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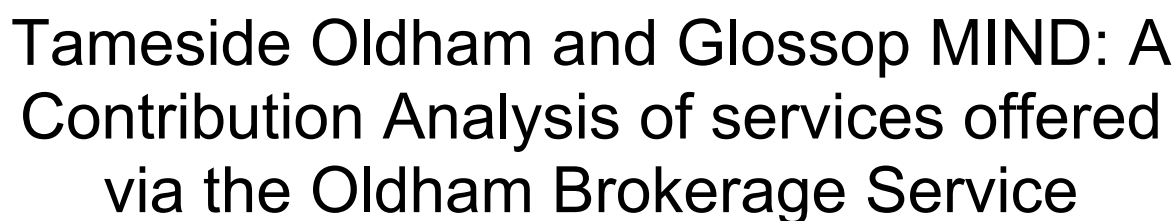
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## July 2021

**Dr Dan Allen and Rachael Rooke**

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# Executive summary

This evaluation reports on an independent evaluation of the TOG MIND service offer provided via the Oldham Brokerage Service. The evaluation is a mixed-method theory-based examination of the implementation of TOG MIND in Oldham. It used a number of different data collection methods and engaged with a range of young people, school leaders and TOG MIND practitioners.

The evaluation employed the Contribution Analysis strategy to examine the distance travelled in a range of outcome areas by young people who took part in TOG MIND's activities. The evaluation also assessed whether TOG MIND could and did contribute to the outcomes observed. The implementation evaluation took place over three points: scoping, pre service delivery and post service delivery, during the period from September 2020 to July 2021.

The information in this report shows how TOG MIND is able to achieve most of the outcomes defined in the Theory of Change. It explains how the programme is helping young people, some of whom are lost between Early Intervention and specialist child and adolescent mental health services, understand that mental health is an important topic and that there does not need to be stigma in talking about it. By recognising the value that TOG MIND places on the importance of empowering young people to understand their emotions, take control of their circumstances (where possible) and feel more confident, the report explains how each service is also to promote 'mental health literacy' by increasing young people's confidence and knowledge of mindfulness and emotional awareness.

Where schools are not confident to deliberately adopt or discuss mental health, this evaluation also shows how TOG MIND can promote 'health literacy' by facilitating opportunities for young people to demonstrate an increased capacity to obtain, communicate, process, and understand the connection between their thoughts, feelings and behaviour. By facilitating opportunities for young people to learn by doing, this evaluation explains how TOG MIND programmes empower young people to make informed choices about their own lives.

The final chapters of the report consider the scalability of TOG MIND. An initial recommendation is made to extend the current service offer to enable schools to understand and adopt a whole school approach to mental health. In order to influence longer-term change, this recommendation extends to consider the potential commissioning of TOG MIND to work in closer collaboration with the Education Wellbeing Team. The report concludes that any possible extension of TOG MIND services should not solely focus on teacher training but instead extend to develop a form of peer-support that could help to safeguard the health, welfare and well-being of teaching staff. If the TOG MIND Theory of Change develops to include these recommendations, more work is needed to demonstrate how the outcomes are being achieved and the benefits generated, particularly in relation to Early Help and preventative action.

# Chapter 1: Introduction

According to the Oldham Joint Strategic Needs Assessment<sup>1</sup>, there are 233,759 residents in Oldham. Levels of deprivation across the borough are ranked among the highest in the country relative to other authorities. According to the Indices of Multiple Deprivation, Oldham's levels of deprivation have maintained a steady downward trend since 2004<sup>2</sup>. The impact of this downward turn is reflected in the significantly lower life expectancy rates, the increased provision of free school meals, and the disproportionate prevalence of mental health problems among school-aged children.

The Mental Health Foundation<sup>3</sup> shows that nearly one in ten children and young people aged 5-16 years are affected by a mental health problem in the UK. This statistic has been shown as also being true in Oldham. Whilst emergency admission rates for intentional self-harm in Oldham are average or better than average for all measures across all ages<sup>4</sup>, evidence from Public Health England<sup>5</sup> suggests the most common areas for mental health support in Oldham are associated with self-harm and suicide, hospital attendances and admissions, anxiety, depression, conduct disorders, hyperkinetic disorders, attention deficit hyperactivity disorders and eating disorders. According to the Oldham in Profile report<sup>6</sup>, mental health concerns continue to affect people in Oldham at a disproportionate rate:

*'In 2016/17, mixed anxiety and depression was the most common mental health disorder in Britain. Oldham's rate of 16.7% was higher than the North West rate of 15.8%, and the England rate of 13.7%. The occurrence of severe mental illness in Oldham is significantly higher than the national average'.*

The high prevalence rates of mental health difficulties reported by the Oldham in Profile<sup>7</sup> report also suggests that poor mental health has a positive correlation to lower educational attainment. The Joint Strategic Needs Assessment<sup>8</sup> confirms that many young people in Oldham do not reach national levels of attainment because of factors that are associated to both health and economic deprivation. Although the

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<sup>1</sup> Health Oldham (2019) Joint Strategic Needs Assessment. Available at: <http://www.oldham-council.co.uk/jsna/> [Accessed 4th July 2021]

<sup>2</sup> Ibid.

<sup>3</sup> Mental Health Foundation (2020) Impacts of lockdown on the mental health of children and young people. Available at: <https://www.mentalhealth.org.uk/publications/impacts-lockdown-mental-health-children-and-young-people> [Accessed 4th July 2021]

<sup>4</sup> Oldham Council (2019) Oldham in profile. Available at: [file:///C:/Users/55134650/Downloads/Oldham/Oldham\\_in\\_Profile\\_\\_PDF\\_Format\\_.pdf](file:///C:/Users/55134650/Downloads/Oldham/Oldham_in_Profile__PDF_Format_.pdf) [Accessed 4th April 2021]

<sup>5</sup> Public Health England (2019) Local Authority Health Profiles. Available at: [https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E08000004?place\\_name=Oldham&search\\_type=parent-area](https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E08000004?place_name=Oldham&search_type=parent-area). [Accessed 4th November 2020]

<sup>6</sup> Ibid.

<sup>7</sup> Ibid

<sup>8</sup> Health Oldham (2019) Joint Strategic Needs Assessment. Available at: <http://www.oldham-council.co.uk/jsna/> [Accessed 4th July 2021]

commissioners of this evaluation are now providing additional support to disadvantaged students, with an emphasis on improving early years performance, they are not entirely clear how this support extends to reduce unequal social determinates of poverty, poor housing, unequal access to health care, or how it creates opportunities for educational, social or psychological resilience.

Whilst the Future in Mind report<sup>9</sup> suggests that there is a compelling moral, social and economic case for change in Oldham, the Joint Strategic Needs Assessment suggests that understanding and responding to the local needs of the children and young people in Oldham is crucial in order to effectively plan services and integrate mental and physical health needs. The Joint Strategic Needs Assessment suggests that unless the impact of existing services is considered in equal depth, it may be difficult to explain and justify if and how the disparities and priorities presented in the Future in Mind report, have been, or could be, stemmed and addressed.

This evaluation has been commissioned to consider what direct contribution a school based mental health and well-being project in Oldham is having on improving the mental health and well-being of the young people in the same area.

## **TOG MIND**

This evaluation has been commissioned by ABL Health to consider how TOG MIND promote the mental health and well-being of young people in Oldham as part of the Oldham Brokerage Service.

The offer provided by TOG MIND as part of the Oldham Brokerage Service has been designed to provide a range of discrete services that can be tailored to suit a school's specific needs. Commissioned services include whole school assemblies on well-being, individual assessments, counselling, early interventions, educational workshops, family interventions, therapeutic courses, solution focussed interventions and mental health first aid training. These services aim to create a difference by providing Early Help (which in England typically include early intervention, practical family support programmes or multi-agency plans, developed to support young people and prevent them from falling into crisis), reducing stigma towards mental health, promoting self-help and increasing the knowledge, skills and confidence of schools to support the mental health of their students.

The underlying hypothesis for TOG MIND as part of the Oldham Brokerage Service is that:

1. Schools will be able to select a service that is most appropriate for young people.
2. The programme will enable teachers and young people to talk about mental health and create opportunities for peer support.

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<sup>9</sup> Department of Health (2015) Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing. NHS England: London



3. The programme will enable young people to become more confident to talk about mental health, supporting them to feel more comfortable at school.
4. Young people who engage with the programme will acquire the skills to develop their own self-support strategies.
5. The programme will enable schools to be proactive in their response towards the emotional health needs of young people.
6. Schools build a close partnership with a specialist mental health service provider.

## Evaluation Aims

There were two key aims of the evaluation reported here. The first was that the evaluation should follow a structured approach to understanding and evidencing whether and to what extent, observed changes in outcomes are a consequence of the intervention being evaluated. The second key aim was that the evaluation should be designed to assess impact in areas of causal complexity.

The evaluation uses Contribution Analysis<sup>10</sup> to consider the design and implementation of TOG Mind. It aims to provide a credible, evidence-based narrative of the contribution that TOG MIND makes to the health of young people in Oldham, the successes and challenges experienced in its implementation, and the distance travelled by young people accessing TOG Mind in the area. It also seeks to understand the contribution made to the change in outcomes experienced by those young people.

## Research questions

There were five of core research questions that underpinned the evaluation of TOG Mind. These research questions are in Table 1 below.

*Table 1: Research questions*

Question Number	Research question	Comment
1	How and to what extent have the school-based activities of TOG MIND contributed to improving the health and well-being of children in Oldham?	Addressed in chapters 3 and 5 of this report.
2	How does TOG MIND work?	Addressed in chapter 3 of this report.
3	How do schools promote and support the work of TOG MIND?	Addressed in chapter 3 of this report.

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<sup>10</sup> Mayne, J (2001) Addressing attribution through contribution analysis: using performance measures sensibly. *Canadian Journal of Program Evaluation*, 16 (1) pp1–24.

4	What changes has TOG MIND made to the health and well-being of children and young people?"	Addressed in chapter 5 of this report.
5	Are the projects that TOG MINDS facilitate scalable?	Addressed in chapter 3, 5 and 6 of this report

## Evaluation methods

To answer the five research questions outlined in Table 1, the evaluation used a mixed-method, theory-based examination of process and experience through workshops, interviews, focus groups and surveys with young people, key practitioners and managers. A key interest to policy makers, commissioners and those involved in TOG MIND is the outcomes that are achieved. For this reason, the evaluation used a non-statistical approach to understanding the difference made by interventions such TOG MIND, known as Contribution Analysis<sup>11</sup>.

There are three elements of the evaluation design, which examine the implementation of TOG MIND (implementation or process evaluation), the impact on young people accessing TOG MIND, and the effectiveness of the programmes in meeting the predetermined outcomes (outcome evaluation). The implementation evaluation took place over three points: scoping, pre programme and post programme phase. A range of data collection and analysis methods were used during this evaluation to inform the findings and conclusions that are presented:

- Two scoping planning meetings the Director of Youth in Mind;
- 'Theory of Change' scoping workshop with Director of Youth in Mind 4 TOG MIND practitioners;
- A focus group interview with 4 mental health practitioners;
- Pre service surveys with 171 young people who had received a TOG MIND workshop;
- Pre and post survey with 168 young people you had received a TOG MIND workshop;
- Telephone interviews with 3 school leaders;
- Qualitative coding of all textual materials (interview transcripts, documents and reports, and open text responses to survey questions), and thematic analysis;
- Acquisition, cleaning, and analysis of performance and outcome datasets and completion of distance travelled analysis;
- A structured literature review to support the contribution analysis; and
- Contribution Analysis (Mayne, 2011) to assess whether it is plausible that TOG MIND made a contribution to the outcomes achieved.

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<sup>11</sup> Mayne, J (2001) Addressing attribution through contribution analysis: using performance measures sensibly. Canadian Journal of Program Evaluation, 16 (1) pp1–24.

# Chapter 2: Theory of change

Underpinning Contribution Analysis<sup>12</sup> as an approach, is a Theory of Change. The evaluation team facilitated a workshop on 9<sup>th</sup> March 2021 with five members of the TOG MIND team to produce a map of the logic or theory that describes how the TOG MIND programme should work. This Theory of Change identified the input, activities, and outputs of the programmes and began to illuminate the plausible association between the resources used to deliver the programme and the outcomes expected. The conversations and workshop activities were presented in a draft Theory of Change that was reviewed and refined in subsequent meetings on 17<sup>th</sup> March and 13<sup>th</sup> April 2021.

## **What is a Theory of Change?**

A Theory of Change (ToC) describes mid-level theory as it relates to a particular programme or policy. Mid-level theories do not describe the intricate workings of a policy or programme (e.g. organisational processes), nor do they attempt to describe grand theories of how policies function in society. Rather, as its name suggests, it is located somewhere between the two, and attempts to reconcile individual, organisational and social systems.

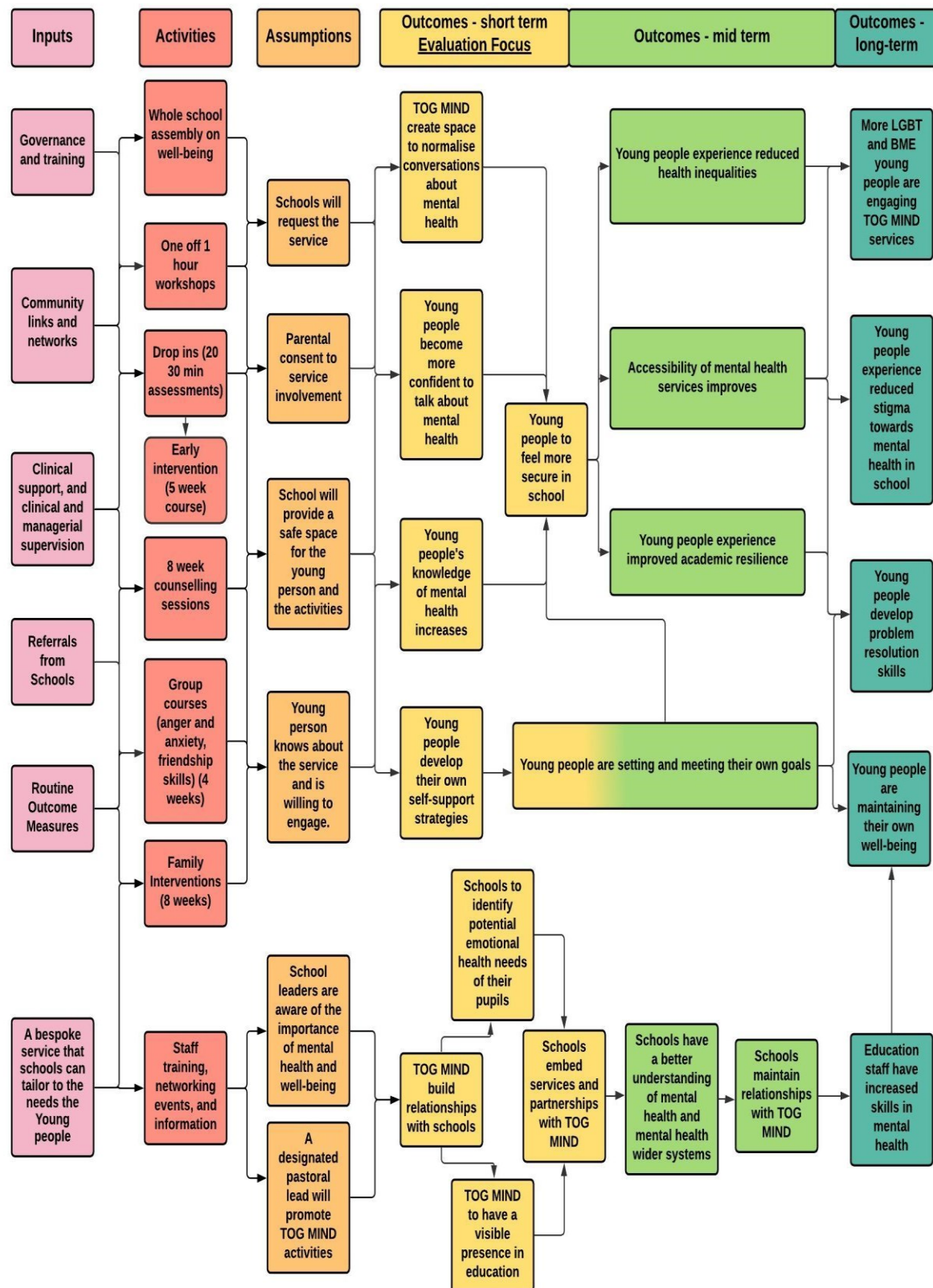
ToC describes a theory of how individuals and systems (e.g. the structure of TOG MIND) interact to produce outcomes. In order to achieve this. A ToC must use a set of assumptions about the choices an individual will make when travelling along each pathway. Along with a focus on context and mechanisms, the ToC goes beyond a logic model and becomes a framework through which the evaluators can construct a narrative of the process of implementation and the resulting consequences.

Using ToC in a process that is as complex as TOG MIND helps project teams and evaluators to better articulate what they are trying to achieve and why. In order to articulate the TOG MIND programme ToC, a simplified version of the process has been devised, focusing on the main areas of the evaluation (see Figure 1). Rather than include all possible connections and feedback loops, the diagram shows only those which are currently theorised to be instrumental in bringing about the short-term changes anticipated by the implementation of the programme up until the end of the 2020/21 academic year. These specific aims will be explored below.

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<sup>12</sup> Mayne, J (2001) Addressing attribution through contribution analysis: using performance measures sensibly. Canadian Journal of Program Evaluation, 16 (1) pp1–24.

Figure 1 Theory of Change for the Oldham Brokerage Service TOG MIND services



Programmes aimed at supporting the health and well-being of young people are generally under-theorised; the lack of explicitly articulated causal pathways<sup>13</sup> and the ToC change presented above might reflect this position. A second key issue with this ToC is the connectivity between the outcomes expected for young people, the indicators of progress, and the outcome data collected by the evaluation. There are some minor discrepancies so that not all outcomes have a clear or obvious indicator and/or a measure.

The ToC diagram includes inputs and their associated outputs (i.e. activities), short-term outcomes, mid-term outcomes, long-term outcomes, mechanisms (activities), contextual information (inputs) and assumptions.

- **Inputs** are the activities associated with TOG MIND. As the ToC is not a detailed description of the operation of the programme not all activities are represented. Instead, the ToC includes only those that have been clearly theorised to be associated with the short-term outcome chains identified.
- **Activities** are what happen to make TOG MIND work.
- **Short-term outcomes** are logically consequent to activities. They are the outcomes which are expected to be observed during the operation of TOG MIND, and which can therefore be measured or understood by the evaluation.
- **Mid-term and Long-term outcomes** are conceptually linked to the short-term outcomes, and represent effects that are more distal to TOG MIND. Consequently, they are not expected to be observed during the evaluation, and will not be directly measured or assessed.

## Mechanisms

Mechanisms describe the interaction between young people, schools, and TOG MIND. As such, they often resist simple definition and observation, but are critical to the success of a programme or policy. Mechanisms are always understood to be present, but vary in their degree of activation and consequent effect on outcomes.

Mechanisms are difficult to directly observe but help to explain how the implementation of policy or programme leads to its outcomes. They describe the interaction between individuals and the programme or policy itself. This includes individual beliefs, attitudes and decisions, and the resources and opportunities afforded to them by the programme or policy.

The ToC workshop helped the evaluation team to identify 2 mechanisms which may be associated with TOG MIND as part of the Oldham Brokerage Service programme:

1. **School leaders will know which service is right for young people.** The range of TOG MIND services provided by the Oldham Brokerage Service requires schools to choose a project that is most suitable for the young people.

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<sup>13</sup> Fabiano, G. A., Chafouleas, S. M., Weist, M. D., Carl Sumi, W., & Humphrey, N. (2014). Methodology considerations in school mental health research. *School Mental Health : A Multidisciplinary Research and Practice Journal*, 6(2), pp 68–83.

There are certain assumptions about the type of service that the school requests and the changes it will produce. It would be assumed that if this mechanism was not present, and schools did not know which service was most appropriate, then the inputs would not equal the outputs and outcomes described in the ToC. The mechanism therefore comprises of three elements and assumes that schools:

- a) Have sufficient knowledge of their students' needs;
- b) Provide a safe space for young people to engage with TOG MIND services;
- c) Understand the importance of mental health and well-being; and
- d) Promote TOG MIND activities and values

2. **Participation.** Participation in the services that schools commission via the Oldham Brokerage Service is essential to the implementation of TOG MIND services and vital to the outcomes that they want to achieve. This mechanism concerns the nature of the relationship between TOG MIND, the young people and schools and how this is operationalised in terms of the service that is being offered. Participation underpins the work of TOG MIND and the outcomes will be influenced by the level of opportunity.

# Chapter 3: Implementation evaluation

The implementation evaluation was conducted over two points during the evaluation; before TOG MIND services had been delivered (pre survey) and after TOG MIND services had been delivered (post survey). Data were collected in a number of different formats. These included interviews, workshops, surveys and the collation of secondary materials, each involving young people, school leaders and TOG MIND staff. All data were coded and thematically analysed. Both the coding framework and the thematic analysis were completed by the evaluation team at Manchester Metropolitan University.

## TOG MIND in Oldham

The young people who TOG MIND engaged with within Oldham generally experience some of the highest levels of deprivation in the country. Relative to other authorities, in Greater Manchester, this experience reflects a steady economic downward that started in 2004<sup>14</sup>. For the school leaders who took part in this evaluation, the socio-economic disadvantages experienced by the adults in Oldham was described as having a significant impact on the social determinants of the mental health of the young people:

*“The biggest challenge facing the mental health of the pupils in my school relate to the things that they are seeing and hearing at home. In Years 3 upwards to Year 6, we are starting to see pupils with similar behaviours of their parents. A lot of our students come from homes where the adults have, kind of, low moods, general negative attitudes about life in general, really, which again, sort of, comes from lack of opportunities, lack of money, lack of food.” (School leader)*

The effect of home life on the mental health of some young people in Oldham gives important context to the work of TOG MIND and the difference, or ToC, that their services are trying to achieve. However, the relationship between the socio-economic disadvantages experienced by the adults in Oldham and the mental health of the young people only provides a first step towards understanding the full scale of intersecting challenges that exist.

Consistent with the findings of the Oldham Joint Strategic Needs Assessment, the TOG MIND practitioners explained how they are working with an increasing number of young people living with a diagnosed ‘Special Educational Needs and Disability’ (SEND). Coupled with the experience of deprivation, a gap in service provision means that not all young people in Oldham are getting the support that they need:

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<sup>14</sup> Health Oldham (2019) Joint Strategic Needs Assessment. Available at: <http://www.oldham-council.co.uk/jsna/> [Accessed 4th July 2021]

*“Oldham currently has a lot of children with SEND. Once having a diagnosis, they’re not really getting any support, so the family and the young person doesn’t really know where to get help and there is not support for them in schools. Schools aren’t helping the young people to develop strategies and they are not adapting or focusing on supporting their behaviour in school and because of this, more young people are being excluded.” (TOG MIND practitioner)*

The reported lack of specialist support for young people in Oldham sheds further light on the situation that TOG MIND are seeking to influence. As young people are already perceived to be experiencing *“general negative attitudes about life in general,”* are struggling to get the help where and when they need it, a *“cycle of negativity”* is formed around the perception of education, as one school leader explained:

*“... a lot of the parents are quite negative about their own experiences, their own education, that kind of thing. It’s a, sort of, cycle of negativity about everything, really. The kids and their parents, really. It is really quite hard work for us to break them out of that cycle because we do not have the services in school that we need.” (School leader)*

The limited availability of help and support for young people living with deprivation and a diagnosed SEND is representative of the structural and material inequalities that exist in Oldham; inequalities that have been exacerbated by the global pandemic<sup>15</sup>. In each interview with school leaders and in the focus group with the TOG MIND practitioners, Covid-19 was reported to be a major factor affecting the mental health and well-being of young people in Oldham:

*“Due to Covid, we’re seeing more and more young people coming into school with higher levels of need. So although we’re trying to deliver Early Intervention, young people are not really at an Early Intervention level, the needs are more complex. We are seeing more risk and complex cases at the minute. Self-harm, depression, anxiety, violence. It’s getting worse and worse but these young people are not able to get the help because waiting lists are so long or because young people are not at a certain level.” (TOG MIND Practitioner)*

Combined with high levels of deprivation, a lack of school-based support and negative perceptions of education, Covid-19 was reported by each person who took part in this evaluation to increase the risks associated with deteriorating mental health. This might indicate that some young people require more specialist child and adolescent mental health services but these services are not always forthcoming due to increasing thresholds. Similar to the challenges faced young people living with deprivation and a diagnosed SEND in school, primary the more specialist services are not able to provide help and support for young people living with a mental health difficulty, unless their situation meets the threshold for formal mental health intervention<sup>16</sup>. This could

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<sup>15</sup> Oldham now worst for Covid infections; town recording more new cases than at height of pandemic.(news). (2020). Manchester Evening News (Manchester, United Kingdom), 6, 6–6.

<sup>16</sup> Department of Health (2015) *Future in mind Promoting, protecting and improving our children and young people’s mental health and well-being*. NHS England: London



mean that some young people are lost between Early Intervention and specialist child and adolescent mental health services.

The building picture of the inequalities faced by some young people living in Oldham adds further clarity to a broader understanding of the social determinants of mental health and the recommendation to increase resilience, as one school leader explained:

*“The young people in Oldham are kind of, always looking at someone who has got more than them, you know, generally because they have quite deprived backgrounds. Also, we find resilience really is a big thing, so being able to cope with, kind of, normal day-to-day things...Because they haven’t got, you know, resilience, things become bigger, more upsetting issues than they need to be, so that’s a real challenge too”. (School leader)*

Supporting young people to cope with the normal day-to-day things that are affecting them is reported as a key enabler of the tools needed to break the “*cycle of negativity*” that was described. Here the concept of resilience, typically defined as the capacity to recover from difficult life events<sup>17</sup>, was identified as being absent for some young people living in Oldham. The absence of an ability to withstand adversity and the specific intersectional factors that have already been described, was reported by each school leader as an additional factor that was affecting the mental health of young people living in Oldham. In other words, growing inequality and social injustices likely diminish the ability to cope, and impact negatively on the mental health and wellbeing of some young people. For school leaders in Oldham, knowing where to find the specific and general support that could promote the confidence and skills of young people, including identifying ways to promote their ability to make positive choices, can be a challenge.

### **Oldham Brokerage Service**

Each school leader who took part in this evaluation explained that prior to the Oldham Brokerage Service they did not know where to go for help. They also explained that they were unable to distinguish between the various school-based mental health services that are on offer. Each person agreed that the Oldham Brokerage Service helped them to understand what support was available and how services could help:

*“The Oldham Brokerage Service was great because it did allow us to, sort of, better understand what was available. We knew, kind of, which groups of kids we wanted to have more provision for and we knew that we couldn’t do that with staff that we had in school. There was, kind of, three different providers that we thought might have worked for what we were trying to do. The Brokerage Service helped us to decide that TOG Mind was probably the best way to go because we could see the, sort of, range of different, I suppose, products, if you like, that they offered. So, it was quite easy. We’ve got a mix of whole class stuff, a small group that runs for*

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<sup>17</sup> Helton, L. R., & Smith, M. K. (2014). *Mental health practice with children and youth: a strengths and well-being model*. Taylor and Francis

*several weeks, and then two different levels of one-to-one support up to the, sort of, highest level.” (School leader)*

The ability of school leaders to use Oldham Brokerage Service to identify the specific and general support that their young people need was a clear benefit. As a tool to view what services are on offer, each school leader explained that the Oldham Brokerage Service provided confidence in their choice of provider:

*“For a council scheme [Oldham Brokerage Service] [it] was pretty easy to use which is always a bonus. It helped me see what was best for our school. It’s got no reporting requirements about how the budget has been spent either. The provider does the reporting, whereas previously in Oldham it’s always been, kind of, the onus is on the school to do the reporting. So you end up feeling, like, well, we got a thousand pounds but we spent most of that and my time filling out paperwork. Before Oldham Brokerage Service it was just not worth it.” (School leader)*

The opportunity of the Oldham Brokerage Service to help to reduce the administrative burden that was once associated with school commissioning highlights an important finding of this evaluation. Where young people in Oldham are living with high levels of deprivation, negative attitudinal adult influences, a lack of school based support, a negative perception of education, Covid-19 and a lack of resilience, the burden associated with the commissioning of services represented an additional challenge. If, as the school leader explains above, the time and investment needed to apply for a school-based support service was not “worth it”, it is arguable that young people many not have been getting the help and support they require or deserve because the bureaucracies and reporting mechanisms involved in the commissioning process were too complex and time-consuming. Not only did the Oldham Brokerage Service simplify the process, it also provided information in an accessible format, as one school leader explains:

*“The information that’s on [Oldham Brokerage Service] is pretty clear, like, I didn’t give it that much attention, if I’m honest, and I was able to understand what was available and how many sessions I got and who it was suitable for. To be honest, the brokerage site is easier to use than TOG MIND’s own website, because it’s a bit mind boggling, their website. The brokerage website is set up for people like, whereas TOG MIND’s website is trying to cater to parents, individuals, all kinds of different people, looking at the services. If I try and look at the TOG MIND’s site for myself, it’s quite hard what I need, you know, you don’t have that much time to waste in schools. So it’s, like, I just want to know what a service can do for the pupils, how much it’s going to cost me and how many weeks it’s for, and that’s done on the brokerage site. It’s pretty good, really.” (School leader)*

The advantages that the school leader describes, arguably positions the Oldham Brokerage Service as the first step of a process that schools can engage in as they seek to address the “cycle of negativity” and facilitate opportunities to promote resilience as the guard against the intersectional inequalities that some young people experience. For the TOG MIND practitioners who took part in this study, the Oldham Brokerage Service also enables mental health services and schools to come closer together:

*“Oldham Brokerage Service kind of just gives that fresh outlook to schools. I feel like there are some schools that use us more than others and that might be just because we’ve slipped off their radar a bit. Oldham Brokerage Service has just refreshed and got us working with schools that maybe have forgotten about us. I think it’s got us working with some schools that we weren’t commonly working with as well, which is good having TOG MIND spread across the schools again.”* (TOG MIND Practitioner)

By raising the awareness of TOG MIND, and the services that the organisation can offer, the above excerpt suggests that the Oldham Brokerage Service has helped revive and simplify an approach to mental health provision and support in schools.

### **Implementation successes**

Once a TOG MIND service had been chosen and commissioned through the Oldham Brokerage Service, each school leader who took part in the evaluation explained how easy it was to introduce the services into the school.

*“The staff at TOG MIND were really responsive, so as soon as we got the go ahead that we could do it and we had consent, they had people ready within, sort of, two weeks, you know, ready to start. They started with the big groups. They’ve gone on to do the one-to-ones. It’s the same person every week which is fantastic because it is easier for us to manage.”*  
(School leader)

For each school leader, the initial advantage of working with TOG MIND reflected the professionalism and permanence of staff. They each described previous experiences of working with organisations who were unable to work in an ‘*unsupervised*’ way, in one to one or group settings, meaning that teachers had to be present in counselling sessions with young people. Not only did this place additional strain on the workloads of teachers, it also compromised confidentiality, the ‘*helping relationship*’<sup>18</sup>, and the young person’s experience of mental health support. As TOG MIND provided a service that could promote confidentiality, enabled by the practitioner who could work autonomously to build relationships with young people, the organisation was described by each school leader as offering some of the best services in Oldham.

*“They appear to be quite highly skilled, you know, you can give them a group of quite difficult kids and they get on with it. Whereas previously, it’s basically myself or the class teacher have had to sit in to crowd control. These guys just get on with it, so that’s the dream scenario, isn’t it? We get the provision and it doesn’t cost us any more work. Since I sent the email saying yes, let’s go ahead with it, here’s the referrals and the consent forms, I’ve not really had to do anything, to be honest, which is great, you know, and all this stuff’s happened. And, like I say, they don’t need any supervision or anything like that, so it’s cool. I’d say the best service in Oldham.”* (School leader)

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<sup>18</sup> Egan, G. (2014). *The skilled helper: a client-centred approach*. Cengage Learning.

As the above excerpts explain, the enhanced visibility of TOG MIND through the Oldham Brokerage Service, combined with the ability of the practitioners to work autonomously with complex groups of young people are some of the stand out features of their service offer. The main advantage for young people is that the TOG MIND practitioner is able to work with the school to provide support on matters that are most important to them:

*“When TOG MIND work with the whole class group, it’s lighter touch, it’s less personalised, but they can work with us to introduce ideas and language that the class teacher can then build on. You know, so if we want to then talk to the students about resilience in the future, it’s quite nice that they’ve heard it from TOG MIND first. It’s nice for the kids too because they can build a relationship with [a] TOG MIND practitioner who is not a member of staff, you know, it’s a different relationship, isn’t it?” (School leader)*

The description of relationship-based approaches to mental health support reported to be so useful for larger group work, also extends to more direct work. By engaging young people in one-to-one sessions, TOG MIND are able to facilitate opportunities for young people living in Oldham to begin thinking and talking about their experiences, thoughts and feelings:

*“For the more one-to-one kids, it’s real, sort of, detailed, you know, the unpicking of what issues they’ve got, what’s caused the thoughts and feelings that they have. It’s quite skilled. I don’t think the kids themselves understood what was the core issue. I think they just thought oh, I don’t like school, school’s crap, but actually, they began to see that it’s a much deeper issue. TOG MIND have helped them to talk about how something that’s happened in the past can be affecting them today, so that’s been really useful.” (School leader)*

Each school leader who took part in this evaluation agreed that the main benefit of the one-to one work is that it was helping young people to understand and then control their thoughts. Each explained how, over time, TOG MIND enabled the young people to engage in the process of questioning, then replacing negative thoughts to think rationally about the most appropriate response to a difficult situation:

*“They’ve been given really useful tools to come away with that they can use on an everyday basis. And they have physical tools in the form of pictures that can remind them of those tools that they’ve been talking about. And they do access it. So they have those things in their trays in the classroom. If a student is getting upset or angry, they can go and get them, to remind them of how to manage their thoughts and feelings. And it’s just so good for them to be able to have something that they can draw upon after that intervention is gone. And that’s been the most benefit for them.” (School leader)*

The skills and tools that TOG MIND promote, support the development of useful, practical and helpful strategies that young people can incorporate into the classroom to help cope better with stresses and difficulties, even after the intervention has finished. The TOG MIND legacy that each school leader described also extended to support Year 6 students in their transition to Year 7. In a year where the experience of

education and school has been significantly disrupted by Covid-19, the ability of TOG MIND to engage young people and their parents to develop strategies to support the transition from primary school to high school was also described as standout feature of the service:

*“For Year 6 students, it’s been TOG MIND and their parents that have given them the confidence to think I am actually ready to, sort of, deal with Year 7 and transition and everything else. Before TOG MIND came to the school, I think a lot of these parents were dreading the summer holidays and the battle of getting ready for going to high school. And now they’re thinking okay, the kids are relatively stable, you know, they’re able to deal with their emotions a bit better. They’re, sort of, positive about going to high school and being able to deal with issues, et cetera, so I think TOG MIND really helped in that sense.”* (School leader)

The support that TOG MIND provides to schools, young people and parents has clear links to the earlier explanations of how young people in Oldham can be influenced by “*general negative attitudes about life’ in general,*” as they caught in a “*cycle of negativity*”. Drawing on the example given above, TOG MIND have been able to intervene in the lives of families to address the concerns that they had about the experience of moving from primary school to high school.

The inclusion of parents in discussions and strategies to support transitions was described by each school leader who took part in this evaluation, as being vital in promoting good mental health; not just in young people, but in families as a whole. Given the earlier description of a link between parental attitudes and the mental health of young people, the ability of TOG MIND practitioners to promote positive mental health for the whole family, and to support parents directly, was a clear indicator of success for the schools who commissioned the service.

### **Implementation challenges**

The successes of TOG MIND are reflected in the reports of school leaders. Each described the ability of TOG MIND practitioners to work with young people to build resilience and identify mechanisms that could help promote mental health. However, despite the progress that TOG MIND was reported to make with some young people, each school leader involved in this evaluation explained that more could be done if the duration of TOG MIND services were extended:

*“TOG MIND would be even better if there was more of a flexible approach to timescales. because it’s very rigid, isn’t it. It’s an initial assessment, then five sessions. And for some children, they take longer to open up and to feel comfortable with the TOG MIND practitioner so a longer intervention would be more beneficial.”* (School leader)

The perception that TOG MIND offers a short-term intervention indicates the value that school leaders place on the service, as a resource, but it also highlights a barrier to supporting the mental health needs of young people too. Supporting the mental health of young people in schools is clearly something that TOG MIND is very good at, but the responsibility for improving mental health cannot only rest with TOG MIND. Consistent with ‘*whole school*’ approaches, one that involves all parts of the school

working together and being committed to support the mental health of all young people, the work that TOG MIND is able to achieve, summarised by the successes previously outlined, can only provide the catalyst for change and action. However, one of the biggest barriers facing TOG MIND is the limited amount of time that practitioners have with young people, as one school leader explained:

*“I think if TOG MIND could walk in to our school and get every kid in our Year 4 groups understanding resilience in detail that would be a miracle. I don’t know about you, but I certainly couldn’t walk in to a class now and guarantee I could teach all the kids something in an hour, so I don’t think TOG MIND can do that either.”* (School leader)

In the above excerpt, the school leader seems to suggest that the responsibility for facilitating teaching on resilience rests with TOG MIND. Although, they recognise that time constraints conspire to limit the ability of TOG MIND to achieve this aim, they do not suggest that school staff promote conversations about resilience after TOG MIND leave, to enable all parts of the school to work together to promote, examine and develop young people’s knowledge of this concept. For the TOG MIND practitioners who took part in this study, the first challenge to embedding conversations about mental health and resilience across the whole curriculum relates to timetables and teacher training:

*Some schools struggle to embed the topics that we introduce because probably it comes from the idea, well what [the] training a teacher is getting in terms of mental health support. I think although the teachers are super stretched they might not have time to do the things that we suggest, but I think building on their knowledge of mental health and everything that surrounds that would be useful. So perhaps all of the people that work in schools could do with more training around mental health and how to have that conversation if a young person comes to them. At the end of the day, we do come in to a school and we’re there and we’re trying to bridge that gap but some schools can’t meet us half way because they don’t have the training on mental health.”* (TOG MIND Practitioner)

Enhancing teacher training in the way that the TOG MIND practitioner describes could enhance confidence to support conversations on mental health and help reinforce the approaches that can foster positive well-being in schools and communities<sup>19</sup>. Although the Mental Health First Aid organisation has been facilitating training for secondary school teachers<sup>20</sup>, it is not known how this training is being used to enable all parts of the school to work together and commit to the responsibility of supporting the mental health of all young people in Oldham. It is also unknown how the mental health training is being facilitated for all primary school teachers or all school leaders to support them to achieve a similar aim.

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<sup>19</sup> Ohrt, J. H., Deaton, J. D., Linich, K., Guest, J. D., Wymer, B., & Sandonato, B. (2020). Teacher training in student mental health: a systematic review. *Psychology in the Schools*, 57(5), 833–846.

<sup>20</sup> Mental Health First Aid (2021) <https://mhfaengland.org/> [Accessed 20<sup>th</sup> July 2021]

In addition to limited teacher training on topics related to mental health, each school leader who contributed to the evaluation explained how a further challenge to maintain or extend open discussions on mental health related to human resources:

*“We’ve got to teach English and Maths, cover classes and work within bubbles at the moment. We always need extra people to come in to teach Physical Education or doing mental health work or help with the gardening club. Schools literally don’t have enough people for this type of work.”*  
(School leader)

As the above exert indicates, teaching topics related to mental health are not always prioritised in the same way as teaching English and maths. As schools struggle to cope with the challenges of Covid-19 and limited resources, the evidence presented for this evaluation suggests that teaching mental health, physical education and gardening are not delivered or considered to be as important as STEM (Science, Technology, Engineering, Maths) subjects. For TOG MIND, the limited opportunity to engage young people on matters related to mental health could present as a challenge to some of the support, learning and teaching that they facilitate.

## Scaling up

Despite the challenges that exist, the evidence collected for this evaluation indicate that TOG MIND is able to create a positive difference by providing Early Help, reducing stigma about mental health, and promoting self-help. Data gathered from school leaders taking part in this evaluation indicates that TOG MIND offered an extremely valuable service. It appears, based on the interviews undertaken with three school leaders, that TOG MIND could only be strengthened if the duration of each intervention is extended. Where the opportunity to extend the duration of the interventions in schools is not possible, the opportunity to scale up the work that the organisation facilitates is reflected in the observation that schools could do more once the TOG MIND service had ended, as one TOG MIND Practitioner explained:

*“Our work through Oldham Brokerage Service is not too bad but I think if we end up managing to break that stigma and get school really engaged we need to get psychoeducation really out there, it really needs to be looked at.”* (TOG MIND Practitioner)

The recommendation for increased psychoeducation reflects a longstanding approach that has been used to empower people living with a mental health difficulty and their networks to cope with mental health in a satisfactory manner<sup>21</sup>. In schools, psychoeducation could be used to associate topics related to mental health and physical education, or gardening, much more closely with STEM subjects. Developing the principles of psychoeducation to empower a more explicit understanding of mental health could equip schools with the tools that they need to support young people to overcome adversity and improve their mental health; they may begin to support

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<sup>21</sup> Gnanavel, S., & Robert, R. (2014). Psychoeducation: the dual advantage! *The Clinical Teacher*, 11(6), 494–494.

educational outcomes too<sup>22</sup>. A psychoeducation perspective could also acknowledge the complexity of the school system (including school culture, values, communication, the role of teachers and Covid-19) and its context (staffing, educational policy, practice priorities and Ofsted expectations).

Although promoting psychoeducation is a potential way to scale up TOG MIND within schools, the challenge associated with this recommendation relates to the previous explanation that learning and teaching on topics related to mental health is not given the same priority as STEM subjects. For each school leader who took part in this evaluation, further staff training is not seen as a solution because teachers in Oldham do not have the “*capacity*” to deliver teaching on mental health:

*“There’s always going to be a need. There’s a lot of services available in Oldham but it tends to be training for our existing staff and they don’t have capacity to deliver that much additional stuff.” (School leader)*

The explanation that teachers do not have capacity to deliver learning and teaching on matters related to mental health appears to misunderstand the importance of a whole-school approach. By seeing mental health as a topic that external services “deliver”, it appears that the school leaders who took part in this evaluation did not fully comprehend how they could support mental health throughout the whole school system:

*One of our students didn’t engage with school during lockdown. Since coming back to school her attendance was very unreliable. If there was ever any issue, like she fell out with someone, somebody looked at her the wrong way or she’d get into an argument with a teacher, then that would be it. She’d have two days off. TOG MIND has given her something in the week to look forward to, which is good. Obviously, that helps her attendance if nothing else. It gives her that, kind of, confidence that if she comes to me or another teacher and says “this or that has happened, I don’t like it”, we can say, “okay, well, that’s great, you’ve told us, now go and speak to TOG MIND and they will discuss it with you”. If we don’t want to spend the time unpicking her issues right then, we know that we’ve got that, kind of, backup option of saying yes, let’s get TOG MIND to deal with that, and that’s made a difference for her.” (School Leader)*

As the above excerpt implies a whole-school approach to supporting young people’s mental health can be very complex, if the topic and the challenges facing young people are not recognised as being equal to their education. A successful whole-school approach to mental health involves pupils, parents, staff, governors or parent councils, and the wider community. It is about working together to engage in a process of transformative action to ensure that mental health education and development, is not just seen as something that an organisation like TOG MIND is responsible for. The whole school approach has to inform the way that the whole school integrates mental health and well-being across the entire culture and curriculum. Based on the evidence

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<sup>22</sup> Dahl, V., Ramakrishnan, A., Spears, A. P., Jorge, A., Lu, J., Bigio, N. A., & Chacko, A. (2019). Psychoeducation interventions for parents and teachers of children and adolescents with adhd: a systematic review of the literature. *Journal of Developmental and Physical Disabilities*, 32(2), 257–292.



collected as part of this evaluation, there appears to be enormous scope for TOG MIND to support schools in Oldham to understand what a whole-school approach means and how this can be facilitated, to ensure that the time limited Early Intervention work has a legacy of positive long-term effect.

## Summary

Based on our analysis of the data provided, this evaluation has found that TOG MIND has been successfully implemented in Oldham. The programmes offered via the Oldham Brokerage Service clearly make a significant contribution to meeting the aim of providing Early Help, reducing stigma about mental health, promoting self-help and all programmes are valued by the school leaders who commissioned them.

It is clear that the TOG MIND programmes offered via the Oldham Brokerage Service have been developed to meet local needs and support the mental health and emotional well-being of young people. In particular, the work with young people and their families is significant. TOG MIND has also worked hard to ensure that the schools and their young people are provided with a service that has been described by school leaders as being best in class.

Facilitating opportunities to support schools to assess a whole school approach and develop an action plan for change could provide a much needed extension to the TOG MIND in schools. By providing a service that could involve pupils, parents, staff, governors or parent councils, and the wider community, TOG MIND could enable schools to realise that mental health is not a topic only to be taught, rather it becomes a principle that is integrated to inform the way that learning and teaching is delivered. Aligned to the concept of psychoeducation<sup>23</sup>, TOG MIND could work even more closely with schools to help them understand what a whole school approach means and then support them to embed the services being offered through a school-wide approach to mental health and well-being.

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<sup>23</sup> Gnanavel, S., & Robert, R. (2014). Psychoeducation: the dual advantage! *The Clinical Teacher*, 11(6), 494–494.

# Chapter 4: Outcomes evaluation

There are two elements to this part of the evaluation. First, quantitative data provided by TOG MIND were analysed to understand the distance travelled by individuals accessing TOG MIND in several key outcome areas. Secondly, the evaluation team used Contribution Analysis (Mayne, 2011) to assess whether TOG MIND could contribute to the outcomes expected from the programme.

The evaluation team undertook a structured literature review, examining empirical literature around the outcomes expected and achieved from programmes or interventions targeted at supporting the mental health and wellbeing of young people in schools. This literature provides a view on whether it is plausible that an intervention such as TOG MIND could contribute to positive change in the outcomes that they identified in the ToC.

To understand the outcomes achieved by TOG MIND in Oldham, the evaluation team used an alternative form of impact evaluation called Contribution Analysis<sup>24</sup>. Contribution Analysis is a structured approach to understanding and evidencing whether, and to what extent, observed changes in outcomes are a consequence of the intervention being evaluated. It is designed specifically to assess impact in areas of causal complexity.

The aim of Contribution Analysis is to provide a credible, evidence-based narrative of the contribution that an intervention makes to any changes in outcomes, and how and why it works in this way. It is a theory-driven approach; a key part of Contribution Analysis is to set out the outcomes that are expected to arise from the intervention, and how (the pathways or causal mechanisms by which the intervention is intended to work). As such, developing a ToC (shown in the Theory of Change Section above) is an important first step in undertaking Contribution Analysis.

Contribution Analysis is undertaken in six steps. Table 2 sets out these six steps, how each step has been undertaken in this evaluation, and what types of data (whether or not these data were generated by this evaluation) were used to address each step.

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<sup>24</sup> Mayne, J. (2012). Contribution analysis: Coming of age? *Evaluation*, 18 (3) pp. 270-280.

Table 2: Contribution analysis steps and their application to this evaluation

Step	Explanation	Data/evidence
Set out questions to be asked	The research questions that underpin the evaluation.	These questions are provided in chapter 1 of this report.
Develop ToC	An initial ToC was developed by TOG MIND. This was reviewed and further developed through a ToC workshop during the scoping phase of the evaluation.	ToC developed at the ToC workshop 17th March and 13th April 2021.
Gather existing evidence	The evaluation team completed a structured literature review to identify empirical evidence around programmes/interventions aimed at supporting mental health and well-being in schools.	Literature review
Assemble and assess the contribution narrative	Drawing on the literature review, the evaluation team assessed whether interventions such as TOG MIND might contribute to the outcome objectives set out in the ToC.	Literature review used as evidence to examine the plausibility of the TOG MIND programmes making a contribution to outcomes in these areas
Gather extra evidence	This stage examines whether changes in outcomes were observed, and whether evidence generated through the evaluation suggests that TOG MIND might have made a contribution to these observed changes	Distance travelled analysis. Interviews, surveys, and documentary analysis conducted through the evaluation
Conclude the contribution narrative	Taking all of the evidence together – the extant evidence about interventions similar to TOG MIND programmes and the evidence generated about TOG MIND programmes in Oldham – is it plausible to conclude that The TOG MIND programmes made a contribution to the changes in outcomes observed?	Synthesis of steps 3, 4 and 5 of this analysis

## Existing evidence base

The ToC developed by TOG MIND identifies specific outcomes for services provided via the Oldham Brokerage Service. These outcomes are set out in Table 3 below:

Table 3: TOG MIND outcomes

- Create space to normalise conversations about mental health policy and sector changes identified
- Enable young people become more confident to talk about mental health
- Increase young people's knowledge of mental health
- Enable young people to feel more secure in school
- Enable young people to develop their own self-support strategies
- Build relationships with schools
- Enable schools to identify potential emotional health needs of their pupils
- Promote the visibility of TOG MIND in education
- Support schools to embed services and partnerships with TOG MIND

As per the Contribution Analysis framework, the evaluation team undertook a structured literature review, examining empirical literature around the outcomes expected and achieved from programmes or interventions targeted at supporting healthier lifestyles in schools. This literature provides a view on whether it is plausible that an intervention such as TOG MIND could contribute to positive change in the outcomes listed above.

Table 4 and 5 summarises the findings from the structured literature review and provides an assessment of whether, in theory, there is evidence that TOG MIND could be effective.

Table 4: FRESH Outcomes and plausibility assessment

Outcome	Plausibility assessment
Create space to normalise conversations about mental health	Strong evidence
Enable young people to become more confident to talk about mental health	Strong evidence
Increase young people's knowledge of mental health	Strong evidence
Enable young people to feel more secure in school	Weak evidence <sup>25</sup>
Enable young people to develop their own self-support strategies	Strong Evidence

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<sup>25</sup> It is important to stress that this is an assessment of the available published evidence. It does not mean that TOG cannot contribute in this area; simply that there is very limited published evidence to suggest that this outcome is directly relevant and from which an assessment could be made. Most research on this topic relates to schools leading the work, not commissioning a time limited early intervention service to achieve this change.

Outcome	Plausibility assessment
Build relationships with schools	Strong evidence
Enable schools to identify potential emotional health needs of their pupils	Strong evidence
Promote the visibility of TOG MIND in education	Some evidence <sup>26</sup>
Support schools to embed services and partnerships with TOG MIND	Some evidence <sup>26</sup>

After using the existing evidence base to assess whether the TOG MIND programmes contribute, in theory, to the outcomes expected by the ToC, the next stage of the analysis was to examine whether changes in outcomes were observed, and whether evidence generated through the evaluation, suggests that the TOG MIND programmes have contributed to the observed changes. This stage of the analysis draws on two types of evidence.

The first examines whether there has been positive change in the relevant outcomes. Data provided by TOG MIND have been analysed to identify the distance travelled by young people accessing the programme. The second part of this analysis draws on the extant evidence, the interviews, workshops, surveys, and case study work undertaken throughout the evaluation to develop a contribution narrative about The TOG MIND programmes in Oldham.

### Contribution narratives

The assessment set out in the previous section focuses on whether the extant evidence (from published, empirical studies) indicates that an intervention such as TOG MIND could contribute to positive change in the outcomes expected for young people in schools. It is an assessment of whether, in theory, there is evidence that this scheme is effective.

In the following section, we set out evidence generated by this evaluation of the contribution that TOG MIND appear to have made to outcomes for the young people accessing its services. This stage of the analysis draws on two types of evidence. The first examines whether there has been positive change in the relevant outcomes. Data provided by the evaluation have been analysed to identify the distance travelled by young people accessing TOG MIND. The second part of this analysis draws on the extant evidence, the interviews, workshops, surveys, and case study work undertaken throughout the evaluation to develop a contribution narrative about TOG MIND in Oldham.

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<sup>26</sup> It is important to stress that this is an assessment of the available published evidence. It does not mean that TOG MIND cannot contribute in this area; simply that there is a small body of evidence that the outcome is relevant and from which an assessment could be made. Most research on this topic relates to schools leading the work, not commissioning a time limited early intervention service to achieve this change

## Distance travelled analysis

Two types of data were provided by TOG MIND. Individual level data were provided from 235 young people, 4 TOG MIND practitioners, and 3 school leaders. Findings from this data are presented in Table 6.

Table 5: TOG MIND outcomes and distance travelled analysis

TOG MIND	Evidenced	Distance travelled analysis
Create space to normalise conversations about mental health	Yes	No indication of distance travelled in the data collected from young people but school leaders were able to give specific examples of how TOG MIND could create space to normalise conversations about mental health.
Enable young people become more confident to talk about mental health	Yes	The pre and post programme questionnaires indicate that 34% of young people are more confident to talk about mental health after attending a TOG MIND workshop.
Increase young people's knowledge of mental health	Yes	No indication of distance travelled in the data collected from young people but school leaders were able to give specific examples of how young people had increased their knowledge of mental health as a direct result of TOG MIND.
Enable young people to feel more secure in school	No	No indication of distance travelled in the data collected from young people but school leaders and TOG MIND practitioners were able to give specific examples of how young people had felt secure when working with TOG MIND practitioners. It is not known whether this feeling of security extended to being in school.
Enable young people to develop their own self-support strategies	Yes	The pre and post programme questionnaires indicate that the number of young people who were enabled to develop their own self-support strategies after attending a TOG MIND workshop rose by 31%.
Build relationships with schools	Yes	No indication of distance travelled in the data collected from young people but

		school leaders were able to give specific examples of how TOG MIND had built relationships with schools.
Enable schools to identify potential emotional health needs of their pupils	No	No indication of distance travelled in the data collected from young people and very limited data provided by school leaders and TOG MIND practitioners.
Promote the visibility of TOG MIND in education	Yes	No indication of distance travelled in the data collected from young people but TOG MIND practitioners were able to give specific examples of how they had promoted the visibility of TOG MIND in education.
Support schools to embed services and partnerships with TOG MIND	Yes	No indication of distance travelled in the data collected from young people but school leaders were able to give specific examples of how they could work more closely with TOG MIND.

The data presented in Table 6 gives an insight into the data obtained by this evaluation in relation to several outcomes. The data sets provided a rich insight into the progress made by TOG MIND and the outcomes being achieved by young people in Oldham. As the data presented in Tables 6 illustrates, there are 2 outcome areas for TOG MIND in which distance travelled can be evidenced.

This analysis suggests that positive change was experienced by some young people during their time engaging with TOG MIND with reference to the following outcomes:

- Enabling young people to become more confident discussing mental health;
- Increasing young people's knowledge of mental health;
- Enabling young people to develop their own self-support strategies;
- Building relationships with schools; promoting the visibility of TOG MIND in education; and,
- Supporting schools to embed services and partnerships with TOG MIND.

This analysis also shows that there was insufficient evidence collected as part of this evaluation to demonstrate that the following outcomes were achieved:

- Enable young people to feel more secure in school; and,
- Enable schools to identify potential emotional health needs of their pupils.

This analysis should not be seen to reflect a limitation of TOG MIND. Instead, evidence suggests that the barrier to achieving these two outcomes is related to the limited influence or leverage that TOG MIND has to effect a whole school approach. It is argued however, that if TOG MIND can build on the excellent relationships that they have with schools in the future, a whole school approach to mental health could be

developed, thus advancing these two outcomes. The following section will explore the contribution enabled by TOG MIND and the themes that have been introduced here in more detail.



# Chapter 5: A contribution analysis of TOG MIND

The outcomes for which distance travelled (change in outcomes) are evidenced in the extant literature and are supported by the data gathered throughout this evaluation. Taken together, the examples of evidence included in this evaluation suggest that an intervention such as TOG MIND is able to contribute to the observed change identified in all nine outcomes.

## **Create space to normalise conversations about mental health**

According to the Oldham Joint Strategic Needs Assessment<sup>27</sup>, one in ten young people in Oldham under the age of 19 have had at least one mental health disorder<sup>28</sup>. With increased pressure on young people from social media, exams and societal expectations, stress, anxiety, panic attacks, self-harm and depression are being reported more and more within schools<sup>29</sup>. To help support these young people, the Department for Education (DfE)<sup>30</sup> has made it clear that mental health provision within schools is paramount:

*‘Schools have a central role to play in enabling their pupils to be resilient and to support good mental health and well-being for all pupils... a schools approach to mental health and behaviour should be part of a consistent whole school approach to mental health and well-being.’*

To help monitor the implementation of DfE policy, and their recommendation for a ‘*whole school approach to mental health and well-being*’ Ofsted have also recently released their new Inspection Framework, which sets out, from September 2019, how schools will be judged by their ability to nurture pupil resilience and keep students mentally healthy. One way that TOG MIND enables schools to achieve DfE policy is to create space to normalise conversations about mental health.

This evaluation has found that some schools in Oldham do not feel equipped, or lack confidence to open up conversations with young people on the topic of mental health. Although school based councillors, Special Educational Needs Coordinators and Personal, Social, Health and Economic Education leads are able to provide an

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<sup>27</sup> Health Oldham (2019) *Joint Strategic Needs Assessment*. Available at: <http://www.oldham-council.co.uk/jsna/> [Accessed 4th July 2021]

<sup>28</sup> Mental Health Foundation (2020) *Impacts of lockdown on the mental health of children and young people*. Available at: <https://www.mentalhealth.org.uk/publications/impacts-lockdown-mental-health-children-and-young-people> [Accessed 4th July 2021]

<sup>29</sup> Health Oldham (2019) *Joint Strategic Needs Assessment*. Available at: <http://www.oldham-council.co.uk/jsna/> [Accessed 4th July 2021]

<sup>30</sup> Department for Education (2018) *Mental Health and Behaviour in Schools*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/755135/Mental\\_health\\_and\\_behaviour\\_in\\_schools\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf) [Accessed 20<sup>th</sup> July 2021]

opportunity for young people to talk, each school leader who took part in this evaluation suggested that they are becoming increasingly concerned that schools may not have the specialist knowledge needed to answer some of the young people's questions:

"I think sometimes schools are very insular places, and we don't know what we don't know. The mental health needs of our students are getting more complex and we don't always have the time, resources, and specialist knowledge needed to help, if that makes sense. That's where TOG MIND comes in." (School leader)

Recognising the need to create a consistent whole school approach to mental health and well-being, each school leader explained how TOG MIND achieves the objective, '*create a space to normalise conversations about mental health*' by letting young people know that it is okay to ask for help. By speaking about mental health regularly, TOG MIND is also able to help young people understand that mental health is an important topic and that there should not be stigma in talking about it, as the following case study shows.

### **Rebecca's story**

Rebecca (pseudonym) was in Year 6 and would often refuse to attend school. Her schoolteachers often felt powerless to talk to Rebecca about school and the importance of attendance. They did not feel that they had time or knowledge to 'unpick' all of her worries and anxieties. As Rebecca refused to attend school, her mother had decided that there was no point applying for a place in a secondary school because she saw no point in organising something that Rebecca would refuse to engage with.

Once TOG MIND started in the school, they started to work with Rebecca and create space to normalise conversations about mental health. Rebecca began to talk to the TOG MIND practitioner about her thoughts and feelings towards school. As a result, TOG MIND gave Rebecca something to look forward to and consequently, her attendance at school improved.

By creating a space to normalise conversations about mental health, TOG MIND made a tangible difference in Rebecca's life. She is now more positive about school. She has a place in secondary school and she is really looking forward to starting Year 7. The schoolteacher believes that Rebecca's improved engagement with education may not have been possible without the support of TOG MIND.

## **Enable young people become more confident to talk about mental health**

The Children and Young People's Mental Health and Well-being Taskforce<sup>31</sup> was established in September 2014 to consider ways to make it easier for young people to access help and support when needed and to improve how mental health services are organised, commissioned and provided. Key themes emerged to form the core principles and requirements that DfE now considers to be fundamental to creating a system that properly supports the emotional well-being and mental health of young people in school<sup>32</sup>.

Extant research shows that the specific conditions needed to promote, protect and improve the mental health and well-being centre on the ability of schools to provide a warm and encouraging culture that can promote effective participation, counteract the stigma associated with mental health services and enable young people to become more confident to talk about mental health<sup>33</sup>. The data collected for this evaluation clearly indicates that TOG MIND is able to achieve this outcome.

At the beginning of a confidence and resilience workshop that was facilitated in four schools, TOG MIND practitioners gave a questionnaire (pre-survey) to 80 young people asking them to circle an (emoji) face (a sad face, a neutral face and a happy face) which best corresponded to their confidence to talk about mental health. This activity was repeated at the end of the workshop (post-survey). The pre-survey question was completed by 95% (n=76) of the young people and the same post-survey question was completed by 91% (n=73) of the young people. As Figure 1 below shows, at the beginning of the workshop, 17% (n=13) of the young people indicated a sad face, 51% (n=39) if the young people indicated a neutral face and 32% (n=24) of the young people indicated a happy face. After the workshop, the number of young people indicating a sad or neutral decreased, and the number of young people indicating a happy face increased.

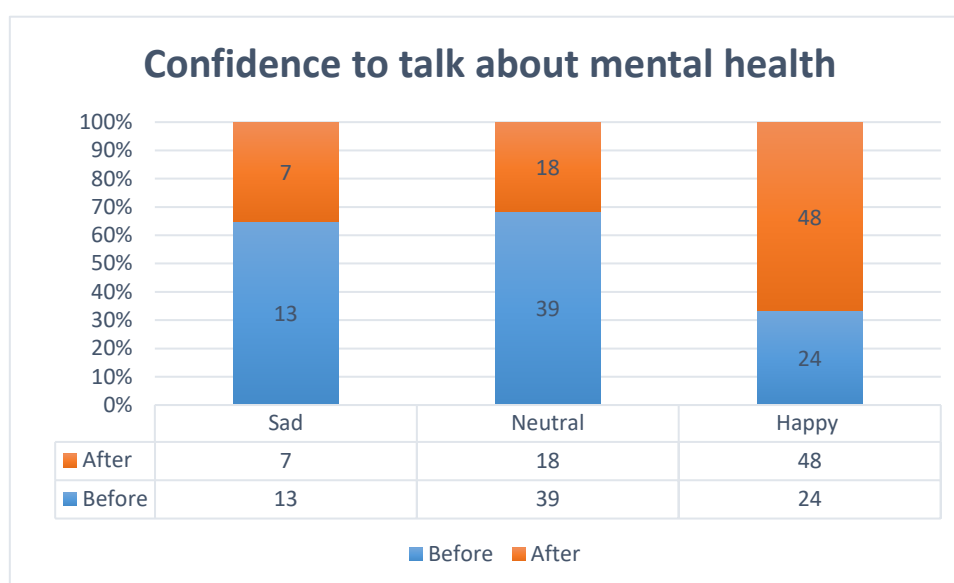
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<sup>31</sup> NHS England (2014) Children and Young People's Mental Health and Wellbeing Taskforce: Terms of Reference. Available at: [www.gov.uk/government/groups/ children-and-young-peoples-mental-health-andwell-being-taskforce](http://www.gov.uk/government/groups/children-and-young-peoples-mental-health-andwell-being-taskforce) [Accessed 20<sup>th</sup> July 2021]

<sup>32</sup> Mental Health Foundation (2020) Impacts of lockdown on the mental health of children and young people. Available at: <https://www.mentalhealth.org.uk/publications/impacts-lockdown-mental-health-children-and-young-people> [Accessed 4th July 2021]

<sup>33</sup> Crespi, T. D., & Hughes, T. L. (2004). School-based mental health services for adolescents: school psychology in contemporary society. *Journal of Applied School Psychology*, 20(1), 67–78.

Figure 2: Confidence to talk about mental health



Before the workshop, 32% young people indicated that they were confident to talk about mental health. At the end of the workshop, this confidence had increased to 66%.

By enabling the majority of young people to become more confident to talk about mental health, TOG MIND is able to work in schools with young people who might not usually access mental health services but who might be at a higher risk of developing a mental health condition if they do not get the support they need. If young people are anxious about their home life or exams, the ability of TOG MIND enable young people to become more confident to talk about mental health can also help them to understand their emotions, take control of the situation (where possible), and feel more confident. As each school leader who took part in this evaluation explained, the services that TOG MIND offer, facilitate some of the only spaces for young people in Oldham to talk to about their problems and develop their own coping mechanisms. As the following case study shows, achieving this outcome was a key enabler of emotional regulation that can have a positive impact on the whole class:

### Emelia's story

Emelia (pseudonym) was in Year 8. She was having problems with friendship groups in school. She would often become upset and distressed because she struggled to interpret and make sense of what other young people said or how they behaved toward her. Sometimes, when Emelia was really upset, she did not want to be in school

After spending time with a TOG MIND practitioner and engaging in activities and conversations that focussed on her thoughts, feelings and actions, Emelia began to talk about friendships. This included the way that she interprets the behaviours of others and how others might interpret her.

Supported by a TOG MIND practitioner, Emelia began to think about how her feelings and actions can be influenced by her friends. She also began to think about how her feelings and actions could influence her friends. After a few weeks, Emelia developed her own strategy to cope. Instead of becoming upset or angry when her friends did something that she did not understand, Emelia started to tell her friends how their words or behaviour were making her feel.

Over time, Emelia began to manage her thoughts, feelings and behaviour in a more positive way. As Emelia was using her words to explain her feelings more and more, the school noticed that other young people in the school were talking about their thoughts and feelings too.

### **Increase young people's knowledge of mental health**

Research shows that a national initiative is needed to reduce the stigma associated with mental health and to enable young people to understand and describe the challenges that they might experience<sup>34</sup>. For TOG MIND, the outcome of increasing young people's knowledge of mental health is closely aligned to the concept of mental health literacy<sup>35</sup>.

Mental health literacy is defined as understanding how to obtain and maintain positive mental health, understanding mental health problems and their interventions, decreasing stigma related to mental health problems, and enhancing help-seeking behaviour<sup>36</sup>. One initiative designed to promote mental health literacy in schools is the Educational Mental Health programme<sup>37</sup>. Under this scheme, Educational Mental Health Practitioners (EMHP) work across education and healthcare to increase young people's knowledge of mental health. However, at the time of writing, this programme is still in development and has not been fully implemented in Oldham.

Promoting health literacy as a way to increase young people's knowledge of mental health is a core outcome for TOG MIND who, as has already been shown, can work in schools that do not always understand the relationship between mental health and education. The additional challenge that TOG MIND practitioners face relates to the intersectional challenges that young people experience and the provision of mental health services in Oldham. Where support services for young people living with a diagnosed SEND in school may not be consistent, and when primary health care services are unable to intervene in the lives of young people due to rising eligibility criteria, a void can be created and young people's knowledge of mental health can be

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<sup>34</sup> Crespi, T. D., & Hughes, T. L. (2004). School-based mental health services for adolescents: school psychology in contemporary society. *Journal of Applied School Psychology*, 20(1), 67–78.

<sup>35</sup> Atkinson, M., & Hornby, G. (2002). *Mental health handbook for schools*. Routledge/Falmer.

<sup>36</sup> Doll, B., Nastasi, B. K., Cornell, L., & Song, S. Y. (2017). School-based mental health services: definitions and models of effective practice. *Journal of Applied School Psychology*, 33(3), 179–194.

<sup>37</sup> Department of Health and Department for Education (2017) Transforming Children and Young People's Mental Health Provision: a Green Paper. Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/664855/Transforming\\_children\\_and\\_young\\_people\\_s\\_mental\\_health\\_provision.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf) [Accessed 20th July 2021]

neglected<sup>38</sup>. The clear advantage of TOG MIND is that it is able to bridge the gap in service provision and increase young people's knowledge of mental health and the services that are available to support them. As a direct result, each TOG MIND practitioner who took part in this evaluation explained how the work that they facilitated in schools to promote mental health literacy led to more young people accessing TOG MIND services in their own time and away from school:

*“When we do workshops it’s a bit of an introductory session, touching on a couple of topics, but then the young people start talking about mental health and they find out about TOG MIND. They realise that we offer individual support. From this one workshop, their knowledge of mental health increases, but so does their knowledge of drop-in assessments with us, and counselling. They are not left alone and isolated. That’s when we’d then refer on to them doing some family support with us as well which is something that we weren’t conducting in schools which is improving communication, reducing conflicts with families and reducing stigma.”*  
(TOG MIND Practitioner)

As the above extract explains, some of the young people who TOG MIND engages through the Oldham Brokerage Service may not initially understand key concepts related to mental health and well-being. They might not fully understand the determinants of mental health and they may not have considered opportunities for effective Early Help. Without the support of TOG MIND, the data collected for this evaluation shows that low levels of knowledge about mental health can hinder recognition and appropriate help-seeking behaviours. It is therefore clear that TOG MIND increases young people's knowledge of mental health and provides a pathway through mental health care for young people who may require various types and levels of intervention. It is also clear that TOG MIND engages mental health literacy to enhance a young person's knowledge and decreases stigma, shame and fear, as an essential stepping-stone to enable a more positive perception of mental health.

### **Enable young people to feel more secure in school**

Research consistently shows that schools can help promote mental health and well-being when they ensure that children and young people feel that they belong to, and are a valued part of, a school community<sup>39</sup>. Young people should feel that their relationships with the adults in the school are positive, consistent, and based on trust and mutual respect<sup>40</sup>. Creating an environment in which children and young people feel they belong, feel valued and feel cared for is a key objective of TOG MIND. The case study below indicates that TOG MIND is able to achieve this outcome for some of the young people who engage their school based services.

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<sup>39</sup> Atkinson, M., & Hornby, G. (2002). *Mental health handbook for schools*. Routledge/Falmer.

<sup>40</sup> Skaar, N. R., Etscheidt, S. L., & Kraayenbrink, A. (2020). School-based mental health services for students with disabilities: urgent need, systemic barriers, and a proposal. *Exceptionality*, 1-15, 1–15

### **Terry's story**

Terry (pseudonym) was in Year 9 and he was struggling at school. He would often get angry and get into fights. The teachers were struggling to manage his behaviour. Although working with TOG MIND in twenty-minute counselling sessions was hard for Terry, he began to reflect on his behaviour and consider the events that would trigger an angry outburst. Over five weeks, he gradually gained an understanding of the things that caused him to get angry. He then began to talk about not feeling safe at home and explained how his feelings of anxiety were being transferred to school. He began to develop his own coping strategies and then went on to work with TOG MIND through the Families In Mind service.

Engaging young people like Terry, in one-to-one activities related to counselling arguably requires a degree of emotional intelligence and an ability to recognise and articulate the antecedents to the behaviours being discussed<sup>41</sup>. For young people who do not respond as well as Terry for example, to this type of counselling or direct one-to-one work, it is not clear, based on the evidence collected for this evaluation, how TOG MIND enable young people to feel more secure in school in the long-term. For example, after the TOG MIND service has ended.

As the case study provided above suggests, TOG MIND can enable young people to feel more secure in school by promoting resilience and coping mechanisms. However, the need to promote specific school-based factors that can lead to security, such as relationships in the classroom built on trust, kindness, safety and security, linked not only to better well-being but also to better educational performance, was not mentioned by any participants in this evaluation. Whilst one to one work with children is obviously important, it is not clear how TOG MIND can help to create a whole school environment in which young people feel that they belong, feel valued and or cared for. It is accepted that the outcome of TOG MIND, as detailed in the ToC, does not seek to promote a whole-school approach. Nonetheless, by enabling young people to feel more secure in school, whilst they are being supported by TOG MIND, it is not clear what happens to this sense of security when the time limited intervention ends.

The evidence collected during this evaluation suggests that the potential extension of TOG MIND programmes to support a whole school approach, which enables all members of the school staff to use their relationships to build that sense of security through every interaction, could have a positive impact. However, to demonstrate this impact, more work needs to be completed to understand issues of causality, effect, size and favourable conditions for sustainable feelings of security.

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<sup>41</sup> Prever, M. (2006). *Mental health in schools: a guide to pastoral and curriculum provision*. Sage Publications: London.



## Enable young people to develop their own self-support strategies

Self-support strategies and general lifestyle changes are known to help promote healthier lifestyle habits<sup>42</sup>. They may also help prevent some health related problems from developing or worsening<sup>43</sup>. Self-support strategies and general lifestyle changes can help to create healthier lifestyle habits<sup>44</sup>. As the sessions that TOG MIND facilitates aim to enable young people to feel more secure in school, they are designed to help promote the holistic importance of mental health. As the following quotation implies, they may have preventative qualities too:

*"I was working with a boy at the beginning of the year who had massive anxiety around Covid-19. He just didn't understand it. He didn't know how to deal with it in school. So we have specific pathways in Early Intervention that tailors more towards anxiety or anger, things like that. So I put him on the anxiety pathway but tailored all the worksheets around Covid-19 as that was the biggest trigger. He decided to stop watching the news every night as that was really scaring him. He did his own research on Covid-19 and began to understand what it means for the world. He began to realise that everybody is confused by it and a bit anxious about it and it's not just him. I think that really enabled him to cope with it and move on rather than feel like he was the only one in the world that was confused or anxious about Covid." (TOG MIND practitioner)*

By encouraging young people to develop self-support strategies, TOG MIND can enable young children to become more independent by allowing and encouraging them to take responsibility for their own mental well-being whenever possible, as the TOG MIND practitioner suggests above.

The young people who contributed to this evaluation also indicated that TOG MIND could enable them to develop their own self-support strategies. At the beginning of a workshop on mindfulness facilitated once in school, and at the beginning of a workshop on emotional awareness facilitated in five schools, TOG MIND practitioners asked young people to complete a questionnaire. The young people were required to circle an (emoji) face (a sad face, a neutral face, and a happy face); whichever best corresponded to their understanding of mindfulness and emotional resilience. This activity was repeated at the end of the workshop (see Figures 3 and 4 below).

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<sup>42</sup> Salzer, M. S., Rappaport, J., & Segre, L. (2001). Mental health professionals' support of self-help groups. *Journal of Community & Applied Social Psychology*, 11(1), 1–10.

<sup>43</sup> Crabtree, J. W., Haslam, S. A., Postmes, T., & Haslam, C. (2010). Mental health support groups, stigma, and self-esteem: positive and negative implications of group identification. *The Journal of Social Issues*, 66(3), 553–553.

<sup>44</sup> Prever, M. (2006). *Mental health in schools: a guide to pastoral and curriculum provision*. Sage Publications: London.



Figure 3: Understanding of Mindfulness

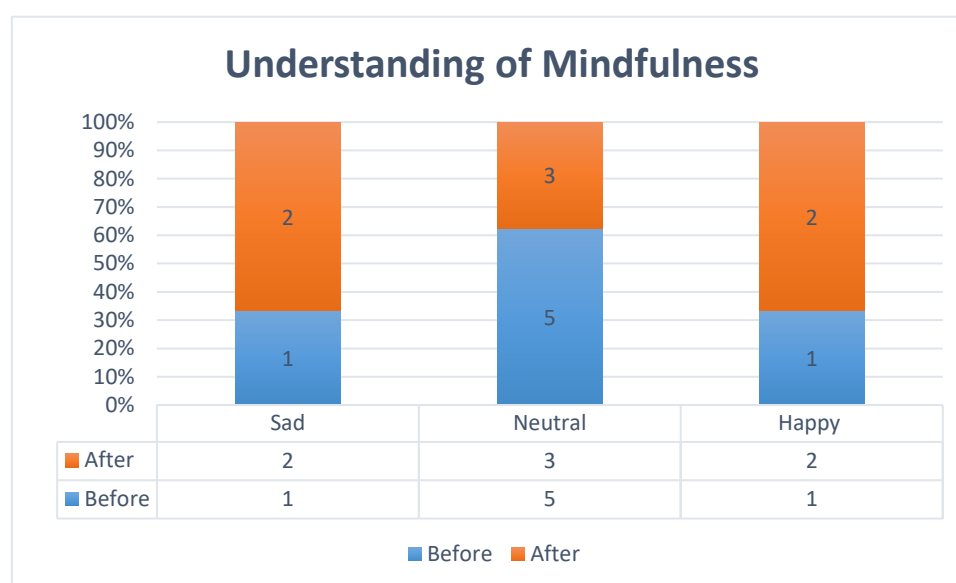
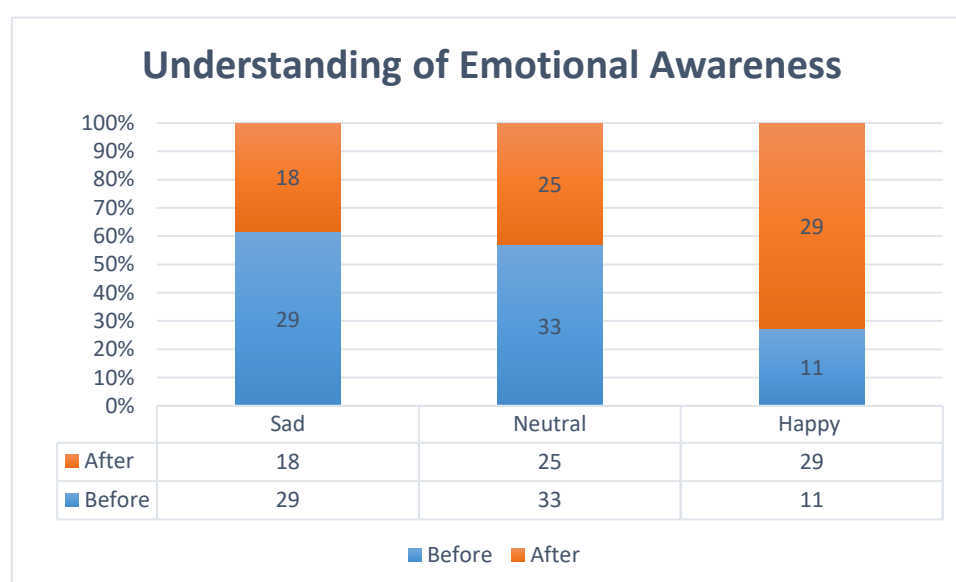


Figure 4: Understanding of Emotional Awareness



As Figure 3 shows, some young people's understanding of mindfulness (and emotional awareness) increased after each workshop. For young people in Oldham who live with a range of inequalities, the 31% increase in emotional awareness has been shown in the research to be a key enabler of mental health literacy<sup>45</sup>. As a result, these workshops clearly promote the principle of psychoeducation and provide opportunities for some young people living in Oldham to recognise key terms. Taken together with evidence presented in chapter 3, these workshops also increased knowledge of how to seek mental health information, knowledge of risk factors and

<sup>45</sup> Aggleton, P., Dennison, C., & Warwick, I. (2010). *Promoting health and well-being through schools*. Routledge.

causes, knowledge of self-treatments and of professional help available, and attitudes that promote recognition and appropriate help-seeking responses.

### **Build relationships with schools**

Schools in Oldham are operating in a challenging financial environment and, as shown in the various sections above, they are not always equipped to promote topics related to mental health. However, as some schools recognise that they have a clear role in promoting mental health and well-being, each school leader explained that the Oldham Brokerage Service has been a key enabler of the TOG MIND outcome to build relationships with schools and reduce the variability that the research describes:

*“TOG MIND have been brilliant, we had a counsellor, I can't remember which company they were from, but it was... there was no communication between ourselves and the counsellor. We wanted someone who would give us some feedback and not specific details of any conversations, but you know, where we could help as a school after that, and we weren't getting that support before. So I looked for something that we would be able to work more collaboratively with. And TOG MIND was where I felt would be the best place for us.” (School leader)*

The professionalism and opportunities for collaboration being described highlight the opportunity for TOG MIND to meet the outcome to build relationships with schools.

### **Enable schools to identify potential emotional health needs of their pupils**

The prioritisation of well-being by schools is hindered by funding constraints and the lack of prominence given to well-being in legislation and school inspection frameworks.<sup>46</sup> Schools are not always encouraged or incentivised to direct resources to well-being provision<sup>47</sup>.

As a result of funding cuts and austerity measures in Oldham, the evidence collected for this evaluation suggests that the opportunity to build relationship with schools is still in its initial stages. As a result, the TOG MIND practitioners were not completely confident that all schools could identify potential emotional health needs of their pupils:

*“Schools are stretched. So the way they deal with us for example. I went to one school to start Early Interventions and the staff hadn't got the time to show me where I was supposed to go, what class I was in. They just expected me to go and work all of that out. I think that just shows how stretched schools are and how much teachers just want to focus on their teaching and leave mental health to TOG MIND.” (TOG MIND Practitioner)*

The above quotation usefully illuminates a general perception of a school's attitude toward mental health and the emotional health needs of their pupils. Despite the

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<sup>46</sup> Aggleton, P., Dennison, C., & Warwick, I. (2010). *Promoting health and well-being through schools*. Routledge.

<sup>47</sup> Anna Freud National Centre for Children and Families (2021) A whole-school approach. Available at: <https://www.mentallyhealthyschools.org.uk/whole-school-approach> [Accessed 15th July 2021]

potentially sensitive nature of TOG MIND's involvement, some schools were not able to facilitate cursory introductory meetings between TOG MIND practitioners and the young people.

As some teachers were reported to separate mental health from their responsibility to teach STEM subjects, it was also reported that the young person's request for help might not always be heard or understood:

*"It's that initial reaction I think, isn't it? Like if a young person tells a teacher that they are struggling with their mental health, the initial response of the teacher might be to say, "Right now I need to refer on," If the teacher does not respond sensitively, or try to speak to them, the young person's understanding of mental health might change. If the teachers responses are not really in tune with the emotion of the young person, they're like, "Am I just making a fuss?" or, "It's not really a problem." But then the other way is if they can see the panic in that teacher, they'll think it's a bigger problem than it is." (TOG MIND Practitioner)*

As the above excerpt indicates, teachers and school staff must be well equipped to provide the right environment for learning and well-being. In support of the observation offered by all four TOG MIND practitioners, the three school leaders who took part in this study have reported that they are often acting outside of their competence and capacity in relation to children's mental health. Evidence collected for this evaluation suggests that some teachers are not sufficiently trained to identify signs of mental health issues or to approach these issues confidently, in the same way that TOG MIND practitioners are:

*"We need to help teachers to understand how to identify and support the emotional health needs of young people. Rather than panicking or rushing to make a referral, teachers should know when to have those conversations and how to initially respond. Not that they have to know what to do next, that's why other services are there because they can't do everything, but the initial reaction to that young person's needs and knowing how to manage that is really important." (TOG MIND Practitioner)*

Although TOG MIND provides training to equip teachers with the knowledge, values and skills needed to improve well-being, none of the data collected for this evaluation extended to include this area of provision. Once TOG MIND have been given the opportunity to further build on their initial relationship with schools, the outcome of enabling schools to identify potential emotional health needs of their pupils could be considered further by a broader evaluation which collects information from all school staff members.

### **Promote the visibility of TOG MIND in education**

Research suggests that the ability of organisations like TOG MIND to promote the visibility of mental health in schools is inconsistent and varies greatly across the country<sup>48</sup>. This variability has created a postcode lottery, where some schools

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<sup>48</sup> Weare, K. (2002). *Promoting mental, emotional, and social health: a whole school approach*. Routledge.

effectively use outside agencies to support children to build resilience and develop their social and emotional knowledge and skills, whilst other schools do not. However, the clear advantage of the Oldham Brokerage Scheme is that it provides the first step to reduce this disparity by enabling school leaders to know which services are available. Once in schools, TOG MIND is able to achieve the outcome of promoting their visibility in education by raising awareness of the services that are on offer both in and outside of school. In this way, the Oldham Brokerage Service not only acts as a sophisticated service directory, it also helps to build capacity for TOG MIND to engage young people in other ways:

*“One of the biggest advantages for working more closely with schools is that’s where the biggest portion of our client base is, young people at school. So our work under the Oldham Brokerage Scheme is really being able to raise that profile, to know that we exist and what we do and that it’s important. I think maybe that’s one of the biggest advantages, isn’t it, because if Oldham Brokerage Scheme wasn’t there we’d be doing our work in the community and we’d be asking young people to come to us. But hopefully when we go down to a school we raise our profile, someone who didn’t think about it might suddenly think, “Oh actually, this is something TOG MIND can help with”. I’ve certainly had people in school after we’ve done maybe a workshop or an assembly where they’ve gone, “Oh right,” or they’ve suddenly shown an interest where they wouldn’t have. The earlier we get to young people, the better we can do our job because we’re really about early intervention.” (TOG MIND Practitioner)*

It is well reported that the school environment has a significant impact on a young person’s emotional welfare<sup>49</sup>. For young people’s well-being to thrive during school hours, the visibility of TOG MIND within schools promotes the early detection and prevention of mental health problems across the whole school, and strengthens links between schools and other TOG MIND services. For school leaders, this increased visibility of TOG MIND in education means that schools are more confident that the mental health needs of young people are being met:

*We have staff who have done mental health first aid or Emotional Literacy Support Assistant training for our teaching assistants, but these staff are not as skilled as the staff from TOG MIND. If this funded support happened every year, that would be a dream, really. Just put that at the top of the report. For me, this must be a cheaper way of doing it than us doing referrals to Healthy Young Minds for all these kids and then going through that huge process and being seen externally. It’s a much more efficient way of working that somebody comes in and sees five kids in an afternoon for very little effort. I think it’s got to be better.*

Within the above excerpt, the school leader’s observation that TOG MIND services offered through the Oldham Brokerage Service are more effective than traditional school-based programmes is an important observation. Combined with the suggestion that Early Interventions are more cost effective than referring young people to Healthy

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<sup>49</sup> Anna Freud National Centre for Children and Families (2021) *A whole-school approach*. Available at: <https://www.mentallyhealthyschools.org.uk/whole-school-approach> [Accessed 15<sup>th</sup> July 2021]

Young Minds is also a matter that is worthy of further analysis. The objective of any additional research could focus on a cost evaluation that provides a reliable assessment of the full cost of TOG MIND in schools, taking into account direct, indirect and absorbed costs, and by augmenting existing sources of cost data with information based on the experience of those implementing the pilot. A secondary objective could be to comment on the value for money and social return on investment of TOG MIND more generally.

### **Support schools to embed services and partnerships with TOG MIND**

Where observations have been presented in this evaluation to suggest that the whole school approach to mental health may not be fully understood, there is evidence to suggest that the foundations TOG MIND are building with schools could offer an essential platform to embed mental health services in the future:

*"It's a really collaborative approach. After every session, the TOG MIND practitioner will come and tell me that everything was fine, or that somebody was upset or if there were any issues that she thinks we need to know. And then at the end of the course of intervention, we get feedback as well, on what are some of the areas that they've talked to the young people about and how we can further support them. The feedback that they give us is really useful because it's great having an intervention but then know that these things don't end at six weeks. It's an ongoing thing. And that's what we want, we want to know how we can carry on with that support."* (School leader)

By collaborating with schools to build relationships, TOG MIND is clearly establishing an opportunity for school improvement and setting the strategic direction for school development over time. As such, the provision provided by TOG MIND was described by each school leader who took part in this evaluation as providing an ideal vehicle for enacting real change within individual schools in the long term:

*"TOG MIND have got us thinking about how our assemblies can promote mental health support. We now support the Children's Mental Health Week; we do lots of activities during that week. We do a survey, once a year, around mental health. We've done a lot of promoting with the staff. So we've done quite a few staff meetings, where we've looked at different ways to support children on arrival to school, on leaving school, promoting those positive messages of 'what's been great about today', just the simple things about promoting those little things. We have worry boxes, we have quite a lot of things within school, and we do regularly look at those as a staff team, as well."* (School leader)

In relation to the benefits that are described in the above excerpt, school leaders explained that TOG MIND had motivated them to think about the broader support needs:

*"Since TOG MIND, I have been thinking about the massive gap in support available for children who have been affected by domestic violence, particularly the younger children. So we have children who are 4 or 5, who are displaying really difficult behaviours as a result of domestic violence, witnessing domestic violence, and being subjected to it. And there's very*

*little service available for those children. I know the TOG MIND intervention wouldn't be suitable for them and there doesn't seem to be much for it, to be fair, and this is an area that we are struggling with.*  
(School leader)

Identifying the need for additional support for young people living with domestic abuse highlights the school leader's understanding of factors that may negatively impact children's psychological development, well-being, resilience, and mental health. However, by not associating the opportunity to support young people whose lives are affected by domestic abuse with the activities offered by TOG MIND, also suggests the potential range of services may not be fully understood. Whilst TOG MIND are able to support schools to embed services through collaboration and partnership, it seems that much more can be done to embed mental health support into the praxis of the whole school approach described by DfE.

## Summary

In this chapter, data identified in extant literature, supported by the data gathered throughout this evaluation has been used to demonstrate that TOG MIND is able to contribute to the following outcomes:

- Create space to normalise conversations about mental health
- Enable young people become more confident to talk about mental health
- Increase young people's knowledge of mental health
- Enable young people to develop their own self-support strategies
- Build relationships with schools
- Promote the visibility of TOG MIND in education
- Support schools to embed services and partnerships with TOG MIND

This chapter has shown that TOG MIND is able to achieve these outcomes by:

1. Helping young people understand that mental health is an important topic and that there should not be stigma in talking about it.
2. Helping young people to understand their emotions, take control of their situation, and feel more confident.
3. Providing spaces where young people can talk about their problems and develop their own mechanisms to cope.
4. Promoting mental health literacy and enhancing help-seeking behaviour.
5. Providing a pathway through mental health care for young people who may require various types and levels of intervention.
6. Creating an environment in which children and young people feel they belong, feel valued and cared for.
7. Increasing young people's knowledge of mindfulness and emotional awareness as a key enabler of mental health literacy.
8. Demonstrating professionalism and opportunities for collaboration.
9. Building capacity to engage young people in creative ways.
10. Providing an ideal vehicle for enacting real change within individual schools in the long-term

# Chapter 6: Key findings

The ToC that supports the implementation of the activities that TOG MIND facilitates in schools emphasises the focus on promoting well-being, building resilience and good mental health for young people in Oldham in the short, medium and long-term. The benefits of TOG MIND for young people are clear. As shown throughout this evaluation, the ability of TOG MIND to increase mental health literacy improves young people's knowledge about mental health management and support, reducing school absence, reducing demand on services and improving family relationships and happiness. As waiting times for Child and Adolescent Mental Health Services are too long in Oldham<sup>50</sup> and for many young people help is simply coming too late<sup>51</sup>, the evidence collected for this evaluation suggests that the role that TOG MIND takes in Early Intervention is essential. Whilst this evaluation has shown that TOG MIND is able to support young people to break the “*cycle of negativity*”, it has also shown that school leaders could do more to create an environment in which young people feel they belong, feel valued and cared for as part of a whole-school approach to mental health.

## Oldham Brokerage Service

Each school leader who took part in this evaluation explained that the Oldham Brokerage Service helped to reduce the administrative burden that was once associated with school commissioning. For the TOG MIND practitioners who took part in this study, the Oldham Brokerage Service also enables mental health services and schools to come closer together. By raising the awareness of TOG MIND, and the activities that the organisation can offer, this evaluation has shown that the Oldham Brokerage Service has helped revive and simplify an approach to mental health provision and support in schools.

## TOG MIND

Put simply, the range of activities that TOG MIND facilitates helps young people to understand that mental health is an important topic and that there should not be stigma in talking about it. For young people who are living with multiple and intersecting forms of inequality, the opportunity to talk about and make sense of mental health and the situations that they were experiencing provided an opportunity for change. By helping young people to understand their emotions, TOG MIND also supported young people to take control of their situations (where possible), and feel more confident to cope with the stresses and strains of school life. Where young people responded to uncertainty and anxiety with aggression or anger, TOG MIND helped them to build

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<sup>50</sup> Health Oldham (2019) *Joint Strategic Needs Assessment*. Available at: <http://www.oldham-council.co.uk/jsna/> [Accessed 4th July 2021]

<sup>51</sup> Mental Health Foundation (2020) *Impacts of lockdown on the mental health of children and young people*. Available at: <https://www.mentalhealth.org.uk/publications/impacts-lockdown-mental-health-children-and-young-people> [Accessed 4th July 2021]

emotional awareness, mindfulness and facilitated a way for them to reflect on their behaviour and consider more positive, alternative ways to cope.

Engaging with schools to facilitate the spaces for young people to talk about their problems and develop their own mechanism to cope is not always easy for TOG MIND. Some schools in Oldham place unequal emphasis on STEM subjects, exams, qualifications, and academic attainment. In these schools, a focus on the well-being of students is not considered the responsibility of the school. However, where TOG MIND services are commissioned, regardless of the schools attitude to mental health, TOG MIND practitioners are able to promote mental health literacy and enhance help-seeking behaviour. Whilst it is not clear how young people are supported to maintain these when the TOG MIND service ends, a foundation of knowledge has been established that can raise awareness of the support that young people can receive outside of school, if they choose to access it. Providing a pathway through mental health care for young people who may require various types and levels of intervention is a standout feature of TOG MIND. For young people who find themselves caught between raising inequality and a lack of service provision, TOG MIND can help bridge the gap and prevent some young people falling into crisis.

Whilst TOG MIND is engaging young people in schools, this evaluation has found that practitioners are able to create an environment in which children and young people feel they belong, feel valued and cared for. This sense of security helps to facilitate opportunities for young people to develop their knowledge of mindfulness and emotional awareness as a key enabler of mental health literacy too.

Each school leader who took part in this study explained that the professionalism of TOG MIND made opportunities for collaboration more straightforward. It was also explained that TOG MIND had begun to build some capacity in schools to plan how to engage young people in more sustainable ways. By providing an ideal vehicle for enacting real change within individual schools in the long term, TOG MIND seems ideally placed to take the next step and work with school leaders to build a whole school approach to mental health.

## **Limitations**

This evaluation provides a broad overview of the context, successes and challenges associated with TOG MIND. The discussion draws on a limited number of interviews and surveys that were conducted during a global pandemic. The findings are cognisant of wider changes in the education landscape in Oldham, but focused specifically on the implementation of TOG MIND programmes within schools.

Contribution Analysis has been the driving strategy for this evaluation. It is a method that has been used to develop a ToC, showing how change might have come about. By encouraging a rigorous and transparent approach to assessing contribution to change, Contribution Analysis has been particularly useful to explain how and why a change or set of changes occurred. This approach has been particularly helpful when looking at how to scale up TOG MIND to expand or replicate the work that has led to positive changes.



The main challenge to achieving Contribution Analysis as a methodological strategy to evaluate TOG MIND is that it should be completed in an iterative manner. The impact of Covid-19 and the frequency of school closures in Oldham mean that the opportunity to repeatedly collect and analyse evidence has been limited making multiple iterations difficult. This limitation should not derogate from the evidence that has been provided, but it has shortened the range and richness of collected data, including the exclusion of direct participatory research with young people and their families.

# Chapter 7: Conclusions and recommendations

The evidence presented in this evaluation suggests that TOG MIND in Oldham has been successful at supporting the health and well-being of young people in schools. Through the Oldham Brokerage Service, schools are able to access a service that provides a range of discrete services that can be tailored to suit a school's specific needs. Commissioned services include whole school assemblies on well-being, individual assessments, counselling, early interventions, educational workshops, family interventions, therapeutic courses, solution focussed interventions and mental health first aid training. These services aim to create a difference by providing Early Help, reducing stigma towards mental health, promoting self-help and increasing the knowledge, skills and confidence of schools to support the mental health of their students.

The evidence presented in this report also suggests that TOG MIND in Oldham can facilitate opportunities for the young people to:

- Create space to normalise conversations about mental health
- Enable young people become more confident to talk about mental health
- Increase young people's knowledge of mental health
- Enable young people to develop their own self-support strategies
- Build relationships with schools
- Promote the visibility of TOG MIND in education
- Support schools to embed services and partnerships with TOG MIND

The content of this evaluation highlights specific examples of good practice that could be extended to scale up TOG MIND in other areas. Although all of the services are able to achieve the outcomes listed above, the three school leaders and the four TOG MIND practitioners who took part in this evaluation highlighted that more could be done to promote a whole school approach.

## **Increasing a whole school approach**

This evaluation has discovered that further work is needed to promote health literacy and psychoeducation in schools in Oldham, particularly for schools who place unequal emphasis on STEM subjects, exams, qualifications, and academic attainment. The findings set out chapter 3 indicate a potential for tension between teachers and TOG MIND practitioners about where responsibilities and actions for health promotion activities lie. It may also be beneficial for the borough to examine the scopes of practice of different schools to ensure that the relationship between mental health and emotional well-being are complementary and understood. In addition, it is critical that all school staff involved in the development of young people have an understanding of what is meant by a 'whole school' approach and how it can be developed.

Effecting lasting change requires ongoing support that extends to inform a whole school approach even after TOG MIND has ended. This may include working with senior leaders, teachers and all school staff, as well as parents, carers and the wider community to develop individual action plans for change. Cultural awareness and supporting the wider communities by engaging or inviting them to contribute to the whole school approach is vital. So too is the need to raise awareness of topics related to mental health and well-being. This additional activity could support young people to identify strategies and coping skills to support their well-being<sup>52</sup>. However, the organisational and socio-economic obstacles that have been described by the people who took part in this evaluation can significantly hinder this aim.

The pragmatic solution to the challenges set out in this evaluation, reflect the incredible work that TOG MIND practitioners are engaged in, and the relationships that they developed with schools. It could be argued, based on the data that has been presented, that some teachers, who themselves may be caught up in the “*cycle of negativity*”, might benefit from direct supervision with a TOG MIND practitioner. As shown in chapters 3 and 5, the low confidence that some teachers have to support conversations on mental health, or develop long-term support for young people, needs to be addressed before a whole school approach can become a reality.

The recommendation is that TOG MIND services commissioned via the Oldham Brokerage Service work even more closely with the Education Wellbeing Team to support the implementation of the Emotional Health and Well-being Services policy<sup>53</sup> and the whole school and college approach to emotional health and mental wellbeing<sup>54</sup>. By working in partnership with the Education Wellbeing Team, TOG MIND services could be better aligned to local and national policy and then extended to support teachers to enhance their resilience and help them to become positive role models who are better equipped to manage the mental health and wellbeing of young people in their schools. Where the Education Wellbeing Team offer practical guidance to schools and colleges to develop knowledge and skills to promote mental health and wellbeing as one service, TOG MIND could provide the space for teachers to talk about the mental health challenges that they might face, thus helping to bridge the gap that has already been described as another. As suggested, any extension of TOG MIND services should not focus on teacher training; it should focus on early interventions and on developing a form of peer-support that could help to safeguard the health, welfare and well-being of teaching staff.

Finally, as the Oldham Joint Strategic Needs Assessment indicates, instances of self-harm and anxiety are increasing amongst Oldham’s population of young people. This means that Child and Adolescent Mental Health Services and hospitals are being

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<sup>52</sup> Weare, K. (2002). *Promoting mental, emotional, and social health: a whole school approach*. Routledge

<sup>53</sup> Healthy Young Minds (2016) *Emotional health & well-being services: Quality assurance framework to support schools*. Available at: [https://healthyyoungmindspennine.nhs.uk/media/1024/qaframework\\_191016\\_fv.pdf](https://healthyyoungmindspennine.nhs.uk/media/1024/qaframework_191016_fv.pdf) [Accessed 29<sup>th</sup> July 2021]

<sup>54</sup> Oldham Council (2021) *The whole school and college approach to emotional health and mental wellbeing*. Available at: [https://www.oldham.gov.uk/info/200807/mental\\_health/1795/the\\_whole\\_school\\_and\\_college\\_approach\\_to\\_emotional\\_health\\_and\\_mental\\_wellbeing](https://www.oldham.gov.uk/info/200807/mental_health/1795/the_whole_school_and_college_approach_to_emotional_health_and_mental_wellbeing) [Accessed 29<sup>th</sup> July 2021]

overwhelmed by this increased need. This evaluation has shown that TOG MIND is providing an essential early intervention service that may be alleviating some of the pressure on Healthy Young Minds Services and prevent minor problems from escalating into more serious long-term issues. For cost analysis, there is no obvious counterfactual we may employ in the case of TOG MIND in Oldham and no data on which to measure impact in this evaluation. Further research is required to determine the actual scale of the impact achieved and the benefits generated.

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