

**Next Steps and Measuring Impact of Whole School Approaches within MHSTs  
(21/09/2022)**

**Breakout Room Discussion Notes**

**1. What work are you currently doing in your MHST to measure impact?**

- Kent originally worked on the Headstart programme (service now closed) prior to working with the MHST, producing a resilience toolkit. This work has been sustained by the school nursing team, who are working in partnership with the MHST, continuing the programme's legacy. They have won an award for their WSCA, and the toolkit is free to use for all schools in Kent. The MHSTs check whether the school has an award, and if not, they run workshops to demonstrate how they can use the toolkit. The MHST provides a joined-up approach with the school nurses, who offer support and training sessions on the toolkit and online hub.
- West Sussex – developed the reflective tool. They ensure they receive feedback from their engagement work to measure the impact of their workshops and activities. They hold termly meetings with the SMHL and pastoral teams to check in, as well as using the Chi-esc (sic?) questionnaires to look at and measure interventions.
- Hampshire – The team have been developing West Sussex audit tool, which they will pilot with their infant schools. They call these exercises rather than audits to make teachers more comfortable, to help measure where schools are with their wellbeing. They hold identifying needs and action plan meetings, then come back to the schools to hold progress evaluation meetings. They have also developed a workshop around transitions, which they delivered and evaluated over the last few months. The feedback from children has been used to frame next year's session and delivery.
- Kent and Medway – NELFT is looking to record all local WSCA practice by exploring adding feedback into the database from parents, teachers and children. They provide support through workshops and training, and NELFT bring along the feedback to their monthly meetings. They believe the verbal feedback can be just as important as the numerical data, to collect the wider picture.
- There is a challenge to align health and education and ensure data collections occur in a consistent way and with consistent language across both sectors.
- Measuring impact is a good way to get senior leadership buy-in as they can see the value of the work the MHSTs do.
- We need to consider how we measure impact and how we can evidence this in a way that links to the OFSTED framework and also how this can be developed further within the senior lead role
- One MHST have setup their own spreadsheet for functions 2 and 3 and try to capture what is being done but this might not be quantified in a meaningful way. They are able to ensure there is a way to reflect the extra bits that are happening across the MHST. It is

also used as a reflective tool and is used in termly chats and way of asking questions and exploring with schools what they want/doing. It could be considered a bit woolly.

- New Forest - Trainees doing audit in Southampton
- Portsmouth - Measuring impact through a self-evaluation tool
- SEN schools in Hertfordshire and West Essex - Spreadsheet, weekly input of what WSA work has been done and standardised questionnaire after any training workshop (rating, 1 useful thing, 1 improvement) Also doing staff wellbeing workshops, thinking of implementing the Anna Freud staff wellbeing questionnaire (barrier: work intensive). Running termly planning meetings: what went well, what would they like to see more of, any gaps? Using Anna Freud 5 steps
- West Berkshire MHST - Noticed a niche take-up from parents (parents with mental health concerns for children or had tried to engage with MH services)

## **2. What are the barriers to measuring impact, and what would make this easier?**

- Having a consistent approach is difficult when there are so many tools and methods available. It would be helpful to have a national way of recording and feeding back information.
- East Sussex use a form once a month to record what they're doing across the 8 principles, as well as using a spreadsheet to record measures (but the ed. Psychologists are doing this). The barrier is the time this takes to undertake the recording – the SMH practitioner has a lot of conversations on the phone and in school, and having to add these comments after the fact takes up time and takes them away from the day job.
- A key barrier is the amount of time it takes to capture the data takes away from service delivery. It would be helpful if a standardised measure is developed to create a baseline between areas. School engagement is also an issue, and so it's difficult to get measures from less engaged schools compared to their more engaged schools – which makes analysis trickier.
- Gathering information on WSA is not top of agenda given how busy new teams are.
- Hard to measure preventative work - don't know what it would look like without the work.
- Key parameters are not clear or rolled out nationally (How, when, what or where)
- Individuals feel the pressure to create own measures but cannot do that practically.
- Language - 'audit' defensive schools likening this work to Ofsted etc. Change wording to wellbeing reflection exercise to highlight the offer of support.
- Battle between knowing what data is needed (are people looking for Quantitative data or qualitative?)

- Looking at the bigger picture and long-term trends are harder to do but needed.
- Recording the activity is easier but outcomes are harder.
- Schools already on their knees so is difficult to ask them to be more proactive with this.
- Lack of baseline data.
- Dependent on people being willing to give the time.
- Busy stakeholders
- Bad timings e.g. school holidays
- Lack of engagement from parents and students
- Schools inundated with data collection
- High burden
- Difficult to capture what is useful
- Trying to align school priorities
- Lack of standardisation for measuring impact
- Size of the data attempting to be collected. We work with whole classes or whole year groups in some instances and whilst we gather feedback the sheer size can be tricky to see the impact as a whole. Additionally, the time to see long term impact when still relatively new teams/interventions.
- Trying to engage parents without mental health concerns to be representative of all parents and young people - gaining people's trust
- Lack of senior leadership buy-in - there have been examples of some senior leaders feeling as though WSA was a 'made up policy'.
- Lack of leadership within an MHST - an MHST previously had a participation lead who was collecting data but their role has been ended so this work wasn't driven forward. They have since managed to pull together data with limited resources so have an idea of initial impact but stressed the importance of having people who are enthusiastic and keen to lead.
- Roles have evolved since the inception of MHST - roles that measure impact have evolved since MHSTs had established. These can be isolating roles (education leads or WSA leads) so peer group supervision would help to develop consistency across MHSTs

- School continuity can be a barrier - The hardest part is school's continuity around WSA due to challenging agenda schools have and retention issues with staff. One MHST has started to look at impact on targeted groups around attendance and this aligned with the school's current priorities and objectives.
- Finding it challenging to get the message across and implement whilst taking a step back.
- Stated that the school yearly report is very rich.
- How schools are so different depending on pupils, size, school history.
- High staff turnover in some of our schools. We quite often find after that fact that our mental health leads of pastoral support have left and therefore not able to attend our operational meetings where we gather our qualitative feedback from schools

### **3. How can we seek the views of key stakeholders (e.g. schools, CYP, parents) to measure impact?**

- Small set of questions after each project which links to the objectives of that project. Use that with a scale. Make it as small as possible.
- Needs baseline which is difficult to get - build surveys into school cycle.
- Make more of a point that views are needed for continued funding.
- Head of school and SMHL can take responsibility and leadership for gathering views.
- Identifying what schools can actually fit in
- Join in with other things that are going on i.e. integrating impact measures into other measures? E.g. national surveys, staff surveys.
- Using existing structures and an organic approach
- The position of a SMHL within a school - there isn't consistency across schools of who a senior lead is so some senior leads may be able to influence/feed into senior leadership discussions whereas others may not. It isn't always clear if messaging is being disseminated across through the school. There should be feedback from the entire school when it comes to decision making. Some senior leads are not getting support to roll out the cultural shift.
- Local termly rep groups in areas that include interested stakeholders such as GPs and community workers. These have faded out but are returning this year. Question as to whether our work is relevant and filtering out to the community. Common barriers to the rep groups is time and attendance.

- Stated they don't do anything like the local rep groups now but when they have done previously they were only attended by engaged schools and not the schools that really needed it.