Evaluation of Community Wellbeing Project:
Final Report

A report by the Child Outcomes Research Consortium

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August 2022

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SUMMARY OF FINDINGS

CORC was commissioned to evaluate the Community Wellbeing Project between 2018 and 2022. . A combination of quantitative and qualitative approaches were used, with an emphasis on surveys of pupil and staff wellbeing, and focus groups to explore practitioners, staff, parent and pupils' perspectives on the implementation and impact of the project.

Whilst it is difficult to directly attribute change to specific activities and opportunities developed through the Community Wellbeing Project, it is possible to identify changes in culture and attitudes that have occurred during the life of the project and which the project is likely to have influenced.

All stakeholders welcomed the **increased emphasis on mental wellbeing** that the project had created. There was universal agreement that this was necessary and valued.

The data clearly show **increased dialogue** around mental health between students and staff. Young people reported being more able to access support and feeling more confident that a request for support would be positively received. The staff team reported that they were having more conversations with students about their mental health, and the Community Wellbeing practitioners reported an increase in conversations about mental health and wellbeing.

Having a **dedicated member of staff** with a focus on wellbeing and mental health within school was identified as a valuable element of the project by all groups of stakeholders. The key benefits identified were the increase in capacity to provide support that an additional member of staff provided as well as the expertise of someone with a specialism and interest in the field.

The **additional opportunities and activities** offered as part of the project were, in the main, viewed as a helpful addition to what was already offered in the school. While some were better received by some individuals than others, overall these types of activities and opportunities were viewed as important.

Additionally, the project appears to have provided some **stability** to the mental wellbeing, needs and strengths of the school community during the challenging times of the Covid-19 pandemic. The data showing the mental wellbeing of both pupils and staff, in the main, has not changed overall between the start and end of the project.

INTRODUCTION AND CONTEXT

Background

CORC was commissioned by a consortium of Jewish community organisations (JLC, PAJES,) to evaluate The Community Wellbeing Project. The Project mission was to develop a family centred, collaborative and sustainable service which would ensure that the Jewish community's provision for children and young people's mental health and well-being is well defined, responsive, and accessible to all. CORC's role was to evaluate the project on both an ongoing and summative basis to help those involved in delivery of the project to understand what works and what doesn't work and make changes where necessary and to demonstrate impact and best use of resources.

After being initially commissioned in August 2018 for a period of 15 months, the Project, and the associated evaluation and monitoring was extended until July 2022.

Context

Description of project

The Community Wellbeing Project aimed to ensure a comprehensive, coordinated, and collaborative framework of mental health education and support. The emphasis was on a 'whole school approach'[1] to delivering mental health awareness and education for students, staff, and parents.

An important element of the Project was the appointment of Wellbeing Practitioners in participating schools. The role of Wellbeing Practitioners was to work directly with students to improve their emotional health and wellbeing whilst also working with parents and stakeholders to improve their confidence and ability to give children and young people the support and direction they require to build resilience.

Project activity varied from between participating schools, based on local needs and priorities. Some elements of activity aimed to change attitudes and culture throughout the school, some activities aimed to benefit students and their parents and carers at a universal level and some activity which was more targeted, based on need.

Examples of activity included:

- Drop-in sessions at lunch times for students e.g. 'Wellbeing Wednesday' and 'Mindful Mondays'
- Review of Kvutsah (PSHCE) curriculum
- Transition support for students and parents
- Targeted sessions to support at difficult times e.g. 'A calm approach to exams'
- Regular emails to staff focusing on their wellbeing.

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[1] Promoting children and young people's mental health and wellbeing, Public Health England 2015 & 2021

- Targeted signposting for parents of children experiencing difficulties
- Articles on "Hot Topics" in parent's newsletters
- Evening sessions for parents e.g. "Our Child's Wellbeing"

Many of the activities, developed as part of the project, have been incorporated into a framework for all Jewish schools, 'Torah, Wellbeing & Me'.

Aims & purpose

Monitoring and evaluation of the project

The aim of the monitoring and evaluation was to consider impact on outcomes and experience of all those involved in the programme, including the children and young people themselves, and those seeking to help them.

The project deliverables were to:

1. Produce a logic model for the programme and finalised evaluation approach

2. Secure ethical approval for the project from UCL

3. Provide regular surveys of students and staff and associated analysis and reporting to schools and the project

4. Provide advice and support to practitioners to support them to embed monitoring and evaluation in their practice

5. Lead focus groups and analyse for final reporting

6. Produce baseline and final reports

THE APPROACH

Developing a logic model

At project outset, to help all partners clarify exactly what the programme and its elements are trying to achieve, CORC worked with the project team to develop logic models for both the overarching project and for project elements, using the approach outlined in the EBPU logic model[2]. This process established clearly the intended outcomes of the activity, which informed the identification of the most appropriate measures for the quantitative and qualitative strands of the evaluation. Tightly aligning data collection to the intended outcomes for the project, and the utility of data for project leads, allowed us to streamline that data collection and minimise burden of data collection on staff and young people.

To produce the logic model we facilitated a workshop, bringing together key stakeholders to articulate the elements of the model and agree an approach to evaluation. This workshop took place in October 2018 and was attended by members of the Project team. The project logic model can be found at Figure 1

Figure 1 - Community Wellbeing Project Logic Model

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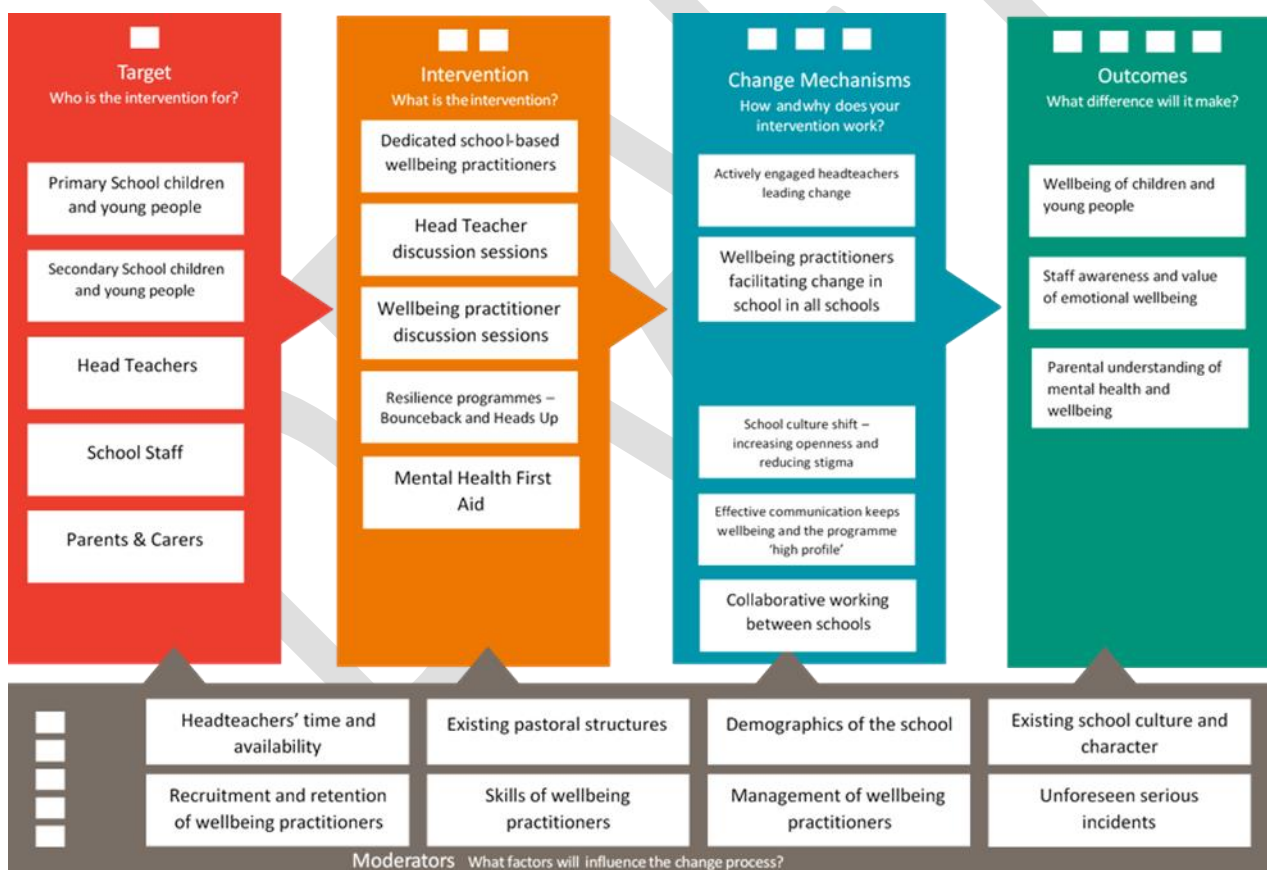
[2] Wolpert M., Sharpe H., Humphrey N., Patalay P. & Deighton, J. (2016) EBPU Logic Model. London: CAMHS Press

Semi-structured focus groups

Focus groups were chosen to gather the views of stakeholders as they are well suited to understanding more about how project activity influenced wellbeing in the school, as well as exploring what participants saw as the strengths, weaknesses, challenges and successes in implementing a new and wide-reaching programme. Focus groups are also well suited to engaging with groups from whom it is more difficult to gather quantitative data, including parents and carers. In total, 19 students, 13 parents and carers, and 16 staff joined a focus group.

We carried out focus groups with young people, parents, and wider school staff at two time-points in the project. The topics explored included:

- experience of the project
- how participants' felt the programme was helpful, not helpful, or could have been more helpful to themselves and those around them
- whether they felt any positive impact would be sustained.

Additionally in 2022 a workshop was held with the wellbeing practitioners to gather their views of the impact of the project and factors influencing its success.

Evaluating whole school change using pupil-report questionnaires

To evaluate the whole school impact, surveys of pupils were carried out annually, during the Autumn Term. Specific year groups were chosen to participate and used to 'temperature test' the emotional wellbeing of the school. The survey chosen was the Wellbeing Measurement for Schools Pupil Survey. This is a tried and tested survey that uses validated scales to assess:

- mental health and wellbeing (emotional difficulties, behavioural difficulties)
- emotional strengths and skills (life satisfaction, empathy, self-esteem, problem solving, goal setting, participation in home and school, participation in community)
- support networks (peer support, school support, family support, wider support)

The validated questionnaires are the 'Me and My Feelings Questionnaire'[3], 'The Student Resilience Survey'[4] and 'Student's Life Satisfaction Scale'[5].

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[3] Me and My Feelings Questionnaire, © Deighton, Tymms, Vostanis, Belsky, Fonagy, Brown, Martin, Patalay, & Wolpert (2012)
[4] Student Resilience Survey
[5] Student's Life Satisfaction Scale

In participating primary schools, the survey was carried out with young people in Year 5; in participating secondary schools, young people in year 8 took part. Part way through the project, Year 10 was added to the secondary school survey. Following each survey, results were reported to the schools and to the Project to aid reflection and forward planning. Support for this was provided by CORC.

Evaluating the impact of the programme for school staff using staff surveys

To evaluate the impact on school staff, surveys were carried out each Spring Term. In 2020 this was not feasible due to the pandemic.

The staff were surveyed using the Wellbeing Measurement for Schools Staff Survey[6]. The online survey used validated tools ('Short Warwick Edinburgh Mental Wellbeing Scale'[7] and Perceived Stress Scale[8]) to understand how staff were feeling. It also asked questions about the ability and capacity of staff to support the children and young people in the school and explored aspects of school culture which may be affecting staff wellbeing.

All staff in all participating schools were invited to take part and participation was voluntary.

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[6] Wellbeing Measurement for Schools – Staff Survey, Anna Freud National Centre for Children and Families and CORC
[7] Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008
[8] Perceived Stress Scale

IMPACT OF COVID-19 PANDEMIC

The period of delivery of the Project included periods of lockdown when schools were closed to most pupils due to the COVID-19 pandemic. This led to significant changes to the delivery of the programme and changes to monitoring and evaluation activity.

Additionally, there is evidence to suggest that the pandemic had a negative impact on the mental health and wellbeing of young people and teaching staff which should be taken into consideration in interpreting the results.

Changes to delivery

Changes to the delivery of the programme included:

- interruption of interventions
- lack of face-to-face support
- shifts in priorities for schools
- moving to online teaching
- moving support online.

Effect of pandemic on the mental wellbeing of participant groups

Those working with young people both within and beyond the project reported a decrease in wellbeing and increase in mental health problems in the young people they work with as a result of the pandemic.

There is still limited empirical evidence of the impact of the COVID-19 pandemic on the mental health of children and young people. However, the Office for Health Improvement and Disparities reported that 'Evidence suggests that some children and young people's mental health and wellbeing has been substantially impacted during the pandemic' included increases symptoms of depression and reduced wellbeing[9]. A recent study[10] does find that depressive symptoms were higher and life satisfaction scores lower in young people exposed to the COVID-19 pandemic. This provides some context for understanding any changes in the mental wellbeing of pupils. Assuming that young people in participating schools were affected in a similar way, a decline in mental wellbeing might be expected. This makes it less likely that measurable improvements in wellbeing would be seen and that a decline might be observed. With this backdrop, small improvement in wellbeing and maintaining stability could be viewed as positive impact.

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[9] COVID-19 mental health and wellbeing surveillance: report, Office for Health Improvement and Disparities, April 2022
[10] Mansfield R, Santos J, Deighton J, Hayes D, Velikonja T, Boehnke JR, Patalay P. 2022 The impact of the COVID-19 pandemic on adolescent mental health: a natural experiment. R. Soc. Open Sci. 9: 211114.

RESULTS

Focus groups

Awareness of the Community Wellbeing Project as a specific initiative was limited across the focus groups with students, parents and school staff, and, as the emphasis of the project was on developing and embedding a whole school approach to mental health and wellbeing, this was not unexpected. However, participants were able to reflect both on specific activity directly attributable to the project and broader changes to school culture and support that could be attributed to the increased focus on mental health and wellbeing that the project supported.

Views of students

Focus groups with students took place in one of the participating secondary schools in 2019 and two of the secondary schools in 2022. Participants were older pupils in the school who had been attending the school for a number of years so were able to comment on both the current provision and provision in the past, considering change over time.

Mental wellbeing as a priority

All participating students emphasised the importance of their mental health and saw the relationship between their mental health and success at school:

"Well, it starts with mental health because if your mental health is like as good as it can be then your academic will be like at its highest, as well."

Provision for students

Students felt that it was important for them to learn about mental health and wellbeing. Most students reported that this did happen to some extent, but their views on the provision were mixed. One student explained how they had found instruction valuable:

"Another well-being thing that we did is last year [Wellbeing Practitioner] used to run these assemblies for sixth form; and it was just like little things you can do in your day. And it was really thought provoking, because a lot of the stuff that we did made me realise a lot about how tense students can get and how involved you can get in your studies, and that sort of thing – and it was like a mindfulness project"

Students spoke positively about events with a specific focus on mental health and wellbeing such as wellbeing fairs and wellbeing weeks:

"A well-being fair, where there was a bunch of organisations. And it was just talking about… like giving out brochures and talking about how you can help your own well-being. I thought it was quite good"

"we did the well-being week as well, and we ran little motivational talks for students that wanted to come, by like really great speakers"

When students had been involved in specific initiatives as part of the project these were viewed positively. Specific reference was made to the Peer Education Programme and Mental Health First Aid:

"peer educator programme. It teaches you about mental health, and then you can go and teach other people. And it's a really great way, not only because you get to teach other people, but you get to instil the things that you learn in yourself."

"Yeah, the qualification was the Mental Health First Aid Champion – the junior one – and it was like a one-day course, and I thought it was really good, yeah. Because you kind of know the basics of how you go about things, but you don't look into it too much, but it allowed us to look into it which was really interesting"

Students commented on their experiences of learning about mental health and wellbeing in Personal Social and Health Education (PSHE) sessions. Generally, the feedback on these sessions was that they could be improved:

"I think when we do PSHE, obviously that's important, but I feel like it's in the wrong setting… like it's just a teacher talking, and you're given booklets you have to complete. I feel like it should be more of a discussion,"

"I think, also, when we are taught it, … I think it's very much like so you can tick off a box."

"It more becomes like if you want to learn about it, then like online and stuff has got more opportunity than like in school, I feel"

Wellbeing Practitioner

Having a dedicated member of staff in the school with a focus on wellbeing, the Wellbeing Practitioner, was viewed positively by students:

"I think [Wellbeing Practitioner], of all people, if I needed to speak to someone about advice, I would speak to [him/her]"

One benefit identified by young people was the perceived expertise of the practitioner:

"[Wellbeing Practitioner], like obviously knows about mental health"

"[The Wellbeing Practitioner is] someone who is like a professional who you know will give you good advice "

Another benefit was the approachability of the Wellbeing Practitioner, when compared to other staff in school:

"So, I've got a really good relationship with [Wellbeing Practitioner], so that helps. So, I'd go to [him/her], I would go to [him/her]" …

"I feel like [senior staff] are a bit too formal for me to go to"

"But since [Wellbeing Practitioner's] come, I think it's way easier for people to communicate. Like I see people optionally coming to [his/her] room to talk, rather than having to be called; I think that's a really good thing"

Wider school staff

Students discussed their views about approaching school staff to talk about their own wellbeing or mental health. This was an area where there was a marked change in views between the focus groups in 2019 and the focus groups in 2022.

In 2019, relatively close to the start of the project, the majority of the young people who took part in the focus groups reported not feeling comfortable approaching a member of school staff to talk about their wellbeing. Most were unable to identify a member of staff who they would seek out for support (beyond the Wellbeing Practitioner) and didn't feel certain that an approach would be well received:

"I just don't feel like it's a place where you just speak to people about things like, I don't know, personal".

"say a student had like an actual proper mental health issue, I don't feel like they'd [school staff] be properly equipped to deal with that effectively"

In 2022, in the focus groups in both schools, all participants reported there being a member of staff in school who they would feel comfortable speaking to about their wellbeing or mental health and confident that they would be listened to and supported:

"I find that the person I feel most comfortable speaking to is a teacher I had that I had a great relationship with, and I feel I can speak to him. He knows me"

Young people felt confident that the same would be true for their peers:

"I think a lot of people like do open up to different teachers. I think that a lot of… I don't know, I feel like this school's quite good at that sort of thing and I feel like it's quite inclusive. Like, I don't know, I feel like people find their person, whether it's their head of year or [Wellbeing Practitioner] or whoever"

Many were able to give specific examples of when they had done this and speak positively about the response, and subsequent support they received.

"I was visibly sad in a lesson, not quite but in politer terms and then I went, my teacher was like, "It's fine," went to the bathroom, was very lenient about it, got back to the lesson. Stayed behind afterwards, we talked about it for the entire break, what was bothering me, what was up, and they said that they could like escalate it further to whatever I decided."

Students did not feel there was consistency in how such an approach would be received. They emphasised the importance of building relationships with staff and developing trust to enable this to happen. Although all felt confident that they had a member of staff they could turn to, most were also aware of staff they would not feel comfortable approaching.

"Some teachers that we've been talking about who we feel very comfortable with, that's fine. But we've kind of found that not every teacher has that. And that's fine. But my form tutor, don't want to be disrespectful, but I don't think he does"

"some teachers, like I would never go to them because they're just like horrible"

"I think it can be hard, sometimes, for people to feel comfortable telling teachers how they feel. I don't think teachers do the most to normalise like if you have any problems, like, "It doesn't matter what they are. You can come and tell me, and it'll be confidential." Kind of if you told them, they wouldn't turn you away, but they make it hard for you to go to and express your issues."

Some were also able to describe examples of times when staff had responded negatively or dismissively to themselves or other students:

"sometimes, teachers belittle the secondary school students' issues"

"And I felt this like impending sense of doom because the teacher is now telling me that because I wasn't feeling well enough to come in to school because of mental health problems, I now have to do all these different things. And I remember she was just being really condescending and not caring"

Students had observed changes in the attitudes of school staff during the life of the project:

"teachers more understand that students are going through a lot, that they've been more likely to help and give more support in lessons just generally because wellbeing is so important"

Staff knowledge, confidence and expertise

Pupils also acknowledged the challenges for teachers and felt that professional development for teachers around mental health was important:

 "I do think that all teachers should be taught how to talk about mental health"

 "more training for just regular teachers in like wellbeing, because I just think, I feel way more comfortable talking to a teacher"

Views of parents

Views of parents and carers differed more between the participating schools and awareness of the range of support and provision was variable. However, some common themes did arise.

Prioritisation of mental wellbeing

There was generally appreciation from parents that the schools were prioritising mental health and wellbeing:

"I actually like, as a parent, that the school is handling a lot of that kind of wellbeing and normalising it in the agenda."

Provision for young people

Parents showed awareness of group activities and targeted support that were responsive to the needs of their children. This included specific examples of school staff being responsive during the pandemic and considering the needs of the whole family when offering additional support

"they did put her on like a two-day thing, which was, I don't remember what it was about it was definitely as a group of kids that was there to talk about, maybe, their feelings or emotions or something like that"

Parents reported that their children were not always positive about some of the specific learning opportunities relating to mental health and wellbeing:

"they're not very impressed with the talks, to be honest. I'm not quite sure why. I don't know if they're too long or if they've heard it a million times before. I just wondered if the talks could be smaller groups and, maybe, something that's generated by them or, maybe, more relevant discussions rather than generic how to keep safe online or if struggling, speak to a friend"

"she is aware they have the PHSE thing. She says they're very, very boring and they're so boring that when they do them early in the morning that the teacher, doesn't do them"

"I do think there is a degree of they've heard it all before"

Parents had suggestions about how provision could be improved:

"there's nothing about how to tolerate small amounts of distress so that you learn to tolerate the stress before it becomes, you know. So, the kids are freaking out at the smallest issues"

"when they do these wellbeing talks at schools, do they ever sort of show real life examples"

"They keep saying, "We've heard this before." I keep hearing that actually a different format, the kids do role plays, breakouts, something that is more experiential because, clearly, the messages have to come from school, but they're bored of the same format"

Parents did want to support the learning that was taking place in school but did not always feel that communications from the school enabled parents to reinforce important messages and engage their children further:

"Parents get emails from the school when they've had a wellbeing assembly or something has been spoken about with regards to mental health, which is a heads-up and just letting you know that this has happened. It's pretty vague and like there's nothing there with hooks on there that I can use to engage my son"

Provision for parents and carers

Some parents had accessed specific events targeting parents:

"in terms of giving information that I wasn't aware of and having people… like there were things that I was aware of and it was good just to go over them again and just ask advice on certain things. It was useful

it just empowered me with the knowledge that I felt I needed to be able to go home and it did open up conversations in the home with the rest of the family, with my son."

Others hadn't chosen to attend events because they didn't feel they were relevant to them:

"I wonder if it's just too generic. Like I kind of thought, "Okay, I kind of get this so I don't have to be there… something more specific than, "Mental health and wellbeing"".

Wellbeing practitioner

Where there was a wellbeing practitioner in the school and they were known to the parents, the feedback on this was very positive. Parents valued this additional support that the practitioner was providing to students and spoke highly of the practitioners.

'[Wellbeing Practitioner] is a gamechanger'

"just having someone at school that she could go and speak to when she wanted was a huge help"

[wellbeing practitioner] is just responsible for a wonderful network of people that can help.

Parents at one school also appreciated the practitioner as a reliable source of information and signposting for parents.

"I have from [wellbeing practitioner] when we thought [child] could have had [a specific mental health difficulty]. She sent me so many articles and websites and language to use at home with them. Yeah. Very supportive"

Where the school did not have a dedicated member of staff for wellbeing, parents did highlight the need for this type of support:

'they could have somebody who has got a room where you can just… or someone can just say, "Hi, so and so, so-and-so, so-and-so, I think I just want to have a casual chat with you."'

Wider staff

The views of parents as to whether their children would seek support from a member of staff were mixed. These ranged from:

"They're very aware of where to go to" to:

"I don't know if he would"

Many parents were able to describe positive experiences their children had had when they had been in need of some additional support:

'my son having a member of staff that he has a relationship with, and he can talk to is literally key to him even coming to school. '

'he's felt he could speak to someone, and they've taken him seriously'

'the teachers were amazing, and I can't highlight that enough.'

But also commented on the in consistency within the staff team:

'it does depend on the teacher'

'the teachers haven't been open to it that she's had'

Whilst acknowledging that the school does what it can but that there are limitations:

'school have done the best they can'.

Staff knowledge, confidence and expertise

Ensuring staff delivering guidance and support had appropriate training, experience and expertise was highlighted by a number of parents

"why is it that the teachers do the mental health talks? Why don't they get professionals in to do that?"

"You need to go into teacher training, you need to be going and getting the teachers when they're training to be teachers"

In one school the parents highlighted that sometimes school processes did not seem to align with the messages around wellbeing, one described their child's experience:

"It's very nice to go to a room and listen how to not get stressed and positive thinking and reframing and all these things. And then the next nine lessons that you have in that day none of the teachers communicate between themselves and you all have nine different tests the week after that".

Views of school staff

Awareness of the different elements of the project varied amongst staff groups. Some staff were able to comment in detail about specific aspects of the project whereas others were able to speak more generally about provision for wellbeing and mental health and school culture.

Prioritisation of mental wellbeing

The wellbeing and mental health of young people was identified by all participants as something that was important and that schools need to prioritise. There was agreement that the increased emphasis on mental wellbeing, facilitated by the project was addressing an important priority:

"I'm really pleased that in today's society we are supporting the children in the way that they should be supported"

"I think my awareness of the importance of teaching it and having it at the forefront of how the school runs has definitely changed"

"The whole project has just made everybody more aware, and it's put this whole concept to the forefront of people's minds"

"Because we talk about it so much, about it's okay to talk and it's good to talk. I really do think that's working because they are so open now.".

Wellbeing Practitioner

School staff were almost universally supportive of the presence of a dedicated Wellbeing Practitioner in the school:

"actually having a person is great"

"[Wellbeing Practitioner], who is really brilliant and really, really fantastic"

Many felt that the additional capacity to both raise awareness and support students had been beneficial:

"I mean I feel like everything that has been done so far is helping. That's what I say. I feel like I do like, so the things we've already mentioned, we mentioned quite a few of it already, so the fact that [wellbeing practitioner has] increased just awareness in general, it's really important to increase the awareness. "

"[S/he] was actually speaking to students and, at times, he became a mentor for some students"

"that was invaluable, that was another person who we could actually use to help us deal with the pastoral needs"

"we did have a wellbeing lead for the academy and [s/he] asked me what I could do. Basically, I just got her in for a day or a week and [s/he] ran loads of groups.

"[s/he] ran groups around, like language groups, about expressing clearly how you're feeling. She ran groups about resilience. She ran groups for Friendship Formula. "

"[s/he] did a peer mentor training which we've now got peer mentors in the school"

However, in one school uncertainty was expressed about the role of the practitioner within the school and the knowledge and experience of the postholder:

"I don't know that that was the job role that [Wellbeing Practitioner] applied for"

"I don't think anyone knew what the job was"

"[S/he] became a very valuable member of staff, too soon, without experience, without the necessary knowledge of how to work in the school."

Concern was also expressed about how effective the practitioner was able to be:

[Wellbeing Practitioner] did not get embedded into the school at all and I'm sure [s/he] felt out on a limb.…a wasted resource. It's a real shame. I share an office with [him/her] and [s/he] has been wasted. We have a member of staff here who came in desperate to actually work on the wellbeing and, obviously, I only hear one version of it, but I think [s/he]'s been shut down on quite a few ideas.

Provision for young people

Some staff were aware of specific interventions, and some were able to give feedback on how they were received:

"It's so nice for the children. Every week they ask us, "Is it BounceBack today?" Yeah, on a Wednesday it is they really love that"

"We did a bit of Heads Up, but the last… we were doing it in Year 3, but then it was lockdown, so we didn't finish it"

"Sometimes we do Cahoot, which is really good to bring them all together. They don't have to come, but it's a safe space if they want to come"

"Wellbeing Ambassador programme, where we're training the children to do wellbeing"

"I run two anxiety… we call them 'resilient groups,' but for children who struggle with anxiety"

"Friendship Formula, it's a programme, you just pick it up and you read through it. So that's that, and you do it, so that's really good"

"We do loads of assemblies. We do e-safety week, we get people in from Street Wise to run groups, so that's that on a general scale. Streamlining in a bit, you've got two year-groups that are having this Heads Up programme as well. Streamlining in further, you've got the peer mentors, there's 15 of those."

Staff views were mixed on the quality and effectiveness of the taught curriculum for mental health and wellbeing. The views from primary school staff were more positive:

"we've got a really good PSHE curriculum and that includes wellbeing."

"We're using the same words there. I know it's difficult, because I'm early years, so it's hard to say higher up, but I think giving them the language is giving them the ability to say, "I don't think what I'm feeling is right," and that will… I think that practice of them being able to self… become self-aware and self-evaluate is actually definitely something that I didn't see when I first came to this school."

However secondary staff felt that provision was insufficient:

"I think there has been an effort within our … our enrichment programme, to put in a few wellbeing sessions"

"I think, additional time needs to be made on the curriculum"

"we have conversations about mental health and it puts it on our radar, and we use these buzz words like anxiety, but they also raise that anxiety is one form of mental health. But we don't really discuss any of the other kind of spectrum of it or where people sit within it".

Staff also expressed uncertainty about the impact of the provision:

But there's no real evaluation or discussion of is it impactful or what is it doing or what are we looking to achieve from it

"building a proper pastoral curriculum" was identified as a priority by one group of staff.

Whole school systems and structures

Staff did report whole school change as a result of the project:

"the rabbis and the teachers are working together and especially higher up in the school. And we're doing it all together."

"there is a lot more understanding of the fact that teaching is holistic and that you cannot just deal with it on an academic level."

However, staff did feel that there was further progress to be made:

"if we as a school value and prioritise wellbeing, then I feel there's a gap between how it's being implemented".

Staff felt that competing priorities sometimes limited the progress that could be made:

"I think, maybe, kind of the school's priorities are so focused on things like the academic success and like the pupils' progress, that side of it, that it feels like, sometimes, like kind of they can't prioritise the wellbeing as much as the staff want them to because we need to do this assessment, we need to do this report, we need to get this out because that's what's gets us kind of like recognition and funding".

This also meant that the implications for wellbeing were sometimes more of an afterthought:

"the main thing that we need to change is that it needs to be more thought about straightaway at the beginning when things are introduced"

and that sometimes this meant that actions did not have the desired impact:

"school are trying to tick boxes with it. And I don't think it's filtered down to actually impacting my understanding of wellbeing, which is that people feel happier and better".

Provision for parents

Staff believed that parents were receptive to support and appreciate of any help and advice that was provided:

[The] *"majority are really grateful for what we do and the support we put in and are willing to take advice from us."*

"parents are really receptive, really helpful, really want to know what to do and how to help"

"Parents are very comfortable with talking to staff".

Staff knowledge, confidence and expertise

Staff reported variation across the staff teams as to how confident and competent staff were in supporting mental health and wellbeing as well as their commitment to this as a priority.

In one primary school a teacher reported:

"my confidence in teaching it and taking the time off the timetable has changed, because I'm not bothered about the other subjects now. This, for me, is more important."

However, staff were not confident that all staff were fully on board:

"some of the staff really are on board with all the mental health stuff and the wellbeing and others, really, if we're honest, have no concept of it"

"and some of the staff are amazing and some of the staff find it more challenging".

Staff reported a lack of access to training around mental health and wellbeing and felt that some of this inconsistency could be addressed by further professional development:

"as classroom teachers, [we] *aren't really trained in that way to kind of support students"*

"it's hard for us to support wellbeing if we haven't really been trained much in it"

"I haven't had any kind of formal training in mental health or first aid or anything like that"

"There's huge sort of gaps that still exist. And I think, especially in staff confidence, there are gaps. So, I still think there's training that definitely could be undertaken".

The feedback from staff who had accessed trained reinforced the view that more widespread training would have a positive impact:

"Yeah, so I did do the [BounceBack] training, …. So, I felt that it was… when I was on the training it was absolutely fantastic"

"when we went to the training we brought back so much like passion for the project, and we were so excited"

"I do remember we had that one morning briefing where I think one of the school counsellors spoke to us for about 10 minutes, just about, "Here's a practical strategy to help a student when they can't cope." And I've used it ever since".

Staff who had received training recognised that the impact they were able to have, was limited by the fact that other staff hadn't been trained in the same way:

"it would have been perhaps better if more members of staff had been able to go on the training or perhaps someone from the programme could come to the school and then train people".

Wider staff

The school staff that participated in focus groups all felt confident that young people would approach them for support. They were not confident that this would be the case for all staff in their schools:

"I think it very much depends on the member of staff. And it isn't necessarily anything to do with the amount of experience they've got, it's to do with their personality. As I said in the beginning, some of them just don't get mental health"

"the children will seek out the people that they know will actually listen and the other ones, they'll say, "Well, there's no point talking to that person, they just don't listen to me."

Staff wellbeing

The wellbeing of school staff was identified by staff groups as a priority. Many participants articulated the view that if staff did not have good wellbeing, then their capacity to effectively support young people was limited:

"if we're super stressed out and we can't control our own wellbeing like how could we possibly first of all even look after them and look after their wellbeing".

In most of the schools, staff reported that their wellbeing was valued by senior leaders:

"I feel like supported and they are compassionate and kind"

"If someone is concerned about something, you really… like you can really tell people in a safe space"

"It's literally from the top down, care. Then to us, us to the children, the children to their friends, parents"

But some individuals were less confident:

"If I'm having a really bad time that I do not want to tell anyone because I think if I tell somebody, then they're going to think, "You're crap at your job.""

Most staff felt that consideration of the demands of the role and the impact of these demands on staff wellbeing would have the most impact on staff wellbeing and mental health:

"there needs to be more consideration over what staff are asked to do and how that actually impacts on our mental health".

Staff were able to identify initiatives that they did feel were helpful:

"we've got educational support. …I have used it, I have actually used it myself and it's a phone call away, it's really easy, phone and they give you counsellors, I've used them for counselling, but they're really good".

Views of practitioners

Four of the wellbeing practitioners joined a structured workshop intended to gather their views on the project. In the first part of the workshop practitioners were asked to focus on the three main stakeholder groups (pupils, staff and parents) and identify what impact they believed the project had had for these groups, and the actions, activity and initiatives that they felt had led to this impact. In the second part of the workshop, practitioners identified what had supported implementation of the project and what had hindered this.

Impact on pupils

All the practitioners believed a significant impact on young people had been "*increased awareness of mental health*" amongst pupils.

Some expanded on what this meant and identified:

 "[increased] *knowledge of mental health disorders*" and "*greater emotional literacy*".

Practitioners reported as evidence of this change:

 "*more conversations about mental health*"

"*children being more confident to speak about mental health*".

Increased awareness extended to increased "*awareness of organisations that can offer support*" amongst pupils and pupils "*know[ing] who they can speak to at school*".

This increased awareness was attributed to "*more visibility of wellbeing with(sic) the school day and curriculum*". Ongoing activities to increase visibility identified as effective included assemblies on topics such as "*five ways to wellbeing*'", more mental health focused PSHCE sessions and the embedding of wellbeing within Jewish Studies, enrichment offers around wellbeing and wellbeing in form time. Specific events were also felt to have increased awareness including Mental Health Awareness Days and campaigns for Mental Health Awareness Week as well as resources around the school such as posters and notice boards.

Relationships between pupils were also felt to have improved, including an "*awareness of the importance to look out for each other*". Peer mentoring programmes and buddy systems were cited by many as an important approach in this area as well as social skills groups and friendship groups.

Practitioners also identified where an increased focus on wellbeing had had an impact on the support offered to young people who may be struggling. Specific examples included a "*more restorative and educational response to negative behaviour*" as well as practical solutions such as "*increase of students having time-out passes, fidget toys etc.*"

During the life of the project, some practitioners had observed "*increase of school refusers*" and "*increased stress levels*" amongst students. This was attributed to the effects of school closures during the pandemic.

Impact on parents

Practitioners reported that parents had:

"bigger understanding of the importance of mental health and wellbeing and importance of encouraging openness with their children"

"appreciation for wellbeing initiatives and support"

"[improved]knowledge on certain topics".

Information evening for parents were seen as very important in achieving this. One benefit of the pandemic, identified by practitioners, was that moving these events online had significantly increased attendance by parents. Other mechanisms included universal communications such as wellbeing articles within newsletters and more targeted communications to parents of children receiving additional support. Direct communication with individual parents (both email and meetings) was seen to have been effective. This included providing parents with support and guidance as well as signposting to sources of support.

Impact on staff

Practitioners were able to identify some impact on staff but did also identify more challenges when effecting change for this group.

Practitioners did feel that staff had increased awareness and understanding of mental health and wellbeing including:

"greater understanding of mental wellbeing and impact to learning",

"knowledge and support in areas to help their mental health"

"being more mindful of impact/importance mental health".

Possible actions that had led to this included:

"more opportunity for staff training to support students"

"facilitating emotional regulation training"

"books to help staff with behaviour, anxiety, depression etc.".

Practitioners were also able to identify where they had influenced school policies and practices that were perceived to have been beneficial to staff wellbeing including making *"wellbeing a key conversation at governors meetings"*, the formation of a *"Staff wellbeing committee"*, and introducing a *"staff wellbeing area on performance management meetings"*, *"wellbeing protocol document for staff"*, *"changes to time off policy for funerals etc."* and a *" wellbeing day off"*.

However, staff wellbeing was identified as the *"hardest area"* to improve by some practitioners. They felt that *"staff wellbeing [is] always seen as a tick box exercise"*, and that *"things staff want to better their mental health [are] not possible"*

Implementation

Both internal and external factors were identified as important indicators of the need for the project and leverage for engagement. The *"desperate need in school"* for support around mental health support was identified as a lever in prioritising this work, as was the influence of external accountability, *"Ofsted – [the] need to do stuff"*. However, in some schools, *"academic pressures winning time/priority battles"* was identified as a challenge.

A key factor in the success of implementation, identified by all practitioners, was the support of senior leaders within the school.   The support of the head teacher was specifically identified as important and the *"Headteacher [being] totally onboard"* was identified as being vitally important. Where this was not the case, practitioners reported challenges.

Linked to school leadership, the *"school ethos"* and associated commitment from the wider staff team to the project were identified. Where this worked successfully, *"staff openness"* and *"individual staff in school and their support/willingness"* were identified as important. However, a *"Lack of openness to something new"*, a *"selfish school culture – do[it] yourself, lack of help"* and *"teachers lack of involvement"* were identified as challenges.

The lack of resources, particularly staff capacity was identified as a specific challenge, with reflections including:

> *"Not enough staff to help with interventions"*

> *"People too busy and heads too full to add more; staff already at capacity"*

> *"Time constraints"*

> *"[lack of] funding"*.

The position of the practitioner within the school and their ability to influence as well as the management and deployment of these staff influenced effectiveness. One practitioner felt that *"being in senior management and being able to make changes from the top"* and *"Being in the school to start with – I wasn't a new face"* had been important in their success whereas another felt *"My hierarchical position in school i.e., not senior management and not taken seriously"* had been a hindrance. Others cited a *"lack of integration of wellbeing practitioner"* and a feeling that *"no one really cared about the work I was doing"*.

The practitioners did feel that *"support from our [the practitioner] team"* and having *"a strong group of practitioners to work with"* had been helpful. *"[M]y work for PaJeS"* and *"Guidance from external project practitioners"* and *"having access to people who can help"* were all seen as benefits of the project approach.

The pandemic was identified as affecting the success of their work. This included the impact on others, *"staff are worn out after covid"* and *"impact of covid on children's behaviour"* as well as on specific planned activities *"covid – was unable to open the travelling wellbeing library"*. However, one practitioner did identify that *"covid enabled me [to develop] 'Torah, wellbeing and me'"*.

Findings from pupil surveys

Pupils from participating schools were surveyed annually using the Wellbeing Measurement for Schools Pupil Survey.

Survey questions covered thirteen areas of wellbeing:

Mental health and wellbeing:
- Emotional Difficulties
- Behavioural Difficulties

Emotional strengths and skills:
- Life Satisfaction
- Empathy
- Self-esteem
- Problem Solving
- Goal Setting
- Participation in home and school
- Participation in community

Support Networks:
- Peer Support
- School Support
- Family Support
- Wider Support

Comparisons over time were made between levels of wellbeing in these thirteen areas for the two primary schools and two secondary schools that surveyed pupils in all 4 years of data collection (Autumn 2018 to Autumn 2021). As part of this, responses from female and male pupils were analysed separately to identify differences between these groups and whether these differences had changed. A summary of the observed changes is found at Table 1 and Table 2. A guidance sheet and a full set of charts is available at Appendix I.

It should be noted that research suggests a deterioration in wellbeing and mental health of young people as a result of the pandemic. The results here should be interpreted against that backdrop. In instances where there has been no discernible change over the life of the project, it is possible that certain protective factors, potentially linked to the impact of the project, have enabled stability and prevented the decline in mental health and wellbeing that has been seen more widely.

Primary school pupils

Overall, there was limited change in most of the areas covered by the survey, suggesting stability in the strengths and challenges for the primary school pupils surveyed. Analysis by gender suggests there was some deterioration for boys and some improvements for boys and girls in specific areas.

Table 1 - Summary of change by areas of wellbeing - Year 5

Area	Female	Male	Overall	Appears to have diverged/converged between female and male students
Emotional Difficulties	No Discernible Change	No Discernible Change	No Discernible Change	None
Behavioural Difficulties	No Discernible Change	No Discernible Change	No Discernible Change	None
Life Satisfaction	No Discernible Change	No Discernible Change	No Discernible Change	None
Empathy	Appears to have improved	No Discernible Change	No Discernible Change	None
Self-esteem	No Discernible Change	Appears to have deteriorated	No Discernible Change	None
Problem Solving	No Discernible Change	Appears to have deteriorated	Appears to have deteriorated	None
Goal Setting	No Discernible Change	Appears to have deteriorated	Appears to have deteriorated	None
Participation in home and school	No Discernible Change	Appears to have improved	No Discernible Change	None
Participation in community	No Discernible Change	No Discernible Change	No Discernible Change	None
Peer Support	No Discernible Change	No Discernible Change	No Discernible Change	None
School Support	No Discernible Change	Appears to have deteriorated	Appears to have deteriorated	None
Family Support	No Discernible Change	No Discernible Change	No Discernible Change	None
Wider Support	No Discernible Change	No Discernible Change	No Discernible Change	None

Emotional strengths and skills showed some changes over this period. Both 'goal setting' and 'problem solving' appear to have deteriorated. Analysis by gender shows that this change is discernible for male respondents but not for female respondents.

Analysis by gender showed an improvement in empathy among female pupils between Autumn 2019 and Autumn 2021, to a level comparable with that in Autumn 2018.   'Participation in home and school' appeared to have improved for male respondents between Autumn 2018 and Autumn 2020, but then returned to a level comparable with that in Autumn 2018 in the subsequent year (see Appendix I charts for further details).

In responses to questions about support networks, there was no discernible change across 'peer support', 'family support' and 'wider support'. However, for, males and overall, 'school support' deteriorated over this period. This relates to responses to statements such as 'At school, there is an adult who…really cares about me'. This apparent deterioration may be due to the impact of the pandemic and resulting periods of school closure.

Secondary school pupils

Overall, there was limited change in most of the areas covered by the survey, suggesting stability in the strengths and challenges for the secondary school pupils surveyed. Analysis by gender does suggest there was some deterioration for female respondents in specific areas, and improvement in male respondents' self-esteem.

Table 2 - Summary of change by areas of wellbeing - Year 8

Area	Female	Male	Overall	Appears to have diverged/converged between female and male students
Emotional Difficulties	Appears to have deteriorated	No Discernible Change	Appears to have deteriorated	Appears to have diverged
Behavioural Difficulties	No Discernible Change	No Discernible Change	No Discernible Change	None
Life Satisfaction	No Discernible Change	No Discernible Change	No Discernible Change	Appears to have diverged
Empathy	No Discernible Change	No Discernible Change	No Discernible Change	None
Self-esteem	Appears to have deteriorated	Appears to have improved	No Discernible Change	Appears to have diverged
Problem Solving	Appears to have deteriorated	No Discernible Change	Appears to have deteriorated	None
Goal Setting	No Discernible Change	No Discernible Change	No Discernible Change	None
Participation in home and school	No Discernible Change	No Discernible Change	No Discernible Change	None
Participation in community	No Discernible Change	No Discernible Change	No Discernible Change	Appears to have diverged
Peer Support	No Discernible Change	No Discernible Change	No Discernible Change	None
School Support	No Discernible Change	No Discernible Change	No Discernible Change	Appears to have diverged
Family Support	No Discernible Change	No Discernible Change	No Discernible Change	None
Wider Support	No Discernible Change	No Discernible Change	No Discernible Change	None

Data suggests 'Emotional difficulties' deteriorated overall for year 8 pupils in this period. Further analysis shows that this apparent deterioration in emotional difficulties is not discernible for male respondents but is for female respondents. This shows a divergence between that needs of males and females that is evident across other areas (Table 2).

Analysis by gender shows little change for male respondents except in the area of 'self esteem' where some improvement was seen. This is in contrast with female respondents where a deterioration was seen in this area.

There was also a deterioration in 'problem solving' for female respondents. This relates to responses to items in the survey such as 'when I need help, I find someone to talk to'.

Findings from staff surveys

Staff were surveyed throughout the life of the project on the areas of :

- Staff wellbeing
- Stress
- Knowledge of mental health
- Confidence to support young people
- Talking mental health
- Support for staff

Full results are available at Appendix II.

There were small reductions in in overall levels of wellbeing and stress in the lives of members of staff, but in 2022 the numbers who said that school was not a contributor to their stress increased, and the number who had not felt stressed or unhappy at work had increased.

There was also a slight increase in the percentage of staff who reported that their work had a positive impact on their wellbeing at least some of the time (81 % to 89%). There were some changes in recent causes of stress but, in the main, the distribution remained similar.

The levels of self-reported staff knowledge around mental health and supporting young people were similar at the end of the project to the start, as were levels of confidence in supporting children and talking to children and parents about their mental health.

However, when asked about the frequency with which they spoke to young people about their mental health, there was a marked increase in the percentage of staff doing this on a daily basis, and fewer staff were rarely or never speaking to children about this (Figure 2 - Frequency of talking to children about mental health. There was also some change in relation to the frequency with which staff talked to parents, with increases in the number of staff reporting that this happened at least weekly (15% to 27%).
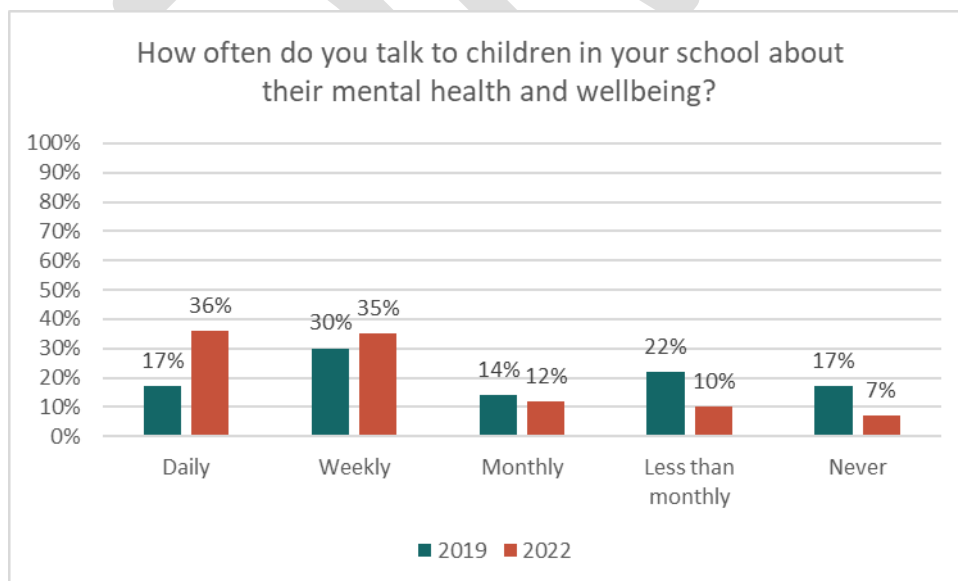
Figure 2 - Frequency of talking to children about mental health

APPENDICES

Appendix I – Results of pupil surveys

Understanding the charts

The charts below show the average scores and margins of error for the groupings (female, male and overall), analysed for each year group and area of wellbeing.

Why show margins of error?

When we make statistical comparisons, we have to take the uncertainty in the data into account. This can be caused by small sample sizes or very varied data. The margin of error gives a range of numbers which we are reasonably certain contains the true average. If the interval is narrow, we are quite certain what the true average is. If it is wide, we are not.

Top of the error bar

The average for the grouping plus the margin of error

Error bar arm

The margin of error – the section of the error bar from the dot to the end of the bar

Dots

The average for this grouping

Bottom of the error bar

The average for this grouping minus the margin of error
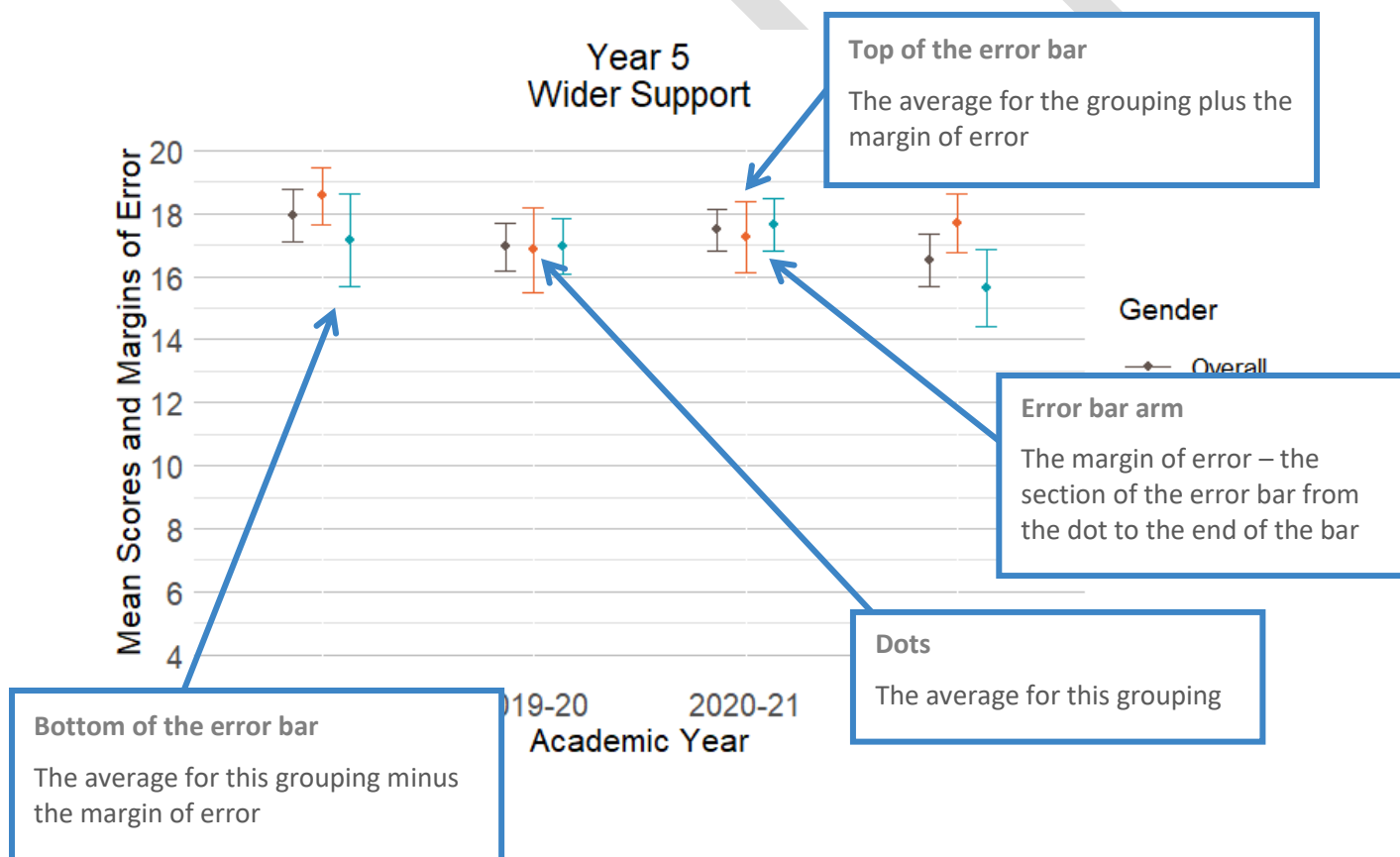
How can margins of error be used to compare averages?

As a rough rule, if the margins of error overlap by more than half their average error bar arm length, there is no evidence to suggest that the averages are different. If the margins of error overlap by less than half their average error bar arm length, or not at all, we may want to investigate why there seems be a difference between the two averages.

Understanding the summary tables (Table 1 and Table 2)

For each of the groupings (female, male and overall), we analysed the charts to see if there appeared to be any change in each area of wellbeing over the years.

The criteria for a wellbeing area appearing to have improved/deteriorated over the years are as follows:

- The average score follows an upwards or downwards trend over at least 3 consecutive time-points
- The margins of error of the first and last average score in the trend do not overlap, or they overlap by less than half their average error bar arm length

We also looked into whether scores converged or diverged between female and male students over the years.

The criteria for scores diverging:

- The difference in average scores between male and female pupils follows an upwards trend over at least 3 consecutive time-points
- The margins of error of the average scores of male and female pupils for the first time-point in the trend overlap by more than half their average error bar arm length
- The margins of error of the average scores of male and female pupils for the last time-point in the trend do not overlap, or they overlap by less than half their average arm length

The criteria for scores converging:

- The difference in average scores between male and female pupils follows a downwards trend over at least 3 consecutive time-points
- The margins of error of the average scores of male and female pupils for the first time-point in the trend do not overlap, or they overlap by less than half their average arm length
- The margins of error of the average scores of male and female pupils for the last time-point in the trend overlap by more than half their average error bar arm length

Sample sizes

- The primary school results are based on data from 2 schools that surveyed year 5 pupils annually from Autumn 2018 to Autumn 2021, with the number of respondents for any given year and measurement area ranging from a minimum of 45 pupils to a maximum of 86 pupils
- The secondary school results are based on data from 2 schools that surveyed year 8 pupils annually from Autumn 2018 to Autumn 2021, with the number of respondents for any given year and measurement area ranging from a minimum of 143 pupils to a maximum of 284 pupils

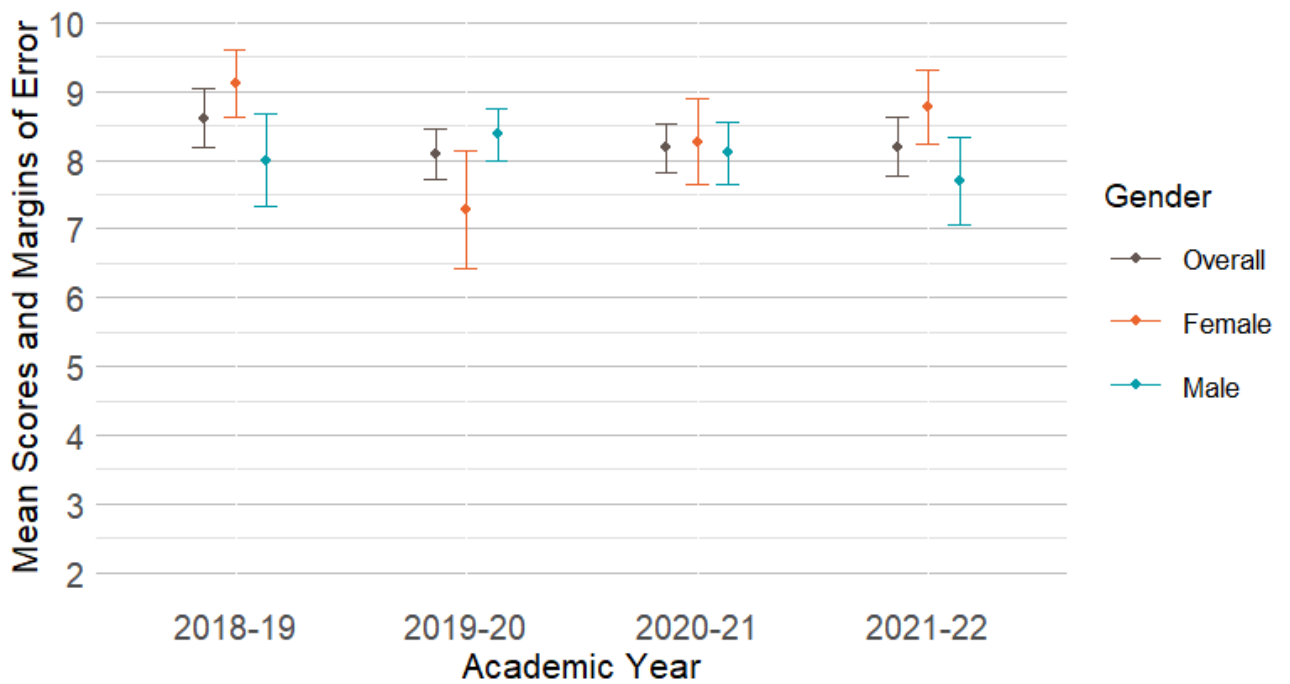**Primary School Results - Mental health and wellbeing:**

Year 5 Emotional difficulties

Year 5 Behavioural difficulties
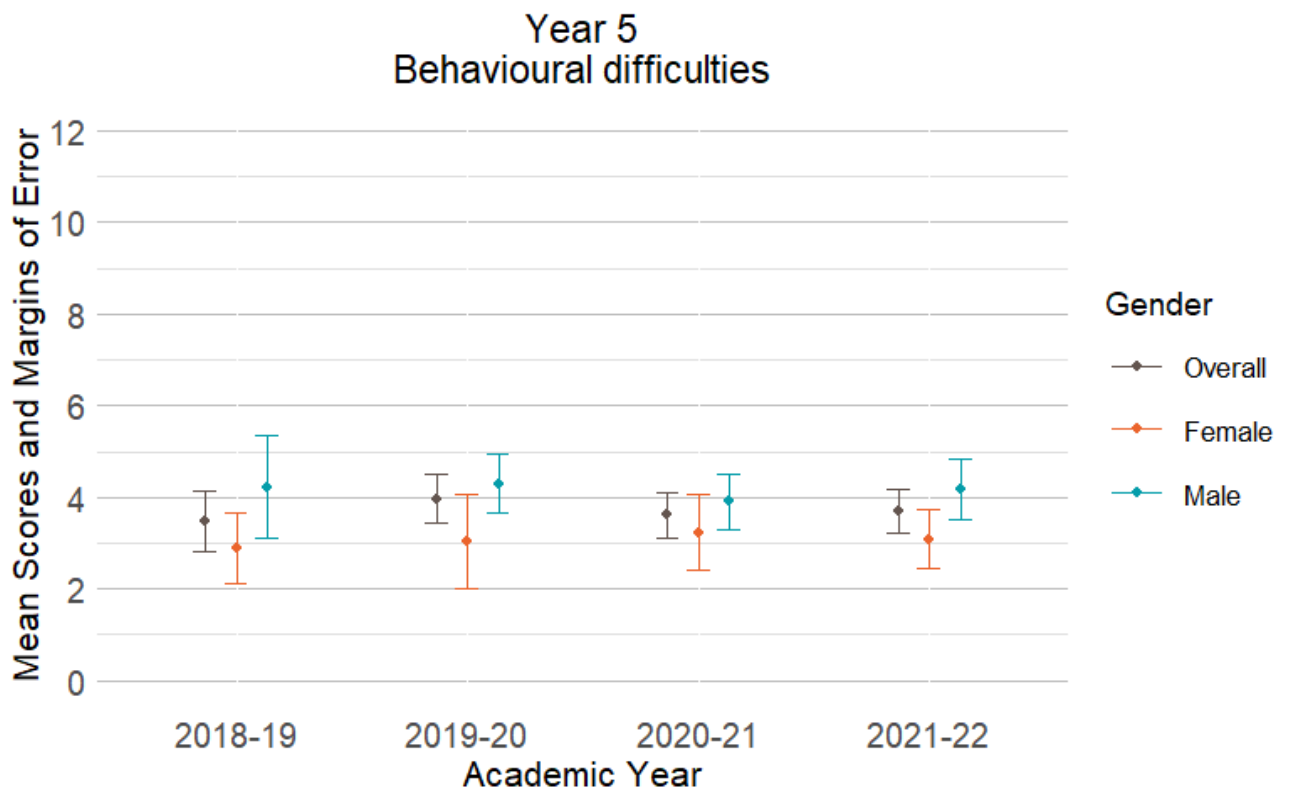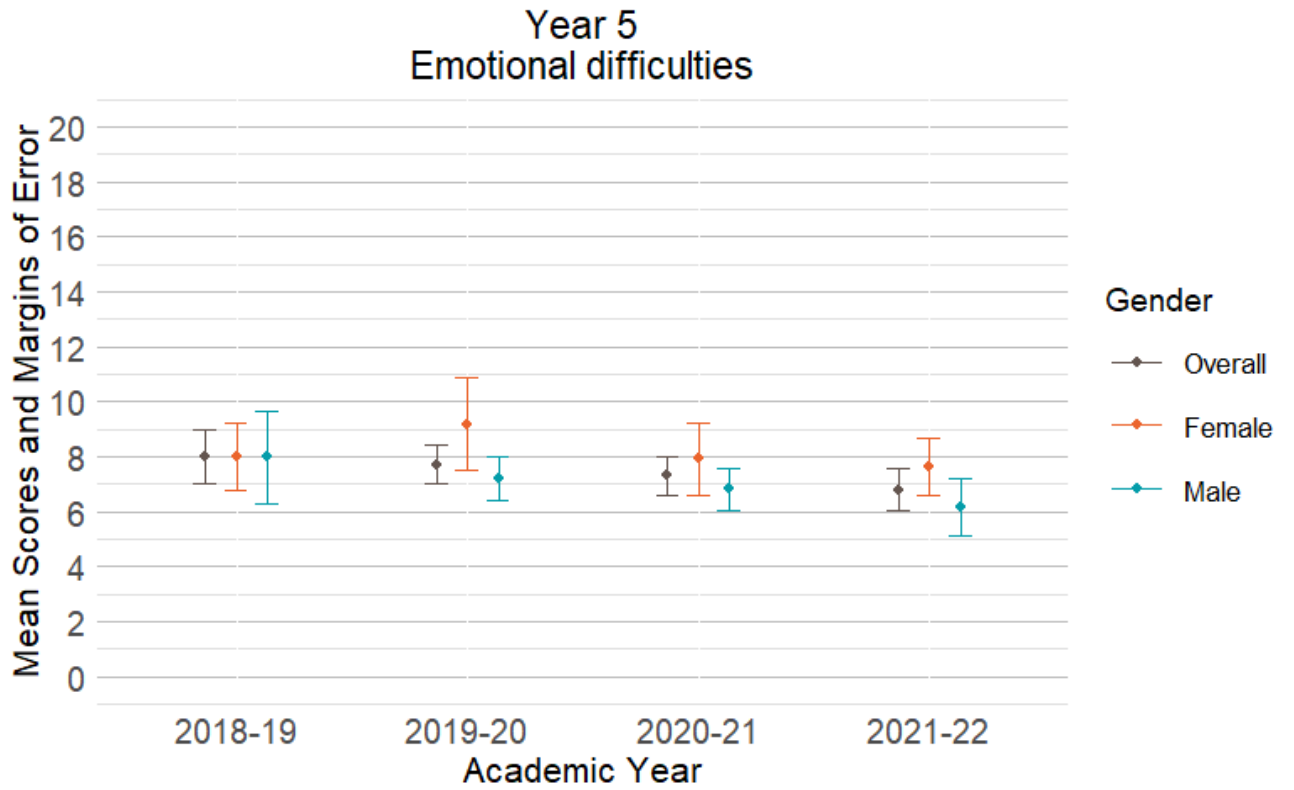
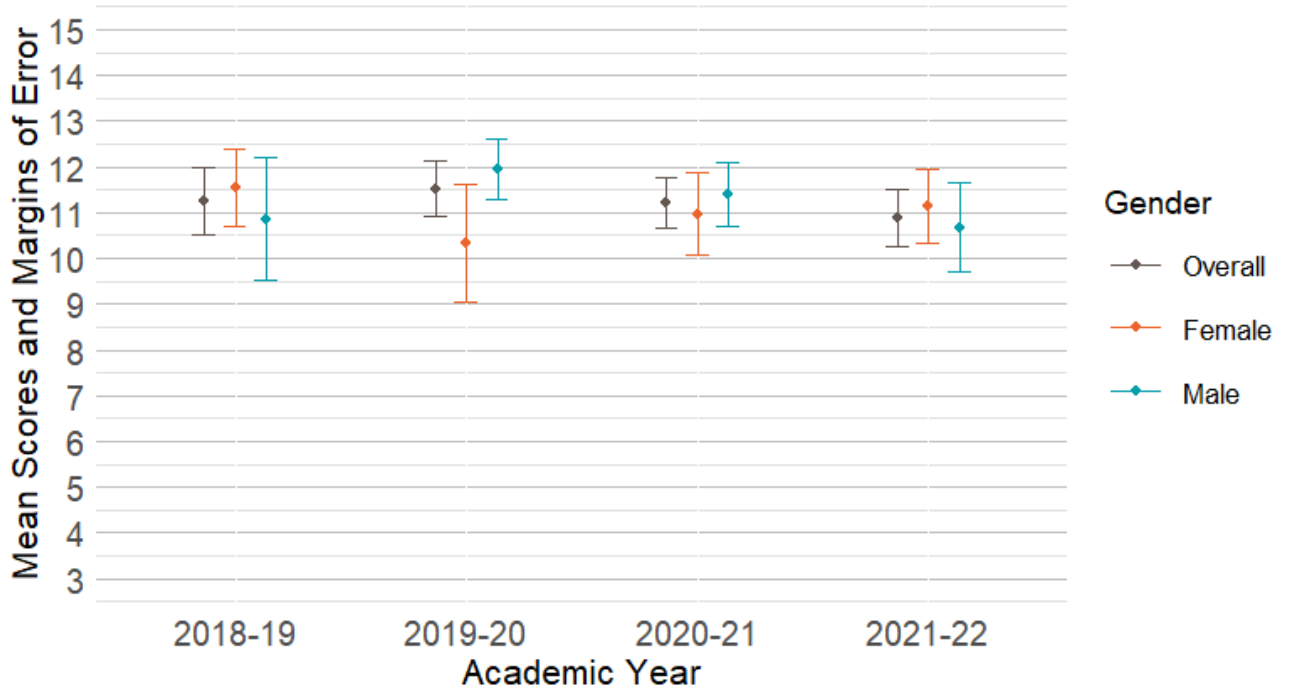**Primary School Results - Emotional strengths and skills:**
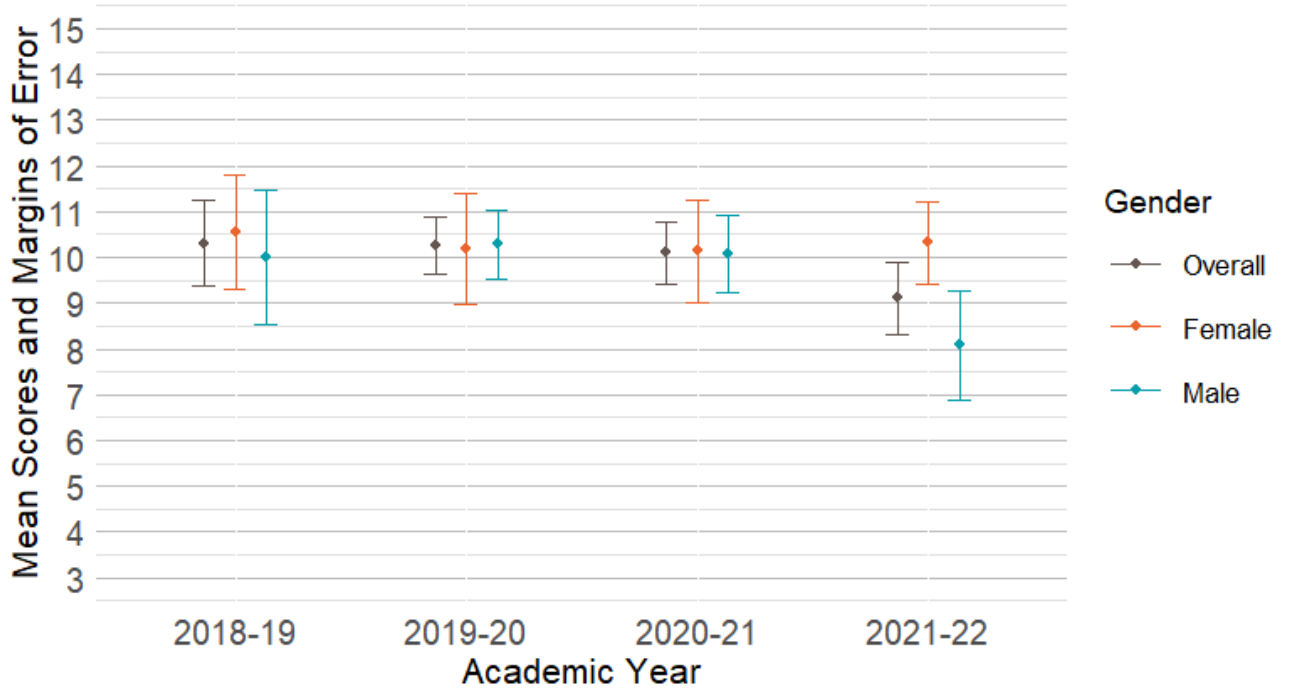
Year 5
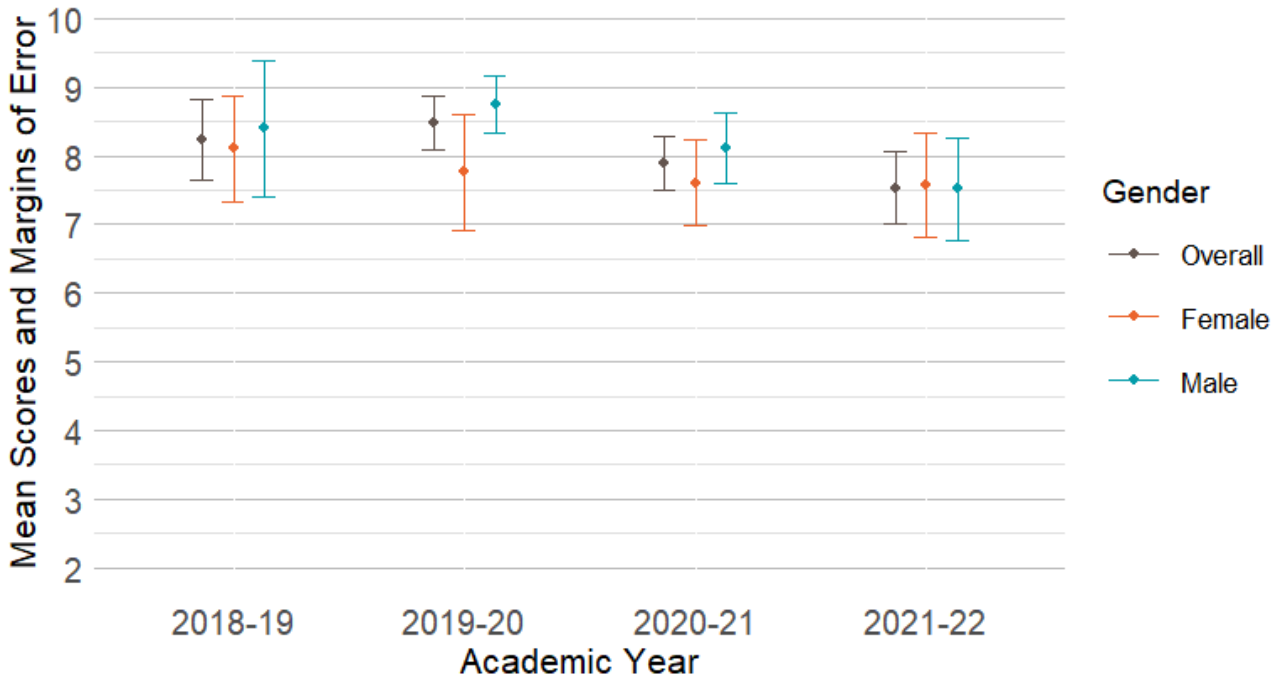## Life Satisfaction
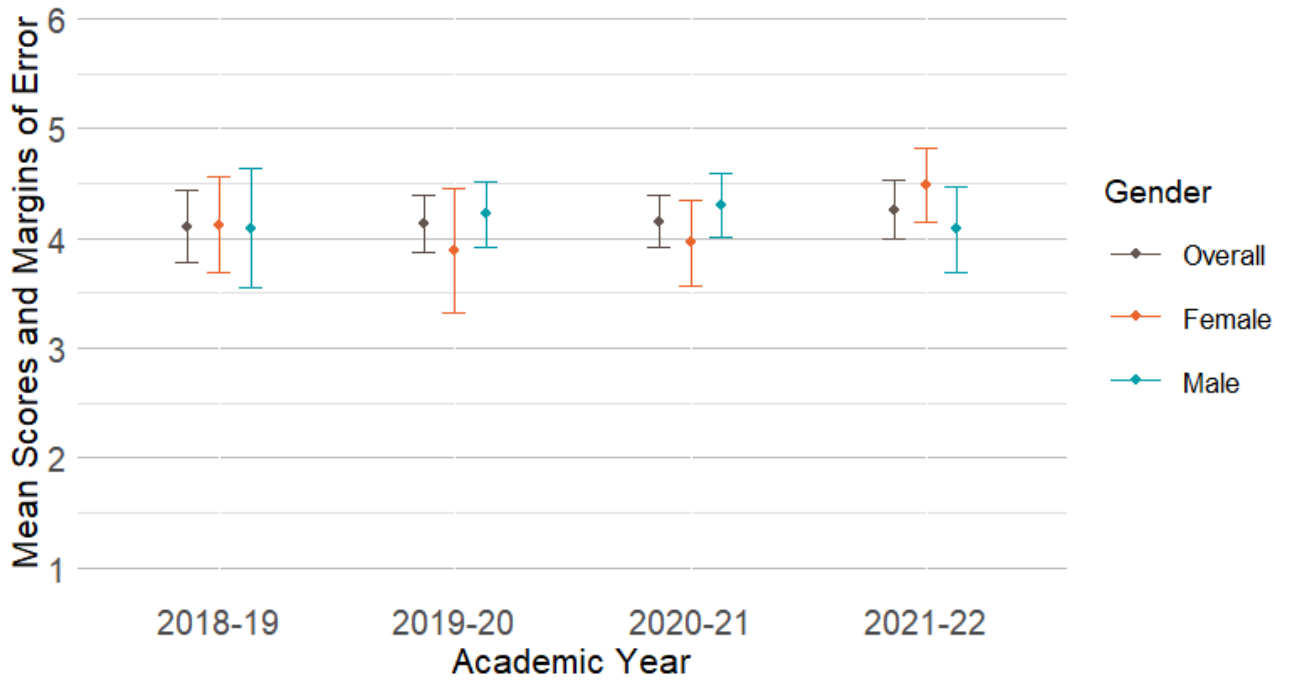
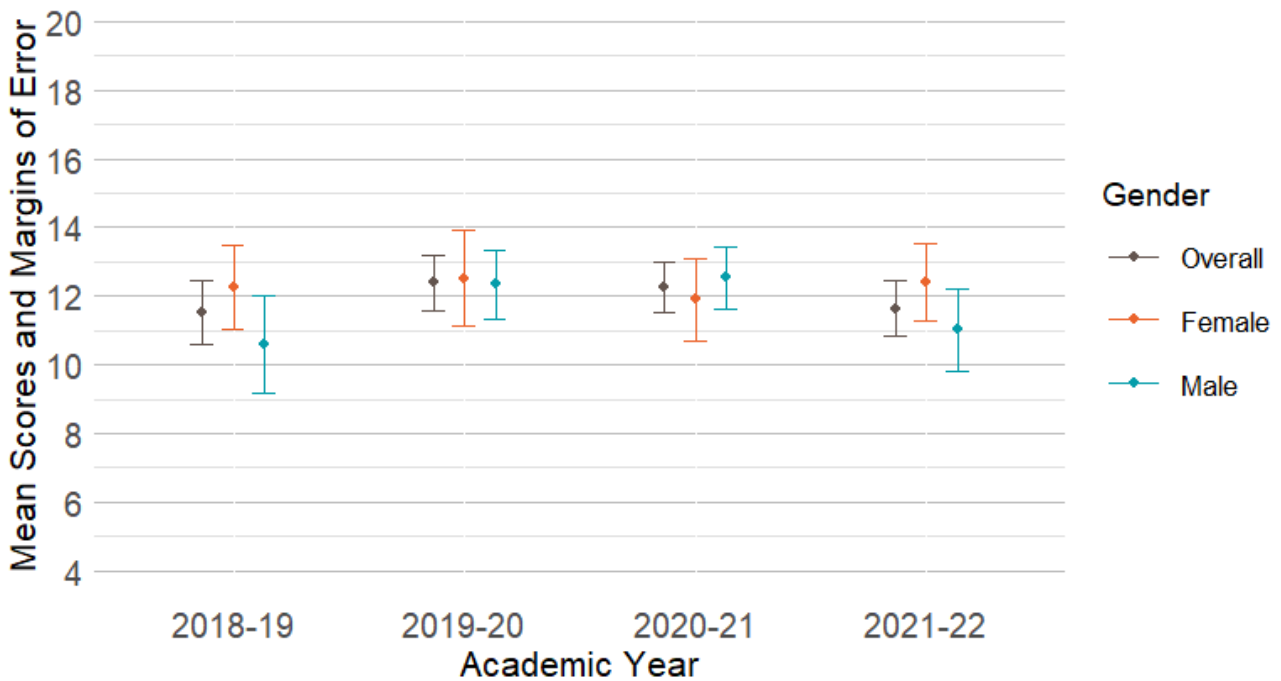## Year 5
Empathy

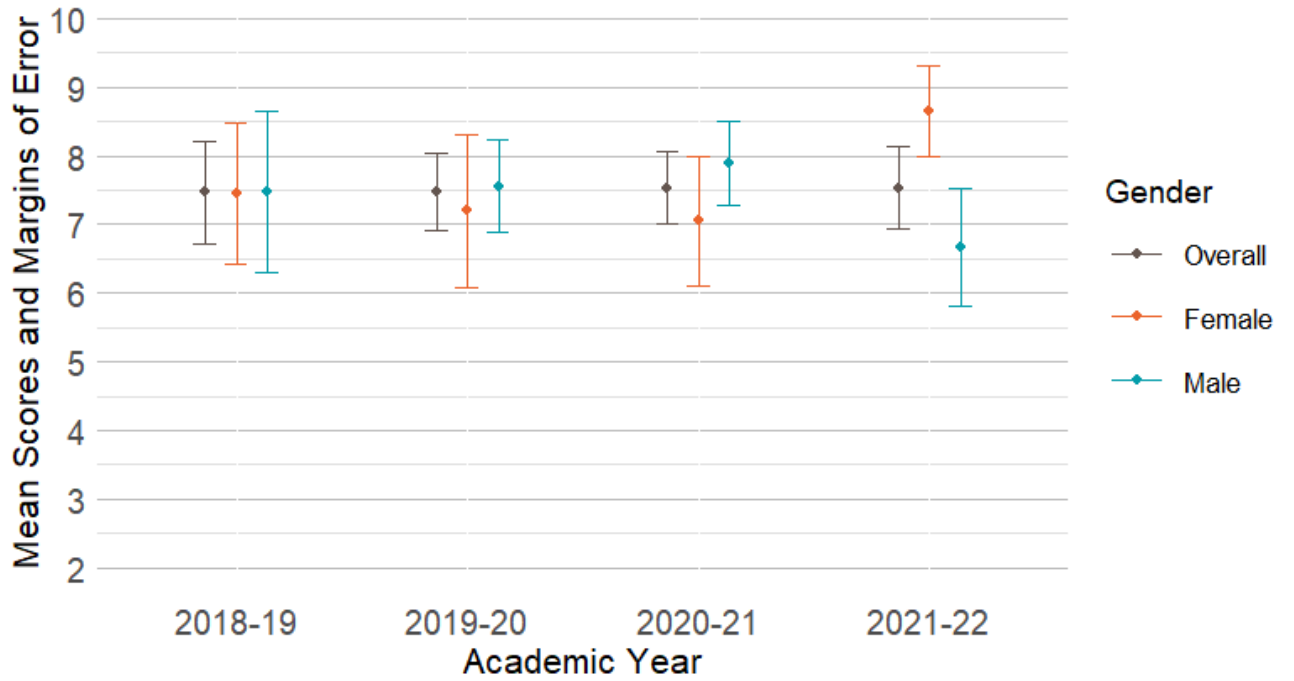## Year 5
Self-esteem

Year 5
Problem solving

Year 5
Goal setting

Year 5
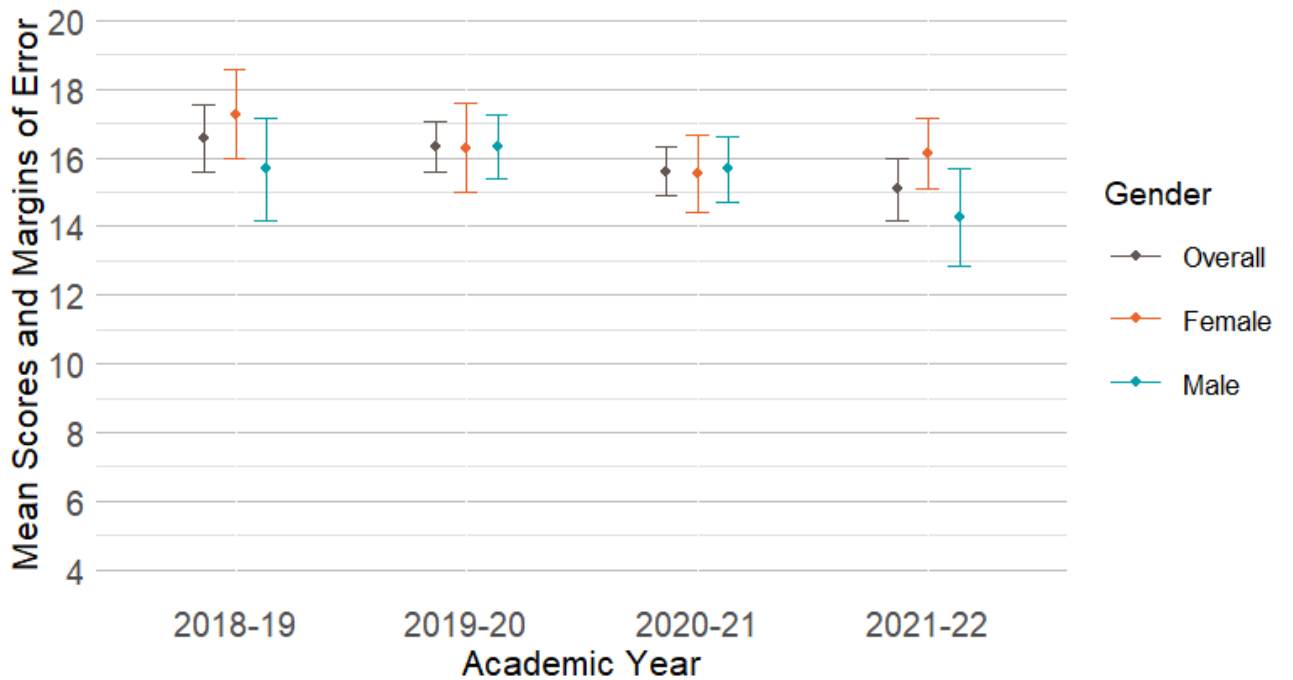## Participation in home and school

Year 5
Participation in community
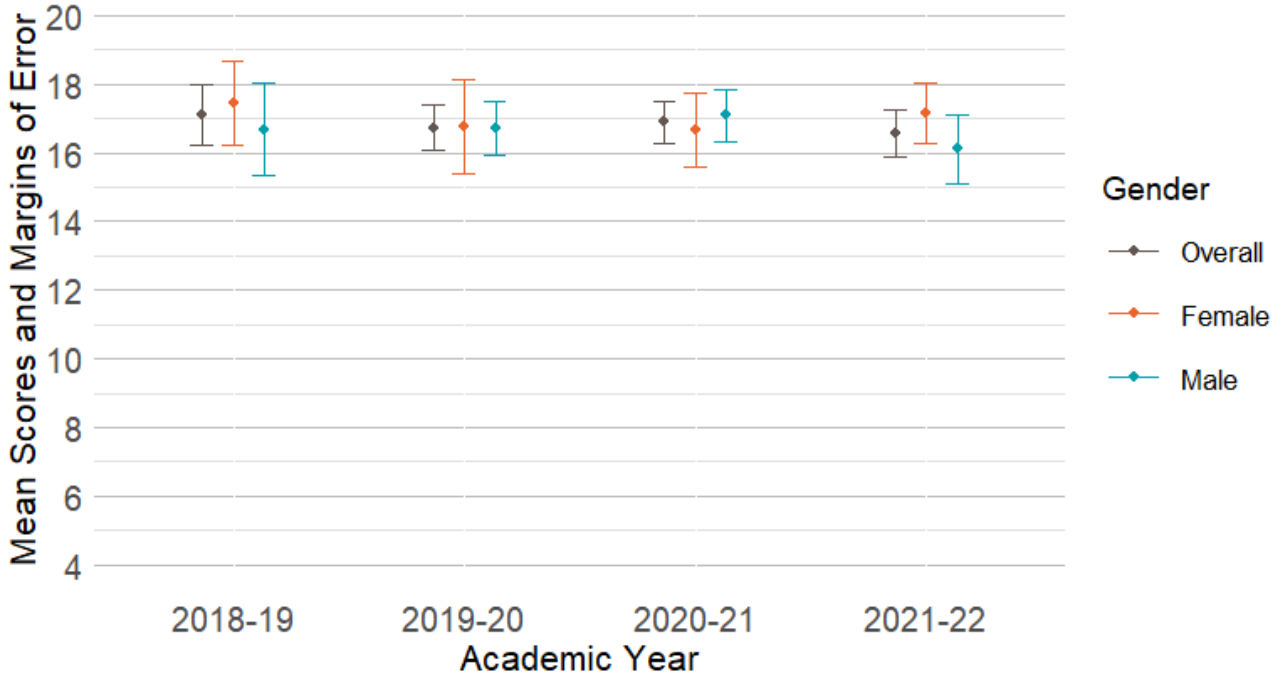
Primary School Results - Support Networks:

Year 5
Peer support
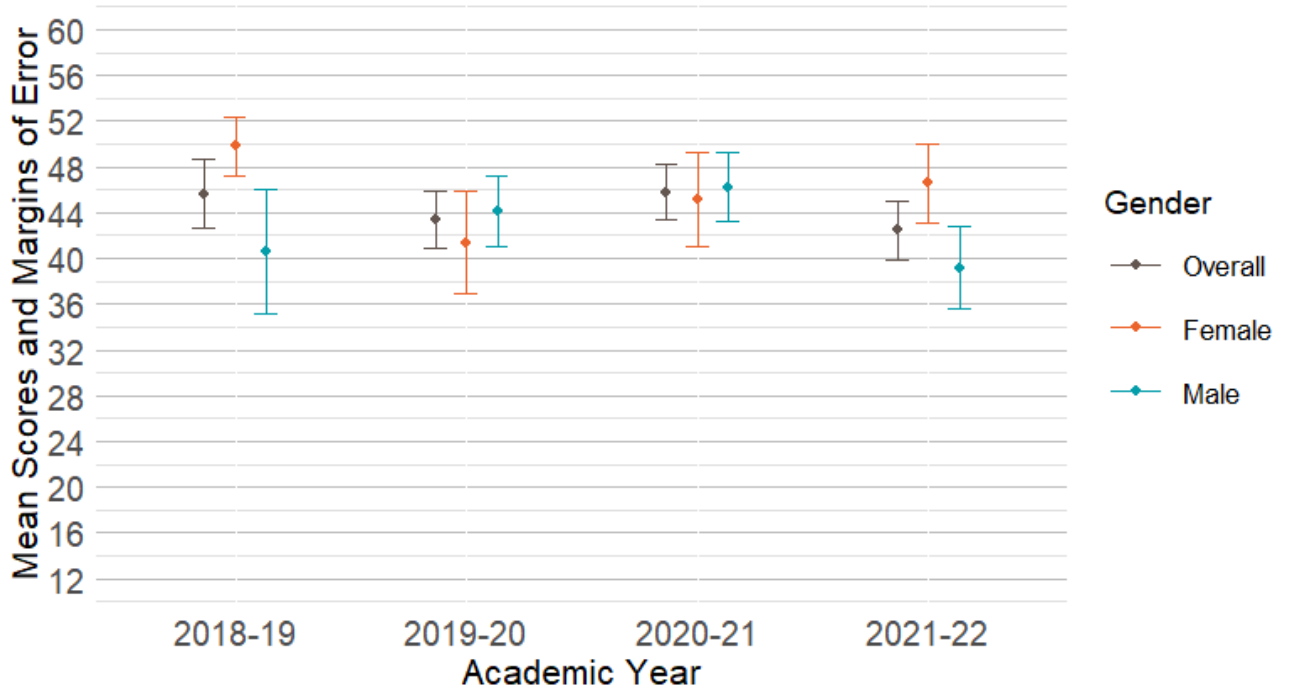
Year 5
School support

Year 5
Family support

Year 5
Wider Support

CORC Report for The Community Wellbeing Project

August 2022

CORC
Child Outcomes
Research Consortium

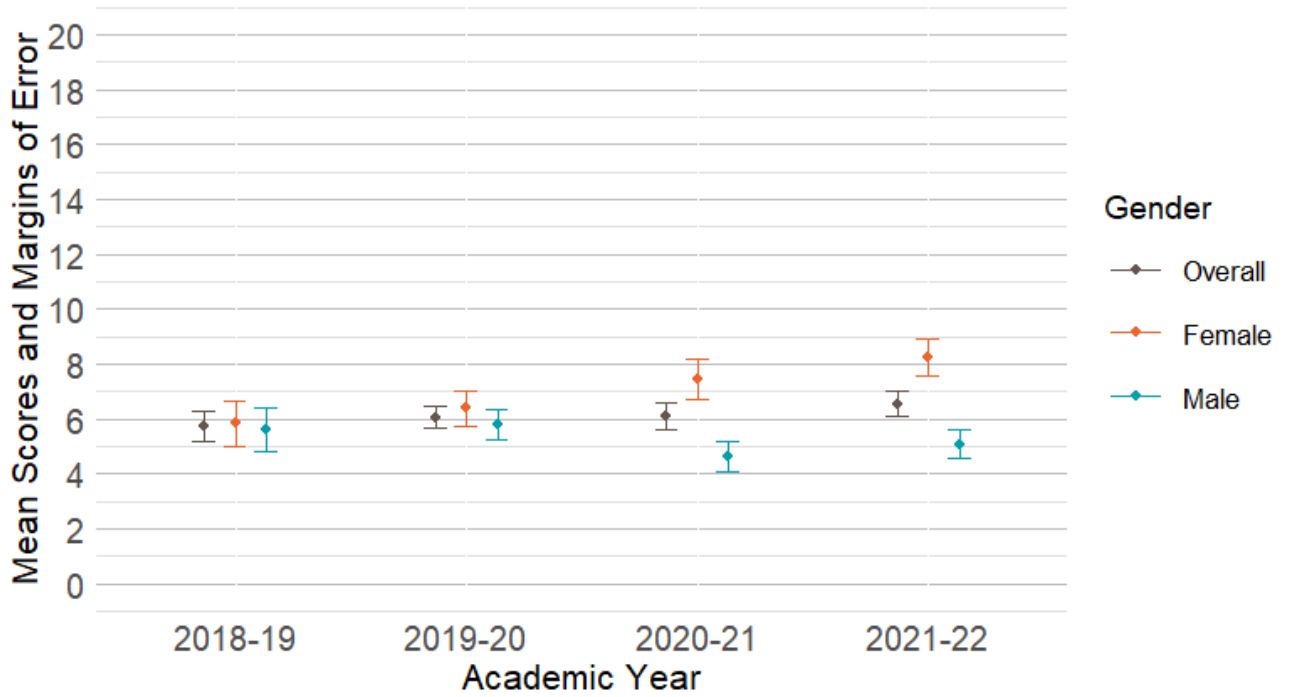A project of
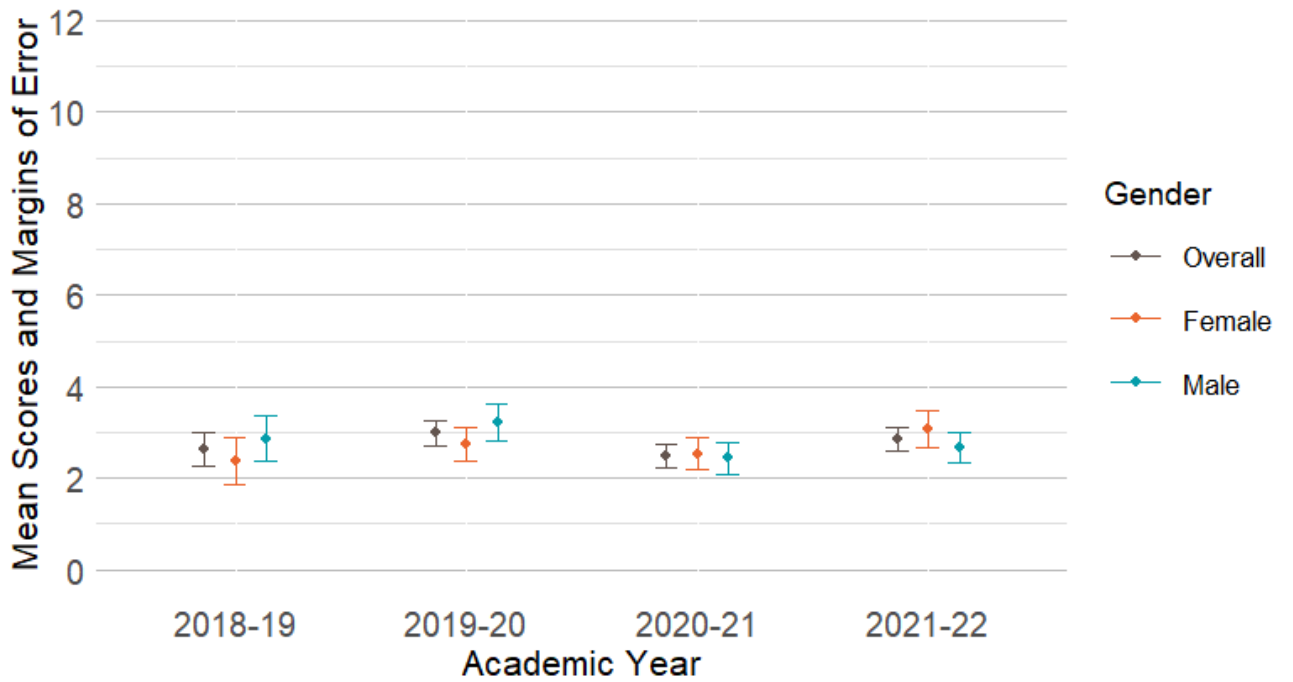
Anna Freud
National Centre for
Children and Families
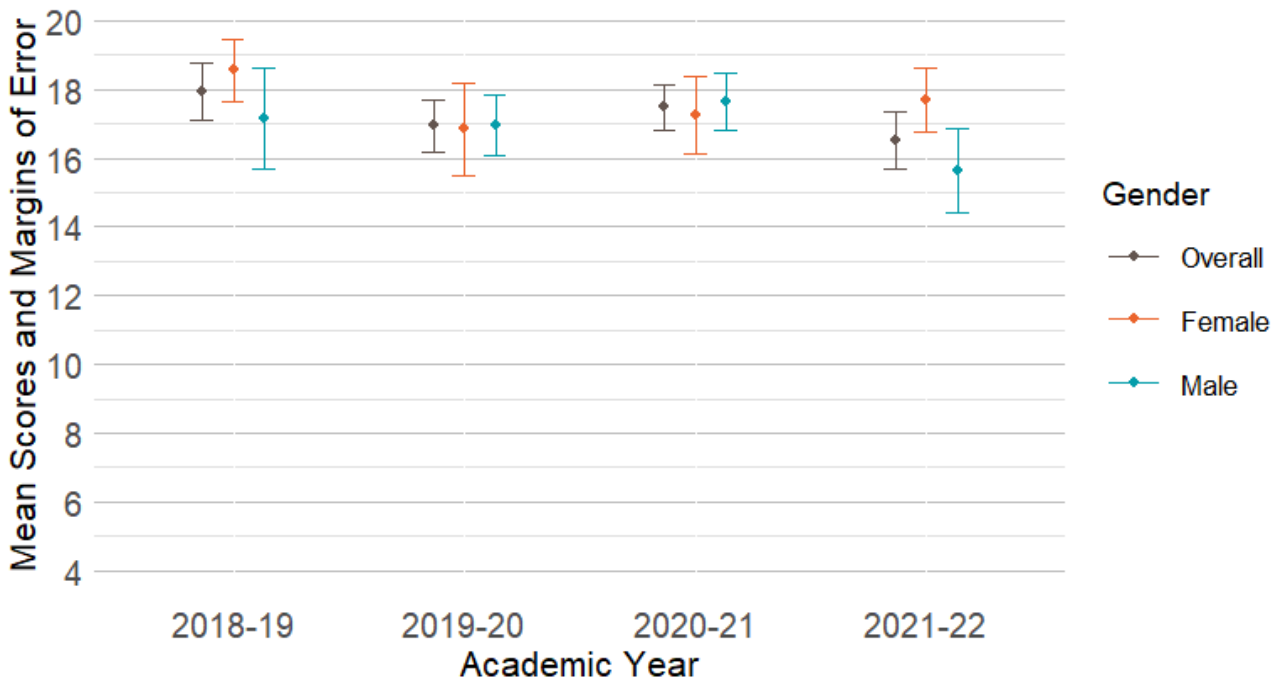
Secondary School Results - Mental health and wellbeing:

Year 8
Emotional difficulties

Year 8
Behavioural difficulties

CORC Report for The Community Wellbeing Project
August 2022

CORC
Child Outcomes
Research Consortium

A project of
Anna Freud
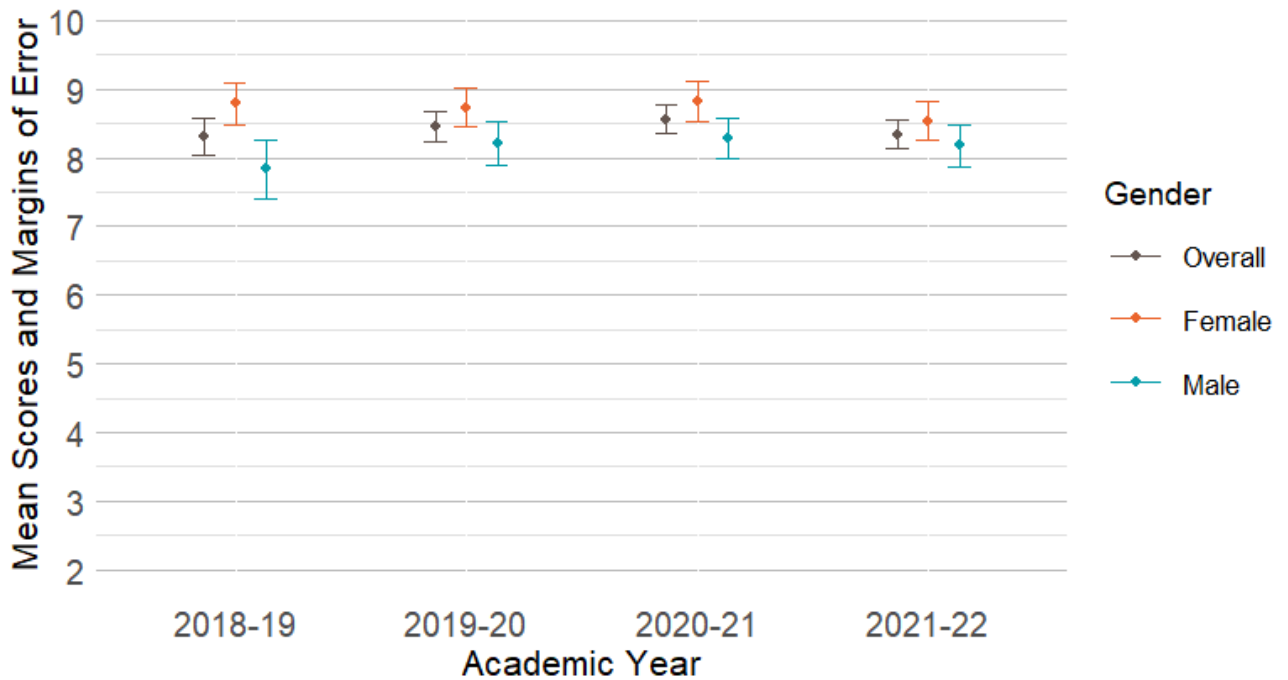National Centre for
Children and Families

Secondary School Results - Emotional strengths and skills:
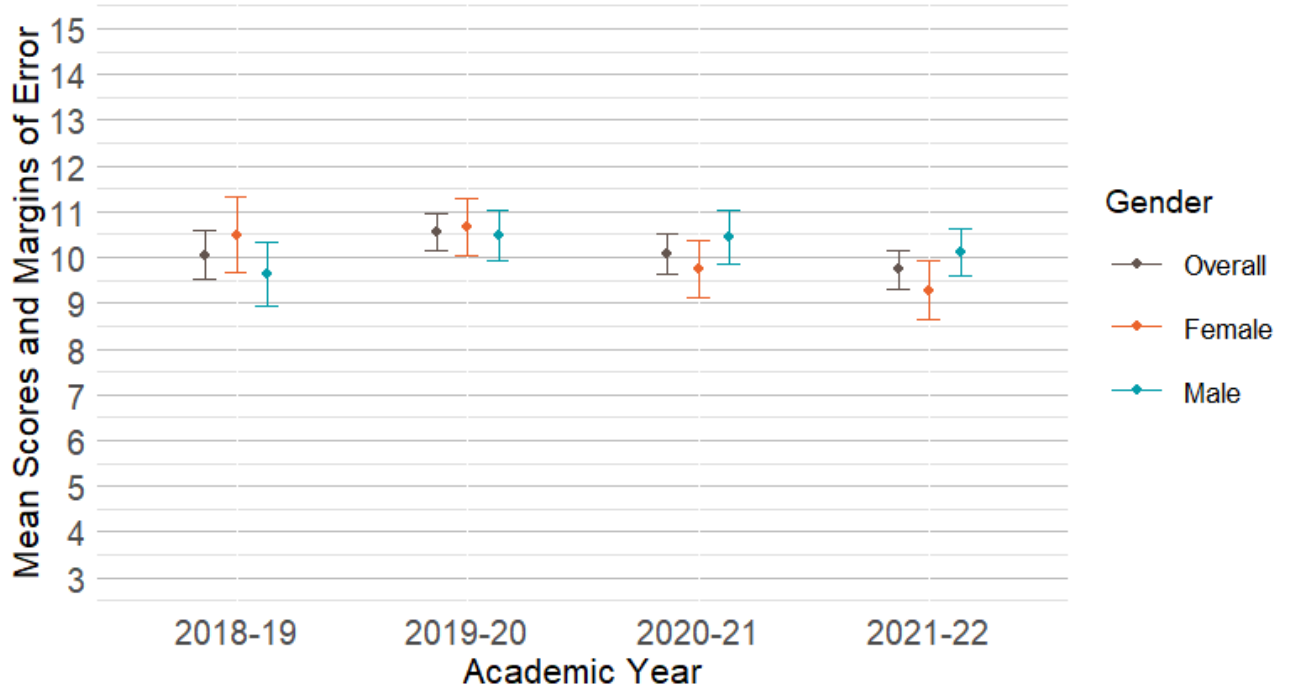
Year 8
Life Satisfaction
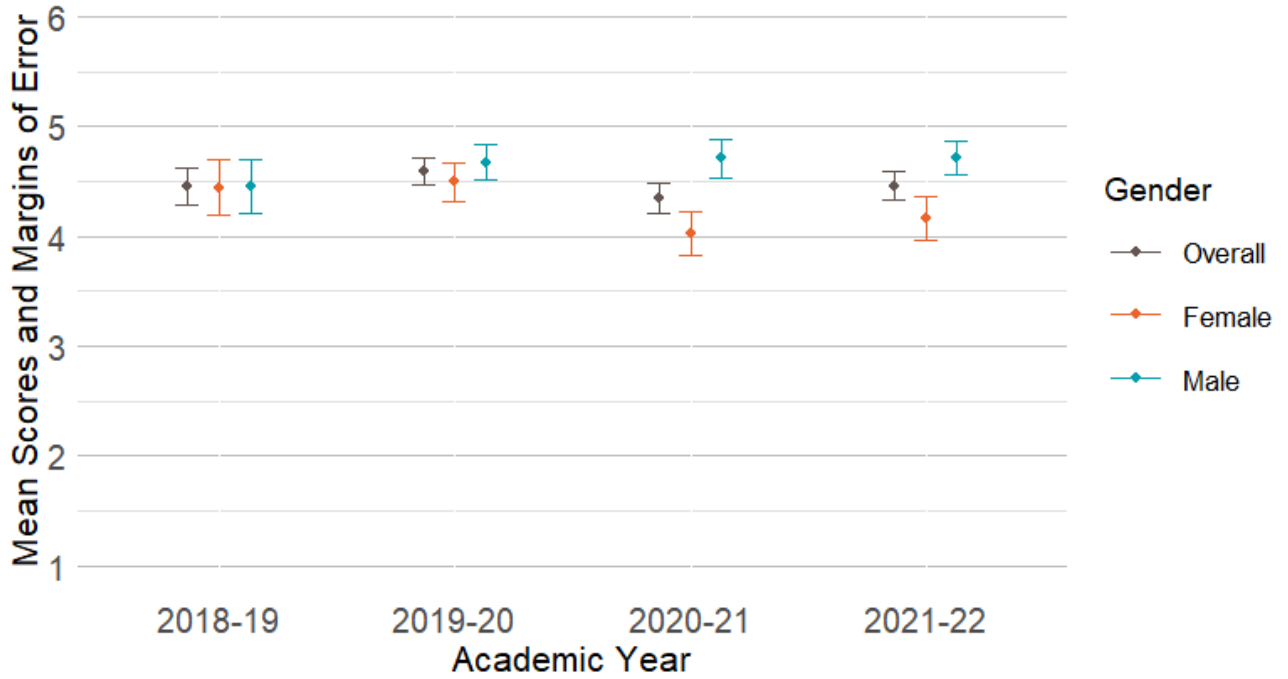
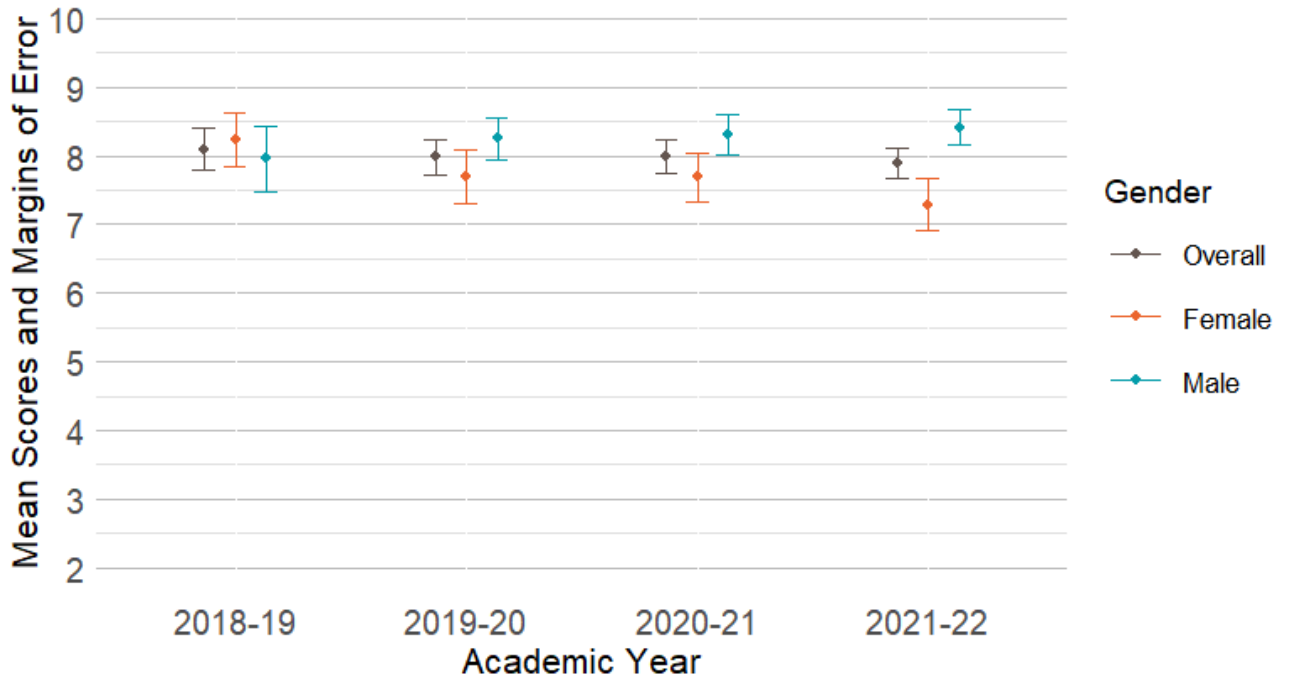### Year 8
Empathy

Year 8
Self-esteem
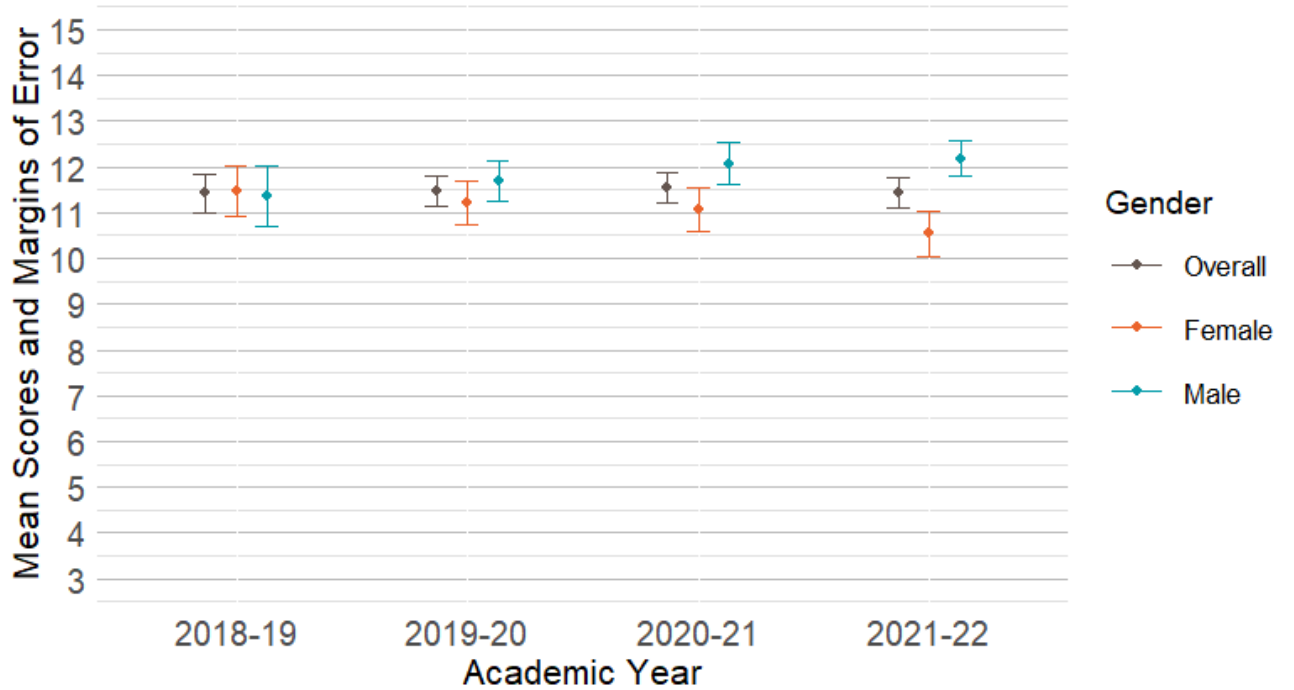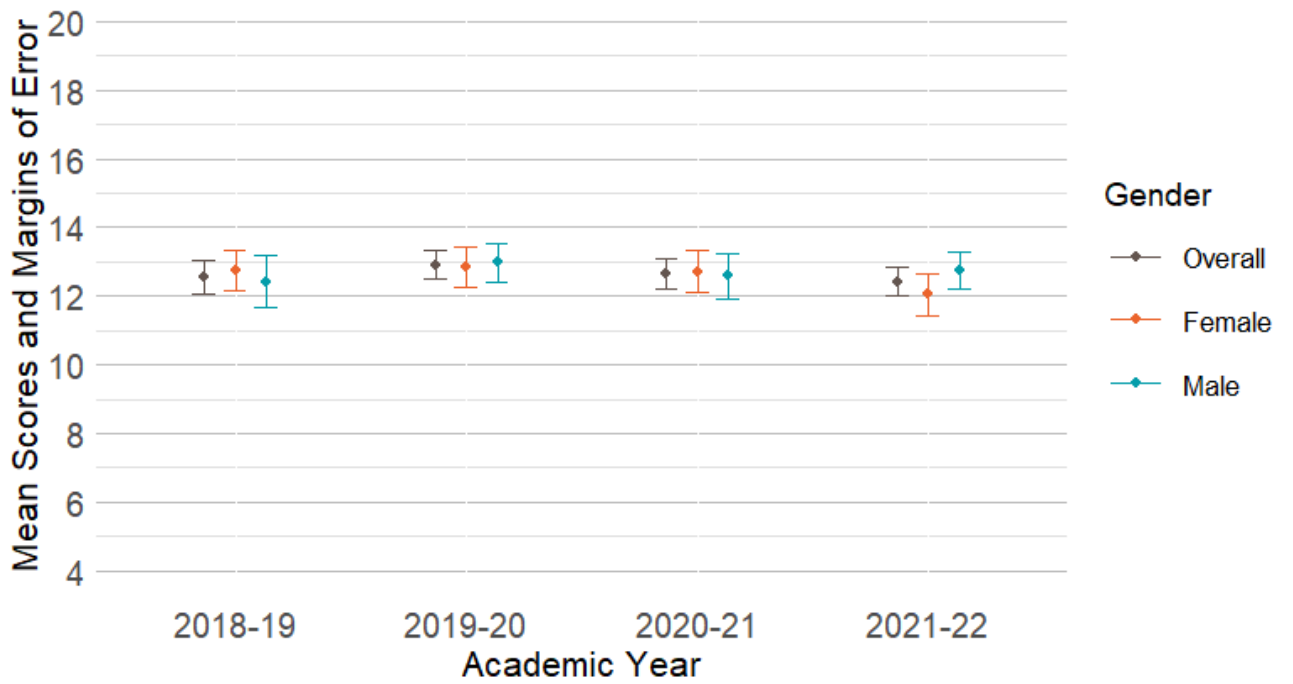

Year 8
Problem solving

Year 8
Goal setting

Year 8
Participation in home and school

Year 8
Participation in community
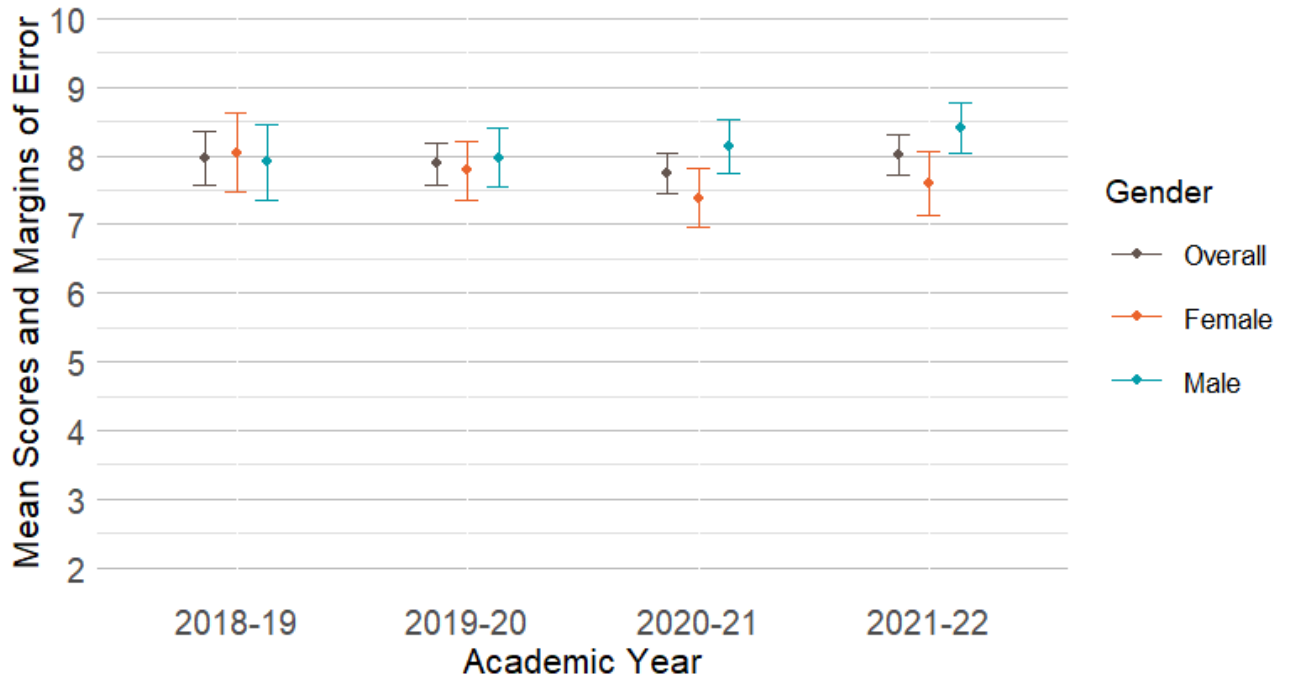
Secondary School Results - Support Networks:

Year 8
Peer support
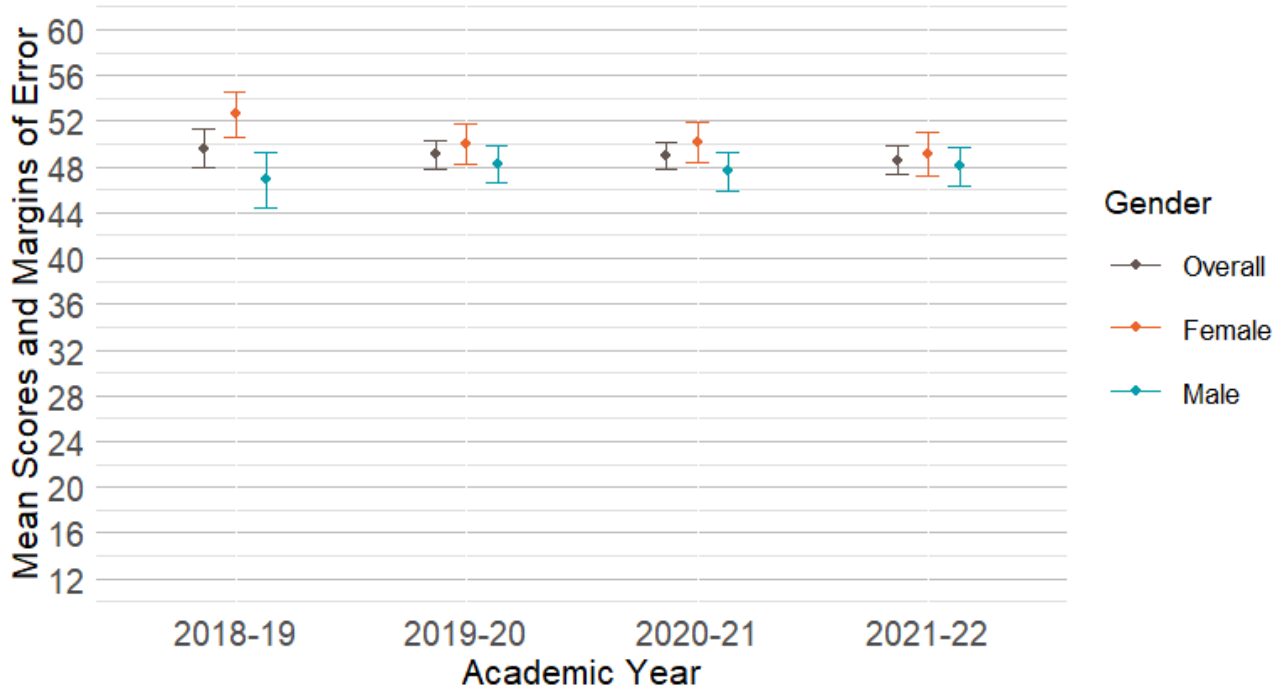
Year 8
School support
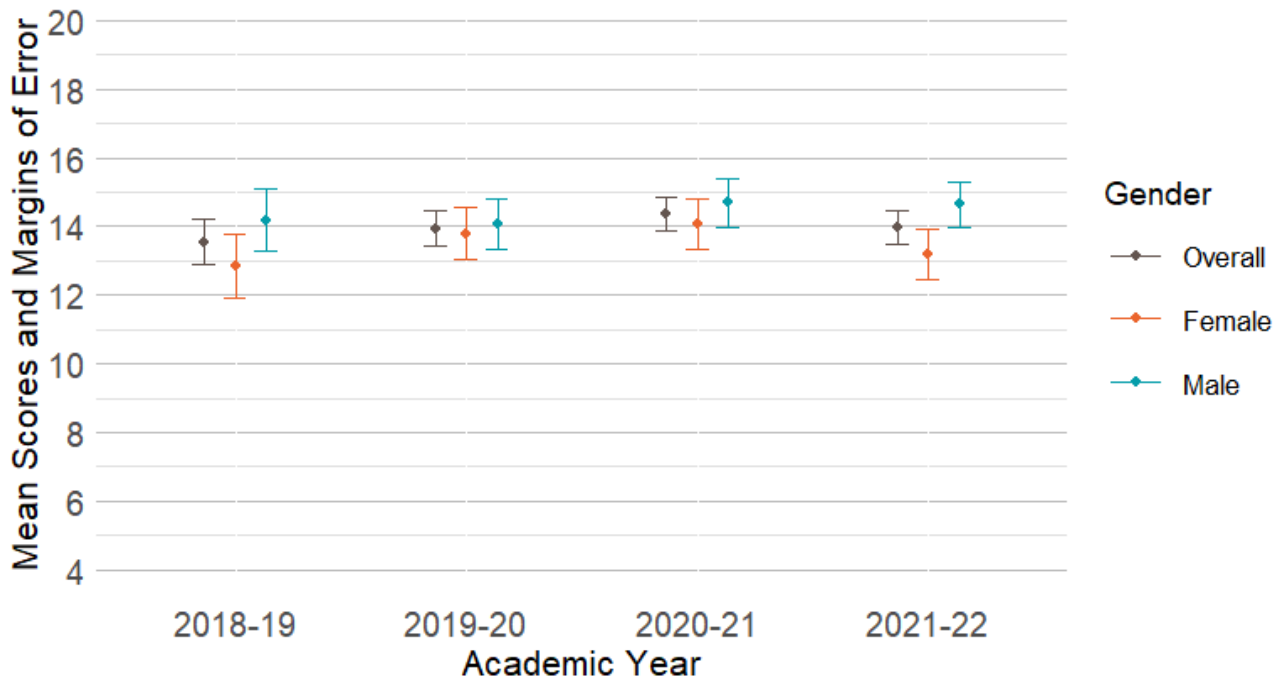
Year 8
Family support
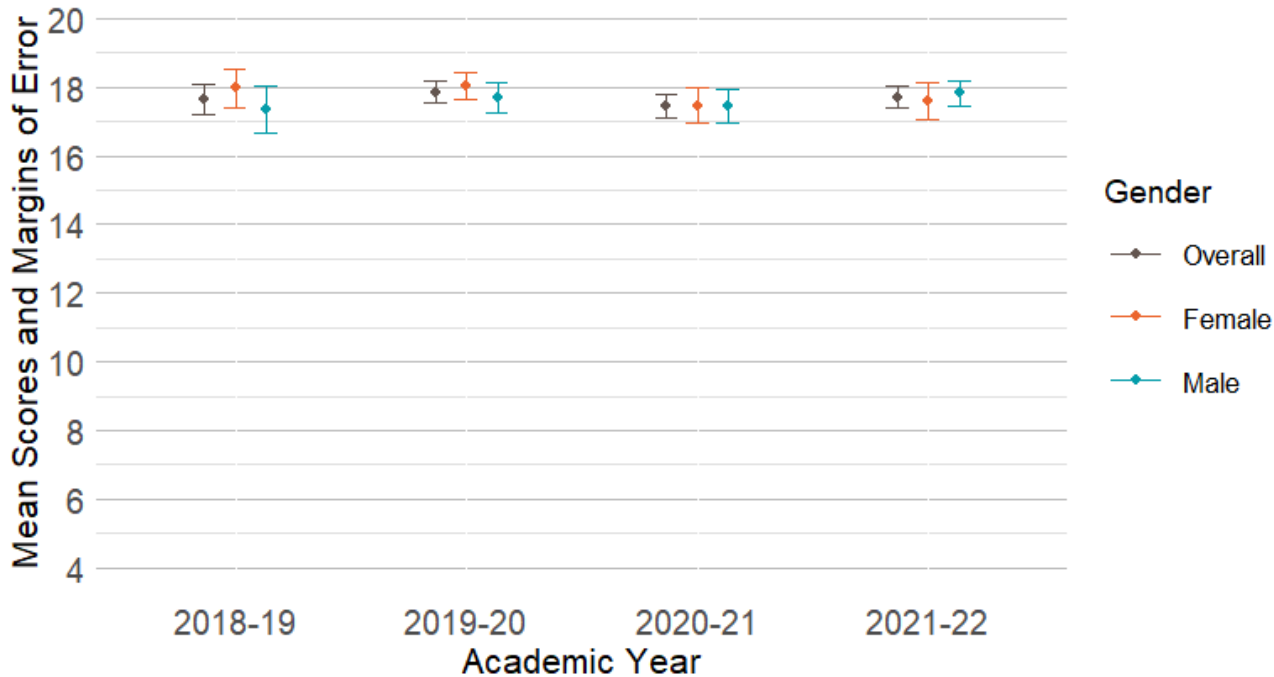
Year 8
Wider Support
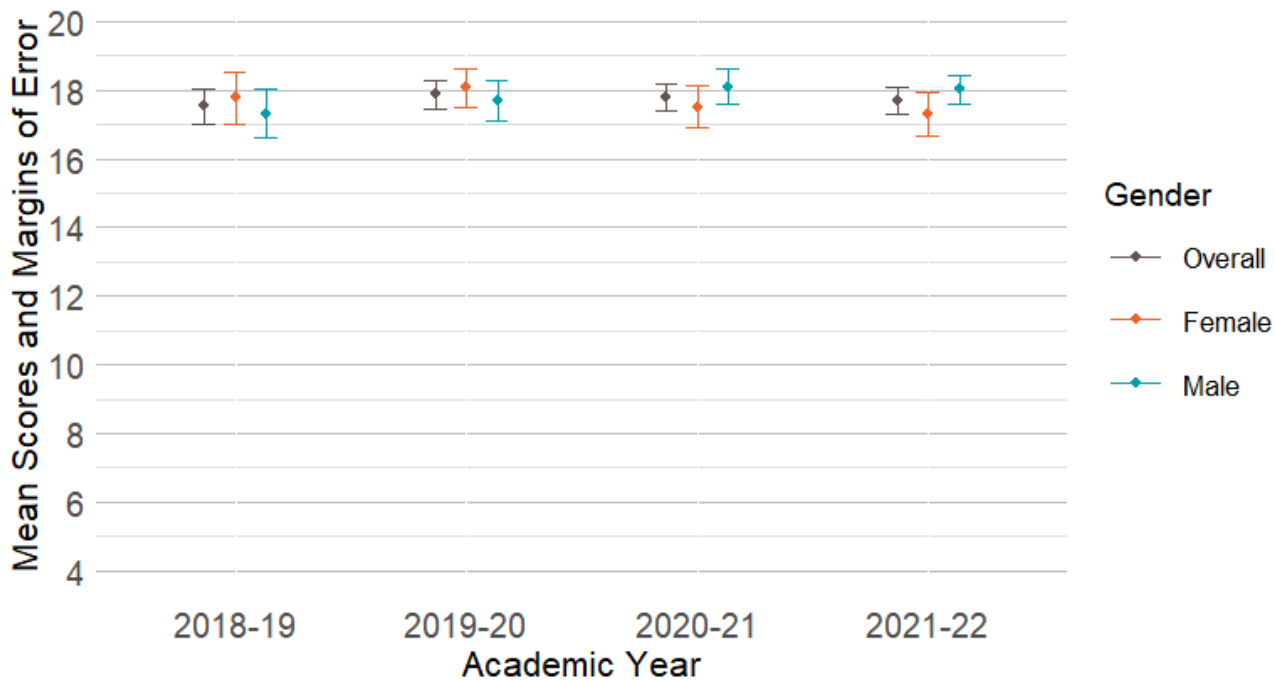
Appendix II – Results of staff surveys

Staff survey results - Staff wellbeing

Mental and emotional wellbeing (SWEMWBS)

Legend: 2019, 2022

Low wellbeing: 23% (2019), 28% (2022)
Medium wellbeing: 72% (2019), 64% (2022)
High wellbeing: 5% (2019), 8% (2022)

My work has a positive impact on my mental health and wellbeing

Legend: 2019, 2022

Not at all: 19% (2019), 12% (2022)
Some of the time: 36% (2019), 36% (2022)
Often: 35% (2019), 43% (2022)
All of the time: 11% (2019), 9% (2022)

Staff survey results – Stress

Perceived stress

Perceived stress chart:
- lower stress levels (score of 0-20): 2019 = 72%, 2022 = 68%
- higher stress levels (score of 21-40): 2019 = 28%, 2022 = 32%

Legend: ■ 2019 ■ 2022

Have any of the following caused you to feel stressed or unhappy at work over the last 2 weeks (select as many as apply)?

Category	2022	2019
Not felt stressed or unhappy at work	19%	15%
Other	9%	10%
Relationship with parents	11%	13%
Relationship with senior leadership team	14%	21%
Relationship with colleagues	15%	18%
Accountability	18%	23%
Pastoral concerns relating to pupils	22%	27%
Administrative tasks	27%	35%
Workload and worklife balance	42%	46%

Legend: ■ 2022 ■ 2019

CORC Report for The Community Wellbeing Project
August 2022

CORC
Child Outcomes
Research Consortium

A project of

Anna Freud
National Centre for
Children and Families

Staff survey results - Knowledge of mental health

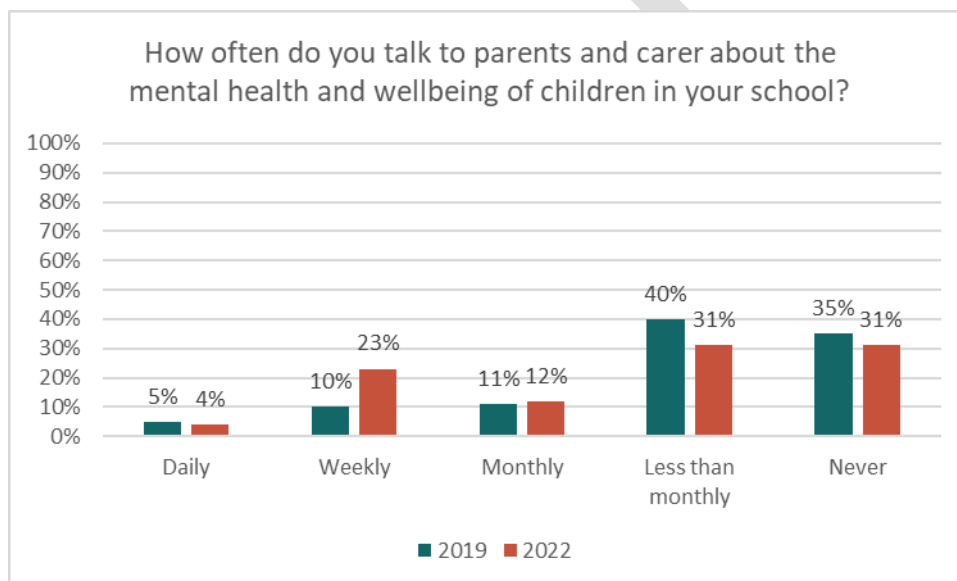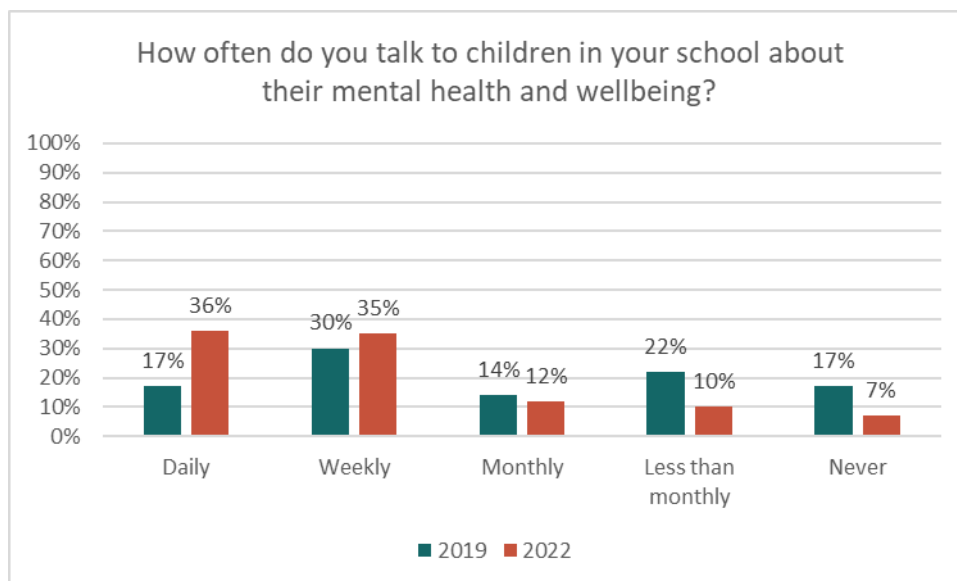| Staff knowledge of mental health and mental health support		Strongly agree	Agree	Disagree	Strongly disagree	No answer/ don't know
I feel equipped to identify signs and symptoms that may be linked to a mental health issue	2019	18%	64%	10%	2%	5%
	2022	18%	52%	5%	2%	24%
Appropriate support to identify mental health issues in children is available in my school for all class	2019	10%	54%	23%	4%	10%
	2022	15%	50%	10%	3%	22%
I know how to help children with mental health issues access appropriate support	2019	15%	47%	23%	7%	9%
	2022	14%	48%	14%	2%	22%
I am knowledgeable about a range of mental health issues	2019	15%	54%	23%	6%	2%
	2022	15%	48%	14%	2%	22%
I am aware of risk factors and causes of mental health issues in children and young people	2019	19%	66%	10%	2%	2%
	2022	17%	54%	5%	2%	22%
I know the things I can do as a member of school staff to promote and support emotional wellbeing	2019	15%	60%	17%	2%	6%
	2022	18%	52%	7%	2%	22%
I know the procedure to follow in my school when a child presents with a mental health issue	2019	27%	62%	8%	1%	3%
	2022	24%	47%	5%	2%	22%

Staff survey results - Confidence to support young people

How confident do you feel:	Year	very confident	quite confident	not very confident	not at all confident	no answer
talking to parents and carents about the mental health and wellbeing of children in your school	2019	15	33	33	19	*
	2022	8	38	26	5	22
Talking to children about their health and wellbeing	2019	22	49	20	9	*
	2022	26	40	10	1	23
Supporting children that are experiencing difficulties with their mental health and wellbeing	2019	16	44	34	6	*
	2022	15	45	16	1	22

Staff survey results - Talking mental health

How often do you talk to children in your school about their mental health and wellbeing?

	Daily	Weekly	Monthly	Less than monthly	Never
2019	17%	30%	14%	22%	17%
2022	36%	35%	12%	10%	7%

■ 2019 ■ 2022

How often do you talk to parents and carer about the mental health and wellbeing of children in your school?

	Daily	Weekly	Monthly	Less than monthly	Never
2019	5%	10%	11%	40%	35%
2022	4%	23%	12%	31%	31%

■ 2019 ■ 2022

Staff survey results - Talking mental health

Staff survey results - Support for staff

If I felt stressed or worried at work, I would be most likely to seek help from (select as many as apply)?
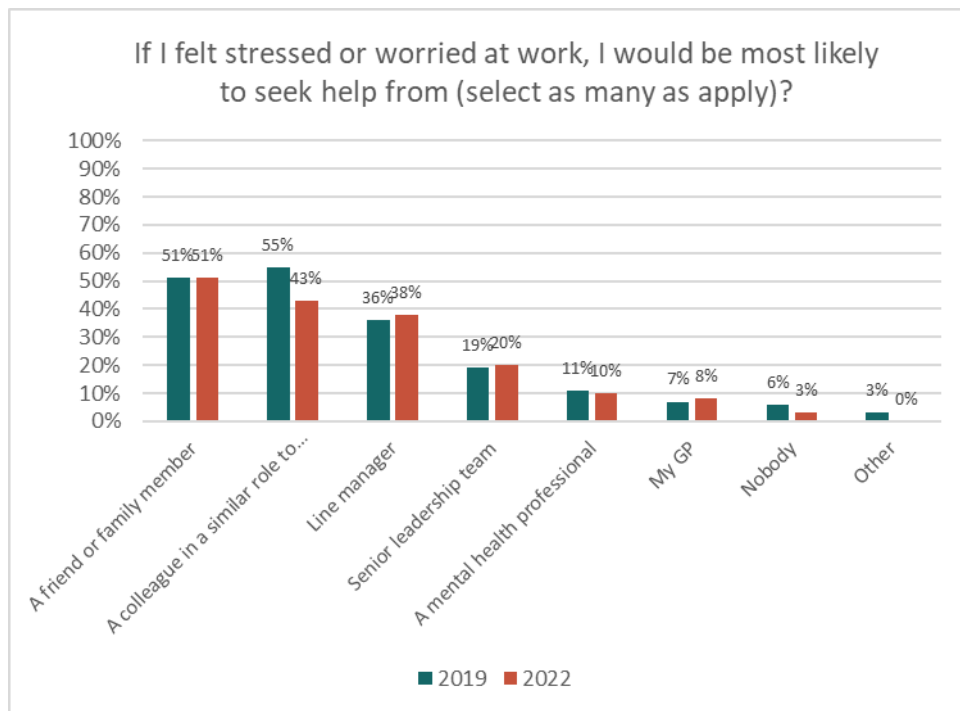
		Strongly agree	Agree	Disagree	Strongly disagree	No answer
If I approached my manager with concerns about my mental wellbeing, I am confident that I would be well supported.	2019	25	51	19	5	*
	2022	27	38	15	3	18
My school senior leadership team takes active steps to support the mental wellbeing of all staff.	2019	15	49	29	7	*
	2022	16	39	22	5	18

Which of the following types of initiative do you feel would be most valuable to improving your mental wellbeing at work?

Staff survey results - Support for staff