

**Healthwatch Hillingdon ‘Mental Health, Wellbeing and Life Skills Programme’**

**School Monitoring and Evaluation Report - May 2018**

**Barnhill Community High School**

## Project Information

<b>Project Name</b>	Mental Health, Wellbeing and Life Skills Programme
<b>Project Aim</b>	Healthwatch Hillingdon will work with Barnhill High School to deliver a pilot, peer-to-peer Mental Health and Wellbeing project.
<b>Project Summary</b>	<p>Healthwatch Hillingdon worked in partnership with a group of Barnhill Community High School Year 12 pupils to deliver a pilot, peer-to-peer ‘Mental Health and Wellbeing’ project. The aims of the project were:</p> <ul style="list-style-type: none"> <li>● To work with pupils to raise the school community’s awareness of mental health and emotional wellbeing and increase understanding of the help and support available for young people.</li> <li>● To empower these pupils to develop the important life skills that help them to be emotionally resilient and mentally healthy e.g. teamwork, communication, negotiation, decision-making, problem solving, critical thinking, and self-awareness.</li> </ul> <p>To start the school community on a journey which leads to a whole school approach to promoting children and young people’s emotional health and wellbeing.</p>
<b>Funding HCT</b>	£2,605.00
<b>Total project cost</b>	£5,210.00
<b>Project start date</b>	November 2017
<b>Project end date</b>	March 2018
<b>Project Beneficiaries</b>	<p>Direct - 25</p> <p>Indirect - 1424</p>
<b>Project Beneficiaries breakdown</b>	<p>Wards - Botwell, Townfield and Pinkwell</p> <p>Ages - Young people aged 11 to 19</p> <p>Ethnicities - Asian or Asian British, Black or Black British, European, Chinese or Chinese British, White, Mixed Heritage, Other.</p>

## What has been delivered to date

- 12 one-hour sessions (over 12 weeks) covering topics including awareness of mental health and stigma and discrimination, managing personal wellbeing, supporting others with their wellbeing, survey planning and delivery, data analysis, public speaking and presentation skills and campaign planning.
- Additional visits were made to the school for reasons including: to help students with data analysis, to reinforce the message of the importance of session attendance with students and to review project progress with school leads. This was in addition to the original programme delivery offer in response to the school’s needs.
- More than four weeks of remote support including weekly emails to school leadership and direct beneficiary representatives during the campaign and follow up survey period to drive programme continuance.

## Project Impact

- The data below shows the change in knowledge, skills and confidence of direct and indirect beneficiaries in relation to the three main planned outcomes for the project.
- Data was collected for Outcomes 1 and 2 through pre and post programme surveys with the direct beneficiary group. The difference in responses to the ‘before’ and ‘after’ surveys are due to 3 people leaving the programme after the first session and two students being unable to complete the ‘after’ survey due to illness.
- Outcome 3 data was collected through two surveys; one before and one after the direct beneficiaries’ campaign, open to Barnhill’s whole student body. Unfortunately, the data from these surveys is somewhat flawed for the following reasons:
  - ♦ Low response rate, particularly to the ‘After’ survey - Meaning that it is difficult to measure true impact across the whole school population; and
  - ♦ Demographic information shows that there were significant differences in the cohorts that completed the ‘Before’ and ‘After’ surveys - Meaning it is difficult to make direct comparisons in the two sets of data.
- Percentages from ‘After’ surveys are expressed as a factor of total ‘After’ responses rather than as a factor of ‘Before’ responses.

**Output 1:** 12 mental health awareness and personal development training sessions delivered to 25 Year 12 pupils (Direct Beneficiaries)

**Outcome 1:** An increase in the number of participants that agree that they have the knowledge and confidence to help make Barnhill Community High School a more open and supportive place.

<b>Measure of success:</b>	<b>Before (21 responses*)</b>	<b>After (16 responses*)</b>	<b>Demonstrating % increase for Outcome 1 - Outcome achieved</b>
	<ul style="list-style-type: none"> <li>• 14 Agree (66.7%)</li> <li>• 5 Neither/Nor</li> <li>• 2 Disagree</li> </ul>	<ul style="list-style-type: none"> <li>• 13 Agree (81.3%)</li> <li>• 3 Neither/Nor</li> <li>• 0 Disagree</li> </ul>	

**Output 2:** 12 mental health awareness and personal development training sessions delivered to 25 Year 12 students (Direct Beneficiaries).

**Outcome 2:** An increase in the number of participants who agree that they know how to improve and protect their own mental health.

<b>Measure of success:</b>	<b>Before (21 responses*)</b>	<b>After (16 responses*)</b>	<b>Demonstrating % increase for Outcome 2 - Outcome achieved</b>
	<ul style="list-style-type: none"> <li>• 12 Agree (57.1%)</li> <li>• 7 Neither/Nor</li> <li>• 2 Disagree</li> </ul>	<ul style="list-style-type: none"> <li>• 16 Agree (100%)</li> <li>• 0 Neither/Nor</li> <li>• 0 Disagree</li> </ul>	

**Output 3:** Mental Health awareness campaign delivered to the whole student body - approximately 1424 students (Indirect Beneficiaries).

**Outcome 3:** An increase in the number of students who agree they know where to go for mental health information and support.

<b>Measure of success:</b>	<b>Before (511 responses)</b>	<b>After (317 responses)</b>	<b>Demonstrating % increase for Outcome 3 - Outcome achieved</b>
	• 293 Agree (57.3%)	• 191 Agree (60.3%)	
	• 75 Neither/Nor	• 48 Neither/Nor	
	• 68 Disagree	• 38 Disagree	
	• 75 Don't know	• 37 Don't know	

## Project Impact - Significant Achievements and Testimonials

### Direct Beneficiaries

As shown in the tables above, the programme has delivered a significant impact against the planned project outcomes relating to direct beneficiaries.

Data and feedback from the pre and post programme surveys enabled us to gather not only the change in participants' knowledge, skills and confidence in relation to these outcomes, but also the change in relation to broader project aims. It also allowed us to evaluate the delivery and content of the programme.

### Significant Achievements

- Students' comments demonstrate changes in increased confidence in presenting and public speaking when compared with their initial reactions about presenting to others. In fact, 43.8% of respondents highlighted delivering presentations as the best part of the programme.
- There has been an increase in the percentage of respondents who agreed to the statement "I know where to go for mental health, information and support, for myself and others". Increase from 66.7% to 100% of respondents.
- There has been an increase in the percentage of respondents who agreed to the statement "I feel confident to challenge stigma and discrimination". Increase from 66.7% to 100% of respondents.
- School feedback states that "*A particular strength of this programme is that it is student led and therefore our own students are developing their knowledge and understanding...*"
- There has been an increase in the percentage of respondents who agreed to the statement "I know what Healthwatch Hillingdon is and what the organisation does". Increase from 57% to 100% of respondents.
- Expressions of interest from pupils about volunteering with Healthwatch Hillingdon.
- Attendance at the Local Children's Safeguarding Board by a student to talk about the programme.
- School feedback states that "*On the strength of [the programme] some of the students have been selected to share this work with Governors and to sit on the borough's Health advisory panel.*"

**Recorded testimonials from students in response to the question “What were the best parts of the programme?”:**

- *“For me I would say the best part was doing the questionnaire and seeing what results came back, which were shocking as people actually opened up”.*
- *“When she (the trainer) told us of her own experience, we felt more comfortable to open up”.*
- *“Performing the presentation to everyone including professionals”.*
- *“The trainer is one of the best characters and most supportive individuals I know. Her delivery of the programme in general”.*

**Recorded testimonials from students in response to the question “Please share any other feedback you have about the programme.”:**

- *“I think the programme should run in other schools as it has really changed the way I think about mental health and about others.”*
- *“It was a lot of fun. I enjoyed working on the campaign as it also helped me develop my communication skills. Thank you for the opportunity”.*
- *“I think it could really benefit other people across other schools because the programme gives so much information that can support individuals”.*

**Indirect Beneficiaries**

As shown in the tables above, the programme has delivered an impact against the planned project outcome relating to indirect beneficiaries. However, we acknowledge that due reasons outlined above, this data is somewhat flawed.

- The ‘Before’ survey identified several students experiencing difficulties with their mental health and using negative coping mechanisms.
- The questions “Have you experienced any difficulties with your mental health and wellbeing?” and “You have told us that you have experienced difficulties with your mental health and wellbeing. If you would like to, please tell us about your experiences” identified students who have struggled or currently are struggling with emotional wellbeing.
- In response to the question “What do you do if you feel unhappy or stressed?”, responses included:
  - ◆ Drink alcohol - 8 (1.6%)
  - ◆ Smoke - 12 (2.3%)
  - ◆ Use drugs - 12 (2.3%)
  - ◆ Hurt myself - 19 (3.7%)
  - ◆ Hurt other people - 16 (3.1%)
- The way we collected the data ensured teachers could contact respondents that were concerned about, whilst maintain their anonymity with regards to Healthwatch Hillingdon, direct beneficiaries and all other students.
- Following the programme the school has stated it will:
  - ◆ Support students that are cause for concern, including seeking help from outside agencies.
  - ◆ Implement training for staff and some younger students.
  - ◆ Train key personnel in Mental Health First Aid.

## Key learning and actions

### Have any problems occurred during the lifetime of our grant? If so, what have you done to address these?

- Sometimes sessions felt a bit rushed and I think this was because we were trying to fit too much into the programme. Feedback from students corroborated this.
- There was drop off from the group of direct beneficiaries. From the initial number provided by the school of 25, to 18. This was not a significant issue though because the majority of students completed the programme and some drop off is to be expected.
- Session attendance varied across the programme, but 16 out of 18 students attended 61% of sessions or more. Attendance was mostly impacted by the February/March exam period. I also wonder if the school pitching the programme as mandatory attendance, even though it was extracurricular, had a dual impact i.e. ensuring that some students attended consistently but also that others saw this as another 'school commitment'.
- Ensuring completion of the whole school surveys was the biggest challenge. We achieved good outcomes with the number of responses we received and feel that the impact could have been even greater with a higher number of responses to the first survey and an equal number of responses, from the same cohort, to the follow up survey. During analysis of data it seems that the before and after cohorts were quite different.

### Action taken and to be taken moving forwards:

- We have streamlined the programme by removing some non-essential elements e.g. highly detailed information about programme planning and survey delivery. Students will still gain the same skills and experience but from a more practical view rather than through a more academic approach. This change also responds to some students' feedback that the programme could be a bit more interactive.
- As initial drop-off was not detrimental to the programme we continued delivery.
- It was not feasible to move the programme once we started so we accepted and absorbed the impact of the exam period and ultimately, the programme aims were achieved. However, moving forwards we will try to deliver in the period of September to December at future schools and if they would prefer the January to April period, we will discuss how exams will impact and ways to manage this.
- We will ask schools to carefully consider which students should become direct beneficiaries and suggest embedding the programme in PSHE or Citizenship Studies. If it is only possible to deliver the programme as an extracurricular activity we will ask them to outline what steps they will take to ensure consistent student attendance.

### Have you changed any aspect of the work since the start of the grant? If so, please provide details of how and why.

- The focus and aim of the work has remained the same but it became evident that the schools are likely to require more support than initially planned. Delivering the programme as a pilot has enabled us to learn from and develop the programme. For example, we will now create an agreement with participant schools which outlines the commitment required from them for the programme. We will also run the whole school surveys without student involvement, instead led by the senior leadership team, to ensure better levels of response and to prevent delays to the rest of the programme. Direct beneficiaries will still review the data as this was

deemed to be an interesting and impactful part of the programme for Barnhill participants.

- Costs were lower than anticipated therefore Hillingdon Community Trust has generously allowed Healthwatch Hillingdon to run a 'Pilot 2' at another secondary school in the Trust area - Guru Nanak Sikh Academy. We will use the learning and feedback from the Barnhill Pilot in our planning and delivery at Guru Nanak.

### Will the work continue beyond the life of our grant? If so, please indicate in what way and what funding you have secured or need to secure.

As mentioned previously, following the programme the school have stated they will:

- Support students that are cause for concern, including seeking help from outside agencies.
- Implement training for staff and some younger students.
- Train key personnel in Mental Health First Aid.

In addition, due to the project underspend we will be running a second part to the pilot at Guru Nanak Sikh Academy. We have also bid for funding from London Catalyst to extend the programme to three further schools in the borough.

### Have there been any organisational or external factors, which have influenced your work? e.g. staff changes, premises, funding, changes in government policies.

The organisational and external factors that influenced the project have been outlined above, along with the steps we intend to take to address these when delivering at Guru Nanak and, hopefully, other schools in the future.

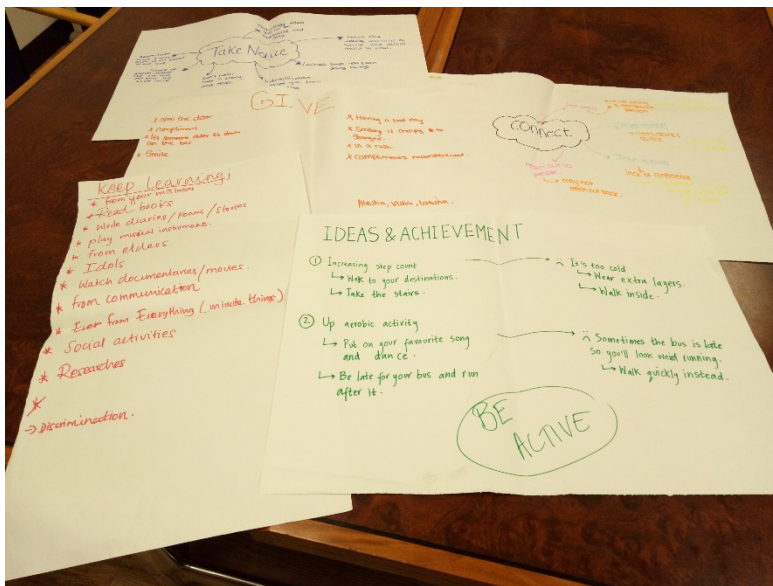
### What lessons have you learnt from your work that would be useful to yourself and others?

- Schools are likely to require a higher level of support than anticipated.
- From delivering the programme I felt there is a need for more time for reflection and interactive elements with the direct beneficiary group, so I have built this into the redeveloped programme.
- Peer to peer support is an excellent way of educating young people and can have a positive impact. For example, following an assembly delivered by the programme participants, a student from Year 9 approached one of them to share that she had been struggling emotionally and would appreciate their support in getting help.
- It has been wonderful watching the young people involved learn that they can make a real difference to others.

### With hindsight would you have done anything differently?

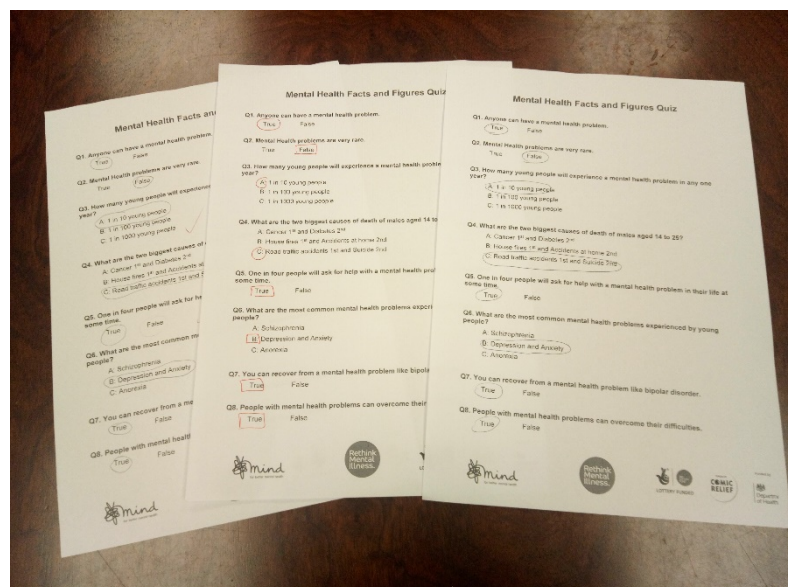
I would have created a more formal initial agreement with the school about commitment and expectations and included a slightly higher support offer. I would also have included more time for reflection with direct beneficiaries and explored more around personal wellbeing with them. Finally, I would have taken more photos of the amazing efforts of the students! Fortunately, this pilot has provided the opportunity to learn and reshape and therefore build a stronger programme moving forwards.

Photographs from the project



Students' ideas for how to achieve the Five Ways to Wellbeing

Mental Health Facts and Figures quiz sheets



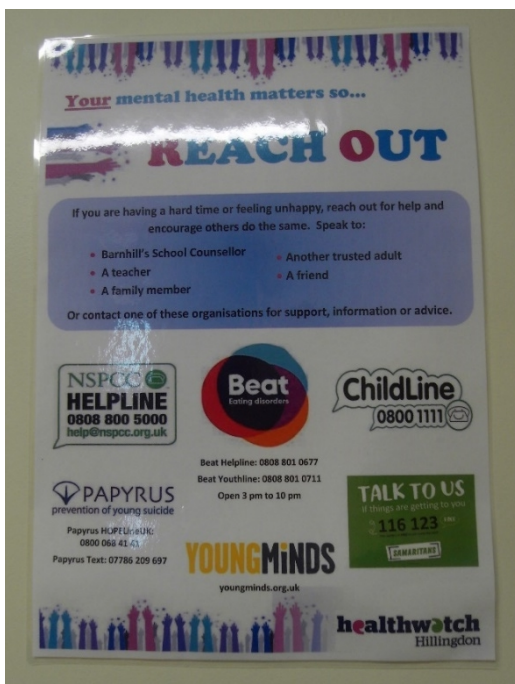
Publicity and Presentation Group working on how to publicise the whole school survey.





Research and Data Group work on developing the whole school survey.

Preparing to present during the Public Speaking and Presentation Skills session



The poster created by students as part of their campaign.

Some of the direct beneficiaries with their certificates at the end of the programme.

