

Proposal to Evaluate Wellbeing hubs in Tendring and Colchester

This project seeks to replicate the Great Bentley wellbeing hub approach to prevention and early intervention for improving children's mental health and wellbeing in a number of other primary schools to robustly evaluate its impact and effectiveness. The approach comprises a whole school ethos including upskilling of staff and universal support for children's mental health and wellbeing, and targeted early intervention of structured support within a wellbeing hub. This combined approach is essential for reducing stigma and preventing separation of children who attend the hub.

The wellbeing hub currently provides a programme of 5-6 structured sessions to small groups of 6-8 children who have been identified as potentially struggling with their mental health and wellbeing, within school premises but outside of school hours. The aim is to:

- Develop resilience skills.
- Encourage each child to recognise and express emotion.
- Empower children.
- Enable children to start to develop their self esteem.
- Equip children with a set of skills/choices to tackle things that caused them anxiety.
- To gain "a rucksack of skills" to take them forward into secondary school and beyond.

In conjunction with the sessions for children, the school also engages with and offers support to parents and carers providing information and learning sessions on subjects such as sleep, nutrition, growth mindset, skills packages and resilience.

Potential Evaluation Approaches

There are several different elements to be evaluated:

- Development of the project.
- Impact of the hubs
- Sustainability of the project for the future.

We plan to collect evaluation data from the key audiences (pupils, parents, school staff and project group members) via specific, targeted approaches.

1. Feedback from pupils

In discussion with the project group, we will identify suitable metrics for evaluating the impact on pupils, which can be used for ongoing future monitoring by the schools post project.

Whole school data

A whole school survey will be designed and undertaken with all of the 23 pilot schools. It will incorporate a validated tool to understand the prevalence of mental wellbeing in greater detail. The survey will be administered at the start of the project to create a baseline, and again two years later in order to track changes. The baseline and follow up surveys will be done with Year groups 3,4,5 and 6 as it would be difficult to survey younger children, due to their

limited literacy level, without significant intervention from teachers. It will be set up as an online survey, with the option of a paper version.

These two whole school surveys should be administered by all 23 schools in order to obtain a robust enough sample for sub-analysis. This could include school-level factors such as the level of deprivation in the school catchment area or size of school, and also pupil-level characteristics (of the whole school) such as SEND, pupil premium and attainment (e.g. Good Level of Development in reception and SAT scores in Year 6).

NB: Schools will need to agree to administer the survey to all pupils. If the paper version is administered, then the results will need to be input into the online survey form by the Wellbeing Hubs project team.

Pupils referred to the hubs

We will design evaluation forms to be administered to pupils referred to the hubs to collect feedback on the impact of the hubs and their views on them. The first will be administered before the start of the hub sessions, the second at the end of the hub sessions and the third 3-6 months after the hub sessions have ended. They will be set up as online surveys, with a paper option. This would include questions about:

- Views on/experiences of the sessions, including satisfaction.
- Metrics (to be agreed) to measure and track changes in resilience, communication skills, confidence/self-esteem and connectedness.

NB: Schools will need to agree to administer the survey to the relevant pupils. If the paper version is administered, then the results will need to be input into the online survey form by the Wellbeing Hubs project team.

We also suggest developing a “Tracker” spreadsheet for each school to collate data on each of the pupils referred to the hubs (unless this is already being done). This would include:

- Basic demographics.
- The reasons for the referral.
- Outcomes seen for pupils six months after they have attended the hub and 12 months after.

Research consent

Parents will need to give consent for their children to take part in the evaluation surveys. However, the head teacher (as the responsible adult for children while in school) can give consent for all pupils to take part in the whole school survey, but will still need to send a letter to parents explaining this and giving parents the ability to opt out.



2. Feedback from parents

We will design and set up an online survey to collect feedback on the sessions attended by parents, including questions about:

- Satisfaction with the sessions.
- Confidence gained from the sessions in each subject.
- Impact from the knowledge gained on their children.

NB: In order to maximise the response rate, school staff who have a good connection with parents will need to introduce the survey to them and encourage them to complete it. Parents will need to be assured that their responses will be confidential and anonymised.

We also suggest undertaking interviews with 12 parents to capture their views on the sessions and impact on their children in more detail. Interviews are preferred over focus groups as a group discussion might prevent parents from being open in front of other parents in case they are “judged”. These will mainly be done virtually or by phone, depending on parents’ preference. However, if some parents prefer a face to face interview and this is possible at the time, then the interview will be done in this way. The interviews would be undertaken 12-18 months after the start of the project, ensuring that we have a mix of parents whose children have been referred to the hubs through the project timeline.

NB: Schools would need to support by recruiting parents to be interviewed. If interviews are done face to face, then schools would be asked to act as the meeting place.

3. Feedback from schools

This will include feedback from the head teachers, link leaders and champions within each school.

We suggest having a simple evaluation form to collect feedback on the coaching sessions and training, capturing views on what worked well and what could be improved.

We will design and set up an online survey to collect feedback 18 months into the project, including:

- Views on what has worked well with the hub sessions and what could be improved.
- Barriers to participation (by pupils and parents).
- The impact seen on pupils attending the hubs in terms of any improvements in their communication skills, confidence or self-esteem, planning and problem-solving skills, relationships skills, resilience, managing feelings, and connectedness.
- Whether they feel that referrals to CAMHS may have been avoided for the pupils attending the hubs.
- Views on the manual/toolkit and support available to them.
- Their awareness, knowledge and confidence relating to mental health and wellbeing, including their confidence and knowledge about referral, signposting and the wider community offer.
- Perceptions of links and signposting to the local community and voluntary sector offer.

The online survey findings would be supplemented by 6 small focus groups with the head teachers, link leader and champions within a school. These would be done face to face and would aim to draw out more detailed feedback on the question areas above in terms of how the hubs have been working within each school, their impact on all pupils, lessons learnt and sustainability going forwards.

4. Feedback from project group members

We would collect feedback from the project group members, including:

- What has worked well and what could be improved.
- Facilitators and barriers to stakeholders engaging with the project.
- How successful they perceive the project to be (based on practical hands-on delivery and anecdotal feedback).
- The likely sustainability of the project in the longer term, with suggestions for the project post-funding.

We suggest collecting this feedback through a focus group soon after the project launch, to capture early lessons learnt. We then suggest running a second focus group towards the end of the project, to capture further lessons. The first focus group would be done virtually, but the second focus group would be done in person.

Proposed timeline

Our initial proposed timeline is as follows (to be agreed):

Activity	Timescale
Design and set up project	Jan-Mar 2021
Obtain ethics approval	Feb-Mar 2021
Run baseline whole school survey	Apr/May 2021
Run surveys (x3) for pupils attending hubs – ongoing throughout	Apr 2021-Mar 2023
Run parents survey – ongoing throughout	Jun 2021-Mar 2023
Interviews with parents	May-Dec 2021
First focus group with project group	May/June 2021
Write interim report	July 2022
Survey of school staff	Oct-Nov 2022
Focus groups with school staff	Feb-Mar 2023
Second focus group with project group	May 2023
Analyse data from “Tracker” spreadsheet	Apr-Jun 2023
Write final report	July 2023

Proposed cost

£36,785 (ex. VAT)



The Team

Cara Booker will provide advisory support throughout the project and analyse the data generated from the surveys. She is a Research Fellow in the Institute for Social and Economic Research at the University of Essex, specialising in quantitative and data analysis. Her research interests include parental relationships and child wellbeing, psychosocial determinants and risk factors of health across the life-course, and social inequalities in health-related behaviours and wellbeing among adolescents.

Dr Cara Booker's profile: <https://www.essex.ac.uk/people/BOOKE67605/cara-booker>

Susan McPherson will provide research advisory support during the project, including providing input into and advice on the psychological measures, analysis and reporting. She is a Director of the Health and Care Research Service in the School of Health and Social Care. She has published in a wide range of high quality academic journals as well as produced several research and evaluation reports for healthcare organisations. She has expertise in psychological therapy outcome research and has been involved in a range of evaluation research studies concerned with psychotherapies for mental health difficulties. She has supervised a wide range of doctoral work relating to mental health and social care. She regularly supports the design and implementation of service based research and evaluation including support for trainee practitioner projects and external research consultancy to external health and care partners including NHS England.

Dr Susan McPherson's profile: <https://www.essex.ac.uk/people/MCPHE54701/susan-mcpherson>

Vanessa will support with designing and setting up the evaluation, analyse the datasets and write the final report. She is a Senior Researcher in the School of Health and Social Care and has extensive experience of social care research and evaluation. She has undertaken a wide variety of projects for both Adult and Children's Social Care while working for Essex County Council, including projects involving looked after children, children with Child Protection Plans, children in need, young people not in employment, education or training (NEET) and carers. She now leads on external collaborative research and service evaluations as part of her role within the Health and Care Research Service. Vanessa has been a Certified Member of the Market Research Society since 1994.

Vanessa Baxter's profile: <https://www.essex.ac.uk/people/baxte61403/vanessa-baxter>



Data Management

Risk

All evaluation projects are subject to the University's policies on risk management. Before the commencement of the evaluation a written risk assessment will be completed identifying potential physical, social or personal sources of harm to researchers or participants and specifying measures that will be taken to minimize the risk. The researchers will abide by any risk management strategies in place in the organisation in which the evaluation takes place.

Ethics

Details about the evaluation will be submitted to the University of Essex Research Ethics Committee. Once approved, ethical practice will include gaining written informed consent from all study participants. The content of interviews and surveys will be agreed with the project group and must follow GDPR and ethical guidelines, including the use of consent forms.

The University of Essex has guidelines in relation to ethical approval and these ("Guidelines for Ethical Approval of Research Involving Human Participants") can be found via the following website: <https://www1.essex.ac.uk/reo/governance/human.aspx>.

Participant confidentiality will be maintained.

Data Security and Storage

Any digital data provided to the university will be stored securely on a university server and any hard copy data will be locked away in a secure room and securely shredded when no longer required.

Particularly sensitive data will be stored securely and encrypted.

All university systems are backed up nightly and can be restored for up to a three month period.

We also follow the "Data protection and research governance guidelines". The data protection and research governance guidelines can be found via the following website:

https://www1.essex.ac.uk/records_management/policies/data_protection_and_research.aspx