INFORMING THE DEVELOPMENT OF AN EMOTIONAL HEALTH AND WELLBEING FRAMEWORK FOR CHILDREN AND YOUNG PEOPLE IN NORTHERN IRELAND

May 2019

Foreword

International evidence tells us that the experience of children in their earliest years is key to outcomes in later life. With this in mind, the Marmot Review (2010[1]) into health inequalities identifies the highest priority recommendation as "giving every child the best start in life". Childhood is a time of significant change and possibility; support for emotional, cognitive, physical and social development is therefore vital to build the skills needed to adapt to the challenges and opportunities that life brings.

Throughout the course of their education, children will spend over 7,800 hours at school, making it an important setting for personal and social development. Good mental health is integral to effective learning; making it not only part of the core business of schools, but also potentially initiating positive changes that will impact on overall life trajectory.

There is a growing recognition that optimum health relies on an intricate balance between both physical and emotional wellbeing. However, it is becoming increasingly evident that many children and young people in Northern Ireland (NI) are struggling to cope with their mental health and emotional wellbeing and that around 45,000 children in NI have a mental health issue at any one time[2].

We recognise there is already much preventative and early intervention work already being undertaken by schools and other educational settings, including youth services. However, acknowledging the increasing pressures that schools are facing as they seek to support the often complex needs of their pupils, we appreciate the need for an increased understanding of the issues being faced by our children and young people, and how best we can support them.

The Department of Education (DE) and the Public Health Agency (PHA) commissioned the National Children's Bureau (NCB) to undertake a scoping report to establish what level of support is currently being provided through schools and in youth services. We sought to gain an understanding of the value of the support available, and how government departments and agencies could bolster this

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[1] Fair Society, Healthy Lives – A Strategic Review of Health Inequalities in England 2010
[2] http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2016-2021/2017/health/0817.pdf

support, to ensure that all children and young people are empowered to take care of their emotional health and wellbeing and fulfil their potential. Where there are indicators of specific difficulty or emerging need, we wanted to establish what systems and pathways are currently in place to address these needs.

We are grateful to NCB for this comprehensive report and to all the schools and organisations who spoke openly of the issues they are facing. The findings of this report, along with emerging research, will inform the development of an emotional health and wellbeing framework that will provide a cross cutting model of universal promotion and targeted support for children and young people. We aim to provide every child with the opportunity to reach their full potential and a solid foundation of support throughout their school years.

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Deputy Secretary   **Acting Director of Public Health**
Department of Education
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Contents

Background and context

This report sets out the findings of a scoping study, commissioned by the DoH, DE and the PHA, and undertaken by the NCB. The work focused on emotional wellbeing in school-age children and considered the challenges, threats and risks to young people's wellbeing, as well as available provision to support wellbeing. This is a timely project, given the increased discussion on, and indeed concern for, the emotional wellbeing of children and young people. The currency and profile of emotional wellbeing will be explored further in this report, however by way of context, some key statistics relating to children and young people are included below.

- More than 20% of young people are suffering "significant mental health problems" by their 18th birthday (DHSSPS, 2010[3]);

- 45000 children in NI have a mental health problem (NI Assembly, 2017[4]);

- 12 young people (under 19) died by suicide in 2017 (NISRA, 2018[5]);

- 2706 young people (under 18) were in receipt of anti-depressant medication in 2017 (NICCY, 2018[6]);

- The Prince's Trust Macquarie Youth Index (2018[7]) survey results of young people aged 16 to 25 shows that young people's self-perceived happiness and confidence levels are at the lowest since 2009.

Additionally, there is a growing body of evidence highlighting the challenges for local services to support emotional wellbeing. NICCY's (2018) recent research 'Still Waiting: A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland' reports that waiting times are unacceptably long for young people to access Child and Adolescent Mental Health Services (CAMHS), while a significant proportion of referrals are rejected. The report makes 50 recommendations, across a number of areas including planning and delivery of services, referral pathways, provision of support for those with additional needs, awareness raising, and participation of children and young people in decision making. The Youth Mental Health Committee (made up of

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[3] https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/delivering-excellence-supporting-recovery.pdf
[4] http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2016-2021/2017/health/0817.pdf
[5] https://www.nisra.gov.uk/publications/suicide-statistics
[6] NICCY (2018) Still Waiting: A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland https://www.niccy.org/media/3114/niccy-still-waiting-report-sept-18-web.pdf
[7] The Prince's Trust Macquarie Youth Index 2018.

young people from Belfast Youth Forum, NI Youth Forum and Children's Law Centre) report that 91% of respondents think mental ill-health is a 'huge issue' for young people in NI, with concerns focused on stigma, lack of safe spaces to talk about emotional wellbeing, and the need to enhance education and information on positive wellbeing. Nationally, recent research from Action for Children (2018) surveyed over 5000 young people in schools and found that a third of young people aged 15-18 are struggling with mental ill-health and need further support.

There is an important distinction to be made between:

- the absence of mental illness, and
- positive emotional wellbeing, as demonstrated through the presence of positive personal skills and attributes.

The World Health Organisation (2004) clearly states that a public health approach, targeting risk and protective factors and from pre-conception onwards, is the most effective way to prevent mental illness in later life[8]. Effective promotion of positive emotional wellbeing in children has been proven to reduce the likelihood of mental ill-health in later life (and improve overall wellbeing). Despite this, the local policy focus on promoting positive emotional wellbeing appears to fall behind physical health promotion. In 2016, the PHA released a framework for Infant Mental Health, bringing a much needed strategic driver to support parents in the antenatal period and early years. While the practice world continues to develop, there is currently no similar strategic focus for emotional wellbeing from school age upwards.

This scoping study, commissioned by the DoH, DE, and the PHA, is an initial exercise aimed at informing the development of a framework for emotional wellbeing of school-aged children in NI.

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[8] World Health Organisation (2004) Prevention of Mental Disorders: effective interventions and policy options.
https://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf

Aims and objectives

This study has two key aims:

1. To outline the local policy context and summarise contemporary published research evidence relating to school-aged children's emotional wellbeing and;

2. To provide an insight into local practice in the area of school-aged children's emotional wellbeing.

To achieve these aims, the Terms of Reference (TOR) were as follows:

a) Identify the main challenges, threats and risks to children and young people's emotional health and wellbeing;

b) Collate existing and emerging research to provide an overview of supports and programmes provided to school age children and young people in NI;

c) Carry out an analysis to identify duplications and gaps in current provision;

d) Identify the most effective practices and approaches in NI;

e) Identify effective practice and approaches in other jurisdictions;

Using the findings from above to:

f) Produce proposals for a draft framework, identifying key areas and themes. This must be evidence informed, promote/facilitate joint working and have a focus on early intervention/prevention as well as building resilience;

g) Produce proposals for the effective implementation of this framework across Government, preferably drawing from existing mechanisms and structures.

As part of the research design, the TOR A-E above were translated into the following questions to be explored in the research:

- What are the key definitions, relevant terms and competencies associated with emotional wellbeing?

- What do we know about the emotional wellbeing needs of children and young people in NI, and what impacts on it?

- What works to support the emotional wellbeing of children and young people? What approaches and interventions are currently used effectively in NI?

- What are the challenges, threats and risks to emotional wellbeing? What are the barriers to supporting positive emotional wellbeing of children and young people?

Overview of methodology

To answer the above questions, the study used the following research methods:

1. A rapid review of published research evidence and policy documentation;

2. A survey of all schools in NI;

3. In-depth, semi-structured interviews and focus groups with key stakeholder groups including:

   ➢ A range of practitioners working directly with children and young people across the statutory, voluntary and community sectors;

   ➢ Representatives from government departments and statutory organisations with authority over policy, commissioning and management of services;

   ➢ Children, parents and staff from schools selected to take part in school visits.

More detail on the methods used are presented in subsequent chapters of this report.

Structure of report

Using the research questions as the overarching structure throughout, the remainder of this report is presented in three parts/chapters:

Part 1 Review of the evidence. This chapter summarizes the findings from the rapid review of literature on the emotional wellbeing concerns facing children and young people, and outlines effective practice and approaches to supporting positive wellbeing in other jurisdictions.

Part 2 Current NI policy and practice. This chapter details the findings of the review of NI policy documentation and the wider research, including a survey of all schools, consultations with the key stakeholder groups and school visit observations. This section identifies the most effective practices and approaches in NI, as well as any gaps and duplication in current provision.

Part 3 Conclusions and recommendations. This chapter sets out to address TOR F-G above, drawing both sets of findings into a set of conclusions and recommendations for the future development and implementation of an emotional health and wellbeing framework.

Part 1: A review of the literature

Introduction

In 2011, DE commissioned the Centre for Effective Education, QUB, to carry out a survey of practice in NI post-primary schools, and a review of audit tools which schools and youth organisations can use to evaluate their own practice in supporting health and wellbeing of pupils. The Centre for Effective Education found that schools have an important role to play in supporting health and wellbeing of pupils, which in turn has a significant impact on wider child outcomes, including educational attainment. This current review of evidence updates and builds on the above, identifying any relevant changes since the research was undertaken in 2011. However, critically this review also widens the scope, looking at practice in pre-school, primary, special and alternative provision and beyond that, considers the whole child and the influences surrounding them from the earliest age. While school undoubtedly plays a significant part, the home environment, as well as the various social activities that children and young people take part in within the wider community, also contribute significantly to their emotional health and wellbeing.

Review methodology

Given the overall purpose of this review and the timescale available, a Rapid Review methodology was used. The World Health Organisation, in their publication 'Rapid Reviews to Strengthen Health Policy and Systems: Practical Guide[9]' defines a rapid review as:

"…a type of knowledge synthesis in which systematic review processes are accelerated and methods are streamlined to complete the review more quickly than is the case for typical systematic reviews.

Rapid reviews are intended to respect the key principles of knowledge synthesis, including a clear statement of review objectives, predefinition of eligibility criteria, assessment of the validity of findings (e.g. through assessing risk of bias), and systematic presentation and synthesis of results."

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[9] Alliance for Health Policy and Systems Research (2017) Rapid Reviews to Strengthen health policy and systems: A practical guide. World Health Organisation. Andrea C. Tricco, Etienne V. Langlois and Sharon E. Straus, editors http://apps.who.int/iris/bitstream/handle/10665/258698/9789241512763-eng.pdf;jsessionid=3806EB17519919543455F7E6B7556BD3?sequence=1

A Rapid Review can take anywhere from 2 to 6 months to complete and provides a balanced assessment of what is already known about a policy or practice issue, while respecting systematic review methods to search and critically appraise existing research. This type of rapid assessment limits a number of aspects within the full systematic review process in order to shorten the timescale e.g. using less developed search strings and limiting sources searched to those available electronically.

Review questions

In line with the study's research questions and TOR, the review set out to summarise the literature on:

- The key definitions, relevant terms and competencies associated with emotional wellbeing.
- The emotional wellbeing needs of children and young people in NI.
- The risk factors and contemporary life stressors which negatively impact emotional wellbeing.
- The effective approaches and interventions in other jurisdictions which work to support the emotional wellbeing of children and young people.
- The challenges, risk factors and barriers to supporting positive emotional wellbeing of children and young people.

Search strategy

In order to identify the material for potential inclusion in the review a search strategy was developed encompassing the terminology and sources to be consulted.

Search terms

Combinations of all key words and synonyms from the research questions were used to form the search terms for the review. The list below details all key words used in searches.

• Child/children	• Resilience
• Young people/person/adolescent	• School/whole school
• Emotional health/wellbeing	• Prevention/intervention
• Mental health/wellbeing	• Universal/targeted
• Social/behavioural wellbeing	• Approaches/programmes/interventions
• Character building/education	• School/community/youth service/sector
• Health/ill-health	• Peer support
• Life stressors/risks	• Challenges/barriers
• CAMHS	

Search sources

The following sources were used to identify potentially relevant information for inclusion:

- A review of relevant government departments and statutory organisations websites.

- Searches of specialist databases via Queen's University Online Library (full list detailed below).

Specialist databases and additional sources:	
Journal Databases:	**Online resources:**
Child Development and Adolescent Studies	Joseph Rowntree Foundation
	National Foundation for Educational Research
Directory of Open Access Journals.	Research in Practice
International Bibliography of the Social Sciences	What Works Clearinghouse (USA)
	Education Endowment Foundation
PsychINFO	Evidence 4 Impact - Institute for Effective Education
Scopus	
Social Care Online (SCIE)	Early Intervention Foundation
Social Policy and Practice	

ProQuest Education Journals	Other specialist databases:
OECD library & European	Campbell Collaboration
	Cochrane Library
Government and Statutory websites:	EPPI Centre Database
Department of Health	Education Resources Information Centre (ERIC)
Department of Education	European Platform for Investing in Children
Department of Justice	(EPIC)
Public Health Agency	Opengrey.eu
Education Authority	Opendoar.org
NICCY	

Search criteria and screening

The following search parameters and criteria were used for screening identified information.

Year of publication:	2010 – present
Language:	English
Evidence type:	Published/unpublished primary research, academic journals, grey literature, theses and dissertations, open-access publications, strategic/policy documents, conference proceedings, systematic reviews.
Geographical coverage:	UK & Ireland, America, Australia, Canada, NZ and other European Countries (where English version available).

65 documents were identified using this process and all abstracts were reviewed for relevance. In total, c. 40 documents were shortlisted for detailed review from these searches. The bibliography of identified sources also revealed a number of relevant documents which were sought and screened as appropriate; an additional 20 documents were identified through these follow-up searches.

Appraisal and analysis

Where a systematic review or similar had already taken place, these publications were reviewed first. To structure and synthesize this data, a coding matrix was developed, mapping research questions against sources and extracting relevant data. The content of the matrix was then analysed to identify key themes and commonalities in the evidence.

Structure of the review

The remainder of this document sets out the key findings of the review as follows:

- What is emotional wellbeing?

- What do we know about the emotional wellbeing concerns of children in NI?

- What factors affect emotional wellbeing in children and young people?

- What works to support positive emotional wellbeing in children?

- What are the key challenges and barriers to supporting the emotional wellbeing of children and young people?

1.1 What is emotional wellbeing?

Emotional wellbeing is a common topic of conversation in everyday life, a common phrase in policy documents and in practice discussions between professionals, across health, education and social care. However, a number of terms are often used interchangeably to describe it, leaving the meaning open to interpretation and potential confusion. In order to achieve a joined up approach to supporting the emotional wellbeing of children, it is critical that policy makers, practitioners, parents and carers and indeed the wider population, have a shared understanding of what emotional wellbeing is. This section will consider the ways in which emotional wellbeing has been defined and the associated behaviours that it is characterised by, and will seek to establish if a common definition of emotional wellbeing is possible.

Definitions

In reviewing the literature on emotional wellbeing, a number of definitions are commonly quoted.

The **World Health Organisation**, 2001a, p.1) defines mental health as:

> '... *a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'*.

The **Early Intervention Foundation** (2017)[10] defines social and emotional learning as:

> *'Social and emotional learning is the process by which children acquire the knowledge, attitudes and skills to understand and manage their emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions'*.

The **Oxford English Dictionary** defines the following:

Wellbeing: *'The state of being comfortable, healthy or happy'*.

Mental health: '*A person's condition with regard to their psychological and emotional well-being'*.

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[10] http://www.eif.org.uk/publication/social-and-emotional-learning-supporting-children-and-young-peoples-mental-health/

The National Institute for Clinical Excellence (2018)[11] defines wellbeing as encompassing the following elements:

- emotional wellbeing – this includes being happy and confident and not anxious or depressed;

- psychological wellbeing – this includes the ability to be autonomous, problem-solve, manage emotions, experience empathy, be resilient and attentive;

- social wellbeing – has good relationships with others and does not have behavioural problems, that is, they are not disruptive, violent or a bully.

The Department of Education (2009) developed the following definition of pupils' emotional health and wellbeing:

Being mentally and emotionally healthy means that we believe in ourselves and know our own worth. We set ourselves goals that we can achieve and can find support to do this.

We are aware of our emotions and what we are feeling and can understand why. We can cope with our changing emotions and we can speak about and manage our feelings.

We understand what others may be feeling and know how to deal with their feelings. We also understand when to let go and not overreact. We know how to make friendships and relationships and how to cope with changes in them.

We understand that everyone can be anxious, worried or sad sometimes. We know how to cope with, and bounce back from, changes or problems and can talk about them to someone we trust.

Given that it can be interpreted in many ways, literature regularly highlights the need to develop an operational definition of emotional wellbeing. Terms such as social and emotional learning, emotional wellbeing, emotional intelligence and even mental health are often used interchangeably. Indeed often emotional wellbeing is defined in terms of the absence of mental illness (Adi et al, 2007). From a health perspective, many of the sources reviewed highlight the important distinction to be made between social and emotional wellbeing and mental health disorders or mental ill-health. While connected, these require different approaches to support. The idea of 'character

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[11] https://pathways.nice.org.uk/pathways/social-and-emotional-wellbeing-for-children-and-young-people#content=view-info-category%3Aview-about-menu

skills' or 'character education' has joined the discussion, particularly in the English context (e.g. University of Birmingham, 2015) and refers to a set of desirable character traits or 'virtues' which help us contribute to society. There are a number of obvious commonalities across the definitions, such as the internal controlling of and external expression of emotions, as well as our ability to cope with life experiences. Despite the differences, Spratt (2016) notes that wellbeing is universally accepted as being something positive, and suggests that it is a '*potentially useful concept to unite policies and actions across different agencies*'; responsibility therefore lies across health, education, social care, youth services, justice, economic and environmental sectors, and beyond.

Personal competencies, skills and associated behaviours

A number of common skills and behaviours appear in the definitions above, and in the wider literature reviewed. Goleman's model of emotional intelligence (1995)[12] is quoted often and is a key driver behind the growth in policy interest in emotional wellbeing of children and young people. Goleman identifies five key elements which contribute to emotional wellbeing, including:

- self-awareness;
- self-regulation;
- motivation;
- empathy; and
- social skills.

Similarly, when reviewing the evidence on social and emotional wellbeing and the long term impacts, the Early Intervention Foundation (2015) identified the following characteristics as relevant:

- self-perceptions and self-awareness;
- motivation;
- self-control and self-regulation;
- social skills; and
- resilience and coping.

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[12] Goleman, D. (1995) Emotional Intelligence: why it can matter more than IQ.

The University of Warwick (2007) distinguished between:

- Emotional wellbeing (including happiness and confidence, and the opposite of depression/anxiety);

- Psychological wellbeing (resilience, mastery, confidence, autonomy, attentiveness/involvement, conflict management and problem solving);

- Social wellbeing (good relationships, the opposite of conduct disorder, delinquency, bullying behaviours).

Emotional wellbeing is therefore a complex area, distinct from mental health yet inextricably linked, and encompassing a range of competencies and skills. Adi et al (2007) note that the focus of research and practice has traditionally been on mental ill-health rather than developing positive emotional wellbeing. While definitions differ depending on the source, there are clearly common competencies which support emotional wellbeing, such as resilience, self-regulation, motivation, self-awareness and problem-solving skills. In developing strong positive emotional wellbeing in children, it follows that approaches must focus on strengthening these characteristics and skills. Effort must also be made to measure these skills in order to demonstrate if a programme or intervention has made a difference to an individual child. NCB (2015) found that approaches to support positive emotional wellbeing generally focus on the following:

- Self-awareness, self-efficacy and self-belief;
- Emotional literacy, including recognising and managing emotions;
- Motivation and associated factors such as problem solving, persistence, resilience;
- Relationship building, empathy and compassion.

The literature also identifies several behaviours and/or disorders which can manifest if these skills are not fully nurtured. Behaviours obviously depend on the age of the child or young person, and the severity of the wellbeing issue. The British Medical Association 'Growing up in the UK' report (2013) identifies the following behaviours:

Young children: Emotional wellbeing issues in young children can manifest in sleeping difficulties (difficulty settling, or waking through the night), eating issues (for example picky eating, leading to 'failure to thrive'), absence of prosocial behaviour and increased aggressive behaviour and tantrums (beyond those considered 'normal' for young children), taking risks (e.g. climbing), or increased anxiety and inability to be comforted by primary caregiver.

Older children: Similar behaviours can be seen in older children with emotional wellbeing difficulties, such as aggressive behaviour or anxiety. Older children may be more likely to be bullied or exhibit bullying behaviour or have difficulty establishing or maintaining friendships. Risk taking behaviours may manifest in more serious activities such as drug or alcohol misuse.

Depending on the seriousness of the issue, these behaviours may be noticeable only sometimes, may be exhibited all of the time, and in serious cases, become harmful to the child, young person, or indeed others.

The table below provides a summary of the types of behaviours identified in the literature.

Social and emotional difficulties	Risk-taking behaviours	Mental illness	Safeguarding
Difficulty forming relationships. Antisocial behaviour Anger	Inappropriate alcohol/drug use. Risky sexual behaviours Teen pregnancy	Phobias Anxiety Depression Eating disorders OCD	Bullying Self-harm Suicide attempt

Why is emotional wellbeing important?

There is substantial evidence to show that emotional wellbeing impacts every aspect of a child's life, and indeed carries through to adulthood. In particular, the Early Intervention Foundation (2015)[13] reviewed social and emotional wellbeing at age 10 across a range of characteristics, and found that positive emotional wellbeing, in particular self-control, self-regulation and self-awareness, were a strong predictor of adult outcomes.   The review by EIF cautions on inferring a causal relationship, given our inability to control for the wider range of factors at play and the potential to 'doom children to a fixed path' if poor childhood emotional wellbeing is evident. There are however, several key themes common to the discussion. Positive emotional wellbeing in childhood has been shown to contribute to the following:

- **Better long term mental and physical health:** research has shown that roughly half of adults with long term mental ill-health have experienced symptoms by the age of 14 (Kessler et al, 2005). Positive emotional wellbeing in childhood therefore provides a solid base for adulthood, and in turn, positively impacts the other factors identified below. Emotional wellbeing is also associated with positive health behaviours; smoking, alcohol misuse and obesity are all more prevalent in those with mental health disorders. Conversely, these health behaviours have also been shown to contribute to poor mental health (Royal College of Physicians, 2013). The Early Intervention Foundation (2015), in reviewing the wider evidence, report that self-control and self-regulation are particularly important in this respect.

- **Strong academic success:** It has been well documented that children with positive emotional wellbeing generally perform better in school, are more motivated, better behaved and ultimately achieve better academic outcomes. Payton et al (2008) reviewed a number of emotional wellbeing programmes delivered in America and found they significantly improved academic performance of the students. A 2018 European meta-analysis by Bucker et al also found a significant, but more complex relationship, noting that age, gender and cultural background all play a part, therefore urging caution at stating a direct relationship. Gutman and Vorhaus (2012) on behalf of DE, reviewed research carried out in the UK and concluded,

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[13] http://www.eif.org.uk/wp-content/uploads/2015/03/EIF-Strand-1-Report-FINAL1.pdf

similarly, that while emotional wellbeing and academic achievement overall are connected, the relationship is a complex one. They found that key elements of emotional wellbeing are important at different times; while attention skills are important at both primary and secondary level, positive behaviour and engagement in class are more important at secondary level.

- **Higher Income and stable employment:** Strong academic achievement has obvious benefits for longer term economic outcomes. Beyond this, research has shown the relationship between emotional wellbeing and income to be multifaceted. In particular, there is a strong link between family income and a child's emotional wellbeing; analysis of data from the Millennium Cohort Study shows that children from the most deprived areas are four times more likely to develop mental ill health (Gutman et al, 2015)[14]. The evidence on intergenerational poverty is well known (e.g. NCCP, 2009[15]), demonstrating that children who grow up in low income families are more likely to be poor themselves.   Goodman et al (2011) found that adults who had experienced childhood psychological difficulties had a net family income 28% lower than those who didn't.

- **Reduced experience of risk-taking and/or criminal behaviours:** Those with a mental health problem are more likely to be a victim of a crime, while young people in the criminal justice system are likely to have emotional/mental health needs (Mental Health Foundation, 2016). The stronger a child's emotional wellbeing, the less likely they are to suffer a mental health problem in adulthood, reducing their risk of becoming associated with these behaviours. Again, we can't claim this is a causal relationship; rather the above factors, in terms of academic achievement, family financial status or employment status all interconnect.

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[14] Gutman, L.M., Joshi, H., Parsonage, M., & Schoon, I. (2015). Children of the New Century: Mental health findings from the Millennium Cohort Study. Centre for Mental Health & UCL Institute of Education, UK.
[15] http://www.nccp.org/publications/pub_909.html

Summary

- **Defining emotional wellbeing**: The terms emotional health/wellbeing, and mental health/wellbeing are used in different ways throughout the literature, often interchangeably, with the key difference being the distinction made between wellbeing and mental illness. A variety of definitions exist, however commonly they all take a positive focus, identifying desirable traits and characteristics, and the ability to process or manage emotions effectively and to cope with life experiences.

- **Skills and competencies:** Across the literature there is definite agreement on a number of core competencies which contribute to positive emotional wellbeing. These include: resilience, self-regulation, motivation, self-awareness and problem solving skills. In supporting positive emotional wellbeing, the literature points to these as the key focus.

- **Associated behaviours:** the literature also defines numerous behaviours which may manifest as a result of poor emotional wellbeing. These range from sleeping disorders, antisocial or disruptive behaviour, risk-taking behaviours (such as drug or alcohol misuse) through to diagnosed mental illness (for example anxiety or depression, self-harm, attempted suicide).

- **Impact of emotional wellbeing on wider life:** Poor emotional wellbeing in childhood clearly impacts other areas of later life. Besides the increased likelihood of adult mental ill health issues and the wider impact that can have, positive emotional wellbeing is linked to strong academic achievement, higher income and job stability.

1.2 The emotional wellbeing concerns of children and young people

Population prevalence

At a population level, prevalence information on children and young people's emotional wellbeing is available via NI administrative data, such as hospital admissions, number of presentations at Accident and Emergency (A&E), referrals to CAMH services or prescription data for mental health related conditions. Due to the nature of this information, this generally reflects children already suffering from mental ill-health, rather than wider wellbeing. Alongside this, there are several surveys carried out regularly across a sample of the population which give us some idea of emotional wellbeing concerns. The Kids Life and Times (KLT) and Young Life and Times surveys (YLT) (Ark/QUB) are carried out annually across a sample of school children (age 11 and 16) and regularly include questions on some component of emotional wellbeing, while the Young People's Behaviour and Attitudes Survey (NISRA) takes place every 3 years across a sample of 11-16 year olds. These are not universal population surveys, nor are they tools to identify individual emotional wellbeing concerns, however they give us a snapshot of the issues facing children and young people at a point in time and are important sources of information in planning and developing services.

Some of the information we know about children and young people in NI is set out below.

Population indicators of children's emotional wellbeing: What do we know?
We can access a number of statistics at a population level, however the majority of these relate to mental ill-health rather than emotional wellbeing. Examples include:

- **General incidence:** 45,000 children and young people have a mental health need at any one time, and more than 20% of young people are suffering "significant mental health problems" by their 18th birthday (DHSSPS, 2010[16]).

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[16] https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/delivering-excellence-supporting-recovery.pdf

- **Suicide rates:** 12 young people (under 19) died by suicide in 2017 (NISRA, 2018); this remains disproportionately higher than the rest of the UK (NICCY, 2017) and is much higher in some areas of NI (usually areas of high deprivation, often adversely affected by the Troubles).

- **Self-harm registry**: From 2012 - 2015, 2642 young people (under 18) presented at Emergency Department with self-harm (10% of all presentations). 70% were female. (PHA, 2016) This has increased from previous years.

- **Prescription medication for depression/anxiety:** 12.9 per 1000 young people (0-18) receiving prescription medication for depression or anxiety (this has risen from 10.7 in 2010) (DoH, 2016).

Beyond this, we have some data available on indicators of and factors that impact emotional wellbeing:

- **Special Educational Needs (SEN):** Children with a SEN are more likely to demonstrate lower levels of emotional wellbeing. 23% of children identified as having SEN, and this is increasing (DE, 2017). 5.2% have a statement of SEN.

- **Bullying**: 39% of year 6 and 29% of year 9 pupils reported having been bullied at least once in the past couple of months (surveyed in 2011 by DE).

- **Quality of life**: The Kidscreen-10 quality of life questionnaire is included within the KLT survey of all Primary 7 children, carried out by Ark. In 2017, the survey found that:

  - 10% of children reported feeling sad always or often in the last week;
  - 6% reported feeling lonely always or often in the last week;
  - 7% reported having been seldom or never able to pay attention.

- **Self-esteem**:
  - 14% reported that they did not like to be with other people;
  - 17% reported that children pick on them very often;
  - 47% reported that most people are better liked than they are.

The Young People's Behaviour and Attitudes Survey (NISRA) is a school based survey carried out every three years. In 2016, 6831 children (years 8 and 12) completed the survey. The survey found the following:

- Depression/anxiety appeared as one of the top five health conditions reported;

- 40% of girls (year 8 and 12) reported having had concerns about their mental health at some stage;

- 53% of year 12s reported similar;

- Respondents had an average Warwick Edinburgh Mental Wellbeing score of 24, remaining steady from 2013. (The scale has a minimum score of 7 and a maximum of 35; the higher the score, the higher the level of mental wellbeing).

In 2015, the PISA survey, undertaken by the OECD on an annual basis, incorporated a pilot set of questions considering wider wellbeing issues. Rather than the usual sample, DE sought to extend the survey to all year 12 pupils across NI, and produced a report on NI findings, including the following:

- 73% of respondents felt they were generally happy with their life;

- 85% reported caring for the feelings of others;

- 80% reported that they could talk about their problems at home, while 58% felt that a teacher or other adult in school cared about them;

- 40% reported worrying about what others thought of them;

- 24% reported feeling unhappy a lot of the time;

- 1 in 10 respondents felt they didn't belong or fit in with their peers;

- 26% of respondents reported having poor body image.

The United Nations International Children's Emergency Fund (UNICEF) (2013) Innocenti Report Card 11[17] ranks the UK as 16th out of 29 countries in overall wellbeing, and 26th of 29 in educational wellbeing (incorporating measures on child participation, NEET rates and achievement (via PISA scores)).

While we have reasonable data on population level mental ill-health, we have little population data on emotional wellbeing. Indeed, the NICE guidelines recognise the lack of data on positive aspects of emotional wellbeing; rather, research and data gathered tends to focus on the negative aspects and/or mental ill-health. Aside from ongoing plans to scale up the use of the ASQ-SE screening through the three-year review (noted above), there is currently no regular population-wide screening of children and young people's emotional wellbeing across NI. It is therefore difficult to identify prevalence and common issues faced by children in NI; the identification of individual children's needs often relies on observations by parents and practitioners.   The Bamford Review (2006) recommended a study of the mental health needs of children in NI as soon as possible. A prevalence study has been called for on many occasions, including by the NI Commissioner for Children and Young People (NICCY) who states in her 2017 scoping paper[18] that the lack of prevalence data '*makes it impossible to understand the scale of the problem*' and '*is essential to ensure that resources are being utilized in the most effective and efficient manner to achieve the best outcomes*'. To ensure this and other planned work is captured, stakeholder interviews, surveys and other research activities running alongside this evidence review will seek information on priorities in this regard.

The EA has recently completed their Regional Assessment of Need 2018, which informs their planning process. A significant part of this research involved a survey of over 11,000 children and young people, aged 4-25; findings showed the following top issues:

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[17] https://www.unicef-irc.org/publications/pdf/rc11_eng.pdf
[18] https://www.niccy.org/media/2810/niccy-scoping-paper-mental-health-review-apr-2017.pdf

Age group	All respondents	Age 9-13	Age 14-25
Top 5 issues	Exam Stress (45.9%)	Bullying (40.5%)	Mental Health (37%)
	Boredom (34.5%)	Racism (31.2%))	Suicide (39.4%)
	Body Image (34.4%)	Mental Health (29.8%)	Bullying (31.8%)
	Confidence (32.7%)	Internet Safety (29.6%)	Making positive relationships (25.9%)
	Mental Health (30.2%)	Physical Health (29.5%)	Lack of confidence (25.4%)

Mental health clearly emerges as a priority across all age groups, as do other emotional wellbeing concerns such as confidence, bullying, positive relationship building etc.

There have been several local pieces of research which have sought to capture the voice of the child to inform future work on emotional wellbeing. The Youth Mental Health Advisory Committee (NI Youth Forum, Youth@CLC and Belfast Youth Forum) reviewed young people's awareness of mental health and the key issues they are facing. The findings of this youth-led research, 'Elephant in the Room' were launched in October 2018, highlighting a need for wider discussion and education on emotional wellbeing. Alongside this, NICCY recently released research on the issues faced by service users within the CAMHS system as part of their long term mental health review; they sought children and young people's views and experiences of trying to access mental health services, and found long waiting times and other barriers to young people accessing appropriate CAMH services. While neither of these will identify universal levels of emotional wellbeing across NI, these pieces of research will help build a picture of the issues facing young people in terms of their emotional wellbeing and their access to support for mental health concerns.

How do we identify wellbeing needs?

There are several reasons why we would want to measure emotional wellbeing of children:

- **To identify population prevalence:** A robust knowledge of the prevalence of emotional wellbeing issues across the population is essential to inform services and ensure they are fit for purpose.

- **To assess individual needs:** Practitioners may employ tools to identify issues for individual children and young people, so that appropriate interventions can be administered. Ideally a proactive, universal assessment would take place, however NCB[19] (2017) report that identification of individual needs in children is usually ad hoc, particularly in schools. Teachers will observe and identify behaviour of concern during day to day interactions with pupils, or will make use of additional data such as school attendance, or information passed from third parties (previous school, parents, and other external professionals) to identify areas of concern. Further targeted investigation would then take place.

- **To evaluate the effectiveness of a programme or service:** Using pre and post measurements, tools can be used to evaluate the impact of individual programmes and interventions. Data collection in this instance will focus on the desired outcomes of the intervention, such as a measurable increase in prosocial behaviour or an increase in a child's self-report level of self-esteem.

Information is gathered via one of two processes, screening and assessment. Tools and approaches used for each will differ.

Screening: provides a quick snapshot of a child's health status. Screenings are designed to be brief (30 minutes or less) and must be followed by a more comprehensive and formal assessment in order to confirm potential difficulties that might necessitate intervention. Screening can be used universally or for individual children.

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[19] https://www.ncb.org.uk/sites/default/files/uploads/Supporting%20Mental%20Health%20in%20Schools%20and%20Colleges.pdf

Assessment: is a continual process of observing, gathering, recording, and interpreting information over time and often uses a range of resources. Assessments can be used to document progress or to ensure that services meet the individual needs of the child.

Tools

During the review of evidence, a number of tools were identified which can support the identification of emotional wellbeing needs. The same tool can be used to screen and/or assess a child, however will usually be applied differently in each case. In the main, such tools aren't widely used in universal practice, rather tend to be employed by specialist services where a concern has already been identified, or used alongside other assessments, for example where special educational needs are suspected. They can also be used as evaluation tools to measure the impact of an intervention. Tools can be self-report, parent report, teacher/practitioner report, or involve a practical assessment. There is generally no right or wrong answer on which tool to choose; rather, this will depend on the scale and requirements of the situation. Some tools are costly, take time, skill and resources to administer and score, and require specialist training, while others are simple, self-complete tools. All of these considerations will impact the decision on which to choose. In reviewing the evidence, a number of common tools used to measure emotional wellbeing were identified; a summary of these tools is listed below, along with a short note on their use in NI where this was available in documentation.

Tool	Key features (assessment or screening, age range, common usage)	Notable usage in NI
Understanding the Needs of Children in Northern Ireland (UNOCINI)	Assessment Used where there is a safeguarding concern. A framework by which to gather information on the child, parents and wider family/ environmental factors. Used across all age groups.	Used by social care and other professionals when a referral is received for a child. The assessment is ongoing while the child is receiving support, and helps to identify needs, track progress and share information between professionals working with the child and family.
Ages and Stages Questionnaire (Social and Emotional)	Screening or assessment Completed by the parent, comes in age-appropriate questionnaires Suitable for use up for children up to age 6	Currently administered as part of the 3-year review under the Early Intervention Transformation Programme. ASQ-SE is used to identify any social and emotional developmental delays before children start school, and inform any individual intervention needed. The aim is to scale this programme up to universal delivery. The tool will therefore provide information on both individual needs and population prevalence.
General Health Questionnaire-12	Screening Used to identify minor psychiatric disorders in the general population. Suitable for usage from age 16 up.	Identified in the Programme for Government as a population indicator of metal health.
KidScreen-10	Screening Measures quality of life across 10 questions.	The Kidscreen-10 quality of life questionnaire is included within the KLT survey of all Primary 7 children, carried out by Ark annually.

Warwick Edinburgh Mental Wellbeing Scale (WEMWEBS)	Monitoring wellbeing or evaluating programmes/services (not recommended as an assessment tool) 14-item scale on emotional wellbeing	Used in the Young People's Behaviour and Attitude Survey, carried out every three years with a sample of 11-16 year olds. Used in the NI Continuous Household Survey (NISRA) for ages 16 plus. Survey is administered annually to sample of 9000 households.
Strengths & Difficulties Questionnaire	Screening 25 items across 5 scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, prosocial behaviour. Overall score, plus score for each scale is available.	Commonly used by many interventions to determine progress of individual children. Can be employed as a screening tool to determine if further assessment or intervention needed. Also regularly used as an intervention evaluation tool.
Special Needs Assessment Profile-Behaviour (SNAP-B)	Assessment An online diagnostic tool to identify behavioural difficulties such as anger, anxiety, friendship/relationship deficits, attention seeking, poor self-esteem.	These tools are generally used to review progress and evaluate the impact of interventions on individual children. They are used across various interventions where relevant.
Eyeberg Child Behaviour Inventory	Parent report scale measuring how often disruptive behaviours happen. Can be used at home or in school for children aged 2-16.	
Child Behaviour Checklist	Assessment Detailed tool, parent completed and covering wide range of social and emotional behavioural problems.	

Self-efficacy scale	Self-report scale that assesses general sense of self efficacy, including problem solving, coping, and resourcefulness. Doesn't identify specific behavioural difficulties however can be used as a general indicator of quality of life. Not for use in children under 12.	
Young Person's CORE	Self-report questionnaire for use with 11-16 year olds. 10 simple questions across wellbeing and functioning and risk factors. Can be used to identify behaviour change as part of an intervention.	

Given the wide range of behaviours associated with emotional wellbeing, the individual differences in children, the range of settings in which tools or measures may be used, and the purpose of tool use, there is no 'one size fits all' measure. Deighton et al (2015)[20] reviewed several self-report tools available (including ASQ and Kidscreen mentioned above) and concluded that each had strengths and weaknesses, with application dependent on the circumstances under which it was to be used. Decisions must therefore be made on an individual basis. Key considerations include:

- Age of the child;

- Setting (e.g. school, home, youth service);

- Types of behaviours of interest;

- Self-report versus parent or practitioner observation;

- Budget for tool;

- Reason for assessment (individual child screening/assessment, evaluation of programme or service, identification of population level data);

- Validity and reliability of the tool (informed by implications of assessment e.g. impact on an individual child vs programme development).

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[20] https://capmh.biomedcentral.com/articles/10.1186/1753-2000-8-14

Summary

- We know little about the population in terms of children's positive emotional wellbeing in NI, rather we rely on data that tells us only about those children for whom serious mental ill-health has developed by which to develop services. The key mental health concerns as identified by the statistics for NI children include: high suicide rates, particularly among young males; rising self-harm presentation at A&E; and rising prescription medication for anxiety and depression.

- Data can be gathered about children and young people's emotional wellbeing for two purposes: 1) to help identify concerns in individual children and to intervene as early as possible. This can involve either screening or assessment. 2) To demonstrate population prevalence, collected via prevalence-type population study, or via administration data.

- In the absence of adequate universal screening, the main route by which emotional concerns in children and young people will be picked up is via ad-hoc observations by practitioners.

1.3 The factors contributing to poor emotional wellbeing

A review of existing evidence has shown there are a number of key risk factors which increase the chance of a child or young person developing emotional wellbeing difficulties, and/or mental ill-health. These risk factors are usually life-long and persistent, and outside of the child's control. Alongside this, children may also experience a number of stressors across their life-course which can negatively impact emotional wellbeing. The following section sets out the evidence on these risks and stressors. In developing and delivering services to support emotional wellbeing, it will be important to take these into account.

Demographics

There are a number of demographic factors which increase the likelihood that a person will suffer from less positive emotional wellbeing, and indeed, put them at risk of mental ill-health. These factors are usually a fact of birth and outside of the control of the individual.

Gender: Boys and girls experience different issues in terms of emotional wellbeing and mental health. Research shows the following:

- In almost every country in the world, suicide rates are higher for males than females, and it is the second leading cause of death for 15-29 year olds globally (World Health Organisation, 2015[21]). The pattern is similar in NI: in 2017, 234 males and 71 females died by suicide (NISRA, 2018)[22]. Of these, nine were young males and three were young females (under 19). The suicide rate in NI is disproportionately higher than in the other regions of the UK.

- In analysing data from the Millennium Cohort Study, Gutman et al (2015) found that young boys are more likely to be diagnosed with a severe mental health problem than girls (13% of 11 year old boys, compared with 8% of 11 year old girls). Data from England shows that this situation had reversed by young adulthood (22% of women and 13% of men age 16-22 had received a mental health diagnosis- HSCIC, 2015[23]).

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[21] http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/
[22] https://www.nisra.gov.uk/publications/suicide-statistics
[23] HSCIC (2015a). Table 2.1: Prevalence of diagnosed mental illness, by age and sex, in Health Survey for England, 2014: Chapter 2, Mental health problems – tables. Leeds: Health and Social Care Information

- The types of mental health issues differ across the genders. The 2014 Health Behaviour in School Age Children Survey (Brooks et al, 2014) found that girls report lower subjective wellbeing, struggling with self-esteem, anxiety, interpersonal relationship struggles, and life satisfaction, whereas boys are more likely to develop a mental health problem. This difference increases with age. Poor emotional wellbeing manifests differently in girls and boys. Girls are more likely to internalise behaviours (e.g. anxiety, depression, hypersensitivity, shyness) while boys are more likely to exhibit externalising behaviours (such as antisocial behaviour and aggression (Morrison Gutman, 2015[24]).

- A wide range of sources report that eating disorders are by far more common in girls, with estimates suggesting up to 90% of sufferers are female (PWC, 2015[25]). This reflects the evidence already discussed that girls are more likely to struggle with self-esteem issues.

- Traditionally, girls have been more likely to report self-harm than boys. A large scale survey of 30,000 15-16 year olds in 7 European countries (Madge et al, 2008[26]) found that girls were twice as likely to self-harm as boys, with 1 in 10 females reporting self-harm in the previous year. CES (2018) report that while girls are more likely to report self-harm, the NI Self-harm registry shows a slightly higher incidence for young males. This may be explained by the earlier evidence that girls are more likely to seek help for mental health difficulties than boys.

Overall, girls and boys have different experiences of emotional wellbeing. The types of issues that they struggle with, and the manifested behaviours differ. Overall, boys are less likely to seek help, and this may be a contributing factor in the increased suicide rates for boys.

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[24] Morrison Gutman, L., Joshi, H., Parsonage, M. and Schoon, I. (2015). Children of the new century: mental health findings from the Millennium Cohort Study. London: Centre for Mental Health

[25] PwC (2015). The Costs of Eating Disorders - Social, Health and Economic Impacts. London: PricewaterhouseCoopers for Beat.

[26] https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1469-7610.2008.01879.x

Membership of a minority group: Children and young people who are members of minority groups are at a higher risk of developing emotional wellbeing difficulties. In a study of 14 NI schools with high numbers of newcomer children, Barnardo's (2015)[27] found that **newcomer children** may become frustrated in class due to language barriers, struggle to fit in, and are more likely to experience bullying. The PHA (2012) discuss how there has been little research in terms of the **members of the Travelling Community** in NI, however there is some evidence of higher rates of suicide, domestic violence and markers of poor emotional wellbeing. There are various factors at play, including living conditions, discrimination experienced, unemployment rates, and alcohol and substance misuse. For children and young people, lack of stability at school may hinder relationships and engagement. **Sexual orientation:** There is a substantial body of evidence (e.g. Chakraborty, 2011) to demonstrate that members of the Lesbian, Gay, Bi-Sexual, Transgender, Questioning (LGBTQ) community have increased incidence of mental ill-health such as anxiety and depression, higher incidence of suicide, bullying, self-harm and many other indicators of poor emotional wellbeing.

Having a disability or special educational needs: a child or young person with a physical or learning disability is more likely to develop mental health issues or illness (Kelly, Kelly & Macdonald, 2016). A child with other additional needs, such as dyslexia or other literacy/numeracy issues; autism or Attention Deficit Hyperactivity Disorder (ADHD), are more likely to struggle with emotional wellbeing and indeed experience poor mental health.

Adverse Childhood Experiences

Alongside the individual demographic factors set out above, the context in which children are born and grow up play a large part in their experience of emotional wellbeing. The rapidly growing body of evidence of the impact of Adverse Childhood Experiences (ACEs) (e.g. Felitti et al, 1998 and others) highlights the lifelong impact that traumatic childhood experiences can have on wellbeing and life outcomes. Identified ACEs include:

- domestic violence;
- parental abandonment through separation or divorce;

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[27]https://www.barnardos.org.uk/feels_like_home_exploring_the_experiences_of_newcomer_pupils_in_northern_ireland.pdf

- a parent with a mental health condition;

- being the victim of abuse (physical, sexual and/or emotional);

- being the victim of neglect (physical and emotional);

- a member of the household being in prison;

- growing up in a household where adults have drug or alcohol problems.

An emerging body of robust evidence has shown that children who experience four or more of these are at a greatly increased risk of a range of physical and emotional ill-health, including increased risk of suicide, mental illness, violent and health-harming behaviours.

Poverty: Poverty has a widespread impact across children's lives, and is now recognised alongside the original ACEs listed above. There continue to be high levels of child poverty globally and locally; the Joseph Rowntree foundation (2018)[28] reports that 25% of children in NI live in relative income poverty, only slightly lower than the wider UK average. Administrative statistics, both UK and NI (e.g. DoH, NHS), consistently show that those from the most deprived areas are more likely to suffer from mental ill-health. The relationship is complex and impacted by a number of factors; families affected by disabilities, single parent families, large families, black and minority ethnic groups are all more likely to live in poverty. Nutrition also plays a role; McKeever (2018) highlights the promising evidence to support the impact of nutrition, in particular fruit and vegetable consumption, on emotional wellbeing. Poor nutrition may impact concentration levels, or adversely affect physical health, leading to absenteeism; we know that the UK is struggling to meet recommended nutrition requirements; with only 30% of adults, 10% of boys and 7% of girls aged 11-18 years meeting the five a day target[29]. Alongside this, parents may be struggling with employment issues, for example working more than one job or doing irregular hours, and this may impact on parenting. In NI, children living in rural or interface areas have an increased chance of emotional problems (Cummings e.g. al, 2016). Deprivation doesn't mean just lack of access to life essentials. The Children's Society 'Good Childhood' Report includes a self-report measure of child-centred material deprivation, including whether or not the child has a family car to transport them to places, the right kind of clothes to fit in with their peer group, a pair of branded trainers, or pocket money for

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[28] https://www.jrf.org.uk/report/poverty-northern-ireland-2018
[29] England PH. Obesity and Healthy Eating; National Diet and Nutrition Survey (NDNS) data. Published:14 May 2014

themselves each week. Findings show that children who lack five or more of the items listed are more likely to have poorer overall wellbeing. Poverty is therefore wide-reaching in its impact on child wellbeing.

Parenting and family relationships

Family relationships are a commonly reported stressor for children and young people. Beyond the Adverse Childhood Experiences of domestic violence, abuse and neglect reported, everyday family relationship difficulties and conflicts regularly appear at the top or near the top of reasons for contacting Childline (NSPCC annual review, 2016). The Good Childhood Report (2013)[30] by The Children's Society reports that family harmony, rather than family structure, is a more powerful determinant of children's wellbeing, listing the quality of family relationships in the top three most significant contributions to children's overall sense of wellbeing. This finding has remained consistent in subsequent reports. Elements of a 'quality relationship' include harmony or conflict (e.g. frequency of parents arguing), parental support and communication (e.g. parents willingness to listen to problems and take them seriously), and level of parental control (freedom and autonomy given to children by their parents). The Office of National Statistics (2018) report that almost 26% of children aged 10-15 years argue with their mother more than once a week, with boys more likely than girls to do so. Locally, 16% of YLT respondents (2013) listed family problems as a key stressor.

Poor attachment in infancy: Secure attachment between infant and primary caregiver is the building block of good social and emotional wellbeing and a strong predictor of health and wellbeing in adulthood. (PHA, 2016). Jane Barlow, prominent researcher in the field of infant mental health, has written extensively on the importance of strong attachment to a primary caregiver in the early years. A securely attached infant has the confidence to explore the world around them, self-regulate and develop relationships; yet Barlow & Svanberg (2009[31]) estimate that 35-40% of infants are less than securely attached. Schore (2004)[32] and others discuss the role of neuroscience in the development of self-regulation, while Perry (1996)[33] focused on the impact that early trauma can have on physical

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[30] https://www.childrenssociety.org.uk/sites/default/files/tcs/good_childhood_report_2013_final.pdf

[31] Barlow, J. & Svanberg, P.O. (2009) Keeping the baby in mind. Infant Mental Health in Practice. London: Routledge.

[32] Schore A.N. (2004) Affect regulation and the origin of the self: The neurobiology of emotional development. Hillsdale NJ: Lawrence Erlbaum Associates.

[33] Perry, B.D. Pollard, R.A., Blakley, T.l., Baker, W.L. & Vigilante, D. (1996) Childhood Trauma, the Neurobiology of Adaptation & Use-dependent Development of the Brain: How States become Traits. Infant Mental Health Journal, 1996

brain development and the wider wellbeing outcomes.   There is substantial evidence of strong links between insecurely attached infants and many of the behaviours evident in those with poor emotional wellbeing, such as antisocial behaviour, an inability to support healthy relationships, or substance misuse (Barlow, 2016).

Parental ill-health: Young carers are particularly prone to emotional problems and mental ill-health; The Carers Trust found that 38% of young carers surveyed reported a mental health problem. In particular, young carers often feel isolated and alone, face increased pressure as they struggle to keep up with school and other commitments and to maintain relationships alongside their caring responsibilities, often have increased financial pressure and have experience of family break-up or bereavement (Children's Society, 2018)[34]. They are also more likely to experience bullying, have a special educational need, belong to a minority group and to be not in education, employment or training at the age of 16 (Mental Health Foundation, 2016).

Contemporary pressures

Alongside the key risk factors discussed above, children face a number of contemporary pressures throughout childhood which may contribute to poor emotional wellbeing and/or mental health. Some of the more common pressures are discussed below.

Pressure to achieve academically: In terms of stressors, the pressure for high academic achievement comes out on top across a range of sources. In 2014, NSPCC[35] reported a 13% increase from the previous year in calls to Childline for academic pressures, and this trend has continued in recent years. While some pressure can be beneficial, extreme exam stress is a particular concern, and calls to Childline increase dramatically during exam months. The good Childhood Report (2018) reports that across all areas of their life, children are least happy with school. In NI, YLT (2013) found that 85% of young people see school work and the pressure to achieve as by far the biggest stressor in their lives. This is more often the case for girls than boys. This trend continues into university age, with NUS-USI (2017) reporting that 42% of students pointed to their course as the key contributor to any mental health issues.

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[34] https://www.childrenssociety.org.uk/sites/default/files/young-carers-wellbeing.pdf
[35] https://www.nspcc.org.uk/globalassets/documents/annual-reports/childline-review-under-pressure.pdf

The online world: There is still relatively limited evidence due to the swift pace of development of new technologies, however emerging research shows a potential impact of the online world on the emotional wellbeing of young people. The Royal Society for Public Health (RSPH), and Young Health Movement, highlight that while the online world undoubtedly has massive benefits for this generation of children and young people, it can also be a contributing factor in mental ill-health. Social isolation is one such concern, particularly for young people involved in gaming who spend a lot of time alone in the house. Lack of sleep due to the constant presence of technology, the blue light of computer and phone screens, and the social pressure to communicate online at all times of night are all areas of concern supported by emerging evidence (Hale and Guan, 2015)[36], as are the unrealistic expectations created by the world of social media and the associated FoMo (fear of missing out), which have been shown to decrease self-esteem and increase anxiety and risk of depression (Cleland Woods and Scott, 2016). There has also been a rise in websites promoting self-harm, anorexia and suicidal ideation (UKCCIS, 2017)[37]. The RSPH, (2017) report that social media increases anxiety among young people, increases the opportunity for bullying and can have negative effects on body image and self-esteem.   A 2015 longitudinal study of children in England found that those who reported being bullied by peers were twice as likely to develop depression by the age of 18 as those who didn't (Bowes et al, 2015)[38]

Paramilitary activities: In NI the influence of paramilitary organisations on young males and the contribution to poor emotional wellbeing is of particular concern. We also know that those living in interface areas are at increased risk of poor emotional wellbeing and of mental illness (QUB, 2017), and that suicide rates in young men are disproportionately high, particularly in specific areas of NI (Morrow et al, 2017). Parental history of mental illness is a strong predictor of mental ill-health in a child or young person, again, strongly linked in NI to the legacy of the troubles and the impact this had and continues to have on mental health (e.g. O'Connor & O'Neill, 2015).

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[36] Hale and Guan (2015) Screen time and sleep among school-aged children and adolescents: A systematic literature review Lauren Hale. Sleep Medicine Reviews, 21: 50-58

[37]

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/650933/Literature_Review_Final_October_2017.pdf

[38] Bowes, L., Jonson, C., Wolke, D., & Lewis, G. (2015). Peer victimisation during adolescence and its impact on depression in early adulthood: Prospective cohort study in the United Kingdom. *British Medical Journal, 350*, h2469. doi:10.1136/bmj.h2469.

Summary: Factors contributing to poor emotional wellbeing

- The emotional health of children and young people is influenced by a wide range of factors throughout their childhood, including demographics, family relationships, the presence of ACEs, and other transient life stressors.

- These factors span the life-course, from the antenatal period and throughout. Evidence now strongly shows that the earlier in life these issues occur, the higher the potential impact they can have.

- There are particular groups within the population who we know are at higher risk of mental ill-health, such as members of minority groups. Gender differences are also evident, with emotional wellbeing manifesting differently in girls and boys. While universal preventative support is key, individual differences must be accounted for in ensuring support is relevant to all. Additional targeted support will also be essential for those groups at higher risk of poor emotional wellbeing.

- There are specific contextual issues in NI that must be factored into policy and service development. Suicide rates are particularly high for young males in NI; there are multiple factors impacting this, including deprivation, the impact of parental mental health, the influence of paramilitary activity, and the wider legacy of the troubles.

- Contemporary pressures facing children and young people come and go throughout the life course. The online world in particular brings new challenges; we need to better understand the impact that digital technologies can have (both positive and negative).
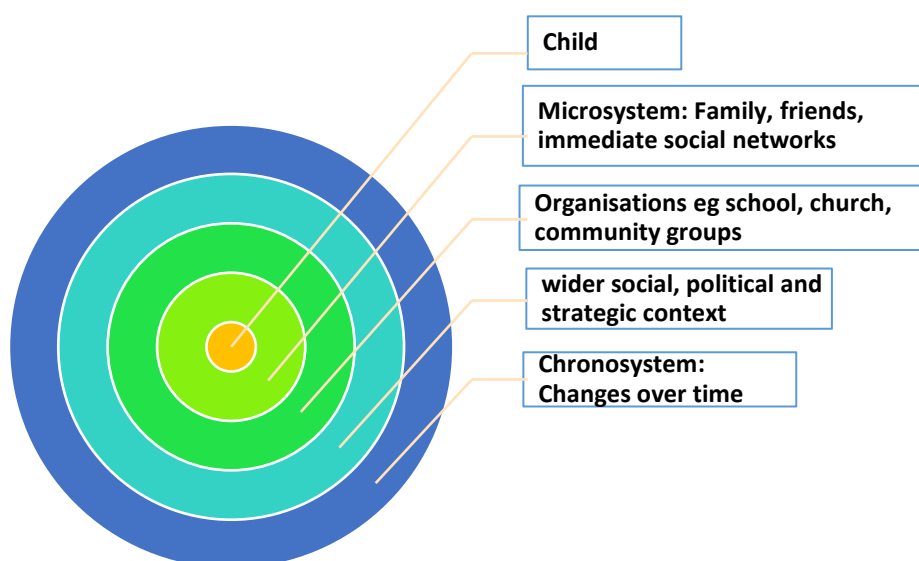
1.4 Current practice in supporting emotional wellbeing in children and young people.

The question 'what works to support emotional wellbeing' is a broad one to answer, given that every child will have different needs at different times in their lives. We know there are multiple relevant stakeholders with responsibilities in this process, some of whom have developed specific programmes and interventions. This section will consider the evidence on both universal and targeted programmes and interventions which have been used to successfully support children's emotional wellbeing at various stages across their life. This section also includes an overview of all those who have a role to play in supporting the development of positive emotional wellbeing, and considers the approaches which they can take to do this. Where specific interventions are included, care has been taken to prioritise evidence according to the hierarchy of evidence as set out on page 8.

The whole-child approach

Bronfenbrenner's (1979) Ecological Model (Figure 1 below) sees the child at the centre of a number of influences, such as family, school or community. Each plays a role individually, and interacts with others, to influence the life of the child. Those closer to the centre will play a larger role (the microsystem) than those further out. Additionally, the external ring recognises how these individuals and systems change over time.

Figure 1: Bronfenbrenner's Ecological Model

Child

Microsystem: Family, friends, immediate social networks

Organisations eg school, church, community groups

wider social, political and strategic context

Chronosystem: Changes over time

This model lays the groundwork for the whole-child approach, now widely evidenced in every day policy and practice, and stressing the need to look at the child's 'bigger picture', very much central to the ACEs discussion. Supporting positive emotional wellbeing in children and young people is therefore not the sole responsibility of one person, organisation or department. Rather, it will require a combined effort of all those working with, supporting and interacting with the child. Figure 2 below highlights some of these key players.

Figure 2: Key influences around the child
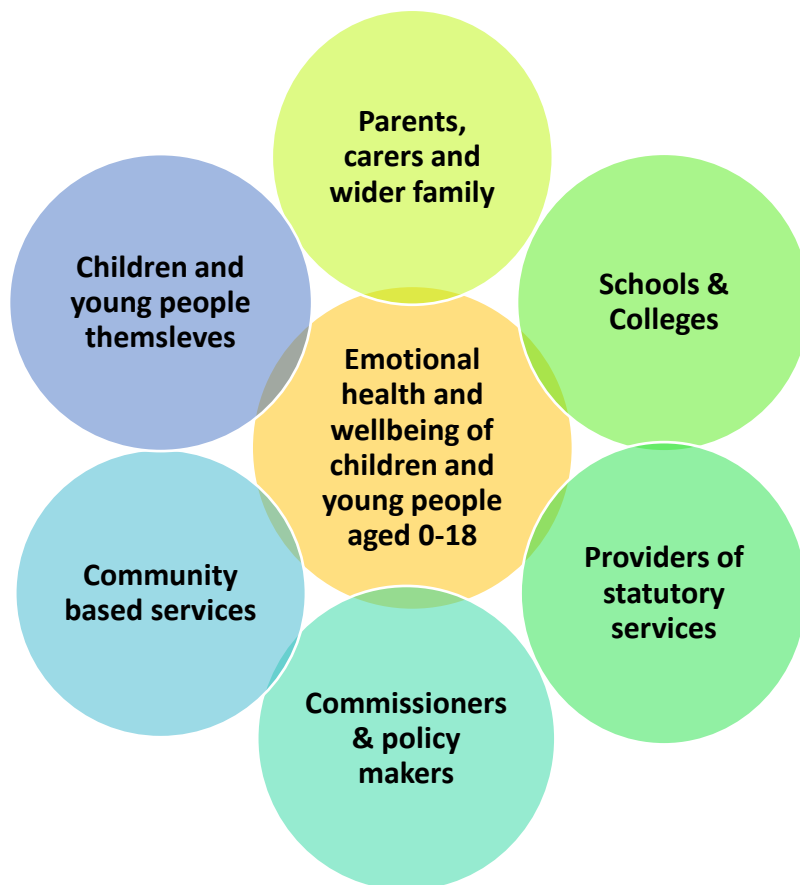
In reviewing the evidence sources, the role of schools appears disproportionately in the research on supporting emotional wellbeing. On average, children spend more than 7700 hours in compulsory education, according to the Organisation for Economic Co-Operation and Development (OECD) (2014)[39]. This, coupled with the evidence that parents are more likely to seek advice from their child's teacher if they have a concern about their child's mental health (Young Minds and NCB, 2017) means that schools are ideally placed to support emotional wellbeing, particularly across the life-course. That said, the substantial body of evidence showing that the first few years of a child's life are critical in terms of social and emotional wellbeing, means that the role of parents is central, particularly in the early years. Beyond that, children spend time with friends, wider family, at youth clubs and organisations; while playing a lessor role, some knowledge of emotional wellbeing is applicable to all.

All of the individuals and organisations identified above have a role to play in:

- Supporting the development of positive emotional wellbeing;

- Identifying concerns as and when they arise and before they escalate;

- Ensuring that the child or young person can access additional support if/when needed.

Specific interventions: universal and preventative, targeted and responsive

Interventions around emotional wellbeing can have a range of aims:

- Universal, preventative approaches, which aim to promote positive emotional wellbeing for all children;

- Targeted, preventative approaches, which aim to promote positive emotional wellbeing in children identified as at higher risk of poor emotional wellbeing, or identified as needing additional support;

- Targeted interventions, aimed at addressing identified mental ill-health. These are usually clinical or therapeutic interventions.

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[39] OECD 2014 http://www.oecd.org/education/skills-beyond-school/EDIF%202014--N22%20(eng).pdf

Approaches to supporting emotional wellbeing differ depending on the target audience, and the level of need identified, therefore there isn't a specific set of programmes or interventions which will address all concerns. While not specifically making recommendations on programmes or interventions, it is important to review the range of programmes available. The review identified several interventions targeted at supporting children with mental ill-health, for example Cognitive Behavioural Therapy (CBT) or intensive family support interventions, as well as a range of universal programmes to support new parents, such as Mellow Parenting, the programmes listed focus on supporting school age children themselves to develop positive emotional wellbeing, as set out in the scope of the review. Additional approaches and interventions, for example those aimed at parents, are discussed later in this section. This review of evidence uncovered 18 substantial approaches to supporting emotional wellbeing, of which the vast majority (15) were suitable for universal delivery and only three for more targeted support (which tends towards early intervention rather than the intensive support that is the domain of CAMHS). Appendix 1 includes a long list of these interventions, along with a summary of their aims, content, outcomes and evidence base.

The evidence suggests that preventative approaches are key to reducing longer term impacts on life; a focus on developing self-control, self-efficacy and self-regulation from an early age has the potential to have the strongest impact. Despite this evidence, the NI Children's Commissioner has reported that for every £1 spent on mental health, 8p is invested in children and young people (NICCY, 2017). Indeed, Public Health England (2015) found that 70% of children experiencing mental health problems had not received appropriate interventions early enough. Universal approaches are primarily educational and focus on a number of areas, including increasing positive wellbeing characteristics such as self-esteem; resilience; normalising attitudes towards mental ill-health; raising awareness of the signs and symptoms of mental ill-health, how to support positive emotional wellbeing, and where to seek help should issues arise.

In their 2015 report, 'Future in Mind', the Children and Young People's Mental Health Taskforce, established by the UK Government, highlighted the following key areas where prevention and early intervention efforts should be targeted:

- Supporting maternal mental health during the antenatal period;

- Early intervention for children with behavioural problems using evidence based programmes;

- Promotion of positive wellbeing in school;

- Improving accessibility to GP services for young people;

- Raising awareness and having conversations about children's mental health;

- Particular focus on the role of new technologies and how they both positively and negatively impact emotional wellbeing.

In terms of NI practice, the review of evidence identified a wide range of programmes and approaches used. Rather than present an incomplete list here, the further research activities accompanying this evidence review, specifically the school survey, case studies, and stakeholder interviews and focus groups, will be used to build and report on a more comprehensive list of local delivery. While effort undoubtedly should be focused at preventative approaches, supporting the development of positive emotional wellbeing, some children will require additional intervention in order to prevent mental health difficulties arising. These tend to focus on one to one support such as counselling, and aim to stop the situation from escalating to the need for a referral to CAMHS. In NI, the Independent Counselling Service for Schools (ICSS) is the main universal support service provided to all post-primary schools funded by DE.

The role of key players around the child

We know that in delivering programmes to support positive wellbeing, one size doesn't fit all, and this is recognised throughout the literature. All children and young people across NI must have access to the best possible support, at the appropriate level, when needed, and messages must be consistently delivered by all those around the child, including parents/carers, wider family and friends, school, youth organisations and wider community. The section below considers some of the approaches that have shown promising impact on emotional wellbeing, and focuses on the role of the parent, the school, the wider child and youth sector (statutory, voluntary and community), and the child or young person (peer support approaches) themselves in supporting emotional wellbeing.

The role of parents, carers and family

As already highlighted, there is a strong global evidence base to demonstrate that emotional wellbeing begins before birth. The Infant Mental Health Framework for Northern Ireland (PHA, 2016) recognises this evidence on the impact of early care on emotional wellbeing, and sets out the strategic direction, and initial actions, in order to better support parents to nurture their child's emotional wellbeing. Parents must understand the importance of early emotional wellbeing, the factors that can impact it (in particular attachment) and the ways in which it can be supported. Through the Early Intervention Transformation Programme (a cross-departmental project in conjunction with Atlantic Philanthropies), there has been a strong focus on improving antenatal care and education in order to better equip new parents for the role ahead. A number of initiatives have been rolled out across a range of health and social care practitioners to provide a basic knowledge of infant mental health, how to identify potential concerns and how to positively support new parents. The Solihull Approach is one such method, equipping practitioners across a range of disciplines with the skills and knowledge to positively support infant mental health. Alongside the universal antenatal education provided, there are numerous other education and support programmes for new parents. NCB (2014) carried out a review of evidence to inform better delivery of such services, highlighting the key messages for parents, including:

- The central importance of secure attachment, including the behaviours which can support it, such as skin to skin contact and breastfeeding;

- The need for positive, loving, authoritarian parenting style which supports the development of resilience and self-confidence;

- Responsive communication between parent and child throughout the early years;

- The need to create a safe and secure home environment;

- The impact that parental mental health can have on the emotional wellbeing of the baby.

Beyond the early years, parents have a key role to play in building the skills necessary for strong emotional wellbeing such as resilience, coping and positive self-esteem. Numerous parenting programmes are available which support parents to build a supportive home environment, develop communication skills and tools for boundary setting, deal with stress, increase knowledge and understanding of child development. NCB (2013) carried out an audit of existing services in NI and details many of the available resources. It is also important that parents can identify concerns in their child's behaviour, and know where to go to seek help if required. Supporting parents therefore also includes awareness raising campaigns, advertising of appropriate services and ensuring these can be accessed when required.

The role of schools

Given that the vast majority of children spend a significant part of their week there, schools are seen as having significant responsibility for children's emotional wellbeing (Adi et al, 2007). While not suggesting they have primary responsibility, the school day certainly provides a substantial opportunity to both promote positive wellbeing and to identify mental health concerns. Much research has taken place to identify best practice in schools, and a number of headline findings should be noted. Rather than proposing specific programmes or interventions, the evidence points to wider approaches within school as follows:

- A whole-school and whole child approach, with multiple components delivered across the school curriculum, including elements targeted at parents, teachers as well as at the children and young people themselves, has the best chance of success White et al (2017).

- In first and foremost taking a preventative approach, universal interventions delivered between the ages of 2 and 7 have been shown to be most effective in supporting positive mental health and wellbeing (Durlak and Wells (1997).

- Long term, intensive support throughout the school life produces longer term effects than one-off or short term approaches (Weare, 2015).

- Combining universal, targeted and indicated support within this long term approach will give the best possible chance of addressing the individual needs of all children and young people (Stanbridge and Campbell, 2016).

- Teacher delivery rather than procuring outside support is most effective; this is in part due to the opportunity provided to build trusting relationships between pupil and teacher, as well as the opportunities provided to integrate support within school day (Rones et al, 2000).

- While the wide range of interventions available focus on different aspects of wellbeing, those with a strong focus on self-esteem have had a more universal impact; self-esteem is a core building block of positive emotional wellbeing.

- As with all interventions, the content and fidelity to delivery of the programme are critical to its success.

Best practice in terms of a 'whole-school' approach has been examined in some detail through many studies. NCB (2015) reviewed the evidence and summarised the following core components as critical:

- A supportive ethos and culture which values positive emotional wellbeing. This must be driven from the top, included within the organisational vision and a distinct part of the school development plan.

- Appropriate policies and procedures must be in place, supported by staff and governors, and communicated to all staff, parents and children. These should cover such things as lead wellbeing officer/team roles and responsibilities, identification/assessment procedures, and referral pathways.

- A recognition that all school staff have a role to play in the prevention and identification of mental health and wellbeing concerns, underpinned by a commitment to all-staff training and capacity building.

- A whole child, holistic approach, embedded within the curriculum and in extra-curricular activities, and recognising that a combination of prevention, early identification and intervention, as well as a flexible approach, will be required to meet changing needs.

- A child rights approach, acknowledging that the child is an expert in their own lives and therefore providing opportunities for the voice of pupils to inform service development.

- Opportunity for relationships to be built between staff and pupils.

- Physical space within the school which is dedicated to emotional wellbeing, and provides a safe space for a child to seek or receive support.

- Opportunities for sharing of good practice, both within and outside of the school.

The **Wellbeing Award for Schools,** developed in partnership between Optimus Education and NCB, provides recognition of schools achievement of a whole-school approach. Schools must be able to demonstrate a commitment to an ethos of wellbeing, alongside a range of provision to meet the wellbeing needs of pupils.

The QUB (2011) research aligns with the wider evidence, reporting the following critical elements for schools:

- A whole school approach, incorporating emotional wellbeing in the school development plan and with supporting policies, staff training, monitoring of pupil's needs and delivery of a range of prevention and intervention approaches to meet these needs.

- Strong leadership, taking an inclusive and partnership approach and working with parents, pupils and the wider staff group as well as relevant external stakeholders.

- A whole person approach, founded on a caring school ethos with opportunities to build supportive relationships between staff and pupils, and flexibility to meet changing needs.

The EA Nurturing Approaches in Schools Service is supporting schools across NI to develop a nurturing ethos which promotes emotional wellbeing and increases a child's ability to access education and learning. It is a capacity building model which schools can attend and begin to develop their awareness of the theory underpinning nurture and over time implement nurturing approaches. DE currently fund 31 nurture groups across NI.

The role of statutory health and social care services

GPs, midwives, health visitors and other health and social care professionals play a critical role in the emotional wellbeing of children and young people, through identification, intervention and referral for targeted support, given their position at the front line. A pilot 3-year review, funded through the Early Intervention Transformation Programme, began in 2016 and seeks to join up health and education in early years services, and to increase the early identification of emotional wellbeing concerns in young children. The pilot review is carried out by the health visitor, in the pre-school setting, and uses the ASQ-SE questionnaire to assess all children in their pre-school year, aiming to any identify social and emotional concerns and to put in place any interventions needed. Statutory services also play a central public health role, through delivery of the Healthy Child, Healthy Future programme as well as through delivery of targeted programmes such as the Family Nurse Partnership.

The Mental Health Foundation (2016) policy report emphasises the importance of a whole system approach to positive mental health and wellbeing. This approach is supported by the wide roll-out of 'Making Every Contact Count' (MECC) across statutory services, a behaviour change approach that opens conversations about physical and mental health, aiming to enable small changes to be built into every day behaviour.   A 2013 evaluation of the MECC approach in the NHS North region of England found that the approach has significant potential to change behaviours of staff in their promotion of positive health behaviours (Nelson et al, 2013).   The Solihull Approach, being rolled out across NI, is another example of a workforce development approach, building capacity of practitioners to positively support infant mental health.

The Mental Health Services and Schools Link pilot, ongoing in England, seeks to join up health and education, and provide opportunities for an exchange of information and better support for the child. The pilot involves allocating a lead contact between children and young people's mental health services and schools. Initial evaluations have shown increased contact and joint working between health and education, an improved understanding of the referral pathways for specialist services, and a wider knowledge and awareness amongst staff of issues surrounding emotional wellbeing.

The role of voluntary and community sector organisations

Children come into contact with a wide range of services, organisations and professional individuals throughout their childhood, many of which are voluntary or community sector organisations. Future in Mind (2015)[40], the report on the UK Government task force on mental health, recognises the unique role that the voluntary sector can play in supporting young people's emotional wellbeing. Given that stigma is still a key concern, voluntary sector organisations can provide a stigma-free environment for young people to seek help, often in a more youth-friendly way. The report recognises this, alongside the innovative practices which could be harnessed to fill the gaps in the currently overstretched statutory provision.

Early Years services: Early Years services such as Sure Starts play a critical role in early emotional wellbeing, in particular in supporting maternal mental health and the wider role of new parents, and therefore in encouraging strong attachment and development of resilience in babies and toddlers. A range of evidence based and/or informed programmes are delivered through these services, such as Incredible Years or the Mellow Parents suite of programmes. This is also a critical time in the early identification of wellbeing concerns, with early years services playing a key role in getting young children any additional support they may need.

Community-based family support services: A wide range of family support services are available, delivered by large voluntary organisations such as NSPCC, Barnardos, or Action for Children, as well as smaller community based services. These organisations deliver many of the evidence-based programmes already discussed, as well as a number of locally developed programmes and service, both formal and informal. Moran et al (2004) systematically reviewed the evidence on 'what works' in community and family support, reflecting that community based services are often more easily tailored to meet local needs, and can provide an informal setting for services. In the wider evidence base, there are also a number of commonly reported benefits of community based support:

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[40]
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

- Community based services provide the opportunity for a family centred and child-centred approach, in line with Bronfenbrenner's theory discussed earlier. Family Support Hubs across NI are an example of this type of joined up approach.

- The option to provide support to the family in their own house, with the opportunity to tailor support to individual needs at a point in time. Peer support workers are also common.

- Drop-in facilities are often available in community based services, providing accessible support for those who may otherwise have been held on a waiting list.

- The stigma of attending a statutory service is often lessened when a service is in the local community centre or school (for example).

Statutory and Voluntary Youth sector organisations: The majority of youth provision in NI is delivered by either statutory sector (e.g. EA Youth Clubs) or the voluntary/community sector (e.g. Scouts, Guides, Boys Brigade) and are delivered to children and young people from around age 4 upwards. According to the EA, 147,000 young people are engaged in the Youth Service, with a workforce of over 20,000, the vast majority of whom are volunteers.

In their Youth Service Regional Assessment of Need 2017-2020, the EA asked young people to identify the positive aspects of youth provision. Top of the list was:

- The relationships they can build with youth workers;

- The respect and honesty that young people are treated with;

- The opportunities that the youth service provides that young people wouldn't otherwise have had.

The Mental Health Foundation (2007)[41], in their policy briefing on how to best support young people's mental health, reported on young people's priorities in support:

- Informal services that are open in the evenings and are drop-in rather than appointment;

- Young-people-friendly design and venue;

- A choice of youth worker so that young people can decide who they get on best with;

- The importance of the young person's voice in designing and delivering such services.

The Youth Service provides opportunities to engage with young people in a way that isn't possible in school. In particular, the trusting relationships that young people can build with youth workers mean that young people may be more likely to talk about their wellbeing, putting youth workers in an ideal position to identify where additional support may be needed. It is therefore essential that youth workers right across the statutory and community/voluntary sector have the knowledge to identify concerns and to help young people to access support.

The role of the child or young person

YLT (2013) found that if young people have a problem or concern, they are most likely to go to a friend for help rather than a parent, guardian, teacher or other adult. This is mirrored across wider research. It is therefore important that young people are themselves educated and indeed involved in preventative peer support approaches. In general, there is mixed evidence in terms of the substantial and long term benefits of such interventions (Weare and Nind, 2011), however they certainly play a role. In 2017, the Department for Education, England (DfE) commissioned a review of the literature on peer support model for emotional wellbeing (Coleman et al, 2017), and identified a number of important learning points:

- A range of delivery models are available, including school based (one-to-one and group-based support), on-line approaches, or community based projects. Of these, one-to-one school based peer support, and online support, have the strongest evidence of a positive impact.

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[41] https://www.mentalhealth.org.uk/sites/default/files/supporting_young_people.pdf

- Of the peer support schemes identified in the study, the most common use was as a universal approach to bullying.

- On-line peer-support projects in particular are slightly more beneficial to boys, older and more vulnerable young people. This may be due to the level of anonymity provided by the on-line world.

- Regardless of the type of intervention, peer support models are more likely to be beneficial when the peer supporters are well supported and trained, when the programme is well coordinated with dedicated physical space and time to take part in sessions.

- Co-production approaches, where the young people themselves are involved in developing the programme, have also been shown to be more successful.

- Peer supporters must themselves be well supported by adults, otherwise there is the risk that their emotional wellbeing will suffer given the information and situations they may be exposed to.

Summary: Current practice in supporting emotional wellbeing

- In line with thinking on the 'whole child' approach, supporting the emotional wellbeing of children and young people is 'everyone's business', with many organisations and individuals playing a part, across the statutory and voluntary sector.

- Interventions fall across a scale from universal preventative approaches, suitable for all children and young people and focused on developing positive emotional wellbeing, to targeted interventions, for those with diagnosed mental ill health and usually taking a clinical or therapeutic approach.

- Across this scale of need, a vast array of programmes and interventions are available with wide ranging focus and target audience. While many of these have strong evidence bases to demonstrate effectiveness, the evidence suggests that a range of interventions, with a common message, is the most effective approach.

- Universal, preventative interventions are more commonly delivered in school, given the amount of time that children spend there and the significant opportunity provided for long term education for all children and young people.

- Within schools, evidence shows that the most beneficial approach is embedded through the whole school, with a range of preventative and intervention methods to meet changing needs, led by a supportive ethos and appropriate policies. Teachers must be trained to identify concerns and have clear referral pathways to access further support.

- Youth services have a particular benefit in terms of the opportunities for closer relationship building between youth workers and young people; again, training to identify concerns early, and clear referral pathways are critical. While none of these services will have as significant a contact with the child as schools do throughout the life-course, nevertheless they still have a role to play in supporting positive emotional wellbeing, as well as in identifying and addressing mental health and wellbeing issues and concerns. It is critical that all those with a role to play are on the same page in terms of messaging and support; indeed reinforcing the same message of positive emotional wellbeing across a range of sources increases the opportunity for uptake.

- Children and young people themselves have an important role to play in supporting their own wellbeing and that of their peers. Peer support models of intervention are commonly available, many with strong evidence of impact.

- Parents play a key role in building resilience and strong emotional wellbeing from the early years; the focus of parent support in this regard is on developing strong parenting skills to support infant mental health and emotional wellbeing throughout the life course.

1.5 Barriers and challenges to supporting emotional wellbeing

Each of the key players with a role to play in supporting children and young people's emotional wellbeing face unique challenges. A summary of the common challenges identified in the literature is presented below.

Challenges for commissioners and policy makers:

- Emotional wellbeing still lies further down the priority list than physical health.

- Lack of availability of long term funding, leading to concern about the sustainability of a programme or intervention.

- Inequality across the region, with schools and child/youth organisations doing their own thing. This is particularly driven by a lack of guidance towards a set of 'go to' resources which have been shown to work and are recommended.

- Lack of cross-sector collaboration, therefore hindering a fully joined up and holistic approach.

- Lack of information on local need, leading to an inability to match services and to clearly demonstrate a positive impact.

(**References:** Mental health Foundation, 2013, Public Health England, 2014, NCB, 2015, Vital Signs NI, 2017)

Challenges for schools:

- The need to create system wide change rather than practice in individual schools. This should be backed up by embedding emotional wellbeing further within the school inspection procedures.

- Lack of skills and knowledge for teachers in terms of identifying mental health issues and in supporting positive emotional wellbeing.

- Lack of capacity for teachers to focus on mental health and wellbeing alongside the academic and other pastoral responsibilities which must take priority.

- Inability to engage young people and parents in prevention activities.

- Lack of commitment from all staff to play a part, therefore responsibility falls to a handful of staff.

- Inability to ensure continuity of support during school holidays or at transition periods (e.g. primary to post-primary schools).

- Lack of clarity of local need and therefore an inability to ensure that services and support is targeted to the needs of these pupils.   Teachers are particularly concerned about the growing numbers of pupils with complex needs.

- The prevalence of stigma that still surrounds discussions on mental health, despite efforts to reduce this.

- Lack of direction and clarity of requirements provided to schools via policy and guidance in terms of emotional wellbeing provision, especially in knowing which resources or organisations to trust.

- Lack of availability and knowledge of external services, in particular specialist support when needs have been identified and a referral to such services is necessary.

- Inability to engage those young people particularly at risk in preventative activities.

(References: NCB, 2015, Rossen & Cowan, 2015, Walsh, 2011, QUB, 2011, Vital Signs NI, 2017)

Challenges for the youth sector, both statutory and voluntary:

- Lack of availability of long-term funding, particularly common in the youth sector. In addition, cuts happen often and without warning.

- Inconsistency across the region.

- Inaccessibility of youth services for the rural population of young people.

- Lack of job security (youth service) and reliance on volunteers (voluntary and community sector) which impacts relationship building between staff and young people.

- Lack of flexibility to react to the needs of young people, instead focusing on 'traditional' or stereotypical needs.

(References: Education Authority, 2018, NICCY, 2017, Vital Signs NI, 2017)

Challenges for parents, carers and wider family

- Lack of knowledge to identify concerns and to give their child the right messages.

- Fear of making things worse by intervening.

- Lack of knowledge on how to access support.

- Long waiting times even when support has been identified.

- Lack of peer support groups for parents.

- The need for parents to be considered an important partner alongside schools, youth and other services and actively involved in supporting young people's emotional wellbeing.

(References: Association of Young People's Health, 2016, NICCY, 2017, Cummings et al, 2017, Early Intervention Foundation, 2015)

Summary: Barriers and challenges to supporting wellbeing

- Lack of knowledge to support emotional wellbeing and the resulting fear of intervening in case matters are made worse, is the most pressing barrier for practitioners in schools and across the wider youth sector.

- Amidst the competing pressures in schools there is limited time to fully address wellbeing needs, and in particular to provide training opportunities to staff. The rising increasing complexity of needs of children and young people adds to this burden.

- Funding is an issue across the board. For the youth sector in particular, the lack of long term funding means that either time is spent developing programmes which then can't be delivered, or there is little money to develop the necessary infrastructure in the first place. The evidence shows that building a long term, sustained relationship between practitioner and child is critical, however short-term funding often means this isn't possible.

- Knowledge of the range of programmes and services available, as well as clear referral pathways to access the services, and capacity within the services to meet demand, are essential, for schools, statutory and community sector organisations, and for parents and children themselves.

Part 2: Current NI Policy and Practice

This chapter sets out the key findings drawn from the research activities discussed above, in particular:

- A review of the NI policy landscape.
- A survey of all schools.
- Stakeholder interviews.
- School visits.

The chapter will first consider the needs of children and young people and the risk factors and stressors contributing to these needs; the programmes, interventions and approaches that are currently used to address these needs, and the barriers and challenges that policy makers and practitioners feel are preventing us from best supporting the children and young people we work with.

Research methodology

1. Survey of school provision

Purpose: An all-school survey was carried out primarily to gather quantitative evidence on current practice in schools to support positive emotional wellbeing, alongside the school perspective on risk factors and life stressors, and challenges and barriers to supporting wellbeing. In particular, the survey sought to answer the research question 'What approaches and interventions are currently used in NI?', however evidence also contributed to other research questions throughout.
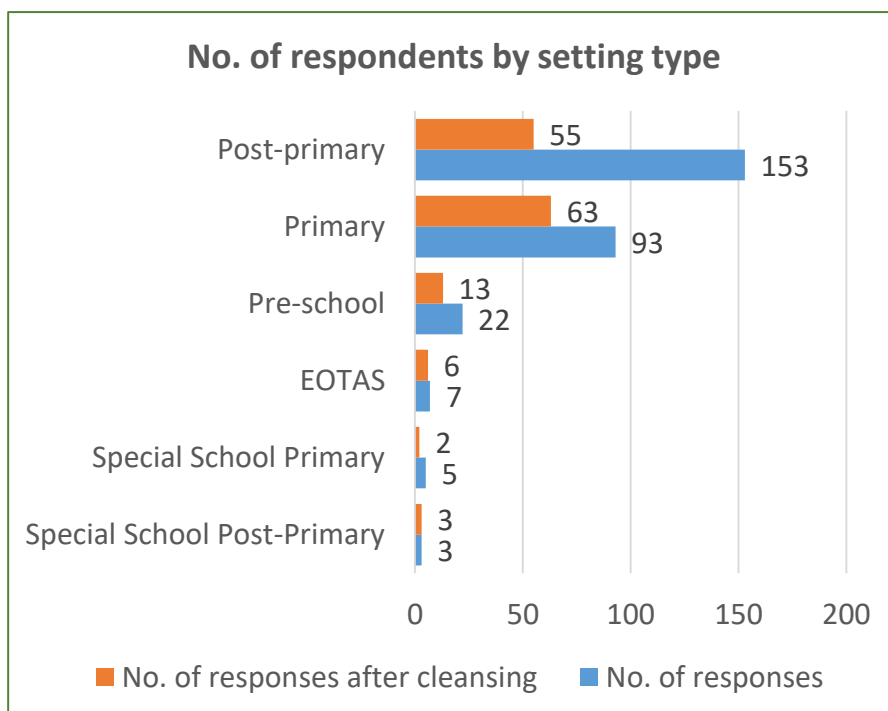
Survey design and administration: Survey Monkey software was used to design and administer an e-survey to all schools across NI as follows:

- 95 nursery settings;
- 818 primary schools;
- 198 post-primary schools;
- 33 EOTAS, and
- 39 Special Schools.

Survey content was informed by the research questions and review of evidence, and adapted as appropriate for each school type. The post-primary school survey was designed and issued in collaboration with the University of Ulster as part of a PhD study already underway.

A pilot survey was carried out with a sample from each school type and amendments made accordingly. The surveys were then administered via email between April and May 2018, along with a cover letter, co-branded with DoH, DE, PHA and NCB.   The surveys remained open to responses for approximately eight weeks, and during this time, follow-up emails and telephone calls were used to maximise response rate.   A total of 283 responses were received, and following cleansing, 142 were valid for analysis. Figure 3 below shows the breakdown of responses received by each school sector.

Figure 3: Breakdown of survey responses by school type

No. of respondents by setting type

Setting type	No. of responses after cleansing	No. of responses
Post-primary	55	153
Primary	63	93
Pre-school	13	22
EOTAS	6	7
Special School Primary	2	5
Special School Post-Primary	3	3

2. Semi-structured interviews with key stakeholders

Purpose: The purpose of the stakeholder interviews was to gather contemporary evidence on current emotional wellbeing policy and practice across a sample of the statutory and voluntary sectors. Information gathered aligned to all research questions, but in particular focused on risk factors and contemporary life stressors, what works to support positive emotional wellbeing, and the challenges and barriers faced in supporting wellbeing.

Design and administration: Stakeholders were identified in discussion and agreement with the Steering Group and, while not representative of all those involved, sought to reflect a flavour of key policy and practice organisations. To recruit participants, an introductory letter was first issued, with several follow up contacts made to secure participation and to agree a convenient date and time. A total of 23 interviews were carried out (see appendix 2 for full details), covering a range of statutory and voluntary sector organisations, and including commissioners, policy makers, support organisations and direct delivery organisations. A topic guide was developed based on the research questions, and shared with participants in advance of the interviews (see appendix 3). Questions were open-ended in nature, with prompts throughout to ensure coverage. Interviews were conducted by an experienced qualitative researcher, either face to face or by telephone, and each interview lasted between 45 minutes to one hour. Permission was sought from all participants to record and transcribe interviews to facilitate use of anonymous quotes in the final report.

3. School visits

Purpose: School visits were undertaken across a number of schools to gather further, in-depth evidence of good practice in supporting positive emotional wellbeing. The visits sought primarily to answer the research question 'What works to support the emotional wellbeing of children and young people? What approaches and interventions are currently used in NI?', however evidence gathered also contributed to the discussion on several other research questions.

Design and administration: Schools completing the survey were asked to identify if they were happy to take part in follow up research by hosting a visit to their school. Given that the school visits sought to identify particularly good practice, a shortlist of schools was drawn up from those matching the following criteria:

- A dedicated member of staff with responsibility for emotional wellbeing;

- An emotional wellbeing policy in place;

- Training provided for staff on emotional wellbeing issues;

- Inclusion of emotional wellbeing in the school development plan.

Following discussion and agreement with the project Steering Group, shortlisted schools were approached, initially by letter and followed by numerous attempts at telephone contact to gain consent and agree on a suitable date and time for a visit. Schools were offered a £200 incentive to take part. Seven schools agreed to take part as follows: two Post-Primary, two Primary, one Nursery, one Special School and one Education Otherwise Than At School (EOTAS).

School visits took place during the school day, and included the following activities:
- An interview with school Principal;

- Interviews with Head of Pastoral Care, and/or Special Educational Needs Co-ordinator (SENCO);

- A focus group with wider staff representatives (teaching and non-teaching);

- Group activities with a sample of pupils;

- A focus group or one to one telephone interviews with parents;

- A tour of the school.

To facilitate inclusion of anonymous quotes in the final report, permission was sought to record and transcribe interviews with adult participants. Group activities with pupils were not recorded, however notes were taken during each session, and feedback was gathered through a number of creative activities. A list of all schools who took part in the research is included in Appendix 4.

Analysis and presentation of findings:

Quantitative data analysis: All survey data was cleansed, coded and graphs and tables generated using Excel software. Given the small number of responses from pre-school, EOTAS and special schools, findings from these school types were combined; findings are therefore reported throughout the report under the categories post-primary, primary, other and total.

Qualitative data analysis: All qualitative information generated from the research activities was analysed using a thematic approach to qualitative analysis. In doing so, a review was undertaken across all data generated to identify key themes recurring in relation to both the research aims and the research questions specified, and a coding matrix developed onto which information was mapped. As information was sought from a wide range of sources, triangulation analysis was used to compare findings from the various sources, thereby improving the validity of the findings.

The remainder of this chapter summarises the findings from the various research activities outlined above. In doing so and where applicable, it firstly presents the quantitative results from the school survey before drawing in the findings from the school visits and stakeholder interviews using direct quotations as supporting evidence. During research activities, participants tended to use mental health and emotional wellbeing interchangeably, therefore throughout this report, the term emotional wellbeing is used to encompass both mental health and emotional wellbeing. A distinction is made where reference was made to mental ill-health specifically.

2.1 The local policy context

The promotion of positive emotional wellbeing, as well as targeted support for those children and young people with a mental illness, are supported by several relevant policies in NI. The key documents and their relevant content are set out below.

Key definitions:

Act: Acts of Parliament have been given Royal Assent and are legally binding and enforceable.

Convention: An agreement between countries under international law. Individual countries must report to the Convention Committee on how they are upholding the agreement, however to be legally enforceable within the country, convention must be incorporated in domestic law.

Policy: A statement of a government department's plans, priorities and actions which they intend to take in order to achieve desired outcomes for the population. Not in itself legally binding, however may refer to specific legislation or recommend the development of legislation.

Guidance: Provided by government departments to statutory organisations to give further detail on implementation of policy. Organisations must pay due regard, however guidance is generally not prescriptive.

Global Legislation:

The United Nations Convention of the Rights of the Child (UNCRC) (1990)

The UNCRC is a statement of children's rights and provides an internationally agreed framework of minimum standards necessary for the wellbeing of the child to which every child and young person under 18 years is entitled. A child rights approach must be the starting point for any service development. First and foremost, children and young people have a right to enjoy good emotional wellbeing, to be protected from harm, and to have quality health and social care. The following articles are of particular relevance in supporting children's emotional wellbeing:

- Article 6: children have a right to survive and develop healthily.

- Article 12: children have a right to have their views sought, listened to and acted upon.

- Article 19: children have a right to protection from all violence, including physical and emotional.

- Article 24: children have a right to good quality health and social care.

- Article 29: children's education should develop each child's personality, talents and abilities to the fullest.

The UNCRC has not been incorporated in domestic law in the UK, therefore currently, children cannot take a complaint on a breach of their rights to the court. However key legislation and government policy in NI takes account of children's rights, and implementation is monitored via periodic reports to the Committee on the Rights of the Child.

Government-wide legislation and strategies:

Children's Services Cooperation Act (2015)

Established in 2015, the Cooperation Act seeks primarily to facilitate statutory and other organisations to work together to support the wellbeing of children and young people. The Act defines children's wellbeing as:

(a) Physical and mental health;

(b) The enjoyment of play and leisure;

(c) Learning and achievement;

(d) Living in safety and with stability;

(e) Economic and environmental wellbeing;

(f) The making by them of a positive contribution to society;

(g) Living in a society which respects their rights;

(h) Living in a society in which equality of opportunity and good relations are promoted between persons who share a relevant characteristic and persons who do not share that characteristic.

The Act states:

2.— (1) Every children's authority must, so far as is consistent with the proper exercise of its children functions, co-operate with other children's authorities and with other children's service providers in the exercise of those functions.

(2) The Executive must make arrangements to promote co-operation of the kind mentioned in subsection (1).

The Act also legislates for the pooling of funding across departments, and states that any new strategic documents must acknowledge the Act and requirements therein. A framework for children's emotional health and wellbeing, and associated service development, must be co-produced by all relevant partners, including children and young people themselves. Departments and statutory organisations have a legal obligation to work together to support children's emotional wellbeing, and to facilitate other children's service providers to do the same.

Draft Programme for Government (NI Executive, 2017)

This overarching framework for NI sets out the key outcomes which the NI Executive want to achieve for everyone in NI, alongside indicators by which we can demonstrate progress towards these. One of the outcomes, 'we give our children and young people the best start in life', will be measured by the % children reaching the appropriate stage of development in their immediate preschool year, which is assessed using the Social and Emotional version of the Ages and Stages questionnaire at age three. Additionally, the outcome 'we enjoy long, healthy, active lives' aligns with the indicator '% population with GHQ score ≥4 (signifying potential mental health problems)'. Together, these give us some idea of the emotional wellbeing of our children and young people and allow planning of services to be based on needs. An emotional health and wellbeing framework for children and young people must be clearly aligned with the programme for government outcomes and indicators, given that this sets out the government direction for the way ahead. Despite this, the ASQ measures wellbeing only at three years old, while the GHQ12 is only valid for those over 16. There remains a significant gap in our knowledge of the state of children and young people's emotional wellbeing, something which could be addressed by any framework.

Adverse Childhood Experiences and trauma-informed practice

A Regional ACEs Reference Group has been set up, including cross-departmental and multi-agency representation, to take forward the ACE agenda across NI. The group aims to achieve the following outcomes:

- Increased awareness of ACEs within communities and professionals.

- Professional engagement with ACEs and support for PfG measures.

- A model of ACE-informed practice.

- A workforce who are effectively able to respond to trauma.

Initial work will focus on:

£1.5 million will be invested through the Early Intervention Transformation Programme to develop:

1. General awareness of trauma informed practice across a multiagency spectrum.

2. Specialised training for professionals.

3. Trauma informed advisors to instil culture and practice at an organisational level.

Health-led Strategies:

There are numerous health-focused strategic documents, from both the DoH and the PHA, which lay the groundwork for support for children and young people. These strategies all agree on the critical importance of the early years in developing strong emotional wellbeing, importantly taking a whole child approach and seeking to understand the child within the context of the family and wider community across the life-course.

'Healthy child, healthy future' (DoH, 2010)

This strategy lays the framework for the Universal Child Health Promotion programme, and aims to improve parent-child interactions, increase school readiness, reduce the likelihood of serious illness occurring in later life, and provide better short and long term outcomes for children at risk of social exclusion. The framework utilises a universal early screening and surveillance approach to identify early social, emotional and developmental issues, and to provide early intervention where necessary. Despite being targeted specifically at the early years, the impact these years have on the school-age child is critical.

Infant Mental Health Strategy (PHA, 2016)

The Infant Mental Health Framework was developed in 2016, in collaboration with a range of stakeholders, to bring a strategic focus to the critical role of the early years, the development of a strong attachment with a primary caregiver, and the early development of resilience in wider child outcomes. The framework has three key themes:

1. Evidence and policy: Ensuring policy and practice is informed by the most up to date evidence on child development and the early years.

2. Workforce development: ensuring all practitioners working with young children and their families have the knowledge and skills to support positive infant mental health.

3. Service development: ensuring appropriate services are available to support all new parents and their family, covering both universal preventative services as well as specialist interventions.

Families Matter (DoH, 2009)

Families Matter provides the strategic direction for supporting parents, recognising that the family is the primary environment within which the wellbeing of the child is nurtured. The strategy stresses the need to ensure parents have the skills and resources to best support their child, and highlights the importance of both physical and mental health and wellbeing.

Making Life Better: a Whole System Strategic Framework for Public Health (PHA, June 2014)

This strategy takes a life course approach to health and wellbeing, hence one of its key themes is 'Giving every child the best start'. This theme identifies the following long term outcomes:

- Good quality parenting and family support.

- Healthy and confident children and young people.

- Children and young people skilled for life.

In particular the framework recognises the critical roles that parenting and family support play in the healthy physical, social and emotional development of children.

Positive mental health policy statement (DoH, pending)

Taking a life-course approach to prevention and early intervention, this policy statement will place particular emphasis on the importance of emotional wellbeing from birth and throughout childhood. This document will set out the priorities for the DoH and its Agencies for promoting positive mental health and for preventing, where possible, mental illness. The policy statement has not yet been finalised, however it will be an important driver to inform actions aligned to a framework for emotional wellbeing for children, therefore it will be important to ensure appropriate connections are made.

Protect Life 2 Suicide Prevention Strategy (DoH, pending)

A number of actions under *Protect Life* are targeted at younger age groups. These include suicide prevention training for teachers, youth workers and sports coaches; emotional resilience building and responding to critical incidents in schools (iMatter programme); the schools counselling service; the Facilitating Life and Resilience Education (FLARE) project; child-focussed bereavement support services; and developments within Child and Adolescent Mental Health Services.

Evidence indicates that an approach which emphasises broader positive mental health and incorporates training in coping skills is most effective for the school setting. In this regard, suicide prevention in schools is focussed on strengthening pupils' self-esteem and emotional resilience, preventing bullying, raising understanding of the importance of positive mental health, provision of an independent counselling service, and (where an incident has occurred) ensuring that appropriate crisis response plans are activated and skilled staff in place.

Education-led strategies:

Draft Children and Young People's Strategy 2017 – 2027 (DE)

The Executive Office (TEO) (previously Office of the First Minister and deputy First Minister (OFMDFM's) Strategy for Children and Young People, expired in 2016 and provided the overall strategic direction for work to improve children's lives. Mental health aligned to the outcome 'Children and young people are healthy'; indicators to measure progress focused on reduction of waiting times for appointments at CAMHS, with drivers for change focused on increasing capacity across CAMHS services, particularly with a focus on preventative measures, establishment of crisis response teams and extension of access to school counselling programmes. Since then, DE has taken overall responsibility for children and young people's issues, and continues work to develop a new Children and Young People's Strategy. The draft strategy, released for consultation in 2016, has an overall aim of *"Working together to improve the well-being of children and young people living in Northern Ireland, delivering positive, long-lasting outcomes."*

The draft strategy aligns its desired outcomes to the pillars of wellbeing set out in the Children's Services Cooperation Act (2015). Outcome 1 states 'Children and young people are physically and mentally healthy'. For the first time, the mental health of children and young people has been placed strategically alongside physical health. The need to invest in prevention and early intervention in terms of young children's emotional wellbeing is recognised, rather than intervening when mental ill-health has arisen in later years; this is an important move. The draft Children and Young People's Strategy is an important step towards recognising 'parity of esteem' for physical and mental health. A framework for emotional wellbeing must align to the outcomes set out in this strategy, recognising that physical and mental health are not only of equal importance, but co-dependent.

The Addressing Bullying in Schools Act (NI) 2015

The Addressing Bullying in Schools Act defines bullying as: the repeated use of (a) any verbal, written or electronic communication, (b) any other act, or (c) any combination of those, by a pupil or a group of pupils against another pupil or group of pupils, with the intention of causing physical or emotional harm to that pupil or group of pupils. The Act introduces a duty on the Board of Governors to instigate measures to prevent bullying, as well as a duty to keep a record of and report on incidents of bullying behaviour. This is an important step towards understanding the scale of the problem.

DE Guidance Circular 2018/07: Self-assessment audit tools for schools

DE in partnership with the iMatter Working Group (made up of teachers alongside voluntary and statutory representatives) have developed a self-assessment audit tool for schools to assess their approach to emotional wellbeing. The tool aims to support schools to assess and plan for the emotional wellbeing of their pupils. Recommendations are based on the areas of school improvement set out in Every School a Good School:

- Child-centred provision;
- High quality teaching and learning;
- Effective leadership;
- A school connected to its local community.

The guidance provided in this Circular, and accompanying self-assessment tool, complements the resources provided by the Education and Training Inspectorate (ETI) as part of the Inspection and Self-Evaluation Framework.

iMatter Protecting Life in Schools: Helping Protect Against Suicide by Supporting Pupils' Emotional Health and Wellbeing (DE, 2016)

In 2016, DE produced this guidance document to further support schools to promote positive emotional health and wellbeing within a whole-school framework. The guidance covers a number of topics, including general and strategic approaches to wellbeing throughout the school and curriculum; information on signs and symptoms of mental ill-health and how to identify concerns, in particular self-harm and risk of suicide; advice and guidance on the need to train and support staff; and practical tools and resources such as fact-sheets and response checklists.

Priorities for Youth: Improving Young People's Lives Through Youth Work

In 2013 DE published Priorities for Youth which set a new policy direction that was clearly based on a comprehensive needs assessment. In 2017 the Youth Service conducted a Regional Assessment of Need to identify the key needs of young people. During this process Mental Health issues were highlighted as high priorities for young people in NI. To respond to these needs expressed by young people the EA Youth Service has developed and continues to develop the Facilitative Life and Resilience Education (FLARE) project.

The FLARE team aim to come alongside and support vulnerable young people through youth work. Building resilience, confidence and aspirations that are invaluable to navigating Mental Health issues, reducing risks and enabling young people to achieve personal self-management in relation to their mental health.

Whilst this is a Youth Service programme it is supported by the PHA.

Priorities for Youth recognises that youth work makes a contribution to educational outcomes. This should have a particular focus on "Raising Standards for All" (Priority 1) and "Closing the Performance Gap, Increasing Access and Equality" (Priority 2). This means that the Youth Service have a particular role in work, beyond the schools timetable. The unique contribution that the Youth Service can make in the life of a young person are outlined in the Model for Effective Practice, particularly regarding personal and social development.

The FLARE project is a unique example of targeted work from the Youth Service which enables positive outcomes for young people by enabling them to develop new capacities that can transfer into other areas of their life, including school.

Community Relations, Equality and Diversity in Education Policy (CRED) (2011)
The CRED Policy, launched in 2011, aims to:
"…contribute to improving relations between communities by educating children and young people to develop self-respect, respect for others, promote equality and work to eliminate discrimination."

DE, through its CRED policy and strategy, aims to ensure that every child in NI, in the age range 3 to 25 in the education and youth sectors, should grow into adulthood:

- understanding and respecting the rights, equality and diversity of all;

- having the skills, attitudes and behaviours that enable them to value and respect difference and engage positively within it;

- confident in their ability to relate to others from different cultures;

- skilled at engaging constructively in sensitive conversations, articulating their own views and beliefs and listening to others;

- knowledgeable about their own cultural background and that of others in NI;

- recognising the rights of all as equal citizens;

- prepared for a changing and diverse society in which confident adults engage, learn from and trust one another as members together of a shared society.

'Youth Work: The Model for Effective Practice' (EA)

This was re-launched in 1997 as a curriculum and programme development tool for youth workers, and provided a framework within which approaches could be developed to engage with, and support, the social and personal development of young people. It sought to identify the central elements of a learning process that is open to scrutiny and serves as a guide to help youth workers reflect on their work before, during and after interventions. The central theme is the personal and social development of young people, and allied to that, three core, inter-connected principles which guide practice: commitment to preparing young people for participation; testing values and beliefs and promotion of acceptance and understanding. However, all this is built upon the understanding that young people are central to the youth work process, and successful youth work is dependent on the relationship between the youth worker and young person.

Sharing works: A policy for shared education (DE, 2015)

This policy lays the groundwork for a shift away from the segregated schooling that is the reality for most children in NI. The vision is for:

Vibrant, self-improving Shared Education partnerships delivering educational benefits to learners, encouraging the efficient and effective use of resources, and promoting equality of opportunity, good relations, equality of identity, respect for diversity and community cohesion.

Given the legacy of the troubles across NI, and the well documented impact on community wellbeing, shared education has the potential to contribute to positive wellbeing for individual children and families.

2.2 The emotional wellbeing concerns of children and young people

How is emotional wellbeing understood?

Participants across all research activities were asked what, in their experience, emotional wellbeing means to them, and the most pressing concerns in terms of children and young people's emotional wellbeing.

As with the review of literature, the use of the terms emotional and/or mental health or wellbeing varied widely across participants, with the terms generally used interchangeably. Mental health was by far the most common term used in discussions, however participants had a tendency to use the term mental health when mental illness specifically was being discussed.

> *We are now starting to see a trend in parental mental health [referring to mental illness], the impact that has on the child*. (Practitioner)

> *I had a young man in here yesterday who did really well in his exams, and he's a lad who has some mental health stuff going on.* (Practitioner)

Indeed, the word 'mental' tended to be used when in a negative context, for example *'mental health concerns'* or *'mental health needs'*, while emotional was used more positively, for example '*supporting emotional wellbeing'* or '*try to promote positive wellbeing'*.

How are wellbeing concerns identified?

The majority of teachers and wider school staff reported that wellbeing needs are generally identified through observations by staff, or by pupils raising concerns, rather than through any formal assessment or screening.

> *I know my form class well, and I'd definitely notice if something wasn't right with them, if they were a bit quiet or whatever. I'd talk to them of course, or speak to our pastoral care team.* (School teacher)

However, several schools noted the use of Pupil Attitudes to Self and School (PASS) assessment tool in order to identify individual emotional needs in children where concern has been raised. This tool measures pupil attitudes across a number of measures:

- Feelings about school.

- Perceived learning capability.

- Self-regard.

- Preparedness for learning.

- Attitudes to teachers.

- General work ethic.

- Confidence in learning.

- Attitudes to attendance.

- Response to curriculum demands.

The assessment incorporates feedback from teachers and from pupils themselves, and while data can be compiled in an overall report, the data is primarily used at an individual level to develop an Individual Education Plan for pupils and work towards addressing any emotional concerns before they impact school work and life.

What are the emotional wellbeing concerns of children and young people?

The graph below highlights the top issues reported by schools in response to the school survey. Anxiety was a significant concern for both primary and post-primary schools, while stress and low self-esteem also featured prominently. Family relationships was raised as a concern for both school types; this is discussed in the next section alongside other factors which may contribute to poor emotional wellbeing.

Figure 4: Top emotional wellbeing concerns
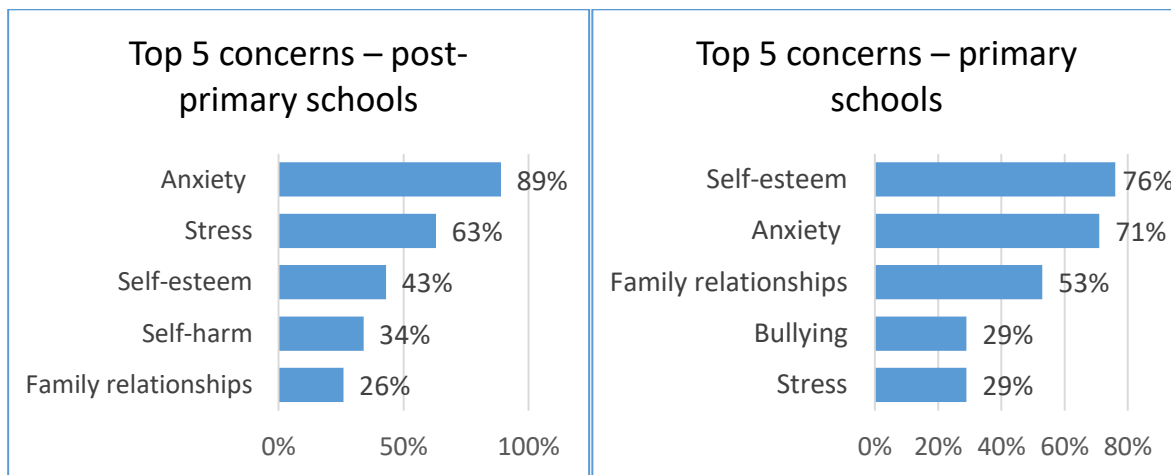
These findings were mirrored in all other research activities, and are discussed in more detail below.

High levels of anxiety:

From the school survey, 89% of post-primary and 71% of primary schools reported anxiety levels as the most pressing concern. This was also the main wellbeing concern identified by the majority of other stakeholders.

Practitioners reflected on the rise in incidence and severity of anxiety, particularly in younger children.

Anxiety is presenting itself in much younger children. We actually had a phone call just last week from a school who had a P5 pupil who was presenting as suicidal. Isn't that shocking? (Practitioner, statutory sector)

Parents and teachers expressed concern at the impact this high level of anxiety is having on children and young people, including an inability to participate in school, take part in social activities, or even attend therapeutic sessions.

Evidence has shown that you can't learn when you're dealing with strong emotions. When you are in a state of heightened trauma, children can't learn. (Practitioner, voluntary sector)

My child went through quite a traumatic experience recently, and he went from being a top-grade student and suddenly his grades were going downhill and he was withdrawn and anxious at home. It was hard to see such a dramatic change. (Parent)

We are not talking mildly anxious children, we are talking children who are having to leave the classroom and becoming school refusers over it. (Practitioner, voluntary sector)

I am seeing the school counsellor for anxiety, however I have to leave class to go to my appointment. When I get back, I can feel the pressure from the teacher for me to make up for the work I've missed; so I end up more stressed. (Pupil)

Low self-esteem:

Low self-esteem was the greatest concern identified by 76% of primary schools. While less of an issue for post-primary schools, 43% still listed it high on their priorities. Across the wider research, practitioners discussed how in general, the children they work with today appear to have lower self-esteem and confidence than in years past, and reflected on how this might impact their wellbeing now and in the future.

Teachers reported wide reaching and negative impacts of low self-esteem, including an inability to engage fully in school work, interact positively with peers, or participate fully in group activities.

Pupils are less willing to answer questions in class in case they make a mistake and look 'stupid' to their peers; even if they know the right answer, they often doubt themselves and aren't willing to take the risk. (School teacher)

I just think that our pupils are less confident than they used to be, more worried about what their friends think of them. (School teacher)

High levels of stress:

From the school survey, stress was more of a concern for older than younger children, with 63% of post-primary and 29% of primary schools listing it as a top concern. Stress was generally not singled out by wider research participants, rather tended to be part of the wider discussion on anxiety.

Just stress in general, life stress in general would be the key issues that we would be working with, and the children getting more and more anxious because of it. (Practitioner, voluntary sector)

Self-harm:

From the school survey, self-harm was only reported as a concern for older children, with 34% of post-primary schools reporting it as a top concern. Across the wider research, stakeholders agreed, with many suggesting that the official statistics on hospital presentation for self-harm[42] don't reflect the much higher incidence of this among older children. Several practitioners also discussed how self-harm often occurs in clusters, with vulnerable children and young people being influenced by peers. Teachers reported having dealt with incidents of self-harm, to varying degrees of severity.

Schools are dealing constantly with children who present with emotional behavioural difficulties. Now in post-primary schools, self-harm is very much on the rise. (School support body, statutory sector)

I have had to drive a pupil to A&E on more than one occasion. (School teacher)

In contrast to schools, practitioners in other organisations working directly with children and young people felt self-harm was a concern for all children; they reported self-harm presentation in much younger children than before, with many suggesting the information available on the internet has played a part.

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[42] http://www.publichealth.hscni.net/publications/northern-ireland-registry-self-harm-three-year-report-201213-201415

I was working with one child, aged eight, struggling with low mood and anxiety. Her parents went home and checked her viewing history, and saw she had been accessing sites about self-harm. (Practitioner, statutory sector)

*Self-harm didn't use to be a concern here [primary school] however we've seen an increase in self-harm type behaviour from some pupils, particularly the older ones, it seems to be a way of coping, with exam or life stress. (*School teacher)

Lack of resilience:

Many participants felt that children are in general more protected in society today and therefore don't have the opportunity to make mistakes, experience failure or have to solve problems for themselves. Several school staff perceived a decrease in general resilience of pupils over the past number of years, with seemingly small challenges prompting proportionally 'over the top' responses.

In Year 8, a pupil may have forgotten a textbook, or had a pet die over the weekend, or a family member ill, however the level of reaction will be the same. It is sometimes difficult to determine the scale of the problem. (School teacher)

High levels of aggressive behaviour:

Many participants working directly with children reported an upward trend in challenging behaviours, from early years and onwards; in particular, high levels of aggression towards staff and peers were reported by several sources, as well as violence from child to parent.

Children tend to play out the kinds of behaviours they have seen in the family home'. (Practitioner, voluntary sector)

I think sometimes children don't know how to process their emotions, or communicate their emotions, and that frustration comes out as aggression. (School teacher)

Teachers across several schools reflected on aggressive behaviour in the classroom happening on a regular basis, and the resultant negative impact this is having on the teaching environment and the experience of other pupils in the class.

> *It's quite common for my class to be interrupted by a child behaving aggressively. Usually I know I just need to get them out of the class, maybe take a walk, help them calm down. But it can be hard for the other children. And for the teacher.* (School teacher)

Summary: the emotional wellbeing concerns of children and young people

- Similar to the literature, the terms emotional wellbeing and mental health are used interchangeably. However, mental health is by far the most common phrase used, and tends to reflect a more negative discussion, often used in place of mental illness.

- In identifying wellbeing concerns, while some schools use tools such as the PASS tools, practitioner's own observations tend to be the most common means.

- There is a consensus across the research that increased incidence of stress and anxiety is the primary concern facing children and young people, and that this is now appearing in much younger children and with higher severity.

- Self-harm is also considered to be rising, and a significant concern for practitioners across all sectors, who feel that statistics don't reflect the true picture. Increasingly, this is perceived as more of a concern for younger children than previously observed.

- Self-esteem and resilience were discussed as issues by many practitioners, noting that these are generally lower than previously seen and are felt to be important for young people's ability to cope with life stressors. Additionally, teachers have observed lower levels of resilience and self-esteem in younger children.
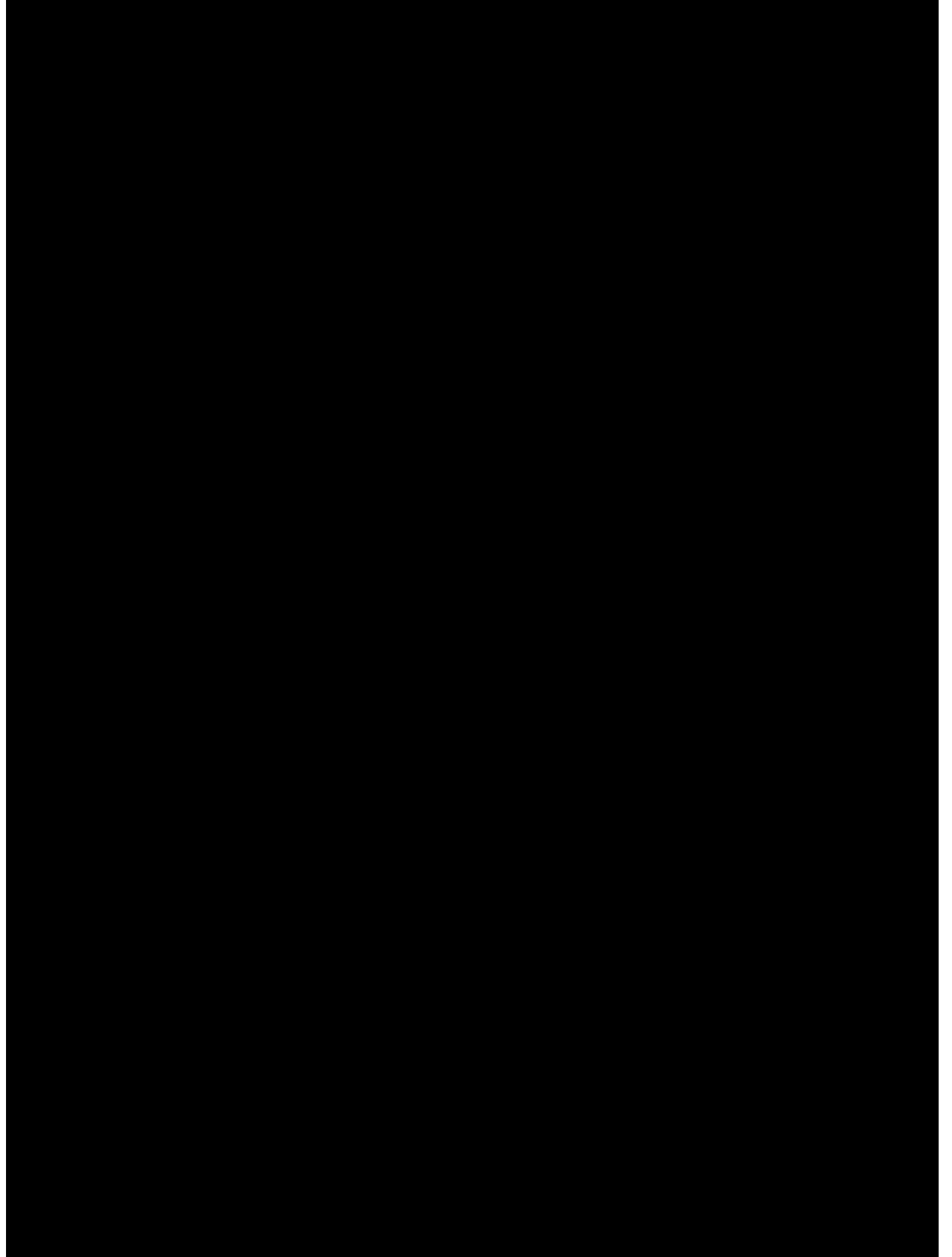
2.3 The factors contributing to poor emotional wellbeing

This chapter presents the research findings on those risk and contributing factors thought to adversely affect young people's emotional wellbeing.

Academic pressures and the education system

Achievement: The pressure to achieve academically was reported by all research participants as a significant contributory factor to high levels of anxiety in children and young people. Many reflected on how, as the standards of results increase year on year, so too do expectations.

> *For many young people, a B grade is no longer acceptable. In fact, we had one pupil who put so much pressure on himself to achieve 10 A* grades at GCSEs, that 1 A grade among the A*s was a massive failure and left him in significant distress.* (School teacher)

Participants referred to multiple sources of pressure, with parents, teachers, children and young people themselves all featuring in the discussion. The pressures of the job market and the competition for university places were causes for concern.

> *Stress and anxiety is usually connected to exams. Pupils themselves put themselves under an enormous amount of pressure, despite the best efforts of teachers and parents trying to keep them calm.* (School Principal)

> *My own child didn't want to join the school choir because she would have to miss a class in school and was terrified of missing out on work.* (Practitioner, voluntary sector)

Young people themselves commented on the amount of work they are facing, and the pressure this puts them under:

> *There seem to be deadlines every two seconds. Exams, check-up tests throughout the year, with pressure coming from teachers and parents*. (Pupil)

I told my teacher I was stressed, and she said I know you are but you need to study because your exams are important. (Pupil)

Competing priorities within the education system: Whilst Principals of all schools who hosted school visits reported the wellbeing of their pupils and pastoral care as top priority, in practice, teachers and wider staff members voiced conflicting opinions.

I have to prioritise the wellbeing of our pupils, and it's the number one thing I report on. Academic achievement is so far down the list because the starting point for many of our children is far below 'normal'. So success for us might be that they can sit in class all day. Manage their emotions. Just play with their friends. (School Principal)

Of course we care about the wellbeing of our pupils, but at the end of the day, we are here to educate them. (School teacher)

I think no teacher and no school is ever going to say the children aren't number one priority. But I think their practice tells us something different. Especially at the post primary level. (Practitioner, statutory sector)

While teachers reported doing their best to support and encourage each child, the focus on grades remains priority. Many participants reflected on the fact that schools are only ranked on exam results rather than pastoral care or other wellbeing-related factors, and wished that this was not the case. They recognised that this would require an entire remodelling and shift in culture, which they felt was unlikely.

There is an obligation on schools if they want to remain sustainable to increase enrolment figures year on year. And parents make decisions about where to send their children based on the only information that is available. And that is league tables. So schools believe that in order for them to remain sustainable, and remain attractive to parents, they need to be scoring and faring very well in league tables. (Practitioner, statutory sector)

Academic selection: The academic selection process in NI was singled out by many practitioners as a significant cause of anxiety. Many primary school staff reflected on the '*palpable tension*' in children from Primary 5 onwards.

> *The full focus of many children's learning is specifically on passing the tests, with a huge amount of extra work placed on them by parents and external tutors. There is no time to take the foot off the gas, and to allow pupils to relax. School trips are down to a minimum as they take time away from preparing for the transfer test, even in Primary 6.* (School teacher)

Parents agreed, noting the pressure put on children at such a young age.

> *I can't decide what to do for the best with my son, I don't know if he's capable of getting the transfer test, but his friends are doing it and he doesn't want to look stupid. But I think the pressure will be too much for him.* (Parent)

The online world

Many participants reflected on the potential benefits of the online world for children and young people. However, right across the research, factors relating to children and young people's interactions in the online world, and in particular social media, were widely reported to be contributing to high levels of anxiety and poor self-esteem in young people. Common themes are discussed below.

A culture of unrealistic expectations: participants felt that the way in which celebrity lifestyle and appearance is portrayed, particularly on social media, leaves children and young people under pressure to live up to what is essentially an unrealistic expectation.

> *For young people today, the measure of self-esteem is no longer how they feel inside, but how they look to others.* (Practitioner, voluntary sector)

> *We are told to be a certain way. Celebrities influence how we should look and be and act. And it can be hard to live up to.* (Pupil)

<u>The changing nature of social interactions:</u> Numerous participants perceived that the online world has changed the way young people relate to one another, reporting that the anonymous nature of the online world has blurred the lines between acceptable and unacceptable behaviour. Many were concerned that sexting and sharing of inappropriate images has become commonplace, with young people not comprehending the potential impact this may have on their own and others wellbeing, and leaving them vulnerable to exploitation or online abuse. Participants were also concerned that texting and online interaction has reduced the ability to communicate face to face and read and display social cues, while the constant presence of mobile phones has changed the way parents interact with babies and young children.

> *The lack of engagement is there at that early stage; very young children being preoccupied with iPads for example.* (Practitioner, voluntary sector)

> *We see children unable to turn the pages of a book, they are swiping instead. Parents aren't reading to their children any more, and that is one of the important ways that children pick up communication skills.* (School teacher)

Several participants feared that young people are in danger of becoming socially isolated due to the time spent online rather than engaging directly with friends. However, in contrast, others reflected that the online world can encourage engagement, particularly for children and young people who have difficulty interacting face to face, impacting positively on wellbeing.

> *My son, he wouldn't be the most outgoing. But online, he has a large group of friends with similar interests and they talk a lot via messaging and while they're playing games. I wouldn't have encouraged gaming, but it's actually been good for him, to help him socialise.* (Parent)

> *There's talk about children sat playing games on their own all night. But for lots of the kids we work with, they're connecting with their friends online while they play. Making new friends with the same interests, more than they have the confidence to do in real life. So that's their social life there.* (Practitioner, statutory sector)

<u>Bullying and online abuse:</u> Online bullying was raised by many research participants as a major concern, particularly since mobile phones now facilitate 24 hour access to messaging platforms. Whereas children could previously go home and get a break, the bullying behaviours can now follow them home.

> *Bullying no longer happens in the playground, it continues into the bedroom, so it can go on 24 hours a day.* (School teacher)

> *It is easier to be cruel by phone than face to face.* (School teacher)

The far-reaching impact this can have on children's wellbeing was a significant concern, in particular on self-esteem and confidence levels. Several participants reflected that regardless of how many positive messages a young person might hear, the negative ones overrule.

> *That one bad comment on social media…everyone sees it. And that is the stuff that young people will listen to, not what I've told them.* (Practitioner, voluntary sector)

> *It is difficult for schools to compete with comments by some cool dude on social media who is preaching negativity.* (School Principal)

<u>Impact on school work:</u> Parents, teachers and young people themselves reported concerns at the time spent on the internet, and the impact this can have on school work. For those who are already struggling to keep up, this was felt to be increasing pressure and exacerbating anxiety levels.

> *Social media takes up all of your time. It's a distraction from school work and adds to school pressure because you have less time to do your work. But you can't help yourself and don't want to be left out.* (Pupil)

Experience of suicide within family and/or community:

While not identified as a specific concern through the school survey, practitioners across schools and youth sector organisations discussed their direct experience of suicide in their day to day work, with young people themselves taking their own life, or their wider friends, family or community members having done so.   Practitioners reflected on the lasting and often devastating impact this can have on the young person.   Practitioners working in areas with high deprivation reported that often, children and young people have experienced multiple suicides within their family circle.

I worked with one young fella, he had lost maybe six friends to suicide. By the time I met him, his life was upside down; he was on all sorts of drugs and just wanted to end his life. (Practitioner, voluntary sector)

They are influenced by other family members or networks who have been impacted by suicide and so they explore, 'is this actually a legitimate way of coping with the issues I'm facing'? (Practitioner, voluntary sector)

Several practitioners commented on the worrying trend they'd experienced that sees suicide glorified, as a means of young people gaining attention.

We had a young person in the community die by suicide recently and his friends wanted to hold a candle-light vigil for him. We tried to discourage it, however, they went ahead. The number of videos that were taken, posted online, the attention and comments… I fear that other young people considering it will see that as the ultimate glorification. (Practitioner, statutory sector)

*I worry that the social media attention that a suicide raises might actually encourage a vulnerable young person to go through with it, thinking it's the only way they can get attention. (*Practitioner, voluntary sector)

Academic pressures and the online world were considered factors which have the potential to impact all children. Several additional factors were raised which make some children more at risk of poor emotional wellbeing; these are discussed in more detail below.

Children who have experienced adversity

Many practitioners commented on the risks posed to children's emotional wellbeing as a result of exposure to Adverse Childhood Experiences. The wider impact of poverty on wellbeing was of particular concern.

In our school, many of the children are the second, third generation to come here. I know the parents, grandparents, and the experiences they have faced. So I know where the child has come from, their background, their daily struggles. I know, for example, that for some children, lunchtime in the canteen will be their only hot meal of the day. (School principal)

Research participants also commented on the impact of neglect, both physical and emotional, on the emotional wellbeing of children, again noting the intergenerational nature.

I know the mums of a lot of our children. And I remember them coming to school, dishevelled and with no breakfast. And now the child is doing the same. The parent had no role-model or security themselves, and are passing that to the children. (School teacher)

Parents nowadays are 'time poor'. That's not necessarily a problem in itself, but we have a couple of children, they are fed and well dressed, but they are neglected in the sense that they don't get any attention in the home. (School teacher)

When discussing childhood trauma, a number of participants raised the legacy of the Troubles and the intergenerational impact this has had on wellbeing.

Young people here, and their families, have been severely affected by the troubles. We see quite a lot of young people in here, early twenties, who are just lost. A sense of apathy. Don't see them ever having a future for themselves. (Practitioner, voluntary sector)

Children with Autism Spectrum Disorder (ASD) and co-morbidities

Many participants discussed their experiences of working with children with ASD/ADHD, commenting on the co-morbidity with anxiety and the complexities this can raise. Participants noted an increased incidence of referral for ASD/ADHD, leading to increased demand for services and therefore increased waiting times for diagnosis. During this waiting time, families are left in limbo, unsure whether their child has ASD, ADHD or something else; this is thought to increase anxiety for both parent and child. Additionally, children awaiting diagnosis go without the specialist support they need, again, negatively impacting emotional wellbeing.

The waiting time causes anxiety for the parent and therefore the child. They don't know what is wrong, or how to behave. During that time, the child might be in mainstream class in school when actually they need to be getting specialist support. Several years is a long time.
(Practitioner, voluntary sector)

My child has just been diagnosed with Autism and she's getting fantastic support. But while the assessment process was going on for years, there was very little communication and no support. So we were kind of lost for that time, and it's a long time at that age for a child not to be getting the support they need. (Parent)

Parenting and family relationships

The majority of participants were in agreement that the central components of wellbeing, such as resilience and self-esteem, develop in the earliest years of life, with parents playing a key role to support this. Many practitioners noted that, by the time they come into contact with a child or young person, those core skills and traits haven't developed, as the parenting skills to do so have been absent from the child's life.

Poor attachment: Many participants expressed concern at the impact that changing lifestyles may have on parent-child attachment. Specific contributing factors to poor attachment discussed included the constant presence of mobile technology and resultant negative impact on social interaction (already discussed); lack of extended family support therefore increasing pressure on new parents; the perceived 'cotton wool culture' of overprotecting children; and the time pressures on parents from work and other social commitments.

I think actually the environment isn't conducive to supporting good interaction anymore, and that impacts attachment. Mobile phones are a huge part of that. We need to go back to basics and teach parents how to coo, sing nursery rhymes, play peek-a-boo. (Commissioner, statutory sector)

I feel that a lot of the anxiety that they have is about mum, maybe, in the home, about leaving her. And a lot of our absconding behaviours seem to be because they need to get home. The anxiety gets so high that they are running home. And I think that can be traced back to attachment. (Practitioner, statutory sector)

Children from families in conflict: For many practitioners, the changing structures of the family also have the potential to impact negatively on children's wellbeing. Many discussed the rise in children with separated or divorced parents are commonplace, and while this wasn't a concern in itself, where the relationships aren't 'properly managed', or where there is conflict between parents, there is concern as to the impact on the child.

Home life is often very chaotic and family relationships strained, particularly in areas of deprivation (School teacher)

There has been a rise in blended families that are very complicated. Of course separation isn't necessarily a problem in itself, but children's lives are more complex because of it. (School teacher)

Children who are members of the LGBTQ community

Several participants were concerned that children and young people who identify as LGBTQ faced a higher risk of poor emotional wellbeing given the challenges they must navigate, at home, in school and in wider society. While some participants felt discussions on such issues are common and accepted in everyday life, others felt there is still stigma attached, and have seen young people struggle with anxiety as they explore their sexuality and consider 'coming out' in school, to friends or to family. Indeed, practitioners report that children are exploring these issues at a much younger age, possibly as a result of greater societal awareness. Practice across schools differed, with some examples of particularly good practice noted.

I feel really comfortable in my school. You feel a sense of freedom, like you don't need to be afraid to be yourself. (Pupil)

We are really focused on the gender issues at the minute, and those young people who identify as LGBT. We are trying to be very forward thinking and ensure that policies and procedures are in place which enable those young people to have an education without barrier. (Practitioner, statutory sector)

Several practitioners reported having seen a rise in the number of transgender young people, however feel poorly equipped to support these young people and to respond to their needs.

We have put effort into sending staff to external training, and are looking to draw up clear guidelines internally. I think that's really important…well-meaning is one thing, let's get high quality advice out there to our schools and to our children and their families. (Practitioner, statutory sector)

We have had several students who are transgender. In the absence of formal guidance, we've had to feel our way through the process, learning as we go. And we've done ok, we've made mistakes, but we've been open and honest from the start and said 'We're learning, we'll make mistakes but bear with us'. (School teacher)

Summary: the factors contributing to poor emotional wellbeing

The factors contributing to poor emotional wellbeing will differ from child to child, however the research identified two key negative influences which impact all children:

- **Academic pressures and the education system:** due to the increasing competition for university places, and in the job market, children are under increasing pressure from a much younger age to achieve high grades and this is thought to be the cause of much anxiety. Additionally, the transfer test brings stress for young children, starting from primary 5 onwards.

- **The online world:** while providing many positive experiences, the online world is felt by many to contribute to poor wellbeing for a number of reasons, including the potential for online bullying, the pressure to conform to unrealistic physical and lifestyle expectations, and the risk of extortion and exploitation.

Additionally, a number of life experiences were identified which increase the risk of some children experiencing poor emotional wellbeing. These include:

- Experience of a range of childhood adversities, including poverty, emotional and physical abuse, and neglect. These often occur in combination.

- Poor attachment and chaotic lifestyles due to poor parenting and conflict within the family.

- Experience of suicide in the family or close community:

- Having a diagnosis of ASD OR ADHD, and

- Identifying as being LGBTQ
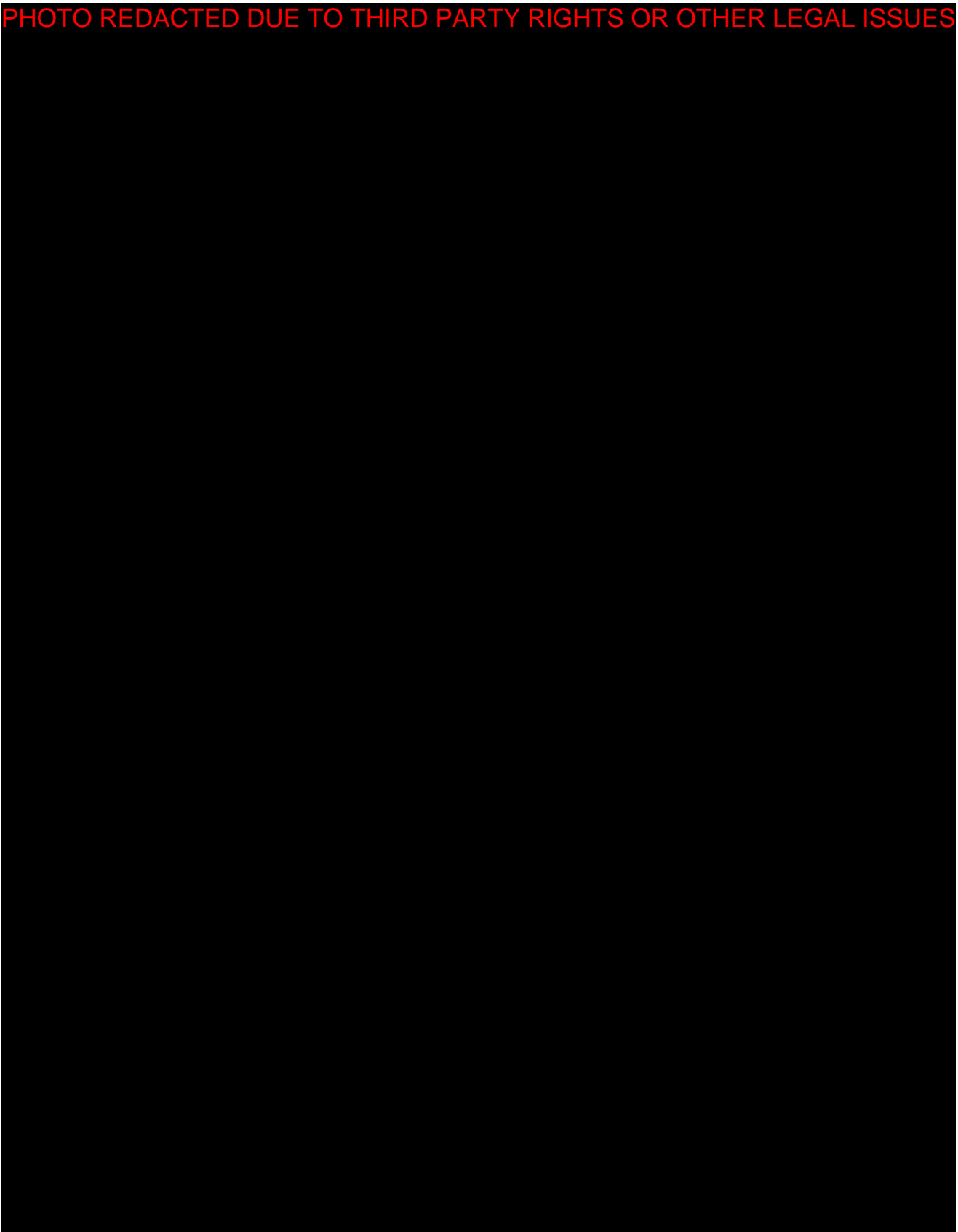
2.4 Current practice in supporting emotional wellbeing in children and young people

Research participants were asked to outline their current practice and, from their experience, give their views on the most effective ways of supporting children and young people's emotional wellbeing. This chapter predominantly covers practice in schools, given that the majority of research activity took place there.

Practice within schools largely falls into three broad areas:

- School policies and supporting structures.

- School culture and environment.

- School provision to support emotional wellbeing of pupils.

School policies and supporting structures

All schools surveyed reported having a dedicated staff resource as a central point of contact on emotional wellbeing of pupils. Figure 5 below shows that in the majority of cases (95%) this was a team or multiple members of staff rather than a single designated person.

Figure 5: % of settings with a dedicated member of staff or team/multiple members of staff to support emotional wellbeing
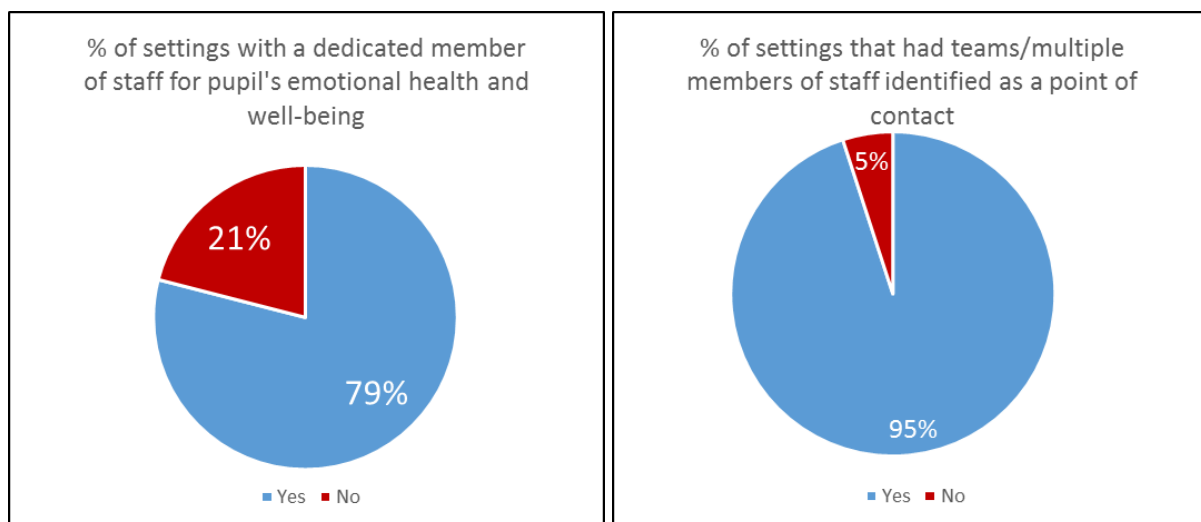
Figure 6 below shows that, where a single person was identified, for the most part, this was either the Principal or Vice-Principal (60%).

Figure 6: Position of dedicated staff member

Position of dedicated staff member

- Principal or equivalent — 23%
- Vice/Assistant principal — 37%
- Designated teacher for child protection — 11%
- SENCO — 6%
- Head of pastoral care — 5%
- Class teacher — 4%
- Other — 14%
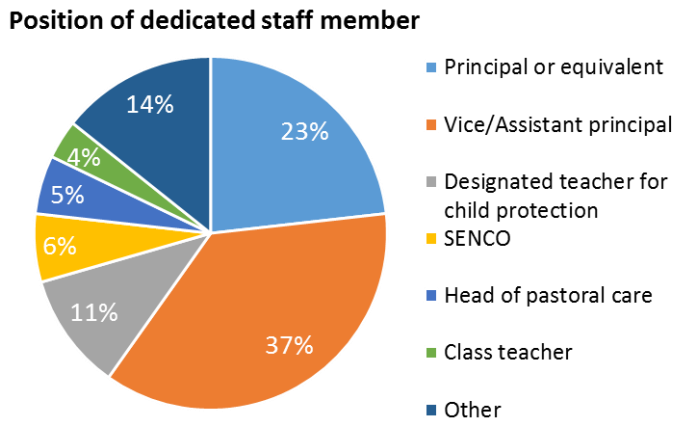
The importance of having a dedicated team in the school to support pupils and indeed one another in dealing with emotional wellbeing of pupils was noted by several schools visited.

> *Our safeguarding team is responsible for overall wellbeing. We need to have a team for a school this size. We meet every week to discuss any children we have concerns about, or ongoing wellbeing issues. We can share the burden, support one another, so there's no one person going home every night overloaded with worry. (*School Principal)

> *The Pastoral Care Team's pictures are up around the school, so that pupils, parents and indeed other staff know who to go to. There's a good range of us, so in theory every child should feel comfortable talking to at least one of us.* (School teacher)

Figure 7 below shows that 81% of schools reported having emotional wellbeing as a specific priority within their school development plan. It is interesting to note the difference across post-primary and primary, with almost all post-primary schools (94%) reporting this, compared to 74% of primary schools.

Figure 7: % schools reporting mental health and emotional wellbeing included in the school development plan.


% of schools with mental health and emotional well-being included within school/setting development plan
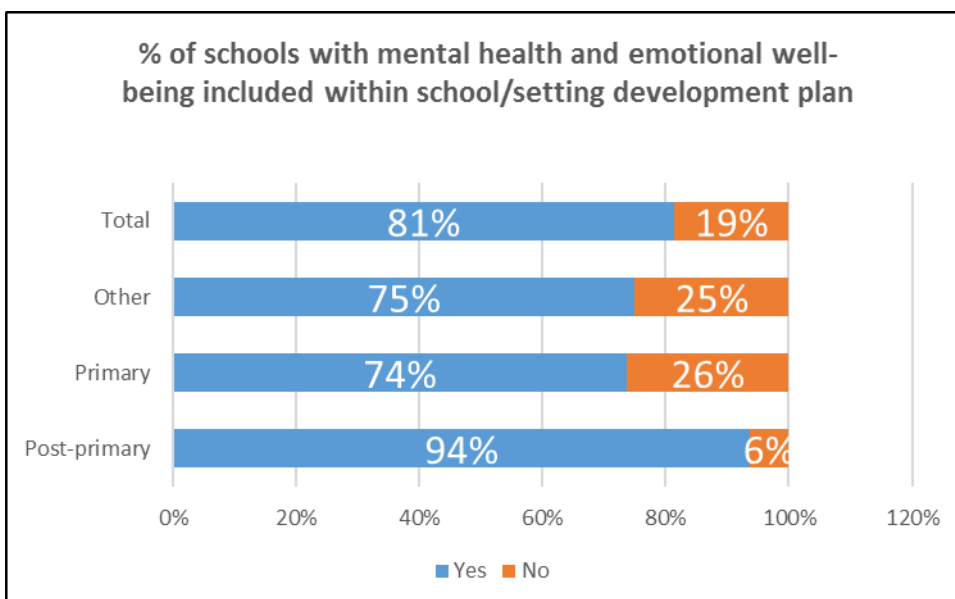
Again, this was supported in other elements of the research, with many school principals commenting on the increasing priority that emotional wellbeing is becoming within school planning and governance.

> *I report regularly to the Board of Governors on wellbeing of the pupil, above and beyond anything else. For me, that tells the biggest story about how we are doing for our pupils, and where they are on their journey.* (School principal)

Figure 8 below shows the range of relevant policies that are in place across surveyed schools. It is not surprising to note that almost all schools have a policy on online safety, given the widespread focus on this across society.

Figure 8: % schools reporting specific policies in place

% of settings with a policy for:

Legend: All settings, Other, Primary, Post-primary
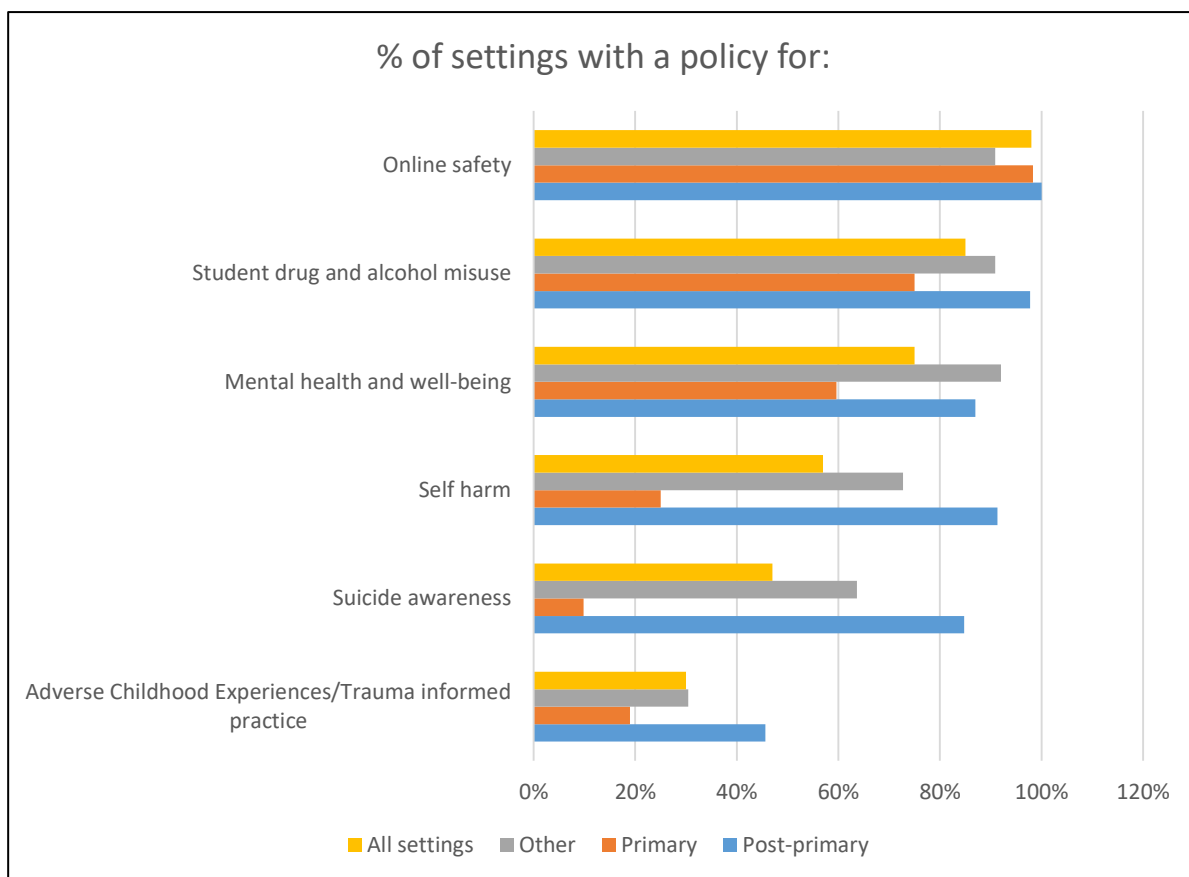
It is worthwhile noting that three quarters of schools have a specific policy in place for emotional wellbeing, and in line with previous findings, post-primary schools were more likely to have this than primary schools (87% compared to 60%). Indeed, this trend is mirrored across all policy areas, perhaps not surprisingly given that issues such as self-harm and suicide are known to be more prevalent in older children. It is encouraging to note that schools are already responding to emerging developments across the children's sector, with almost a third having policies in place for Adverse Childhood Experiences and trauma-informed practice.

While other research participants within schools noted the importance of having relevant policies in place to establish procedures and standards, greater importance was placed on the implementation of these policies in everyday practice in schools.

I couldn't actually tell you about any of the specific policies the school has, but I know they look after my child's wellbeing, I can see what they do in practice. So for me, the policy isn't important, it's what they do with it. (Parent)

We have a positive behaviour policy at the school. But it doesn't sit on a shelf. It's in every classroom, on the wall. Children and parents all sign up to it at the start of the year, and if they break the policy, we work through the policy with them so that they understand why their behaviour wasn't positive. So it's a living part of school life. (School principal)

Staff training

Figure 9 below shows that most schools (86%) have provided staff with specific training on mental health and emotional wellbeing; this staff training is focused primarily on the Senior Leadership Team, year heads and teaching staff, and on occasion is provided to classroom assistants and wider support staff.

Other common training covered online safety (87% of schools), suicide (72% of schools) and self-harm (72% of schools), with both suicide and self-harm training more common in post-primary schools. Interestingly, 60% of primary schools and 39% of post-primary special school participants reported specialist training for staff on Adverse Childhood Experiences and/or Trauma Informed Practice, both emerging areas of practice.

Figure 9: % schools providing training across a range of policy issues

% of schools that have provided training on the following areas:
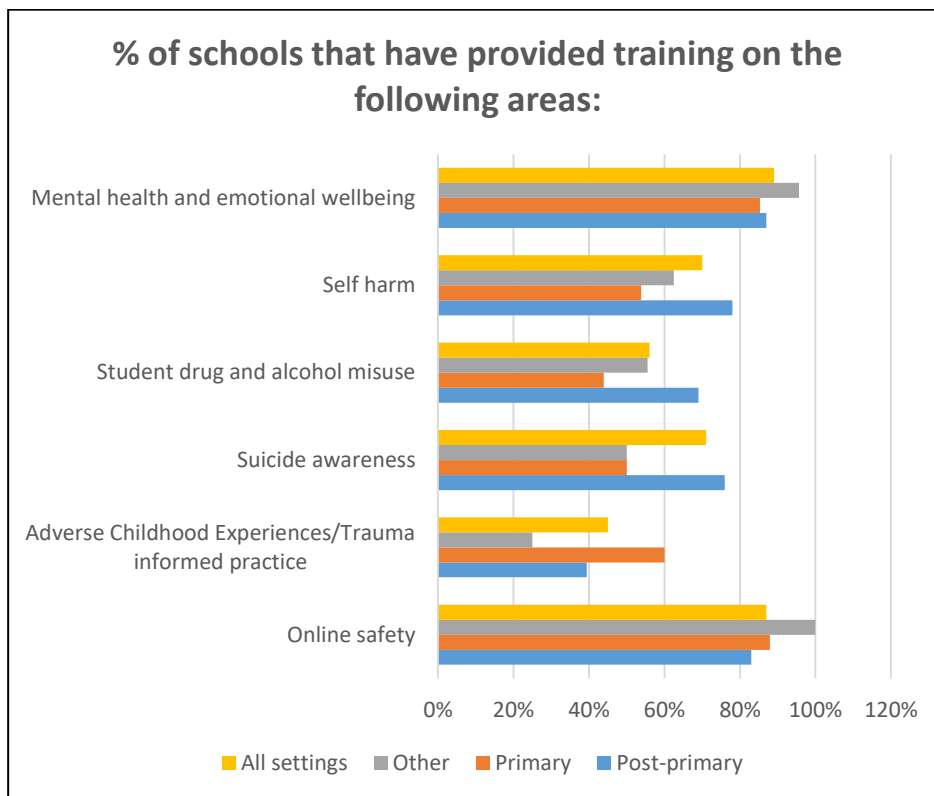
These findings were reflected across the qualitative research, with school visits identifying the critical importance of staff training, and many reflecting on the need to extend training to the wider school staff.

Very often that's who the pupil will actually speak to, it won't be the teacher... Those are the sorts of people that they actually make connections with. (Parent)

All staff should be trained in suicide awareness and positive mental health - these should be as compulsory as child protection training. (School survey respondent)

Teachers are never going to be experts in dealing with the effects of mental health. However, we are increasingly having to deal with these issues regardless, so we all need some level of training to give us confidence. (School survey respondent)

Participants named a range of different training opportunities that they had availed of, such as Mental Health First Aid, Schools for Hope, and the staff component of Mood Matters. A 'Train the Trainer' model was particularly appreciated.

This model suits us well; I can invest in training for one staff member, who can then cascade to other staff. And the training can then be used in everyday work with pupils right across the school so that we are consistent in our approach. (School Principal)


Summary: School policies and supporting structures

- Schools have a range of policies and structures in place to support wellbeing issues, with most identifying a policy specifically addressing mental health and emotional wellbeing.
- All schools have dedicated staff with responsibility for emotional wellbeing, with either a lead individual (commonly Principal or Vice-Principal) or a larger team.
- The majority of schools have emotional wellbeing specified within their school development plan, although this is less common in primary schools.
- Staff training covers a range of wellbeing issues, and again, most schools report dedicated training specifically on mental health and emotional wellbeing.
- Training is more commonly targeted at senior staff and teachers.

School culture and environment

Figure 10 below shows that almost all schools (97%) agreed or strongly agreed that emotional wellbeing is just as important as academic achievement. Additionally, the vast majority (92%) agreed or strongly agreed that it was important to adopt a 'whole school approach' to supporting emotional wellbeing.

**Figure 10: % schools agreeing/strongly agreeing with a number of statements.**
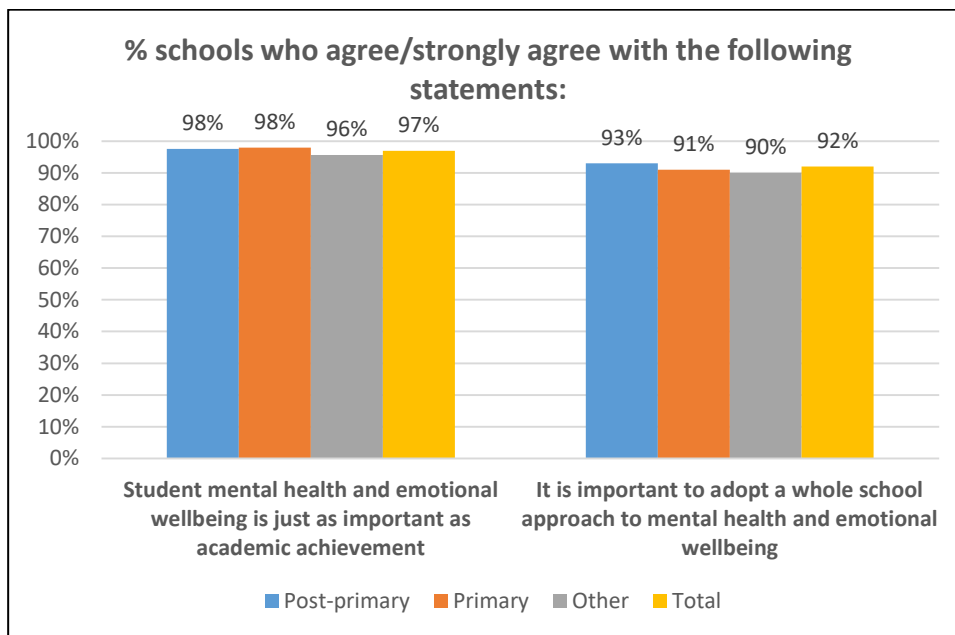
Visits to schools explored this 'whole school approach' in practice, and identified an overarching culture of wellbeing present in both interactions within the school, as well as in the physical surroundings.

Wellbeing is very clearly at the centre of our school ethos. The way we talk to the pupils and encourage them to talk to each other is about respect. Classrooms have inspirational quotes on the walls, we have the children's artwork on the walls, just to create a positive atmosphere, a nice place to be. (School Principal)

*All conversation is openly encouraged and problems are openly and honestly addressed. Parents know they can talk to me about anything. Pupils know they can talk to me. Staff know they can talk to me. And every day is a new day, a fresh start. So no grudges held, no bad air. (*School Principal)
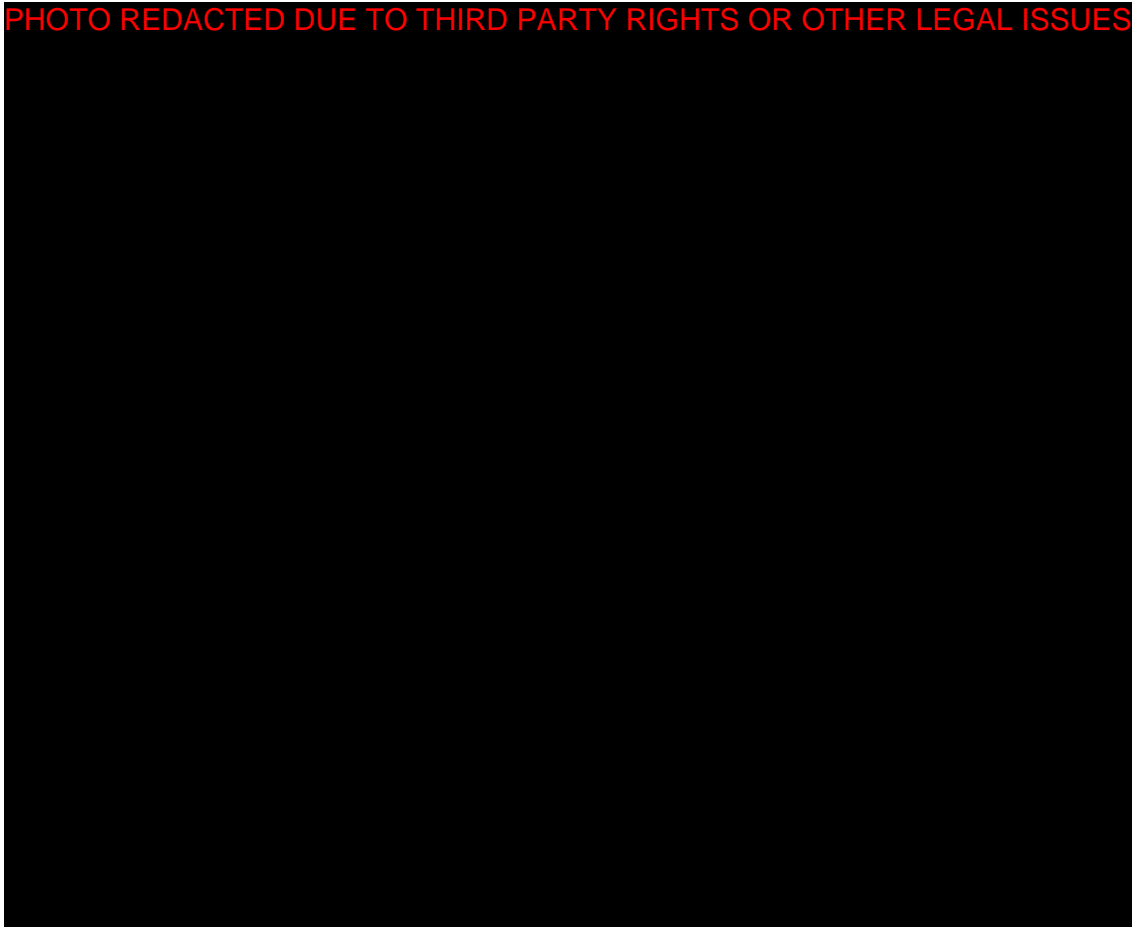
Schools of Sanctuary

The Schools of Sanctuary model was adopted in one school as a specific approach by which to further embed emotional health and wellbeing within the school culture and ethos**.**

In NI, Schools of Sanctuary is supported by the EA and TEO, through the Urban Villages Initiative. Several schools across NI have been designated as Schools of Sanctuary, a process of recognition awarded to schools who demonstrate that they are a safe, welcoming and inclusive space for all. While there is a particular focus on intercultural awareness and welcoming those seeking sanctuary from other countries, schools of sanctuary also provide a safe space for those facing trouble at home, those with special needs or those struggling with daily life.

To gain recognition, schools must demonstrate that they have adopted the 3 pillars:

- Learn: about what it means to be seeking sanctuary, how to promote positive attitudes, and how to raise awareness and develop skills for all.

- Action: to embed the learning in school life, through policies and practice, through the curriculum and through extracurricular activities and events.

- Share: ensure that all staff, pupils, parents and wider community know about the schools approach and beliefs, and share good practice with other schools.

The positive impact that a culture of wellbeing has made to children was noted, particularly by parents, who could see a change in the way their children responded to others, their knowledge of emotions and their recognition of others' feelings.

My kids regularly come home with small rewards or certificates to recognise little ways that they've been kind to others during the day, and I can definitely see how it is making them more aware of being kind, of respecting other people's feelings. (Parent)

You can see my son really caring about his friends, he's much more aware of their feelings now, and if he sees someone upset, he'll ask what's wrong and try to comfort them. (Parent)

In developing a whole-school culture of wellbeing, the following elements were considered to be critical:

High quality and supported staff

Investing time and resources to equip staff teams with the skills and knowledge to build relationships and positively interact with pupils was considered the biggest asset. Pastoral Care Teams in particular were identified as critical players in bringing about a whole school culture of wellbeing. Within these, staff were usually teachers, however also included classroom assistants, administrative personnel, and on one occasion, school nurse and school Chaplains.

Promoting positive relationships between staff and students is the most important thing. If this is in place, and students feel welcome, safe and happy, they are more likely to come forward and get help with their issue. (School survey respondent)

The most important resource in the school, in my view, is the staff. An aware, sympathetic and well-supported staff complements a sound programme but no programme will be effective if those staff delivering and implementing it are not committed to it. (School teacher)

As a school, we've invested resources to employ two Chaplains, a fulltime Wellbeing Assistant, and a full time School Nurse. For us, the difference is made in having staff who are available to students full time; these staff are un-timetabled and students all know they can drop in to talk at any time they want to. (School Principal)

Pupils and parents agreed that school staff had a significant impact on school culture, with many naming trusted teachers specifically, or commenting on the general caring nature of staff and how this supports the children's wellbeing and increases their confidence.

I know that as my daughter walks down the corridor, there are several pairs of eyes watching out for her, if she has a problem, I hope they would notice, and she certainly knows she can go to them. (Parent)

It's a really caring school where the staff make the difference. It's a big part of the community and actually, feels like an extension of the family. (Parent)

The staff are really nice when you're feeling down. It makes you feel safe that you can tell people what is really happening or how you're really feeling. (Pupil)

I know there is always someone there I can talk to. Teachers are busy teaching, so don't always have time, but there are lots of other people who are there and I know I can go to at any time. (Pupil)
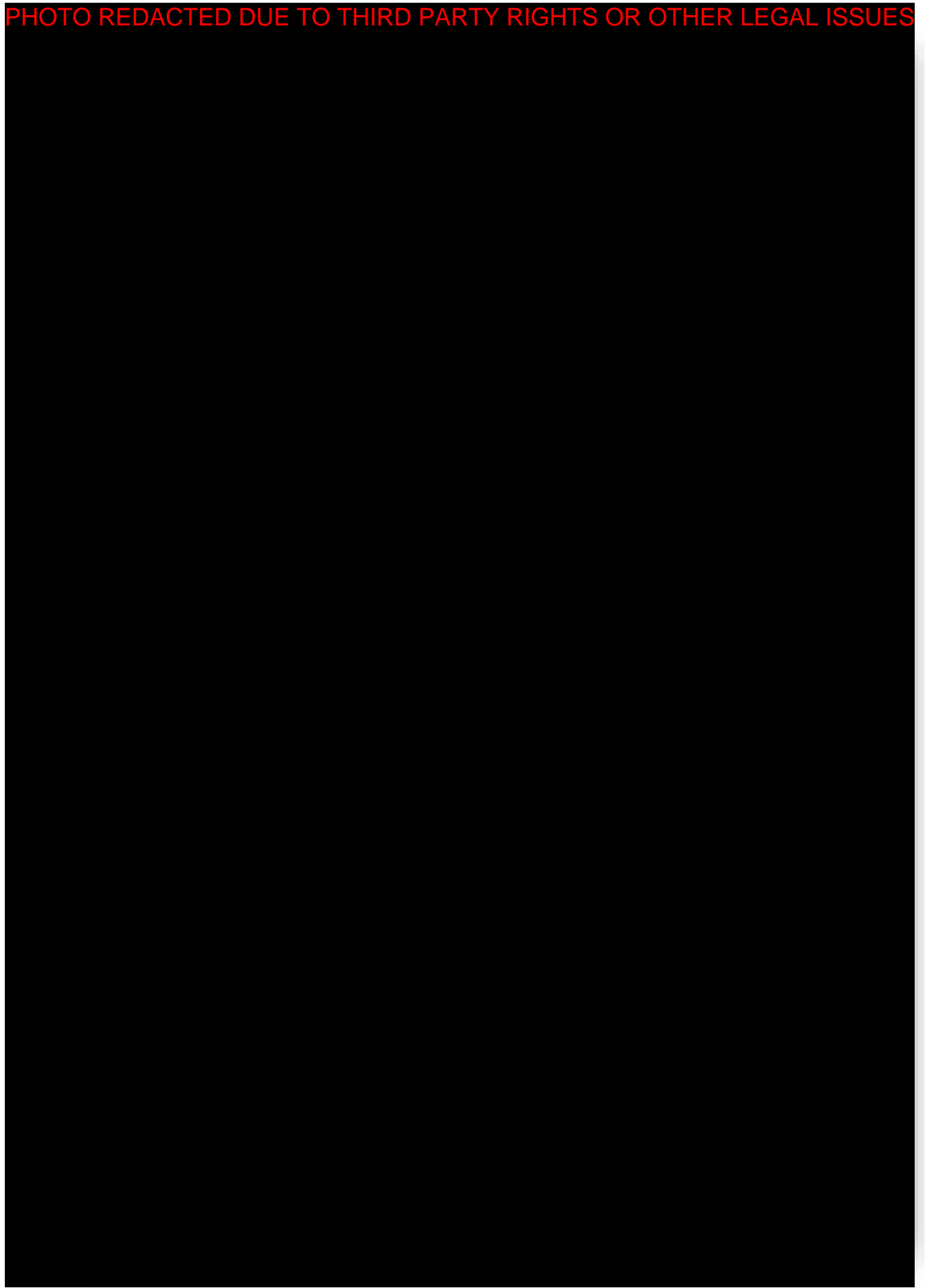
However, schools also pointed out the effort needed to develop such a 'whole school' approach, and felt that it was difficult to sustain given the wider pressures on schools at the minute.

Time will always be a major factor - for a whole school approach to be adopted to encompass academic achievement and mental wellness, schools would need so much more time. (School survey respondent)

School cannot solve all the ills of society. Obviously children need to feel safe, secure and happy for learning to take place but schools are the only place where children are taught how to read, write and count and we need time to do this. (School survey respondent)

Getting the physical environment right

Schools reflected on the importance of providing a welcoming and comfortable environment in school, particularly given the size and busyness of large post-primary schools.

The difference between primary and post-primary school is vast, not just the physical size, but the layout, the structure of timetables, the moving about between class, the noise in the corridors. It can be overwhelming so we try to make it a welcoming space. (School teacher)

All schools visited had made some provision for quiet or 'time out' space. One school has an onsite chaplaincy, with a small quiet room, a social area and a larger chapel-type space. Students can use these spaces throughout the day, and the two Chaplains are available if anyone wants to talk. Students of different religions (and none) make use of the space for prayer, reflection, quiet conversations, even to do homework.
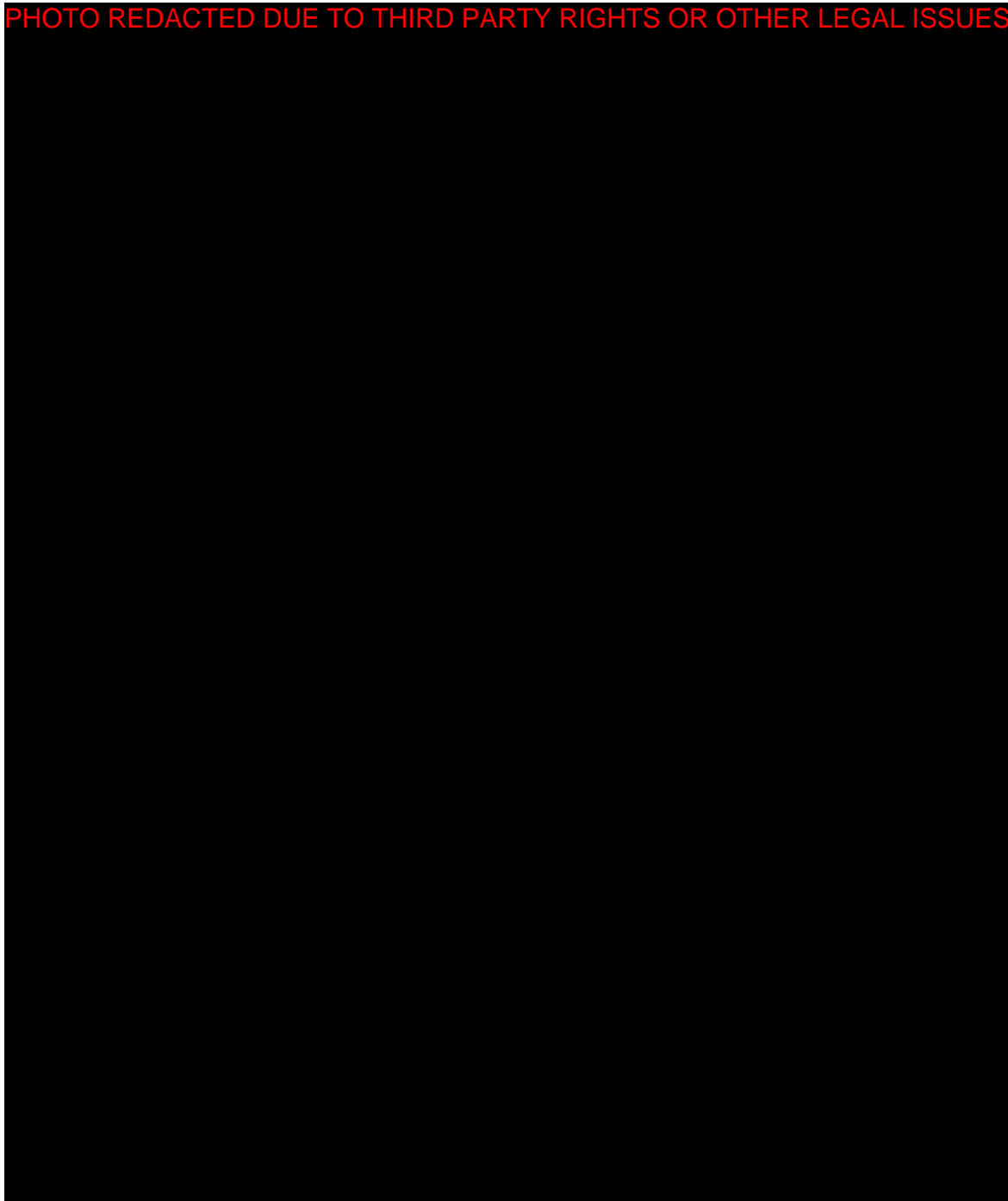
Other schools had a range of quiet areas and social spaces set up, such as beanbag areas, café-style seating, common rooms for older groups and libraries, and ensure that pupils know they are available to use at certain times in the school day. Outdoor spaces were also commonly mentioned, and considered important in wellbeing.

We make sure the children get outside every day, as long as the weather isn't really bad. They wrap up, we have the welly boot store for them, and then they go and play. Fresh air and exercise are as important as anything we do in the classroom. (School Principal)

For some young people who couldn't cope in the traditional school environment, the space provided by EOTAS provision was therefore of particular benefit.

My daughter couldn't cope with the people, the noise, the chaos. She is now in the process of being assessed for Autism, and being educated in alternative provision, and the atmosphere there is so much better for her needs. I appreciate mainstream schools can't do that for everyone. (Parent)

The best thing about being in this school [alternative education provision] is that you can have time out when you want it. I can go and sit in the quiet area until I'm ready to go back to work, and no-one will judge or pressure me. (Pupil)

Summary: School culture and environment

- Emotional wellbeing is a top priority for the majority of schools, with most recognising the need for a whole school approach to adequately support wellbeing.

- How a whole school approach is implemented in practice looks different from school to school, however it has a number of common elements of a whole school:

  - An ethos of caring that influences school policy, practice, daily interactions and the wider school environment.

  - The pastoral care team, and indeed wider staff, are considered one of the main assets in terms of a whole school approach. The daily interactions, the way that teachers speak to children and parents, getting to know them and taking an interest in their lives, all contribute.

  - Providing a welcoming and supportive physical school environment where pupils feel comfortable. Where possible, space for time out within busy schools was considered important.

- Regardless of the opportunities for quiet space within the school, some young people still struggle to interact in the school environment. For them, the flexibility of EOTAS provisions provides the required space for them to engage in school work and interact with peers.

School provision to support emotional wellbeing of pupils

Figure 11 below shows that 100% of post-primary schools, and 90% overall, report provision to address emotional wellbeing issues.

Figure 11: % schools reporting provision to address emotional wellbeing issues.

% of schools that have provisions to address emotional wellbeing issues
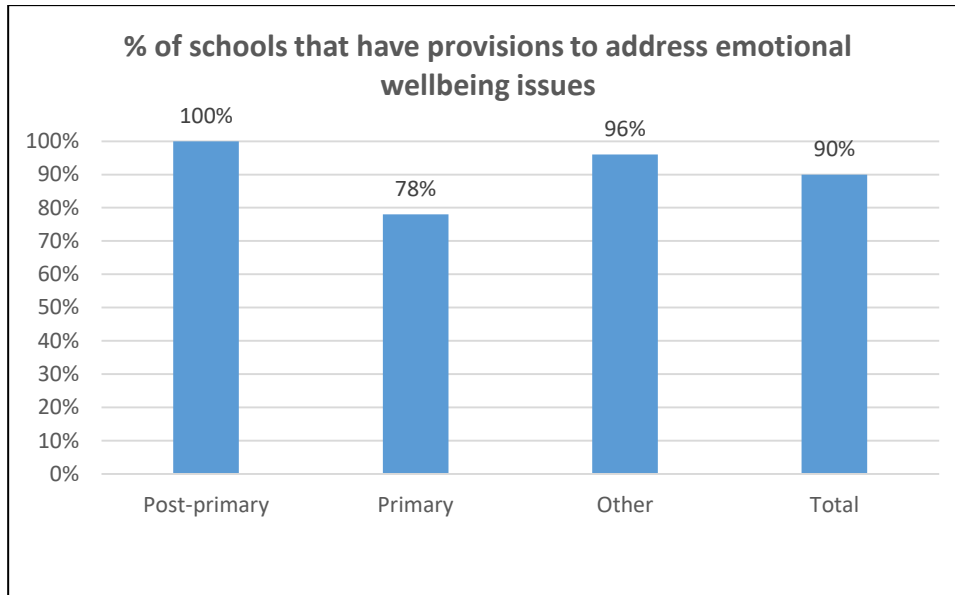
Overall, the research identified in excess of 40 different provisions currently delivered in schools across NI; an overview of these programmes is included in the full list of interventions in Appendix 1. Many of these programmes have a strong evidence base, while others are building a local evidence base. These provisions are incorporated in the school day in a range of ways; Figure 12 below shows that structured programmes within the curriculum are the most popular across all schools with 46% of schools reporting this method of delivery. Beyond this, 33% of schools reported using structured programmes outside of the curriculum, and 33% reported using verbal presentations in their emotional wellbeing work.

Figure 12: Type of emotional wellbeing provision used in schools (note participants could select multiple answers therefore totals may be more than 100%)

Top 3 types of wellbeing provision used

Structured programme within the curriculum — Overall 46%, Primary 52%, Post-primary 42%
Structured programme outside of curriculum — Overall 33%, Primary 38%, Post-primary 30%
Verbal presentation — Overall 33%, Primary 38%, Post-primary 30%
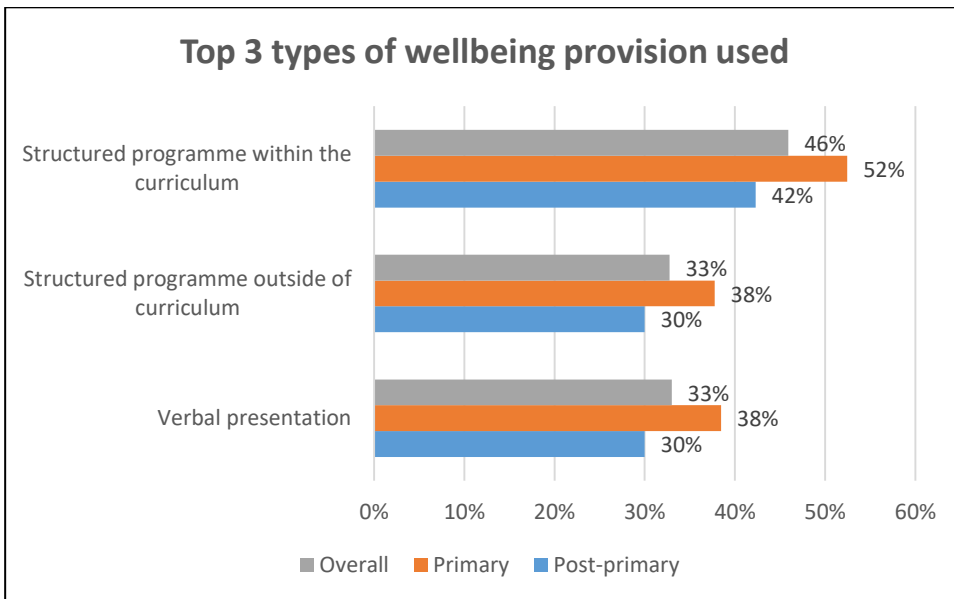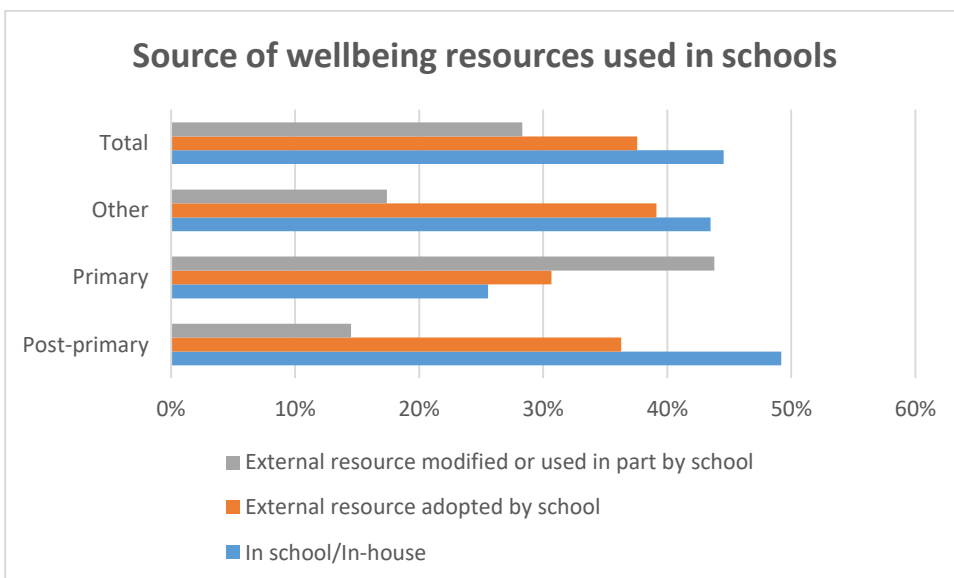
Legend: Overall, Primary, Post-primary

Figure 13 below shows that whilst almost half of schools (45%) develop their own resources, the remainder use external resources, either in full or modified to school context.

Figure 13: source of wellbeing resources used in schools

Source of wellbeing resources used in schools

Legend: External resource modified or used in part by school; External resource adopted by school; In school/In-house

All schools spoke of the value of being able to bring in external expertise to supplement internal provision and plug specific gaps to meet pupil needs.

> *We have extensive links with external agencies when we need to support individual students. Many agencies are hosted in school to allow pupils to access services needed that parents may not or could not facilitate outside of school hours*. (School survey respondent)

> *Training for staff has empowered them to tackle difficult issues. However when there are speakers organised or students are given the opportunity to work with outside agencies, this can often have a more lasting effect.* (School survey respondent)

Whilst this external support was valued, there was concern raised about the amount of external agencies currently providing support in schools, and how difficult it is to judge the quality of such provision.

> *There are so many organisations to choose from, which isn't bad in itself, but I wish there was some way of knowing if they are giving out the right messages, if I can trust what they're saying.* (School Principal)

> *Of course we have our 'go to' resources, and we know we can trust them, but I always find that they need tweaked a bit, to fit with the theme of the session, or the issues of the day.* (School teacher)

Figure 14 below shows that for the most part, wellbeing provision in schools is funded from the school budget (66% of provisions). 23% of provision is funded via external agencies, while the remainder is funded by a mix of internal and external sources.

Figure 14: Funding source for school wellbeing provision

Source of funding for wellbeing provision

- Within annual budget: 66%
- outside of school budget: 5%
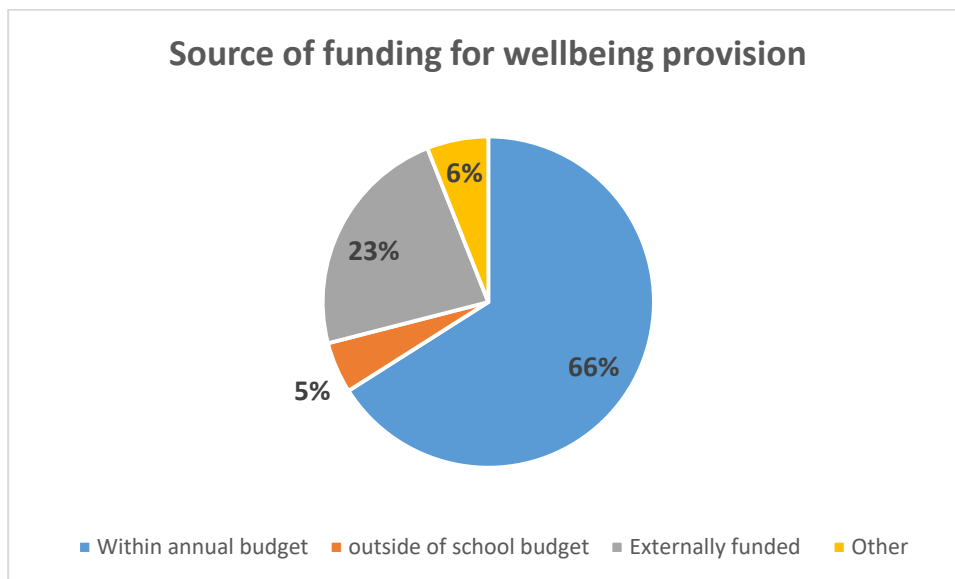- Externally funded: 23%
- Other: 6%

Figure 15 below shows the target audience for wellbeing provision. Almost all (98%) of schools reported having wellbeing provision for students, while 33% of schools reported provision targeted at teachers. Less than a quarter (22%) of schools overall reported having wellbeing provision for parents, with the lowest percentage reported by post-primary schools (14%).

Figure 15: % schools reporting wellbeing provision for students, teachers and parents. Note this was a multiple response question.

% schools reporting wellbeing provision targeted at students, teachers and parents

Legend: Post-primary, Primary, Total
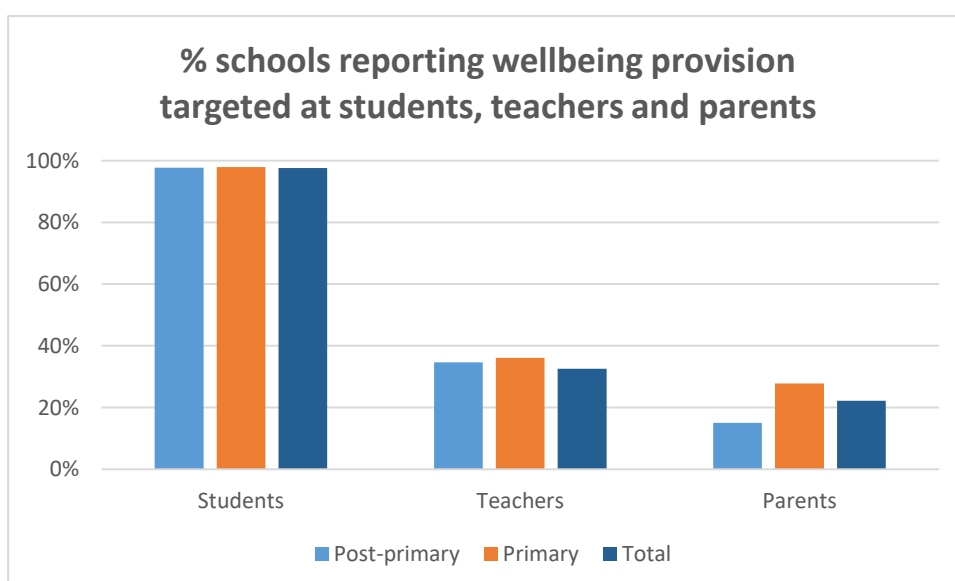
In delving deeper into the issue of provision for parents in the qualitative research, there was a strong recognition of the critical role parents must play in supporting the child's emotional wellbeing, and the need to have targeted provision for parents, particularly on issues of online safety and emotional wellbeing.

> *Parents definitely need to be more educated, especially about the internet and the risks and dangers there for wellbeing. We do run sessions sometimes, but it's not a core part of our work, we don't get money for it, and often when we do run something, the parents who need it more are the ones that don't turn up.* (School teacher)

Schools however felt this was beyond their remit and budget, given that their priority must be working directly with their pupils. The wider role of parents is discussed in the next chapter.

Participants did have suggestions for creative ways to share learning on emotional wellbeing with children and young people themselves, parents and indeed practitioners, with many participants recognising the benefits in terms of reaching a wider audience and providing accessible information. For many, sharing information online might increase the uptake of knowledge as it addresses the stigma concerns of seeking help. The use of e-learning platforms would also address funding and capacity issues, allowing a wider audience to access resources.

> *Transport is a big issue for kids…so there's a lot to be said for online services that they can access from home.* (Practitioner, voluntary sector)

The C2K system was noted as a readymade platform to share such information, with many suggesting that resources on positive emotional wellbeing should be freely available here. While not adequate as a standalone approach, this could support face to face delivery.

> *It would be great to be able to support the work that we are already doing in schools through an online tutorial that is based on the skills. So it means that if we can't work with every single year group within a school, if they just don't have the budget, the time or the funds, then we can get some of the messages across.* (Practitioner, voluntary sector)

Effectiveness of provision

In general, schools place importance on evaluating their wellbeing provision. Figure 16 below shows that the majority of schools (92%) evaluate their provision, either internally or externally.

Figure 16: evaluation methods for wellbeing provision
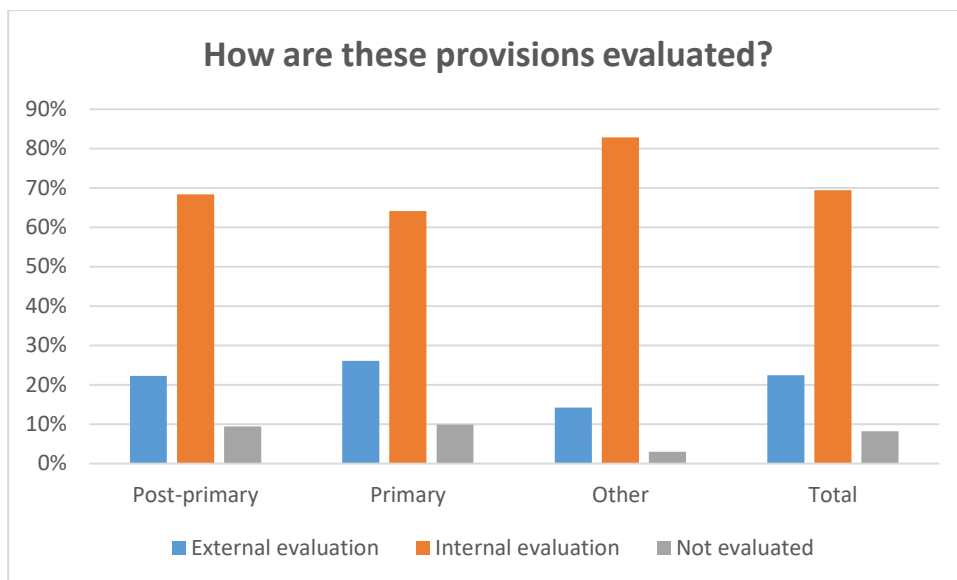
Participants to the school survey were, for the most part, unable to identify any single provision that works best for the pupils in their school. Instead, most schools commented that the greatest benefit to pupils lies in having a combination of universal and targeted provision, and the use of internal and external expertise, with the flexibility to meet the wide-ranging needs of pupils.

These findings were echoed in the qualitative research in schools, where the ability to respond to individual circumstances, changing needs and local context were deemed critical.

The needs of our students are so different, and they change over time too. So I can't say there's one thing that works well, we need to have different things available. (School teacher)

I think it's important that students are getting hit with the same messages from lots of different sources, right through their school life. That's what makes the difference - a consistent message but in a way that's relevant at the time and to the individual. (School teacher)

The research in schools did however identify a range of activities that are felt to be beneficial to supporting pupil emotional wellbeing; these are outlined below.

Independent Counselling Service for Schools (ICSS)

The ICSS is funded by DE and has been operating since 2007. On the 1st September 2016, management responsibility for this service transferred to the EA.

The existence of a universal counselling service for all post-primary schools was recognised as a significant asset, however the need for this provision to be extended to all primary schools was stressed by most, particularly given the earlier discussion on the increased incidence of anxiety being experienced by young children.

> *Our school counsellor is invaluable. Very innovative and works to support pupils, staff and parents…providing opportunity and space to talk about issues in a supportive environment. But we need more.* (School teacher)

> *We buy in some school counselling, and find it really beneficial, but it isn't enough and we don't have the budget for more. We really need universal counselling available the same way as it is in post-primary schools, nip problems in the bud before they grow. (*School Principal)

Increasing counselling capacity for all schools was also a common priority; while staff and other participants across post-primary visits to schools generally noted the positive impact this service has on pupils who have used it, they all equally reflected that the allocation of hours in no way meets their school need.

> *My son has been seeing the counsellor. He had the recommended number of sessions and I definitely think it helped him, but he needed more - it stopped abruptly and he was definitely improving but I worry things will go downhill again.* (Parent)

Participants reflected on both advantages and disadvantages of having counselling on-site, with the main advantage being ease of access and the biggest disadvantage being the perceived levels of stigma around being seen to access the service.

We've one pupil at the minute, she's been referred to the counsellor but has missed two appointments now because she doesn't want to be seen by her friends. If it's during class time, or if it's at break or lunchtime, they'll want to know where she is. I've told her just to say she's to do an errand for me, but so far, she's not gone. And if it continues, she'll lose her place. (School teacher)

Peer support approaches:

Figure 17 below shows that overall, 74% of schools report having peer support programmes in place. This is more likely in post-primary schools (88%) than primary schools (70%).

Figure 17: % of settings with peer support programmes in place
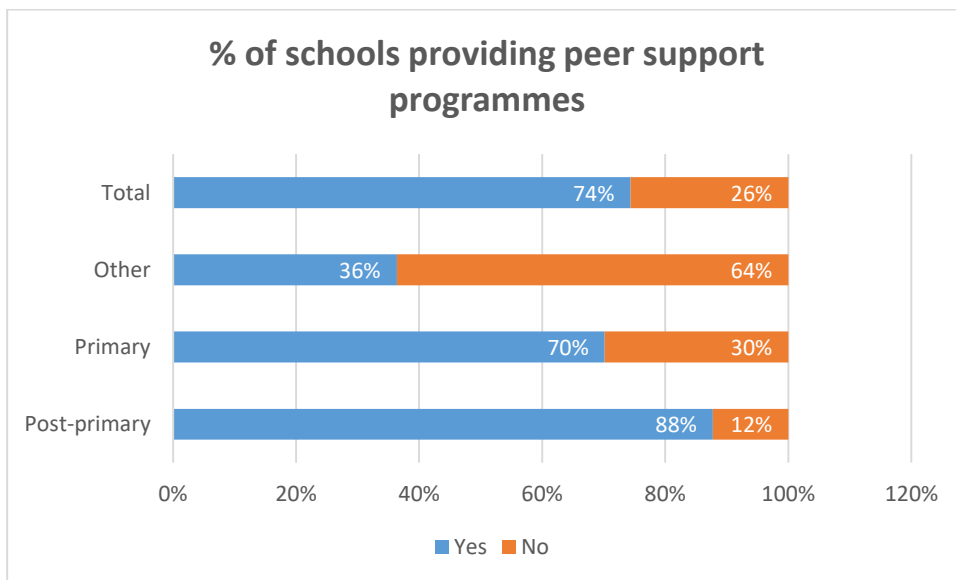
In the qualitative research, peer approaches were identified by many as being particularly effective in supporting pupil emotional wellbeing. Teachers and pupils discussed a range of ways in which pupils can get involved in supporting their own and peer wellbeing. Examples are detailed below.

Pupil Pastoral Care Team

The Pupil Pastoral Care Team is made up of 13 pupils from Primary 5, 6 and 7. Members are chosen through an electoral process; a pupil puts his/her name forward, secures two nominations from their classmates, then prepares a campaign poster and speech, before fellow pupils vote; this is designed to develop life-skills as part of the process. The team play a number of important roles. During break times, they take turns to be on playground duty, wearing high-viz vests so that they can be spotted. They provide peer support, keep an eye out for pupils who are on their own (or by the 'Buddy Stop'), and try to resolve disputes or make sure teachers are called if needed. The Team are responsible for a Worry Box; pupils can write a worry on a slip of paper and place it in the worry box; the Pastoral Care Team check the box regularly, try to resolve the worry, or take it to teachers for advice. Additionally, the team coordinate anti-bullying activities, run a range of themed days (such as 'World Smile Day'), and present in assembly to their peers on a range of topics.

> *My daughter, she's really bad with anxiety. And the school recognised that, and straight away she got involved with the Pastoral Care Group and suddenly you can see her shoulders are back, she's more confident to talk, she's full of ideas. It's been fantastic for her.* (Parent)

The only concern with this type of approach was that participation was limited to small numbers each year, meaning that many wanted to take part but didn't get selected.

> *My son didn't get picked for the group, and it really had a negative impact on him. Because he had to prepare and do a presentation for it, and it's as if he failed. He doesn't need to be stamped on like that at such an early age.* (Parent)

The pupils involved in the group all reported positive experiences; they enjoyed the training and capacity building they receive (such as Anti-Bullying Ambassador Training), have fun during the activities, and like the responsibility they are given.

As well as the benefits for the wider school, Teachers reported a noticeable increase in confidence and problem-solving skills for the pupils who are part of the team.

Buddy Bench

Both primary schools visited had buddy benches in the playground; these are areas where a child can go if they are feeling lonely or have no-one to play with. Other pupils, playground assistants and teachers keep an eye out and go to sit with them if they spot someone. The Buddy Bench is part of a wider wellbeing education strategy. When the bench arrives, children take part in a workshop and carry out role plays to discuss feelings and ideas of loneliness and feeling left out.   This helps to make them more aware of other's feelings and encourage them to watch out for anyone using the bench and to reach out to them.

The children definitely use it. And our children are generally really kind and considerate, they don't leave someone sitting there for long, they know to keep an eye out and go over. (School Practitioner)

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Sports and leisure activities

School staff, parents and pupils commented on the effectiveness of sport and leisure activities outside of class time in promoting positive wellbeing. Young people found these to be a good distraction from academic pressures, particularly if they were feeling anxious. Some specific examples of these in practice are outlined below.

Broadening the choice of activities

To me, the most content pupils seem to be those involved in a variety of activities. (School teacher)

To encourage engagement, the range of activities offered in the school moves beyond the traditional sports, and take place at break and lunchtime as well as after school; there's a timetable of options for each day of the week, extracurricular activities are driven by the belief that school is not just about academic achievement but about making friends, interacting, learning new skills and also having fun.

We've just this year started a musical theatre club. And it's full already, with pupils who would never have been involved in things before. It's great to see, and they love it. (School Teacher)

There are so many activities to avail of here, they really don't have an excuse not to get involved. Far beyond traditional sport, we have media, drama, table tennis, dance… so you see pupils who wouldn't have got involved previously, now joining in. (School Teacher)

Sports can be a relief; you get to spend time with your friends, and forget about everything else for an hour. (Pupil)

Gardening Clubs

Several schools use extracurricular activities in a more targeted way, as a means to provide one to one time for children identified as struggling in terms of wellbeing. Gardening clubs were used in two schools for this reason; in each, children identified as needing some extra support were invited to join the club, and given the opportunity to learn new skills, care for their own area in the school grounds, and spend time with the principal or other designated teacher. School staff reflected on the benefits of such schemes.

> *I find that giving pupils who are struggling a bit of responsibility really encourages them, they feel like they are an important part of something, and you really see a change in attitude.* (School principal)

The gardening club gives me the opportunity to spend quality time with some of the more troubled pupils. Some of them don't have a male role model at home, others never get to have one to one time with an adult to just chat and help them learn new skills. It's been invaluable for us all. (School teacher)

Positive Behaviour Strategies

Several schools visited had an overarching ethos which focuses on identifying and rewarding the positive, rather than punishment. One school had the 'caught being good' scheme, whereby children can be 'caught out' and praised or rewarded for their good behaviour, even sent to the Principal's office, is at the heart of this approach. Children even report their friends and classmates to the teacher or Principal for 'being good'. This practice is fully supported by the school 'Positive Behaviour' policy, which children and parents are asked to sign up to at the beginning of each year. The school marking policy also focuses on identifying positive behaviour, with a '2 stars and a wish' approach (identifying 2 positive areas and one area for further work).

Supporting the transition period

The transition period between primary and post-primary schools was noted as being particularly difficult for children moving from an often small, safe and comfortable environment where they have known everyone for years to a new environment, often without their close group of friends. Pupils reflected on the activities arranged to help them through this period, and reported having taken part in many organised activities before the new school year started, so that when they finally started the school, they had been able to spend informal time getting to know their classmates and teachers.

We went to Gannaway before starting school, it was great. We did lots of activities and got to know each other and the teachers. So when we started school, we already had friends. (Pupil)

We have lots of inter-school activities with the nearby post-primary school, from Primary 6 onwards, so most pupils are familiar with the school building and have met the teachers and some of the other students. I think this really helps take some of the anxiety out of the big move. (School teacher)

Nurture Rooms

Several schools visited had nurture rooms set up to provide short term support for pupils with social and emotional difficulties. These allow a small group of children to learn in a flexible and nurturing environment. While incorporating a 'formal' learning area, the room is set up to feel like a home, with kitchen, dining and living 'zones'. Teachers reported that time spent in nurture groups had significantly improved wellbeing for many pupils.

The difference you see in the children, even after just a short period of time, is fantastic. Just that space and focused support that they get in the nurture room can turn their behaviour around.
(School teacher)
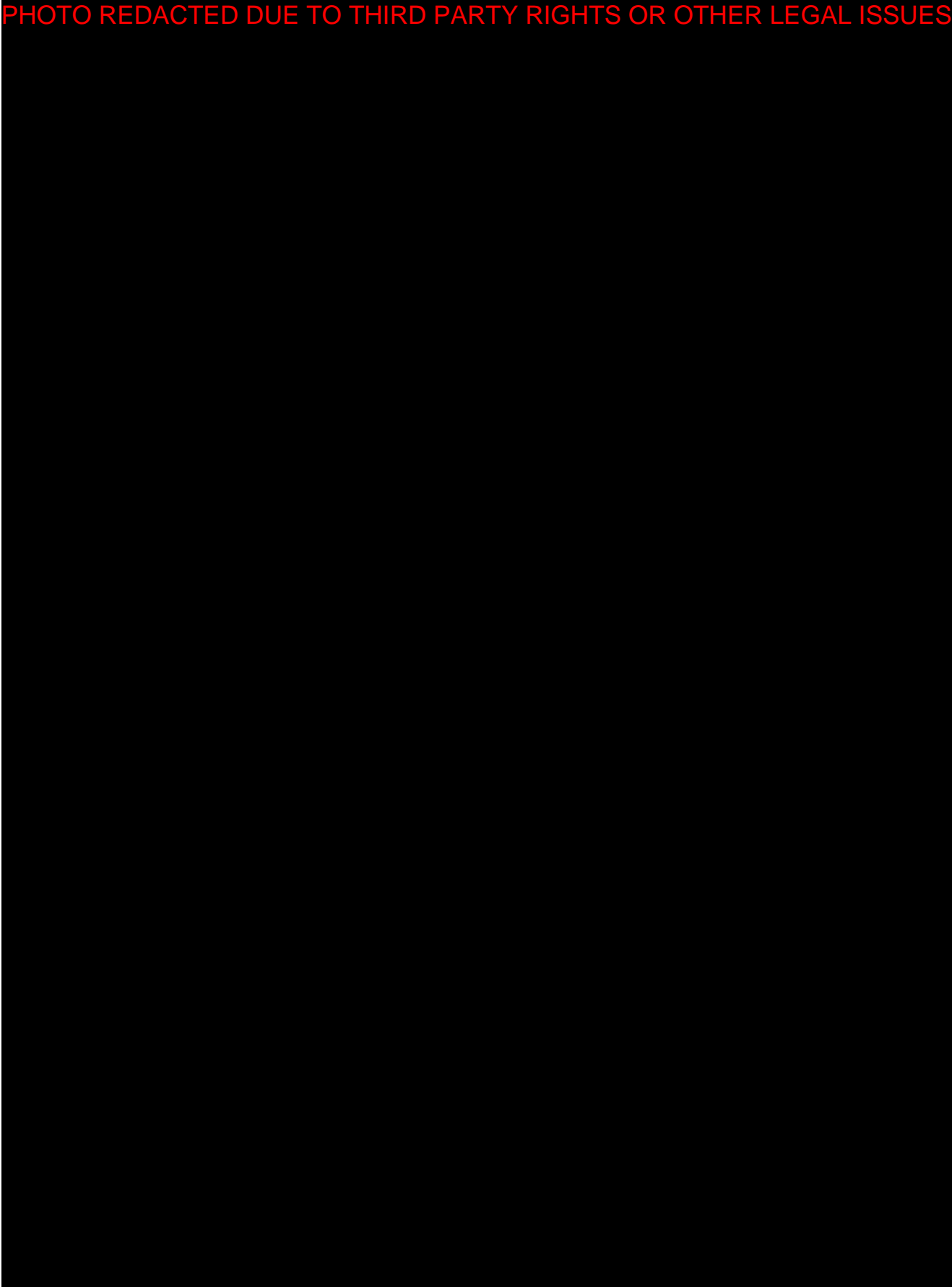
Provision outside of schools

Participants in wider research activities discussed the role of services for children and young people outside of school, such as sports clubs and societies, church groups, and statutory and voluntary youth provision, as well as counselling services and targeted interventions. Several practitioners commented on the unique position that youth organisations are in to forge relationships with young people, building their capacity and resilience in a less formal way.

I think sometimes young people get frightened of the medical model and they want a softer approach. That's where the voluntary sector have to come in. (Practitioner, statutory sector)

While offering a range of structured provision, many youth sector practitioners stressed that, for the young people they work with, it's the informal conversations and relationship building that make the difference.

We've had all the usual talks in here, the drug awareness sessions, the suicide prevention talks. But the young lads we work with just say to me, "you know how it is out there. That's not real life, it doesn't work like that". (Practitioner, statutory sector)

I never run a mental health workshop. Or an alcohol awareness programme. They won't work. What I do run is football night, then we get talking, and then I can get the messages in. (Practitioner, statutory sector)

The critical role of the wider youth sector in providing targeted intervention services to address wellbeing needs, outside of the CAMH services, was recognised. While various counselling and intervention services were interviewed and/or noted by others, there was a general feeling that there is a lack of adequate, skilled professionals.

We do what we can, but our team is small and our scope is limited. We often have a situation where we've two young people at risk, and have to judge which is the biggest risk and see them first. That puts a lot of personal pressure on us as youth workers to do the right thing. (Practitioner, statutory sector)

Wider research participants felt that the ability to have conversations around emotional wellbeing should be a particular priority for wider workforce training, across all areas of work.   This needn't be in depth, rather it should provide a basic knowledge to help practitioners identify concerns and support a child to get further help if needed.

> *So what is happening with childminders, for example? How schooled up are they? Are they picking up on issues? Are they able to promote emotional wellbeing and resilience?* (Practitioner, statutory sector)

> *We have one of the highest rates in Europe, one of the highest rates in the world around suicide. Why are we not taught how to have a conversation? Why do a lot of people feel as if they are a rabbit caught in the headlights if someone divulges that to them and they become the first responder? (*Practitioner, voluntary vector)

> *I suppose it is about making emotional wellbeing acceptable. And I mean acceptable in terms of actually … it is OK. I hate the word 'normalising' but so that it doesn't come as a big taboo in terms of having those conversations.* (Practitioner, statutory sector)

Research participants across all sectors recognised that emotional wellbeing starts from birth, and while happy to play their role further down the line, felt that children were not developing the skills they need early enough. Practitioners agreed that significant investment in antenatal care and education was critical, requiring a new way of working.

> *I am not saying forget about the current generation, but if we want to change things we need to do it from a very, very young age.* (Practitioner, statutory sector)

> W*e would like now to be able to say, we want to give every child the best possible start in life, and their family, and this is what it would look like… in the hope that in five, ten years' time you would really see a difference from intervening in that early, crucial stage when the baby is developing the most.* (Practitioner, statutory sector)

Why not use the preventative mental and emotional wellbeing services like a vaccination to build resilience to prevent future illness in young people. (Commissioner, statutory sector)

Summary: Provision to support emotional wellbeing of children and young people

- All post-primary schools and the vast majority of primary schools have provision to emotional wellbeing.

- Provision varies widely, with over 40 programmes and interventions identified.

- Structured programmes within the curriculum are most common, followed by structured programmes outside the curriculum, and one-off presentations.

- Provision is delivered by both internal staff and external agencies, with both having their advantages and disadvantages.

- Most provision is targeted at pupils themselves, with some at school staff and fewer at parents.

- Funding for provision comes from a range of sources; two thirds from the school budget, with the remainder from other internal and external sources.

- Schools stressed that no one provision works best, rather, need the flexibility to deliver a range of provisions and to adapt to need.

- That said, a number of critical approaches and provisions were felt to be particularly beneficial, including:

  o Independent Counselling Service for Schools;
  o Peer support models;
  o Sports and leisure activities;
  o Positive behaviour strategies;
  o Transition period intervention;
  o Nurture rooms.

- Outside of school, statutory and voluntary youth sector organisations play a key role in supporting wellbeing.

- Provision ranges from unstructured youth clubs and societies through to targeted counselling and interventions.

- The opportunity to build relationships with young people is a key benefit of such provision.

2.5 Barriers and challenges to supporting emotional wellbeing

This section considers some of the key challenges identified by schools and wider research participants that are acting as barriers to effectively supporting young people's wellbeing.

Figure 18 below shows the extent to which a range of issues were rated as a barrier to supporting emotional wellbeing in schools, with each item rated from 0 (not at all) to 10 (to a great extent). Funding was reported as by far the biggest challenge with an average score of 9.3, with primary schools rating this as a slightly higher concern than post-primary schools, followed by availability of effective staff training and lack of time. The most common issues are explored in more detail below.

Figure 18: Barriers to supporting wellbeing (scale: 0= not at all, 10 = to a great extent)
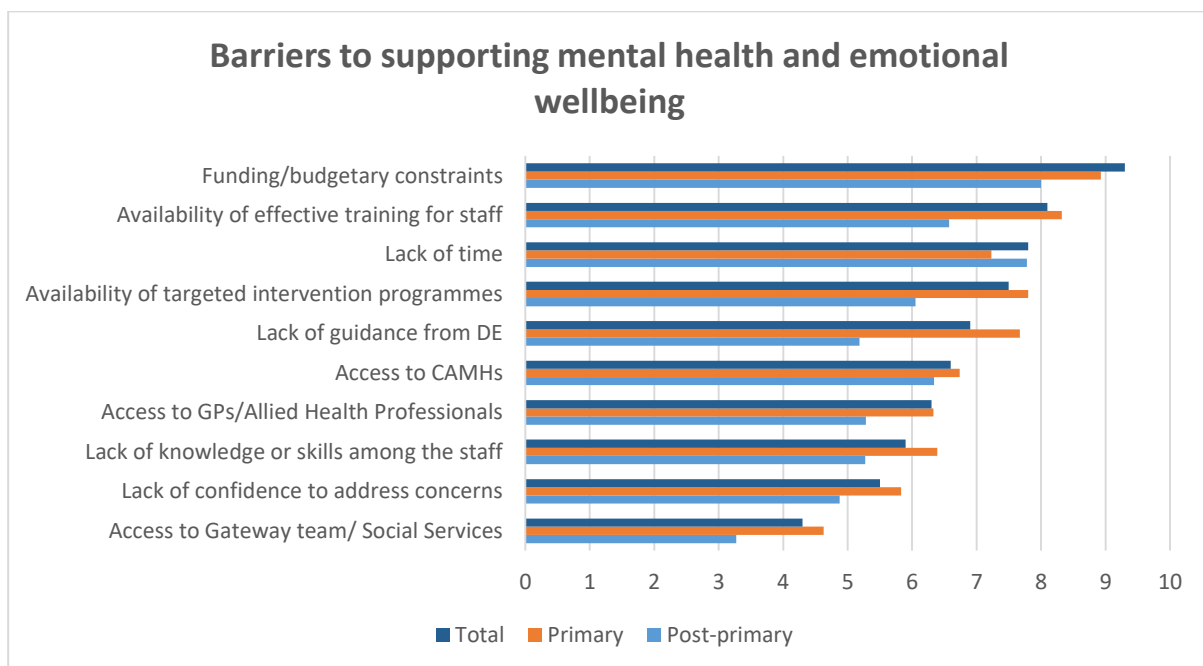
Funding and budgetary constraints

Funding and budgetary constraints was the top concern for all schools, with an average score of 9.3. Wider school research participants agreed, with discussion focused on schools and other organisations having to be creative with the resources available in order to support wellbeing.

Schools have all had their budgets cut, yet on top of that, we're expected to do more and more - to be educators, health practitioners, even parents in our role. In the coming year, I know I'll have to make cuts; but we're stretched to capacity as it is, so that's going to be a challenge.
(School Principal)

As a Principal I've had to be creative with money - there is less available, but there's nothing I can cut out. So we work with other schools in the area - we've recently clubbed together to host a wellbeing talk for parents from Shane Martin, that was great and didn't cost us much because we all chipped in. (School Principal)

The cost of external training is prohibitive. Not just the course itself, but staff attending courses need their classes covered which is dependent on budget and generally not included, even if training is funded. (School survey respondent)

Outside of schools, many other practitioners reflected that spending on children's emotional wellbeing is disproportionately less than it should be. Aside from the overarching need to invest significant funds, a common barrier to service provision was thought to be the short-term nature of funding (usually one to three years), and the resulting inability for long term planning. Several voluntary sector organisations noted the amount of time spent completing funding applications; time that they felt could be better spent working directly with children and young people. It was stressed that building a sustainable service is extremely difficult with short term funding; staff retention, training and investment in wider infrastructure were all reported to be severely impacted by the uncertainty that this brings.

Sometimes you get pilot programmes up and running and it is going really well but after three years, funding is withdrawn and there is no continuance. (Practitioner, statutory sector)

It is all very well and good having a whole range of programmes up your sleeve if you don't actually have the resources to deliver them, which is the position that we are in as an organisation. (Practitioner, voluntary sector)

For many of these practitioners, it was thought that the impact could be lessened by smarter investment, joining up of services and effective regional planning, involving key partners in discussions to ensure that opportunities to avoid duplication of effort, deliver services together or share learning and good practice are capitalised upon.

Of course there needs to be more money; children's mental health is so important. But there is also a lot of time, effort and money wasted with people doing the same things in silos. It's not always about throwing money at new things, it's about working smarter with what you've got. (Practitioner, voluntary sector)

We've made effort ourselves to keep in contact with colleagues in the area doing the same thing. So we can share what we're doing and the challenges we've faced and how we've dealt with them. It's like an informal peer support network too. (School Principal)

Availability of effective staff training

Schools rated availability of effective staff training as the second most pressing concern, with an average score of 8.1. Interestingly, this was not raised as an issue during wider school research activities, with participants noting several different training opportunities they had seen recently which they would have liked to attend (such as Schools for Hope). This may reflect the fact that schools who participated in school visits were selected due to their positive focus on wellbeing and may not necessarily reflect wider practice in schools.

Lack of time

Schools rated lack of time as the third most pressing barrier to supporting emotional wellbeing, with an average score of 7.8/10. Across the wider school research, while schools identified a number of training courses they would like to send staff on, they reflected on the lack of time and capacity needed to invest in staff training. This was a particular concern in post-primary schools, more so than primary schools.

I know there's a two day course running this week (Schools for Hope training) and I've been myself before so I know it's really useful. But to send even one teacher for two full days would be beyond our capacity. The cost of the training itself, yes, but more so, the sub-cover, and the time needed to organise that, and the disruption for the students. I can't justify that. (School Principal)

In an ideal world, of course there are wellbeing initiatives I'd love to implement. But the time to even think about it, never mind organise it? That's not going to happen when I've exams to prepare my students for. (School teacher)

From a school perspective, the lack of time is felt to be exasperated by increasing pressure on schools to deal with wellbeing issues, and the blurred lines between home and school life. Teachers and wider school staff agree that specific guidance from DE on roles and responsibilities would help clarify things, for them and for parents, children and wider services. Linked to this, clarification of the referral pathways is critical to ensure that no child falls through the gap.

We need clarity on what schools can realistically provide as there are pressures to deal with such a diverse range of issues. At some stage, we need to be able to say 'that's not our responsibility'. (School survey respondent)

Availability of targeted interventions

The availability of targeted interventions was reported as another significant barrier for schools, with an average score of 7.5. Although schools were able to report a wide range of programmes, interventions and approaches that they use to address emotional wellbeing, qualitative feedback from schools reflected a desire for an evidence-based, universal, preventative approach for all children and young people.

There are lots of programmes, of course there are. But if we invested in one properly preventative programme, and focused on delivering that to all children consistently from an early age, we'd start to see change. (School teacher)

Outside school, wider research participants felt that the current system is set up to respond to ill-health, rather than truly focus on building positive emotional wellbeing, and to do so would require a complete system change.

Our system in general is set up to treat symptoms rather than seek causes; we spend our lives firefighting. (Practitioner, statutory sector)

Practitioners also felt that hand in hand with investment in services must come investment in impact measurement, to ensure that money is invested in services that actually make a difference.

I think there's a million things going on out there and I am sure some of them are great, but some we've no idea if they are doing good, or worse, actually doing harm. We must invest in understanding what is making a difference, and focusing on that. (Practitioner, voluntary sector)

While there is allowance within the school curriculum to educate children on emotional wellbeing issues, this is strongly regarded as inadequate, given that it is flexible in terms of delivery and dependent on the skills, knowledge and often, interest, of the teacher delivering it.

There are some good resources for LLW (Learning for Life and Work). But if a class is struggling ahead of a maths exam, for example, I'm going to invest the time in that, rather than spend time on LLW. It's not examined, so it's not priority. (School teacher)

[Discussing LLW] Some of the longer serving teachers, they don't necessarily see the benefit, while others go out of their way to supplement the curriculum, make it fit with real issued for the pupils. (School teacher)

Lack of guidance from the DE

This received an average score of 6.9, although was more of a concern for primary schools than post-primary schools. Again, this feeling was reflected in qualitative research in schools, with many school staff reporting that their job would be simpler if guidance was set on which programmes and interventions to trust, rather than having to seek out opportunities themselves. Additionally, participants noted specific areas or topics in which more detailed guidance would support practice, such as supporting LGBTQ young people (discussed earlier) or dealing with incidents of self-harm.

[Discussing LGBTQ young people] This is an area of policy and practice that we really need substantial guidance on, our staff need to be fully up to speed on how best to support the young people we work with in this regard, and currently I don't think we are. (School Principal)

For many, more specific guidance would contribute to increased staff confidence, as well as helping to remove the perceived inconsistencies in practice between schools.

I'm not saying that we don't need to be flexible, we do. But take bullying for example, there is very clear guidance from DE as to what should be in your anti-bullying policy, how to deal with incidents of bullying, it takes the guesswork out of it. (School Principal)

For practitioners delivering interventions in schools, this was of particular concern.

We get funding to work in specific areas, but we strongly believe our programme is beneficial for all children. We pool our funding for the other areas and spread that out across to pay for the sessions for the areas that we don't get funding for, so that everybody has the same provision. (Practitioner, voluntary sector)

Access to CAMH Services, GPs and Allied Health Professionals, Gateway team and Social Services

Lack of access to CAMH services (6.6), lack of access to GPs and allied health professionals (6.3) and lack of access to gateway and/or social services (4.3) were all considered somewhat of a barrier to supporting emotional wellbeing. These issues were explored further during the wider qualitative research in schools, with many noting that the pathway between services, and the communication between GPs, allied health professionals, CAMH services and schools was of particular concern.

Within schools, several teachers discussed incidents where young people had been allocated sessions with the school counselling service, however didn't meet the threshold for CAMH services, therefore were left in limbo when their sessions ended.

If one person is saying I can't provide the help this child needs, it is beyond me, they need extra help, but the other one is not picking it up, where do you go with it? And the child is stuck in the middle, getting support from no-one. (Practitioner, statutory sector)

For those young people who do need specialist support from CAMHS, the long waiting times and complicated referral processes were considered a significant barrier.

CAMHS thresholds have dramatically increased recently just due again to demand and access to that service…and I know that schools counselling thresholds are kind of coming down a bit as well. Which meant that there were young people who were caught between CAMHS and the counselling service and no natural where to go in the middle of that. (Practitioner, voluntary sector)

Within schools, staff noted that schools can't refer a child directly to CAMHS, rather, the onus is placed on the parent to contact their child's GP to make the referral. Wider research participants noted that some parents may not be in a stable enough position themselves to get their child support. For many, a more connected process, whereby health, education and social care professionals could work together in the best interests of the child, is very much needed.

Schools are unable to refer directly to GPs but spend considerable time writing letters of concern/support for parents to take to their GP. But there is never any guarantee that this letter is passed on or taken into account as we do not hear directly from the GP. (School survey respondent)

*We're outside of the feedback loop. We pass a concern on to the parent, then have to sit back and hope it happens. Ideally, the parent, the GP, the CAMH specialist would come in and we'd meet and discuss the best route for the child. That way, I'd know something was happening. (*Principal)

Decisions are often made by professionals who have no prior knowledge of a child, while those of us who have worked with the child in school for a long time are out of the loop. And the child then has to start from scratch to tell their story to a stranger. Ideally we'd all be sat round the table. (Practitioner, statutory sector)

The connections between health and education services were a high priority for the future. The Thrive Model, currently piloted across England, was raised by several practitioners as a potential approach which would enable schools to work more closely with CAMHS, contributing to reduced waiting times and ensuring that children and young people get the support they need in a timely manner. This would also provide a much needed opportunity for teachers to ask for advice or support from specialist practitioners if needed. Other areas in which a joined up approach must be prioritised include the connections between schools, parents, GPs and wider health provision.

I think our priority must be to try to identify our assets and other organisation's assets, to be able to then pool that and consider how we can do things better together. (Practitioner, voluntary sector)

Practitioners noted that there is no lack of services, however a competitive approach rather than a collaborative one is not in the best interests of children and families. Critically, respondents agreed that a partnership approach aligns with the ACEs discussion, ensuring that the child's wider context is considered:

You need to ask questions… what is going on within the family unit? So it is about working in partnership with the education and health systems to better understand the child. (Practitioner, statutory sector)

Many practitioners reflected on the lack of specialist services between universal and CAMHS, and felt this results in children being referred to CAMHS inappropriately, referrals being declined, and problems potentially escalating when earlier intervention might have prevented this.

There were a lot of children that, had they been seen at an earlier point in time and received a therapeutic intervention, the situation may have been remediated and therefore they didn't go on to develop more complex and enduring conditions. (Practitioner, statutory sector)

It is alright if you live in Belfast, but if you live outside Belfast and you are not CAMHS level, which a lot of children aren't, you have literally no access to therapeutic services except for the odd wee pocket here and there where there might be some therapeutic services for children, but very, very limited. (Practitioner, voluntary sector)

Lack of staff knowledge, skills and confidence

Schools rated lack of knowledge and skills of staff (average score 5.9) and lack of confidence to address concerns (5.5) as particular barriers to supporting wellbeing. This was again reflected in qualitative research in schools; several staff members discussed their fear of getting involved in discussions with young people on, for example self-harm, in case they made matters worse.

If I have a concern about a child, I'll pass the information on, but I'm not confident to get into the discussion with them myself. I don't know what can of worms I'm going to open up, I might even make things worse. (School staff)

Across the wider research, participants felt that on the whole, frontline practitioners in all areas of work are not adequately prepared to deal with the range of wellbeing issues that face children and young people today, particularly given the recognition that issues are increasingly complex. Many talked about practitioners' fear of, while others noted how they have to refer children and young people for support elsewhere for issues that with only a small bit of knowledge, they could have been addressed themselves.

I think it is brilliant that there's more awareness now and people are being encouraged to talk openly about their feelings and their mental health. But if the person they are talking to doesn't have the knowledge or the expertise or the confidence to be able to respond to that, it is actually just creating stress within the system. So I think there's big workforce issues out there, about building the capacity of folk who are encountering this on a regular basis. (Practitioner, voluntary sector)

I was recently chatting to a youth worker who was saying she is afraid to talk… she is apprehensive to speak to the young people about the issues, about mental health, because she doesn't know what language to use, she is not confident…she just thinks 'what am I going to open up here?'. (Practitioner, statutory sector)

…it is about equipping those people that come into contact with the child through their everyday life experiences…you know, in terms of actually recognising when somebody is in distress. (Practitioner, voluntary sector)

Mental Health First Aid was mentioned specifically by respondents across the sectors as something that could fill this gap; for many, this basic course should be mandatory for all organisations working with children and young people, in the same way as a physical health first aid course. However in contrast, several respondents expressed concern at training *'just anyone'* up with a basic awareness and then leaving them to be able to deal with emerging mental health issues.

Yes, it's a great idea for all frontline youth workers to have some knowledge of mental health and to know what to look out for. But that can't be in place of trained professionals, and I fear that's what will happen. (Practitioner, voluntary sector)

Several participants noted the lack of intervention services delivered by appropriately skilled practitioners, particularly those working with children and young people at risk of mental ill-health. While recognising the need to increase the capacity of counselling services, the importance of specialist training, particularly in creative therapies, was highlighted.

One of the concerns we would have about mass commissioning of child therapy services, is that the commissioners don't know what to ask for in terms of the qualifications of the people coming through. (Practitioner, voluntary sector)

We'd have concerns that an adult therapist would just be put in to work with children with no experience. It isn't the same thing. They need very different skills. (Practitioner, statutory sector)

I fear that the tendering process for counselling services has driven the price down to such a low price that providers can't provide decent terms and conditions, so it's dis-incentivised investment in specialist training. (Practitioner, voluntary sector)

A number of other barriers arose during wider research activities, both in and outside of schools; these are discussed in more detail below.

Lack of support for practitioner wellbeing

While not listed in the top barriers to supporting emotional wellbeing, a common theme running through research activities in schools and wider practice was the need to better support teacher and wider practitioner emotional wellbeing.

Schools

Figure 19 below shows, on a scale of 0 (not at all) to 10 (all the time), that the priority given to counselling and wellbeing sessions for school staff (average 5.1) and to supervision and debrief sessions (average 6.0) could be much higher. Interestingly, priority given to supervision and debrief sessions across 'other' settings (Special schools, EOTAS and Nursery provision) was higher than others, with an average of 8.0.

Figure 19: The extent to which staff are supported to meeting the emotional wellbeing needs of pupils
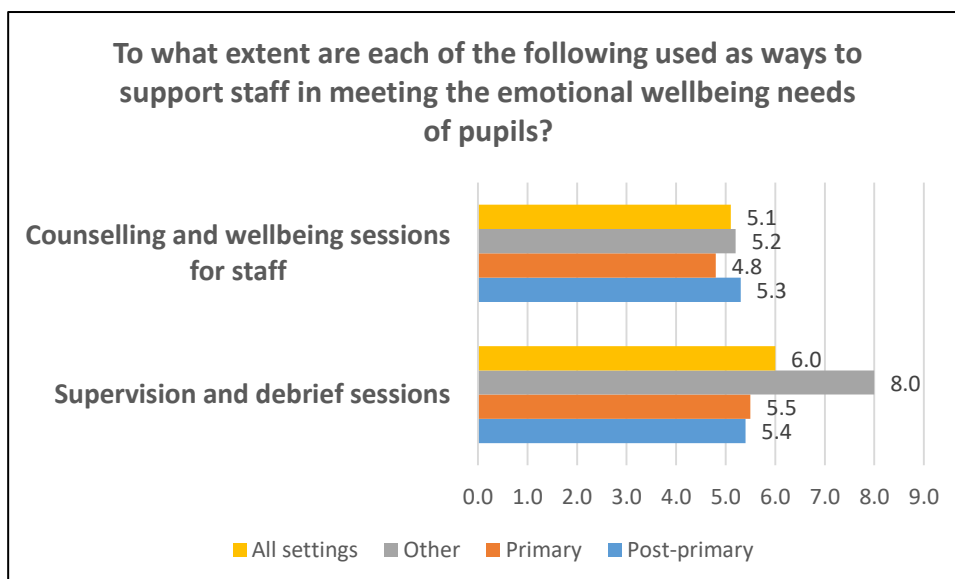
The need to support staff wellbeing was reflected across the wider research activities with schools, with teachers and wider school staff feeling under increased pressure and struggling with their own wellbeing, particularly in the context of funding cuts and the need to maintain academic standards.

> *If you have got an all-school culture programme, then you are going to get into teachers' mental health, you know, because it will impact on the experience that the child has.* (Practitioner, voluntary sector)

> *Teachers are coming in with high levels of anxiety themselves and they are meeting children who are coming in with very high levels of anxiety. And it doesn't take much for conflict to spiral.* (School Principal)

Many commonly noted that their own wellbeing, and indeed that of their family, came second to the wellbeing of their pupils.

> *I know a lot about the personal difficulties our pupils are facing at home, and so I struggle to switch off from work in the evenings. Compassion exhaustion is very real, I regularly go above and beyond my job because I can't just leave a child in need. But I also have my own family, and they need me too.* (School teacher)

> *Overall, I think school morale has suffered due to the pressure we're under. There is little time for personal wellbeing; we used to have opportunities for team time out or away days but in more recent years, these have stopped. There isn't time. Or money.* (School staff)

Outside of schools, practitioners agreed.

> *We know that you should affix your own oxygen mask before helping others; we need to be supporting the people who are supporting the people.* (Practitioner, voluntary sector).

Formal supervision and debrief sessions tended to be more common in wider practice than in schools, across both statutory and voluntary sector organisations, particularly those working directly with children and young people in the emotional wellbeing field, given the type of work undertaken and the level of trauma faced by those they work with.

Across all schools visited, staff discussed a range of informal activities to support their wellbeing, often involving food arranged by the principal (such as a nice breakfast set out in the staffroom), taking time to celebrate birthdays, or a group activity such as a team walk.

I certainly don't have a budget for that kind of thing. But it's incredibly important that staff feel valued and know I'm there for them. So I do what I can; even making a cup of tea for a staff member when they have had a tough day is something. (School Principal)

Staff noted that this informal approach worked well, giving them plenty of opportunity to strengthen relationships with colleagues, and assuring them that they were appreciated and supported in their roles.

A lot of us have worked here for years, we know each other and support each other. The odd social occasion continues to build those relationships, I think it's important to invest in that team building. (School teacher)

Wider research participants across the voluntary and statutory sector reported several wellbeing initiatives and programmes taking place to support staff welfare. Several organisations reported an organisational health and wellbeing strategy, while others enjoy ad-hoc activities such as yoga, mindfulness workshops, exercise groups or alternative therapies, often organised by the pastoral care team. A few mentioned wellbeing programmes, for example those delivered by Aware NI or Inspire, however this was the exception rather than the norm. In general, school staff were more likely to report an overarching 'wellbeing ethos', with a reliance on colleagues to support one another.

At the end of the day, it's about minding each other and yourself, as colleagues, and noticing that somebody is having a difficult day and you can mind them a bit. (Practitioner, statutory sector)

Stigma

The issue of stigma as a barrier to supporting emotional wellbeing was raised by research participants in schools and wider organisations. Despite the general recognition that conversation is now much more open and honest regarding emotional wellbeing issues, with social media activity and celebrity role models helping to bring this into everyday discussion, stigma was still reported by almost all respondents as a huge barrier to children and young people getting the support they need.

I think boys are still less likely to speak out if there's something wrong. They tend to stay quiet. There's some great male celebrity role models now talking about this stuff, but we need to do more. (Practitioner, voluntary sector)

Several voluntary sector respondents reported seeing young people travel on several buses across Belfast (or further) to access their services because they didn't want to be seen in their own area.

We've young people come some distance. And I know they have services nearer home, but they don't want to be seen. (Practitioner, voluntary sector)

Lack of knowledge of parents and carers

Again not raised as a key barrier during the school survey, across all qualitative research activities, respondents felt that additional support should be targeted at educating and supporting parents, given the evidence that resilience and self-esteem must be developed from the earliest years. Many felt that parents are not provided with the appropriate information to help them understand how resilience is built, identify when their child's behaviour isn't 'normal', or understand the impact that family relationship have, both positive and negative.

There is a huge lack of understanding about recognising when children are having emotional difficulties. So it is very hard, I think, for a parent to be able to tell the difference in, is this what goes on within every home? Is this normal? (Practitioner, voluntary sector)

*I'm a well-educated person, but I admit I only know a little about what helps build resilience. The bonding discussion, I've heard about in the early days of parenting, but then the information stops. You have your red book, with all the mandatory checks, I think that should continue throughout childhood, with mandatory parenting courses at important points. (*Parent)

Schools and youth organisations reported a range of provision and activities for parents, yet, struggle to get buy-in from the parents who need it most.

Historically when you put on a programme for parents or anything for parents, women turn up. I want dads, but they won't come. (School Principal)

…parents, for whatever reason, are really reluctant to ask for help… I think they are afraid of being judged, afraid they will be viewed as a bad parent. (Practitioner, voluntary sector)

A commonly reported theme, particularly among teachers, was the changing relationship between parent and child and the impact this has on wellbeing. Teachers noted that children appear to lack boundaries at home, with parents often playing more of a 'friend' role than a disciplinary one. Schools also reported an increasingly blurred line between the roles of parents and schools.

I regularly have parents asking me to discipline their child for something they've done at the weekend. And I have to say no, that's outside of my job remit; you need to take responsibility for your own child's behaviour. (School Principal)

I often find that parents want to be their child's best friend, rather than parent. So they don't want to set rules, set boundaries, take the phone off them at night for example, for fear of being the strict parent. They look to the school to provide the discipline. But children don't need a friend, they need a parent. (School Principal)

Several practitioners also reported that on occasion, a range of behavioural concerns are wrongly attributed to ADHD or ASD, when an understanding of the child's background and the impact of poor attachment would better explain the behaviour.

I have a child in my class…their parent constantly says they need assessed for Autism or ADHD. But their behaviour in class is great, I know that if they had the structure, discipline, boundary setting at home like they do at school, their behaviour would improve. We really need to better support parents. (School teacher)

Summary: Barriers and challenges to supporting wellbeing

- Lack of funding was considered the primary barrier to supporting emotional wellbeing, in particular, the availability of long term funding to allow resources to be built up and sustainable services to be developed.

- There is a perceived lack of focus on prevention rather than intervention, with investment seemingly focused on fire-fighting rather than universal education.

- Access to CAMH services when required is considered to be a significant barrier; waiting lists and the complicated referral process were of specific concern.

- Research participants felt that frontline practitioners lacked knowledge on issues of emotional wellbeing, which would enable them to better support young people with emerging issues before they escalate.

- Teacher and practitioner wellbeing was considered a key concern, with little resource aimed at supporting it; yet, all participants recognised the importance of good wellbeing themselves in order to support children and young people.

- Despite recent efforts, there continues to be a perceived stigma around mental ill-health, with many practitioners observing that children and young people are afraid to seek help because of the stigma.

- The lack of knowledge of parents and carers, particularly around issues of attachment and parenting techniques (for example boundary setting) was felt to be a significant barrier.

Part 3: Conclusions and proposals for developing and implementing a framework

This final section of the report takes each of the research questions and draws a set of conclusions based on the findings presented throughout. It then outlines a number of key proposals for moving forward with the development and implementation of a framework to support school-aged children and young people's emotional wellbeing.

Conclusions

What are the key definitions, relevant terms and competencies associated with emotional wellbeing?

The published evidence provides a range of definitions of emotional and mental health or wellbeing. The terms emotional and mental health or wellbeing are used interchangeably throughout the literature to mean the same thing. However, the literature makes a key distinction between emotional or mental health and mental *ill-health*.

The research with schools and wider organisations shows that, even when discussions are framed using the term emotional wellbeing, people revert to using the term mental health. In doing so they tend to then begin discussing mental illness as opposed to mental health.

The literature clearly defines the following core competencies as key to achieving positive emotional wellbeing in children and young people:

- Resilience;
- Self-regulation;
- Self-esteem;
- Motivation;
- Self-awareness;
- Problem solving skills.

Across schools and other organisations working with children, the most commonly used and understood of these competencies are resilience and self-esteem.

What do we know about the emotional wellbeing of children and young people in NI, and what impacts on this?

Rising levels of anxiety and stress are without doubt the most pressing issues facing children and young people; this is confirmed in official statistics and in the findings of this study and other recent studies such as the recently released report by the ETI, An e*valuation of the effectiveness of emotional health and wellbeing support in schools and EOTAS centres.* Alongside these issues, other prominent concerns include low levels of self-esteem and increasing incidences of self-harm.

This study and other recent studies also note the worrying change in trends towards presentation of some of these emotional wellbeing concerns in much younger children.

Whilst a certain level of pressure at exam time is both normal and helpful, many children are experiencing extreme pressure to achieve academically. This extreme pressure and the challenges posed by the online world are the two biggest influences impacting negatively on children's emotional wellbeing. The extreme pressure to achieve academically is coming from schools, parents and children and young people themselves, and is linked to increasing competition for university places and employment, as well as the current system of ranking schools solely based on academic performance.

Whilst the positive aspects of the online world are recognised in this research, concerns for children and young people's emotional wellbeing lie in interactions online that:

- Cause harm through bullying behaviours;
- Create pressure to conform to unrealistic expectations relating to physical appearance and lifestyle; and
- Present a risk of exploitation and extortion.

Specific risk factors or life experiences are also adversely affecting some children's emotional wellbeing, including:

- Experience of adversities, including poverty, emotional and physical abuse, and neglect;
- Poor attachment and chaotic lifestyles due to poor parenting and conflict within the family;
- Experience of suicide in the family or close community;
- Having a diagnosis of Autism Spectrum Disorder or Attention Deficit Hyperactivity Disorder, and
- Identifying as being LGBTQ

What works to support the emotional wellbeing of children and young people?

The work undertaken to complete this report highlights the well evidenced need for a whole school approach to be adopted to effectively support children and young people's emotional wellbeing, ensuring that all parts of the school work together in a coordinated way. This research identifies four key components of a whole school approach:

1. An overarching culture of wellbeing, underpinned by appropriate policies and structures. The literature stresses the importance of the inclusion of emotional wellbeing within the school development plan and for the most part, schools in NI have this in place. Survey responses show that almost all post-primary schools have this in place, however a quarter of primary schools do not. The literature also points to the need for schools to have overarching policies in place and staff dedicated to emotional wellbeing. The school survey responses show that the majority of schools have a specific policy in place and that all schools have either a lead person or team with overall responsibility for wellbeing. A number of examples are noted in the literature regarding award schemes for the extent to which a whole school approach has been implemented (for example Schools of Sanctuary, or the Wellbeing Award for Schools in place in England).

2. A skilled and supported workforce is shown throughout the literature to be a critical component of a whole school approach. This research recognises the significant role that staff are currently playing in creating a caring and supportive culture within schools. Schools clearly understand the need for staff training in the area of emotional wellbeing, with this research finding that most schools surveyed have trained staff in this area. However in practice, supporting teachers' ongoing professional development in this area is incredibly challenging due to competing priorities, time and budget commitments. Teachers also report a lack of focus on their own wellbeing, which can negatively impact on their ability to support others.

3. The literature recommends that schools have in place a range of **universal prevention provision, supplemented with targeted intervention** in order to address a variety of needs. This research identified a range of effective practice, with more than 40 programmes and approaches being delivered across NI[43], including:

- Universal programmes and initiatives: global programmes with a robust evidence base, for example Roots of Empathy, Incredible Years, PATHS, All Stars, and the Good Behaviour Game; locally developed and evaluated programmes such as Mood Matters or Helping Hands; and whole school or curriculum approaches, such as the Health Promoting Schools initiative and Learning for Life and Work.

- Targeted programmes and initiatives, such as Nurture Groups and Independent Counselling Service for Schools.

Schools really value the Independent Counselling Service and are finding it to be of particular benefit, however schools involved in this study reported a gap in capacity of this service in meeting the current need across post-primary schools. The lack of similar provision in primary schools was also highlighted.

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[43] Appendix 1 provides a full list of programmes

Beyond these structured programmes and initiatives, schools identified a wide range of practices and activities embedded throughout the school day to support positive wellbeing of pupils; examples of this good practice includes promotion of extra-curricular activities e.g. sport, music or art; the use of peer support models to engage children; and changes to the school environment to promote wellbeing such as dedicated quiet spaces. For the majority of teachers, these practices are as beneficial as specific programmes.

4. Flexibility in the approach taken to address the needs of pupils is a prominent area described in the literature to ensure effective whole school approaches and the research in local schools supports this. This study shows that children can have wide-ranging, often complex and transitory needs; as a result, schools need and value the flexibility to be able to tailor their provision to incorporate structured and informal approaches, and to draw on external expertise when required.

Outside of school, the youth sector (both statutory and voluntary) and parents/carers play a key role.

- The literature describes the opportunities that youth work provides to facilitate building good relationships with young people in a less formal setting than schools to benefit their wellbeing. Local youth workers described this experience in practice, highlighting the benefits of informal approaches over structured programmes or interventions.

- The literature stresses the critical role that parents play in supporting emotional wellbeing, particularly in building resilience from the early years onwards. The importance of parents' role is also understood by local schools and organisations however less than a quarter of schools surveyed have any provision targeted at parents and support for parents is identified as a major gap in this research. For the most part, schools believe that working with parents in the area of children's emotional wellbeing falls outside of their remit and capabilities as their resources and focus must be on supporting children.

What are the challenges and barriers to supporting positive emotional wellbeing of children and young people?

While this study portrays the significant commitment from professionals and schools to supporting the emotional wellbeing of children and young people, a number of substantial barriers and gaps in achieving this exist.

- Within the schools surveyed, funding was reported as being a clear barrier to better supporting emotional wellbeing of children and young people. Within these schools two thirds of wellbeing provision is funded from core budgets, with the remainder either outside of core budgets or externally funded. Schools and wider practitioners emphasize the negative impact of the lack of long-term funding including an inability to sustain programme delivery and create the infrastructure and whole school approach needed to support children effectively.

- A lack of practitioner knowledge and associated confidence to deal with emotional wellbeing issues was reported as another key barrier, noted across the literature and research. While the availability of effective staff training is as a concern for some, several training courses are identified in this study e.g. Mental Health First Aid, Schools for Hope, or the teacher component of Mood Matters. Rather than availability of training and development, this study finds that the real barrier is the lack of time and resources to access it.

- Engaging with parents and carers was also identified as a challenge and a barrier to supporting child wellbeing, as can the mental health of parents themselves. Schools often struggle to engage parents and carers in school activities and programmes being delivered. Parents and carers need to have knowledge of ways of fostering emotional health and wellbeing in their children, and recognise the importance of this for their child's development, and to reinforce the positive work being done in schools at home.

- In-depth work done in schools reveals that in terms of availability of provision, the gap is more so about schools not knowing which organisations or interventions to trust, and how to access or fund these.

- This study highlights a clear barrier for school staff in terms of the referral pathways if a child needs specialist support, or indeed if school staff require advice on guidance to better support a pupil. This barrier stems from the disconnect between schools and health services.

Recommendations for the development and implementation of a wellbeing framework

The framework should:

- Include a common definition of emotional wellbeing in children and young people that includes the core competencies of:
  - **Resilience;**
  - **Self-regulation;**
  - **Self-esteem;**
  - **Motivation;**
  - **Self-awareness;**
  - **Problem solving skills.**

- Reinforce the difference between emotional/mental health and mental **ill-health** and communicate the evidence on the strong relationship that exists between positive emotional wellbeing and better outcomes in later life.

- Present the evidence from relevant studies and research in highlighting anxiety and stress, self-harm and low self-esteem, as the biggest issues affecting children and young people at present. The framework should also provide direction on how these issues can best be prevented.

- Recognise the transient nature of factors impacting on wellbeing, and aim to raise awareness of these changing trends and presentation of issues in younger children.

- Present the evidence to highlight the contributing factors to poor emotional wellbeing, as well as those groups of children and young people who are at greater risk or for whom there is a gap in provision or access to provision.

- Stress the need for a whole-school approach, including the key components of:
  - **an overarching culture of wellbeing;**
  - **skilled and supported staff;**
  - **a range of universal, targeted and specialist provision;**
  - **the flexibility in the approach taken to supporting pupils.**

- Highlight the critical role that school staff play in supporting emotional wellbeing and in early identification of concerns.

- Recommend continued professional development for those dedicated staff within schools who lead on emotional wellbeing. These staff will need to be kept up to date with evidence and developments in practice in order that they can respond to the transient needs of children and young people.

- Provide guidance on the use of effective universal and targeted programmes that can be delivered in schools to support emotional wellbeing.

- Allow schools to have flexibility in their choice of programmes, while also promoting the value of those with the strongest evidence base in the core competencies (outlined above). The framework should also acknowledge the important role that curricular and extra-curricular activities in schools play in supporting positive emotional wellbeing.

- Acknowledge the need for not only a whole school approach but also a whole child approach to supporting wellbeing. This includes recognising the vital role that parents play in supporting the emotional wellbeing of their children.

- Recognise the specific skills and expertise within the Youth Service in valuing and building effective relationships with young people.

- Emphasize the need for a greater focus on emotional wellbeing in courses provided by teaching institutions, including our further and higher education colleges.

- Recognising that funding will always be considered a barrier, it is clear from this research that a variety of provision exists that is funded from a variety of different sources. This framework should therefore enable better decision making on how to maximise the impact of current funding through sharing learning on good practice and encouraging partnership working in the delivery of wellbeing support. The framework should also communicate that creating a positive culture of wellbeing doesn't necessarily incur any costs.

Proposed next steps

DE, DoH, PHA and the EA should consider the proposals in this study and agree the appropriate governance structures for the development and implementation of an appropriate framework. These structures should include key stakeholders to inform the content of the framework.

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Appendix 1: A summary of provisions identified

The table below provides a summary of all programmes, interventions and wider approaches identified through this work, either through the review of literature, or through primary research activities. These fall into the following categories:

- Universal approaches incorporated within the school day as part of a 'whole school approach', again focused on building positive wellbeing (7 provisions).

- Core curriculum content (4 provisions).

- Universal preventative interventions (18 provisions): suitable for delivery to all children and young people and focused on building positive emotional wellbeing (most of these are suitable for delivery in school, some may also be delivered outside of the school setting). Many of these have strong evidence of impact.

- Targeted interventions to address identified wellbeing concerns, delivered in school and/or wider community (7 provisions identified).

- Practitioner training programmes to support wellbeing of children and young people (6 provisions).

Programmes include a range of effective practice, both global, evidence-based programmes, and home-grown programmes with their own evaluations. In terms of standard of evidence, the table below highlights where a programme has been designated as follows:

- Blueprints Programmes*- model or promising programme;

- Level 1-3 Programmes** (Early Intervention: the Next Steps, Graham Allen).

*Blueprints Standards of Evidence:
Promising programs must have evidence from one high-quality experimental or two high-quality quasi-experimental designs, clear findings of positive impact, carefully defined goals, and sufficient resources to help users.
Model programs must have evidence from two high-quality experimental or one experimental and one quasi-experimental design of high quality, and in addition to the above criteria (positive impact, defined goals, dissemination capacity), have a sustained impact at least 12 months after the intervention ends.

** Graham Allen report standards of evidence:		
Level 1 (highest) All of the Level 2 criteria must apply plus: • Programme gets a 'best' on evaluation quality and/or impact criteria. In the case of evaluation quality this means that any of the 'best' criteria must apply, while in the case of impact criteria both of the 'best' criteria must apply.	**Level 2** All of the Level 3 criteria must apply plus: • Programme meets all evaluation quality criteria.	**Level 3** All of the following must apply: • programme has one randomised controlled trial (RCT) or two quasi-experimental designs (QEDs); • programme has a positive impact on an Allen Review outcome; • programme has no side effects; • there are no obvious concerns about intervention specificity or system readiness.

Whole school approaches		
Programme	**Summary of intervention**	**NI delivery**
Health Promoting Schools	**Overview** A health promoting school is one that constantly strengthens its capacity to function as a healthy setting for learning, living and working. A health promoting school allows all members of the school community to work together to provide students and staff with integrated and positive experiences and structures that promote and protect their health.	Yes- The Health Promotion Agency developed a toolkit to assist school development planning.

	Content	
	Components of health promoting schools include formal and informal curricula in health; the creation of a safe, healthy and friendly school environment; the provision of appropriate health services; school health policies; and the involvement of the family and wider community in efforts to promote health.	
	6 Key Factors:	
	1. Healthy school policies;	
	2. School's physical environment;	
	3. School's social environment;	
	4. Community links;	
	5. Action competencies for healthy living;	
	6. School health care and promotion services.	
	Evidence of impact: While evidence shows this approach to improve physical aspects of health, there is little evidence of its impact on wellbeing. However, the programme was highlighted by many schools as an approach used to address overall wellbeing.	
RISE NI (Regional Integrated Support for Education NI)	Early intervention service which supports children in the mainstream school setting by working closely with parents and education staff to help children develop the foundation skills for learning i.e. speech language and communication, sensory-motor and visual perception and social, emotional and behaviour skills. The teams deliver training, offer advice and strategies to parents and education staff, implement class-based and small group programmes and provide integrated support, on a group or individual basis, depending on the needs of the child. The teams may include the following staff - Speech and Language Therapists, Occupational Therapists, Physiotherapists, Behaviour Therapists/Specialists, Clinical Psychologists, Associate Psychologists, Social Workers, Health Visitors, Dieticians, Therapy Assistants/Support Workers and Clerical Officers. **Locally developed programme**	Yes

Take 5	Take 5 Steps to Wellbeing	Yes, widely used approach in schools and across other settings. Public health approach.
	PHA - The Take 5 Steps to Wellbeing are:	
	Connect: Connect with the people around you.	
	Be active: Go for a walk or run, cycle, play a game, garden or dance.	
	Take notice: Stop, pause, or take a moment to look around you.	
	Keep learning: Don't be afraid to try something new, rediscover an old hobby or sign up for a course.	
	Give: Do something nice for a friend or stranger, thank someone, smile, volunteer your time or consider joining a community group.	
	Locally developed programme	
Growth Mindset Approach	Dr Carol Dweck coined the terms fixed mindset and growth mindset to describe the underlying beliefs people have about learning and intelligence. When students believe they can get smarter, they understand that effort makes them stronger. Therefore they put in extra time and effort, and that leads to higher achievement**.**	Yes- Several schools noted using this as a general approach to promoting pupil wellbeing.
	Components suitable for all ages of children, as well as parents, teachers and wider practitioners.	
Good Behaviour Game	The Good Behaviour Game (GBG) is an approach to classroom management, based on **four simple rules** that encourage pupils to support one another as they complete classroom assignments: • We will work quietly; • We will be polite to others; • We will get out of our seats with permission; • We will follow directions. Children (in teams) get a tick if they break a rule; teams with four or less ticks receive positive reinforcement. **Evidence base:** outcome include: • Immediate improvements in pupil behaviour, particularly for disruptive boys; • Improved attainment and achievement;	

	• Increased numbers of students continuing into further education; • Reduced substance abuse, mental health problems and criminal behaviour in later life. **Level 3 programme (Graham Allen Report)** **Blueprints Promising Program**	
Northern Ireland Anti-Bullying Forum (NIABF) resources	<u>Effective Responses to Bullying Behaviour (ERtBB):</u> Resource to support schools in effectively responding to bullying behaviour, supporting all pupils involved. <u>Effective Responses to Bullying Behaviour Supplements:</u> Supplementary guidance for schools on using the ERtBB resource when responding to bullying involving particular forms of prejudice based bullying. To date inserts developed for Disablist Bullying, Looked After Children (LAC) and Bullying and bullying involving LGBT children and young people. Insert on racial bullying currently in development. <u>Senior Pupil Training:</u> Development and delivery of training for prefects/anti-bullying teams (pupils) within schools. Supports senior pupils to take an active role in addressing bullying in their schools and communities. <u>Anti-Bullying Workshops:</u> Development and delivery of workshops for children and young people in schools and other settings, raising awareness of bullying, understanding of the behaviour and its impact, and our collective role in tackling it. <u>Anti-Bullying Week:</u> Annual campaign to raise awareness of bullying behaviour and its impact on children and young people. **Locally developed programme**	Yes, widely used across all schools
Mind Matters	Mind Matters provides post-primary schools with systematic and comprehensive approach to supporting student mental health and wellbeing through the implementation of mental health promotion, prevention and early intervention strategies.	Yes

| | Four components:
• Positive school community;
• Student skills for resilience;
• Parents and families;
• Support for students experiencing mental health difficulties.

Based on the belief that mentally healthy school communities are supported by cohesive, collaborative and sustained actions that have been strategically planned to improve outcomes across the entire school community. | 173 |

Core Curriculum Content		
Programme	**Summary of intervention**	**NI delivery**
Learning for Life and work	Delivered through the curriculum, Learning for Life and Work (LLW) is central in helping young people develop the fundamental skills, knowledge, qualities and dispositions that are prerequisites for life and work. Key element – Personal Development Personal Development involves encouraging each child to become personally, emotionally, socially and physically effective, to lead healthy, safe and fulfilled lives and to become confident, independent and responsible citizens, making informed and responsible choices and decisions throughout their lives. Schools can play a significant part in helping pupils to cope with the challenges of everyday living and in their development toward adulthood. There is now clear evidence that highlights the importance of promoting the development of emotional intelligence alongside other aspects of health promotion in young people. Research shows that for all kinds of jobs, emotional intelligence is twice as important as IQ and technical skills. At Key Stage 3, the Personal Development strand is based on the following key concepts: • Self-Awareness; • Personal Health; • Relationships.	Yes- through the curriculum

In Sync	This was produced in a partnership between CCEA and the five Education and Library Boards. InSync has been developed around ten themes which reflect the development of the whole person and which address the statements of minimum requirement for personal development: 1. Health and the Whole Person; 2. Feelings and Emotions; 3. Managing Influences and Making Decisions; 4. Self Concept; 5. Managing Change; 6. Morals, Values and Beliefs; 7. Learning about Learning; 8. Safety and Managing Risk; 9. Relationships and Sexuality; 10. Drugs Awareness. **Key Stage 3, years 8-10 (age 11-14)** **Locally developed programme**	Yes- through the curriculum
iMatter	The "iMatter" programme is intended to support the entire school community to be engaged in promoting resilient emotional health for all pupils. Under this programme a suite of homework diary inserts, leaflets and posters on topics of concern to young people such as self-esteem, substance abuse and coping with stress, worry and anxiety, are distributed to post-primary schools. The resources are designed for young people and provide hints and tips on coping with emotional issues. They include useful telephone numbers, websites and details of organisations that can provide assistance for particular problems. **Locally developed programme**	Yes
SEAL (Social and Emotional Aspects of Learning)	The SEAL programme is designed to promote the development and application to learning of social and emotional skills that have been classified under the five domains of Goleman's (1995) model of emotional intelligence. These are self-awareness, self-regulation (managing feelings), motivation, empathy, and social skills.	No

	Evidence of impact: It is difficult to measure the impact of SEAL as it is an approach to be integrated into the school rather than an intervention itself. DfE (2010) evaluated its use in schools across England but found minimal positive impact.	

<table>
<tr><td colspan="3" align="center">Universal interventions</td></tr>
<tr><td>Programme</td><td>Summary of intervention</td><td>NI delivery</td></tr>
<tr><td>PATHS Programme for schools (Promoting Alternative Thinking Strategies)</td><td>

Overview: A whole-school programme for teachers and school counsellors, providing them with tools and skills to help children to develop self-control, emotional awareness and problem-solving skills.

Content: Four units integrated into the curriculum at developmentally appropriate stages:
- Emotional understanding;
- Self-control;
- Social problem solving;
- Peer relations and self-esteem.

Aims: PATHS aims to help children:
- develop specific strategies that promote reflective responses and mature thinking skills;
- become more self-motivated and enthusiastic about learning;
- obtain information necessary for social understanding and pro-social behaviour;
- increase their ability to generate creative alternative solutions to problems; and
- learn to anticipate and evaluate situations, behaviours and consequences.

Can be universally delivered across all primary age groups, from Primary 1 to 7. Includes age-appropriate components for all year groups.

Also includes:
- Parent component to continue Paths at home;
- Paths Pals training for older children to enable them to assist playground supervisors.

</td><td>

Yes- Developed and delivered by Barnardos NI.

NI delivery model now combined with Friendship Group as Paths Plus.

</td></tr>
</table>

	Evidence of impact: Paths Programme is strongly evidence-based with over 30 years of rigorous research. **Evidence of impact:** An RCT was carried out on NI delivery, with the following findings: • Improved pupil behaviour (pro-social, cooperation, reduction in aggression); • Improved emotional understanding; • Improved problem-solving skills; • Improved concentration. **Blueprints Model Programme** **Level 1 programme (Graham Allen report)**	
Incredible Years (IY) (child prog)	Developed by Dr Carolyn Webster Stratton, Director of the Parenting Clinic at the University of Washington, in 1984. The programme aims to reduce behaviour problems and to promote problem solving skills, social competence and emotional regulation. All the programmes have been well evaluated globally by independent researchers using RCT studies, and have been shown to be highly effective. In particular studies have shown the importance of delivering the programme to fidelity for effective outcomes. In the UK, studies have been completed by Kings College London, Bangor University, and Trinity College among others. The IY programme is one of Blueprint's model programmes. Level 1 Programme (Graham Allen report) **Evidence of impact:** Outcomes include: • Reduction in anti-social behaviour and aggression; • Increased praising behaviour and positive affirmation by parents and teachers; • Positive change in emotional and behavioural difficulties; • Increase in pro-social behaviours and problem solving; • Improved social competence.	Yes, delivered widely.

	• Improved positive family communication; • Improved parent interaction with teachers and classroom; • Improved school readiness and engagement in school activities. Programmes are aimed at children and parents or teachers of children aged 0-12. The IY series is a set of eight developmentally based training programmes for parents (five programmes), teachers (one programme), and children (two programmes). **Level 1 programme (Graham Allen Report)** **Blueprints Promising Programme**	
Roots of Empathy	Roots of Empathy is an internationally available programme currently being delivered in over 130 primary schools across NI. The programme is delivered over a 27 week period and has been shown through NI research to reduce difficult behaviour and increase pro-social behaviour. **Aims** • To foster the development of empathy; • To develop emotional literacy; • To reduce levels of bullying, aggression and violence, and promote children's pro-social behaviours; • To increase knowledge of human development, learning, and infant safety; • To prepare students for responsible citizenship and responsive parenting. **Evidence of impact:** A wide body of evidence has demonstrated the following impact: • Increase in social and emotional knowledge; • Decrease in aggression; • Increase in prosocial behaviour (e.g. sharing, helping and including). • Increase in perceptions among Roots of Empathy students of the classroom as a caring environment; • Increased understanding of infants and parenting.	

	A cluster RCT and evaluation and cost-effectiveness analysis of the delivery of the programme to 8 to 9 year-olds in NI has been carried out, with findings are consistent with those of other evaluations of ROE. **Level 3 programme (Graham Allen Report)**	
Helping Hands	Helping Hands is a preventative education programme for primary school aged children at Key Stage 2 and 3 The overall aim of the programme is to increase children's understanding of feeling safe and to explore and promote behaviours which will contribute to a safe environment. The objectives are to: • develop children's levels of self-esteem and confidence; • enable children to explore and express feelings; • inform children of the right to feel safe at all times; • increase children's ability in safety planning; • empower children to identify their own personal support network; • explore how choice of behaviour can affect the feelings of others, and • identify healthy ways to manage conflict. This programme can teach children to express their feelings, make choices and solve problems. It can help children to develop a strong sense of self and an ability to express their own wants and needs. **Locally developed programme**	Yes, developed and delivered by Women's Aid
Healthy Me	"Healthy Me" is a mental health promotion programme aimed at children which explores emotional/mental health, healthy lifestyle choices and pathways to effective support through imaginative and interactive play and song. Healthy Me positively promotes mental health and social and emotional wellbeing in children and has a strong focus on prevention and self-help.	Yes, used widely across schools.

	Healthy Me aims to: • Promote social and emotional wellbeing through problem-solving, coping skills, conflict management and managing feelings; • Improve the emotional and social wellbeing of children; • Encourage help-seeking behaviour in children and help them identify sources of support; • Improve children's emotional literacy; • Challenge stigma and discrimination in relation to mental health and social and emotional difficulties; • Promote the equality of mental health with physical health; • Encourage joined up, multi-agency working in relation to the support of children with mental health needs; • Improve knowledge of sources of advice and support for children regarding mental health; • Enable early identification of children experiencing mental distress; • Support the transition from primary to secondary school; • To encourage adults to think about their own mental health needs.	
All Stars	All Stars is a programme designed to help young people realise their ambitions, and avoid antisocial behaviour that will impact on both their childhood experiences and their future choices. All Stars is based on an American programme that was developed on the back of almost 30 years of prevention research and practice. Its two key aims are to encourage positive, aspirational attitudes towards taking control of their own healthy futures, and to prevent 'risky behaviours' – such as drug use, bullying and antisocial behaviour – that might prevent them from achieving their goals. **Level 3 programme (Graham Allen Report)**	Yes-Barnardo's NI

Mood Matters Aware NI	Mood Matters is designed for 14-18 year olds and gives participants knowledge and skills which they can use to maintain good mental health and build resilience in order to better deal with problems and challenges. This evidence-based programme introduces the 'Five Areas Approach' which is based on cognitive behavioural concepts. Participants use practical examples to learn that by challenging and changing unhelpful thinking and behaviours, they can make a positive difference to their lives. Mood Matters Young People also features 'Take5 for emotional wellbeing' which focuses on the five most evidenced-based ways of looking after our mental health i.e. connect, be active, take notice, keep learning and give. Participants take part in group activities and discussions which highlight ways that they can build 'Take5' into their lives just by making some simple changes. Mood Matters in schools complements the school curriculum as part of a pastoral care programme or 'learning for life and work'. **Locally developed programme**	Yes- Aware NI deliver widely in schools and outside of.
Mile A Day programme	An exercise programme where pupils are encouraged to walk or run a mile a day. There is no set time at which this happens, rather, teachers are free to take the opportunity during class when they think pupils will most benefit from a break, exercise and fresh air. **Evidence of impact:** There is a wide body of evidence on the physical and emotional impact of exercise. Alongside this, research is emerging on the mile a day programme specifically, with children showing increased levels of fitness.	
Public Initiative for Prevention of Suicide (PIPS_ Programme	Resilience skills for pupils training, with three core components: • The role of resilience in maintaining emotional health; • How pessimism diminishes the quality of peoples' lives; • Life skills of resilient people.	Yes

Tree of Knowledge	Workshops in secondary schools that focus on developing a growth mindset and improved mental wellbeing. https://treeof.com/courses	Yes
Hopeful Minds Programme	**Western Health & Social Care Trust (WHSCT)** 12 week school programme (rebranded from 'Schools for Hope') developed by iFred (International Foundation for Research and Education on Depression). Sessions focus on the idea of hope, why it is important, how to develop a hopeful mindset, setting hopeful goals, planning and making change happen. Based on theory that hopelessness is a strong predictor of suicide. **Locally developed programme**	Yes
Friendship Groups (FG)	Focuses on teamwork, co-operation, communication skills and effective conflict management. FG consists of one 45 minute session every week for 14 weeks. Three children (age 8-11), identified as most likely to benefit from FG, are selected by Teachers to be 'Friendship Group Ambassadors'. FG Ambassadors attend every session on a weekly basis and each week three of their peers also join the session. These peers change every week and ensures that all children in the class have the opportunity to attend FG at least once. Involving the wider peer group as 'peer mentors' allows every child in the class to experience FG, practice their own skills and help reinforce positive peer norms. **Evidence of impact:** in conjunction with PATHS as part of PATHS Plus, a wide range of positive outcomes have been found, including: • Improved mental health; • Improved emotional regulation; • Improved self-management; • Reduced hyperactivity; • Reduced aggression.	Yes- Delivered by Barnardo's, alongside PATHs as part of PATHs Plus

Take Ten	Take Ten is a stress control training app for 4-18 year olds that is designed to train the body and mind to work together to become more resilient to stress, you can improve your performance in work, in school or in life, a little every day. http://www.letstaketen.com/document/qub-research-project-on-taketen.pdf Evidence of impact: research has shown a range of positive outcomes, including: • Reduction in aggression; • Increase in social interaction; • Reduction in hyperactivity.	Yes, used widely in schools
Love for Life	Love for Life is a provider of Relationship and Sexuality Education for 10-18 year olds, aiming to empower young people to achieve their potential and to make informed and responsible decisions throughout their lives. Five age-appropriate sessions are available, including an option for parents to join in.	Yes, delivers widely across schools
Mental Health First Aid (MHFA)	MHFA was developed in Australia in 2001 and aims to raise awareness of mental health signs and symptoms, as well as increase skills and confidence of trainees in providing initial support to someone suffering emotional distress. Components include: • How to recognise signs of mental health crisis; • Provide initial support and comfort for someone suffering emotional distress; • Guide the person towards professional help. Evidence of impact: MHFA has shown the following: • Increased knowledge and confidence in supporting someone with mental health problems; • Reduced stigma and improved attitudes towards mental health;	Yes- currently delivered in by a number of orgs including Aware NI, Action Mental Health and others.

	• Positive impact on personal mental health, including improved ability to manage their own mental wellbeing. A Train the Trainer model is supported by the PHA.	
Relax Kids	Provides pupils with tools to support positive wellbeing, build resilience and cope with stress. Sessions include relaxation, mindfulness and self-esteem sessions.	Yes
Amy Winehouse Resilience Programme	Resilience Programme works with parents, teachers and pupils to better manage their emotional wellbeing to enable students to make healthy decisions about the use of drugs and alcohol, and about how to best handle peer pressure, their self-esteem and risky situations. Parents play a key role in this process and whether or not your school is receiving the Resilience Programme, we believe it is vital that every parent has access to the information held within this book. **Aims** • To inform and educate young people about the effects of drug and alcohol misuse and support those seeking help with their drug and alcohol related problems and those needing on-going support in their recovery. • To provide support for those most vulnerable, those at high risk of misuse or disadvantaged through circumstance. • To support personal development of disadvantaged young people through music. Parents' evenings to inform parents about the underlying reasons for substance misuse, the range of substances currently in circulation, and to encourage them to have better communication with their children. **Evidence of impact:** Programme has been shown to reduce likelihood of risk-taking behaviours, increase likelihood to seek support, increased confidence and self-esteem.	Not currently

UK Resilience programme	A manualised intervention with 18 hour long workshops, designed to be delivered as part of the school curriculum to 11-13 year olds, and promoting coping skills and problem solving. Participants also learn techniques for positive social behaviour, assertiveness, negotiation, decision making, and relaxation. **Evidence of impact:** A UK evaluation of the programme found: • Short-term improvements in depression symptom scores, school attendance rates and academic attainment in English. • Weekly workshops had more impact than fortnightly ones. • The workshops had more impact on the most vulnerable groups. • The effect of the workshops only lasted as long as the academic year and had faded by one-year follow up.	No
Practitioner training		
Programme	**Summary of intervention**	**NI delivery**
FLARE Programme	A youth work model, engaging directly with young people around mental health, crisis mental health, self-harm or suicide. Provides youth practitioners with skills solution focused, cognitive behavioural therapy, motivational interviewing.	Yes- EA
safeTALK	safeTALK is a certified training programme that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources. Suitable for counsellors, teachers, ministers, those in health or justice, community workers, emergency service workers, mental health practitioners, everyone.	Yes- delivery by Action Mental Health through Mensansa programme
Mindout- Mental Health Promotion Programme for Out of School Settings	The resource was developed to support the social, emotional and mental wellbeing of young people. The programme focuses on the development of five core competencies for social and emotional learning: self-awareness, self-management, social awareness, relationship management and responsible decision-making.	

	Course Objectives: • To understand the aims of delivering MindOut in the out of school setting; • To know how to carry out a needs analysis and deliver MindOut to young people aged 15-18 in the out of school setting; • To know where to access supports, services and training programmes in relation to young people and their mental health and wellbeing; • To recognise the importance of adopting a whole organisational approach to strengthen the learning by young people. Suitable for anyone working with young people in a youth work, out of school or non-formal education setting.	
Gimme 5	A resource designed to support workers to promote the positive wellbeing messages with young people by: 1. Raising awareness of The Five Ways to Wellbeing and how these support good mental health and wellbeing. 2. Providing a range of activities to help young people explore and develop their personal strengths and resilience. The Five Ways to Wellbeing are a set of practical, evidence-based public mental health messages aimed at improving the mental health and wellbeing of everyone.	Yes
PIPS Suicide prevention skills for school staff	This compliments both the pupil course, and school safeguarding training. Contents covered include: • The core of suicide prevention; • Myths and facts around suicide; • Emotional resilience as a defence against mental health issues; • Reasons a student may become suicidal; • Barriers that stop a student getting the help they need, • Fears that stop people helping someone at risk;	Yes

	• Our Look-Listen-Link model; • Identifying the signs, verbal and non-verbal, that warn that someone may be at risk; • Active listening skills; • Linking to help; • Looking after your own mental health. https://www.pipsprogrammes.com/services-1	
Mindfulness in Schools programme	Training for teachers to use mindfulness techniques in teaching. Mindfulness in Schools is delivered by a range of organisations. Based on mindfulness practice/Cognitive Behavioural Therapy (CBT), and includes breath awareness and present moment awareness (watching thoughts, feelings, sounds and bodily sensations come and go), and sometimes include mindful movement, mindful eating, relaxation, and body scan/body awareness. Can reliably impact on a wide range of indicators of positive psychological, social and physical wellbeing and flourishing in children and young people.	Yes- delivery by Aware NI, Action Mental Health
Targeted interventions		
Programme	**Summary of intervention**	**NI delivery**
Independent Counselling Service for Schools (ICSS)	The ICSS is funded by DE and has been operating since 2007. All grant-aided post-primary schools across NI are allocated a fixed number of hours counselling for their pupils; pupils can self-refer. On the 1st September 2016, management responsibility transferred to the EA. The counselling is facilitated in school but is independent of the school system. All counsellors adhere to high professional standards; receive appropriate professional supervision and opportunities for continuous professional development.	Yes- delivery in all post-primary schools and Special Schools for post primary age pupils)

Nurture Groups	Nurture groups are an in-school, teacher-led psychosocial intervention of groups of less than 12 students that effectively replace missing or distorted early nurturing experiences for both children and young adults; they achieve this by immersing students in an accepting and warm environment which helps develop positive relationships with both teachers and peers. **Content** Nurture groups are developed around six principles of nurture: • Learning is understood developmentally. • The classroom offers a safe base. • The importance of nurture for the development of wellbeing. • Language is a vital means of communication. • All behaviour is communication. • The importance of transition in the lives of children and young people. **Evidence of impact:** A 2015 study in NI found: • Significant improvements in social and emotional skills. • Significant decreases in challenging behaviours.	Yes- used across 31 schools, funded by DE. Additionally, the EA is rolling out Whole School Nurturing Approaches training to schools.
Moving Forward (Education Welfare Service)	A website for young people, designed by young people to provide information and support during the transition period. https://www.eani.org.uk/parents/education-welfare-service/moving-forward	Yes- available for all pupils to access via website and app.
Moving Up	Through the Moving Up programme the aim is to enhance self-esteem, emotional resilience, wellbeing and confidence. The programme includes social development and play support covering issues that may affect children and their parents during transition, ensuring school readiness, offering new motivational techniques and ways to cope with change to ensure children and young people reach positive milestones. It aims to improve the transition experience for both children and parents/carers through a series of workshops. Includes topics such as:	Yes

	- Time Management; - Travelling To School; - Internet Safety; - Bag Prep; - School Maps; - Healthy Eating; - Timetables; - Making Friends.	
Youth Education Health Advice (YEHA) project	The YEHA Project supports young people in North Belfast aged 12-24 to tackle issues affecting their health and emotional wellbeing. Their work with young people embraces the core principles of youth work with therapeutic approaches, one to one support, group-work and schools training.	Yes, Delivered in North Belfast as part of the Belfast Interface Project
Family Wellness Project	Family Wellness project for children aged 5-10 and their wider family (one to one support for child and family, with development of a 'wellness recovery plan').	Yes, delivered by Mindwise in partnership with Parenting NI.
Counselling services	Therapeutic counselling services are available in various areas across NI, delivered by a range of voluntary sector organisations. Services use a range of creative and therapeutic approaches to support children and young people where a mental health need has been identified.	Yes

Appendix 2: Stakeholder interviewees

Thank you to stakeholders from the following organisations who took part in interviews as part of this research:

Action Mental Health

Aware NI

Barnardo's NI

Belfast Health and Social Care Trusts

Council for Catholic Maintained Schools

Controlled Schools Support Council

Children and Young People's Strategic Partnership

Department of Education

Department of Health

Department of Justice

Education & Training Inspectorate

Education Authority

Governing Bodies Association

Lighthouse

Mindwise

New Life Counselling

Northern Ireland Commissioner for Children & Young People

Northern Ireland Council for Integrated Education

Parenting NI

Public Health Agency, CAMHS and Nursing representatives

Safeguarding Board NI

Western Health and Social Care Trust

Appendix 3: Topic guide

Emotional health and wellbeing: Stakeholder Interviews   **Topic guide May 2018**

Background information	• Tell me a bit about your organisation and your role within it. • What are your main organisational objectives? • What role does your organisation play in supporting emotional health and wellbeing of children and young people? [Prompts: commissioning, delivering services, influencing policy, developing/supplying resources, training practitioners; also prompt on scale, scope, reach, amount of investment, target audience] • Does your organisation have links with or work alongside other local/UK wide/Cross-border/global organisations to support emotional health and wellbeing for children and young people? • Does your organisation host or are you involved in any emotional health and wellbeing forum or interest group?
Understanding need	• What do you think are the biggest needs of children and young people today in terms of their emotional health and wellbeing? Which of these are the most pressing? Are these different across different age groups, gender, vulnerabilities, geography? • What sources have brought you to that conclusion? [e.g. own research/evaluation, wider research, direct experience with young people] • What do you think are the biggest barriers to addressing these needs? [e.g. funding, knowledge, skills, understanding of the issue]

Policy	• What role has your organisation played in the development of policy, strategy or guidance on emotional health and wellbeing for children and young people? [prompts: regional vs local policy/strategy, age, vulnerable groups] • What gaps, if any, do you see in existing policy or guidance which are preventing us from fully supporting our children and young people's emotional health and wellbeing? • What challenges do you see ahead for further developing policies and strategies for NI?
Safeguarding	• Does your organisation have internal safeguarding procedures in place in the event that a young person at risk of poor emotional wellbeing is identified? [For those working directly with CYP]
Practice	**If working directly with children and young people:** • Tell me about the programmes, services and approaches you deliver to support emotional health and wellbeing of children and young people. [Prompts: Which areas of emotional health and wellbeing are they aimed at? Targeted vs universal? Funding source? Target audience and investment? Scale? Developed in-house or existing external programme?] • Do you collect impact data on the delivery of these services? If yes, which have demonstrated the biggest impact? • Are there any 'go to' resources/guidance that your organisation uses to inform your work? • Do your practitioners hold accreditation or specific training/qualifications? If so, where from? • To what extent have children, young people and parents had an opportunity to inform the services you provide to support emotional health and wellbeing? • What gaps or barriers do you see in existing provision which are preventing us from fully supporting our children and young people's emotional health and wellbeing?

	For commissioners: • What are your commissioning priorities in terms of supporting emotional health and wellbeing of children? • What challenges do you foresee in delivering these priorities?
Internal staff development and support	• Tell me about any professional opportunities that you provide within your own organisation to support staff development in the area of emotional health and wellbeing? • What staff development needs, if any, have been identified within your organisation in relation to emotional health and wellbeing of Children and Young People (CYP) that aren't currently being met? • Does your organisation provide resources or activities to support the emotional health and wellbeing of your staff?
General comments	• What are your organisational priorities over the next few years regarding emotional health and wellbeing of children and young people, if any? • What further support do you think your organisation needs to address these priorities? [prompt for internal vs external support, types of support, wider focus than funding] • In terms of importance, where do you think emotional health and wellbeing sits within wider child outcomes (for example physical health or academic achievement)? Why do you say that? • The Departments of Health and Education, and the Public Health Agency, are working together to develop a framework for emotional health and wellbeing of children and young people. In your opinion, what should such a framework include? • Is there anything else that you would like to add?

Appendix 4: Case study schools

Many thanks to the staff and pupils of the schools who kindly hosted research visits:

Lisanally Special School	**St Joseph's Grammar School**
Ballymena Nursery School	**Lagan College**
TOPS Project	**St Kieran's Primary School**
Dromintee Primary School	