Department for Education

Opportunity Areas Insight Guide

Health and Education

Opportunity in health and education

Opportunity Areas

The long-term objective of the Opportunity Areas programme is to transform the life chances of children and young people in 12 areas of the country with low social mobility. In doing so, it aims to learn more about what works in improving education outcomes in coastal, rural and urban areas. The programme seeks to tackle regional inequality by convening resources, using evidence-based approaches and testing new approaches to unlock the barriers that hold young people back in geographic areas where the educational challenges are greatest.

The programme is being evaluated and reports will be available during the course of 2022. In the meantime, with this series of insight guides, we are sharing the experiences of those working hard to make a difference in the Opportunity Areas for others to learn from.

Further information about the programme can be found on **GOV.UK**

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Removing health barriers to learning in the Opportunity Areas

Education and health are known to be highly correlated, meaning that more education indicates better health outcomes and better health indicates improved education outcomes. A report by the World Health Organisation found that overall a child's health status positively affects education performance and attainment.[1] Studies have found that very good or better health in childhood was linked to a third of a year more spent in school due to reduced absence. If children are happy and healthy, they are more likely to be in school and ready to learn. Childhood health and education outcomes also have a lasting impact on health and socio-economic status well into adulthood.[2] It is vital that we support our most disadvantaged children to experience better health outcomes as part of our efforts to close the attainment gap and support the Government's ambition to level up opportunities.

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1   World Health Organisation (2011) The impact of health and health behaviours on educational outcomes in high-income countries: a review of the evidence: **https://www.euro.who.int/__data/assets/pdf_file/0004/134671/e94805.pdf**

2   Case A, Fertig A, Paxson C (2005). The lasting impact of childhood health and circumstance. Journal of Health Economics, 24:365–389.

Since 2016, several Opportunity Areas have collaborated with local partners including schools, Clinical Commissioning Groups, local NHS Trusts and third sector organisations to deliver projects designed to equip schools with the resources and skills needed to better support pupils' health and wellbeing. The approach in each area has been informed by the latest data and evidence, guided by local partnership boards, with a shared ambition to identify and address the health and wellbeing needs most impacting pupils in the classroom.

The Government is investing in mental health, implementing the core proposals from the **Transforming children and young people's mental health provision green paper**. The paper includes training for senior mental health leads in schools and Mental Health Support Teams, which provide early intervention for children and young people in primary, secondary and further education (ages 5 to 18), and the Link Programme, which aims to improve relations and communication between frontline professionals nationally. In addition, the Government has provided funding to local authorities through the Wellbeing for Education Return and Wellbeing for Education

Recovery programmes to support schools and colleges to address the mental health and wellbeing impacts of the pandemic. Further information and links can be found at the end of the guide.

Who is this guide for?

- System and school leaders in local authorities and multi-academy trusts with an interest in pupil health and wellbeing.

- National and local Clinical Commissioning Group, NHS and public health leads with responsibility for children and young people's health services who would like to work more closely with schools.

- Anyone working in a social mobility 'cold spot' who wants to learn from peers facing similar challenges in pupil health and wellbeing.

Each guide that we publish will be followed by a webinar to connect interested parties with those involved in the featured projects. If you would like to find out more, or you would like to attend a webinar, please get in touch: **Opportunity.Areas@education.gov.uk**

What this guide covers

This guide is the third in a series. It covers a selection of Opportunity Area place-based projects that have tackled complex and multi-faceted obstacles to social mobility and regional inequality. Some of the best examples of local solutions to local problems are listed below. They cover a range of themes on pupil health and wellbeing, and removing health barriers to learning – from supporting mental health and emotional wellbeing to using data innovatively to inform the early identification of autism. Our aim is to cover tried and tested projects that vary in cost, showing where match-funding has been secured. We hope that these insights will support work to overcome similar challenges for schools and young people elsewhere.

The following case studies are included:

Stoke-on-Trent: Social, emotional and mental health support in further education, with a focus on prevention and early intervention.

Derby: Emotionally Healthy Schools project – training a Designated Senior Lead for Mental Health in every school in Derby and creating a Mental Health Local Offer.

Hastings: Improving mental health and resilience in schools through a package of interventions, including a whole-school approach to mental health and wellbeing, a keyworker service, and parental support.
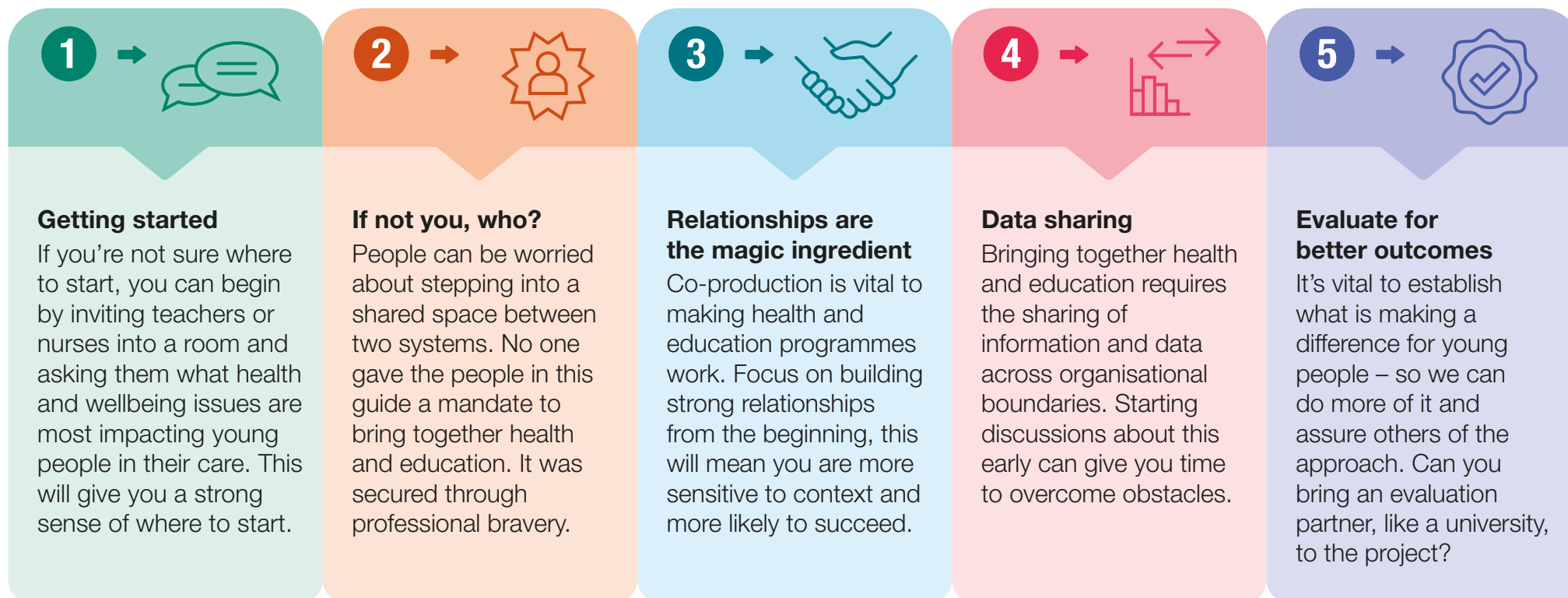
Oldham: A whole-school approach to emotional health and wellbeing – including training – which forms part of a wider package of interventions including support to access mental health services beyond universal provision and an innovative staff supervision project.

Bradford: The Centre for Applied Education Research brings together health and education experts to deliver innovative research which ties together data-led insights and policy interventions to remove health barriers to learning for children in Bradford.

> **Tackling regional inequality and complex obstacles to social mobility**

Key insights

1 Getting started

If you're not sure where to start, you can begin by inviting teachers or nurses into a room and asking them what health and wellbeing issues are most impacting young people in their care. This will give you a strong sense of where to start.

2 If not you, who?

People can be worried about stepping into a shared space between two systems. No one gave the people in this guide a mandate to bring together health and education. It was secured through professional bravery.

3 Relationships are the magic ingredient

Co-production is vital to making health and education programmes work. Focus on building strong relationships from the beginning, this will mean you are more sensitive to context and more likely to succeed.

4 Data sharing

Bringing together health and education requires the sharing of information and data across organisational boundaries. Starting discussions about this early can give you time to overcome obstacles.

5 Evaluate for better outcomes

It's vital to establish what is making a difference for young people – so we can do more of it and assure others of the approach. Can you bring an evaluation partner, like a university, to the project?

Observations from a Partnership Board Chair

Each OA has a local partnership board, which is headed by an independent chair and supported by a Department for Education Head of Delivery. This board comprises local stakeholders from schools, further education, businesses and beyond, to ensure a tailored and localised approach to delivering priorities and robust challenge.

**Anne-Marie Canning MBE
Chair of the Bradford
Opportunity Area**

If ever there was a time to appreciate how health impacts our lives, then now is that moment. The pandemic has meant our everyday lives have changed, with all of us making sacrifices to ensure the health of our fellow citizens. The pandemic has highlighted the significant health inequalities in our country, and we've also seen education inequalities exacerbated by COVID-19. Taking a joined-up approach to health and education is necessary to secure the gains we need to make in pupils' lives post-pandemic.

The Marmot Review, published in 2010, is a landmark report examining health equity in our country.[3] I remember first reading the report and one fact standing out: 'For people aged 30 and above, if everyone without a degree had their death rate reduced to that of people with degrees, there would be 202,000 fewer premature deaths each year'.

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3   https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

> **The positive relationship between education and health is clear**

The positive relationship between education and health is clear, and I have never forgotten the shortened lives of those without degrees. The Marmot Review's number one recommendation was to focus on giving every child the best start in life. An update 10 years on shows progress is stalling, with life expectancy falling and people spending more of their lives in poor health.[4] By prioritising health issues, and seeing them as part of the education equation, we can begin to secure a better future for the children we serve.

Bringing together systems can feel daunting or overwhelming. There is a temptation to 'stay in our lane', and we might feel concerned that we're overstepping our boundaries as professionals. But we must walk towards this discomfort and complexity. The children and young people we serve do not exist in isolated systems – their lives regularly traverse health and education. So we must do the same.

Addressing the link between health and education will need professional collaboration, lateral thinking and good data linkages.

The case studies in this guide demonstrate all of those hallmarks. They vary in size and approach, but all are highly context responsive. There is a growing acknowledgement in policy making and public discussion that 'place matters' and the Opportunity Areas and their case studies demonstrate this powerfully.

I always say, if you are working to improve life chances for young people, you must be a realistic optimist. The task requires us to be determined, to create change whilst acknowledging it will be a difficult journey to secure progress. The Opportunity Areas, and their case studies in this guide, offer important examples of a joining up of systems. Imagine these initiatives at scale across the UK and the gains that could be made for young people and children. It gives me a sense of optimism about the future we could create in our schools and communities. I hope it gives you a sense of possibility too.

Anne-Marie Canning MBE
Chair of the Bradford Opportunity Area

Image from iStock

4   **https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on**

Stoke-on-Trent
case study

Stoke-on-Trent: Social, emotional and mental health in further education

The creation of an emotional wellbeing service within Stoke-on-Trent's two largest 16 to 19 colleges has provided crucial early intervention support to students experiencing low-level mental health and wellbeing issues.

What was the problem?

Stoke-on-Trent Sixth Form College and Stoke-on-Trent College are the two largest providers of further education within the city. Both colleges found that high numbers of students with Social, Emotional and Mental Health (SEMH)-related difficulties were presenting to the Counselling Service and Safeguarding Teams.

The colleges identified a gap in low-level, early intervention support for students and created an emotional wellbeing service with funding provided by the Opportunity Area programme.

A team of emotional wellbeing workers delivered drop-in sessions, one-to-one interventions, and facilitated peer support groups so that students were able to access timely, focused interventions appropriate to their needs. The added capacity provided by the emotional wellbeing workers was key to fostering a holistic approach to mental health across the colleges.

Poor mental health and emotional wellbeing amongst children in the city is a significant issue that the Opportunity Area's Partnership Board was eager to address from the outset of the programme. An enabling theme of our **Delivery Plan** is to support the emotional wellbeing and behaviour of pupils inside and outside the classroom. The 'Joint Strategic Needs Assessment' report, published in April 2017, highlights the importance of improving outcomes for children and young people with mental health.[5] The report found that young people living with mental health conditions are less likely to reach their full academic potential, are more likely to drop out of education, employment or training, and are more likely to become known to the youth justice system.

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This page: Image from Stoke-on-Trent SEMH group

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5   Children's Story – Stoke-on-Trent Joint Strategic Needs Assessment: **http://moderngov.staffordshire.gov. uk/documents/s94660/Childrens%20JSNA%20FINAL%20April%202017.pdf**

Implementation activities and successes

Both colleges adopted the THRIVE Framework for system change, which is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families.[6] The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings:

- Thriving.

- Getting advice.

- Getting help.

- Getting more help.

- Getting risk support.

The addition of emotional wellbeing workers to the colleges' support framework for students enabled full implementation of the THRIVE Framework with its varying levels of support based on student needs. The student is always at the centre of the framework, with the aim that they are thriving, and the support provided to the student is differentiated depending on need.

The THRIVE Framework

> **The student is always at the centre of the framework**

Students' mental health needs were identified using the CORE Score for Psychological Distress in one-to-one interventions.[7] Emotional wellbeing workers conducted initial assessments with students and identified goal-based objectives, empowering students to identify strategies to improve their own mental health, such as practising mindfulness, grounding techniques, or body mapping. Hour-long drop-in sessions were scheduled daily before and after college, where students could access emotional wellbeing support in times of crisis without an appointment. Drop-in sessions were better attended at the sixth form college, where a room was set aside for the sessions. These sessions were also accessed by students who had completed a course of one-to-one interventions, to provide additional support and assist in providing an 'ethical ending' to the intervention. The service included peer support groups, facilitated by the emotional wellbeing workers, who supported small groups of students facing similar issues. A particularly successful group was the 'Female Empower Hour', which provided a confidential space for female students with low self-esteem. This was open to all year groups, for students identified as needing additional support regarding healthy relationships. Students attended weekly for a term, with sessions covering a variety of topics such as healthy relationships, boundaries, sexual health, expression of voice, safety, and self-exploration.

> " My Counsellor was able to make me feel at ease from our first session, listened well to what I said and helped me deal with some issues I was still working on."
>
> **Student who accessed the service**

The project has provided counselling staff with additional capacity to deliver specific training to teaching and support staff, including a training package using counsellor expertise around key areas of student wellbeing:

- Adverse Childhood Experiences.

- Trauma informed practice.

- Attachment and boundaries.

Image from Stoke-on-Trent SEMH group

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7   Twigg, E., Barkham, M., Bewick, B.M.m Mulhern, B., Connell, J. & Cooper, M. (2009) The Young Person's CORE: Development of a brief outcome measure for young people. Counselling and Psychotherapy Research, 9 (3). CORE measures the distress of a client and is a score out of 40, the higher the score indicating the higher the level of distress. Any score under 10 would indicate low level distress. The project looked at reducing CORE scores by 10 through a course of interventions, with the view that by reducing CORE scores by 10 points, this would indicate a successful intervention, even if this showed a moderate level of distress remaining.

Output measures

For the first year of the project (September 2019/20), the overarching aim was to reduce mental health and emotional wellbeing issues amongst young people in both colleges. To measure this, the project recorded the following data:

- The **number of counselling referrals**. By offering early support to students from emotional wellbeing workers, the project aimed to reduce the number of referrals made to counselling.

- The **number of missed appointments**. The colleges found that students who had been referred to counselling by their teachers were often missing counselling appointments. By introducing the emotional wellbeing workers to the colleges' framework of support for young people, the aim was to increase student engagement and faith in the support system, which could be measured by a decrease in missed appointments.

Image from Stoke-on-Trent SEMH group
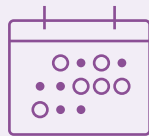
- The **number of mental health-related safeguarding concerns**, aiming for a reduction due to early intervention with mental health and emotional wellbeing issues.

By the end of the academic year, data showed a significant decrease in the number of counselling referrals. Across both colleges, there were 193 referrals to counselling reported for the 2019/20 academic year compared to 495 during 2018/19. Missed initial appointments also decreased over the course of the project. A reduction in safeguarding referrals was not met, with a continued 30% of referrals to safeguarding presenting with mental health-related concerns. On analysing the safeguarding referrals, the team found that several were identified via emotional wellbeing or counselling, evidencing the more holistic support mechanism in place for students.

Impact of the COVID-19 pandemic

In March 2020, the participating colleges entered a period of lockdown due to the COVID-19 pandemic. The uncertainty of the pandemic increased the need for further emotional wellbeing support for students, and so the Opportunity Area provided a further £20,000 to support this crucial work until December 2020. New measures were introduced to monitor the project's effectiveness, both to reflect the differing landscape in light of the pandemic, and to conduct a 'lessons learnt' exercise against the project in the previous year.

The measures were:

• Continued reduction in number of referrals to counselling.

• Decrease in CORE scores for students accessing the service.

• Providing specific emotional wellbeing support to students in response to the impact of COVID-19.

At the close of the project in December 2020, counselling referrals were much lower across the two colleges. Students' CORE scores, indicating their level of psychological distress, had decreased by 9.75 points, indicating a positive improvement in their mental health and wellbeing. There was high demand from students for the drop-in sessions; during the autumn 2020 term, the service was used 86 times across the two colleges. The team believes that this was due to the 'crisis' nature of the drop-in service:

" **…a student may be having a bad day, experiencing a low mood, with low levels of motivation. They visit the drop-in service, speak to an emotional wellbeing worker and leave feeling better for having spoken to someone. This could be a 10-minute intervention and that student is not seen within the service again. It is this early engagement and offer of support which has made a real difference to student wellbeing."**

**Project lead,
Stoke-on-Trent Sixth Form College**

Data was collated throughout the project to assess the number of students accessing one-to-one interventions and drop-in sessions. There were 436 interventions with students across the two colleges over the course of the project.

	One-to-one intervention	Drop-in
Stoke College	95	77
Sixth Form	99	165
Total	**194**	**242**

Feedback was collated from each student accessing the service to monitor the success of the service in meeting their needs. Students' CORE scores and goal objectives were tracked and monitored to demonstrate impact of the service.

The project lead also noted further positive impacts which are more difficult to quantify: the impact the emotional wellbeing service had on staff and students in creating a supportive, open environment for mental health and wellbeing to be discussed, the peer support groups that have been established for students, and the space for students to observe and manage their own self-care.

" **The project has enabled a step change for college students in the support we have been able to provide for their wellbeing. It is empowering students struggling with mental health issues to find ways to manage their condition and to provide help to each other. It is really inspiring to see the change made for a number of our young people through this project and we are so grateful to the Opportunity Area initiative for the chance to develop it in the first place."**

Head of Stoke-on-Trent Sixth Form College

" **The SEMH in Further Education Project has allowed us to make earlier therapeutic interventions with our students to improve mood, sleep, hygiene, self-esteem and confidence, increase capacity in our counselling service and in mental health services locally to support young people experiencing trauma, abuse, anxiety and loss. We are committed as a college to supporting our students to be able to thrive while studying with us and that means being there for them, providing that listening ear, being kind to each other, always asking twice if people are okay. We are grateful for all the project has helped us achieve and the legacy in times to come."**

Director of Student Services, Stoke-on-Trent College

Project costs

The project was initially awarded £80,000 funding from the Opportunity Area programme, with an additional £20,000 agreed in January 2020 to meet high demand for the service. A further £20,000 was provided to assist with COVID-19 recovery for Term 1 of the 2020/21 academic year.

- Emotional wellbeing worker salary costs: £101,953.

- Project Co-ordinator: £5,000.

- Mental health first aid training for progress coaches and mentors at both colleges: £1,848.

- Suicide and self-harm training for safeguarding and mental health and wellbeing staff: £5,000.

- Additional project management costs: £7,000.

- Total: £120,801.

Sustainability

The overall aim of the project was to foster a holistic approach to mental health and wellbeing support for staff and students which is integrated into day-to-day life within the colleges. To support and increase awareness, support staff in both colleges completed the two-day accredited mental health first aider course, which has increased capacity to support with low level issues alongside the emotional wellbeing workers. The additional capacity that the emotional wellbeing service generated has allowed the rest of the team to create long-lasting resources for self-care, for example, support for group work, peer support training and delivery, blogs and self-care strategies and a Ways to Wellbeing self-help guide for students, which was developed to assist students during the COVID-19 lockdown period. Linking up with the national Mental Health Support Teams has also been integral to the sustainability of the project, enabling longer-term support for young people with more complex needs.

Key ingredients for success

1. Always keep the students' needs at the centre of everything you do.

2. Make this a whole-organisation approach – from senior leadership, teachers, to support staff - ensure that mental health and emotional wellbeing is discussed openly to break the stigma. This approach works best when everyone is invested.

3. Invest in specific mental health training for existing staff members. In doing so, you can implement a THRIVE model that is sustainable and has a positive impact on students.

The project leads, Safeguarding and Wellbeing Manager, and the Counselling Manager at Stoke-on-Trent Sixth Form College were awarded first place in the national Sixth Form Colleges Association's Mental Health and Wellbeing category.

" I am proud that this important project in Stoke-on-Trent is being recognised, and I hope that its success continues as we expand our Opportunity Area programme into a fifth year, with early intervention for even more students so they stay engaged in their education and thrive."

Minister of State for Universities and the Opportunity Areas

"Always keep the students' needs at the centre of everything you do"

Derby
case study

Derby: Emotionally Healthy Schools project

The Emotionally Healthy Schools project provided every primary and secondary school in Derby, as well as Derby College (107 settings in total), training for a Designated Senior Lead for Mental Health (DSLMH) and created a mental health local offer that brings into one place sources of support and information, aiming to improve strategic planning for mental health and emotional wellbeing of all pupils.

What was the problem?

The project was commissioned to provide support for the increasing number of children and young people facing challenging personal circumstances, with the local position reflected in national data suggesting that one in 10 children aged 5 to 16 have a diagnosable problem such as conduct disorder (6%), anxiety disorder (3%), attention deficit hyperactivity disorder (ADHD) (2%) or depression (2%).[8]

The impact of mental health problems on the lives of children and young people is significant. Evidence shows that children and young people with mental health problems are more likely to have negative life experiences that can damage their life chances as they grow towards adulthood.[9] For example, those with conduct disorder – persistent, disobedient, disruptive and aggressive behaviour – are twice as likely to leave school without qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs and 20 times more likely to end up in prison.

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8   https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

9   https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

The two-year, £578,000 project had four main aims:

- To train a DSLMH in every school in Derby. Training was delivered by the Carnegie Centre of Excellence for Mental Health in Schools, following an open tender process.

- Create a mental health local offer, bringing all sources of support and information for schools and families together, on an Emotionally Healthy Schools website.

- Develop an organised scheme of school placements for university final year undergraduates in related fields to provide creative therapies and student support.

- Develop materials and approaches for schools to work with families that face the most extreme mental health challenges, often due to the co-existence of complex SEND.

Trained DSLMHs work towards achieving a **School Mental Health Award**. To achieve an award, schools complete a self-assessment before working with a mental health coach to make links between policy, strategy and implementation. They began to plan how provision could be developed so that all eight competencies of the School Mental Health Award framework were met. The competencies are:

- Leadership and strategy.

- Organisational structure and culture – staff.

- Organisational structure and culture – pupils.

- Support for staff.

- Professional development and learning.

- Support for pupils.

- Working with parents and carers.

- Working with external services.

On completion of the award, schools are awarded a bronze, silver or gold award:

- Bronze – plans and actions are embedded and secured across all eight competencies.

- Silver – school will be sharing its practice with other schools, outreaching in a 'Specialist Leaders of Education style'.

- Gold – school will be sharing its excellent practice through a range of networks and/ or publications in the national arena, outreaching in a 'National Leaders of Education style'.

Following recommendations made by local sub-groups, Redwood Primary School was elected to manage the project. The executive head sits on the Opportunity Area Partnership Board and chairs the Primary Strategy Group. This ensured clear communication routes between the project and Partnership Board, and pre-existing relationships could be utilised to ensure the engagement of every school.

The project was due to complete in August 2020. However, as part of the project required DSLMHs to implement improvements in schools, the project was delayed by COVID-19 restrictions and school closures. The Derby Opportunity Area Partnership Board agreed an extension of the project until December 2020 to allow the remaining schools to complete their awards. This included the development and implementation of an action plan that promotes a whole-school, strategic approach to mental health. This involves all parts of the school working together, with commitment from senior leaders, teachers and all school staff, as well as parents, carers and the wider community. A full cost breakdown has been provided below.

> **...pre-existing relationships could be utilised to ensure the engagement of every school**

Each school that participated in the DMLH leadership training programme was eligible for two grant payments:

- Participation grant – £500 for each school as a contribution towards their costs of taking part in all aspects of the training programme, including time away from the school for training, any associated in-school auditing, and improvement planning activity.

- Improvement grant – A further grant of £1,000 if, on completing the programme, the training provider signed off an improvement plan for the next phase of development in school. These plans might include, for example, further in-school development, wider staff training, and creating wellbeing facilities and safe, quiet environments for pupils.

76

schools went on to complete
the Mental Health in Schools Award

22,000

website visits

Image from iStock

Output measures

All schools in Derby have completed DSLMH training. This included two core days of training for the DSLMH, alongside a series of workshops, selected following a training needs analysis, which were targeted at relevant members of staff. 76 schools went on to complete the Mental Health in Schools Award, with 48 achieving bronze, 22 silver, and six gold.

A website was developed to provide information and resources to schools and parents on mental health and emotional wellbeing, including in response to COVID-19. Since its launch in May 2019, the website has gained 176 subscribers from Derby City schools and the local authority, ranging from head teachers, teachers, DSLMHs and SENDCos. It has had over 22,000 visits.

St Andrew's Academy led the development of five **PDF flyers** for all Derby schools to use with families of children with SEND and in need of emotional support. The PDFs, used in trainings and at network meetings, include:

- Emotional and mental health (calm, concern, crisis).

- Mindfulness and calming strategies.

- Parent support.

- Sibling support.

- Transition support.

A placement scheme was set up with the University of Derby, placing students from courses such as counselling and psychotherapy, mental health nursing, art therapies and occupational therapy, into schools. This was to complement and support the efforts to promote emotional wellbeing and provide early help to pupils. Placements were very well received.

10 network events, inviting all 107 schools, were delivered across the programme. Events were initially used to share good practice, discuss successes and lessons learnt, and cascade briefing on NHS and local service providers. In summer 2020, events were moved online and were restructured to include keynote speakers, including professionals from across the mental health and education sector, and those working in mental health and wellbeing services, for example Trauma Informed Schools UK.

These online events were accessed by new school staff, with over 300 individuals attending across the five live events and almost 1,000 views of the recordings. Feedback was consistently good, with 98% reporting the events as good, very good or excellent.

A pre- and post-project survey was completed by schools and pupils within Derby. The following results are taken from the survey, which can be found on the **Emotionally Healthy Schools website**.

Mental health leads have reported huge improvements in their confidence. Following completion of their training, over 95% of the 107 DSLMHs felt that the award improved their school leadership of mental health, 84% felt that pupil wellbeing had improved as a result, and 79% believed staff wellbeing was improved.

> **Mental health leads have reported huge improvements in their confidence**

There is also a marked improvement in the way that whole-school staff self-reported their understanding of mental health, meaning they are more equipped to identify the early signs of poor mental health in their pupils, and how to access the relevant support. A sample of 130 secondary school staff from three schools showed an improvement in confidence. The largest increase has been in those who agree or strongly agree with the following statements:

- I am knowledgeable about the various mental health services that are available for children and young people in Derby – 73% (an increase of 35 percentage points).

- My school does a lot to promote good mental health – 84% (an increase of 33 percentage points).

- I am confident that I know where to find information about emotional health and wellbeing – 75% (an increase of 32 percentage points).

84%

Of a sample of 1,890 Key Stage 2 pupils from three schools who were asked if they know where to find help when they are sad, angry, upset or worried 84% said that they sometimes, often or always know where to go. This has dipped slightly (2 percentage points) since the beginning of the project. However, given the circumstances at the time of the survey surrounding the pandemic and experiences of pupils being isolated at home, the figure is still reassuring.

Sustainability

By training a DSLMH in every school, the aim is to create a whole-school commitment to improving mental health, as well as long-term, strategic improvements for mental health and emotional wellbeing that will be sustained beyond the lifetime of the Opportunity Area programme, and despite any DSLMH leaving the profession.

Since the project ended in December 2020, funding has been secured from Derby City Council to temporarily maintain the Emotionally Healthy Schools website, which continues to have thousands of visits each month from staff accessing its wide range of tools, resources and support pathways. Emotionally Healthy Schools will continue to work with stakeholders to explore long-term funding options to maintain the website.

Derby Opportunity Area is continuing to support mental health in 2020/21, as part of a wider programme on inclusion led by Derby County Community Trust. This project is streamlining a number of previous Opportunity Area funded programmes (Emotionally Healthy Schools, SEND, Targeted Student Support, Family Engagement and Exclusions) to build on their successes and to support the post-COVID recovery for schools, especially for the most vulnerable. The project will run from December 2020 to August 2022 and seeks to increase the capacity and capability of mainstream schools to provide effective inclusion interventions and support vulnerable students.

" Asterdale Primary School was one of the first to achieve an award from the Carnegie Centre of Excellence for Mental Health in schools. Key staff have been trained in Adverse Childhood Experiences, 'Spread a Little Happiness' and calming strategies. A pupil and staff working party was also set up to support the development of safe spaces in school, which was in part funded by the project grant money. Enrichment, outdoor learning opportunities and mindfulness practice was developed across the whole school for pupil and staff wellbeing. There is an emphasis on collaboration, with parent and pupil input in developing the action plan. Pupil wellbeing champions and playground buddies have also received training and there is a new wellbeing afterschool club."

Asterdale Primary School, DSLMH

" Our first big change was the introduction and implementation of our Wellbeing Centre. This was a place for our pupils to go and receive support, sit quietly or be signposted to outside agencies. The whole centre was furnished with the money from the award. We created a team of wellbeing ambassadors who were largely led by our sixth form pupils, who promoted the centre and became trained as mental health first aiders."

Allestree Woodlands School, DSLMH

Implementation activities and successes

Ensure strong school buy-in prior to commissioning – training a DSLMH and working towards the School Mental Health Award is a huge ask that requires time and energy to attend training and workshops, assess current provision, and create, implement and continuously embed improvements to mental health provision. It is imperative to ensure the training has the support of both senior leaders and the nominated DSLMH, that there is full transparency of the ask and expectations from the start, and that staff attending training and workshops are consistent and senior enough to lead significant change and secure an overall strategic perspective.

Have support systems in place – despite securing city-wide buy-in, there were a couple of schools which struggled and were at risk of not completing their training. To ensure all schools completed training, it was essential to have support systems in place for any DSLMHs who needed additional help. For example, through:

- Flexibility of deadlines. DSLMHs were trained in 'waves'. Leads in earlier waves could postpone or delay training to later waves, where essential. However, delays were granted in exceptional circumstances to prevent all first-wave schools delaying training and overwhelming the provider.

- Provide a 'go to' individual to answer any questions, give encouragement, provide support and be a sounding board for ideas.

- Create a peer support network for DSLMHs to network and share best practise. This not only means successful interventions can be shared and implemented across the city, but also provides space for leads to talk through challenges and provide support.

Project costs

September 2018 – December 2020

Item	Cost
Exec leadership and business management	£30,000
Project co-ordinator (including on-costs)	£120,000
Administration and overheads	£20,000
Project support worker for website development	£60,000
Delivery of DSLMH leadership training	£80,000
Additional follow-on training	£50,000
Participation grants – Up to £500 per school to attend training and conduct audits	£50,000

Item	Cost
Improvement grants – Up to £1,000 per school to implement their improvement plans	£100,000
Schools mental health website	£35,000
DSLMH network	£3,000
Family support materials	£17,000
Mental health publication	£3,000
University placement scheme	£10,000
COVID-19 extension – to cover extension costs (project management and website maintenance) September 2020 – December 2020	£25,000
Total	**£603,000**

The project resulted in mental health improvements being implemented across 107 schools, at a cost of circa £5,600 per school, leading to improved mental health support for the approximately 43,000 pupils enrolled across Derby.

"When I was first approached by my Headteacher about being the Senior Lead for the Mental Health Award I was a little overwhelmed. On a first look, it seemed I was solely responsible for my pupils, staff and parents' wellbeing and have to provide evidence to prove it! However, the first face-to-face day alleviated (most) of my concerns. I was able to sit in a room with fellow SLT and discuss the enormity of the whole thing. When arriving back at my school, the leadership team posed the following questions: How do we tackle mental health in our schools? Do we have a whole school approach? Do students know who to go to? Can we really change the culture of our school?

"We started by completing questionnaires finding out from our most important resource, staff and pupils. The results were, at times, hard to take as a senior leader, but it gave us a starting point and some key areas to work on. Notably, I was not the sole person in charge of the mental health of all our staff and pupils. We need a team of people to help create change.

"Our first big change was the introduction and implementation of our Wellbeing Centre. This was a place for our pupils to go and receive support, sit quietly or be signposted to outside agencies.

"I am not going to lie and say that this has been an easy journey for our school or myself as senior lead driving the change, but it has been worthwhile. We are now starting to see real impact within our school and how we manage and talk about mental health. Although the award has finished, I feel Allestree Woodlands School is on the first step in a sustainable and continuous journey to promote and deliver good mental health to all young people."

Allestree Woodlands School, DSLMH

> **We are now starting to see real impact within our school and how we manage and talk about mental health**

Hastings
case study

Hastings: Emotional Wellbeing Key Worker Service

Pupils aged 9 to 14 years with emerging emotional wellbeing support needs are being supported by an Emotional Wellbeing Key Worker Service. This service is contributing to the wider priority area of supporting children's mental health and emotional wellbeing in Hastings. It runs alongside a separately commissioned support and training package being delivered to schools, which is also funded by the Opportunity Area programme. Pupils benefitting from the Emotional Wellbeing Key Worker Service attend 10 of the most deprived schools in Hastings. Now in its third year, the programme has evolved from a focus on supporting pupils, to providing support to both pupils and their parents or carers.

What was the problem?

Hastings is an area of significant deprivation. According to the **Index of Multiple Deprivation** (a relative measure of deprivation), on the overall 'rank' measure at local authority level, Hastings went from the 20th to 13th most deprived local authority in England at the outset of the project, highlighting a significant increase in poverty affecting many families across the town.

Agencies working with children and young people in Hastings identified children's mental health as a pressing priority due to the increase in concerns they were experiencing.[10] Within the town, a new multi-agency 'one-stop shop' i-Rock service – offering timely support to young people aged 14 to 25 in relation to mental health issues, wellbeing, education, employment and housing – had been developed. This drop-in service offers brief interventions that have a clear evidence base and are preventative in nature. Hastings Opportunity Area supported this service to expand its opening hours from three to five days a week.

A gap remained in provision for younger children, with very little early intervention support available for the under 14 age group. Schools reported that pupils were presenting with mental health and emotional wellbeing concerns from a much younger age, with little or no access to early intervention support.

Improving mental health and resilience is one of the key priorities set out in our **Delivery Plan**. A commitment to developing additional school-based provision was set out clearly within the plan.

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10   **Department for Education - Social Mobility Delivery Plan – Hastings (publishing.service.gov.uk)** p. 34

Implementation activities and successes

The service is focused on pupils aged 9 to 14 who have been identified by schools as having emerging mental health and emotional wellbeing issues, such as mild anxiety, mild depression or anger and who would benefit from short-term support to help them address these emerging issues. Pupils with more significant or entrenched issues around mental health are referred to CAMHS and signposted to other services within the local authority.

The key workers work in a small team employed by East Sussex County Council. Most of the key workers were part of the East Sussex's 'Early Help' Service before joining the team, which is a service providing early help and support to families assessed by East Sussex as requiring additional support. They focus on delivering early support to pupils and their families, taking a whole-family approach to working with the individual pupil and their parents. Within this family approach, strategies undertaken with pupils are rolled out with parents, helping them to support and manage their child's emotional needs. The aim is that this will allow for sustainability, decreasing

the need for repeat referrals and improving parental resilience and family independence. Where there is a need for additional parenting interventions, parents and carers are supported by services provided by the local authority, such as 'Open for Parents', which is a parenting team providing free one-to-one advice and specialist group work.

Four key workers are employed across the Hastings Opportunity Area, with each key worker working across several schools.

Families are referred to the emotional wellbeing service to access either the one-to-one support or group work. These activities usually last eight to 12 weeks and some pupils may access both, depending on if the school has also chosen a group work intervention relevant to the needs of the referred child. The emotional wellbeing key workers offer strategies to address emerging mental health needs at an early stage, for example, cognitive behavioural therapy approaches, mindfulness, solution-focused work, and calming strategies. Key issues addressed include: low-level anxiety, self-esteem, confidence, low-level self-harm, and suicidal ideation.

The group work interventions, which are delivered to groups of six young people during school hours, or after school virtually, have a core focus on managing anxiety and the transition from primary to secondary school.

> **The emotional wellbeing key workers offer strategies to address emerging mental health needs at an early stage**

Project costs

For the development and delivery of the first two years of the project, the service cost £257,000. This was for delivery of key worker services in 11 schools with four full-time key workers. In Year 3 (2020/21 academic year) the service was contracted at £177,000. Four key workers are employed across the Hastings Opportunity Area (three full-time and one part-time), overseen by one co-ordinator post. Each key worker works across three schools offering approximately 1.2 days per week.

Costs for Year 3: 2020/21 academic year

Four key workers	£160,888
Project management – contribution towards project manager post	£10,941
Other costs e.g. key worker travel, mobile telephones	£4,719
Total cost:	**£176,548**

This results in an approximate cost per beneficiary, for an eight-to-12-week intervention or drop-in support session, of £179.00.

Output measures

For all one-to-one interventions, outcomes are measured using both service user feedback and a scientifically validated pre – and post – measure: Revised Children's Anxiety and Depression Scale (RCADS).[11]

RCADS is completed by the key worker with the pupil at the start and end of the intervention to evidence progress made in their emotional and mental wellbeing. Feedback is also gathered about the service from parents and participating pupils, which is collated at the end of each intervention, to capture the views of participants and the impact the service has had on their emotional and mental wellbeing.

Data collated during the first two years of the programme indicates a significant improvement in the emotional wellbeing of participating pupils.

During the first two years of the programme, 338 pupils accessed one-to-one support, which is approximately 17% of the nine to 14 age group in the targeted schools. From the 154 completed pre- and post-RCADS scores, 80% of those accessing the service demonstrated an improvement in previous self-reported anxiety levels, as recorded on a scoring matrix, and 79% showed an improvement in previous self-reported anxiety and depression levels. A reduction in the scores showed that early intervention had lowered the mental health concern and depression or anxiety levels had not escalated. 178 feedback forms completed by pupils indicated that 98% of pupils considered that 'things had changed for the better' in relation to their mental health since being offered support through the service.

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11   The Revised Child Anxiety and Depression Scale (RCADS) is a 47-item measure designed to assess symptoms corresponding to anxiety disorders and depression in children and young people aged 8-18 years. The original measure includes six subscales aimed at assessing separation anxiety disorder, social phobia, generalised anxiety disorder, panic disorder, obsessive compulsive disorder and major depressive disorder: **https://www.corc.uk.net/outcome-experience-measures/revised-childrens-anxiety-and-depression-scale-and-subscales/**

In the first year of the programme, 147 pupils took part in group work sessions. The impact of the COVID-19 pandemic, with schools closed during the lockdown period, saw a reduction in this group work, with 59 pupils supported in the second year of the programme. The lower number of pupils taking part in group work contributed to a higher demand for one-to-one support. Schools were referring more families for the key worker team to offer virtual or telephone one-to-ones directly to families at home during lockdown. The virtual offer worked well for all age groups, across both primary and secondary schools.

Over the first two years, the drop-in facility ran until the first period of partial school closure in March 2020. 890 young people were supported through drop-ins in the three mainstream secondary schools in the pre-pandemic period. The programme is currently in its third year, with self-reported data collated indicating a positive impact on participants.

Schools have been offered the option to choose the level of support and package that best suits their needs during this year. Since September 2020, there have been 106 new referrals (50 secondary and 56 primary). The RCADS, between September and December 2020, showed a 100% improvement in both anxiety and anxiety/depression in female students, and 80% improvement in both anxiety and anxiety/depression in male students. The RCADS between January and March 2021 showed an 87% improvement in anxiety and depression. 91% of pupil feedback received during January to March 2021 indicates that pupils feel that 'things have changed for the better' in relation to their mental health and wellbeing. The programme has been very well received by schools.

> **The programme is currently in its third year, with self-reported data collated indicating a positive impact on participants**

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The positive impact of the service can be seen from the experiences of parents, children and school staff accessing the project:[12]

"The opportunity for young people with possible emerging mental health needs to have some one-to-one time just for them, where they are listened to closely, with respect and without judgement, is invaluable. The range of strategies which the young people have been introduced to and encouraged to use by the key workers have proved effective in helping to develop resilience, reduce anxiety, and build a sense of self-worth. For parents, this support has provided reassurance, support and hope."

Designated Safeguarding Lead at The St Leonards Academy (Mainstream Secondary)

"I feel really happy with the sessions I had with [key worker]. She has taught me how to manage my emotions better and how to take care of myself. I would like to continue my sessions with her but understand this needs to end and I am looking forward to having sessions with [in-school support] from school who I met in a team's session with [key worker] and my mum. Thank you for your support and for being a kind person to listen."

11-year-old Hastings Secondary Pupil

"I wasn't expecting a miracle but that is really what it has been…there is much less shouting…that was so important when we were spending so much time together during the lockdown."

"We are now using the strategies taught to us and have seen amazing improvements in [child's] behaviour. He is less aggressive and there are less meltdowns. I cannot tell you how much easier our lives have become."

Participating parents

12   Quotes taken from project progress reports, January 2020 and January 2021.

Sustainability

The involvement of parents and carers in the programme has ensured that the impact of the Emotional and Wellbeing Service will extend beyond the lifecycle of the project, with parents and carers equipped with strategies to support their children's wellbeing and mental health. Alongside the key worker project, the Opportunity Area programme offers schools a training and support package to enable the upskilling of school staff teams to support staff with emerging mental health and emotional wellbeing concerns. The local authority will ensure that the good relationships built between schools during the project will be maintained and developed using their existing mental health schools co-ordinator. From September 2021, Hastings will be gaining a mental health support team, which will focus on the schools that are currently accessing support from the Emotional Wellbeing Key Worker Service.

Over the following year, the service will work closely with the Mental Health Support team to ensure a smooth transition.

Key ingredients for success

- Good communications – schools need sufficient information about the service. This enables the school to have a good understanding of what the key worker team can provide, to ensure the right referrals are made to the service.

- Allocate key workers with a cohort of schools that they regularly work with. This builds up trust and strong working relationships.

- Enable parents with the strategies and techniques that the key worker team use during interventions. This enables parents to support their child during and after intervention, reducing the likelihood of re-referral.

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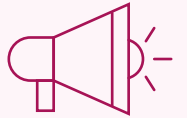
Oldham
case study

Oldham: Healthy Minds Curriculum

Bounce Forward Resilience Skills training has been delivered in secondary schools and further education colleges in Oldham, in order to improve pupils' resilience and wellbeing.

What was the problem?

Early in the life of the Opportunity Area programme, it was reported that young people felt that poor mental health and wellbeing was impacting on their learning. Local leaders wanted support focused on the high rate of sub-clinical mental health issues, including those that did not meet the threshold for clinical intervention, but were causing significant issues with behaviour, attendance and exam performance and impacting on progress and attainment. The Partnership Board felt from the outset that this should be addressed under Priority 3 of the Oldham Opportunity Area plan: 'All children and young people to be ready for life, learning and work'.

In 2018, the Opportunity Area funded a mental wellbeing team, consisting of a Mental Health in Education Manager, and two Mental Health in Education Advisors, all with qualifications in mental and physical health, in order to provide a borough-wide joined-up approach to mental wellbeing in schools. Since 2020, these roles have been funded by Oldham's Clinical Commissioning Group through the Mental Health Support Team funding. The mental wellbeing team worked with the senior mental health leads in schools and colleges to identify the causes of poor emotional health and wellbeing. They assessed the whole-school approach to emotional health and mental wellbeing across eight key principles, as set out in Public Health England's report, 'Promoting children and young people's emotional health and wellbeing. A whole-school and college approach'.[13]

Settings completed comprehensive self-assessments, and consultation meetings were held with the mental wellbeing team to identify gaps and set out clear priorities for each setting. This approach identified that pupils needed to be better equipped with resilience and coping skills, which in

turn would increase their wellbeing. Based on evidence from earlier Bounce Forward research (**Healthy Minds Research Project – Bounce Forward**) the decision was made that this approach needed to be available to all students, regardless of age, and embedded within the curriculum.

> " **This approach identified that pupils needed to be better equipped with resilience and coping skills, which in turn would increase their wellbeing** "

Previous page:
Image from Oldham Bounce Forward Resilience Skills

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13 **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958151/Promoting_children_and_young_people_s_emotional_health_and_wellbeing_a_whole_school_and_college_approach.pdf**

Implementation activities and successes

Following a competitive tender, a decision was made to work with the Bounce Forward charity, whose 11 years' experience of evidence-based practice has had long-term positive impacts on student wellbeing. Working in partnership with Bounce Forward, we decided that all secondary and further education settings would be trained in Bounce Forward's 'Healthy Minds Curriculum' programme, covering five key elements:

- Bounce Forward resilience skills.

- Social Media investigated.

- Mental Illness investigated.

- ".breath".

- From School to Life.

Taking a phased approach, we first gained buy-in and commitment from school leadership to this whole-school approach by attending secondary heads' meetings and one-to-ones with head teachers and principals. School leaders identified teachers to attend the Bounce Forward training, which took, on average, five days to complete. Teachers and settings' leaders were supported to embed this approach by Oldham's mental wellbeing team through consultation and networking meetings where we shared good practice, as well as overcoming barriers to delivery. In the final phase, schools are now in the process of applying for a Kite Mark award from Bounce Forward, which recognises their efforts and commitment to the planning and implementing the Bounce Forward – Healthy Minds Curriculum. As a result of this approach, schools in Oldham now have specialist trained staff to deliver these vital life skills to pupils that support them through challenging times, such as how to recognise that failure is part of success and learn how to look after themselves and care for others.

£168,000 has been invested to support the roll-out of this work. 115 staff have been upskilled across 14 secondary schools, one pupil referral unit, two further education settings and two special schools. This training has prepared them to deliver Bounce Forward evidence-based resilience lessons to students. The Healthy Minds Curriculum has supported the implementation of the DfE's statutory Health Curriculum framework.[14]

115

staff have been upskilled to deliver evidence- and classroom-based programmes to improve resilience and mental health

14 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908013/Relationships_Education__Relationships_and_Sex_Education__RSE__and_Health_Education.pdf

The success of this project, indicated by the feedback from schools, teachers and pupils, has been down to the fact that Bounce Forward resources and delivery have been outstanding. With all training delegates agreeing or strongly agreeing that they found the training useful; that the skills they learnt would be useful in their work with students; that this approach would help them to improve the school; and that they would recommend this training to others. The availability of pre-recorded sessions, and flexibility with dates and times of training and meetings, has ensured that delivery adapted to capacity in schools. The mental wellbeing team has supported leads in schools to embed this approach into the curriculum and share learning in meetings that are held every half term. Most importantly, the success of this project is down to the passion that Oldham school staff have to drive it forward.

Staff have reported that they have an improved understanding of pupil behaviour, and pupils have described that they understand their own behaviour better. This has led to improvements in behaviour and resilience overall.

"At The Radclyffe School we believe wellbeing lies at the heart of our students going on to succeed, both in school and in the community. All students have individual needs, and with us valuing the importance of embedding the Healthy Minds Curriculum into our school day, this allows students to develop their emotional resilience and self-efficiency. The Healthy Minds Kite Mark Award has allowed us to ensure that a high-quality curriculum is in place to engage learners and enable them to thrive."

Staff and Student Wellbeing and Mental Health Lead, Assistant Head teacher

" My resilience lessons delivered in citizenship and values have helped me to understand how I feel when events take place, and because I understand them, I am able to control my emotions more and be more mature in situations."

Year 9 Student

"Resilience Bounce Forward lessons have taught me how to be more mature and know how to make the right decisions."

Year 7 Student

Many of our other schools are on a journey to receiving this award and Waterhead Academy have received the 'working towards' status to evidence their commitment to the Healthy Minds Curriculum.

> **The success of this project is down to the passion that Oldham school staff have...**

" The opportunity to work collaboratively and to share good practice with colleagues throughout fellow Oldham schools and colleges to embed the implementation of the borough-wide Healthy Minds Curriculum has been invaluable.

" Furthermore, the expert training and support received from Bounce Forward facilitators along with Natalie Williams Mental Health in Education Manager for Oldham Council has been integral to our academy implementing a comprehensive Healthy Minds Curriculum and achieving the nationally recognised Bounce Forward Kite Mark status."

Assistant Principal for Personal Development at Waterhead Academy

In response to the pandemic, additional Bounce Forward COVID-19 resources were provided to schools and resilience training was offered to parents. Parents could choose from six different sessions:

- Introduction to resilient parenting.

- Optimism during uncertainty.

- Developing mental muscle.

- Compassionate communication.

- Mindsets and energy.

- Parenting to strengths.

In total 584 online sessions were delivered with approximately 50 parents in each session.

We also offered targeted groups for foster carers and parent or carers with children accessing CAMHS services, where the above sessions were adapted to the audience and delivered in two groups of 15.

" This has really got me thinking. It's been useful to understand what impacts our feelings and behaviour and to learn about my strengths. I will look closely at my children's beliefs and strengths."

Parent of child on the Raise Resilience Training

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Image from The Radclyffe School, Oldham

Key ingredients for success

The key ingredient for success has been the collaboration and partnership working between the mental wellbeing team, education settings, and Bounce Forward. The need for a mental wellbeing approach embedded across the curriculum was highlighted through the self-assessments in school and via consultation with school leaders and senior mental health leads. A collaborative, flexible plan was then rolled out over three years with a clear outcome for children and young people to be better equipped with the resilience and coping skills which would in turn increase their own wellbeing.

As a result of this approach, and because each school is well equipped to pursue this journey by training key leaders, continuing relations with Bounce Forward and implementing recap training, we are confident that the Bounce Forward – Healthy Minds Curriculum will continue to benefit the education of children and young people in Oldham for many years to come.

> " **Healthy Minds Curriculum will continue to benefit the education of children and young people in Oldham for many years to come** "

Image from The Radclyffe School, Oldham

Bradford
case study

Bradford: Centre of Applied Educational Research

In 2019, the Bradford Opportunity Area Partnership Board recognised that many barriers to social mobility fell outside the school gates. The **Born in Bradford** project showed that many children were experiencing health difficulties that were acting as barriers to their education. In response, the Opportunity Area established the **Centre for Applied Educational Research (CAER)** to address the barriers to learning on the other side of the Bradford school gates.

CAER is a partnership between the DfE and the Bradford Teaching Hospital NHS Trust, the Universities of Leeds, Bradford, and York, the City of Bradford Metropolitan Council, and the Educational Endowment Foundation (EEF).

While teachers are aware which children need extra support in class, understanding why a child may need additional support is usually harder to determine, and this is especially the case when some of the underlying reasons are health issues.

The Opportunity Area has been able to use CAER to identify specific issues (some of which are detailed below) that impact on children's learning. We have used matched health and education data from '**Born in Bradford**' to work with schools in supporting the needs of their children. Born in Bradford is one of the largest research studies on childhood development in the world, tracking the lives of over 30,000 residents of Bradford to find out what influences the health and wellbeing of children within their families. The insights provided by Born in Bradford have allowed us to co-design and test around 20 interventions which we are in the process of trialling in a rigorous scientific manner.

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Image from Born in Bradford NHS website

What was the problem?

Many children with health difficulties at times go unidentified in school settings because their needs are invisible to schools. For example, a child with hearing problems may seem to have behavioural problems to a classroom teacher.

However, confusion can be created when 'health' is used to label the needs of a child. This gives the false impression that a child's health and their education can be addressed by separate service assessments and provision rather than having a unified approach. The evidence from Born in Bradford suggests the opposite, where health issues, for example, uncorrected vision problems, have been found to impact negatively on literacy later in the child's education.15

In order to understand and tackle the complex issues affecting education and social mobility, we used data from Born in Bradford to find new and practical ways to work with schools, families and health professionals. Our goal was to generate learning to identify ways to improve service delivery and improve life outcomes for children throughout the UK, and bring new scientific discovery to the world. Due to the success of the initial projects, we have been able to attract more than £3.5 million of external funding (from organisations such as the EEF, the UK's Research England, and philanthropic donors) to extend the number and reach of the programmes – to the point that we are now extending the trials to other parts of the country.

Two exemplar projects outlined below have been successfully piloted in Bradford and are now being further tested in other areas.

> **We used data from Born in Bradford to find new and practical ways to work with schools, families and health professionals**

15   Bruce A, Kelly B, Chambers B, et al. (2018) The effect of adherence to spectacle wear on early developing literacy: a longitudinal study based in a large multi-ethnic city, Bradford, UK. BMJ Open 2018;8:e021277. doi:10.1136/ bmjopen-2017-021277

Early identification of autism

There are an estimated 700,000 autistic adults and children in the UK – approximately 1% of the population, with many struggling greatly in a world dominated by social interactions.[16] Autism Spectrum Condition (ASC) is associated with reduced social interactions and restricted, repetitive interests and activities.

Parents and teachers can face greater challenges when helping children with ASC to reach their full potential. Therefore, identifying ASC early is important because children, their parents, carers, teachers or teaching support staff can receive early help and be educated in places trained to support them. CAER have shown that unfortunately many children, especially from deprived backgrounds and certain ethnic groups, do not receive a diagnosis until much later in their schooling.

" We requested a referral to a paediatrician as we suspected autism when my son was four. The special educational needs co-ordinator in his nursery had been involved when he was 3.5 years old as staff said he was not listening and his attention span was poor. We approached our health visitor after this to express our concerns. They referred him for speech and language therapy. The speech and language therapist referred him to the paediatrician. We waited almost 2 years to be seen. After an initial appointment, we were told they wanted to wait and see. This meant that our son did not get appropriate treatment until he was 8 years old. Should there not be a more systematic way of assessing children in need earlier on?"[17]

Parent of autistic child

CAER undertook a pilot study that was successfully run in 2019/20 in 10 Bradford primary schools, involving in-school screening of 600 pupils to identify 'at risk' pupils faster and more accurately. The pilot identified children who would benefit from a formal autism assessment, with parental consent gained to assess 35 of these children. A **video of this process** is available.

> **The pilot identified children who would benefit from a formal autism assessment**

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16   https://caer.org.uk/autism-spectrum-conditions/

17   https://bmjpaedsopen.bmj.com/content/3/1/e000483#ref-1

Subsequently, the schools of these 35 identified children were visited by a multi-agency team, including CAMHS and educational psychology services, to help make these assessments quickly, share information instantly with teachers and parents, and facilitate the development of a single support plan. This approach also identified children with a range of other neurodevelopmental disorders, which the multidisciplinary team were able to assess and then provide a report to the school that set out the tailored support required for the precise needs of each child. This builds on **previous CAER research**.

CAER has shown that the Early Years Foundation Stage Profile scores given by teachers at the end of reception year can be used to help identify neurodevelopmental problems, including ASC.[18]

Through this intervention, the Opportunity Area has have pioneered the UK's first real breakthrough in the early identification of undiagnosed ASC that enables children to get the support needed at an earlier age. Importantly, early identification and tailored support have been shown to be highly effective in mitigating the lifelong problems associated with neurodevelopmental differences, and reducing the long-term social and economic costs. Professor Nathaniel Hendren from Harvard University has shown there are substantial financial savings that can be realised through addressing these types of issues early in a child's life.[19]

Image from Born in Bradford NHS website

18   Wright B, Mon-Williams M, Kelly B, et al. (2019) Investigating the association between early years foundation stage profile scores and subsequent diagnosis of an autism spectrum disorder: A retrospective study of linked healthcare and education data. BMJ Paediatrics Open: **bmjpaedsopen.bmj.com/content/3/1/e000483**

19   Hendren, Nathaniel, and Ben Sprung-Keyser. 2020. **A Unified Welfare Analysis of Government Policies**. Quarterly Journal of Economics 135 (3): 1209-1318. **scholar.harvard.edu/hendren/publications/unified-welfare-analysis-government-policies**

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Glasses in Classes

Reading, writing and communicating with confidence are essential skills for life, learning and work. Disadvantaged children on average fare worse than their peers in this regard. CAER used Born in Bradford data and found that poor eyesight could be contributing to the attainment gap, with the problem clustered in schools serving deprived areas with high numbers of children from ethnic minority backgrounds. The **glasses in classes project** focuses on testing children's eyesight in schools, and the effect wearing glasses has on visual acuity and developing literacy following vision screening at four to five years old. The project was designed after focus groups allowed the researchers to listen to parents of children who have difficulty supporting their children with wearing glasses. This qualitative research revealed that many parents did not know how to access health services, were unaware that there were no financial implications for attending the eye service, did not realise the importance of wearing glasses in childhood, or had chaotic lives that made it hard for them to encourage their child to obtain and wear glasses.

The existing evidence suggests that attempts to increase how much children wear glasses can have positive impacts on academic attainment.[20] Early literacy is associated with the level of visual acuity; children who adhere to wearing glasses improve their visual acuity and also have the potential to improve literacy. Evidence further suggests that failure to wear glasses has implications for the child's vision and education.

> **Early literacy is associated with the level of visual acuity**

Image from Born in Bradford NHS website

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20 Bruce A, Kelly B, Chambers B, et al. (2018) The effect of adherence to spectacle wear on early developing literacy: A longitudinal study based in a large multi-ethnic city, Bradford, UK. BMJ Open 2018;8:e021277: **bmjopen.bmj.com/content/8/6/e021277.info**

In the UK, it is recommended that all children receive an eyesight test in their reception year. This is provided by health services and results are shared with families, but the schools are not made aware of the results of the test. Unfortunately, many parents do not follow up on the results of the vision screening. Over 2,500 children in Bradford are not getting the glasses they need. The Born in Bradford data showed that this had the potential to have a negative effect on children's reading and general attainment levels. If a child is struggling in the classroom setting with their vision, and this is not addressed, or worse, remains unidentified, it unfairly penalises that child and impacts upon their progress when compared to their peers. CAER found that schools were well positioned to support children to obtain and wear their glasses.

Funded by the EEF, CAER is running a 100-school randomised control trial across Bradford primaries in 2019, based on a longitudinal study nested within the Born in Bradford cohort. This ensures that children who fail an eye test are given two pairs of glasses, including one for school (as well as keeping schools well informed) with the aim of improving children's literacy rates. 50% of schools were randomly allocated to receive the intervention, and 50% acted as comparators. Children in the 'intervention' schools who need glasses receive two pairs; the child's own pair to be worn as directed by the optometrist (usually constantly), and a second pair which are sent to and kept within the school.

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Image from Born in Bradford

Project costs

Since 2019, CAER has received OA funding to the total of £1,660,050. We have been able to leverage this to bring in a further £3.5 million for activities relating to removing health barriers to learning. DfE funding has supported the development of feasibility studies that we have been able to use to attract funding for randomised control trials and scale-up of successful programmes (see below for some examples of other projects). The financial benefits of the programmes have been calculated by health economists as greater than twice the cost of the interventions.[21]

Implementation activities and successes

Bradford has started to be successful because it has brought together its health services and schools. For example, our public health and paediatrics team joined our school leaders for regular discussions on supporting the health needs of children throughout the lockdown period.

Bradford has also benefitted greatly from the support of local and regional universities in supporting schools to adopt an evidence-based approach to supporting the needs of their children and young people.

The connections developed within Bradford have been facilitated by a commitment across all relevant organisations (including the schools, local authorities and NHS Foundation Trusts) to work in genuine partnership to support schools to meet the needs of their children and young people.

21   Hendren, Nathaniel, and Ben Sprung-Keyser. 2020. **A Unified Welfare Analysis of Government Policies**. Quarterly Journal of Economics 135 (3): 1209-1318. **https://scholar.harvard.edu/hendren/publications/unified-welfare-analysis-government-policies**

Through the Bradford Opportunity Area collaboration with CAER, we continue to work together to support others in the adoption of a whole-system approach, working across the teaching, academic, and health professions.

CAER activities are varied but have the following attributes:

- A focus on place, recognising that local context affects the needs of different communities in a variety of ways, as well as the mix and strength of services (including but not limited to education). A place-based approach allows us to identify the schools serving the most disadvantaged communities and to determine the best routes to engage with schools, children and families, whilst securing support from across all agencies.

- Collaboration at every level, be that between teachers, health professionals and the local authority, recognising that social mobility issues such as education, health, employment and outcomes in life will always intersect, so some degree of multi-agency working is required, from initial data linkage to frontline activity.

- Access to high-quality science and scientists to build evidence and help understand learning barriers and what works for whom – recognising that interventions effective for White British boys may be suboptimal for girls of South Asian heritage. It includes application and spans pure data science, covering education, health, care and systems of transport to schools. This will also help link health and education data to better connect services, interpretation and, for example, understanding whether a phonics programme works for children with English as an additional language.

- A clear goal to address the inequalities restricting social mobility by improving the efficiency and effectiveness of public services through the use of school settings.

Further information

Below are some examples of other projects developed by CAER. They address a range of health-related issues which impact the education of pupils in Bradford:

Helping Handwriting Shine
Handwriting is a crucial skill underpinning attainment. Taking notes, capturing ideas, and demonstrating knowledge on paper underlies much of children's attainment, and it's unsurprising that handwriting ability (both legibility and speed) predicts educational achievement at even an early age.[22]

An EEF-funded randomised control trial involving 100 schools empowered schools to use evidence-based clinical techniques for improving handwriting. The study yielded promising results, with plans to scale up the study once schools have responded to more immediate COVID recovery priorities. The invention aims to improve Key Stage 2 results in writing and reading by at least one percentage point.

Oral Health
Born in Bradford data has also allowed us to understand how physical health problems can affect school performance. We have identified over 700 children in Bradford who have been absent from school for two to 15 days because of tooth decay. In England, one-quarter of children have experience of tooth decay by the age of five. In Bradford, this figure rises to around 40%, and, for those children affected, they will each have three to four decayed teeth on average.[23] We are currently designing a project to improve dental education within schools and support schools to tackle these problems.

22 Shire, K. A., Atkinson, J., Williams, E. A., Pickavance, J., Magallón, S., Hill, L. J. B., Mon-Williams, M. (2021). Developing and implementing a school-led motor intervention for children with handwriting difficulties. Journal of Occupational Therapy, Schools and Early Intervention. doi:**10.1080/19411243.2020.1837047**

23 Public Health England. National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2017. A report on the inequalities found in prevalence and severity of dental decay; 2018.

Digital Makers

To ensure that every child has the best possible chance of prospering in our increasingly digitised society, and making certain that our business community and the wider economy have access to a steady pipeline of 'tech-savvy' talent, we need a better understanding of the barriers to digital teaching and learning. In order to meet these goals, CAER has developed the Digital Makers programme. Digital Makers is adopting a whole-system approach, exploring how we can address the digital skills gap across secondary education, colleges, universities, and even into post-graduate study. The aim is to ensure we learn how to make children and young people digitally prepared and generate evidence on identifying and fast-tracking the digital leaders of tomorrow.

Fundamental Movement Skills (FMS)

There is a strong body of evidence (including data from Born in Bradford) showing a relationship between FMS and educational attainment.[24] FMS deficits are also a known risk factor for mental ill health. Studies have suggested that a large proportion of children are unable to perform age-appropriate FMS.[25] Unfortunately, schools are not well equipped to identify these difficulties, so CAER has created freely available resources that will enable all primary schools to identify and support children who lack these fundamental educational behavioural building blocks.

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Image from iStock

24 Giles, O. T., Shire, K. A., Hill, L. J. B., Mushtaq, F., Waterman, A., Holt, R. J., Mon-Williams, M. (2018). Hitting the target: Mathematical attainment in children is related to interceptive timing ability. Psychological Science, 29(8), 1334-1345. doi:**10.1177/0956797618772502**

25 Eddy, L. H., Bingham, D. D., Crossley, K. L., Shahid, N. F., Ellingham-Khan, M., Otteslev, A., Mon-Williams, M., Hill, L. J. B. (2020). The validity and reliability of observational assessment tools available to measure fundamental movement skills in school-age children: A systematic review. PLOS ONE, 15(8). doi:**10.1371/journal.pone.0237919**

Further information

Guidance for head teachers and college principals on the eight principles for promoting emotional health and wellbeing in schools and colleges:
www.gov.uk/government/publications/ promoting-children-and-young-peoples-emotional-health-and-wellbeing

Information about government support for developing a whole-school approach to mental health and wellbeing:
www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges

Information about the grant funding and training schools and colleges can get to help develop a whole-school or college approach to mental health and wellbeing:
www.gov.uk/guidance/senior-mental-health-lead-training

The Link Programme:
www.annafreud.org/linkprogramme/

Information on mental health support teams:
www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges#MHST

Sources of mental health and wellbeing support for teachers, school staff and school leaders:
www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges#mental-health-and-wellbeing-resources

A summary of the projects developed using College Collaboration Fund funding and resources developed by lead and partner colleges:
www.gov.uk/government/publications/ college-collaboration-fund-ccf-projects/ resources-college-collaboration-fund-ccf

Opportunity Areas

Opportunity Areas selection methodology:
**www.gov.uk/government/uploads/
system/uploads/attachment_data/
file/650036/Opportunity_areas_selection_
methodology.pdf**

Delivery plans for the 12 Opportunity Areas:
**www.gov.uk/government/publications/
social-mobility-and-opportunity-areas**

An independent process evaluation of the
set-up phase of the programme, and a
summary document featuring case studies
of progress in each area:
**www.gov.uk/government/publications/
opportunity-area-programme-research-
and-analysis**

Transparency data: Education statistics by
local authority district and pupil disadvantage:
**www.gov.uk/government/publications/
education-statistics-by-la-district-and-
pupil-disadvantage**

Further information on each
OA can be found at:

Stoke-on-Trent:
stokeontrentopportunityarea.co.uk

Derby:
derbyopportunityarea.co.uk/

Hastings:
hastingsopportunityarea.co.uk/

Oldham:
oldhamopportunityarea.co.uk/

Bradford:
bradfordopportunityarea.co.uk

Department
for Education