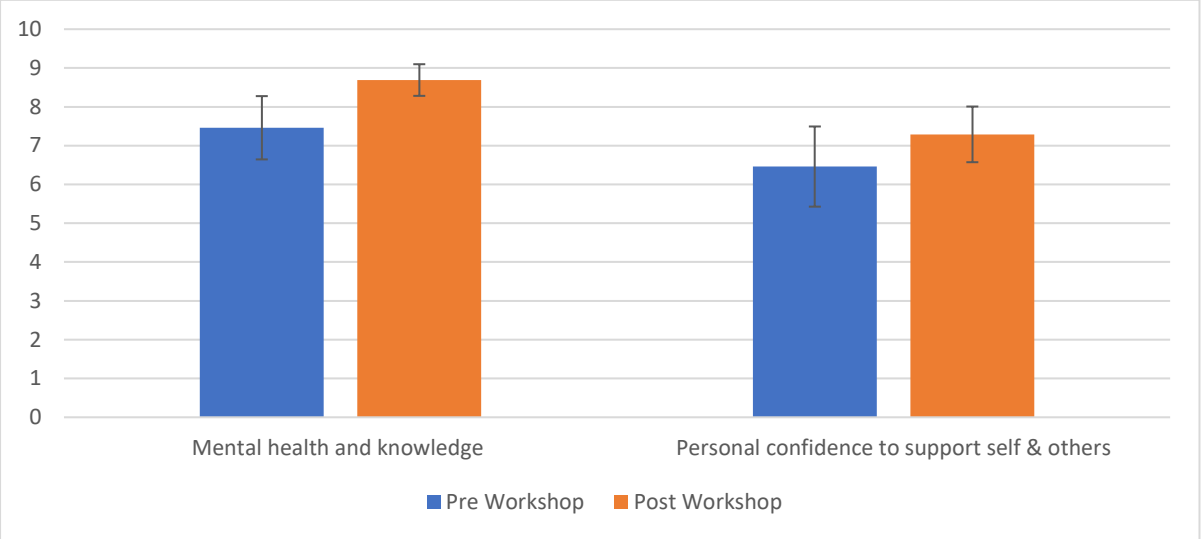
This second table contains valuable learning lessons for the delivery of these Mental Health Awareness courses. They require individual attention to facilitate improvements however factors on individual preference, cost of delivery and the physical environment may be controllable and as such, reviewed-on balance.

Parent

A total of thirteen (13) parent mental health awareness course evaluation forms were completed from parents of year 9 students from one (1) school. The parents demonstrated a significant increase in knowledge and understanding of mental health t (12) = -4.06, p = .002 and their personal confidence to support themselves and others, t (12)= -4.68, p = .001 after attending the workshop.

Please see Figure 24

Figure 24: Parent self-reported scores on mental health knowledge and understanding and personal confidence to support self and others.



Parent's comments about the workshop

Most of the parents made comments on specific parts of the mental health courses that they found most beneficial. The following strengths and areas for improvement are direct quotes from the parents:

Strengths of the course:

- "All of the course was beneficial"
- "Analysis of early warning signs"
- "General knowledge"
- "The clinical stuff and the nature to mental health"
- "The talk about how best to support at home"
- "Very good"
- "Well put together"
- "Excellent presentation – good interaction"
- "The video of neurobiologist/understanding brain development in teens"

Areas for improvement:

- "Would like more detail on how to deal with anxiety/eating disorders etc. And also to understand them better. I think a half day workshop would be helpful. Would be great to be able to see what's written on the screen"
- "More help signposting"

- "PowerPoint presentation was too small to read"

These parental comments are invaluable in ensuring the success of these Mental Health awareness courses. The unknowns include parental education, experience, gender and age which arguable alter the strengths and improvement comments within the evaluations.

Summary of Mental Health Awareness course evaluations

- Students, teachers and parents attending the mental health workshops offered within the Resilient Schools Programme reported significantly improved mental health knowledge and understanding, and personal confidence to support both themselves and others.
- The students who attended a peer-led workshop were significantly more likely to consider mental health a normal part of their everyday life.
- The teachers who attended the mental health first aid workshop were more likely to consider mental health and mental ill health a normal part of everyday life.
- Seventy nine percent (79%) of students, sixty four percent (64%) of teachers and eighty six percent (86%) parents attending the course reported on one or more positive and beneficial elements of the workshop. Particularly related to improved knowledge surrounding positive mental health and understanding, and specific aspects of the course delivery such as the use of video and quiz games.
- Parents and teachers provided areas for workshop improvement such as shorter days, adjustments to course content and changes to workshop venue.

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