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Development of a theory of change and evaluability assessment for the whole school approach to mental health and emotional wellbeing

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Table of contents

List of appendices

List of figures:

Glossary

Acronym/Key word	Definition
ACEs	Adverse childhood experiences
ALN	Additional Learning Needs (also referred to interchangeably as SEND)
CAMHS	Child and Adolescent Mental Health Services
HAPPEN	Health and Attainment of Pupils in a Primary Education Network
PASS	Pupil Attitudes to Self and School
PRU	Pupil Referral Unit
SDQ	Strengths and Difficulties Questionnaire
SEL	Social and Emotional Learning
SENCO	Special educational needs coordinator
SEND	Special educational needs or disabilities (also referred to interchangeably as ALN)
SEQ	School environment questionnaire
SHRN	School Health Research Network
TIS	Trauma informed schools
WNHSS	Wales Network of Healthy Schools Scheme

1. Introduction

Background to the research

1.1 The aim of this research was to develop programme theory for a whole school approach (WSA) to mental health and emotional wellbeing, resulting in a logic model outlining the components and processes through which the programme may bring about intended outcomes and under what conditions. It further aimed to assess evaluability of the WSA, meaning consideration was given to the feasibility and practicality of evaluation, as well as potential approaches. This section outlines the rationale for a whole school approach, before outlining the policy context and the aims of the research.

1.2 Historically, definitions of mental health have focussed on the presence or absence of diagnosable mental illnesses (Galderisi et al., 2015). However, mental health is increasingly recognised as a positive state of wellbeing, characterised by the capacity to cope with daily stressors and to function in daily life (Mind, 2016). Difficulties with mental health and wellbeing may increase the likelihood of experiencing mental health problems at a later date (Mind, 2016), illustrating the value of promoting positive mental health and wellbeing as a preventative approach. More than 60% of children and young people in Wales report experiencing challenges to mental health weekly (Mental Health Wales, 2020), potentially increasing the risk of mental health problems. Despite the growth in availability of school counselling services, more than a quarter of young people in Wales report feeling an absence of mental health support in school (Public Health Wales Observatory, 2020).

1.3 School environments play an important role in reducing or exacerbating socioeconomic inequalities in wellbeing, with pupils from poorer backgrounds attending schools with a more affluent intake overall reporting poorer wellbeing than similar pupils who attend schools where overall affluence is lower (Moore et al., 2017a). Analysis of the Health Behaviour in School-Aged Children survey data for Wales indicated that lower rates of poor mental health symptoms are associated with better relationships with staff and stronger school-connectedness (Moore et al., 2018a), suggesting that school environment and culture is highly influential. However, there is an absence of quality evidence within evaluation of how school environments support emotional wellbeing in pupils (Kidger et al., 2012). Young people report that a school culture which prioritises both pupil and staff wellbeing, as well as promoting strong relationships both between pupils and between pupils and staff, is important in pupil wellbeing (Beynon, 2019).

1.4 Within schools, staff wellbeing is frequently challenged, with teachers experiencing poorer wellbeing than the general workforce and 25% of teachers in Wales reporting experience of a mental health issue (Education Support, 2020). Poor teacher wellbeing is associated with poorer pupil wellbeing, including higher incidence of depressive symptoms in pupils where teachers also report higher levels of the same (Harding et al., 2019). This illustrates the importance of addressing mental health and wellbeing among school staff, both for benefits to staff and in order to most effectively support the wellbeing of children and young people.

1.5 Addressing mental health and emotional wellbeing includes intervention for those experiencing mental health difficulties which meet clinical diagnostic thresholds, but also the promotion of positive mental health and wellbeing for those who do not meet such definitions. Those who experience poor mental health in childhood and adolescence are more likely to experience poorer educational outcomes, as well as reduced health and social deprivation in later life (Beynon, 2019), illustrating the importance of early intervention for overall life chances. Evidence suggests that a significant proportion of young people in Wales were reporting mental health difficulties prior to 2020 (Moore et al., 2021a). The current context of Covid-19 is likely to have exacerbated this through disruptions to social, emotional and educational development currently being experienced by children and young people, presenting new and emerging risks to mental health which necessitate cohesive and wide-ranging intervention, as well as ongoing evaluation. Although as yet unclear, it is likely that such effects will be most impactful for those already experiencing disadvantage, with potential to widen existing health inequalities further. The need for evidence-informed intervention and evaluation is more pressing than ever, with whole systems approaches likely more effective in addressing mass trauma events than intervention at the individual level (Hoffman & Kruczek, 2011).

1.6 For schools, system-wide approaches are already recommended practice for multiple issues, including mental health. Whole school approaches aim to foster a school culture where the wellbeing of all is prioritised and a health-supporting environment is promoted through collective action of all stakeholders (Quinlan & Hone, 2020; Public Health England, 2021). The core principles and aims of a WSA are to provide a structure which can be tailored flexibly to meet school need, with current applications in a range of areas, such as conflict management, healthy eating and sustainability. A whole school approach to mental health aims to create a supportive structure for pupils, staff and other significant stakeholders, where data-driven prevention, targeted support and resilience building are embedded in the daily practices of the school. It involves pupils, staff and other stakeholders whose roles impact on school functioning, including parents, governors and policy makers, including local authorities and government (Quinlan & Hone, 2020). The emphasis on developing networks of key actors, as well as flexible organisational structure and function, ensures that systemic approaches of this type are responsive to – and have influence upon - both usual routine (Weare, 2015), and events that change the system, such as the current Covid-19 crisis. However, despite widespread global support for whole school approaches, schools frequently report lack of clarity over how to deliver them (Quinlan & Hone, 2020), with significant variation in terminology and an absence of evidence-based guidance on implementation (Hunt et al., 2015). There is emerging evidence of the positive effects of whole school approaches on social, emotional and behavioural adjustment (Bonell et al., 2018; Goldberg et al., 2019), as well as other outcomes including educational attainment (Dix et al., 2011), but questions remain on what structures and processes are needed to embed effective practices into school routines in a sustainable way.

1.7 In Wales, the promotion of positive health and wellbeing in children and young people is one of the key goals of the Welsh Government Wellbeing of Future Generations Act (2015), including a commitment to improving mental wellbeing and better treatment for mental illness. A commitment has been made to a whole school approach through the introduction of the statutory guidance – the 'Framework On Embedding A Whole School Approach To Emotional And Mental Well-Being' (Welsh Gov. 2021), which requires all schools to embed a whole school approach in daily practice. The whole school approach work is supported by a Joint Ministerial Task and Finish Group on a Whole School Approach to Mental Health and Wellbeing (Welsh Government Press Office, 2018). The Task and Finish Group has a remit to oversee policy and practice on mental health and wellbeing, reflecting recommendations for systems approaches found in the National Assembly for Wales Children, Young People and Education Committee Mind Over Matter report (April 2018). Other concurrent workstreams for improving health and wellbeing of children and young people in Wales include the Curriculum and Assessment (Wales) Act 2021, which aims to deliver on recommendations set out in the 2015 'Successful Futures' report (Donaldson, 2015), for increased focus on health and wellbeing within the school curriculum. Understanding and refining the whole school approach to mental health and emotional wellbeing is therefore key to delivering current policy goals, including identifying actions associated with effective implementation and developing evaluation to identify the relationships between these actions and outcomes.

Aims and Objectives

1.8 This research was commissioned by Welsh Government to develop a programme theory and conduct an evaluability assessment, including considerations for process and impact evaluation of the whole school approach. This included drawing on national and international evidence to develop a plausible theory of change, presented diagrammatically as a logic model, and assessing available evidence to understand implementation of the approach and to measure implementation and impact.

Theorising a whole school approach

1.9 Our research on theory development aimed to identify the theorised change mechanisms that give rise to the intended outcomes of whole school improvements in mental health in order to inform future evaluation. We considered how baseline contextual variations at regional and national level within Wales interact with implementation of the whole school approach and impact on outcomes. The resulting theory, represented in the programme logic model, was then utilised in considering the feasibility, practicality and approach to evaluation of a whole school approach to mental health and emotional wellbeing through evaluability assessment.

Evaluability assessment

1.10 Evaluability assessment is the foundation through which we can identify the most appropriate methods to understand the likely effectiveness of interventions, by considering how they may work and who they may work for, including variations in impact across population groups (Craig et

al., 2008). Researchers have an ethical imperative to consider financial waste in their work and to minimise the risk of financial waste where poor evaluation leads to absence of clear understanding of programme effects (Craig & Campbell, 2015). Tools for minimising the risk of unnecessary or ineffective spending include committing resources to interventions where theory is appropriate for outcomes (Hawe et al., 2015) and ensuring that evaluation approaches are realistic, prudent and efficient (Windsor et al., 2004). This is essential for social interventions embedded in complex systems, where intervention operation is context-dependent and likely to have emergent results that develop over time (Makleff et al., 2020). For whole systems programmes it is also unlikely, and potentially unnecessary, for evaluation to be able to incorporate all system-level interactions involved (Moore et al., 2018b) due to the complexity of both the programme and the settings where it will take place. This is particularly pertinent for whole school interventions which operate across multiple, overlapping social systems and have complex, adaptive moving parts, meaning an almost infinite amount of variation and uncertainty in process and outcome is possible (Moore et al., 2017b). Evaluability assessment involves identifying those uncertainties which are key to evaluating intervention implementation and for understanding how certain outcomes have arisen. Such assessment recognises that any new programme is being delivered within an existing school system, with current policies and practices that may be amended or displaced by intervention activities (Hawe et al., 2009).

1.11 Whole school approaches are likely to be particularly disruptive to these existing system functions due to their multi-level, multi-component form, meaning it is essential to identify means of capturing current practice in schools to understand implementation (Bonell et al., 2018). For 'real-world' programmes that are implemented at full scale from the outset i.e. as national policy, evaluability assessment is particularly important for understanding how the programme may lead to both positive – and potentially harmful- outcomes (Ogilvie et al., 2011).

1.12 The research explored how implementation of the whole school approach is likely to vary across contexts and what such adaptation means for carrying out evaluation. This involved consideration of core functions of the intervention which need to be retained for effectiveness, as well as elements of delivery that can be safely adapted when implemented in different contexts without compromising outcomes (Alexis Kirk et al., 2019). Recommendations for evaluation incorporate these core functions and consider how they may operate differently in different school contexts, including potential barriers and facilitators of programme delivery.

1.13 Evaluability assessments permit variation and adaptation of methods to the needs of the specific research problem. Drawing on Craig and Campbell (2015), the following processes were utilised for the current study (see Chapter 2 for full description):

- Systematic engagement with stakeholders from the outset (including a mix of policy-makers and those delivering and receiving the intervention);
- Identification and review of existing data sources (what is already known about whole-system/school approaches from the same and other settings);

- Elaboration and refinement of an agreed programme theory (illustrated diagrammatically as a logic model);
- Recommendations for assessing process and impact in future evaluation.

1.14 From the theory development work we considered the core intervention activities embedded in the whole school approach to mental health and emotional well-being. We also assessed necessary fidelity to these core activities, in terms of how much they can be allowed to adapt to the setting they are in and how much they may be necessarily standardised. When delivering complex interventions, fidelity of implementation can be assessed as either fidelity to structured delivery of intervention components or, more realistically, fidelity to the intended function of those components (Moore et al., 2021b). Here, intervention fidelity was considered in relation to these functions rather than rigid adherence to delivery (Hawe et al., 2004). The research captured ways in which local practitioners understood the fit of the intervention in the local context.

1.15 The research also assessed the degree to which stakeholders within the school setting found a whole school approach acceptable, in order to understand how it may be delivered with more or less adaptation by those involved. This was based on both acceptability of the intervention components of the whole school approach but also on the acceptability of proposed evaluation measures, including understanding what level of evaluation is practical and desirable.

Research Questions

1.16 The aim of this research was to develop an emerging programme theory for the whole school approach to mental health and emotional wellbeing and to provide recommendations for evaluation to be used for future research by academic and other partners. Drawing on Ogilvie et al., (2011) we aimed to address the key research questions necessary for developing theory and for recommendations for evaluation:

- What are the core components of a whole school approach to mental health and emotional wellbeing?
- What is the 'fit' of the whole school approach with aspects of the existing school system?
- How will existing school practices be impacted by the new model?
- What actors and actions are most significant for successfully delivering the whole school approach to mental health and emotional wellbeing?
- What level of programme evaluation is practicable and desirable in the time available?
- What are the key measures for understanding programme implementation?
- What are the key measures for understanding programme outcomes, including both positive and negative unintended outcomes and amongst population sub-groups?
- What are the key measures for understanding sustainability of programme delivery?

2. Methodology

Research Design

2.1 This research aimed to develop a preliminary programme theory for a whole school approach to mental health and emotional wellbeing in order to articulate how and why the programme may work (Weiss, 1995), and potential short and longer term outcomes. Many interventions are poorly theorised and the mechanisms through which they achieve outcomes are unclear (Craig et al., 2008). The risk of this is that, without a good understanding of theory we cannot assume that a programme will cause intended outcomes (Moore & Evans 2017). A programme theory is particularly important to understanding complex interventions, to identify the causal assumptions which link actions to outcomes. To be credible, theory should be developed with reference to research evidence and insights from key stakeholders (NCVO, 2020). Theory can then be presented diagrammatically in the form of a logic model and should illustrate what the programme should do, its content, participants and potential outcomes (Wilson et al., 2020). Such models are valuable tools in designing evaluation of programmes (House et al., 2018) which reflect available understanding of how and why change may come about.

2.2 This was a multi-phased, qualitative research design, including a combination of desk-based review and analysis, as well as interviews with stakeholders and an embedded case study. This approach was selected to enhance completeness of understanding (Bryman, 2008) and provided the necessary flexibility and breadth to meet the dual aims of developing a programme theory and carrying out evaluability assessment. Methods also reflected current guidance on the conduct of evaluability assessment, which states that, while steps are described as a linear process with a series of discrete activities each producing a unique dataset, they are generally carried out in a more iterative way as theory is built throughout the research (Craig & Campbell, 2015). This was the case in the present research, with steps 1-4 conducted concurrently. Steps were:

1. Document analysis of key UK policy and practice documents in the area of mental health and emotional wellbeing in children and young people.
2. Rapid overview of reviews of whole school approaches to mental health and emotional wellbeing.
3. Focus groups of adult stakeholders with insights into the research topic, the intervention, the setting and the wider policy context.
4. Focus group of young people and two group sessions with the ALPHA young people's consultation group in order to discuss challenges to mental health and wellbeing and potential school-based activities as part of a WSA.
5. Case study analysis of the experience of delivering a Whole School Approach project by Newport Mind
6. Appraisal of measures and data sources from steps 1-3 and further discussion with a sub-sample of stakeholders during individual follow-up interviews.

Research methods: Document analysis

2.3 Key policy and practice documents on mental health and emotional wellbeing for children and young people were analysed. Document analysis is a cost-effective and time-efficient method of assessing large amounts of data, with a focus on the aims of the research study (Bowen, 2009). Here, document content was analysed with the aim of both enhancing complementarity of other data sources and to inform the development of a working programme theory. Key document content was also used to support development of a topic guide for stakeholder interviews.

Inclusion Criteria

2.4 The analysis commenced with identification of policy and practice documentation published in the last 5 years and available in English. Searches of relevant websites were undertaken, including: the Governments of the UK; Public Health bodies; Schools Inspectorates; Welsh Network of Healthy Schools and Schools Health Research Network; relevant third sector bodies and other sources identified through consultation with the client and within the study team and with DECIPHer colleagues. Key documentation was also interrogated for links to other papers of relevance.

2.5 Key words were developed from initial searches and reading of key documents. They were used singularly and in combination within the criteria of publication within the last five years in English (with Boolean search operators):

Mental health; mental wellbeing; mental illness; resilience; emotional wellbeing; emotional health; wellbeing; whole school; whole system; schools-based; school-wide; universal; multi-component; children; young people; pupils; students.

2.6 Following Bowen (2009), documents were assessed for completeness, accessibility of full text, authorship and information on the reason for the document's construction. Full screening led to a final sample for inclusion of 64 documents (41 authored or published by statutory services, 23 authored or published by non-statutory services). The list of included documents can be found in Appendices 1 and 2.

Exclusion Criteria

2.7 Documents were excluded if any of the following applied:

- Documents did not focus on: whole school/system, multi-level approaches and mental health; mental wellbeing; mental illness; resilience; emotional wellbeing; emotional health
- Documents that were not schools-based and targeted at children; young people; pupils and students
- Any non-UK guidance documents
- Written prior to 2015
- Individual web pages that brief overviews of whole school approaches
- Any document, resources, guidance behind a paywall

Data analysis

2.8 From the final sample, data extraction was completed with focus on the relevant research issue (Bowen, 2009), including:

- What are the articulated aims that have driven the development of the WSA to date and how have they underpinned approaches to delivery of the programme?
- What mechanisms of change have been identified as underpinning delivery of the WSA?
- What is known about implementation processes of the WSA, including key barriers and facilitators to implementation?
- What evaluation approaches are described (if any)?

2.9 Data extracted from documents were subject to thematic analysis, with repeated reading of the data for construction of codes and categories. Two project staff led the extraction, with regular discussion and refinement of codes, with final inclusions reviewed regularly with the lead investigator.

Research methods: overview of reviews

2.10 The significant size of the academic literature available on schools-based mental health interventions prohibited full systematic review within the timescales of the current work. An overview of existing reviews was therefore identified as both a pragmatic and comprehensive alternative approach. The aim of the overview of reviews was to review the delivery of whole school approaches to mental health and emotional wellbeing, with focus on identification of intervention theory through mechanism-outcome associations. The final overview also aimed to summarise approaches to outcomes evaluation on whole school approaches, including data sources, for inclusion in the evaluability assessment.

Inclusion criteria

2.11 Databases were searched for reviews of whole school interventions for mental health and emotional wellbeing from the last five years, published in English and available open access or through Cardiff University license. This included systematic reviews, literature reviews, realist reviews and qualitative syntheses. To be classified as a 'whole school' intervention, the reviews had to report on programmes that aimed at system-wide changes, meaning intervention aimed not only at individual behaviour change but also including elements of policy, process and engagement with all those within the relevant system. The programme/intervention must also have had the stated aims of improving mental health and/or emotional wellbeing, including social and emotional health and trauma-based approaches. This included reviews which contributed key learning on implementation of system-level changes (even if no outcomes data was reported) and those contributing insights into measurement of system-level approaches (even if no implementation data was reported). Reviews of both primary and secondary school-age population were included.

Exclusion criteria

2.12 The overview excluded: primary research; reviews of individual interventions for mental health and/or emotional wellbeing that were not delivered as part of system-wide change; reviews reporting only on targeted interventions for those meeting clinical diagnostic thresholds for mental illness.

Search strategy

2.13 Databases included: Google Scholar, PubMed, PsycINFO, MEDLINE, and Sociological Abstracts. Identified papers were read for initial qualification within the inclusion criteria. These keywords were included in searches in multiple combinations:

> *Mental health; mental wellbeing (wellbeing); mental illness; resilience; emotional wellbeing (wellbeing); emotional health; trauma; whole school; whole system; schools-based, children, young people.*

2.14 Terms were used singularly and in combination within the criteria of publication within the last five years in English (with Boolean search operators). Initial broad searches yielded over 11,000 results, which were then filtered through the addition of search terms, including 'review'. Results were subsequently narrowed further, with 238 papers for initial screening. These were then screened by the lead investigator for relevance. This screening identified a paucity of review evidence for programmes that could be defined as whole school approaches to mental health and/or emotional wellbeing within the last five years. Search was therefore expanded to include reviews published within the last ten years. The final selection of 15 papers are described in Appendix 3.

Data analysis

2.15 The review method drew on the steps outlined in Pawson et al., (2004), which include: identifying the question; searching for and extracting the data; finding and articulating programme theories; synthesising findings. As above, data extraction was guided by the study research questions outlined in 2.2.1. Each review was summarised as: aims of WSA programme implementation; reported variations by study population; influence of context; articulated change mechanisms; key learning on programme implementation; outcomes. For the purpose of the evaluability assessment, papers identified for the rapid overview of reviews were also explored for reporting of outcome measures and data sources used to measure pupil mental health and emotional wellbeing, including novel data collection and use of existing data. These were tabulated along with the data extracted for programme theory development.

Research methods: stakeholder interviews and focus groups

2.16 Semi-structured qualitative interviews and focus groups were completed with a range of key stakeholders, with this method adopted to emphasise the value of the knowledge and experience of the interviewee (King & Horrocks, 2010). These interviews focussed on: exploring understanding of how school systems in Wales are currently perceived as acting to improve or harm mental health; variations in stakeholder terminology and understanding of 'mental health' and 'wellbeing'; how a whole school approach to mental health and wellbeing might work and how we will know if it has been effective; and opportunities for evaluation of the whole school approach to mental health and emotional well-being (see Appendix 4).

Sampling and recruitment

2.17 Adult participants were identified through our own experience of research in this field, including through the School Health Research Network (SHRN), as well as from discussions with the Client. We approached a wide range of stakeholders and secured representation from organisations including local authorities, regional consortia, Estyn, schools, school governors, specialist mental health services (e.g. Children and Adolescent Mental Health Services), providers of non-mainstream education e.g. Pupil Referral Units (PRUs).,. Parents were engaged with the support of Parent Voices in Wales CIC.

2.18 For the youth consultation groups, young people were existing members of the ALPHA young people's consultation group which works with DECIPHer (see ALPHA | DECIPHer | Public Health Research Centre Public Involvement/ALPHA). While representativeness is neither the aim or a realistic aspiration of small scale qualitative research (Cutcliffe & McKenna, 2001; Crouch & McKenzie, 2006) it should be acknowledged that those young people involved in ALPHA may be more interested in research in general than others and this may impact responses. A youth focus group was also convened from a secondary school in South East Wales, with year 10 pupils.

2.19 Further data were collected as part of a related research project being carried out by DECIPHer, to explore the expansion of the School Health Research Network (SHRN) into primary school settings. The interviews completed for this research incorporated questions on the WSA within topic guides as part of a broader discussion. Within this research, consultations were completed with a range of Local Authority Health and Education stakeholders from five case study areas within Wales. Interviews were then conducted with education stakeholders, including Healthy School Coordinators and education consortia representatives, as well as primary school staff and pupils. Data was analysed thematically by study staff, with anonymised content relevant to the WSA then supplied for inclusion in this analysis.

Data collection

2.20 Due to Covid-19 restrictions on work practice, interviews were conducted online using Microsoft Teams. Data was collected between December 2020 and June 2021. By convening online sessions for adult stakeholders, we were able to maximise the chance for stakeholders and

stakeholder organisations to participate without constraints of travel to fixed meeting rooms. In two cases, where it was too challenging for the participant to attend one of the scheduled group dates, individual interviews were conducted by telephone/online. Interviews and focus groups were audio-recorded for later transcription. A bespoke topic guide was developed, reflecting the study aims. This was used as a guide throughout interviews but was not proscriptive, meaning that new and unanticipated areas of interest were explored as they emerged. Participants were provided with bilingual consent and information sheets and were offered the option of taking part in a discussion in Welsh. All interviews took place in English.

2.21 In total, 28 adult participants were interviewed (26 in five groups and two as individuals). Discussions took between 60-90 minutes. For young people, a group of four participants from Year 10 were interviewed. For the youth consultation sessions, a total of 18 took part across two sessions, each lasting between 40-75 minutes.

Follow-up interviews

2.22 Follow-up interviews were then completed with a sub-sample of adult stakeholders from previous interviews, with the aim of a focussed discussion on measurement and evaluation of the whole school approach. A topic guide was developed for this, reflecting the content of first-round interviews and including discussion of: key implementation actions; potential measures of implementation; baseline measures; what may be included in needs assessment and strengths assessment; outcomes measures for short and long term effectiveness. Ten individual follow-up interviews were conducted on Microsoft Teams, with those participants identified as being strategically placed to comment on the issue of evaluation. Interviews were audio recorded for later analysis.

Data analysis

2.23 Semi-structured group and individual interviews with stakeholders for programme theory development were transcribed in full and then analysed thematically, to identify, analyse and report patterns (Braun and Clarke, 2006). The flexibility of the thematic analytic approach is appropriate where focus is on depth of meaning within the data (King and Horrocks, 2010). An iterative coding framework was developed from multiple initial readings of transcripts and with reference to study aims. This allowed for incorporation of emerging and unplanned interview data. To enhance consistency of analysis by reducing interpretation and facilitating exploration of disagreements (Berends and Johnston, 2005), 20 per cent of transcripts were then second-coded. Code development was then discussed within the research team, with refinement of codes prior to final development of content categories.

2.24 For follow-up interviews, framework analysis was used, with this approach suited to applied policy research (Ritchie and Spencer, 1994); and particularly for research that is time-sensitive, has specific questions, a pre-defined sample and builds on a clear set of pre-existing themes or ideas (Srivastava & Thomson, 2009). Framework analysis involved familiarisation with the data and noting key ideas of recurrent themes; developing a thematic framework for sifting and sorting;

applying the framework systematically to all data under thematic headings. This was followed by mapping and interpretation of the data set as a whole through pulling together key characteristics of the data (Ritchie & Spencer, 1994). This analysis approach was used flexibly, with data analysed as it was collected (Srivastava & Thomson, 2009); and with a combination of pre-existing codes and codes developed during the analytic process. A comparative analysis of responses was then completed to provide a better overview of data within and between cases (Ritchie & Spencer, 1994).

Research methods: Case study

2.25 An embedded case study was completed, exploring the experience of developing and delivering a whole school approach to mental health in Newport in South Wales. This work was carried out as part of the national pilot project for primary SHRN (see paragraph 2.19), with regions working from a common model of the WSA but with local adaptations for delivery. The case study involved working with Newport Mind, a mental health organisation who are part of Local Mind Associations in Wales and England, as well as the national Mind charity. Case study data collection included two individual interviews with the whole school approach study manager for Newport, a group interview with staff involved in national project development and a review of project reports. Interviews were conducted using Microsoft Teams and were audio recorded for transcription. A bespoke topic guide was developed for interviews, focussing on the development of the applied iteration of the WSA, barriers and facilitators of implementation, monitoring and evaluation. Thematic analysis of transcripts was completed as soon as possible after data collection, with subsequent interview content guided by findings from earlier conversations.

2.26 The quarterly and annual reports were provided by Newport Mind with conditions of anonymity for schools and individuals taking part in the programme and on condition that they were not viewed by anyone other than the lead researcher. These reports were stored on a password protected drive and deleted at the point of study completion. In total, six regional quarterly reports, one national evaluation report and two documents from the project 'Test and Learn' phase were analysed. Reports were analysed following a similar approach to the document analysis process outlined above, with data extracted on: pre-implementation activities; key stakeholders; intervention components; change mechanisms; evaluation and measurement; key learning from project delivery. Findings were then synthesised and are presented as a descriptive case study, along with interview data, in Chapter 6.

Ethical approval and consent processes

2.27 Ethics approval was obtained from the Cardiff University School of Social Sciences Research Ethics Committee (Ref: SREC/3884) to secure approval for primary data collection. This application drew on Social Research Association (SRA) guidelines on good practice in social research, ensuring that no substantial damage or distress would be caused to participants by the research activity. This guidance also formed the basis of the subsequent bilingual protocol for recruitment and inclusion of research participants, which was based on best practice in ensuring

informed consent for participation, awareness of participant rights of withdrawal, full awareness of – and consent to - use of research data for non-commercial publications and future research. Participants were given information in advance of participation, with sufficient time to ask any questions. They were provided with clear information on their right to withdraw from the study prior to publication and of the process for doing so, as well as being provided with contact information for the Cardiff University Data Protection Officer for any queries regarding data use and storage. For participants under 16, a two-stage, opt-in consent process was used, which involved communication home to parents/carers regarding the research content and an opportunity to opt their child in to participation. Children/young people were then also asked to provide their own consent in addition to this.

3. Findings 1: Understanding a Whole School Approach

SUMMARY FINDINGS

While multiple definitions of a WSA were found across the data, it was possible to identify frequently occurring core principles. This included a strong focus on the WSA as an ethos more so than a rigidly defined programme. This ethos was described as:

- The aim of changing the whole school system to create an open and positive culture towards mental health and emotional wellbeing, embedded in daily activities and policies within the school
- School should be seen by all in it as a safe place to find support and positive relationships, between pupils and staff, amongst staff and between staff and external stakeholders, including families and specialist agencies
- An inclusive approach – the WSA should be seen as the business of all those in the school system and all should have opportunities to contribute to it, both in terms of initial development and delivery and ongoing review of practice
- A joined-up approach, both within school and with services/agencies outside school
- Including delivery of both universal/preventative activities and targeted help for those with greater mental and emotional needs (including early identification and intervention to prevent escalation)

Further definitions of a WSA reflect overlap between understanding of what it is and how to deliver it i.e. what components constitute it. These components were identified across the data as central to delivery of a WSA:

- Clear communication of WSA definitions and aims to all associated with the school system to secure buy-in
- Review of relevant school health, wellbeing and behaviour policies
- Staff wellbeing support and ongoing training for them about wellbeing
- Assets/strengths mapping to understand current practice
- Identifying and delivering a mix of universal (preventative) and targeted support
- Developing and improving relationships with external services
- Completing needs assessment/baseline measurement to understand the school population
- Ongoing monitoring and evaluation of WSA actions and outcomes

In identifying the aims of a WSA, both shorter term aims of implementation and longer term aims of changes to mental health and emotional wellbeing were identified. These can be summarised as:

- Improvements to mental health and emotional wellbeing among students and staff
- Ongoing provision of staff training, including non-teaching staff
- Evidence-led, universal prevention activities embedded in the curriculum
- Evidence of established relationships with external providers
- Ongoing monitoring and data collection, with mechanisms for reviewing data and informing action plans
- A change in culture/ethos including a reduction in stigma towards mental health
- Workforce development, including capacity to deliver and evaluate on-site activities

3.1 This chapter will present findings with a focus on definitions of mental health and of a whole school approach to mental health and emotional wellbeing, (referred to as WSA going forward), as well as aims and core components of programmes designated to be WSAs. The purpose of this is to identify what a WSA is actually understood to mean and the core components of it. By identifying what a WSA is we can then assess positioning and fit within the existing school system. This is essential to developing an evidence-led programme theory and to building connections between WSA actions and potential outcomes for evaluation.

3.2 It will commence with findings on these themes from document analysis, followed by findings from overview of reviews and then from qualitative data collected through the primary research in this study. Sub-headings (italics) indicate themes identified through analysis. Statements throughout the chapter are all derived directly from the data and were identified by the researchers as key information.

Document analysis: Statutory services

3.3 This analysis is presented in two parts, firstly with findings from documents written or published by statutory services, then with findings from analysis of documents produced by non-statutory organisations. From statutory services, publications were identified from sources including:

- Welsh Government
- Scottish Government
- UK Government
- Northern Ireland Executive
- Public Health England
- Public Health Wales
- Public Health Scotland
- HSC Public Health Agency Northern Ireland
- UK education inspectorates
- local authorities

The documents included policy and guidance, findings from research and steering groups, advice for multiagency groups, supporting resources, literature reviews and strategy documents. Intended audiences ranged from policy working groups, stakeholders, health practitioners, local authorities and education consortia, and school leaders and staff.

Embedded definitions of mental health and emotional wellbeing

3.4 There was general consensus within documents that emotional wellbeing and mental health have unique definitions but are interlinked. Data on the mental health status of school pupils across the UK was frequently included, generally to illustrate poorer mental health, while indicators of wellbeing were less frequent. It was acknowledged that wellbeing is harder to measure and that the majority of 'poor wellbeing' goes unreported.

3.5 Where emotional wellbeing was discussed, it was generally conceptualised more holistically, including concepts such feeling valued, trusted and understood by adults and peers, and having control and resilience to challenge or solve problems. Mental health was conceived as a more measurable and diagnosable effect, with better mental health frequently linked to intervention-based treatment.

3.6 Good emotional health and wellbeing was described as a tool to build resilience to combat poor mental health, with school as a key space for this. The systems both surrounding and within the school should work together to help and support students to improve their wellbeing and therefore impact upon their mental health.

Perceived effects of poor mental health and emotional wellbeing

3.7 Poor wellbeing was listed with a range of outcomes, both personal and social, including problems with behaviour, school performance, relationships, and the development of poor mental health including anxiety, eating disorders and depression. This was strongly linked with decreasing engagement and performance within a school context, with several documents noting that for socially and economically disadvantaged children this factor was higher than those from other backgrounds.

Definitions of a WSA

3.8 Definitions of a WSA were analysed to theorise what a WSA programme is and how it may bring about outcomes. Within documents, these were broad and covered many aspects of the roles of actors and organisations involved as well as the settings, space and ethos of the school as a whole. These are summarised below.

3.9 A WSA in schools included demonstrating a commitment to mental health and emotional wellbeing, communicating this to pupils and providing a safe space (see 3.78 for elaboration). This was highlighted in the literature as being particularly important in aiding students who do not have a supportive environment at home. Developing trusting relationships between staff and students was seen as key to providing good social and academic outcomes, as well as promoting a shared ethos across the school.

3.10 It was stated that all dialogue around mental health and emotional wellbeing should be open and non-judgemental and should aim to promote awareness of how pupils can access support, either for themselves or for peers. All documents supported the stance that the schools take a holistic view, with development considered to be ‘everyone’s business’. The school should promote this message within the fabric of everyday practice and within the spaces in which it operates inside and outside of lessons.

3.11 Relationships were seen as a key element of the whole school approach and as central in a child’s development of positive mental health and emotional wellbeing. A stated WSA aim was to strengthen and develop relationships between children and school staff in order to model positive relationships. Parents and mental health professionals are conceived of as part of the wider

community of the school, with the ultimate goal of children feeling supported by multiple sources of help needed. It was highlighted that schools should be mindful that children with existing vulnerabilities, for example those with SEND or children who are care-experienced, may need additional support where relationships outside of school may be more challenging.

3.12 The link between physical and mental health was also widely acknowledged, including the importance of physical education lessons and opportunities for students to take an interest in outdoor activities. Documents recommend that this be supported by school policies, which were frequently perceived as key to embedding the approach within the school but also as an evaluative tool in assessing the impact of a WSA. This was referred to several times in relation to issues such as bullying, where a clear policy towards prevention of bullying was seen as key to promoting wellbeing.

3.13 In relation to pupils with greater support needs, a 'multi-agency approach' was favoured. Schools are widely seen as the starting point for early intervention, through identifying pupils in need and referring quickly and effectively to enable health professionals to provide intervention. The key to this was to develop effective relationships with healthcare providers and to have clearly defined pathways for referral and advice as needed.

Core components of a WSA

Documents were analysed to identify elements that can be considered as core components of a WSA. The aim of this was to identify those inputs and activities that are expected to give rise to the intended outcomes of whole school improvements in mental health and emotional wellbeing in order to build programme theory.

Focus on Staff Wellbeing

3.14 Emphasis was placed on the role of staff members within the school, both in interacting with students and parents, and also with each other to ensure their own positive wellbeing. This was seen as a key element in promoting the ethos of a mentally healthy school. Staff who have good wellbeing – including feelings of manageable workload and positivity towards pupils and colleagues - and talk honestly and openly about mental health can promote good wellbeing.

3.15 Promoting staff wellbeing was associated with training to enable staff to better understand mental health, to be aware of relevant pathways for referral and to give advice on preventative measures. Other methods of highlighting staff wellbeing included reviewing work/life balances and opportunities to improve mental health in the workplace. There was clear emphasis that, within a WSA, school staff are not expected to act as mental health experts, but that they must feel confident in identifying routes for students to access help where needed.

3.16 Senior leadership were defined as key actors within a WSA, as both drivers of the approach from the top-down in terms of ethos, policy and school environment but also from the bottom-up in supporting staff and students to act with confidence in assessing their own wellbeing needs and the needs of those around them.

Ethos and Culture

3.17 This was a heavily accentuated theme across the literature; which speaks of creating an ethos of talking openly about mental health and emotional wellbeing and providing a multi-layered approach to accessing support. This ethos should be well-communicated and visible within the school. The ethos of a WSA encompasses all aspects of the school, including teaching and learning activities and partnerships with the school, including families, local communities and outside agencies.

3.18 It is emphasised that creating this ethos should not involve extra work for schools but should build on the good practices already in place to build a culture of inclusiveness and communication. However it was acknowledged that promoting a shared ethos is more challenging across larger school settings.

3.19 A policy of open communication was noted as important during early WSA implementation when schools may be gathering information and consulting with stakeholders. Analysis suggests that schools should review communication methods to ensure that key messages, policies and values are reaching target audiences and being understood. This may involve reviewing staff confidence in talking to families and pupils about mental health. Indirect communication, such as signage and posters, should also reflect the WSA ethos and staff should model this in their interactions, both inside and outside of lessons.

Review of school policies

3.20 Policy development and review was identified as essential to clarifying a WSA to those within the school system. Key policies such as behaviour management, confidentiality, safeguarding and staff wellbeing policies can be coproduced, monitored and reviewed through a WSA. Behaviour and anti-bullying policies are cited as giving the most scope for embedding a WSA by defining restorative/nurture approaches to reflect school values. Stipulations around staff training to establish positive learning environments can also be built into policy. By ensuring consistency across these policies and regular review, the ethos of the WSA can be promoted and monitored from implementation through to evaluation phase.

Links to Curriculum

3.21 Analysis suggests that a WSA should be embedded within everyday practice within the school, including in teaching content. While not discussed widely within the literature, documents from Wales made strong links to the curriculum and the new Health and Wellbeing Area of Experience, seen as the ‘anchor’ around which a WSA should be built. Embedding the expectation of inclusion of mental health and emotional wellbeing within the teaching strategy was seen as key.

A Joined up Approach

3.22 The literature strongly supported a joined up approach to introducing, implementing and evaluating a WSA, including having a team of staff who all understood and promoted the WSA. Coproduction was frequently referred to, including capturing evidence of pupil and parent input

into policies and interventions. The joined up approach should be monitored by a strong team, including management and health professionals. Most of the literature sought to not define a model for this but to leave it open for interpretation by schools. This included an emphasis on showing transparent delegation and shared responsibility throughout the school staff and wider partners. Guidance from the Department for Education suggests building on current teams already in place and utilising a mixture of senior and junior staff to push the approach through the school.

3.23 A joined up approach included working with wider members of the community, including health professionals, community organisations and also other schools, to provide clear pathways for students to access support.

Document analysis: Non-statutory services

3.24 This section presents a synthesis of the analysis of documents from non-statutory services (see Appendix 2), which followed the same process as outlined for documents from statutory services. In defining a WSA, a common foundation was detectable, informed by Department of Health (DoH), Department for Education (DfE) and Public Health England (PHE) guidance, but with additional detail on implementation processes, activities and monitoring. Some documents provided recommendations on outcome measures that can be used in a school setting, however, there was often an absence of clarity regarding the evidence underpinning recommendations, within the context of a whole school approach programme.

3.25 Definitions of a WSA were often inconsistent, presenting significant challenges for teachers, school staff and other professionals seeking guidance and support. It should be noted that some organisations did operate paywalls, where paid access may have offered a more detailed explanation of whole school methodologies and practices, however these were excluded from the analysis. Documents identified for review included: School Leaders Guidance/resources; Policy and Evidence Briefings; Case Study Reports; Toolkits.

Embedded Definitions of mental health and emotional wellbeing

3.26 A range of terms were used across the documents – often interchangeably - including: mental health; wellbeing; emotional wellbeing; social and emotional wellbeing. When defining mental health specifically, documents generally drew on the WHO definition of ‘a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community’ (WHO, 2014). Where guidance was issued by organisations that are psychologically minded e.g. British Psychological Society (BPS), this was evident in recommendations, with BPS suggesting that a psychologically informed definition of mental health needs should be set out in any WSA framework, with recognition of the social determinants and complex nature of mental health (BPS, 2019b). In general, medicalised approaches and definitions of mental health were limited, except where discussing the need for clinical intervention, suggesting that a social model of mental health and emotional wellbeing is relatively embedded.

Definitions of a WSA

3.27 There were some variations in terminology, however numerous areas of consistency were identified, again reflecting a common foundation and particularly the key principles of a WSA developed by PHE (2015). There is significant overlap with statutory services documents over the principle areas of a WSA, including:

- Changes to school ethos and environment, including developing a culture which understands the importance of mental health and emotional wellbeing and its impact on pupils' learning and development
- The need for senior leadership to identify need and monitor pupil and staff wellbeing
- The involvement of staff, pupils, parents/carers, and external providers in development and delivery
- Embedding a WSA in curriculum, teaching and learning, including teaching social and emotional skills
- Provision of targeted support where greater need is identified
- Dedicated professional development including staff training

Aims of a WSA

3.28 Key documents were consistent in relation to the aims of a WSA and often reflected documents from statutory services. This included a strong focus on measurable improvements to children and young people's mental health and wellbeing, but also improvements in academic learning and school behaviour, such as reductions in bullying and aggression. An aim of tackling stigma around mental health was also cited as both a process and an outcome of a WSA, along with development of a supportive culture and environment that could act as a buffer against challenges to wellbeing for all those in the school system.

3.29 Other defined aims included increased motivation, school connectedness and the development of social and emotional skills, which are both outcomes in themselves and potential mechanisms for the prevention and reduction of mental health problems, such as depression, anxiety and stress. Staff wellbeing was also considered central, including improvements in reported staff wellbeing, stress reduction, improved job performance and greater staff retention.

3.30 The importance of resilience was also frequently mentioned for staff and pupils however, although widely used, the term was variably defined. Most acknowledged that resilience promotion should be situated in context, for example resilience for a child affected by a traumatic event may require different actions to that of a child dealing with stress in a school setting. Caution should therefore be taken with using the term (Matrics Plant, 2017).

Focus on staff health and wellbeing and guidance regarding pupil needs

3.31 Staff health and wellbeing was also considered central to a WSA, however there was limited data provided on evaluation of staff wellbeing work. Documents recommended that schools make it clear – with steer from Senior Leadership Team (SLT) - that staff wellbeing is a priority. This may

be reinforced through a dedicated staff health and wellbeing strategy, including provision of time and space for staff to assess, discuss and seek support for their own mental health.

3.32 In relation to supporting pupils and others in the school system, documents suggested that staff should be provided with clear protocols to guide their actions, as well as guidance on referral pathways. It should be recognised that offering additional mental health support within school will present new challenges and staff should be encouraged to explore their own confidence and skills for doing this. While documents state that, where needed staff should be given access to materials of relevance and digital support to help build this skillset, there is limited detail on what this material would be and how schools would identify evidence-based content of most value.

School Culture / Ethos

3.33 Documents emphasised throughout that all members of the school community are seen as contributors to a supportive and protective culture and ethos and that this ethos is central to the effectiveness of a WSA. This includes recognition that many emotional issues should be viewed as non-clinical and are not best served by specialist interventions, but instead may be addressed within supportive social contexts, specifically within school rather than a clinical setting.

3.34 Some documents defined this ethos as a supportive school and classroom climate which builds a sense of connectedness, focus and purpose, the acceptance of emotion and vulnerability, warm relationships and the celebration of difference. This should also be identifiable and visible to all those who come into contact with the school and should explicitly aim to challenge stigma around mental health.

3.35 It was also suggested that a WSA involves recognition that mental health and emotional wellbeing should be acknowledged and celebrated as being as important as academic achievements. It is argued that this would involve challenging existing teaching culture, with a move towards recognition that staff ability to support wellbeing be valued as much as their ability to support academic attainment. This aspiration is highly complex and would involve realignment of the teaching role, suggesting revisiting the teacher position from training onwards. As previously, there is an absence of specific guidance on this.

3.36 While school leaders are generally considered as responsible for establishing the tone within a school, reference is also made to national guidance, with recommendations for national bodies to lead on shared definitions of key terms like mental health, emotional wellbeing and resilience to enhance commonality of understanding. This should include emphasis of universal values, such as tolerance, mutual respect and inclusivity within the school system. This should state that everyone's input into a WSA is valued and should seek to actively engage with families by providing a positive, welcoming atmosphere within the school for parents/families to come together.

Joined up approach

3.37 In some documents, there was a focus on the external support needed by schools, with recognition of their position in a wider system. Groups and organisations were identified who could actively support the WSA, with these groups needing to be engaged at the earlier stages of WSA implementation in order to clarify their roles and gain support. This included working with specialist mental health services but also with inspectorates to develop their mandate to inspect schools activities in relation to a WSA, ensuring that a framework is in place for this that is recognised and celebrated. It was suggested that WSA guidance prioritise training for teachers and senior leaders on mental health and wellbeing, including highlighting appropriate provision from external providers, with clarification of subsequent workload adjustment to support attendance.

Overview of reviews

3.38 This section presents synthesised findings from the overview of reviews identified from searches of the published research literature. As with the document analysis described above, the aim was to identify what a WSA was actually understood to mean and the core components of it in order to build programme theory. Some discussion of outcomes is included, with a more detailed presentation of issues relating to measurement and evaluation in Chapter 5. Findings relating to key roles and implementation are presented in Chapter 4. From searches, it was evident that review evidence on delivery of system-level programmes for mental health and emotional wellbeing was significantly limited (Appendix 3 shows final selection of reviews). To enhance learning in light of this limitation, the review included both social and emotional learning approaches and trauma-informed schools programmes delivered as whole school approaches.

3.39 Overall, more review data was available which describes and evaluates processes of implementation than on measurement of WSA programme outcomes. This included a significant lack of long-term data on programme sustainability and effectiveness. However, despite limited available data, what was identified for inclusion provided significant insights into delivery and evaluation of system-level programmes in school settings. These findings are outlined below.

Identifying a WSA in review evidence

3.40 There were a wide range of characterisations of a WSA within the review data, however the recognition of a WSA as involving system-level change through multi-component interventions was common. This is effectively summarised in O'Reilly et al. (2018), who explored theorisation of whole school approaches within programmes and synthesised findings into a four-part conceptual framework, reflecting most common characterisation of a WSA as requiring features such as: (1) developing a positive school community, (2) social and emotional learning for children, (3) parent support and education, and (4) early intervention. Others characterise a system-level programme as including community components and, frequently, staff training.

3.41 Pearson et al. (2015), from a review of implementation of whole school health promotion programmes, also cite a lack of theorisation of system-wide health promotion programmes delivered within schools. As a result of their review of mental health promotion programmes they developed a four-stage conceptual framework for such programmes, incorporating: preparing for implementation; initial implementation; embedding into routine practice; adaptation and evolution. This framework can be used by programme planners and evaluators to theorise inputs and outcome measures for each of these stages (see Figure 2). The authors highlight that, overall, more evidence exists around implementation than on embedding into routine practice and evolution of the intervention, as perhaps expected with the noted absence of long-term data cited by many authors.

3.42 There are commonalities across cited programme aims, which generally describe skills acquisition in students and/or changes to system responses. Several reviews report on programmes which were underpinned by a social and emotional learning theory approach (e.g. Goldberg et al., 2019; Lund-Nielson et al., 2019; Durlak, 2016). Typically, the aims of such programmes include helping students acquire and effectively apply the knowledge, attitudes, and skills necessary to recognise and manage emotions, solve problems effectively, and establish positive relationships with others (Goldberg et al., 2019).

3.43 Others focus on readying the school system to be more equipped to respond to pupil mental health challenges, including through trauma-informed approaches (Bunting et al., 2019; Herrenkohl et al., 2019). Trauma-informed approaches aim to improve understanding of symptoms and impacts of trauma and to integrate this into organisational practice, through multi-component approaches including policy review, workforce development and specialised provision (e.g. Maynard et al., 2019). Other reviews cited a resilience theory approach as the basis for the programme (e.g. Dray et al., 2017; Fenwick-Smith et al., 2018), however there were varying uses of the term ‘resilience’ throughout the literature. Others still reviewed more general mental health promotion programmes without necessarily stating a clear theoretical underpinning (e.g. Sanchez et al., 2018; Sharma et al., 2017). Despite variations in theoretical frameworks and, in some cases, definitions, the majority of programmes delivered both targeted and universal components and aimed at changes across multiple system levels, meaning insights are still relevant for WSA development and evaluation.

Programme components

3.44 A majority of reviews identified the involvement of teachers as an important component in WSA programmes, taking advantage of the natural presence of teachers in children’s lives (Sanchez et al., 2018). This usually involved delivery within the curriculum by school staff, who received training on how to deliver classroom-based sessions, with support from outside agencies in some cases. Content of classroom-based sessions varied, with some including bespoke content on mental health promotion and others drawing on existing programmes such as Social Emotional Learning, resilience training or trauma-informed content. While Sharma et al., (2017) report the involvement of schools in needs and strength assessment in the planning stage in some

programmes, overall details on school involvement in programme development are sparse. There is little reported detail on how programme components were selected and on why programmes are being delivered in those settings at those points in time i.e. whether the work is needs-driven. Reports generally appear to refer to programmes occurring as part of academic research rather than delivery being a result of local of national legislative changes which mandate a WSA. Programmes often included both universal and targeted support, with community components involving parents and external specialists.

3.45 Where details of programme content were provided, this was often more psychologically oriented, reflecting the historical dominance of medical approaches to mental health and the absence of social models of mental health promotion (Sharma et al., 2017). For example, Herrenkohl et al. (2019) report primarily on whole school approaches dominated by cognitive behavioural therapy provision, both within teacher training on therapeutic techniques and in individual and family therapy provided by experts.

3.46 Bunting et al. (2019) reviewed the delivery of universal trauma-informed approaches in schools. Most commonly identified programme components were staff training on the delivery of evidence-based trauma-informed programmes to both classroom teachers and senior leadership. The involvement of senior leadership at this stage, even where they would not be involved in direct delivery, was beneficial for programme sustainability through increasing perceived value of the programme and for increasing senior leader support for classroom staff. Screening for trauma was also utilised in some programmes (generally led by trained teachers although not always reported) and, where used, led to an increase in referrals to outside specialists for support. Where targeted support was offered as a result of screening, family/caregiver involvement was aimed at for ongoing support.

3.47 Fenwick-Smith et al. (2018) reviewed system-level programmes aimed at enhancing coping skills, increasing help-seeking behaviours, stress management, and mindfulness among those within the school system. In these programmes the main component was universal, classroom-based delivery by trained teachers. Teachers were trained to deliver existing, evidence-based programmes on resilience but with flexibility to adapt content and delivery within the classroom, however there is limited reporting on development or wider support within or outside the school system. Similarly, O'Reilly et al., (2018) reviewed system-level approaches to social and emotional learning, generally involving teachers receiving training on delivering a structured classroom session, although with some input from external specialists coming in to school. The authors defined system-level programmes as including involvement of young people in classroom sessions, building relationships between schools and communities, having clear underlying theory, and including staff training.

3.48 Programmes described as focussed on mental health promotion less commonly identified an underlying theory to their approaches but contained common elements which can be characterised as core programme components. This included a focus on the creation of supportive environments and an ethos of mental health promotion, through whole staff training,

daily/regular communications on the programme and parental involvement (Weare & Nind 2011; Sharma et al., 2017; Goldberg et al., 2019). Forms of parental involvement varied, from entering into behaviour agreements with schools for their child, to attending education sessions on mental health promotion, to involvement in more targeted support provided by specialist agencies. Mental health promotion programmes tended to emphasise community engagement, in forms such as building referral processes with specialist agencies and also inviting them into school to deliver both universal classroom content and to provide targeted, on-site support (Goldberg et al., 2019).

3.49 Overall, pupils viewed the involvement of classroom teachers more favourably than delivery by external agents. Teacher involvement was also associated with more effective implementation and greater sustainability of the programme, although understanding of this is limited by absence of long-term follow up data in most cases. Most reviews emphasised the centrality of embedding content within the school curriculum rather than being an addition to the school day, as well as provision of ongoing teacher training and support and the development and review of school policies to ensure complementarity with programme goals. Schools were less likely to drop out of the research where teachers were provided with ongoing training, including opportunities to maintain skills and gain acknowledgment of this through Continuing Professional Development (CPD) (Pearson et al., 2015), and where senior leadership were involved throughout and were committed to providing support for teaching staff (Sanchez et al., 2018). There was, however, limited evidence on the most effective approaches for supporting staff who are given additional responsibilities within a WSA and are dealing with potentially more children and young people presenting with complex needs (Bunting et al., 2019). Consistent communication across and within organisations, led by local champions, improved co-ordinated working between schools and external agencies (e.g. Bunting et al., 2019; Weare & Nind 2011), with community components key to provision of targeted support.

3.50 While common programme components can be identified within the existing literature, the absence of long-term follow up, the range of programme components and variations in programme designs mean that identifying the 'active ingredients' in WSAs is challenging (Goldberg et al., 2019).

Contextual and population variations

3.51 There was a significant absence of reporting by population sub-group, meaning understanding variable impacts of programmes across socio-demographic groups is challenging from existing review evidence. The majority of reported studies included in reviews come from the US, the UK, Canada and Australia. Where reported, age ranges of participating children vary from 3-18, with relatively equal reporting of programmes aimed at primary/elementary and those aimed at secondary/high school ages. Dray et al., (2017) in their review of universal resilience programmes, state that presentation of sub-group analysis is limited across included studies but that, overall, programme effects were slightly higher for younger age groups for anxiety and depressive symptoms. No differences were observed by gender. The authors do however state

that the reported measures of resilience tend to be poorly conceptualised, meaning interpretations of outcomes by group are challenging. This is reinforced by Kwan & Rickwood (2015), who identify an overall absence of sub-group reporting by gender and ethnicity. This is compounded by limited availability of validated mental health measures designed specifically for children and young people rather than adult measures which have been adapted for use. Sharma et al., (2017) report that, in relation to implementation of universal multi-component programmes, leaders are more crucial to delivery in less affluent schools in less affluent communities suggesting that delivery should consider the wider socio-economic context of the school setting during implementation planning.

Qualitative data analysis

3.52 This section presents findings from interviews with key stakeholders, commencing with young people. This involves the first youth consultation, as well as secondary school focus group analysis, including data on youth perceptions of stresses related to school and their understanding of how a WSA might operate at school. This was assessed for insight into how a WSA may 'fit' within the existing school system from a youth perspective and to assess potential programme components.

3.53 This is followed by findings from second youth consultation and then from adult stakeholders, with data related to defining a WSA and core components of it. Content includes analysis of data from those interviewed in the first round of data collection, synthesised with additional interview data from the a pilot study for the expansion of SHRN into primary settings study, as detailed in Chapter 2. Section headings represent themes derived from data analysis and quotes are included as illustrations of themes.

Youth consultation: views on the school day and mental health

3.54 The first activity was a consultation with the ALPHA young people's consultation group, involving discussion of mental health in a school context, with focus on key stressors and potential points of intervention. The group were asked to complete a 'school day' timeline highlighting key events that could present challenges to mental health and emotional wellbeing. They first focussed on the period before school and highlighted numerous issues that can impact pupils. The group identified: events at home/family relations; lack of sleep; perceived pressures over how to dress; and the school bus. Lack of sleep was associated by members of the group with common issues such as disputes with peers or family, but also with where you live and the potential for the area/building to be noisy, as well as with phone use and particularly pressures to always be connected on social media.

3.55 If issues with family were being experienced at home, this was deemed likely to set the tone for the day and could mean pupils experiencing significant stress or distress before arrival. Travel was seen as a potential location for bullying and spill over of school-based issues between peers. They were felt to be important influences on the pupil's mood on arrival at school, which can then be addressed either positively or negatively depending on the initial school activities, tone of

assembly and how they are greeted by staff. For those experiencing difficulties at home and, where the school may be aware of these issues, it was felt especially important that staff reach out to those pupils before first lesson to check on their wellbeing. A group suggestion was to increase breakfast club provision, providing a space where pupils could go first thing to access breakfast if required but also as a potential space to 'shake off' a bad start to the day and find someone to chat with if needed. It was felt that this should not be communicated as formal mental health support but more of a relaxed chat.

3.56 Within the school day, pressures included typical issues such as exam stress and concerns over academic performance, but also focussed on periods between and after lessons. This included lunchtime, which presented challenges for those experiencing issues with eating and those who may struggle to afford lunch. Here, schemes for obtaining free school meals without being identifiable were proposed to reduce stigma. After lessons, group members highlighted challenges for those with unstable home environments in being able to complete homework, suggesting more options for remaining on site for completion of work within after school clubs. Financial constraints were again raised as challenging for joining in with after school, non-academic activities, with the potential to exclude those from less affluent families, suggesting that subsidies for activities and equipment may be beneficial to improve equity of access.

School-based young people's groups

3.57 A pupil focus group was conducted with secondary school pupils from Year 10. Participants were asked to discuss their conceptions of mental health and emotional wellbeing, stressors within the school day, school-based support for mental health and other emerging issues.

3.58 In terms of their understanding of mental health, this was conceived as related to how you feel and how you function on a daily basis. A distinction was drawn between mental health and mental illness, with the latter representing a more serious state requiring intervention and support, whereas the former is something more in your control. Both mental health and mental illness differed from 'wellbeing', which was seen as a more general term and, by some, as a more positive framing. They reported discussions of mental wellbeing in school within tutor time, but limited content on the topic within the curriculum.

Challenges to mental health and emotional wellbeing

3.59 Pupils acknowledged that better and poorer mental health are hard to recognise as people tend to hide their mental states:

> You can't really tell because it's an invisible illness, so you can't, someone could be so happy and they could be suffering with so much going on in their head (P1)

3.60 This made it challenging for others to know when support was needed, even among peers:

> I think people put up a front anyway, if you've got a mental illness, you put on a mask that you're absolutely fine, and in school that's highlighted, you don't want to bring anybody else

down but if anything else it makes it worse because people are less likely to check up on their happy friends. (P3)

3.61 Promotion of positive mental health and emotional wellbeing was associated with both maximising good experiences, such as sports and other activities that offer distraction, and minimising negative influences, including avoidance of issues or thoughts that may trigger negative mental states. Relationships with others were perceived as fundamental to mental health, in being able to offer support and to recognise when someone is in need:

> …if you're around toxic stuff all the time and you're going through stuff, it makes things worse. If they know what you're going through, they should help, and not make things worse. (P4)

3.62 But other relationships, particularly family, could be a potential challenge to mental health:

> If your family, if they don't know something's going on with you, they can do stuff to trigger you as well. In some families you can't just tell them how you feel because they'll be like 'you've got no reason to feel like that, why do you feel like that?' Family don't always understand so when they're shouting about and making you do stuff, it only makes you worse. (P1)

3.63 Pupils suggested the importance of increasing understanding of mental health among their peers, families and teachers as a fundamental aspect of support provision, as well as to tackle any potential stigma associated with mental illness.

The role of school

3.64 A timeline task was completed within the group, where they were asked to reflect on the course of a typical school day and consider what points could present more challenges to mental health. This started early, with poor sleep and resulting tiredness constituting a bad start to the day. Fear of late arrival was also a concern, particularly where pupils were sanctioned for lateness even due to events beyond their control, such as traffic delays. The perception of certain punishments as unfair seemed particularly powerful for respondents, with some stating that their ability to focus in subsequent lessons was impacted by the sanction. This was however mediated to an extent by clear communication by teaching staff of why the school policy was in place and the purpose of the action taken.

3.65 Access to food at break times was seen as important, particularly for those who did not have time, did not want to eat, or had no access to food before leaving the house. Due to Covid-19 protocols, the canteen was currently closed at morning break, meaning that unless they brought food in, they would wait until lunchtime to eat. The impact of food on mood was clearly recognised:

> It gives me more energy. It makes me feel less moody. (P3)

3.66 Absence of space to eat at lunchtime was then an additional challenge, with limited canteen space and restricted time, meaning some students reported eating lunch outside even when Covid protocols were not in operation. The attitude of teachers towards these structural

constraints was important in their effect on pupils, again echoing the sense that perceived fair treatment was a protective factor and beneficial for teacher-pupil relationships:

> Certain teachers if you tell them what's happened, they kind of find a way to blame you for it. They don't really take the blame for other things. It's like, okay, 'well that's your fault for not going to the canteen earlier, that's your fault for not bringing an umbrella in the rain'. They do make it out like it's your fault. (P3)

3.67 Anticipation of certain lessons was also a factor in mood, including length of lesson and teacher communication style within those lessons, with interactive learning favoured:

> I think if the teachers are more involved with us and we'd like the lesson, then it's easier, rather than if they're just sat at the front of class and telling us to fill in work sheets. (P2)

3.68 Pupils framed these issues as cumulative stressors which, in isolation, could be dealt with but when adding up over the day could have a significant effect on mood, both later in the day and at home. After-school activities could be supportive in dealing with the stressors encountered during the school day:

> I try to keep myself active all the time, doing sports and stuff. When I finish school, I think I've got that after school, so that's good, I can get rid of this hard day and then tomorrow will be an easier day. (P4)

3.69 When asked to consider how schools could address some of the challenges highlighted, communication emerged as an important factor for positive relationships, with suggestions that school staff be willing to listen to pupil accounts of factors impacting their behaviour, such as lateness. This also extended to consultation on lessons, where pupils would like more input on what makes a lesson more engaging.

3.70 Relationships were central to wellbeing, with pupils feeling they could talk to staff with whom they already had a good relationship however, even where a good relationship existed, they discussed concerns over what happened after they may have confided in someone. Some suggested that teachers shared disclosures with other staff, stating that when they made this disclosure they had not expected that to happen. This could lead to reluctance to discuss issues in future where it had not been made clear that the information would be shared:

> Some people don't want to go to the teachers, because say if something had happened and they tell the teachers, who are like, yes, this is going to stay between us, it won't go anywhere else and then it goes to the other teachers who find out about it… (P1)

3.71 Even where pupils recognised that the teacher may have had positive intent, it was still perceived as a breach of trust:

> I've told the teacher why I've been stressed in the day, and they'll say, 'yes, this will stay between us it's fine'. I'll go to another lesson and a teacher will be like, 'oh I heard you were stressed in this lesson, what was wrong', in that lesson and will say, 'are you okay'? They're trying to help but it's not helping because the other teacher has told someone else. (P4)

3.72 This also generated worries that parents would be told of something that they had not intended to share, particularly where someone may have a challenging relationships with their parent(s):

> I think also if people have the relationship that they're really open with their parents then they will tell them. I don't think it's the school's place to get involved. (P3)

3.73 Despite these concerns, it was still considered preferable to speak to a trusted adult in school than someone from an external service who you had no existing relationships with:

> I wouldn't want to speak to someone outside of school, because you don't really know them on a personal level. With the teachers you've known them for four years now, you kind of know them. People outside of school you don't know them and they don't really know you so they don't understand. (P4)

3.74 For some, this was a member of the pastoral team, which in this school consisted of dedicated pastoral staff with non-teaching roles. These were seen as more proactive in approaching students who they may have concerns about than other school staff.

ALPHA consultation 2

3.75 A second youth consultation was held to discuss emerging findings. The group were asked to discuss the role of 'trusted adult' and how this could be supportive or challenging in a school context. Their responses suggest a desire for a mix of informal and more structured support, where informally, a pupil speaks to a staff member whom they trust and have an existing good relationship with. This was coupled with the suggestion of a more designated 'trusted adult' role, with certain staff known in school as a trusted adult, meaning that they could be approached by pupils. It was suggested that this person have more advanced training in the supporting role. The interpretation of 'trusted' was someone who was professional and honest in their responses.

3.76 The concept of trust was also strongly associated with how a staff member treats a disclosure when a young person speaks to them. It was widely felt that there was a disconnect between pupil and staff views of these discussions, with an assumption of confidentiality by pupils but staff frequently sharing information with other colleagues. This was accepted as necessary at times where the issue included risk of harm to the young person or where the staff member may need additional guidance, but seen as a breach of trust if discussed with other staff without the young person being made aware of this. There were particular concerns over the position of supply teachers with whom the young person has no relationship but who may be party to disclosures they have made.

3.77 Group members advocated for clear communication from school staff to pupils about the situations where sharing would be necessary and a default assumption of confidentiality in all other cases. Where a staff member felt that they needed to seek additional guidance from a colleague or external expert, it was suggested that this first be done without naming the pupil involved and, if the situation necessitated further involvement of other people, the pupil should then be informed of any information sharing and their consent sought where possible. This was

felt to be particularly important were the school sought to involve families in any discussions. The underlying principle outlined was that any information sharing should firstly be of benefit to the pupil and that this should guide decision making.

3.78 Group members also discussed the concept of a safe space within schools, representing somewhere a pupil could go when needing to. This was seen as somewhere that could serve a dual purpose, firstly as a space where a young person could go and simply be quiet, without having to speak to anyone if they didn't need it but just to allow time to think or process. It was suggested that other options for disclosure be offered here, for example a pupil could write their thoughts down and then either keep or destroy the written material as they preferred. The second function of the space would be access to someone to talk to if needed, with either the nominated trusted adult discussed above or external experts whose presence in school at a particular time had been made known. In relation to confidentiality, it was again felt that attendance at this space should be made known only where it may impact on attendance/lateness records, for example to one classroom teacher, otherwise it should not be shared that a young person had accessed this setting.

Interviews and focus groups with adult stakeholders

This section reports analysis of interviews and focus group discussions with adult stakeholders on conceptions of a WSA, both as a concept and within the existing school system, as well as what people consider to be core components of the approach. This data contributes to programme theory and theorisation of how a WSA may bring about desired changes by identifying what actions and inputs may be needed and why. This then contributes to recommendations for evaluation planning based on inputs identified by participants.

Defining mental health and emotional wellbeing

3.79 Stakeholders were first asked to reflect on the meaning of the terms 'mental health' and 'emotional wellbeing', with differing views on the degree of disparity between them and on the importance of any distinction. Some felt that 'mental health' implied a greater degree of severity than the more generalised 'emotional wellbeing':

> I'm talking about wellbeing being a little bit more holistic I suppose, whereas mental health is an aspect of wellbeing. I suppose. I can't really define it because you could define mental health being an aspect of everything as well so, but yes, I think of wellbeing as being slightly broader. (group 2, P5)

3.80 Emotional wellbeing was often considered as more all-encompassing and being influenced by a broader range of factors, including physical health, home life and school function. Some suggested that promotion of positive emotional wellbeing could be protective of mental health, while others indicated that, in practical terms, the distinction was less important – the key issue being instead the actions taken to promote a positive state, whether that be defined as mental health or emotional wellbeing.

3.81 There was, however, broad agreement on the benefit of consistent use of terms within a WSA to – and within – schools across Wales. This would enable common understanding among school staff, pupils, parents and those at policy level about any future interventions or activities introduced as part of a WSA and challenge any misconceptions:

> Sometimes I guess the word 'approach' can be misleading, sometimes people think that an approach is that they need something, a resource or a package off a shelf and that's what they follow, within sequential steps but that approach is not an approach as such. It's your school ethos, the mindset of the individuals that are working in there and how that filters across everybody really, the whole community. (group 1, P5)

3.82 When asked to consider how this terminology should be established, many cited Welsh Government as the lead for this, with a responsibility to communicate shared terminology on both mental health and wellbeing and a WSA, which should then be used throughout both the Health and Education policy and practice systems.

Definitions and aims of a WSA

3.83 Stakeholder conceptualisations of a WSA were centred around: inclusivity, shared ethos and system-wide change. Most discussed the need for inclusion of all those who are in, or come into contact with, the school, with key actors sharing a common understanding of what the school was aiming to achieve through a WSA. As with definitions of mental health and wellbeing, many felt that a shared understanding of the way WSA was being used was key, not only to facilitate consistency of working but also to be able to assess equity of provision of the WSA across regions and population groups. It was recognised that equity of access to services should be an explicit aim of the WSA:

> It has to be a joint approach for consistency and also equality of provision as well. If you're in North Wales you need to get the same provision or access to the same provision as you do in South Wales. (group 5, P3)

3.84 Many interviewees suggested that a key element of the WSA was a shared ethos around mental health and wellbeing which, while hard to define clearly, included elements such as a shared positive language for discussing mental health, which in turn promoted school as a safe place to have those conversations for both staff and students. This included widespread awareness of fluctuations in mental health over time, for example at times of increased stress such as exams, as well as manifestations of challenging behaviour. It was frequently stated that such fluctuations in mental health must be acknowledged in staff as well as pupils, with the understanding that healthy adults within the school system are imperative for supporting healthy pupils.

3.85 It was acknowledged that such an ephemeral concept as 'ethos' was hard to measure within a WSA but suggested that it was something that you could 'feel' on interacting with a school. Of fundamental importance was the view that to be a WSA, the programme must involve active, on-going, system-level change and not just be a short term exercise:

> This can't be one-off training thing or as you say, you mentioned earlier '…' about documentation looking lovely and then all that sits on a shelf. (group 5, P2)

3.86 This meant active engagement with key actors throughout the school system, policy development and review, and the development of systems and process to actively promote good mental health rather than taking a reactive approach. The WSA should be viewed primarily as a process rather than an intervention, with ongoing revision and review to adapt to local need and learning.

3.87 When people discussed the aims of a WSA, responses were focussed around building skills and competencies, delivering system-level culture change and embedding evidence-led processes. It was notable that responses to this question frequently focussed on more immediate, implementation based goals rather than measurable longer term outcomes. Where longer term outcomes – including measurable improvements to mental health and wellbeing – were discussed in response to this question, it tended to be as a product of earlier work to effectively embed the WSA within the education system.

3.88 Frequently, skills and competencies were described as being both outcomes of the WSA but also acting as mechanisms of further change. For example, interviewees referred to building resilience as both a short term aim of the WSA but also as a means of promoting mental health. Similarly, school connectedness was cited as an aim of the WSA but with recognition that it would support improved mental health:

> You know, like connectiveness, relationships, is really important for secondary age children, having that connection with staff makes them want to go to school, and makes them feel positive doesn't it? (group 3, P1)

3.89 System-level culture changes referred to included: communication of shared values and behavioural expectations to all those in the school system, promotion of empathy in relation to mental health, as well as modelling positive behaviour in relation to mental health. This would not only aid in embedding the WSA but would promote longer-term reduction of stigma around mental health among all stakeholders. Communication included explicit reference to the association between mental health and wellbeing and academic attainment, as a means of increasing buy-in to the WSA where initial scepticism may be encountered.

3.90 Many cited empowerment as a key aim, both in supporting pupils to look after themselves and each other and in supporting staff to feel that they have the ability to better support their own mental health and that of pupils and colleagues. This included an opportunity to discuss the negative impacts of school practices on mental health for those within the system.

Core components

3.91 Participants were asked to consider components of a WSA and how these may work to bring about change. As discussed above, there was fluidity in the way participants identified components and outcomes of delivery, with short/medium term outcomes of implementation becoming mechanisms of longer term change once embedded. This underpinned the key

conceptualisation of the WSA as an iterative process, with stages of implementation building on each other to generate system change. Monitoring and evaluation of change is briefly discussed below, but specific reference to key measures is presented in Chapter 5.

Buy-in to a WSA ethos

3.92 All of those inside of, or in contact with, the school system were thought to be able to contribute to the aim of developing a shared ethos and culture around promotion of mental health and wellbeing, evidenced through everyday actions as well as potential new interventions:

> …so little things like when children arrive at a lesson are they greeted with a teacher that smiles at them and greets them by their name, or are they greeted by a teacher who barks at them to take their coat off. (group 1, P3)

3.93 This meant use of positive language and communication, maintaining awareness of the WSA and being open to practice change and development where applicable. Senior Leadership Team (SLT) within the school were highlighted as particularly important in initial communication of the aims and roll-out of the WSA, both to other school stakeholders and to those outside of school. This included explicit recognition of the wider relationships key to a WSA:

> We need to be fair to schools in that we're not pinning everything on schools here. Children's wellbeing and mental health is not fully accountable to schools. They have an important role to play. We also need to be careful and not over, over expect what schools can do when obviously, particularly in the younger age groups, when home is by far the most influential factor on their wellbeing. (group 1, P4)

3.94 Many suggested that without emphasis from SLT on the importance of this approach, it would be difficult to gain buy-in and momentum, potentially derailing the WSA at an early stage through not addressing staff concerns. Developing buy-in should also involve being aware of, and responsive to, concerns of those in the system over what is expected of them, for example in ensuring clear communication to teachers and other school staff on what is expected of them and what the limits of safe action are.

3.95 Within schools, both SLT input and the presence of an enthusiastic team/champion were seen as key to drive this forward. Potentially challenging attitudes included seeing the WSA as being less important than a focus on academic attainment and therefore not prioritising it, which was seen as a view that both school staff and parents may hold. This should be challenged by making links between wellbeing and attainment more explicit:

> Healthy adults make healthy children which makes good results and I think that needs to be a fundamental message, held. (group 5, P2)

Resourcing/training

3.96 Training was identified as central to the potential of a WSA, with wide-ranging suggestions as to what would be most beneficial and to whom. This included training for all staff on patterns and

prevalence of mental health issues in young people to increase general levels of understanding and improve responsiveness to pupil disclosures:

> …actually it's upskilling staff to be able to identify or spot issues that are being displayed or behaviours by pupils. But also if a pupil talks, wants to talk to you about those sorts of things, how do you respond, how should you respond (group 4, P4)

3.97 However, while some universal training was favoured, it was felt important to encourage staff to be honest about their own strengths and limitations and to accept differing levels of involvement. It must be communicated that, while all are expected to contribute to a WSA, this does not imply expectation of becoming specialists:

> I think the teachers do need training, but they don't need to know everything and anything about that subject, they just need to know enough for day to day of if something occurs, then you make sure that they're doing everything they should be doing correctly. (group 3, P2)

3.98 Some suggested that suitable training on supporting mental health and wellbeing be embedded in teacher training to increase future sustainability of the WSA. Training for staff on ways to support their own mental health was also favoured, but must be considered with sensitivity to existing challenges that some may be experiencing and that they may not wish to emerge at work.

3.99 Many stressed that suggestions for training must be supported by resourcing for school staff time for attendance and with forward planning of how learned skills would be utilised, with fear of loss of skills over time without this consideration. It was also noted that Welsh-medium schools should not be disadvantaged in accessing training or resources, with funding for Welsh-language provision made available.

Policy review

3.100 A review of existing school policies in relation to mental health and wellbeing was seen as a key component, both for policies specific to mental health and for those that may be associated, such as behaviour management strategies. This included review to identify whether policies are consistent with the positive ethos discussed above. It was stressed that policy must translate into meaningful change in school practices to facilitate a joined up approach to supporting pupils:

> An example of where it's really poor is when you've got a behaviour department and you've got a wellbeing department and it's completely separate and nobody knows where the child actually sits, but everything is wellbeing and then of course behaviour, so you get a child who is having a panic attack or something and they're in trouble because they're also late for a lesson and they end up in behaviour. (group 1, P1)

Universal mental health promotion/prevention and targeted support

3.101 Discussion included changes to school processes for both promoting improved mental health through universal provision and for more targeted responses where need was identified. This included evidence-led activities for mental health promotion/prevention delivered by both classroom teachers and specialists, as well as targeted support provided by mental health

practitioners for any pupils, staff or family members who are identified as in need. Many referenced the impact of positive relationships as well as more formal intervention, illustrating the importance of a supportive culture within the school. This was seen as a key part of in-school support which may be an important 'holding step' before, or instead of, any external, specialist provision:

> …just to be able to have an emotionally available adult, a trusted adult in their lives will stabilise a lot of these issues and not have to quickly signpost them to another service that they may need or deemed as mental or emotional health (group 5, P3)

Participants often felt that schools should aim for best practice by drawing on research evidence to support planning and delivery of actions. Planning should include mental health specialists and also school staff who may be involved in the delivery of classroom-based programmes and activities.

Working with external providers

3.102 All agreed that access to specialist support for mental health and emotional wellbeing was fundamental to a WSA and should be embedded alongside in-house provision and activities. Most cited CAMHS as the main point of contact for this support as well as for training. Specialist services were seen as complementary to school efforts to support pupils:

> It's that next tier isn't it? Schools have always wanted to manage or try to manage, for example if it's a pupil's behaviour that becomes too extreme, or the pupil's actions have become self-harming, they always try to manage them within the school. But it becomes too extreme for the school… (group 1, P2)

3.103 But with the caveat from the same respondent that, historically, services were often less accessible than schools needed:

> …its access to has always been the issue that schools have had, because historically we couldn't refer to CAMHS. So we were always just saying to parents you need to go to your GP, or if it's really bad take them to A&E, and then get them access. But basically the CAMHS system is very stretched, particularly across (*this area*). (group 4, P3)

3.104 It was suggested that, as schools should aim to develop relationships with external providers, an aim of a national WSA strategy should be to increase capacity and equity of provision across Wales.

Response to the Covid-19 pandemic

3.105 Participant views of the impact of the Covid-19 pandemic on school function and particularly on mental health and emotional wellbeing were discussed. This contributes to understanding of how any current contextual changes within schools may impact on delivery of a WSA or may change what inputs are needed as part of that delivery.

3.106 The strains on the education and health systems in light of the Covid-19 pandemic were discussed, with respondents suggesting that the current situation had emphasised the need to focus on staff and student wellbeing even more than before:

> …obviously with Covid, it's emotional health and wellbeing, has really been brought to the fore, hasn't it? (group 3, P3)

3.107 It was suggested that this emphasis could support buy-in to the aims and rationale of a WSA, which offered a means of generating system-wide change responsive, not only to day to day challenges, but also more unusual large-scale events such as this. It was noted that schools are still coming to terms with exactly what Covid impacts look like for their pupils and staff in terms of the support needs generated. Some suggested the importance of not pathologizing 'normal' experiences among pupils i.e. acknowledging that feeling some level of anxiety in response to the pandemic was a reasonable response, while being aware of those for whom this becomes more of an issue to mental health. Staff must also be mindful of not making assumptions about uniformity of impacts across the school and to liaise with parents to understand impacts on their children:

> My daughter is a happy go lucky A stream student, throughout this experience of Covid she's just become a different child and said to me the other day I just feel sad all the time and I don't know particularly why. Obviously, we have to be able to, the school needs to be able to liaise with parents about anything they notice about their children's mental health that doesn't seem ordinary. (parent group 2, P1)

3.108 This should also include understanding additional strains on mental health and wellbeing for parents as a result of the pandemic:

> It's fine making sure the kids are coping during Covid, but no one's checking in on the parents from a school perspective to check how we're doing, what's going on. (parent group 1, P5)

3.109 There were concerns that potential benefits of a WSA could be constrained by financial pressures due to Covid-19 responses, which could mean cuts to funding across many areas that would directly influence the delivery of a WSA. This included supporting specialist mental health agencies, as well as other services supporting schools, such as Police Liaison, school nursing etc. While the rationale of the WSA may be more accepted and acknowledged at present that ever before, the challenges of available resourcing, as well as the increased strain on both staff and pupil wellbeing, meant that this was viewed as a particularly challenging time for delivery of a programme of this scale.

4. Findings 2: Implementation of a whole school approach

SUMMARY FINDINGS

More evidence was found on how to proceed with WSA implementation than on measurement of outcomes, with the value of high quality implementation emphasised. Findings suggest that, without sufficient focus on implementation, desired outcomes are less likely to occur.

Implementation guidance for schools, based on the core components outlined in Chapter 3 and below, would support consistent delivery. Guidance should have scope for schools to adapt based on understanding of their own settings. This can be informed by mapping existing assets/strengths, including staff skills and training, existing staff capacity, local service provision and existing activities on mental health and emotional wellbeing.

Data analysis also supports mapping needs, through whole-school and targeted surveys, use of routine information and supplementary qualitative data to capture views of staff, pupils and families. This should form the basis of WSA action planning and will highlight variations in baseline needs across schools which are likely to impact WSA outcomes, including within non-mainstream schools. This will also capture changes to mental health and emotional wellbeing resulting from the Covid-19 pandemic.

Analysis of reviews suggested that a WSA should include evidence-led activities for mental health promotion/prevention delivered by both classroom teachers and specialists, as well as targeted support provided by mental health practitioners for any pupils, staff or family members who are identified as in need. Some concerns were expressed over the lack of Welsh-language resources for use in classrooms.

NHS professionals/services were universally agreed to be key to this targeted support. This includes staff such as school nurses, local health boards, or national organisations such as CAMHS, however school staff reported lack of clarity on how and when to refer effectively to CAMHS in some areas, as well as lack of capacity in some parts of Wales and lack of Welsh-language provision.

Buy-in to a WSA is underpinned by clear communication with all associated with the school system, led by School Leadership Teams with the support of ‘champions’ if possible, who may act as liaison between internal staff and external organisations and resources.

Data suggests that schools should aim for inclusion of all stakeholders, including pupils, families, school staff and community services, in developing their WSA. Pupil voice is emphasised, however guidance on meaningful pupil consultation, particularly to include those most in need in the school population, is limited.

Data supports collecting families’ views during development and implementation of a WSA, but with caution over potential stigma around discussing mental health. Promoting an open door policy for families to engage with the school, as well as clear and regular communication on school activities, were identified as the most effective ways of including parent input and avoiding challenges around stigma and mental health. Pastoral and teaching staff were identified as most important in linking with families.

WNHSS and local authorities may be key potential partners in supporting schools to meet staff training needs and advising on school training plans if required. Welsh Government were also identified as key providers of information of availability of support services and evidence-informed interventions.

4.1 This chapter will present findings from data analysed for this research, with a focus on implementation processes for the delivery of a WSA and key actors identified as significant for these processes. Focus on implementation relates to research aims of identifying core programme components and considering how these will 'fit', or otherwise, with existing school activities. This is essential to understanding the operation of the WSA in different school contexts and to identifying pathways to desired short and longer-term outcomes, in order to build programme theory. This supports existing evidence within implementation science that effectiveness is associated with quality of implementation in a given context (Pfadenhauer et al., 2017).

4.2 It will commence with findings from document analysis, followed by findings from overview of reviews and then from qualitative interviews/focus groups. Statements throughout the chapter are derived from the data and are included as they were identified by the researchers as key information.

Document analysis: documents from statutory services

4.3 Within documents, guidance on implementation emphasised actions across the whole school system, with reference to the early phase of needs mapping and gathering information on the school population. This included identification of barriers to implementation and working with existing school structures to embed a new programme theory. Key recommendations on implementation are summarised here along with identification of key actors identified as central to implementation.

4.4 Documentation emphasises the role of key actors in creating a WSA; with some defining specific roles and responsibilities to particular groups, while others leave this more open to interpretation so that the schools can adapt to their own contexts. A summary of the main actors cited is provided below.

The Role of Leadership

4.5 The responsibility of senior leaders across schools is an area of agreement, indicating that without strong and committed leadership, the WSA risks disjointed implementation and burdensome responsibility falling to less authoritative staff within the school. School leaders were identified as key in promoting the importance of mental health and wellbeing and in recognising the links between learner wellbeing and school policies, outputs and actions. Senior leaders are expected to drive the assessment, implementation and evaluation of the WSA and to ensure that the ethos of the school promotes this culture of support, for both staff and students. The emphasis here is on ownership of the WSA and integration into the school improvement plan.

4.6 Documentation from DfE refers to the role of senior leaders in cultivating an ethos and 'culture where calm, dignity and structure encompass every space and activity' (DfE, 2018). This is dependent on a clear vision set for the school with defined levels of accountability for every actor in the school community. Senior leaders are also encouraged to clarify how the wellbeing needs

of the students are aligned with the school's mission, identity and teaching strategy; this includes reviewing the structure of the school day to allow protected time to build relationships and for additional activities to support wellbeing.

4.7 The tone of school management is also discussed, encouraging leaders to be non-judgmental and supportive of students and staff in reviewing their mental health and emotional wellbeing needs, to not avoid difficult conversations and offer help where needed. This includes providing relevant and appropriate training for staff and allowing individual interest in wellbeing to flourish. The importance of appropriately qualified/experienced school governors to increase accountability of senior leaders in driving the approach throughout the school is also acknowledged.

Mental health leads/champions

4.8 The role of a champion is variably described, but consistent elements involved cascading a WSA across the school and driving change where it is needed. There is some difference in the placement of this role, in terms of whether the champion should be a senior leader, a staff member with senior leadership support or an external advisor. It is noted that teaching staff may not have the relevant specific knowledge to carry out this role, meaning that additional training and support may be required for the staff involved.

4.9 The population and location of a school can affect this selection. In smaller schools, notably primary schools, the champion may have less of an active leadership role but be designated to coordinate activities and sources of advice, with the main driver of the approach being senior leaders. In larger schools this role may be shared by a team of people, which is noted as a more sustainable model.

4.10 Documentation also suggests that the champion may act as liaison between internal staff and external organisations and resources. Either the champion or the designated team would work closely with local mental health services including specialist services and GP practices. Although this role appears potentially burdensome, support would be needed for this champion or team from external health professionals and internally from senior leadership to ensure that this is not the case.

Pupil Voice

4.11 All documentation stated that pupil voice was central at all phases of establishing a WSA, especially at the implementation and needs mapping stage, however guidance on meaningful consultation, particularly to include those most in need in the school population, is limited. The value of giving students a voice within their school is seen as a way of increasing pupil confidence, both in themselves and the programme. Some documents suggest using existing structures to strengthen student voice, including school councils and youth parliaments. However, the extent to which these structures will engage the views of more vulnerable or marginalised pupils is unclear and it is notable that documentation offers limited discussion of this.

Engaging Families

4.12 Some documents referred to the whole school 'community', within which parents play a vital role in engaging with the school and promoting the ethos of good wellbeing at home. This community should also include parental support for mental health issues, including greater reach of services as part of a community-style approach.

4.13 The importance of engaging parents in the development and construction of a WSA was seen as key in all documents, as well as maintaining channels of open communication to the school and with other relevant agencies.

4.14 Documentation strongly supported involving parents at all stages of needs mapping and implementation, although caution was noted regarding involving parents in certain circumstances where children may not want information to be shared. Analysis highlighted that many families are not aware of the mental health support available to them or their children from school and that, as key stakeholders, this should be promoted within the implementation of a WSA where possible.

4.15 Department for Education guidance suggests that potential inclusion of parents can be problematic where some parents may feel a stigma towards mental health or wish teachers to breach confidentiality regarding their own children (DfE, 2017c). Parent/carer inclusion was noted as being more accessible in primary schools as teachers have more direct contact with parents 'at the school gates', than at secondary schools. Promoting an open door policy for families to engage with the school, as well as clear and regular communication on school activities, were identified as the most effective ways of including parent input and avoiding challenges around stigma and mental health.

4.16 The role of parental and family engagement was located with pastoral and teaching staff, including promoting contact outside of the school day. A number of activities were listed in order to develop this contact, including events such as coffee mornings, grandparents' groups, working with community groups and faith-based organisations. Particular reference was given to families of non-English speakers, ensuring that they were encouraged to engage with the school through clear communication in a language of their choosing. Numerous means of contact were listed including websites, apps, emails, and accessible areas for parents on school websites. At the implementation stage it was seen as key to collect and include parents' views, however this was tempered with caution that parents may provide negative feedback if they felt there was a stigma around discussing wellbeing and mental health.

Pastoral and Support Teams

4.17 Pastoral staff were identified as able to provide more specialist support within schools and reduce the workload of teaching staff in the support and referral processes for students. Pastoral staff may have enhanced knowledge of safeguarding, counselling and student support; placing them in a key position of proving universal but also targeted support. Whilst documentation places particular importance on the role of senior leadership to create and drive the WSA, consideration

is given to the role of pastoral staff who are situated to ensure that problems are identified early and handled effectively.

Working with External Partners

4.18 Documents cite working with external partners as a core part of a WSA, suggesting building on current relationships, for example with Local Public Health Boards and organisations such as CAMHS and in Wales, the WNHSS.

4.19 NHS professionals/services are universally agreed to be key within the WSA. This includes in-school staff such as school nurses, local health boards, or national organisations such as CAMHS. An example provided is that of school nurses in Scotland, who have an enhanced role in supporting pupils during the transition between primary and secondary schools. This enhanced role is echoed in guidance from Public Health England, highlighting the role of the school nurse as one who can work at community, family and individual levels and provide a valuable face-to-face service to school pupils.

4.20 In Wales, the network of Healthy Schools (WNHSS) operate at local authority level to provide health support and guidance to schools. Some documentation suggests that local authorities and health boards may be sources of information on health behaviours in local school age populations which may support strategizing use of resources.

4.21 In Wales, particular emphasis is given to the role of the local authority in supporting a WSA, namely by 'co-constructing policies, coordinating services, mapping provision and delivering professional development opportunities with other key stakeholders' (Education Wales, 2021a). Documents outline local authority roles at implementation in supporting mapping activities, allocating funding and supporting schools' senior leaders. Local authorities may be able to operate in a liaison role, signposting to groups who can support schools with evidence-based advice and support and helping schools to develop a full understanding of what services are currently available to them locally and nationally.

4.22 Local authorities may also act as liaison between schools and both PRUs and locations where children may be educated outside of the school. This also extends to students who are home-educated or cannot attend mainstream education due to illness. Local authorities also provide links to police and youth services, including youth work support teams who can provide support to schools.

4.23 The emphasis on working with mental health agencies was heavily referenced, primarily stressing building relationships with NHS services, including CAMHS, and Local Authorities in order to best support the school and its population. The responsibility for this was located with head teachers and senior leaders who are encouraged to form links across the boundaries of education to health bodies and associated groups. However, while working with external partners is encouraged, documentation cautions against reliance on outside agencies in delivery of a WSA, instead stressing the development of capacity within schools.

4.24 It is suggested that, by developing relationships, mental health services can be brought in quickly and effectively to alleviate pressure on schools when pupils' mental health needs become greater or more specialised than the skills of the staff. However it should be noted that this may not accurately reflect local capacity within mental health services, which may not support this level of responsiveness.

Needs mapping

4.25 Documentation emphasised an understanding of the current mental health and emotional wellbeing needs of the school population as the basis of a WSA. Different means of obtaining this baseline data were suggested, including undertaking whole-school surveys incorporating pupils and staff, data from local authorities, sharing data from feeder or cluster schools and using existing school data (attainment, attendance, behaviour). In Wales, secondary schools are advised to sign up to the SHRN to access relevant data reports.

4.26 Particular importance is given to incidental data drawn from the viewpoints of staff, students and parents. Other potential sources of qualitative data include discussion and focus groups, inspection reports and school improvement or development plans. There is general consensus within documents that triangulating data from a range of sources will give the most robust understanding.

4.27 When assessing the student population, specific consideration should be given to children from vulnerable groups, including children with special educational needs and those who are more at risk of poorer mental health and wellbeing. Schools are encouraged to develop appropriate and timely support mechanisms based on their needs mapping phase. Some documents also referenced the 'pinchpoints' in the school year that can cause additional stress to all students, including transition to secondary school, sitting exams and receiving exam results. In the course of a school year these are mostly static and additional support can be planned to meet needs at these times.

School-based support

4.28 Alongside mental health agencies, particular attention was given to health services already located within schools, including school nurses, educational psychologists, the WNHSS (in Wales), and specially trained pastoral staff. These were seen as key agents in providing support and building relationships with children away from the classroom and academic activities, bridging the gap between school and external health providers.

4.29 Examples of enhanced in-school support included practice in Scotland, where the role of the school nurse was reviewed in 2016, with a new focus on prevention, early intervention and support. In England, the Department of Health and Social Care announced a designated Senior Lead for Mental Health (2018) for all schools along with funding for Mental Health Support Teams to work closely with schools, specifically in line with the WSA. It is suggested that these figures should have input into the design of curriculum and behaviour policies to support the approach in schools.

4.30 Specialist support is seen as central to providing opportunities for children to recognise and understand their own mental health needs, and work towards destigmatizing mental health needs. It is cautioned that anyone brought into the school to support mental health should have proper professional training and that any interventions should be clearly evidenced based and not cause harm to the student population.

Preventative Support for Pupils

4.31 Prevention was strongly emphasised throughout the data, with promotion of a healthy mental state emphasised alongside intervention for more acute need. Prevention activities include extra-curricular activities to promote staff-student and peer relationships, relaxation exercises and physical education, mindfulness, worry boxes in schools, online counselling or apps and buddy or mentoring schemes. There was significant emphasis of the role of staff in prevention activities, through observations and discussions with students and other staff members, to identify opportunities for early intervention. Some documents suggested collaboration with other schools and mental health organisations to build resources and promote awareness.

Provision of safe spaces

4.32 The school environment was highlighted as impacting on the health and wellbeing of the school population; with the creation of safe and confidential areas for students and staff particularly important to supporting wellbeing. The use of safe, confidential spaces for students to seek help must be balanced with the need to avoid stigma around certain areas of the school grounds.

Staff training

4.33 The importance of upskilling and supporting staff was one of the primary issues discussed throughout documents, as a key element in promoting and sustaining the WSA, however there were different conceptions of how this could and should be enacted and funded.

4.34 In Wales, guidance states that having ‘emotionally and mentally happy’ staff will reinforce the values of the WSA across multiple school levels (Education Wales, 2021a). The wellbeing of staff is of critical importance, including their confidence in interactions with students to best support their wellbeing. The role of the teacher was described as evolving from a position of referral to being an active agent who can ‘hold on’ to information and be confident in supporting the student, supported by access to training. Documentation places the responsibility for this on senior leaders, to ensure that all staff have full access to training. In terms of professional development it is suggested that this should be part of a continued cycle of development and training should be offered to all staff, including non-teaching staff who still provide a vital role in supporting students. Training should centre around recognising changes in behaviour that indicate poor mental health and wellbeing and on increasing teacher confidence in supporting students, including knowing when to refer on to specialist services outside of the school.

4.35 In England, a key training model is Mental Health First Aid (MHFA), with UK Government funding to train all teaching staff in MHFA by 2022 (Department for Education, 2021). Consideration is

given in other documents to free or fee-paying external training schemes and NHS courses, with emphasis placed on cascading training from these to the wider school community, however resourcing for accessing training is generally not clarified.

4.36 Documents asserted that training must be appropriate to the school context and staff should have suitable time to firstly, access and undertake training and secondly, to consider and practice these new skills within their own setting. Training may also be considered within initial teacher training.

4.37 Documents widely recognise the need to support staff with their own mental health, including time to consider their personal wellbeing training needs as well as addressing the needs of those in the school. This includes the importance of reflective practice as a tool to support staff in maintaining their own capacity to support others. In Wales, guidance echoes this by explaining that 'emotionally and mentally healthy teachers are better able to develop strong teacher-learner relationships' (Education Wales, 2021a). Peer support is included as a means of training and upskilling staff, providing safe and reflective spaces for staff to share experiences, provide support and to evaluate their role in supporting students' mental health and wellbeing. Peer training may also be the main basis of professional development undertaken within the school as a more cost-effective means of whole staff training. Other initiatives mentioned in the literature refer to 'random acts of kindness Fridays' and 'pockets of expertise' where staff are encouraged to develop a particular interest or specialism to then share more widely across the school.

Barriers to implementation

4.38 Evidence suggests a range of potential difficulties - both internal and external - in strategising, initiating and maintaining the WSA in schools. However, with clear lines of reporting and communication and defined school responsibilities, these barriers are anticipated to reduce as the approach gains momentum within the school setting.

4.39 Documents cite school staff reporting of lack of clarity on how to refer pupils to specialist mental health support, with confusion over the roles of CAHMS and GPs, including lack of clarity across services of who should be providing support, resulting in delays to students receiving treatment. Variable equity of access to mental health services in local areas can also compound this difficulty, with schools reporting referring students onto long waiting lists or to services that are already stretched. Equity of access was also noted in relation to pupils who were non-attenders or were educated outside of mainstream education, in terms of how they would access support if this was wholly school-based.

4.40 Prioritising a preventative approach may be challenging for schools against selecting from an immediately available range of interventions to 'fix' urgent problems. This was discussed against the backdrop of increasing numbers of students presenting complex needs that schools were struggling to address or refer on. Resourcing and budgetary constraints became difficult to manage in some case study examples within documents, as schools felt under pressure to buy in expensive intervention packages, data programmes, training and resources without having

established a whole school preventative approach. Exploration of potential relationships with local charities or third sector organisations is recommended to consider whether they are able to provide resources and support for free.

4.41 Documentation frequently notes that staff knowledge about mental health is reliant on training and development and, while school leaders are now able to build knowledge of mental health into recruitment (through recruitment and equality policies), many staff will be starting from a position of minimal understanding. Finding time for staff to complete training is also challenging within a busy school timetable, particularly where resources are limited and where schools may feel pressure for more immediate results in order to meet inspection or local authority targets. A clear commitment to training and development must be part of the ethos of the WSA that schools communicate to all those within the school system.

Document analysis: non statutory services

4.42 As above, this section considers key actors and activities underpinning implementation of a WSA, exploring key actors, school activities, working with external agencies and barriers to implementation. This data was extracted to contribute to the development of programme theory through identifying important aspects of delivery processes and key programme mechanisms. It also supports identification of programme components and actions that may need to be captured within evaluation to understand WSA impacts.

4.43 Within documents, descriptions of the WSA were often embedded within an implementation strategy highlighting broad principles and key steps. Documentation was frequently unclear on any accompanying resourcing for implementation, including discussion of capacity building but again lacking clarity on how this should be achieved. Further, while key steps are often listed and advice given on school actions to support implementation, programme fit within existing systems and structures at school level is under-developed or not addressed. Identification of key actors generally reflected content identified in documents from statutory bodies. Specific roles of note are highlighted here.

Senior leadership

4.44 All documents emphasised the importance of SLT in implementing and taking forward the whole school approach. Specific responsibilities included embracing and understanding the importance of mental health and wellbeing and its impact on pupils' learning and development. SLT are seen as key to setting the tone of the WSA and openly promoting development of an ethos of connectedness and openness. This means actively encouraging a balance between wellbeing and attainment and integrating mental health and emotional wellbeing into the curriculum. SLT should also consider opportunities to influence the commissioning of health services through attendance at local Health and Wellbeing Boards.

4.45 SLT are seen as the lead on the development and review of policies, ensuring that they reflect the ethos of a WSA. This includes policy in areas which can positively or negatively impact mental

health, such as equality and diversity, bullying and behaviour management. For the latter, it is recommended that behaviour policies reflect deeper understanding of the roots of the problem and explore opportunities for non-disciplinary responses which model the desired behaviour. Any policy review should also consider the needs of pupils with SEND (also referred to as ALN) and any necessary adaptations of a WSA.

4.46 SLT are also identified as pivotal in supporting staff mental health and wellbeing, including having systems in place to support staff with mental health difficulties within a 'psychologically safe' environment (BPS, 2019b). Staff should be provided with the opportunity to attend appropriate training for understanding factors that contribute to good mental health, early intervention, dealing with challenging behaviour and signposting to additional support. This should be accompanied by time to access supervision within existing workloads.

School governors

4.47 School Governors were also considered to have a role in a WSA, both in supporting senior leaders and in providing oversight and guidance to the school. Specific recommendations included having a named governor for health and wellbeing, recognising the importance of this within core business and the explicit links to academic attainment. While all school governors are viewed as links with families and the wider community, it is also suggested that a specific named person for health and wellbeing – including mental health – could be tasked with increasing these links. Suggested activities involved reviewing school strategy for communicating a WSA to families, including publicising the pathway for concerned families to contact staff within the school. This includes ensuring visible promotion of mental health and emotional wellbeing within the school site and on all public facing communications.

4.48 Actions also included identifying opportunities for increased collaboration with external agencies and the community. This may be done alongside review of relevant school policies to look at embedding a WSA, specifically in staff wellbeing policies and behaviour management approaches.

The role of parents/carers

4.49 Parental and family engagement was considered vital to the whole school approach. In terms of implementation, documentation was again vague on how to increase or improve family participation, however some specific discussion of the family-school relationship was included.

4.50 It was argued that schools should aim to generate a definition of a WSA that is easily understandable so that staff, pupils, students and parents can have a shared understanding of what is meant and what actions are being taken. This should be readily available to families through multiple communication channels. Communication should explicitly refer to the WSA as a partnership between the school, families and other agencies, with the aim of supporting all to be resilient and mentally healthy as well as providing more targeted support by liaising with external providers. Where referrals to CAMHS are being considered, schools should consider engagement with parents/carers and families, being mindful of the risk of families feeling blamed or stigmatised where pupils are experiencing difficulties. This may reinforce the role of parents as

active supporters of the mental health and emotional wellbeing of their children and build links to the school.

Pupil voice

4.51 All key documents strongly advocate for pupil voice as a core aspect to the whole school approach, as part of a WSA ethos of inclusivity. Pupil voice is generally defined as involvement in learning and decision making and should involve all pupils, including those with additional needs. It is viewed as, not only important in shaping a WSA within a school, but of benefit to those pupils involved in supporting the development of skills and character traits such as self-management, compassion and team work (e.g. as part of PSHE and character education).

4.52 Particular focus is recommended within the data on the inclusion of views from those pupils who are most vulnerable to poor mental health, with suggestions that schools should review who this constitutes in their individual context. Schools should then seek the input of those pupils into delivery of a WSA, however there is limited guidance on what form this involvement should take, how it should be led and what constitutes genuine inclusivity. Several documents consider engagement of pupils in a WSA through peer delivery of mental health education, suggesting that such approaches to wellbeing are effective and sustainable. However, limited evidence is included to support such recommendations and assessment of challenges within peer approaches is not made.

School activities: mapping current need and practices

4.53 Documentation suggests that, as part of WSA delivery, each school must be recognised as unique, with differing populations, needs and existing practices, which must be recognised and acknowledged. Needs and strengths assessment of all practice is routinely advocated as an initial activity within a WSA, with the aim of identifying contextual factors, existing assets and needs of those within the system. Mapping should also identify wider geographical variation in relation to specialist mental health services to understand availability of support and consider who to approach for partnership working.

4.54 While detail on how to undertake this process is often limited, identified steps in documents include: mapping what happens already; who leads activities; how information is communicated; who is involved within and beyond school; identifying concerns for whole school, specific groups and individuals; current challenges and opportunities identified.

4.55 It is suggested within the data that, when assessing current need, attention should be specifically paid to pupils with characteristics that may make them at greater risk of challenges to mental health. Schools can draw on routine information, for example on Additional Learner Needs (ALN) and free school meal (FSM) status within their pupil population, and may also wish to capture information on the following groups:

- care-experienced young people, who are also more likely to suffer mental health problems than their peers but less likely to access suitable mental health support

- LGBTQ+ young people
- young carers, including those with family members experiencing mental health problems and/or substance misuse problems.

School-based support

4.56 Many agents within the school system are identified as central to schools-based specialist support, with roles extended beyond those of teaching staff. This specifically relates to pastoral support systems and staff such as inclusion officers, school nurses and school counsellors. These are pivotal to not only providing on-site support but also in a linking role, potentially leading on referrals to more specialist external agencies for mental health and wellbeing available in the community.

4.57 Documentation suggests that schools should consider drawing on evidence-based interventions for on-site delivery, with specific reference made in documents to additional staff training in counselling skills and mental health first aid training. Schools may also consider their capacity to host group support, including family sessions supported by specialist agencies but hosted at school. This is likely to be contingent on resourcing and also on availability of external agencies in proximity to the school. BPS cite the value of having independent, trained counsellors available to pupils for those who wish to seek help outside of the school structure (BPS, 2019b). Their role can include both direct pupil support but also supporting staff in early intervention and preventing escalation of mental health problems.

4.58 Many documents outlined the importance of developing targeted support systems and structures for those identified as most vulnerable and potentially requiring specialised support. This may be provided by statutory services, such as CAMHS, but also may include voluntary sector providers. It was also suggested that local authorities can support schools in identifying local provision and in relationship building to develop referral pathways, skills and information sharing and, potentially, to identify training for school staff. However, resource implications are not always considered within documentation, for example in funding staff training or in supporting external agencies to increase their capacity.

4.59 In terms of provision of any written or digital resources to support mental health and wellbeing, schools should consider the language requirements of pupils and their families to promote inclusivity. They may also consider use of multi-sensory resources for inclusion of pupils with SEND (ALN), with examples including role play, dressing up, or acting and singing. While of specific benefit to those with SEND (ALN), all pupils may benefit from these approaches as a means of expressing complex and difficult emotions (Young Minds, 2021).

Staff training

4.60 Across a number of documents there was discussion of what staff needed in order to successfully deliver a WSA. Many documents called for the prioritisation of staff training and support to teach, respond to and manage pupil mental health. This included specific content on understanding risk factors for poor mental health and on the prevalence of mental health issues in young people,

including higher risk groups. Training was suggested on specific stress points and life changes, such as transition, providing teachers with information to discuss these routine challenges and support pupils experiencing them.

4.61 Training was also recommended on the role of external agencies and on more severe and complex mental health needs in young people. This may enlist the support of CAMHS practitioners to aid teachers in understanding and responding safely.

4.62 As well as training for WSA implementation, documents suggest that mental health and emotional wellbeing be addressed within a strategy of continuous professional development (CPD), with allocation of dedicated time for CPD relating to young people's emotional wellbeing and mental health. This should include new and emerging challenges to mental health, for example cyber-bullying. This must be done alongside workload reduction to ensure that it is not burdensome on staff. Furthermore, incorporation of mental health and wellbeing, and a WSA, into teacher training programmes should be explored for feasibility.

Working with external agencies

4.63 Data suggests that schools should establish clear guidance for staff on working with external agencies, including who to contact and how to make referrals. It is also suggested that Governments or local authorities should consider providing guidance on where schools can go for support and on how to develop collaborations with targeted services such as youth offending teams, primary care mental health services, school and youth counselling.

4.64 CAMHS are widely viewed as a key link for schools to support pupils with more severe needs. However, a number of challenges in working with CAMHS were discussed. It was noted that, particularly in some areas, schools face challenges accessing specialised mental health support where these are already overburdened. Further, teacher awareness of when a referral is appropriate is key, with not all issues meeting the threshold for traditional CAMHS intervention and some schools reporting frustration when referrals are repeatedly rejected for this reason. Communication between schools and CAMHS is key, including training for school staff on what may constitute an appropriate referral and, where a pupil has received external support, how that pupil can be supported once this may have ended.

4.65 It was acknowledged that the involvement of external agencies presents challenges for implementation and subsequent evaluation. Recommendations were made for consistent, system-wide measures to facilitate evaluation, although details of such measures were limited. This included a measure of relationships with external providers, to be built into existing inspection frameworks.

Barriers to implementation

4.66 A number of barriers to WSA implementation were identified throughout documents, often mirroring those considered within statutory service publications. These included issues around communication, specifically in the use of poorly defined or inconsistent terminology by those

promoting a WSA both within and outside the school, supporting the needs for clear guidance on terms and language. This includes ensuring that communications across and within departments of Government are unified in terminology around a WSA. Where different models of a WSA are in operation in a context, for example within different agencies, this is likely to add to confusion for schools.

4.67 Lack of resources is consistently identified as a barrier to WSA delivery, impacting many areas. This includes absence of funding to buy-out staff time for development and delivery, adding to perceived workload and potentially undermining staff support for a WSA. Lack of resourcing for specialist support is also likely to impact implementation, affecting the extent to which external agencies can meet demand for support and for training of school staff. This may be particularly challenging in light of the impacts on young people's mental health resulting from the pandemic, which have led to increased workload for existing services.

4.68 Document analysis suggests that existing school culture may also challenge implementation, including lack of buy-in at senior leadership level and the positioning of the current pastoral staff who, in some schools, may not have the influence to push the required culture change for a WSA. Lack of teacher confidence in discussing mental health, identifying signs of mental health issues in pupils and colleagues and in having conversations about mental health can also act to undermine a WSA if not identified and addressed through provision of training and support. Further, while building WSA monitoring and evaluation into existing inspection frameworks may be cost-effective and add to consistency of evaluation, some documents suggested that it may also generate fears over the process of being inspected for WSA activities. Clear communication about the aims and expectations of inspection are essential to avoid this.

Responses to the Covid-19 pandemic

4.69 As would be expected, few documents referenced the Covid-19 pandemic, although some recent publications did discuss a WSA in relation to covid-recovery. Here, findings from analysis of both sets of documents are combined to highlight current contextual issues which may impact the functioning of a WSA.

4.70 Documentation generally describes the Covid pandemic as having an unprecedented effect upon children, schools and families, with emerging evidence of impact upon pupil and staff wellbeing in schools due to school closure, online learning and disruption caused by lockdowns and isolation.

4.71 Within documents, the pandemic was often referred to as a driver for increasing awareness of the need to support mental health and wellbeing, with wellbeing being prioritised more than before. Continued communication within schools on the importance of mental health and an open conversation about pandemic impacts on all in the school system was stressed as significant.

4.72 However several potential challenges for development and delivery of a WSA were described, including challenges for creating and implementing plans and programmes during this time of increased pressure on the school system. This pressure includes poorer mental health among pupils, staff and parents/carers which may have been exacerbated by economic hardship, digital

poverty and access to teaching and illness. Documents suggest an important role for parental engagement in understanding the challenges and impacts on children and families during the recent period. The tone of school-family communication needs to be considered and adapted to reflect this, including new assessment of free school meal entitlement where some families are experiencing new financial hardship. Schools awareness of the risk of widening of existing inequalities is also stressed, with focus on vulnerable groups of learners. It was also noted that some pupils will experience greater anxiety from being in school than they may have throughout, meaning not assuming the same experience for all regardless of any shared underlying vulnerabilities. The importance of data-led action planning for delivery of a WSA is therefore paramount.

Overview of reviews: implementation

4.73 This section presents synthesised findings from the overview of reviews identified from searches of the published research literature, in relation to key learning on implementation and barriers to effective implementation. Overall, there is significant variation in approaches to the delivery of system-level intervention within schools. This includes evidence on what constitutes effective implementation for whole school and for population sub-groups. Bunting et al., (2019) in a review of trauma-informed whole school approaches, cite weaknesses in the current evidence on implementation of system-level programmes, associated with methodological weaknesses and with absence of outcomes data, particularly long-term follow up data to understand what inputs into the system may be associated with what outcomes. This is echoed by Maynard et al., (2019), who identified no studies meeting their criteria of RCT or quasi-experimental design, resulting in very little quality outcomes evidence to support trauma-informed system-level approaches. However, the reviews identify implementation as fundamental to the attainment of improved mental health outcomes and therefore to the performance of a WSA. Certain processes are suggested to underpin effective implementation.

4.74 Review evidence suggests that implementation should be supported by clear guidance, as well as policy at a school level, with implementation that is not supported by policy and guidance less likely to be successful (Bunting et al., 2019; Sharma et al., 2017). Involvement of school leaders is key to this as an indicator of support for school-level change and communication of a whole school vision (Lund Nielsen et al., 2019). When reviewing their policies, schools should aim for cohesion across policy areas, including modifying disciplinary practices to reflect understanding of challenges to mental health. This should include guidance for staff on modelling positive behaviour and consideration of environmental contributions, for example provision of safe spaces (Maynard et al., 2019).

4.75 Schools and supporting organisations invested in implementing a WSA should consider a protocol on communication within and outside of the school system (Maynard et al., 2019; Lund Nielsen et al., 2019). This can then guide the WSA message and increase consistent understanding of programme content and aims. This is important for increasing involvement of

key parties, including pupils, families and all staff, as well as communicating the school programme to external specialists who may contribute support.

4.76 Involvement of all stakeholders in programme development is widely recommended to ensure higher levels of programme acceptability, meaning the extent to which the programme is accepted by the target audience. Initial consultation is recommended to increase pre-programme engagement (Lund Nielsen et al., 2019). Greater understanding of the programme from the conception stage is associated with better implementation and sustained commitment to delivery (O'Reilly et al., 2018). This is then aided by the presence of a 'champion' or programme lead who can drive the agenda forward, with support from school leaders who recognise the importance of the champion and provide time and resourcing for their work (Pearson et al., 2015).

4.77 Implementation which includes identifying existing assets and strengths within the school system is more acceptable to stakeholders (Sharma et al., 2017). This includes capturing staff with training/skills in mental health and wellbeing as well as existing programmes and service provision. This is likely to be significant in ensuring that schools feel recognised for existing work and perceive any new programmes as complementary rather than burdensome. Assets and strengths data can be captured through initial mapping and then monitored through ongoing action plans which include process measures, such as indicators of a policy review.

4.78 The involvement of external specialists is identified within reviews as key to provision of targeted support from the outset and for sustaining support provision beyond initial implementation. Early programme planning should involve engagement with wider infrastructure, including specialist agencies around the school (Goldberg et al., 2019). However, as most of the featured reviews describe school-based programmes, learning on forms of engagement and details on effective relationships is limited within this data. Overall, while specialists were key to targeted support provision, for universal programme content, delivery by classroom teachers was favoured by both staff and pupils (Sharma et al., 2017; Weare & Nind, 2011). As the majority of reviews include classroom teaching of evidence-based programme content, whether on trauma approaches, resilience etc. the significance of teacher training is stressed throughout in order to facilitate quality teaching. This may include awareness-raising initially to increase awareness of mental health risks and challenges (Maynard et al., 2019), as well as training on session content and ongoing opportunities for professional development (Pearson et al., 2015). Teacher learning on cultural competence may also be considered for increasing understanding of the needs of diverse pupil populations (Lund Nielson et al., 2019). For sustainability of long-term, large scale programmes, incorporation of training on mental health and wellbeing should also be considered within teacher training.

4.79 As well as increasing acceptability, classroom-based, universal delivery is identified as more likely to be able to integrate into school practice and be sustainable (Herrenkohl et al., (2019). Implementation of a WSA should consider integration into the curriculum from the outset, with explicit links made to 'fit' with existing programmes of work (Lund Nielsen et al., 2019) and to

attainment of academic outcomes (Weare & Nind 1011). Any such integration with wider school processes and aims requires senior leader support to be effective (Pearson et al., 2015).

Barriers to implementation

4.80 Throughout review evidence, barriers to implementation are identified, with significant overlap regardless of underlying theoretical framework of the programme involved. This suggests similar considerations for system-level programmes beyond specific content and necessitates a focus on process. WSA programmes benefit from: a sound theoretical base, communication of programme goals, clear guidance, high quality training, and a strong focus on implementation (Weare & Nind 2011).

4.81 Multiple authors identify pre-implementation processes as fundamental, characterised as those actions taken to prepare the system and communicate with those in it. Challenges at this stage include an absence of school staff involvement in programme planning (Goldberg et al., 2019), leading to reduced buy-in and a feeling of being unprepared for demands on time and skillset (Fenwick-Smith et al., 2018). The nature of WSA content may, in itself, be challenging due to pre-existing assumptions, stigma or a perceived lack of importance for the programme of work. The dominance of disease-based models of mental health i.e. with emphasis on illness, is likely to feed into pre-conceptions of what a programme on mental health might look like, making it a challenge to find content that is more acceptable to all those within the school system. In Weare and Nind (2011) teacher belief in programmes was enhanced by them being able to contribute to the development and adaptation of content to their own setting, whereas more prescriptive approaches without scope for teacher adaptation acted as a barrier to desire for involvement and feelings of not being skilled enough for effective delivery (Fenwick-Smith et al., 2018). However, while flexibility may be favoured by school staff, evidence suggests that the more flexible the programme is able to be at school level, the greater the variation in delivery and the more issues with implementation (O'Reilly et al., 2018). This suggests a need to balance flexibility in development and implementation processes with some prescriptive guidance in order to standardise those elements identified as most important to implementation.

4.82 Pupils express support for more positive content on mental health compared to symptom and challenge-focussed approaches (Sharma et al., 2017) and this should be considered in communications to those within the school system. Capturing staff perceptions of need, programme value and favoured approach to delivery during the development stage may support implementation.

4.83 An absence of staff training provision is also frequently identified as a challenge to implementation (Goldberg et al., 2019), including failure to adequately assess training needs early in the process and lack on ongoing training and support throughout. This also includes staff supervision where staff may be expected to deal with new challenges beyond the initial scope of their roles (O'Reilly et al., 2018). The inclusion of staff training is commonly identified as an indicator of overall organisational support for the programme, with an absence of supportive

school culture highly problematic, including staff not being given time and resources for attending training (Lund Nielsen et al., 2019), as well as provision of resources for classroom-based activities as part of the programme (Sharma et al., 2017). The absence of resourcing within schools could be compounded by not accessing and maximising use of wider infrastructure, including family and community services (Goldberg et al., 2019). This may be mitigated by provision of clear guidance to schools on how to form and maintain partnerships with outside agencies, including clear information on what they do and what support they can offer (O'Reilly et al., 2018).

Interviews and focus groups with adult stakeholders

4.84 Interviewees were asked to discuss who was important in the implementation of the WSA. This is important in developing programme theory by identifying conceptions of delivery processes and key mechanisms. It is also important in identifying programme components and actions that may need to be captured within evaluation to understand WSA impacts. The section presents summarised data analysis of participant views with illustrative quotes included.

4.85 There was general reflection that everyone who is involved in – or in contact with – the school system has a part to play. The following people/groups were specifically identified:

> Within school: Senior Leadership Team, parents/carers, pupils, grandparents, school estates staff, receptionists, parent- teacher associations, teachers/form tutors, governors, outside agencies that come into contact with the child, pastoral leads, school nurses, SENCO.
>
> External bodies: Local Authorities, WNHSS, Welsh Gov., school counselling service, Educational Psychologists, Public Health Wales, third sector mental health services, Estyn, after school clubs, Police Schools Liaison, CAMHS, Education Welfare Officers in Local Authorities, Additional Learning Needs specialists in Local Authorities.

4.86 It was stated that implementation should be viewed as laying the groundwork rather than as identifying and delivering pre-designed components within the school. However, common tasks were identified that can be considered as core implementation activities.

Policy review

4.87 SLT were cited as critical for reviewing school policy, alongside parents/families, governors and pupils, who were all seen as partners in developing and reviewing both school policy and action plans. As with securing initial buy-in for the WSA, the importance of genuine inclusion of pupils was frequently stressed, with emphasis on those who may have existing vulnerabilities. Policy review may be supported by national and regional health and wellbeing groups, with some favouring the provision of examples of policies or templates to facilitate the process and to promote consistent practice. Policy review was considered as an ongoing part of self-evaluation within a WSA, as well as an implementation activity, and should include other stakeholders, such as pupil voice groups. Participants also noted that schools should engage in awareness-raising about any policy development and review.

Needs and assets mapping

4.88 Participants frequently stated that, while elements of a WSA may be standard across all schools, specific actions and interventions delivered within a WSA must be based on a school-level understanding of population and needs:

> Because there's no point going in with a set of ideas if they don't meet the needs of the pupils that you've got, because you've read it in a book and it's supposed to be a great way forward. (group 4, P3)

4.89 Gaining such an understanding should involve all those within the school community, including pupils, parents, governors and staff, as well as accessing any routine data collection, such as the SHRN survey for secondary schools:

> If you're looking at generic and wider pictures then schools should be looking at the whole school picture data, from SHRN, the school health research network, obviously that's only in secondary schools at the moment. That's an invaluable tool at the moment to inform the wellbeing curriculum and possible changes that we might need to engage going forward. If that was extended to primary, then that would be amazing. (group 1, P1)

4.90 Schools should identify all routinely collected information available for use alongside larger-scale survey data, with many suggesting that this is often underused. This can be captured at a school-level and should draw on the knowledge and expertise already within the system:

> Quite often they've got all the information and what they may need within a school through their profiling tools, … what the staff know about the children. Yes, they might use something additional, but I don't think you can be prescriptive in terms of a tool maybe that they might want to use. (group 1, P1)

4.91 Needs mapping was identified for understanding training needs within the school and can involve consultation with staff on their own understanding of their skills, abilities and favoured level of involvement in any upskilling:

> Some teachers they're subject specialists and that is very important to them. I think training to make it clear as to what our expectations are for staff is a vital component of a whole school approach before you start thinking about anything else. (group 1, par3)

4.92 Once training needs are identified, it was recommended that schools be able to draw on evidence-based training from external agencies to equip staff to support mental health and wellbeing. Some identified WNHSS and local authorities as potential partners in supporting schools to meet training needs, citing existing wellbeing training within their area. It should be considered how this can be effectively provided within available resourcing by bringing together schools who identify similar needs within an area, to account for resource limitations:

> We do go out and deliver kind of individual training sessions in individual schools, but we haven't got the capacity to do that always. But if there's a if there is a definite need then we will go and do that, but we generally can't. (group 1, P5)

Action planning

4.93 It was perceived that needs assessment would then form the basis of action planning, stressing the importance of matching school actions with school context, as well as the capacity to draw on evidence to inform planning. A majority of respondents stressed the importance of schools being able to access research evidence from a central source, including recommendations for practice from authorities such as Welsh Government., Public Health Wales and Welsh Network of Healthy Schools Scheme (WNHSS).

4.94 This evidence could then underpin evidence-led responses to identified need within each school. While the use of best practice guidance was emphasised where possible, it was felt crucial that this not be overly proscriptive and be allowed to be applied flexibly by schools based on their own needs and action plans. This inevitably means that variations in WSAs will be observable at the individual school level, with variations in practice accepted as part of programme.

External providers

4.95 Most stressed the importance of relationship-building with external agencies during implementation, with SLT often viewed as a key liaison for this, along with WNHSS and local authorities. This was inevitably dependent on findings from initial asset mapping, which can identify what providers are nearby and what services they provide. Once aware of the nature and availability of external partners, schools may consider developing a referral template for use by staff to identify when a referral may be necessary and appropriate. It was suggested that, if feasible, external providers should be invited in to schools to raise awareness of this with staff and pupils and also to explore potential options for on-site delivery of services for both pupils and families.

Barriers to implementation

4.96 Participants were asked to discuss perceived barriers to effective introduction of a WSA and highlighted multiple challenges. This included with the initial buy-in to the concept of a WSA, both at school level but within wider systems as well. This necessitated a clear communication of a WSA at national level:

> I do think it's hugely important and I think even within the same government reports, they use different terminology throughout and I'm thinking are they actually meaning the same thing here or something different. (group 2, P6)

4.97 Discussion also included communication of the value of the WSA to schools from Welsh Government, encompassing both Health and Education sectors and reinforced in both Health and Education at local authority level:

> At the moment it's very much dependent on schools employing their own models, but we don't want it to become a postcode lottery and therefore as you say, children to be disadvantaged because they're in certain areas and it's just not being led from the top as effectively as it could be. (group 5, P1)

4.98 The WNHSS were seen as key partners in this messaging from local authorities to schools and vice versa. Resourcing for WNHSS co-ordinators to be active partners in WSA implementation was cited as important, both in their work with schools and in cross-Wales sharing of knowledge and best practice. It was also stated that changing work cultures can be challenging, requiring time and space to happen:

> …in all the work cultures we all get in a pattern. 'Oh we've got to do this, and we've got to do that', and we get on that hamster wheel. But we don't necessarily get off it and examine that a little bit, to think about actually how well we can actually change that process. (group 4, P5)

4.99 The role of stigma around mental health was also identified as a significant challenge, potentially impacting staff, students and parents/families who may hold negative judgements of those experiencing poor mental health but also may wish to avoid being seen as experiencing poor mental health themselves:

> A parent will say 'don't mention you've got anxiety; you'll not get a job, or you'll not get a job if you go to CAMHS' and things that go back to that stuff from decades ago really. Kids might still be dealing with that and I'm saying some teachers, I don't think that many, but they still demonise mental health, I guess. (group 1, P1)

4.100 The importance of resourcing was strongly emphasised, with financial support needed to secure time for the team/champion to undertake initial activities including communicating the WSA to all within the school system, carrying out initial consultations with parents/carers, pupils and other initial activities as highlighted above. This was challenging in the context of current workloads:

> I think there's not a lot of free time for heads of years and people leading in different areas. More and more money invested into non-teaching time, support staff and all of it. It's just cut, cut, cut, everything's about cuts and the workload is heavier and the stress levels from teachers and support staff must be incredible. (group 1, P3)

4.101 Many discussed the risk of this being perceived as 'another thing to do' at a time when teaching staff are feeling particularly time-poor in light of adaptations and pressures due to Covid-19. This necessitates clear guidance on what is required of schools at which time point to retain quality of delivery:

> So I almost think in one way it's how you limit it to get the strategic plan going, but actually everybody needs to be involved, and it's getting that balance between better roll out not too much, does that make sense? (group 4, P2)

4.102 Several people discussed likely concerns among teachers over being expected to deal with complex mental health issues or to work outside of their training. While stressing that all school staff are contributors to the WSA, it is important to identify boundaries of practice and to communicate to school staff what their role is and what training will be provided as relevant to support them. Here, resourcing was also emphasised as essential for ongoing training and support for staff, not only to buy-out staff time to attend but also for external providers, such as

specialist mental health services, third sector agencies and the WNHSS. Budgetary constraints were highlighted as impacting many of the services outside of schools who would be seen as key supporters of the programme, meaning their ability to support is restricted. Primarily, Welsh Government were identified as the key provider of initial resourcing for launching the WSA, with consideration of resources directly allocated to schools and to support providers:

> I have to say that one of the things that I found a little problematic about the draft framework *(see: Appendix 1 Education Wales, 2021a)* is that it's bursting full of wonderful worthy ideas that I don't think any practitioner in their right mind would ever say no, I don't agree with that. They're all absolutely right, but my goodness a little bit thin on what you actually do and where the resources are coming from. (group 2, P6)

4.103 It was suggested that an absence of clear guidance on how to implement may be a deterrent for schools, adding to the perceived workload generated by implementation. Implementation guidance was seen as important both to support schools and to provide a degree of standardisation in initial activities, which would be beneficial for understanding implementation processes at a later date. As above, Welsh Government were identified as the most likely provider of standardised implementation guidance for schools. It was however stressed that this should be done with caution, with the standardisation of processes not being perceived as a barrier to school-level innovation, and also with care over initial requirements for monitoring and evaluation. Too much emphasis on data at too early a stage could potentially increase the perception of this as being labour-intensive but also create a view of this as something to 'pass/fail' rather than being a developmental process.

Barriers to sustainability

4.104 In considering the sustainability of the WSA as an ongoing, evolving system change, multiple issues were highlighted as potentially undermining the capacity to build on initial implementation. Resourcing was frequently discussed, including in relation to ongoing training for teachers to maintain skills and knowledge in relation to mental health and to support the delivery of programme activities. Time pressures were also cited as important, with the risk that other pressures on the system could lead to the WSA being de-prioritised where more immediate concerns were evident, for example during inspection cycles or when academic attainment needed to be improved. The risk of the WSA being perceived as an additional workload was identified as not only a threat to enthusiasm to maintain momentum for the work, but also as a challenge to staff mental health. This could then undermine efforts to support pupils and others:

> …everybody's touched on the capacity issue. It is definitely there. It is an issue. Everybody's trying to throw ten balls in the air at once. We've got to remember that schools shouldn't be reinventing the wheel each time they're looking at how things could be better (group 2, P3)

4.105 The importance of emotional support for school staff, potentially through peer support or more formal supervision sessions was highlighted as a means to moderate this risk. Again, it was

stated that this may require resources for either staff or professionals to provide ongoing supervision where the school may not currently have this facility.

4.106 It was highlighted that ongoing relationships with specialist mental health services would be a key part of sustaining a WSA, both for the support that they may offer to those within the school system but also as potential contributors of training. The often short-term nature of funding for providers, particularly within the third-sector, was highlighted as incompatible with building and sustaining ongoing relationships of support. Should a designated implementation activity involve setting up referral pathways to outside agencies (as discussed earlier) this relies on continuity of provision which is challenging in light of short-term provision.

4.107 Geographical variations intersected here with budgetary constraints, with concerns over variations in the availability of specialist mental health services within a reasonable distance of schools. This was felt to be a greater challenge in more rural areas where the closest specialist agency could be a significant distance away. It was also highlighted that there was an absence of provision of specialist mental health support in the Welsh language, meaning equity of access was difficult to attain. These challenges were anticipated to be something that schools could capture in their initial mapping activities but this in itself would not address the problem of lack of provision. Resources for provision of Welsh language materials was also a potential issue:

> ... we've had a lot of things translated in the past, but that costs money doesn't it? And then the resources change, and are updated, and then you're back to square one, so it, yeah, needs to be through the medium of Welsh as well. (group 3, P2)

4.108 A mechanism for feeding back to Welsh Government was supported to gauge the full scale of provision around schools and to identify areas for further development. It was further suggested that Welsh Government consider maintaining a database of available support, interventions and resources for schools, including their availability in each region, costs to service users and duration of the service, and availability bilingually. Potential resourcing for such a resource was not discussed.

4.109 The collection, use and distribution of data on the mental health and wellbeing of those within the school system was also discussed as presenting challenges to the delivery and sustainability of a WSA. While data was felt to be fundamental to understanding the needs of the school population, as well as monitoring changes in mental health and wellbeing over time, there were concerns among some that schools may feel guarded due to concerns over external perceptions. If monitoring data suggested that school populations have ‘issues’ with mental health and wellbeing, parents may express concern, either over how schools are responding to issues or, due to stigma, over concerns about staff competency where data related to staff. Some suggested that schools may also feel concerned over comparisons with others, both locally and nationally, with the risk of being seen as ‘worse’ than other sites.

4.110 The need for systems to protect data was discussed, suggesting a balance needs to be struck with schools which facilitates their use of data for action planning and review, protects their data

from risk of unwanted exposure but also facilitates external evaluation of the effectiveness of the WSA. Those members of the WNHSS taking part suggested that the Healthy Schools Network may be a vital partner in facilitating the sharing of school-level anonymised data across consortia and local authorities, with the view to schools being able to learn from each other's practice. However this requires sensitivity to any school concerns over comparisons and unwanted publicity.

4.111 Data sharing approaches – and attitudes to data sharing – were a related issue, with the view that schools may currently lack clarity over what can legitimately be shared under the GDPR, for example with external providers of mental health services. It was suggested that schools may benefit from guidance on data sharing agreements and confidentiality, with Welsh Government suggested as an important partner on clarifying legal parameters to ensure schools feel protected.

Delivering the intervention – variations in context

4.112 Participants discussed multiple factors related to contextual variations, both within and around school, that were likely to impact the WSA in terms of implementation and impact. This included the socio-economic status of the school population and the surrounding area, with higher levels of deprivation linked to potentially more complex challenges for schools to address, for example:

> They had a parent go there that morning who had no food in the house and the school had a bit of an unofficial food bank, so they you know they kind of managed to get some food together for the parents so that it was much more than just a support for the pupils. It was a family support, and that's not unusual in the primary schools in particular, that right now they – especially in an area like that, which has got quite high deprivation. (Individual P1)

4.113 Where higher levels of pre-existing vulnerabilities are found in an area, this is likely to mean the school having a different starting point from others, which would need to be captured through baseline measurement and through linking with existing agencies to understand more about the health profile of the locale. However this was considered to be challenging in light of cuts to support services that have been observed in recent years:

> …the services provided by external agencies have really narrowed down. School nursing for example, now tends to only focus on things like inoculations and checks, the school police liaison officer whilst they used to do quite a lot of preventative work and work around any issues around sexting in school, they have their core programme. They are limited to how many times they can come to schools. The school-based counselling as well, although it's probably Year 6 onwards, it's quite a narrow service and in some local authorities has diminished slightly. (group 1, P3)

4.114 It was suggested that there was inequity of provision of supporting agencies, particularly in rural areas where the nearest specialist support may be a significant distance away and that this would compound the problem of available support. The WNHSS was identified as a resource to inform schools of local health and wellbeing support, as well as – in some areas – regional health and

wellbeing groups that may be able to advise on resources, including training. This includes availability of specialist support for mental health and wellbeing in the Welsh language, which was acknowledged as challenging at the moment due to a lack of Welsh-speaking practitioners and where schools are utilising resources produced outside Wales which then require translation.

4.115 The academic performance of the school, as well as existing approaches to mental health and wellbeing, were also noted as a potential challenge, with some schools seen as more receptive to health and wellbeing in general and others likely to be more resistant to change practices where there may be less perceptions of the importance of the work. Some suggested that in schools which are already deemed to be 'failing' in other areas of performance, monitoring done as part of a WSA could be source of anxiety within the school and also a threat to, already strained, relationships with the community:

> When, say, a school is deemed as failing, it's a very publicly shaming system. We get this traffic light system; we get loss of faith and collaboration from parents in the community and schools are stigmatised and regarded as failing and not very good. (group 5, P2)

4.116 School size was also perceived as a factor, with buy-in potentially more challenging in smaller schools where the presence of resistant staff could be more influential than in larger settings. Although this could be a particular challenge in primary school settings, which are generally smaller, in fact most participants suggested that primary schools are likely to be less challenging for the delivery of a WSA, for multiple reasons. The existing ethos of primary schools was felt to more readily lend itself to promotion of mental health and wellbeing due to the greater focus on non-academic outcomes and activities:

> But I do think if primary schools have got it maybe more than secondary, it's because of the nature of what primary school is, it's around play isn't it? (group 3, P3)

4.117 Engagement with parents was seen as less challenging at primary level than secondary. Further, smaller school size may foster easier communication between staff. Some suggested that, in secondary settings, there can be greater distance between elements of the school system, such as between teaching and pastoral staff, staff and governors etc. which can negatively impact communication. It was noted that the new curriculum in Wales was a positive step forward in embedding health and wellbeing and was likely to lend support to a WSA.

4.118 However it was also noted that there were still significant challenges in building health and wellbeing into the curriculum in secondary schools due to time constraints and lack of specialist knowledge, with the need for clear guidance to schools on good practice.

Non-mainstream school settings

4.119 The majority of participants from school settings, or with children in school, were from mainstream schooling however some attendees were based in non-mainstream provision, specifically schools for pupils with additional learning needs (ALN) and pupil referral units (PRUs). Non-mainstream settings can provide insights into how a WSA may be implemented - and operate – differently in

different contexts, including understanding of how the needs of the pupil population, and staff responses to it, impact how the programme may work. This has implications for recommendations on implementing a WSA and on evaluation, where baseline measures of need, as well as programme outcomes, are likely to differ from mainstream schools.

4.120 There were specific issues discussed related to a WSA in these settings, suggesting that there may be advantages when compared to mainstream provision. It was stated that non-mainstream schools are more likely to be already working in ways that can be identified as 'whole school' due to the population groups and community they support, meaning wellbeing is already more central to the curriculum and processes are already in place:

> Our whole curriculum is centred around wellbeing so we don't put, we have two afternoons a week that is less intense academic really, so that pupils can choose the options that aren't necessarily, don't necessarily get them to come out of the qualification, things like outdoor education, some of them do therapeutic art to take the pressure off them a little bit. (group 2, P5)

4.121 This also means that, when addressing complex needs for pupils, communication on joined up working between school staff is already in place, supported by more familiarity with multi-agency working with external partners.

4.122 Despite the increased complexity of need presenting in some pupils - and parents - in non-mainstream settings, it was also suggested that the school was more likely to be aware of the issue already, with more experience of multi-agency data sharing, such as with CAMHS. However, existing provision was noted as mismatched with need:

> We can do as much as we can do, which we do but we need a little bit of help externally from more specialists. Now, all of our pupils, near enough all of my setting are under CAMHS. Pulling that apart, just recently only two of them are accessing therapy. For me, we are at that top level we need more specialist support, in-house support from specialists rather than having to go through a process of referral, it's not fast enough for us. (group 2, P5)

4.123 Staff may also be more likely to have had relevant training to support such needs, meaning that the capture of existing strengths and assets in non-mainstream settings would likely be different to other schools. Although this enhanced skill set was seen as a positive, challenges were also made clear, including greater strain on staff who are regularly dealing with complex issues, necessitating more supervision and support to maintain their own wellbeing. Staff training needs to support mental health and wellbeing are also likely to differ in non-mainstream settings and access to external crisis response was described as currently slow.

4.124 A further challenge involved defining the whole school community for non-mainstream provision, where students may be drawn from a wider catchment area, meaning they potentially go home to an area with different support provision to that around the school, complicating coordination of any necessary multi-agency responses.

4.125 Overall it was felt that WSA guidance was, at present, designed primarily for mainstream settings and that delivery and monitoring may need to be recognised as different elsewhere. This would include the tailoring of any needs and asset mapping, as well as evaluation, to better reflect non-mainstream schools.

5. Findings 3: Measurement and evaluation of a whole school approach

SUMMARY FINDINGS

While the importance of evaluation is stressed throughout, there is an absence of data available on evaluations of WSA programmes, meaning limited detail on effective measures that have been used within evaluation. The complexity and flexibility of a WSA, incorporating multiple process changes and potential outcomes, is challenging for evaluation, with limited evidence of methodological approaches able to capture this flexibility in full.

Evidence suggests that schools may feel burdened by evaluation requirements unless involved in planning from the outset. Initial communication on a WSA evaluation should clearly define it as an ongoing process of development, monitoring and refinement of practice. While evaluation should be sensitive to schools needs and should involve consultation with pupils and other stakeholders on evaluation measures, some standardisation of measures used across all schools would facilitate national evaluation.

Analysis suggests that evaluation of a WSA should be phased and should incorporate multiple methods and data sources to capture implementation processes as well as effectiveness in terms of mental health and emotional wellbeing.

Implementation actions, school development planning and delivery of programme components can be recorded at school level to support national WSA process evaluation. Baseline measures and ongoing measurement of changes to mental health and wellbeing outcomes are also needed at school-level and for national evaluation.

Analysis did not identify a definitive measure of mental health and emotional wellbeing, either for pupils, staff or families, that is in use. Various validated scales are used to capture baseline and outcomes across a range of programmes. There is also an absence of data on how frequently, and for how long, evaluation needs to occur to most effectively capture changes associated with a WSA.

While collecting data on both family and staff mental health and emotional wellbeing is widely recommended, multiple challenges were noted. These included low family engagement in secondary school settings and stigma. Data also suggests staff reluctance to discuss their own mental health and wellbeing, potentially due to fears of disclosures affecting their work status.

To support standardisation and provide baseline data on staff for a WSA, it was suggested by interviewees that consideration be given to a standardised survey for staff, with clear understanding that participation was optional and that data would be protected.

In Wales, analysis supports use of SHRN data for secondary schools, both for baseline measurement and ongoing monitoring of WSA impacts. There is no national equivalent within primary settings and multiple measures are currently in use which schools can draw on. Participants suggested that a standardised survey for primary settings would be helpful for evaluating a WSA. A national pilot project for the expansion of SHRN into primary settings is currently underway (see 2.19).

Schools can also draw on existing routinely collected information, including data on attendance rates, behavioural incidents, exclusions and referrals to specialist support, SEND, care experience, disability, other health issues, free school meal status. This can also be used in outcomes evaluation.

Evidence suggests that, for effective evaluation of a WSA, consideration should be given to the capacity of staff within schools to analyse, interpret and use the data generated by any such measures or whether external support would be required.

5.1 This chapter will present findings from each dataset analysed for this research, with a focus on addressing research questions on measurement and evaluation of a WSA, including implementation and outcomes evaluation. It will commence with findings from document analysis, followed by findings from overview of reviews and then from qualitative data collection.

Document analysis: overview of documents from statutory and non-statutory services

5.2 Overall, throughout documents from both statutory and non-statutory services included in this analysis, there is an absence of data available on evaluations of WSA interventions, meaning an absence of specific detail on effective measures that have been used within evaluation. More generalized discussions of implementation processes and recommendations for capturing implementation were identified in statutory documents. Examples of outcome measures were discussed (primarily within non-statutory documentation), but with limited reference to actual WSA evaluations that have been completed and reported on. It was often emphasised that, due to the flexibility inherent in a WSA at school level, outcome measures must be tailored to school actions selected once schools have been able to profile their own unique needs and develop evidence-based responses to that need. It was however emphasized that process evaluation and measurement of implementation must be embedded in a WSA from the outset, followed by ongoing cycle of evidence-led review of activities.

Document analysis: Documents from statutory services

5.3 It is acknowledged throughout documentation that evaluation is instrumental in the implementation and delivery of the WSA, however details on what form evaluation should take are limited. Data sources cited for use in for evaluation are varied in their range and suitability, with limited evidence of their application within the context of WSA delivery. Most documentation suggests that both internal and external data are expected to be integrated into the measurement and evaluation of the WSA, combining large-scale aggregated data and individual-level measures relevant to the school and its context. Reference to specific measures is very limited, illustrating the absence of WSA evaluation underpinning much of the identified guidance.

The role of evaluation

5.4 Evaluation is referenced in both broader and more specific terms within the literature, which refers to the implementation and evaluation of the WSA within schools and also the need for evaluation of supporting guidance and other national data by policy makers to ensure fitness for purpose. It was widely agreed that evaluation is not something that can happen after implementation of a WSA, but should be embedded from the development stage.

5.5 Public Health England notes that evaluation of a WSA is more complex than classroom-based interventions because it consists of multiple different strands and activities. They stress that a WSA evaluation approach requires multiple data sources to show meaningful impact across the school population, even if not statistically significant when measured quantitatively (PHE, 2021).

5.6 It was noted in the literature that the need for evaluation is a key principle of a WSA and must be embedded in supporting guidance. This should present evaluation as an ongoing process of development, monitoring and refinement of practice. As with implementation, providing time and space for this to happen across the school is also noted as a key aspect of this.

Methods of Evaluation

5.7 Suggestions for approaches to evaluation within the literature are frequently based on general principles rather than specific details, lacking clarity on how schools can apply these and with limited consideration of the research literacy needed.

5.8 General principles include ensuring that evaluation is coproduced where possible with the school, involving members of the school community at appropriate points. The role of senior leadership in driving the evaluation is emphasized, with recommendations that senior leadership maintain an awareness of available data and evidence. The role of other organisations in evaluation planning is also evident, with schools encouraged to include mental health specialists in developing assessment strategies as well as integrating inspection bodies. As previously, detail on the form of this involvement is limited and the capacity of these providers to support this work, particularly in light of variation in provision by area, is not discussed in depth. It is suggested that policies set forward to develop the ethos of a WSA are reviewed to check if they are effective and manageable and that they include reference to data use within the school.

Self-evaluation and improvement

5.9 Some guidance promotes the use of self-evaluation and improvement planning as the key means through which schools can assess their use of data within the WSA and to monitor whether their actions are evidence-based.

5.10 The importance of school-level data is frequently stressed in order to both understand need at a school level and to monitor impacts of a WSA. In Wales, schools taking part in the WNHSS National Quality Awards already compile school-level data for submissions. Quantitative data such as SHRN (School Health Research Network) reports are also available to schools within the network. This was the most widely cited data source for secondary schools, however no such equivalent is currently in operation in primary setting (a pilot study exploring the expansion of SHRN into primary settings is currently underway in Wales. See Methodology 2.19).

5.11 There is currently an absence of standardised, evidence-based evaluation tools for the implementation phase, and of tools for self-assessment, suggesting the need for additional development and testing in consultation with schools and mental health professionals. The literature references the lack of understanding around assessment tools among school staff, citing some examples of schools that have created their own processes without input from health professionals. While such ad hoc data collection is likely to be of value to schools in understanding their population and developing responses, it is often unclear how such internal data is used and evaluated and who within the staff team is leading such work. It is frequently

acknowledged that, within many schools, staff do not have the knowledge and expertise to build in evaluation measures into their school environment.

Inspection Outcomes

5.12 In Wales, self-evaluation (as described by Estyn) is proposed as the existing means of evaluating the school as part of a WSA; this system is designed to assess performance, school operation, improvement planning, to identify areas of support with other schools and to promote professional reflection and learning. Estyn's role is to assess how well schools support students' wellbeing (through guidance from the Happy and Healthy Report 2019) and to judge how well schools track and monitor their learners' emotional health. Self-evaluation listed is described as the 'starting point' to view the school's understanding of its own work.

5.13 In England, Ofsted also consider the emotional health of students through the inspection framework. This includes: behaviour in school; evidence of a 'positive ethos'; teaching practices that promote the students' emotional wellbeing and that teachers receive appropriate training to do so; the views of the students; securing the role of health and wellbeing in the schools' activities and curriculum; engaging parents; assessing support for vulnerable students (Ofsted, 2020).

Document analysis: Documents from non-statutory services

5.14 As above, within documents there is an absence of clear guidance on specific measures to assess a WSA, with a broader focus on general principles more common. Where measures are highlighted, there is limited evidence of testing as part of WSA delivery. Most content emphasises the importance of unobtrusive wellbeing surveys in identifying pupils needs and of schools having a strategic plan in place to act on the information generated. It is strongly recommended that schools involve children and young people in the process of deciding which measures to use, and that schools consider potential adaptation of measures to the needs of their specific context, for example in reviewing appropriateness of wording used. It is suggested that school leaders should be trained in interpretation and use of any data generated at school level, however acknowledgement of skills deficits and the additional burden of this work is limited. Further, while collection of school-level data may facilitate action planning and WSA delivery at individual school level, the potential variations in measures used across schools would present challenges for any larger scale evaluation, for example at local authority or national level, where standardised measurement would be required.

Mapping current practice, identifying need and monitoring impact

5.15 Several documents provide clearer guidance on the process schools can go through to map current practice and identify need, which is recommended at individual school level but with potential application at cluster or local authority level. It should be emphasised why the process is being undertaken, specifically to identify needs or strengths within whole cohorts and not to identify particular individuals.

5.16 Some documents outline other considerations for school needs assessment, including the importance of viewing it as a 'temperature check' or snapshot of student mental wellbeing rather than an endpoint and as a way to inform planning for whole school practice.

5.17 As mental health and emotional wellbeing – and wellbeing instruments - cover a range of dimensions, the data suggests that schools may need to be guided by pragmatic considerations of how much to assess. This includes avoiding undue burden on staff and students and appraising their capacity to respond to any data obtained. This can be guided by mapping existing assets in and around the school system, helping schools to be clear on what actions they are actually able to take in response to data gathered.

5.18 It is further suggested that schools should consider using existing data from information management systems as much as possible to build their profile of needs and assets. Information already held is likely to include: age, ethnicity, deprivation, SEND (ALN), care experience, disability, other health issues, free school meal status. It is recommended that information of this nature be drawn on to understand particular groups within the school with additional support needs and also as a means to monitor and highlight gaps in service provision.

5.19 Pupil involvement is also noted as important in this mapping process and it is recommended that schools should consider which pupils will be involved and how to ensure enough involvement for this to be considered meaningful. However, while strongly recommended, there is limited specific guidance on these steps. Schools should be mindful of confidentiality with any pupil involvement activities, deciding in advance how the information will be used and whether it will be anonymised, and ensuring relevant consent is gained, including from parents/families if needed.

5.20 Documentation broadly recommends gathering information on mental health and wellbeing in both staff and families within needs assessment. However, multiple challenges are recognised with this, including low parental engagement in secondary school settings, stigma and staff fears of disclosures affecting their work status. Further, specific measures are not noted within documents for this recommended data collection.

5.21 The National Children's Bureau Leaders Framework Tool provides specific questions for schools to consider within needs assessment, which can be adapted to context (Stirling & Emery, 2016). These questions include:

- How do we do wellbeing and mental health now?
- Who does what? (What is the role of SLT, governors, support staff, teachers, pupils)
- Who do children and young people go to?
- What would you and your staff like to change and why?
- What are your children and young people's concerns?

5.22 As above, it is recommended that any resulting action-planning take into account level of risk (short and longer term) and capacity to respond to issues identified within the data.

Methods of evaluation

5.23 General principles of evaluation are identified within documents, including suggestions that schools must consider the timing of any data collection activities to avoid times of higher stress which may skew mental health and wellbeing measures, such as exam periods. It is also suggested that larger-scale data collection, for example whole-population surveys with pupils, be used to identify targeted groups for additional focussed data collection, although this should be done with sensitivity to potential identification of respondents and with a clear plan for use. Where possible, data should be collected from the wider school community, including staff and families although, as noted within needs mapping, this is likely to be challenging and any measurement tools should be considered in consultation with those groups and with clear communication on the purpose of data gathering.

5.24 Overall there is limited clear guidance, with the onus placed on schools to decide on measurable objectives for each of their mental health and wellbeing target areas and to determine effectiveness. This reflects the varied and flexible nature of activities deliverable under the guise of a WSA. Recommendations mirror those for needs assessment, suggesting that schools consider the level of data being collected and how any issues arising from it will be approached, for example the availability of specialist services. Schools should also include routinely collected information (see 5.35) in WSA evaluation to provide specific insights into their context and population.

Process Measures

5.25 Within documents there are limited recommendations for measuring implementation processes for a WSA. The primary focus is instead on utilising existing data collection at the school level to map need, plan activities and complement outcome measures. While lacking specifics in terms of understanding implementation processes, some key recommendations are made, including evaluation of staff and student awareness of indicators of concern and of processes for identifying and acting on concerns promptly. For staff, this will include knowledge of the support and referral processes in place. Schools may also consider how to ensure sustainability of a WSA by using evaluation data to identify any changes to school-level processes that have occurred and any further necessary changes.

Outcome Measures

5.26 Documents recommend that evaluation of outcomes uses a combination of subjective measures of mental health and wellbeing, with the addition of information collected routinely in schools on issues such as student exclusions, bullying, behaviour and attendance. Some comprehensive guidance is available for collecting individual-level data on mental health and wellbeing, which can be used for outcomes evaluation. In particular, guidance from Anna Freud National Centre for Children and Families (undated) includes a collection of validated questionnaires, developed for specific age groups, that assesses features of mental health including: positive wellbeing; behavioural or emotional difficulties; the presence and strength of protective factors such as

perceived support at school, home and in the community; and, ability to deal with stress and manage emotions.

5.27 This document contains links to many of these scales, including which are freely available and can be completed by students, however the majority of cited measures are validated at secondary school age only. These include:

- The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) for secondary schools, which is used to measure emotional difficulties, behavioural difficulties, difficulties with peers, attention difficulties and is embedded within the SHRN survey in Wales.
- The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) (Tennant et al., 2007) to measure positive wellbeing
- The Trait Emotional Intelligence Questionnaire (Petrides & Furnham, 2001) to measure management of emotions
- The Perceived Stress Scale (Cohen et al., 1983) to measure coping with stress.
- The Student Resilience Survey (Sun & Stewart, 2007) was used to gather information such as problem solving, goal setting, empathy and support networks.

5.28 Other cited examples of validated tools that can measure mental wellbeing in young people identified within documents include the 'Me & My Feelings' survey (Deighton et al., 2013). This has been effectively administered to children as young as age 8 and is currently being widely tested as part of the pilot study for the expansion of SHRN into primary settings currently underway in Wales. A further example is the Stirling children's wellbeing scale, developed by the Stirling Educational Psychology Service, which is a positively-worded scale aimed at use by educational professionals working with children aged 8 to 15 years to measure emotional and psychological wellbeing.

5.29 While multiple measures are identified, there is limited evidence within documentation of application within a WSA to understand how changes in measures can be attributed to specific WSA inputs. Further, staff capacity to use such measures must be considered, with the potential for significant burden on schools who may feel overwhelmed by options available. It should also be considered whether schools have sufficient in-house research capacity to analyse, interpret and use the data generated by any such measures or whether external support would be required.

Overview of reviews

5.31 Data was extracted from review papers to assess previous approaches to system-level measurement and evaluation. This included consideration of the feasibility of evaluation approaches within schools and how acceptable they were to school stakeholders. Overall, most studies incorporated both process and outcomes measures, with outcome evaluation generally done as pre- and post-survey measurement of structured classroom content rather than being a whole school measure over a longer time period. Measures varied across the data, with some

use of established scales and a significant amount of bespoke development of measuring tools. Most studies report baseline measures of mental health and wellbeing among pupils, with follow-up periods varying from 1 week (generally after structured sessions) to, less commonly, 1 year. As studies tended to report on academic-led programmes rather than large-scale regional or national WSAs, evaluation length was generally determined by the length of the funded study. There is an absence of long-term follow up data throughout, meaning assessments of sustained programme effectiveness are problematic. Specific findings on evaluation are presented below to illustrate the variation in approaches as well as the commonalities in learning.

5.32 In Pearson et al., (2015), the review of implementation of whole school health promotion programmes identified that most of the UK studies included process evaluation, capturing markers of implementation such as stakeholder perceptions of the programme at baseline and follow-up as well as qualitative data on participant experiences and changes in competencies. Process measures were less commonly reported in reviews focussed on RCT's or quasi-experimental design, although some were captured in Sanchez et al., (2018), who monitored integration of a mental health promotion WSA into the curriculum. This identified that higher degree of integration was associated with more effective implementation. In considering the relationship between frequency of exposure to content and effectiveness, programme content on mental health and wellbeing delivered to pupils more often i.e. several times a week, in varying forms including - but not limited to - formal classroom sessions, was also associated with better outcomes.

5.33 The same authors identified that, while targeted interventions had greater mental health effects for those taking part (measured by a varying range of scales), universal programmes with smaller effects across larger populations still have value, including a measurable contribution to stigma reduction.

5.34 Fenwick-Smith et al., (2018) cite significant variation in evaluation approaches across system-level, resilience-focussed programmes. The SDQ and Children's Depression Inventory were most commonly used but generally to provide short-term effects data, with very limited data on long-term effectiveness. Ten of the eleven studies included reported positive improvements in student resilience and protective factors, including more frequent use of taught coping skills and self-efficacy. However, several programmes reported challenges to evaluation due to absence of evaluation capacity among local delivery teams involved in programmes. This tended to mean that teachers would end up both delivering and evaluating programme components, often when lacking any specific training on administration of evaluation tools and eliciting information from pupils.

5.35 O'Reilly et al., (2018) also reported common use of SDQ, as well as bespoke surveys including measures of social and emotional competence, academic performance, and help-seeking behaviour. Eight of ten studies reported a positive impact on social and emotional competence using the measures described. This is mirrored in Goldberg et al., (2019) who also reviewed programmes underpinned by a social and emotional learning approach and found small but

significant improvements on most measures, excluding academic attainment. Measures included behavioural adjustment (less risky behaviours, reduced conduct problems); school performance (e.g. academic and disciplinary); internalising symptoms (e.g. depression, anxiety). The authors note that those programmes which involved a community component i.e. building relationships with external services and involving them in delivery, were more effective. Further, programmes with more prescriptive content were more effective that those with more flexibility and teacher adjustment, however these were rated less favourably by both pupils and staff.

5.36 Lund Nielsen et al., (2019), in reviewing programmes with social and emotional learning theory approaches, identify an absence of methodological approaches with the flexibility to capture the full range of processes and outcomes inherent in such complex interventions. They state that, as well as psychometric measures, self-report from teachers and qualitative data from other stakeholders is common. This may be especially valuable in capturing teacher competencies, where there is an absence of psychometric measures sensitive enough to assess this. The authors further support self-evaluation, recommending opportunities for teachers to engage in reflexive teaching practice including observations, feedback and supervision.

5.37 Although underpinned by a different theoretical framework, Herrenkohl et al., (2019) identified similar evaluation issues in relation to trauma-informed approaches. There was significant variation in the quality of evaluation data, with the authors suggesting that evidence is currently weak because of the complexity of interventions. Measures identified in studies included: teacher awareness and confidence; observations of classroom behaviour; changes to disciplinary approaches. Outcomes included higher teacher awareness of the manifestation of trauma in behaviour; increased positivity towards pupils; improved school behaviour captured by routine monitoring data gathered by the school. Improved pathways to community services were also captured and were associated with increased programme effectiveness.

5.38 In summary, most authors cite an absence of long term outcomes data however it is still reasonable to state that WSA programmes shows more promise than single component interventions, with effectiveness regarded as less about specific components and more about changed culture, teacher CPD and support over time (Lund Nielsen et al., 2019). Fenwick-Smith et al. (2018) state that there is little evidence on effective programme length, suggesting that implementation and success need to be viewed over years not months (O'Reilly et al., 2018) and it should be recognised that while a small change in outcomes may be harder to capture in statistical terms, it may translate into a meaningful 'real world' impact on wellbeing (Weare & Nind 2011). It is notable that student outcomes are often associated with better implementation rather than variations in programme content (Lund Nielsen et al., 2019).

Data from qualitative interviews

Overview: Capturing impact of a WSA

5.39 Follow-up interviews were conducted with a sub-sample of stakeholders from the initial qualitative interviews/focus groups. These were focussed on measurement and evaluation of a WSA and an interview topic guide was developed for these, based on emerging findings from other analysis activities. This included discussion of how to capture key actions, including engagement, needs and asset mapping, as well as sustainability and mental health outcomes. This section presents a summary of the framework analysis carried out on interview recordings.

5.40 Participants were asked to discuss how to capture impact of a WSA and responses reflected the view of the WSA as a flexible, long term programme of work in which learning will be ongoing and evaluation will be continuous, with strong initial focus on processes over immediate impact on mental health. Regarding timelines, the complexity of the programme led to suggestions that realistic expectations of change are essential, with responses ranging from 1-3 years as realistic points where it could be said that schools had integrated a WSA. Representatives from non-mainstream settings suggested that they would be commencing from a different point as more of this ethos is already embedded in their ways of working, however they would still need time. Many cautioned against 'rushing', citing previous experience of loss of buy-in at the beginning of other projects where initial expectations were not communicated effectively. It was stated that Welsh Government should clearly communicate what they are expecting of schools and what they are offering. Increasing support and resources for schools was seen as essential in order for schools to be 'research ready'.

5.41 The immediate future was viewed as very challenging and busy for schools in Wales, in light of forthcoming ALN reform, the new curriculum and Covid-19 recovery. It was therefore felt essential that clear information be provided to schools as early as possible on how the WSA is a 'fit' with other work programmes, with communication led by Welsh Government but consistently used by other parties, such as local authorities and WNHSS. These parties can then be involved in capturing data, through use of surveys and qualitative work, on awareness and understanding of a WSA within schools. Participants noted considerable variation in schools openness to new initiatives, meaning that this initial data on awareness could be used for follow-up and additional support if needed.

5.42 It was also suggested that schools are advised to appoint champions as soon as possible in order to drive awareness raising among the whole community (including parents/families). It was acknowledged that this can be challenging and that support for early engagement should be provided, in resourcing for staff time, with the expectation that this champion then capture a record of activities undertaken, which can be used to input into action planning. Some highlighted that the champion role may be more problematic in primary than secondary settings, due to limited numbers of staff with the capacity to drive initial activity. Well-being remits may often fall to non-qualified teachers who are unable to access time off teaching to lead, with suggestions of a

change in policy in this area to support programme roll-out. Establishing champions as key points of contact was viewed as enabling relationship building with external parties, including local authorities, who may wish to encourage schools to form cluster support groups once champions are identified.

5.43 There was general agreement that evaluation needs to be built into a long implementation phase, with focus on self-evaluation supported by clear, but manageable, implementation guidance which does not create additional burden for schools. This guidance should contain suggested actions, such as needs and asset mapping, capturing a school baseline, engagement with stakeholders, action planning and review. Some suggested the importance of a 'critical friend' role from someone external to the school with expertise to take them through the process of implementation and measurement. This may be located within the WNHSS.

What to capture in asset mapping

5.44 It was suggested that mapping of existing practices and assets within the school system was essential for development and implementation of a WSA, to understand 'fit' with the existing system and resources available for delivering programme goals. Assessing existing practice would further ensure that implementation of a WSA can be embedded within school culture and not be superficial. Clear communication was key; asset mapping was envisaged as a broad, dynamic and iterative process, where schools are supported in identifying what they have and what they need. Many felt that communication was significant, particularly from Welsh Government, ensuring that schools understand that this is not a quick activity and they should not be deterred by what appears to be a 'messy' process. There was general agreement that a standardised method would be useful, suggesting that template guidance on mapping assets be provided to support schools in this work. However respondents also noted that asset mapping should be flexible to every school's needs and won't produce a standard result.

5.45 It was stated that asset mapping should aim to record internal capacity, in terms of staff with any training or specialist skills in mental health and wellbeing, any existing in-house specialist support available and also any universal, classroom activities being delivered at present. It should also detail how and why these have been selected. Community assets should also be captured, supported by external services such as the local authority, and including data on what specialist services are available and what they offer. This requires consideration by schools on what kind of relationship with external services is realistic for them to maintain and why, acknowledging time constraints, geographical restrictions on access and need. This will support schools in structuring responses tailored to the needs of their school population. Some suggested that, to increase efficiency, this information could be shared with schools that are geographically close, potentially through a shared database or website. Schools should also consider what may have been lost – both internally and externally – due to Covid-19. School engagement with external agencies should be accompanied by communications from Welsh Government and local authorities to external providers to notify them of the WSA and encourage them to make contact with schools. Contact with and from external agencies can then be recorded at school level.

5.46 Representatives from non-mainstream settings suggested that this type of mapping was already being done at some PRUs, exploring what was available onsite and organisations working outside of the school, with this practice more embedded within the PRU system due to the needs of the students. Mainstream schools may therefore need more initial support with this and may benefit from access to practice examples from non-mainstream settings.

5.47 There were differing views across interviewees on whether schools would benefit from comparative data with other sites. Some felt that schools would benefit from knowing what the rest of Wales looks like as a useful comparator and a means to access ideas, while others felt that this risked some schools feeling that they are already doing enough. There was however general agreement that data on assets in the local community, including access to specialist services, needs to be communicated back, through Local Authorities, to Welsh Government, to increase understanding of inequities in access to provision across Wales. This was deemed essential in both increasing provision where needed and in understanding variations in actions and engagement by schools across the country.

Needs assessment

5.48 In order for schools to understand the needs of their population and, subsequently, to develop action plans for a WSA, it was agreed that they need to carry out needs assessment. This would facilitate action planning but also provide a baseline from which change over time can be monitored. It was felt that school leaders would be primary drivers of needs assessment but may also designate to other roles, including a champion or team. As with asset mapping, some suggested the benefit of a standardised toolkit with input from public health researchers; this could then be adapted by schools to be flexible to their own systems. A transparent and non-judgmental process was supported to ensure people within schools don't feel criticised or defensive, with early - and broad – engagement key to promoting understanding of why this is beneficial.

5.49 Mapping should include looking at what information is already available and where new systems for storing or capturing data may be needed. This reflects the view that schools possess large amounts of data already which can be utilised in needs mapping, including data on attendance rates, behavioural incidents, exclusions and referrals to specialist support, all of which can provide indicators of existing issues within the population. Existing systems can also be used to collate data on staff absences associated with mental health reasons however, as this is likely to be underreported due to fear of stigma, it is likely that this will need to be supplemented with anonymised data from staff on their own wellbeing.

5.50 It was also suggested that support be provided by local authorities in terms of any existing data on wellbeing issues affecting the local community. Schools can review any existing engagement that they have with local services to assess whether they are operating effectively in terms of meeting the needs of the school population. An example of good practice cited was of existing

'case' meetings which already happen between some schools and local authority staff to review levels of need, which can provide helpful data for needs assessment.

5.51 Participants noted that data gathered for needs assessment should be multi-level, including individual, school and community-level information. Qualitative data was suggested as part of assessing need, with student voice particularly important. This can include formal engagement with existing groups such as councils but also incidental conversations that students have across the school. It was however cautioned that schools must be wary of collecting data on vulnerable groups and may require additional support to do this in a non-stigmatising and confidential manner.

5.52 Gathering measurements at baseline was viewed as pivotal to the implementation and set-up stage while recognising that, over time, these will become indicators of changes to wellbeing. While the value of evaluating and measuring actions was widely recognised, participants felt that it is not always done due to time constraints and absence of research capacity. Mandating around data collection was deemed important to establish a strong baseline, although with recognition that some flexibility should be permitted to reflect the differing profiles of schools. Guidance would support schools in understanding a minimum requirement for data capture, including measures of pupil, staff and parent wellbeing, policy content and relationships with external services.

Potential measures

5.53 Participants were aware of multiple measures of pupil wellbeing currently in use in schools and felt that these would generally be advantageous due to existing familiarity with them. Measures included the SWMWBS survey (see 5.47), the SHRN survey data collected in secondary schools, the SDQ, and the PASS and Happen surveys currently used in some primary school settings, as well as multiple bespoke measures such as simple 'happy faces' and 'mood measures' used daily to indicate pupil wellbeing. However, it was stressed that, whichever measures are adopted in schools, it is essential to consider staff capacity to collect, analyse and interpret data as well as school capacity to store it – some cited examples of asking schools what they did after collecting survey data, to be told that nothing is really done with it. This risks creating burden on staff as well as pupils and other respondents.

5.54 It was also emphasised that qualitative data should be collected at baseline to support schools, reflecting a broader understanding of what affects the wellbeing of their students, for example on what activities they enjoy, how they spend their time, how they cope with difficulties, what their family situations are. It was further suggested that qualitative methods be used to assess how those in the school community – including pupils, parents and staff - feel supported and interlinked.

5.55 Staff data was also identified as important at baseline, including data on staff mental health and wellbeing, as well as awareness of existing practices and training needs. This can then be drawn on in planning of awareness-raising activities and development of policies on training and support. Suggested data in relation to staff included qualitative exploration of existing

communication and awareness, as well as routine data on turnover, number of days lost through sickness, absence. These were viewed as likely indicators of culture/environment within the school, including workplace stigma on mental health-related absence.

5.56 Some participants reported awareness of existing practices on staff wellbeing, including reports of schools running their own bespoke teacher surveys. To support standardisation and to embed data collection on staff wellbeing in a WSA, it was suggested that consideration be given to a SHRN-style survey for staff, with clear understanding that this was optional and that data would be protected. This may need to be administered and analysed by external parties to avoid concerns over trust or misuse of staff views, with other suggestions that these be supplemented with staff focus groups to provide depth of understanding.

5.57 Capturing data from parents was widely described as valuable but difficult. It was suggested that anonymised surveys could be used here, such as the SDQ, although some felt that that they would need to be heavily supported by external researchers to advise on issues of confidentiality and data protection, as well as analysis of results. Existing links could be used, such as local authority initiatives for families. Any community data captured should be sensitive to local demographics, including considering languages spoken at home.

5.58 Measuring stigma and understanding how the school talks about and assesses its own mental health and wellbeing was also felt to be significant, in understanding whether a WSA is effective in reducing stigma over time. Participants did not cite any particular measures of mental health stigma, suggesting that schools may need to identify these. The Mind measure of stigma developed for the WSA project (see Chapter 6) may be considered here for further testing, in consultation with the developers.

Action planning

5.59 A majority felt that the most effective way for schools to capture the embedding of a WSA in school practice was through regular completion and review of school development plans/action plans. This would include a record of needs mapping and proposed responses, some of which would be system-level changes such as policy review and others being specific mental health interventions. Data from baseline will help schools in selecting evidence-led interventions and actions for delivery. Most felt that these actions cannot be mandated but will be flexible at school level, meaning that they will also need to be evaluated at school level and will vary widely across Wales. Evidence-based interventions were seen as important – and likely to include suggested measures - but equally it was suggested that trying something new and needs-led can be encouraged, as long as they are evidence-led and have evaluation built in. It was noted that the range of interventions available for schools can be confusing, costly and not necessarily based on need but on perceptions of likely effectiveness. A toolkit or database of robust interventions would be useful to schools in helping them to follow evidence-based programmes with effective evaluation built in.

5.60 Some suggested that they would benefit from a standardised guide for action planning, however this must acknowledge differences between mainstream schools and non-mainstream schools. Any standardisation of this should be based on function of the plan rather than mandated form, recognising the differences in schools and their populations. For example, including reference to planned policy review, without being overly prescriptive on what this involves, frequency etc.

5.61 Stakeholder engagement in action planning was deemed essential and should be captured by schools. This can include workshops to enable students to contribute to the action plan, which can then be revisited at review to ensure that student views are included and have been acted on. Some felt that schools may consider a WSA steering group, comprised of staff, pupils, families and Governors to oversee action plan review. This can be supported by external partners, for example the WNHSS, where capacity allows it, with them occupying the 'critical friend 'role. Pupils must be supported to be involved, particularly those in more vulnerable groups.

5.62 There were differing views on whether action plans should include targets, including the use of these in evaluation. Some felt that using targets would be a familiar way of working for schools, for example through KPIs to measure effectiveness of staff roles. However there were reservations about the potential negative impacts that targets can have and widespread agreement that, should targets be used, they would need to be defined flexibly to tailor to specific schools.

5.63 Some suggested that, while key targets may be desirable, without additional resourcing it may place undue burden on schools. Should targets be used, it was recommended that it is made clear what support will be provided to schools for a WSA, any measures in place should schools not meet those targets and how they can evidence them. It was also emphasised that, while some schools would welcome targets to inform their practice, there is a risk that this is then perceived as the endpoint rather than focussing on continual improvement. This can be mitigated by clear communication on the iterative nature of the WSA and the expectation of continuing development.

Outcome measures: capturing change

5.64 Most stated that, while outcome measures of improved mental health and wellbeing are essential, these must reflect the school as a whole and illustrate distance travelled. It was also stated that outcomes should not be defined from just a medical model view of mental health, but through looking holistically at the school and capturing changes to school environment and culture as well. The nature of the WSA programme and the flexibility inherent in developing school-level responses means that outcomes will be very different across Wales as schools enact their own interpretation of WSA. This may be particularly pertinent for non-mainstream schools.

5.65 Additional support from external bodies may be needed to establish a culture of effective evaluation within schools, including support for measuring wellbeing over time. It is important that senior leadership support the intrinsic value of mental health and wellbeing data, rather than focussing primarily on secondary effects on academic output. Some expressed reservations on

linking the WSA to educational outcomes for this reason, rather than stressing the aim of culture shift towards wellbeing outcomes.

5.66 Caution was also noted around over-evaluation, especially for smaller activities such as assemblies. For example, measuring staff confidence in talking to pupils about mental health can only happen if staff trust that the data is being used effectively and not being collected for data's sake.

5.67 In terms of recommendations on measures for schools to use to measure mental health and wellbeing over time, participants did not identify a definitive 'best' survey tool to use for this. This suggests that the means of measurement should instead be associated with the long-term aims of the WSA and existing fit with the school system. General population well-being measures over time, were felt to be important by interviewees, for example annual administration of the SDQ in secondary schools, which would be consistent with the SHRN survey already in use and would facilitate long-term comparisons at national level. At primary school level, there is currently no nationally used equivalent to the SHRN survey, meaning challenges to national-level monitoring of change over time. However, participants favoured a SHRN-equivalent that can provide school level data and be used for national monitoring.

5.68 It was also noted that any recommendations for surveys to be used in schools should be sensitive to the capacity of school actors to deliver such surveys across their pupil population and to staff ability to administer and interpret any data obtained. As above, this may suggest that external bodies may be helpful in supporting schools with analysis or with training teachers to analyse and utilise data.

Sustainability: capturing integration of WSA into usual practice

5.69 To assess whether a WSA has been embedded in a sustainable way, ongoing review of school development plans was seen as key to illustrate changes to processes, including embedding collection of data on mental health and wellbeing. There was concern about over-evaluation and how evaluating lots of different measures may be burdensome, suggesting initial monitoring of key implementation activities followed by mental health and wellbeing surveys undertaken at key points in the year. The challenge of drawing on school-level data for national evaluation was discussed, with suggestions that some review of actions taken alongside review of school survey data would be needed at national level to understand impact. Clarity is needed on what data schools would be collecting for their own use and what would be fed into a broader evaluation. Capturing integration could be built into existing surveys to reduce the burdens on schools and to reduce survey fatigue. Measures of changes to school procedures, such as pupil consultation and policy review could also be woven into the School Environment Questionnaire for SHRN member schools, with the equivalent developed for non-mainstream and primary settings.

6. Case study of a whole school approach

SUMMARY FINDINGS

The Newport Mind WSA pilot programme was developed as part of a national approach to supporting mental health in young people. It commenced with a review of existing evidence, which highlighted schools as a key site for intervention and a WSA as potentially having the biggest impact across the whole school community.

Development of the programme adopted a co-production approach, including consultation with pupils, school staff and families to define a WSA and identify intervention components. All stakeholders supported a stronger focus in schools on mental health and emotional wellbeing, including tackling stigma and creating an open, inclusive space within schools for discussing issues.

The resulting WSA intervention included a mix of school-wide, universal provision and targeted components, such as:

- Wellbeing Ambassador training for pupils to deliver peer interventions
- School-wide assemblies on mental health
- A 'pupil voice' group to review practice
- School workforce mental health training
- Staff drop-in support and learning lunches
- Parental wellbeing events and access to online resources.

While evaluation of the programme was disrupted by Covid-19, findings suggested positive responses to the intervention components, with a majority of staff, pupils and parents reporting increased knowledge of mental health and increased confidence in discussing mental health issues.

In terms of future delivery of a WSA, key learning included the need to work flexibly with schools around pressures of the school year, other activities and staff capacity. School staff suggested that they would require detailed instructions on how to implement a WSA, as well as time and resources to commit to the project.

Parental engagement was challenging throughout. Due to Covid-19, provision was switched from face to face to online activities. Mind found that engagement with parents increased after the enforced switch to online provision, concluding that a mixed delivery approach would be favoured in the future.

Newport Mind provided dedicated project staff who were able to engage intensively with schools. This was considered key, particularly in the early stages of the programme, suggesting a significant resource commitment to replicate this approach. Project staff also suggested that external agencies involved in supporting the WSA across Wales may require additional resourcing in order to cope with any increasing demands for their services.

Project staff also reflected that the programme requires a long-term approach to both delivery and evaluation. A phased approach was favoured, with at least one year for initial implementation and embedding, before longer-term evaluation of mental health and wellbeing outcomes over resulting years. They cautioned against evaluation being burdensome for schools, suggesting that measures be embedded into existing data collection where possible, for example in the SHRN survey activities for secondary schools.

6.1 This chapter presents a case study of development and delivery of a whole school approach to mental health (WSA) by Newport Mind, which took place between 2019 and 2020 in the Gwent region of South East Wales. The project was delivered by Newport MIND as part of a national pilot scheme across 17 school sites in Wales and England. The chapter is synthesised from two interviews completed with the local WSA Lead Officer for Newport Mind, one group interview with local and national Mind staff involved in the national project and project reports provided by Mind for use by the research team.

Local context

6.2 This section highlights some key contextual features of the region where the pilot study occurred in order to illustrate potential areas of intersection and overlap with the WSA work. Gwent (covered by the Aneurin Bevan University Health Board) operates a distinct delivery model for health and wellbeing services across the region, developed by the Regional Partnership Board. This is the Single Point of Access for Children's Emotional Wellbeing and Mental Health (SPACE-Wellbeing) panels. These panels are in place across all local authority areas of Gwent and act as a reference point for agencies, such as GP's, schools, mental health services, to meet and review requests for support and to come to joint decisions on action. This panel also discusses those who may have needs but not meet a clinical threshold, illustrating their wider remit.

At the time of development and delivery Gwent was also a pilot area for mental health transformation work taking place in Wales (see: transformation-fund.pdf (gov.wales)). In the Gwent region this involved reviewing integration of wellbeing services in the region, as well as redesigning existing CAMHS services to provide more support closer to home. A team of clinicians received funding to develop a regional whole system approach to mental health with a number of different workstreams, includes community psychology teams, peer support, family intervention services. The overall aims included bringing the expertise of practitioners in CAMHS to more community-based locations where children live and to make those locations more able to deliver psychological services on site. Within the Gwent region, there is more psychologist capacity than in some areas of Wales, with psychologists embedded within social services and paediatrics, facilitating earlier intervention before the usual threshold for CAMHS involvement. As part of the Gwent whole system approach, a whole school project run by statutory services was being developed and delivered at the same time as the Mind Newport project but underpinned by a different WSA model. Further background can be found at Towards a Whole School Approach to Emotional Wellbeing. - YouTube

Developing the intervention

6.3 As part of Mind's 2016-21 Strategy (Building on Change) schools were identified as a key setting for impacting on the mental health and emotional wellbeing of children and young people. An initial scoping review of school-based mental health interventions, carried out in 2017, highlighted a WSA as potentially having the most significant impact across the whole school community. The review highlighted limited evidence on the delivery and effectiveness of whole school approaches

to mental health but strongly recommended co-production of the programme with stakeholders. This review was followed by consultation with local Mind organisations, school staff, pupils and parents to combine their insights with the development of a WSA for piloting. A 'test and learn' phase then took place to prototype individual intervention components, to develop a school self-assessment tool and to agree a strategy for evaluation. This involved two years of development and implementation work prior to delivery in schools.

6.4 All stakeholders were in agreement with the principle of a WSA even when not necessarily describing it as that in the preliminary stages. The idea of everyone supporting mental health within a community was acceptable and understandable to all groups.

6.5 During consultation with pupils, several key principles emerged. Pupils themselves were aware that improved mental health would have an impact upon their school performance and achievements and reported a desire for mental health to be treated as an equal priority to academic attainment. This would be embodied in schools by provision of non-judgemental support on mental health and space to talk while feeling respected and listened to. Pupils were aware of stigma around mental health issues and the need to address this. They reported wanting to have a choice about who they approach for support with their wellbeing and knowing that they can trust those providing support with disclosures. In relation to understanding a WSA, young people wanted clear, straightforward information in language they can understand and have been involved in developing.

6.6 The MIND approach was to also include parents as part of the community around the school, ensuring that children's and parents' perspectives were built into the definitions at the set up stage. Those parents involved in development reported that they would like to see a WSA adopted by their child's school and would like more opportunity to be involved in mental health activities there. They also said they would value resources that they could use at home with their children. Some parents expressed concerns that resource constraints and budgetary pressures within schools, the focus on academic achievement and a lack of understanding of emotional resilience might pose barriers to the successful implementation of a WSA. Parental engagement in development was frequently challenging. On occasions this had been achieved where support was being provided to the children and young people and opportunities to engage with parents had presented themselves through this route. It was noted that this required sensitivity where parents may feel blamed for the problems their child was facing or hold stigmatising views of mental health. Staff here aimed to show parents that the school could be a place to go for support for them as well as their children.

6.7 School staff insights were also a key part of the WSA development work. Most staff felt that looking after pupil wellbeing was a key part of their pastoral duties and as such most were very positive about the programme. Many suggested that, to be partners in delivery, they would require detailed instructions on how to implement a WSA, as well as time and resources to commit to the project. They talked about the challenges they face around maintaining their own wellbeing and resilience in the workplace and existing stigma around disclosing mental health

problems within schools that is experienced by both young people and staff members themselves. They also discussed challenges to parental engagement, suggesting that parents are more likely to be engaged if their children have poor mental health or wellbeing.

6.8 Overall, during the development work, it was evident that people were aware of differing definitions of 'wellbeing' and 'mental health' from different organisations and that a more consistent definition was needed to improve communication. Discussion around the definitions of 'mental health' and 'wellbeing' confirmed that the term 'mental health' is often stigmatising and the 'softer' term 'wellbeing' was understood more as referring to day to day capacity to cope. Both were defined in the MIND approach, with the team using the terms interchangeably and referring generically to a 'whole school approach'. While using the term 'mental health' is not something to avoided, it is important to avoid perceptions that the aim of a WSA is identification and/or diagnosis of mental health needs. Schools benefitted from a clear definition and mutual understanding of what both of these terms meant when establishing a WSA.

6.9 The resulting Mind WSA framework was underpinned by the following principles:

- Promote good mental health and wellbeing to everyone as a right
- Support everyone with a mental health problem
- Find causes of poor mental health and find ways to keep everyone well.
- Respect diversity and promote equality.
- Build external partnerships to support children and young people to achieve their very best

Delivery of the intervention

6.10 To develop tailored responses that reflected the population of each school and their needs, schools were supported by project staff in completing needs assessments and action plans. Baseline measures were taken within schools through use of Whole School Mental Health surveys which were completed by pupils, staff and parents, and one overall survey completed by a member of SLT which outlined current practices. The Mind delivery team then worked with schools to interpret the data and to develop tailored responses, as well as to identify community resources available from Mind and other organisations. An accessible and flexible response was important to meet the needs of the school community, with some schools needing more support initially. Areas of priority were then identified for each school through discussions with a representative group of school stakeholders. Specific-school level actions were then planned, either drawn from national interventions and universal resources that could be disseminated through the school or by using local Mind teams for delivery.

6.11 Intervention components included a mix of school-wide, universal provision and targeted components. Universal actions aimed at pupils included assemblies on relevant topics, such as 'Self Esteem and Confidence' and the provision of both physical and online resources. Pupils were also offered the chance to take part in Wellbeing Ambassador Training, involving a two-day

programme of training on running peer-support sessions and on raising awareness of mental health promotion.

6.12 Schools could also choose to be supported through on-site resilience workshops and through working to embed pupil voice through the 'Your Voice Matters' component, illustrating the wide range of options available to participants. Newport Mind staff were also able to respond to requests for one to one support as received. This was reflected on as being only possible due to the level of project staffing initially available, with 4 full time and one part time staff member. It was felt that this level of resourcing allowed staff to build good relationships with schools through being a repeated presence on site and becoming recognisable to both pupils and staff.

6.13 In terms of supporting staff, schools could select from actions such as: school workforce mental health training; drop-in support and learning lunches; physical and online resource provision. Staff could also attend training provided by project staff on self-management and on having conversations about mental health. Components which could be selected for parental support included: wellbeing events, such as coffee mornings and quiz nights: sessions on how to support your child: parent-led CBT sessions and peer support; self-management courses; and access to online resources.

6.14 The level of required support from Mind varied through implementation and evaluation and was adapted depending on the school and their action plans. Project staff reported that key components of implementation included having a senior leader who was passionate about the project and able to make school-wide decisions. Having someone external who could support the school at the establishment phase was also important so that schools could focus on the main elements of their delivery. A working group or focus group of school stakeholders was fundamental to establish connections, to coproduce ideas and to share data. Project staff also felt that a long lead-in time was crucial to buy-in to the WSA, with schools engaged as partners throughout the development process. This avoided the perception that this was a 'top-down' approach in which and interventions or teams were being 'parachuted in' to fix an existing problem.

Evaluation of the intervention

6.15 The WSA programme was disrupted by Covid-19 school closures, with many resources being redesigned for online delivery and plans for full evaluation necessarily being amended. However, those schools who had taken part in programme components, were asked to complete the Whole School Mental Health Survey (WSMHS) that had been used as a baseline measure. This was repeated at the end of the programme with the school community to see changes in need and attitudes to stigma. Individual interventions were also evaluated, based on an outcomes framework established with Mind, from which three main measures emerged: mental wellbeing, coping skills and social capital (defined as the building blocks of resilience). There were some other measures around awareness of mental health, ability to discuss mental health and confidence to discuss mental health and mental health stigma, which were covered in the whole

school surveys. The specific measures around mental wellbeing, coping skills and social capital were captured within the individual intervention-level monitoring. Data was also captured on the number of pupils, staff and parents who had been engaged either through a universal or targeted component of the WSA. Process measures were also captured throughout the development and implementation of the WSA, including interview data on participant experiences of delivery and their views on future sustainability of the approach. Additional measures which were intended to be collected but were disrupted by Covid-19 included – 1) connections between schools and local services, 2) improved access to wellbeing support, 3) practical guidance for schools on how to implement the WSA.

6.16 Of pupils completing the WSHMS at follow-up:

- 70% reported increased confidence to support themselves
- 74% reported increased confidence to support others
- 80% increased their knowledge around mental health
- 97% would recommend the intervention to another pupil
- 100% positively rated the quality of the interventions

6.17 In relation to specific components, fun and positive activities were received better by students. Assemblies were less effective as many deemed content not relevant, but safe spaces for vulnerable pupils worked well. Evaluation showed that some interventions failed to reach pupils most in need, with staff concluding that when applying universal interventions steps must be taken to ensure that reach extends to specific groups identified in the needs assessment, not just the pupils who are most engaged. Staff reported a need for further help in identifying those pupils most in need, which may involve further training provision.

6.18 Among staff:

- 62% were more likely to talk to other school staff about their own mental health
- 63% felt more confident to support others with their mental health
- 65% of all felt they knew more about mental health and wellbeing

6.19 In relation to current practice on capturing staff wellbeing, no standardised measure was in use but some schools reported use of their own bespoke tools. Most were open to more standardised measures of staff-wellbeing as well as measures of staff confidence in supporting pupils. However, some reservations and concerns were expressed during development. Some felt that staff would only appreciate being asked if they trusted why the school was collecting the data i.e. to build better support, to make improvements. They also wanted clear communication on what would happen to any data collected. Many questioned the capacity within schools to analyse and use staff data, fearing collection ‘for the sake of it’ and suggesting that it may benefit from being analysed by an external body with the right skills or, at the least, providing a platform/training for schools to do it themselves.

6.20 Caution was noted about the responsibility of staff and how far their roles need to go in terms of assessing student wellbeing, suggesting that this needs to be defined at school level. Teachers expressed a desire for more mental health awareness and an understanding that this now forms part of their role. A WSA was seen as helpful in legitimising and defining this new element, especially in the aftermath of Covid-19, and in presenting further training opportunities for all school staff. It was noted that staff are not expected to be experts, but need to be able to recognise where pupils need to be signposted for help, either to a wellbeing team or lead who can then take it forward. Identifying support for staff is also part of this process, including appropriate training, peer support or a space to share experiences.

6.21 Some resistance from staff was experienced, often suspected to be due to a lack of drive or enthusiasm from senior leaders, illustrating the importance of initial buy-in. Some senior staff were very resistant to sharing action plans with staff in case it 'opened a can of worms' around teacher wellbeing and the tension with this and pupil attainment. Balancing wellbeing needs of staff in schools was very challenging due to time constraints, where even meeting with the staff was seen as burdensome on their time.

6.22 Mind struggled to engage with non-teaching staff. If doing this again they would ensure that non-teaching staff are clearly included in all messaging and are considered in staff surveys. It was felt that this would take time to embed as part of school culture because non-teaching staff are not always included in training, new programmes etc., with 'school staff' generally taken to mean 'teaching staff'. Non-teaching staff may feel forgotten, which may be particularly challenging for a WSA where there are non-teaching staff engaged in wellbeing work.

6.23 Among parents:

- 85% were more likely to talk to school staff about their own mental health
- 70% felt more confident to look after their own mental health
- 87% felt more confident to support others with their mental health
- 92% of all felt they knew more about mental health and wellbeing

6.24 Parental engagement was challenging, with an initial focus on inviting parents to attend face to face activities. This was disrupted by Covid-19, necessitating a switch to online activities. Mind found that engagement with parents increased after the enforced switch to online provision of resources due to Covid, concluding that a mixed delivery approach would be favoured in the future.

6.25 The Newport Mind evaluation showed that positive cultural changes were made but these were small and took a long time to develop, illustrating the need for acceptance of a WSA as a long-term process to effect change. Measures of culture change included stigma reduction, captured through a non-validated survey and including measures such as whether pupils feel more comfortable speaking about mental health. Some elements of the evaluation were affected by timings across the school year which led to low response rates at busy periods, for example

during exams. Some components were seen as being 'over-evaluated' especially with short term interventions, leading to feelings of burden. Absence of Welsh-language resources was challenging in working with Welsh-medium schools; either Mind or the school had to find funding and provision of resources and evaluation tools was sometimes slowed as a result. Furthermore, some schools reported confusion initially after being approached by both the Mind project team and the Gwent whole system approach team described earlier, meaning the need to explain the separate nature of both studies but the complementary ethos involved.

6.26 Project staff reflected that baseline measures should include: stigma; general wellbeing scores; community perceptions of the school's wellbeing approach; and community views of what should be done. Overall, measures at baseline were likely to be more specific to implementation processes and set up of delivery infrastructure. It was felt to be unrealistic to develop outcome measures until the needs and asset mapping processes are done, particularly because provision is so variable across Wales. Staff also suggested that, where possible, measures should be embedded in existing surveys, for example in the SHRN survey for secondary schools, to reduce the burden on schools and reduce pupil fatigue. Difficulties had been encountered in collecting data from schools were engaged in SHRN survey completion. Measures such as whether an increased number of schools had a mental health policy and a mental health/wellbeing lead could be incorporated into the existing School Environment Questionnaire completed by SHRN schools.

Reflections on a WSA in Wales

6.27 Staff involved in both the Newport Mind WSA and the national Mind WSA were asked to reflect on the planned statutory WSA implementation across all schools in Wales, based on their experiences.

6.28 The statutory nature of the WSA was well received by Mind staff, as a way to ensure that all schools act in some way and to increase the potential for equity across all schools. It was further viewed as a demonstration of commitment from Welsh Government. However, it was suggested that a statutory requirement may also frighten schools into completing a 'tick box' approach, necessitating clear communication of both initial and long-term expectations to ensure that this is not seen as a quick fix. It was noted that some SLT's are more academically minded than others and may need clearer communication on how a WSA can complement academic outcomes. Accepting the value of wellbeing is a key part of long term culture change and this message should be clear in all Welsh Government communication from Education and Health departments.

6.29 The notion of a phased approach to implementation, alongside continuous evaluation, was favourable in order to draw out deeper insights and to capture school-level data. It was emphasised however that this must not be instead of crisis response for those students most in need. It was suggested that greater communication should be given to schools on the possible timeline of implementation, based on project experience of the time needed to embed the approach. In the Mind work, the first pilot year showed small, significant changes to whole school culture and was characterised as a year for schools to 'find their feet'. The second year was then

more associated with maintaining momentum and embedding into practice. Some suggested that Welsh Government could map out a suggested timeline, indicating where schools could aim to be by end of year 1, year 2 etc. but that this must reflect the capacity within the school to deliver and also acknowledge what they have in place already. However, this was not without risk, as communication of timelines may imply a punitive approach – what happens if a school doesn't meet the target? All agreed that, regardless of any indicative timelines used, resourcing of implementation was key and that schools must be supported through paid teacher time and access to external agencies if they are to avoid feeling over-burdened by the WSA expectation.

6.30 It was also suggested that a phased approach gives an opportunity for schools to look at local resources and build relationships with supporting agencies. This was emphasised as a two-way process, with communication to external agencies necessary early in the WSA process. Guidance may be needed for external partners on how they can work with schools, and what support is needed in local schools. This could be as simple as an email from Welsh Government or the local authority saying 'this is a WSA, your local schools are delivering it, please reach out to them'. It was also suggested that a directory of local resources could be hosted on local authority and WNHSS websites and that services could be invited in to present to schools on who they are and what they do. This would support schools in the asset mapping process. In Gwent, this is aided by having the Space Wellbeing panel as a central point of contact, suggesting that a similar structure in each area may support better community connection.

6.31 However participants felt that, to be active partners in a WSA, specialist organisations may need to be able to access funding to provide additional services with risk that partnerships are undermined by existing variability in specialist support across Wales. Should additional funding be made available unequally across different areas in Wales, it could lead to inequity of provision. This was particularly keenly-felt in the third-sector, where funding is often short-term and may not lend itself to sustaining new partnerships with schools.

6.32 Some felt that further support for schools to implement a WSA could be in provision of resources, such as an exemplar policy on mental health and wellbeing, as well as templates for asset mapping, needs assessment and development plans. Other suggestions included provision of a flowchart of 'who to go to when you have concerns over a pupil's mental health', developed along the lines of existing safeguarding processes to increase staff familiarity and to support effective referrals. The presence/absence of these could then be captured within subsequent evaluation. To be effective, this must be reinforced with staff training on understanding mental health and on thresholds for referral. Evaluation must recognise that, due to variations in access to specialist support, numbers of referrals made are not a reliable measure on which to evaluate schools, but presence of a pathway and awareness of this among staff are significant to capture.

6.33 Sustainability needs to be considered from the beginning through encouraging schools to plan for the longer term and through communication on what long term support is going to be available to them. This can be encouraged by ensuring cohesion between the WSA, the ESTYN inspection framework on health and wellbeing and the new curriculum for Wales. Clear communication to

schools on the complementarity of these work programmes will ensure that the perception of burden is reduced and the value of the work is enhanced.

6.34 Overall, project staff felt that whatever is put in place for measurement and evaluation needs to be as simple as possible for schools to pick up and use and that it must be supported with additional resourcing for schools, either through external evaluation support or staff training.

7. Key Findings and recommendations

7.1 This research aimed to develop a programme theory for the whole school approach (WSA) to mental health and emotional wellbeing, to identify how activities and inputs delivered as a WSA may give rise to desired changes. These changes include amendments to processes within the school system as well as improvements in mental health and emotional wellbeing for pupils, staff and others.

7.2 Programme theory is important in informing future evaluation. While the research identified many areas of uncertainty and lack of clear conclusions in the evidence available on delivery and evaluation of a WSA, it was feasible to develop an emerging programme theory. An evaluability assessment was also conducted, meaning consideration was given to the feasibility and practicality of evaluation, as well as potential approaches to evaluation of a whole school approach to mental health and emotional wellbeing. This aimed to identify evaluation approaches that are realistic, prudent and efficient, capturing and reflecting existing conditions in schools as well as advising on potential changes necessary for evaluation.

7.3 A working programme theory was developed with reference to document analysis, overview of reviews, insights from key stakeholders and a case study. Analysis of these datasets was synthesised and is presented as a diagrammatic logic model (see Figure 1). This logic model represents findings on existing characteristics within the school system (including both internal and external influences) to show the conditions in which a WSA delivery would take place. It highlights those resources and activities that the evidence suggests should underpin a WSA, as well as key actors with roles in delivery and evaluation. The diagram presents theorisations of how changes will come about through change mechanisms and the potential short, medium and long term outcomes that may result. It must be noted that, due to remaining uncertainties relating to delivery of a WSA in this area, as well as gaps in the current evidence base, this should be considered as an emerging programme theory, which will be revised as evaluation evidence is gathered. At present, pathways of impact between inputs and outcomes (particularly long term outcomes) are limited by the lack of available evaluation data. However, the recommended programme inputs displayed represent those most supported by the evidence at this time.

7.4 This summary draws together key findings synthesised from analysis of each dataset and presents recommendations for delivery and evaluation based on this synthesis, as well as highlighting remaining uncertainties. This includes recommendations for core WSA programme components, as well as potential barriers and facilitators to programme delivery. It also includes recommendations for measurement and evaluation of a WSA. The chapter concludes with a systems map drawing on Pearson et al (2015), illustrating actions and key actors within and outside the school system for delivery and evaluation of a whole school approach to mental health and emotional wellbeing.

Figure 1: A logic model for the whole school approach to mental health and emotional wellbeing

Existing system characteristics	Resources	Activities	Mechanisms	Short/medium term outcomes	Long term outcomes
Variations in baseline mental health and well-being at individual and school-level *Absence of clear discourse on well-being and positive mental health* *Absence of time and resources within the school system* *Supporting infrastructure – WNHSS/SHRN* *Varied location of existing activities i.e. WNHSS - can be in 'Health' or 'Education'* *Variations in external support available to rural and urban schools* *Geography: unstable funding for third sector bodies and some statutory programmes* *ALN Schools and PRUs – different function to mainstream schools* *Lack of standardised data – primary school, staff well-being, parents*	Stakeholders in the school system: • Staff • SLT support • Parents/carers • Pupils • Pastoral staff • Outside agencies working in schools Wider infrastructure: • PHW • Welsh Gov. • CAMHS • Third sector • WNHSS • LA's	Champion/ committee to lead initial activity Asset mapping – strengths based and incorporating existing activities Needs mapping – school-level analysis of baseline Policy review Identify evidence-based interventions for school context SLT communication to whole school system Staff training Relationship building with external MH services Resourcing	Positive ethos/culture School connectedness Improved staff/student relationships Staff training to increase capacity to support pupils Evidence-based classroom activities Clear referral pathway to community-based MH systems Monitoring and evaluation – aligned with inspection framework Identify areas of change through policy review/action plan Engagement of pupils and families to plan actions	Staff more equipped to support pupils Synergy across relevant policies Increased pupil and family engagement Increased buy-in from school staff Improved referrals to support services – earlier identification Observable culture of openness around mental health Changes in pupil help-seeking Review process for action plans and policies Evaluation plan, including use of routine data	Improvement in pupil mental health and well-being Improvements in staff mental health and well-being Reduced stigma around mental health Improved educational outcomes Sustainable delivery infrastructure for intervention Sustainable evaluation infrastructure and regular review of data Capacity development in the workforce – MH support Capacity development – evaluation and use of data
Emergent and Dynamic System Characteristics: *Integration of new curriculum; COVID-19 impacts – educational outcomes; financial constraints on services*					

Overview of findings from all data

7.5 While multiple definitions of a WSA were found across the data, it was possible to identify frequently occurring core principles which can be summarised as comprising the ethos of the approach. These were:

- The aim of changing the whole school system to create an open and positive culture towards mental health and emotional wellbeing. This culture should be embedded in daily activities and policies within the school
- School should be seen by all in it as a safe place to find support and positive relationships, both between pupils and staff, staff and staff and with external stakeholders, including families and specialist agencies
- Inclusivity – the WSA should be seen as the business of all those in the school system and all should have opportunities to contribute to it, both in terms of initial development and delivery and in ongoing review of practice
- Delivery requires a joined up approach, both within school and with services/agencies outside school
- Delivery of both universal/preventative activities and targeted help for those with greater mental and emotional needs (including early identification and intervention to prevent escalation)

7.7 Overall, analysis of the data suggests an absence of methodological approaches with the flexibility to capture the full range of processes and outcomes inherent in programmes as complex as a WSA. The data identified for this research suggests the need for a phased evaluation over time, incorporating multiple data sources and with the aim of understanding implementation processes as well as effectiveness in terms of mental health and emotional wellbeing.

7.8 More data was available throughout on how to proceed with implementation than on measurement of outcomes, including a significant lack of long-term follow-up data. Programme fit within existing systems and structures at school level was often under-developed or not addressed. Concepts such as capacity building, co-production and inclusion were frequently stated throughout, particularly in guidance documents analysed, but often with unclear definitions and lacking supporting evidence, suggesting that further work is needed in identifying best approaches to these issues within a WSA programme.

7.9 However, while identifying the 'active ingredients' in WSAs to understand what inputs may be associated with what outcomes is challenging, the value of high quality implementation was clear. Findings across the data were consistent on identifiable steps that are likely to underpin effective delivery of a WSA suggesting that, without sufficient focus on implementation, desired outcomes are less likely to occur. This supports existing evidence within implementation science that effectiveness is associated with quality of implementation in a given context (Pfadenhauer et al., 2017).

Recommendation 1: There is no conclusive answer at present to what constitutes optimal implementation and this may be a key question for future evaluators to address, however some components are more supported by the evidence as a basis for effective implementation. These components are recommended for all schools and further detail on each component is outlined below. These components can be standardised across all sites and the presence, absence and quality of them captured within process evaluation:

- clear communication (led by senior leaders) with all associated with the school system to secure buy-in
- policy review
- staff wellbeing support and training
- assets/strengths mapping
- identifying a mix of universal (preventative) and targeted support
- refining relationships with external services
- needs assessment/baseline measurement

Development of programme theory prior to and via evaluation is an iterative process, with an initial programme theory refined by data from evaluation (McGill et al., 2020). Process evaluation of implementation should consider the programme theory (see Figure 1) to assess how the programme operates across multiple complex settings, and whether the theory needs to be revised for more effective implementation in the future.

7.10 In terms of generating longer term change, all data supported the view of a WSA as a flexible programme, within which schools are able to develop tailored content following initial implementation and reflecting their own needs assessment. Interview participants in particular felt that overly-prescriptive guidance on WSA content, for example what to include in universally delivered classroom sessions, should be avoided, meaning variation at school-level is accepted as part of the programme. This means that the pathway to longer-term outcomes will vary by school.

7.11 Identified longer-term changes cited across the data included:

- improvements to mental health and wellbeing among students and staff
- ongoing training
- evidence-led activities embedded in the curriculum
- established relationships with external providers
- data collection and review systems feeding action plans
- a change in culture/ethos including reduction in stigma
- workforce development.

7.12 Evidence synthesis suggests that evaluation and measurement must be embedded in a WSA from development to sustained delivery, however there was an absence of data available on evaluations of WSA programmes for mental health and emotional wellbeing, meaning an absence of specific detail on effective measures for evaluation. The flexibility of a WSA at school level,

within which schools will identify actions based on their own needs and capacity as well as delivering core programme components, suggests that some outcome measures will be more identifiable once schools unique needs and responses to that need have been recorded.

7.13 Suitable whole school measures of mental health and emotional wellbeing can be identified, however there is no evidence to support a single, definitive measure. As such, in considering surveys for initial and ongoing monitoring of mental health outcomes, recommendations below are influenced by pragmatic considerations and feasibility as well as validity.

Core components for implementation of a WSA

Recommendation 2: Implementation guidance for schools, based on the core components outlined above, would support standardised delivery and facilitate national evaluation by recommending a minimum set of actions for schools. Guidance should balance clarity with not being too prescriptive, retaining a focus on the inclusion of core components as supported by the evidence, but with scope for schools to adapt the format for their own settings. It is recommended that any such guidance be developed with stakeholders within the whole school system and tested through formative evaluation to understand function and propose any identified adaptations and refinements.

Clear communication

7.14 Evidence synthesis suggests the benefit of consistent use of terms when defining a WSA. Many research participants cited Welsh Government as the lead for this, with a responsibility to develop shared language for discussing a WSA, which should then be used throughout both the Health and Education policy and practice systems. Terminology should then be consistent when engaging with stakeholders, with review evidence suggesting that greater stakeholder understanding of the programme from the conception stage is associated with better buy-in and implementation.

Recommendation 3: Involvement of all stakeholders, including school staff, pupils, parents/families and mental health professionals, is recommended at the development stage to ensure higher levels of buy-in. Initial consultation between Welsh Government and key stakeholders is recommended to increase pre-programme engagement and to agree shared definitions of a WSA to be used in communications in order to maximise buy-in and support implementation.

7.15 Evidence synthesis suggests that, along with standardised messages, schools are able to develop their own communications, emphasising that they are taking an holistic view of mental health and emotional wellbeing and it is considered to be everyone's business. Messaging should be easily understandable to staff, pupils, parents and external partners, communicating a shared understanding of what is meant by mental wellbeing and what actions are being taken.

Recommendation 4: School messaging on what they are doing as WSA delivery and the underlying ethos of the programme (see 7.6 above) should be readily available to families through multiple communication channels, including a mixed delivery approach of online, face to face and other modes of communication available to them. Promoting an open door policy for families to engage with the school, as well as clear and regular communication on school activities, were identified as the most effective ways of including their input. However, analysis did not identify a clear means of measuring and recording family engagement, suggesting that further work is needed on refining systems for reporting this. This may be aided by sharing practice across schools to highlight any effective approaches.

7.16 Document analysis suggests that schools should review communication methods to ensure that key messages are reaching target audiences and being understood. This may involve reviewing staff confidence in talking to families and pupils about mental health. Indirect communication, such as signage and posters, should also reflect the WSA ethos and staff should model this in their interactions, both inside and outside of lessons.

7.17 While communication with pupils and families was strongly emphasised throughout documentation, it was often unclear on how to increase or improve pupil and family participation, engagement and involvement. Similarly, pupil voice was emphasised, however guidance on consultation, particularly to include those most in need in the school population, was limited. Suggestions included use of using existing structures to strengthen student voice, including school councils and youth parliaments, however there was limited discussion of the capacity of these methods to capture a broad range of pupil views.

7.18 Communication can include reference to the association between mental health and wellbeing and academic attainment, as a means of increasing buy-in to the WSA. Senior Leadership Team (SLT) in schools, were consistently highlighted across the data as particularly important in communication of the aims and roll-out of the WSA. Data also suggest the value of a 'champion' to support communications, drive the agenda and liaise with internal and external stakeholders.

Recommendation 5: SLT should consider developing an action plan for engagement based on their own unique context and existing structures for communication and engagement. They may also consider appointing a WSA team/champion to coordinate activities and to develop approaches for communication and engagement. Should this include expectation of additional work for the champion, for example capturing a record of activities undertaken, resourcing for the role is likely to be needed.

Policy review

7.19 Policy development and review was identified across document analysis as essential to clarify and sustain a WSA, with senior leadership identified as drivers of this process. Key policies such

as behaviour management, confidentiality, safeguarding and staff wellbeing policies can be coproduced, monitored and reviewed throughout a WSA. Policy review can be supported by national and regional bodies, such as Estyn and the WNHSS, with potential provision of policy templates to facilitate the process and to promote consistent practice.

Recommendation 6: Schools may consider having a WSA implementation policy outlining key steps, roles and planned actions, links to existing policies, as well as commitment to review at regular intervals, however capacity to do this is likely to vary with school size and support may be needed. Schools may consider having a named governor for health and wellbeing, with a designated role in reviewing school policies relating to a WSA. Any policy review should also consider the needs of pupils with SEND (ALN) and variations in a WSA to meet specific needs of those pupils.

Staff wellbeing

7.20 Explicit commitment to staff wellbeing was identified across all data as essential and may include a dedicated staff health and wellbeing strategy. Staff should be ensured of time and space to assess, discuss and seek support for their own mental health as well as their role in a WSA. There was limited evidence on the most effective approaches for caring for staff who are given additional responsibilities and are dealing with potentially more complex needs as a result of WSA programmes. Qualitative data and document analysis suggest that in non-mainstream settings there may be greater strain on staff who are regularly dealing with complex issues, necessitating more supervision and support to maintain their own wellbeing.

Recommendation 7: Senior school leaders should be encouraged to clarify actions to promote staff wellbeing. This may include reviewing the structure of the school day to allow protected time to support wellbeing, finding time for staff to complete training and providing supervision for staff who are supporting more complex pupil needs.

Staff training

7.21 Synthesis suggested that initial staff training should include patterns and prevalence of mental health issues in young people to increase general levels of understanding and improve responsiveness to pupil disclosures. Training for staff on ways to support their own mental health was also suggested across the data, including resourcing for school staff time for attendance and with forward planning of how learned skills would be utilised and supported through continuing professional development. Peer support was noted as a means of training and upskilling staff, providing safe and reflective spaces for staff to share experiences, provide support and to evaluate their role in supporting students' mental health and wellbeing.

Recommendation 8: Training in effectively supporting mental health and emotional wellbeing should be offered to all staff, including non-teaching staff who play a vital role in supporting students. Training for staff to deliver evidence-led classroom content may also be needed once schools have planned their own WSA actions based on needs assessment. Embedding training on supporting mental health and well-being in teacher training should be considered to increase future sustainability of the WSA and maybe included in any WSA policy produced in school.

7.22 Qualitative interview analysis suggested that the WNHSS and local authorities may be key potential partners in supporting schools to meet staff training needs and advising on school training plans if required. Participants noted however that their capacity is limited and additional resourcing may be required should their remit to provide training be expanded. It was also observed that availability of staff training resources in the Welsh language needs to be considered to ensure equity of access.

Recommendation 9: It should be considered how training for school staff may be effectively provided by WNHSS and local authorities, within available resourcing, by bringing together schools who identify similar needs within an area. Staff in Welsh-medium schools should not be disadvantaged in accessing training or resources, with funding for Welsh-language training content made available.

Mapping strengths/existing practice

7.23 Analysis of documentation and qualitative interview data suggested that capturing existing assets and strengths should be carried out to map what happens already and what resources exist in the school system. This was viewed favourably by stakeholders as an acknowledgement of existing skills and can underpin action planning. Assets and strengths data may be captured through initial mapping and then monitored through ongoing action/development plans which include process measures, such awareness of WSA content and any policy review that has occurred.

Recommendation 10: Asset mapping should be completed by schools to record internal capacity, in terms of staff with any training or specialist skills in mental health and wellbeing, any existing in-house specialist support available and also any universal, prevention activities being delivered at present in classrooms. It should detail how and why these have been selected. Assessment of school environment is also recommended, including existence of any safe, confidential, spaces for students and staff to access wellbeing support. These can be incorporated into development plans if not currently present. While asset mapping is recommended at individual school level it has potential application at cluster or local authority level, with WNHSS potentially involved in sharing of knowledge and information. Their capacity to do this should be explored.

7.24 Community assets should also be considered, including data on what specialist services are available and what they offer. It was suggested within documentation this may be supported by external services such as the local authority, who can provide regional information, although the extent of regional information available may vary by area and is currently unknown.

7.25 Participants suggested that there is significant variation in the provision of mental health support by specialist external agencies across Wales, including provision in the Welsh language, which may lead to inequity of access.

> **Recommendation 11:** Availability of specialist support in the local area, in the Welsh language should be captured by schools in their initial mapping activities but this in itself would not address the problem of lack of provision. A mechanism for feeding back to Welsh Government may be necessary to gauge the full scale of support around schools and to identify areas for further development. This may be most effectively done through Estyn however, as such a model does not currently exist, further discussion with them is required.

7.26 Participants suggested that consideration can be given to provision of standardised templates for asset mapping as part of WSA implementation, led by those designated with this task by Welsh Government, detailing key areas to capture but with flexibility to be adapted to school context as needed, again emphasising the function of the activity over a fixed form. It must be noted that an example of this practice was not identified within the data meaning the effect of it is unclear.

Targeted and universal components

7.27 Synthesis of findings suggested that a WSA should be embedded within everyday practice in the school, including in teaching content on mental health and wellbeing, with strong links to the curriculum. In Wales this would be through the new Health and Wellbeing Area of Experience, seen by interview participants as the anchor around which a WSA should be built.

7.28 While elements of WSA implementation could be standardised, all datasets reviewed here suggest that schools should be able to select specific actions and interventions derived from a school-level understanding of population and needs. Reviews suggested that elements should include evidence-led activities for mental health promotion/prevention delivered by both classroom teachers and specialists, as well as targeted support provided by mental health practitioners for any pupils, staff or family members who are identified as in need.

7.29 Universal provision delivered within the curriculum by school staff may require training on how to deliver content, with support from outside agencies in some cases. Review evidence suggested that the involvement of classroom teachers in delivery was more acceptable to pupils and was associated with more effective implementation and greater sustainability of the programme, although understanding of this is limited by absence of long-term follow up data in most cases.

Recommendation 12: Classroom-based, universal delivery of evidence-based, prevention-oriented, content matching school need is identified as more likely to be able to integrate into school practice and be sustainable. Integration of WSA components into the curriculum should be considered from the outset, with explicit links made to 'fit' with existing programmes of work, such as the new Health and Wellbeing Area of Experience. Any content developed for delivery within the curriculum must be available in both Welsh and English.

7.30 While evidence suggests that staff should be given access to materials of relevance, there was limited detail on what this material would be and how schools would identify evidence-based content of most value.

Recommendation 13: Schools require guidance on a range of effective classroom-components which they can match to identified need, to be delivered as part of their universal provision. One such source is the newly-published systematic review by Clarke et al. (2021) on school-based programmes. WSA guidance should emphasise to schools that programmes should be clearly evidenced-based.

7.31 Decisions on classroom content should also consider staff capacity to deliver, including potential adaptations of mental health and emotional wellbeing programmes identified by schools as appropriate for their setting. Within review evidence, staff attitudes towards evidence-led content were more favourable where they were allowed to adapt these to their setting and utilise their own skills, however any such adaptations should be monitored within school-level evaluation to ensure that adaptations do not impact effect. While flexibility is favoured by school staff, evidence suggests that the more flexible the programme, the greater the variation in delivery and implementation.

Recommendation 14: It is recommended that schools capture what programmes they use, including data from teachers on adaptations, which can then be assessed within evaluation in conjunction with data on outcomes for those receiving the programmes.

7.32 Review evidence also suggested that greater exposure to mental health and wellbeing content among pupils in varying forms including - but not limited to - formal classroom sessions, was also associated with better outcomes. While targeted interventions may have greater mental health effects than universal ones, as evidenced in review data, universal programmes still have value even in small effects.

7.33 Particular focus from schools is recommended across the data on those pupils who are most vulnerable to poor mental health and may benefit from more targeted support provision. These pupils can be identified through needs assessment. Targeted provision may include working with external providers but also on-site delivery, with consideration given to additional staff training in counselling skills and mental health first aid training. Within reviews, programmes which involved

a community component i.e. building relationships with external services and embedding referral processes, were more effective.

> **Recommendation 15:** Schools should capture their capacity to respond to more complex needs within asset mapping and also capture levels of need among staff and pupils within needs assessment. Decisions on the provision of targeted support, including additional staff training, should then be guided by this, along with resources and constraints on staff time.

Working with external agencies

7.34 NHS professionals/services were universally agreed to be key within the WSA, particularly for pupils with more complex mental health needs. This includes staff such as school nurses, local health boards, or national organisations such as CAMHS, however school staff reported lack of clarity on how and when to refer. Review evidence suggested that engagement with specialist agencies, for example establishing referral pathways or inviting them into school to deliver on-site support, was associated with better programme effectiveness.

> **Recommendation 16:** In conjunction with external agencies, schools should consider developing a referral template for use by staff to identify when a referral may be necessary and appropriate. Where referrals are being considered to CAMHS, schools should aim to engage with parents/carers and families, being mindful of the risk of families feeling blamed or stigmatised. If feasible, external providers should be invited in to schools to raise awareness of this with staff and pupils and also to explore potential options for on-site delivery of services for both pupils and families.

7.35 Document analysis suggested that the champion or designated team within the school can lead on improving relationships between schools and external agencies, with support from senior leadership to ensure that this is not burdensome. It was further suggested that local authorities may be able to operate in a gatekeeper role to link schools with external providers, including providing schools with information on training for staff on mental health and wellbeing and highlighting local specialist provision. It was unclear from the data whether this information is already held by local authorities or would need to be gathered for a WSA and their capacity to carry out these functions should be considered.

Measurement and evaluation of a whole school approach

Key principles for evaluation

7.36 Given the complexity of the intervention, and the systems through which it is delivered, potential evaluators will need to identify and justify key areas of uncertainty on which to focus evaluative resources. A key uncertainty relates to how whole school approaches are implemented and maintained at scale. While there is experimental evidence that changes to school environments

can improve pupils' mental health, there are gaps in current understanding of how such programmes can operate and be sustained at national level, including whether and how fidelity to programme theory can be maintained. Hence an emphasis on process evaluation, which adheres to best practice guidance (Moore et al., 2015), including expertise in implementation science within the team, will be needed for future evaluation.

7.37 Given the varied nature of schools across Wales, and the changing nature of the education system over time (for example through forthcoming curriculum reform) evaluation must also consider how the implementation of the programme is impacted by these changes to context. This may include development of appropriate methodological approaches to capture local adaptations of the programme made by those implementing it, and considering the likely effect of any such adaptations on outcomes.

7.38 In terms of evaluating whether the intervention achieves intended outcomes for pupil mental health and emotional wellbeing, as the programme is already being implemented at national scale, methodological options are impacted by this (for example through prohibiting use of randomised controlled trials). Alternative designs must be considered, for example natural experimental evaluation designs. A significant challenge for this kind of evaluation will be in making causal claims and estimating the counterfactual (i.e. what might have happened anyway without the WSA) in light of the current context of recovery from the Covid-19 pandemic. The WSA forms a part of – but not the entirety of – Covid-recovery proposals in Wales, presenting challenges for separating WSA effects from that of other actions in order to confidently assert that any observed improvements are associated with a WSA. How evaluators will unpack the contribution of the WSA from within this broader network of co-occurring interventions should be addressed within evaluation proposals.

Recommendation 17 : Evaluation of a WSA should be phased to identify changes to school processes, including implementation actions, ongoing school development planning and delivery of programme components. This can be captured at school level and feed in to national-level WSA process evaluation. Ongoing measurement of changes to mental health and wellbeing outcomes is also needed at school-level and for national evaluation. Case study analysis and participant interviews suggest that a realistic timescale for evaluation is one to three years, with year one focussed on baseline measures, implementation and process changes, with subsequent focus on outcome measures and capturing how WSA practices have become embedded.

Capturing implementation

7.39 There is an absence of standardised, evidence-based evaluation tools for capturing implementation. This includes tools for self-assessment, suggesting the need for additional development and testing in consultation with schools, based on the core components identified and recommended above.

Recommendation 18: Delivery of identified components should be captured at school level to be fed into wider evaluation at national level. At secondary school level, this may be incorporated into the School Environment Questionnaire for those within the SHRN network or, alternatively, captured by Estyn. It should be clearly communicated to schools how the data will be used within a national evaluation to assess implementation processes rather than to target schools who are less progressed with implementation. Supplementary qualitative process data is also recommended to understand more about the experience of implementation from the perspective of a range of schools. External, independent, evaluation support is recommended for this alongside self-evaluation within schools.

Needs assessment/ baseline measurement

7.40 Needs assessment/baseline measurement of mental health and wellbeing in the school population serves the dual purpose of informing schools of local need and facilitating evaluation of a WSA. Different means of obtaining this information were identified within this research, including undertaking pupil surveys (see Measures below), bespoke staff and parent surveys and using data from local authorities which may be shared across cluster schools. In Wales, secondary schools were advised to sign up to the SHRN to access relevant data reports.

7.41 Data analysed for this research did not identify a definitive measure of mental health and wellbeing, either for pupils or staff, with various validated scales reported across different programmes. There were also no clear guidelines on frequency of data collection to illustrate effects of a WSA within a defined timescale. In the absence of any such clarity, recommendations below on what measures schools should use are based on other factors such as existing practices and pragmatism.

Staff and families

7.42 It was recommended that information on mental health and wellbeing in both staff and families is captured by schools within needs assessment, as well as capturing staff training needs for delivery of a WSA. However, none of the data within this analysis supported recommendations for a standardised measure of staff wellbeing. To support standardisation and provide baseline data on staff wellbeing in a WSA, it was suggested by interviewees that consideration be given to a SHRN-style survey for staff, with clear understanding that this was optional and that data would be protected. This may need to be administered and analysed by external parties to avoid concerns over trust or misuse of staff views, with other suggestions that these be supplemented with staff focus groups to provide depth of understanding.

Recommendation 19: Consultation with existing groups is recommended to consider a SHRN-style staff survey or to identify bespoke staff surveys that are acceptable to school staff. Should such a survey be considered, it would require development and piloting with

school staff at school cluster of local authority level, representing a strata of schools and regions.

Recommendation 20: Data can be collated by schools on staff absences associated with mental health reasons however, as this is likely to be underreported due to fear of stigma, it is likely that this will need to be supplemented with anonymised data from staff on their own wellbeing which may need to involve externally-led data collection. Data from families should be collected with caution around potential stigma in discussing wellbeing and mental health and only if there is a clear understanding of how the data will be used.

Pupils

7.43 Participants suggested that schools should include looking at what information is already available, using existing data from information management systems as much as possible to build a profile of school needs. Schools possess large amounts of data already which can be utilised in needs mapping, including data on attendance rates, behavioural incidents, exclusions and referrals to specialist support, SEND, care experience, disability, other health issues, free school meal status.

Recommendation 21: It is recommended that information of this nature be drawn on to understand groups within the school with additional support needs. To avoid risk of disclosure of identity of those within the school with protected characteristics or potential vulnerabilities, consultation with local and national groups, such as LGBTQ+ groups, Young Carers etc. may be a more effective and efficient process, with findings then shared across multiple schools in the same region through the WNHSS. The WNHSS may also be able to access information from the local authority relevant to health behaviours in school age populations, including groups with potential vulnerabilities.

7.44 At present in secondary schools within the SHRN network (a majority of schools in Wales), the Strengths and Difficulties Questionnaire (SDQ) is embedded as a measure of emotional difficulties, behavioural difficulties, difficulties with peers and attention difficulties. This is completed biannually and may already have greater familiarity to school staff than other measures, suggesting that it may be the most reasonable choice for a whole school survey.

Recommendation 22: Secondary schools should continue to use SHRN data and can use most recent data as a baseline measure. Schools may also administer the SDQ survey annually between rounds of the current SHRN survey, at the same time in the academic year. To facilitate long-term analysis of changes associated with a WSA, this data will need to be available for national evaluation.

7.45 For primary schools, various measures are currently in use in the absence of a Wales-wide network equivalent to SHRN.

Recommendation 23: Schools may wish to continue with their existing measures to obtain a baseline of mental health and wellbeing for pupils. However, consideration should also be given to recommending the 'Me & My Feelings' survey to all schools (Deighton et al., 2013), which has been effectively administered to children as young as age 8 and is currently being tested as part of the pilot study for the expansion of SHRN into primary settings currently being conducted in Wales. Should this become a standardised measure in the future as part of a primary school research network, it can be used by schools between SHRN surveys in the same way as SDQ/SHRN in secondary settings. To facilitate long-term analysis of changes associated with a WSA, this data will need to be available for national evaluation.

7.46 It should be noted that since the identification of the need for an evaluability assessment by the Joint Ministerial Task and Finish Group, Cardiff and Swansea Universities were successful in securing the Wolfson Centre for Young People's Mental Health. This included a partnership agreement with Welsh Government to evaluate the WSA and Welsh Government funding for a post. As such Welsh Government has the opportunity to take advantage of existing resources in Wales to facilitate all or part of a future independent evaluation. For any externally commissioned evaluation, access to SHRN data would need to be considered.

7.47 Concerns were expressed by research participants on research literacy in school settings, suggesting that training may need to be provided and, potentially, external support with analysis until internal capacity is increased.

Recommendation 24: Should the survey measures above be recommended to schools to use as part of the WSA, consideration must be given to the capacity of staff within the school to administer, analyse and interpret the data for use in action planning. This may also include training on consent and data protection to ensure ethical practice.

7.48 Systems for storage of any collected data on mental health and wellbeing within schools are also needed, to facilitate their use of data for action planning and review, protect the data from risk of unwanted exposure and, potentially, facilitate external evaluation of the effectiveness of the WSA. Those members of the WNHSS taking part suggested that the Healthy Schools Network may be a vital partner in facilitating the sharing of school-level anonymised data across consortia and local authorities, with the view to schools being able to learn from each other's practice. It was also suggested that schools may benefit from guidance on data sharing agreements and confidentiality, with Welsh Government viewed as an important partner on clarifying legal parameters to ensure schools feel protected.

Ongoing measurement and evaluation

7.49 Review evidence and case study analysis suggested that schools may view evaluation as burdensome and outside of their existing capacity. This may be more likely at the start of the programme but also during development of ongoing data collection and analysis approaches.

Recommendation 25: Care should be taken over communication of initial requirements for monitoring and evaluation, with too much emphasis on data at too early a stage potentially increasing the perception of this as being labour-intensive but also creating a view of this as something to 'pass/fail' rather than being a developmental process.

7.50 There was an absence of long-term follow up data throughout, meaning assessments of sustained programme effectiveness are problematic. As review data tended to report on academic-led programmes rather than large-scale regional or national WSAs, evaluation length was generally determined by the length of the funded study. There is no clear indication from any data on how long measurable improvements in mental health and emotional wellbeing may take to emerge. Case study analysis stressed the importance of realistic timescales for a WSA, including at least one year for implementation and likely two or more for changes that can be captured within school level survey data.

Recommendation 26: Evaluation should plan for the inclusion of long term follow up, involving repeat, annual administration of survey measures (see Recommendations 19, 22, 23) for ongoing capture of outcomes for pupils and staff. Changes to academic learning and improvements in school behaviour can also be evaluated using multiple data sources, including data collected by schools on issues such as student exclusions, bullying, behaviour and attendance as well as supplementary qualitative evidence. Ongoing measures of changes to school processes can be captured in school development plans but consideration should also be given to incorporation into the existing School Environment Questionnaire completed by SHRN schools. This can include policy review, ongoing staff training, and maintenance of relationships with external services.

7.51 The involvement of external mental health agencies presents challenges for ongoing evaluation. Recommendations were made within documentation for consistent, system-wide measures to facilitate evaluation, although details of such measures were limited. This included a measure of relationships with external providers, to be built into existing inspection frameworks. It was suggested that, as schools should aim to develop relationships with external providers, an aim of a national WSA strategy should be to increase capacity and equity of provision across Wales to support sustainable WSA delivery. For staff, this will include knowledge of the support and referral processes in place.

Recommendation 27: Evaluation must recognise that, due to variations in access to specialist support, numbers of referrals made are not a reliable measure on which to evaluate schools, but presence of a pathway and awareness of this among staff are significant to capture. Limitations to current referral practices between schools and specialist services should be assessed, with reference to national initiatives on best practice such as the NEST Framework (NHS Wales, 2021). This can facilitate evaluation of the quality and appropriateness of referrals as well as staff awareness of processes.

7.52 What the WSA looks like in schools will vary over time as they develop more needs-led responses unique to their context. This includes variations in the types of evidence-led school activities delivered in response to needs mapping.

Recommendation 28: Schools should identify evidence-led mental health and emotional wellbeing programmes based on their own needs. They should aim to evaluate any such programmes delivered in the classroom and should refer to existing measures which may already be recommended by those who developed the content as effective in capturing outcomes. These can then be used as school level to inform development plans.

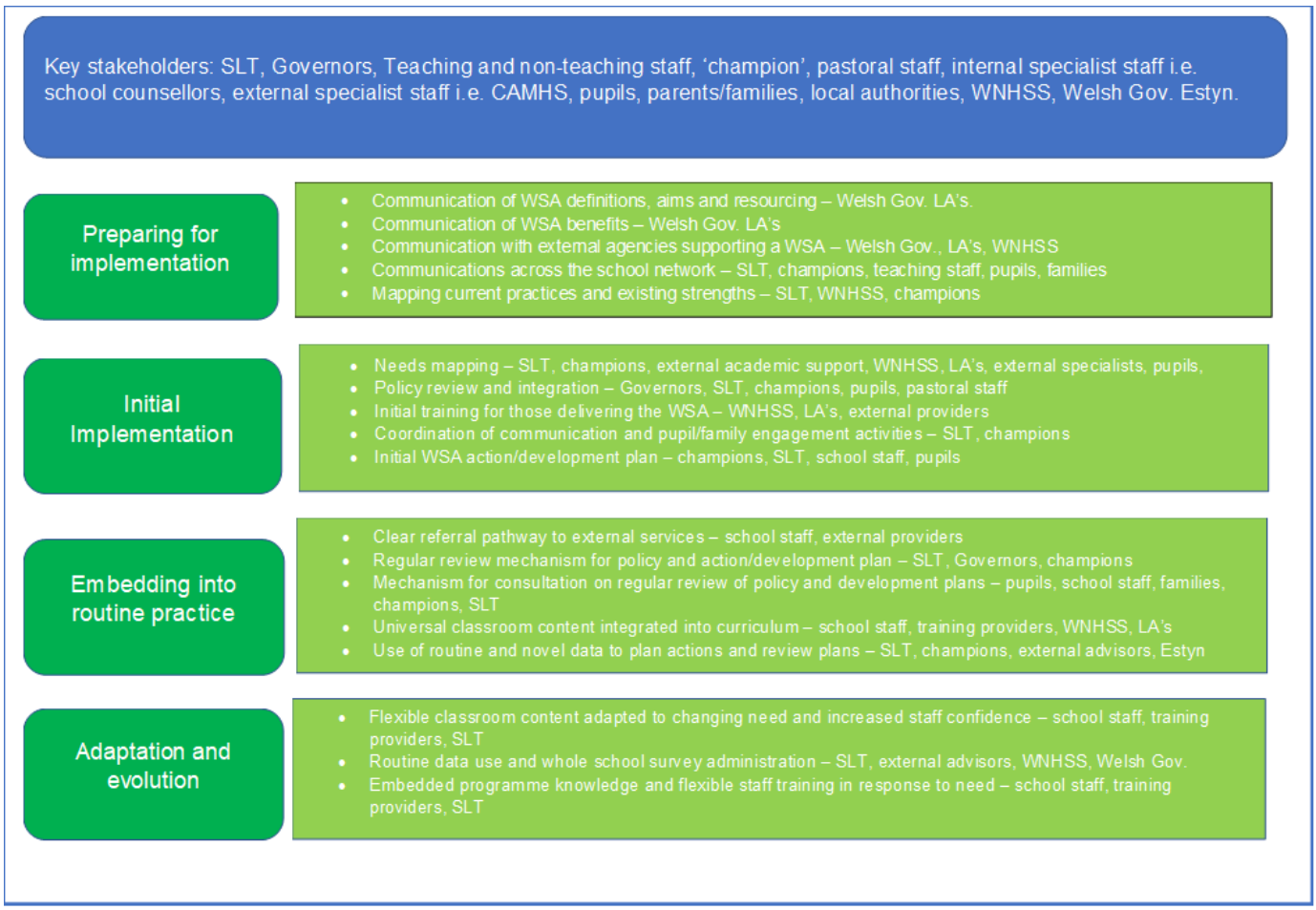
7.53 To assess sustainability of a WSA, longer-term structures for national monitoring were suggested by participants, primarily through the school inspection framework in conjunction with Estyn. While building WSA monitoring and evaluation into existing inspection frameworks may be cost-effective and add to consistency of evaluation, some participants suggested that it may also generate fears over the process of being inspected for WSA activities, with this potentially being viewed as a 'pass/fail'. Schools may also feel concerned over comparisons with others, both locally and nationally, with the risk of being seen as 'worse' than other sites.

Recommendation 29: Clear communication about the aims and expectations of inspection are essential to avoid this and schools and Estyn should be consulted on this process. It will also be necessary to consider what will then happen to any such inspection data, for example if it will be accessible to Welsh Government as a tool to compare the outcomes across schools by the 'amount 'of WSA they have done in order to fully identify key components of a WSA.

7.54 This chapter concludes with presentation of a systems map which illustrates school system properties and actors important to a WSA. These were identified through the synthesis of findings from analysis of documents, review evidence and qualitative data. The systems map incorporates those core activities that are recommended above for development, implementation and evaluation of a WSA, as well as highlighting key actors and roles.

Recommendation 30: It is recommended that this systems map be reviewed as part of WSA evaluation after initial programme implementation and reconfigured to illustrate system properties at this point. It is not feasible for this to be done at individual school level therefore national level is suggested to present a generalised description.

Figure 2: Systems map: Implementation and evolution of a WSA to mental health and emotional wellbeing.



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Weare, K. (2015) What works in promoting social and emotional well-being and responding to mental health problems in schools?

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Welsh Government Press Office (2018). Written statement: Joint ministerial task and finish group on a whole school approach to mental health and wellbeing

Welsh Government (2021a) Framework on embedding a whole school approach to emotional and mental wellbeing

Welsh Government (2021b) Curriculum and Assessments (Wales) Act 2021

Wilson, H. Asmussen, K., McBride, T. (2020) Developing a Good Theory of Change

Annex A – Appendices

Appendix 1 – Documents from statutory services

Betts, J., Thompson, J. (2017) Mental health in Northern Ireland: Overview, strategies, policies, care pathways, CAMHS and barriers to accessing services

Brown, R. (2018) Mental health and wellbeing provision in schools: Review of published policies and information

Chief Nursing Officer Directorate (2017) Transforming nursing, midwifery and health professions' (NMaHP) roles: Pushing the boundaries to meet health and social care needs in Scotland

Coleman, N., sykes, W., Groom, C. (2017) Peer support and children and young people's mental health: Research review

Day, L., Blades, R., Spence, C. et al. (2017) Mental health services and schools link pilots: Evaluation report

Department for Education (2016) Counselling in schools, a blueprint for the future: Departmental advice for school leaders and counsellors

Department for Education (2017a) Developing a preventative approach: Introduction to the case study practice examples

Department for Education (2017b) Developing a whole organisational approach: Introduction to the case study practice illustrations

Department for Education (2017c) Engaging parents and families: Introduction to the case study practice illustration

Department for Education (2017d) Identification and assessment of needs: Introduction to the case study practice examples

Department for Education (2017e) Working in partnership: Introduction to the case study practice examples

Department for Education (2018) Mental health and behaviour in schools

Department for Education and Department for Health (2018) Government response to the consultation on transforming children and young people's mental health provision: A green paper and next steps

Derbyshire County Council (2016) Emotional and mental health: A resource for schools

Education Wales (2021a) Framework on embedding a whole school approach to mental and emotional wellbeing

Education Wales (2021b) Consultation - Summary of responses: Draft framework guidance on embedding a whole school approach to mental health and emotional wellbeing

Education Wales (2021c) School improvement guidance: Framework for evaluation, improvement and accountability

Estyn (2018) Developing whole school systems to bring about rapid improvement

Estyn (2018) Establishing a whole school approach to teaching

Estyn (2019) Healthy and happy: School impact on pupils' health and wellbeing

Estyn (2020) Community schools: Families and communities at the heart of school life

Holtom, D., Lloyd-Jones, S., Bowen, R. (2020) Evaluation of the Child and Adolescent Mental Health Service (CAMHS) In-Reach Programme: Interim Report

Housing and Social Justice Directorate (2020) The impacts of Covid-19 on equality in Scotland

Marshall, L., Smith, N. (2019) Supporting mental health in schools and colleges: Pen portraits of provision

Ofsted (2020) 'Feeling heard': Partner agencies working together to make a difference for children with mental ill health

Oldham Council (2017) Supporting young minds through tough times: The whole school and college approach to emotional health and mental wellbeing in Oldham

Parry, C. (2016) Children and Young People's Strategic Indicators

Public Health England (2015) Promoting children and young people's emotional health and wellbeing : A whole school and college approach

Public Health England (updated) (2021) Promoting children and young people's emotional health and wellbeing: A whole school and college approach

Rees, G. (2019) Top-line analysis and feasibility study on mental health and wellbeing using Millennium Cohort Study Data

Robson, C. (2019) Universal approaches to improving children and young people's mental health and wellbeing: Report of the findings of a special interest group

Scottish Government (2020) Factors affecting children's mental health and wellbeing: Findings from the Realigning Children's Services Wellbeing Surveys (2015-2017)

Slough Borough Council (2020) Developing a whole school approach to health & wellbeing

Welsh Government (2016) Collaborative working between the Child and Adolescent Mental Health Service (CAMHS) and the counselling service

Welsh Government (2020a) Together for Mental Health: The plan for 2019 to 2022

Welsh Government (2020b) Together For Mental Health Delivery Plan 2019-2022

Welsh Government Press Office (2018) Written statement: Joint ministerial task and finish group on a whole school approach to mental health and wellbeing

Welsh Government Press Office (2020a) Written statement: Consultation on framework guidance on embedding a whole school approach to mental health and emotional wellbeing

Welsh Government Press Office (2020b) Written statement: Launch of the young person's mental health toolkit

White, C. Lea, J., Gibb, J. et al. (2017) Supporting mental health in schools and colleges: Qualitative case studies

Williams, Z. (2020) Review of the impact of mass disruption on the wellbeing and mental health of children and young people, and possible therapeutic interventions

Appendix 2: Documents from non-statutory services

Anna Freud National Centre for Children and Families (undated). Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges

British Psychological Society (2019a) Mental Health Support Teams: How to maximise the impact of the new workforce for children and young people

British Psychological Society (2019b) Promoting mental health and wellbeing in schools

British Psychological Society (2020) Children and young people's mental health (CYPMH): Schools and colleges

Children's Commissioner for Wales (2020) Coronavirus and me

Council for Disabled Children (2020) Using a Whole School Approach to mental health and wellbeing to support pupils return to school

Children's Society (2020) Life on hold: Children's wellbeing and Covid-19

Children in Wales (2021) The price of pupil poverty: Taking a whole school approach to improving the wellbeing of children from low income and disadvantaged backgrounds

Children and Young People's Mental Health Coalition (2018) Key principles for improving children and young people's mental health in schools and colleges

Critchley, A., Astle, J., Ellison, R. et al. (2018) A whole school approach to mental health

Demkowicz, O., Humphrey, N. (2019) Whole school approaches to promoting mental health: What does the evidence say?

Evidence Based Practice Unit (2019) Learning from HeadStart: The relationship between mental health and school attainment, attendance and exclusions in young people aged 11 to 14

Hughes, K., Ford, K., Davies, A. et al. (2018) Sources of resilience and their moderating relationships with harms from adverse childhood experiences

Martin, C., O'Neill, S. (2019) The price of pupil poverty: Taking a whole school approach to improving the wellbeing of children from low income and disadvantaged families

Matrics Plant/Improvement Cymru (2017) Guidance on the delivery of psychological interventions for children and young people in Wales

Mental Health Foundation (2018) Make it count: Let's put mental health and wellbeing at the heart of children's school experience

PSHE Association (2019) Teacher guidance: Teaching about mental health and emotional wellbeing.

Stirling, S., Emery, H. (2016) A whole school framework for emotional wellbeing and mental health: A self-assessment and improvement tool for school leaders

The School Bus (2021) Developing a whole school approach to SEND

Weare, K. (2015) What works in promoting social and emotional wellbeing and responding to mental health problems in schools?: Advice for schools and framework document

Worth It Positive Education (2020) Whole school system for positive mental health and wellbeing

Young Minds (2020) Trauma-informed practice

Young Minds (2021) Why a whole school approach is important

Appendix 3: Inclusions in overview of reviews

Reference	Description of review
Arora, P.G., Connors, E. H., George, M.W., et al., (2016) Advancing Evidence-Based Assessment in School Mental Health: Key Priorities for an Applied Research Agenda. Clin Child Fam Psychol Rev. 19:271-284. Doi: 10.1007/s10567-016-0217-y	Review of the use of evidence-based assessment (EBA) within holistic MH programmes in schools. Aims to identify evidence-based measures and review their current implementation in school-wide MH programmes.
Bunting, L., Montgomery, L., Mooney, S., et al., (2019) Trauma-Informed Child Welfare Systems – A Rapid Evidence Review. International Journal of Environmental Research and Public Health. 16:13.	Narrative synthesis of implementation of whole school trauma-informed approaches. Reviews implementation of trauma-informed schools approach and assess quality and outcomes of evaluation.
Dray, J., Bowman, J., Campbell, E. et al., (2017) Systematic Review of Universal Resilience-Focused Interventions Targeting Child and Adolescent Mental Health in the School Setting. 56(10)	Review of RCT's of resilience-based interventions delivered within WSAs, to examine the effect of universal, school-based, resilience-focused interventions on mental health problems in children and adolescents.
Fenwick-Smith, A., Dahlberg, E.E., Thompson, S.C. (2018) Systematic review of resilience-enhancing, universal, primary school-based mental health promotion programs. BMC Psychology 6:30	To review implementation and evaluation of universal, resilience-focused mental health promotion programs based in primary schools.
Goldberg, J.M., Sklad, M., Elfrink, T.R. et al., (2019) Effectiveness of interventions adopting a whole school approach to enhancing social and emotional development: a meta-analysis. Eur J Psychol Educ 34, 755–782	Meta-analysis of whole school approaches to social and emotional function. Interventions were included if they involved a coordinated set of activities across curriculum teaching, school ethos and environment, and family and community partnerships.

Herrenkohl, T.I., Hong, S., Verbrugge, B. (2019) Trauma-Informed Programs Based in Schools: Linking Concepts to Practices and Assessing the Evidence. Am J Community Psychol (2019) 64:373–388 DOI 10.1002/ajcp.12362	Review includes individual, group and whole school level programmes, and considers the quality of research findings on each. Programmes delivered in school to address social, emotional and academic needs of children with trauma histories.
Kwan, B., Rickwood, D.J. (2015) A systematic review of mental health outcome measures for young people aged 12 to 25 years. BMC Psychiatry 15:279 DOI 10.1186/s12888-015-0664-x	Review of use of validated outcome measures in universal mental health programmes
Lund Nielsen, B., Dyrborg Laursen, H., Andersen Reol, L., et al., (2019) Social, emotional and intercultural competencies: a literature review with a particular focus on the school staff, European Journal of Teacher Education, 42:3, 410-428, DOI: 10.1080/02619768.2019.1604670	Narrative synthesis of evidence on teacher competencies and professional learning for delivery of a social emotional learning whole school approach.
Maynard, B.R., Farina, A., Dell, N.A., Kelly, M. S. (2019) Effects of trauma-informed approaches in schools: A systematic review. Campbell Systematic Reviews 15:e1018 DOI: 10.1002/cl2.1018	Review of delivery of the trauma informed whole schools approach. To be characterised as this programmes needed to contain at least: workforce development, trauma-focussed services and organizational practice review. Assesses quality and quantity of available evidence on whole school trauma based approaches, reflecting on both implementation and outcomes.
O'Reilly, M., Svirydzenka, N., Adams, S. et al., Review of mental health promotion interventions in schools. Soc Psychiatry Psychiatr Epidemiol 53, 647–662 (2018).	Review of studies on universal MH promotion interventions in schools within last ten years (where studies stated that they were underpinned by a WSA).

Pearson, M., Chilton, R., Wyatt, K., et al., (2015) Implementing health promotion programmes in schools: a realist systematic review of research and experience in the United Kingdom. Implementation Science 10(149) DOI 10.1186/s13012-015-0338-6	Realist review of conditions and actions that aid implementation of health promotion programmes in schools. Review summarises international literature to develop programme theory and then further reviews UK based evaluation studies for learning on implementation and evaluation.
Sanchez, A.L., Cornacchio, D., Poznanski, B. et al., (2018) The Effectiveness of School-Based Mental Health Services for Elementary-Aged Children: A Meta-Analysis. J Am Acad Child Adolesc Psychiatry 57(3)	Review of school based mental health promotion delivered by teachers, with learning on the role of teachers and integration of MH support into the curriculum.
Sharma, A., Sharma, S.D., Sharma, M. (2017) Mental health promotion: a narrative review of emerging trends. Curr Opin Psychiatry 30:339–345 DOI:10.1097/YCO.0000000000000347	Narrative review of holistic, multi-component approaches to MH promotion that are universal and targeted. Includes home, school and work based programmes.
Weare, K., Nind, M. (2011) Mental health promotion and problem prevention in schools: what does the evidence say? Health Promotion International 26(S1) doi:10.1093/heapro/dar075	Review of reviews of mental health programmes in schools. Includes discrete interventions as well as system-level approaches, including implementation of whole-system approaches
Durlak, J. A. 2016. “Programme Implementation in Social and Emotional Learning: Basic Issues and Research Findings.” Cambridge Journal of Education 46 (3): 333–345. doi:10.1080/0305764X.2016.1142504	Paper is a review of implementation science in relation to social emotional learning curricula as school-wide programmes.

Appendix 4 Summary of topics covered in focus groups/interviews

1. Topic guide 1: professionals within Health and Education sectors

- Defining mental health and emotional wellbeing
- Defining a whole school approach (WSA) to mental health and emotional wellbeing
- Identifying key people involved in development and delivery of a WSA both inside and outside of schools (school staff, pupils, parents/families, other professionals)
- Consideration of other agencies outside school who may be involved in delivering a WSA and what their roles might be i.e. specialist mental health services
- The aims of a WSA and steps that may be needed to meet those aims
- Barriers and facilitators to effectiveness of a WSA
- Current work on mental health and wellbeing occurring within schools in Wales (including awareness of any collaborative working)
- Awareness of any current practices in evaluating current activities or use of data on mental health and emotional wellbeing to plan activities within schools
- Considering inequalities – inclusion of vulnerable groups, delivering a WSA in the Welsh language, regional variations in support available for schools/pupils.

2. Topic guide 2: parents

- Defining mental health and emotional wellbeing
- Defining a whole school approach (WSA) to mental health and emotional wellbeing
- The role of school in mental health and emotional wellbeing
- Awareness of any current activities within school aimed at mental health and emotional wellbeing, including any external delivery partners
- Views on any additional actions that schools could/should take to promote mental health and emotional wellbeing
- Views on the potential involvement of parents/families in a WSA and what their role might be
- The role of the local area in mental health and emotional wellbeing (as a risk/protective factor and also as a location to seek support)
- Awareness of any local community services/provision to support mental health and emotional wellbeing
- How schools and external parties might work together as part of a WSA

3. Topic guide 3: follow-up interviews with a sub-sample of professional stakeholders

- Summary of emerging findings from first round interviews – key processes and stakeholders identified as important for a WSA
- Schools completion of a needs assessment – views on what should be included and the potential for standardisation of the needs assessment process across schools
- Establishing a baseline measure of mental health and wellbeing for pupils:
    - What data is needed and how can we go about getting it?
    - Who should be involved in gathering this data?
- Establishing a baseline measure of mental health and wellbeing for staff and families:
    - What data is needed and how can we go about getting it?
    - Who should be involved in gathering this data?
- Views of frequency of measures – what is feasible/valuable? Who needs to lead on this?
- Asset mapping by schools – perceptions on what should be captured in asset mapping, including availability of – and relationships with – external mental health services

- Implementation – perceptions of what an implementation phase of a WSA might look like and how it might be evaluated
- Potential staff training and support needed for the implementation of a WSA
- Views on how pupil and family involvement in delivery of a WSA might be operationalised and captured
- Potential use of targets to assess school progress in implementation – positives and negatives of targets, how progress against targets might be captured and used
- Integration of the WSA into routine school practice:
    - Within the curriculum
    - Additional content which might be delivered in schools
    - Measurement of integration into routine practice
- Capturing WSA effectiveness – potential measures to use, how they could be administered and analysed, potential barriers to data capture
- Data sharing practices – what data might be feasible/desirable to share and between whom

4. Topic guide 4: interviews with young people

- Defining mental health and emotional wellbeing
- Defining a whole school approach (WSA) to mental health and emotional wellbeing
- Timeline activity - *'Think about the course of a normal school day, from getting up to getting home. Thinking about each part of that day and what it involves, what parts do you think young people find the biggest challenges to mental health? Why?'*
- Views on who people their age would feel comfortable talking to about mental health and emotional wellbeing
- Awareness of any current activities within school aimed at mental health and emotional wellbeing
- Views on any additional actions that schools could/should take (including potential barriers to accessing support on-site in school)
- Views on the potential involvement of parents in a WSA – positives and negatives of this, what form any involvement might take
- The role of the local area in mental health and emotional wellbeing, (as a risk/protective factor and also as a location to seek support)