Evaluating the Impact of the Whole School and College Approach to Mental Health and Wellbeing: The Development and Pilot of the WSCA Outcome Self-Assessment Tool

Executive Summary

Background

Schools and colleges are well recognised as vital in promoting mental and emotional wellbeing for children and young people (CYP). Evidence supports the role of schools in identifying young people who are at risk of mental disorders and providing them with the right support early on. Moreover, the 2017 Green Paper "Transforming Children and Young People's Mental Health Provision" recognised schools as pivotal in a progressive universal approach to emotional health and wellbeing among all pupils. As part of this plan the Mental Health Support Teams (MHSTs) were introduced. One of the core functions of this service is to support the implementation of a Whole School and College Approach (WSCA) to emotional wellbeing and mental health. This is a coordinated and committed approach across an educational setting to provide universal promotion of wellbeing among staff and students, identify emotional and mental health difficulties early on and provide timely support to CYP.

An evaluation and best practice review of the WSCA recommended the need for more standardised measures of the whole school and college approach (Procter et al. 2021). It highlighted the need to co-develop outcome and implementation measures in partnership with MHSTs, schools and pupils. In response, University of Sussex, Charlie Waller Trust, Sussex Partnership Foundation NHS Trust, West Sussex County Council, NIHR Kent, Surrey and Sussex Applied Research Collaboration (ARC KSS) and Kent Surrey and Sussex Health Innovation Network (HIN KSS) worked in partnership to undertake research to develop the WSCA Measurement Toolkit and pilot the WSCA Implementation and Outcome Self-Assessment Tools (ISAT and OSAT). This pilot was implemented across South East, East of England and North East and Yorkshire.

Aims

This project had two key aims:
(1) to work in partnership with staff and pupils to develop a standardised outcome tool, using pupil and staff input,
(2) to pilot this tool, alongside an existing implementation tool, with a sample of schools and gain feedback on its feasibility and acceptability.

Phase 1

Phase 1 of the project addressed the first of the two aims: to develop an outcome tool in partnership with education staff and pupils, after gathering their perspectives on existing approaches in this area. A total of 228 pupils (aged 8-13 years) and 46 members of staff participated in this part of the project across the South East and East of England. Two activities were devised that could be self-completed by participants in a group educational setting. The pupil voice activity included a 20-45-minute class-based session and the staff voice activity was a structured 30-40-minute informal group discussion. The activities were designed to gather thoughts around current school practices to mental health and wellbeing, methods that could be useful for capturing staff and pupil perspectives on wellbeing at school, and the key individuals who were in a position to influence change within an educational setting. The insights arising from the pupil and staff voice activities were analysed by a multi-disciplinary team. Multiple iterations of the tool were developed and regularly reviewed, with input from the data from Phase 1 and the Best Practice Review of the WSCA, until a consensus was met. Our approach enables schools to look holistically at the full range of indicators available to them and self-assess their settings against 12 key WSCA criteria. These criteria were generated based on the pupil and staff voice input as important for tracking the impact of the WSCA.

Phase 2

Phase 2 piloted both the Implementation Self-Assessment Tool (ISAT) and Outcome Self-Assessment Tool (OSAT) with schools to gain feedback on feasibility and acceptability. A total of 26 schools completed the tools and an online feedback survey. All outputs were returned to MHST leads first, who anonymised the data and returned them to the researchers.

We conducted three stages of quantitative analysis:
1. Firstly, mean scores on the outcomes tool showed schools scored highest on average in the pupil relationships with staff and antibullying criteria. The lowest scores were seen in staff confidence about identifying and responding to mental health difficulties and in engaging parents/carers in this area of work. Mean scores on implementation showed schools scored themselves highest on average in senior leadership and whole school ethos. Lowest implementation scores were seen in staff wellbeing and governor engagement.
2. Secondly, we derived internally consistent total scores from the implementation and outcomes tool and we assessed the correlations between them. This showed there was a strong positive relationship between implementation and outcomes. This relationship was even stronger when we used the outcomes scores weighted by the perceived quality of evidence.
3. Thirdly, we conducted regression analysis to identify the most significant implementation predictor for each outcome criterion. Factors such as governance and leadership, delegation across all staff, and integration of WSCA with other approach and curriculum were the most common significant predictor of outcome criteria.

The research team collated and reviewed the 27 survey responses that were received. Overall, the vast majority of respondents indicated that the outcomes tool was feasible to complete in the school environment, easy to understand and an acceptable length. Regarding the criteria, respondents tended to agree that the criteria were appropriate for tracking, and the majority also

agreed they could feasibly gather the evidence required to complete the tool. However, some respondents did indicate that it was less clear what evidence was needed for each rating and more support and guidance would be needed to feasibly gather this evidence in the school environment. Respondents also indicated that a digital format would make the tool more feasible and easier to use and more guidance is needed for the evidence.

Conclusions and next steps

This project developed a novel standardised measurement toolkit to assess and track the impact of the WSCA, in partnership with school staff and pupils and consultation with MHST leads and colleagues from Department for Education and NHS England. When coupled with an implementation self-assessment tool (ISAT), feedback from the participating schools indicates that our outcome self-assessment tool (OSAT) is feasible and acceptable to complete in a school setting. Participating schools report higher impact in pupil relationships with staff and bullying criteria and report lower scores in staff wellbeing and governor engagement. This pilot indicates that higher self-reported implementation of the WSCA is correlated with higher self-reported impact scores. Further work is needed to investigate the acceptability of this tool in different regions and across a larger range of educational settings. Following feedback from the pilot work reported above, the project team is now developing a digital platform that will be made publicly available, at no cost, for all schools and MHSTs to measure the impact and implementation of the whole school and college approach. This has been funded by NIHR ARC KSS. We will also expand on our information and guidance around the tool to support schools in adopting the toolkit.

For further information:

Report and Summary of the Best Practice Review and Evaluation of Whole school and college approaches to Emotional Wellbeing and Mental Health within Mental Health Support Teams –Web link - Starting Well: Children's Mental Health | ARC KSS (nihr.ac.uk)