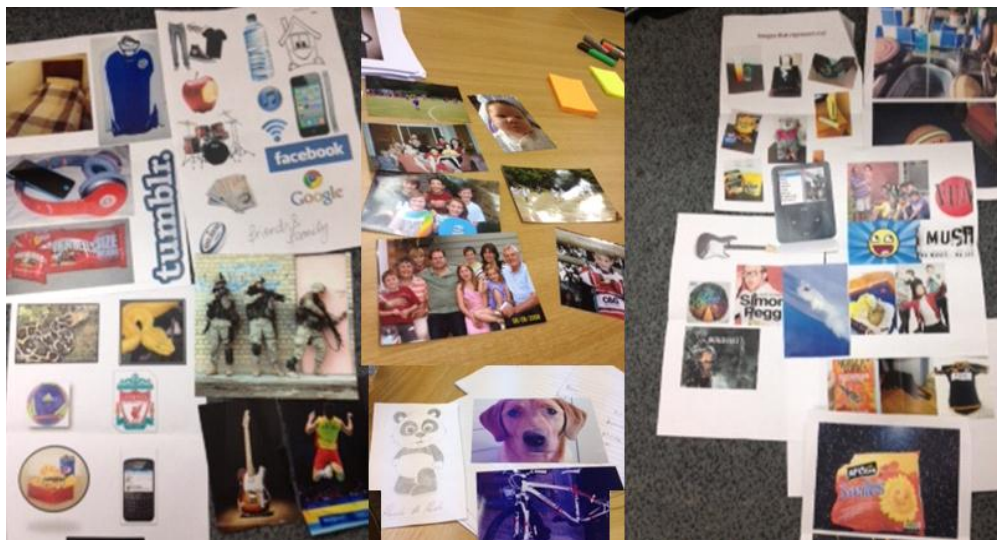


The Young Foundation Being Seen, Being Heard.

Research and recommendations to
promote emotional wellbeing for
children and young people in
Buckinghamshire

Figure 1: What makes you happy? Images provided by pupils in Buckinghamshire



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Executive summary

This document sets out research and recommendations for a school-based approach to promote emotional wellbeing amongst children and young people in Buckinghamshire. The document focuses on supporting schools and local agencies to promote mental health interventions to boost mental wellbeing of children and young people and reduce the likelihood of poor mental health outcomes.

Our research with practitioners, children and young people in Buckinghamshire highlighted seven key themes, which are addressed in this document:

- Universal approach to promoting emotional wellbeing amongst children and young people
- Practical suggestions to promote the five ways to wellbeing (using existing resources)
- Role of a trusted teacher and staff in schools
- Greater diversity in provision and promotion of peer and community led support
- Focus on young people falling through the gaps
- Age and stage matters
- Gender matters

We have recommended activities and interventions to support the themes listed below. In addition, each recommendation is linked to the five ways to wellbeing. 'Examples from elsewhere' highlight interventions that have been developed and delivered across the country.

In considering what could be done in Buckinghamshire, the research gave rise to a number of underpinning principles:

- The recommendations represent an **ethos**. It is not intended that the recommendations are a prescriptive checklist.
- The focus of the research overview and recommendations are on improving **mental health and emotional wellbeing**. The research took an inclusive approach to mental health and emotional wellbeing, recognising that it will have different meanings for different individuals and groups.
- The vision is for **all children and young people in Buckinghamshire**, not just those young people that present with mental health concerns.
- The vision incorporates **the five ways to wellbeing conceptual framework**. Up to now, this framework has been used with adults to promote mental wellbeing; outlining five evidence based public mental health messages about the kinds of activities that are known to increase a sense of wellbeing.
- The recommendations are based on a **school led approach**. Active community involvement in school interventions is important in promoting positive mental health.
- The **role of a trusted adult** is an important aspect of children and young people's mental wellbeing.
- **Family** involvement is important. The recommendations provide guidance for organisations and individuals that work with children and young people, but recognises that families are involved in shaping the mental health of children and young people and that their involvement in delivering the recommendations is vital.

- **Gender matters.** There should be consideration of how gender impacts on causes of poor mental health and how children and young people respond to stress and anxiety.

Introduction

In November 2011, the Young Foundation was commissioned by NHS Buckinghamshire and Oxfordshire Cluster to research perceptions of emotional wellbeing by children and young people (aged 11 – 19 years old), and develop recommendations to promote emotional wellbeing by supporting schools more effectively. This document incorporates the 'five ways to wellbeing'. The five ways to wellbeing are a set of broad actions designed to promote mental wellbeing. The five ways to wellbeing were developed by the New Economics Foundation (NEF) as part of the Foresight project on mental health and capital. An explicit link to the 'five ways to wellbeing' is identified in the section which outlines recommendations.

The following document presents the context for children and young people growing up in Buckinghamshire, and highlights the challenges emerging from our research in effectively promoting emotional wellbeing. The document then sets out the vision for Buckinghamshire, supported by evidence from our research, based on a set of underpinning principles, and concludes with a series of recommendations to support achievement of the vision.

The purpose of the research and recommendations

All organisations and individuals that work with children and young people have a part to play in helping them to feel not only free from anxiety and depression but also to flourish. The recommendations are a framework to support all organisations and individuals to promote better emotional wellbeing amongst children and young people in Buckinghamshire.

This document is intended to enable a school-based approach to promoting emotional wellbeing amongst children and young people in Buckinghamshire. The document focuses on supporting schools and other local agencies to promote mental health interventions to bolster the mental wellbeing of children and young people to reduce the likelihood of poor mental health outcomes. The aspiration of the recommendations in this document is to support *all* children and young people to flourish.

The recommendations build on much of the good work that exists in Buckinghamshire, which is provided by a range of statutory and voluntary agencies. However, a key theme in our recommendations is to enable and encourage children and young people to help themselves, to strengthen and add to existing support services. This will be achieved through supporting children and young people to:

- identify feelings of stress, anxiety or low-level depression;
- develop good coping skills and strategies to respond to feelings of stress, anxiety or depression;
- adopt strategies to prevent stress and anxiety; and
- feel more satisfied with their lives.

Our approach

The recommendations incorporate analysis from research undertaken with key stakeholders in Buckinghamshire by the Young Foundation between November 2011 and March 2012, as well as research and expertise from past and current Young Foundation projects on wellbeing and young people.

The recommendations build on the following research activities:

- 1) Scoping interviews with practitioners in Buckinghamshire
- 2) Focus groups with Year 7 and Year 10 pupils across five schools in Buckinghamshire
- 3) Survey design to capture perceptions of young people (which has been tested with the Buckinghamshire Youth Cabinet).

A list of participating schools and interviewees is included in Annexes 4 and 5.

Buckinghamshire context

Children and young people in Buckinghamshire

Buckinghamshire has a **population** of around 479,000 people living in 188,000 households, with children and young people (0–19) making up a quarter of Buckinghamshire's population (26 per cent).¹ Buckinghamshire is a comparatively affluent county, with average incomes per household higher than the national average.² This affluence is reflected in the generally favourable life chances of children and young people in the area.

Achievement in education is high. Schools in Buckinghamshire continue to achieve results well above the national average, where results are above the national average at Key Stage 1 (age seven), Key Stage 2 (age eleven), Key Stage 3 and Key Stage 4. On average pupils in Buckinghamshire achieve 9.3 GCSEs upon leaving school, compared to 7.7 GCSEs nationally.³ Further, 69.7 per cent of pupils across Buckinghamshire achieve 5 or more A*-C GCSEs (including English and maths), compared to 58.9 per cent nationally. However, whilst overall standards are high, there is still wide variation in the performance of individual schools.

Buckinghamshire's overall absence rate is lower than the UK average, (6.2 per cent compared to 6.5 per cent)⁴ and the number of young people aged 16-18 in Buckinghamshire who go on to be **not in employment, education or training** compares favourably to both its geographical neighbours and nationally. Analysis highlights that 4.3 per cent of 16-18 year olds are NEET in Buckinghamshire,⁵ compared to 5.4 per cent in the South East of England, and 9.6 per cent nationally.⁶

Children and young people in Buckinghamshire fare relatively well in terms of other outcomes. Buckinghamshire has a significantly lower under-18 **conception rate** (24.2 per 1000) when compared to the South East (30.1 per 1000), and nationally (38.2 per 1,000).⁷

In addition, in Buckinghamshire, the rates of **obesity** are lower with 6.6 per cent of children being obese when 4–5 years old and 14 per cent for those aged 10–11 years old.⁸ Nationally, around 10 per cent of those aged 4-5 are classified as obese, with this rising to 19 per cent for those aged 10-11.⁹

Within Buckinghamshire, levels of first time entrants into the **Criminal Justice System** are favourable to regional comparators. For example, data highlights in 2008 that there were only 670 first time entrants in Buckinghamshire aged 10-17, compared to 1,211 in East Sussex and 2,469 in Kent.¹⁰ There were 264 criminal disposals for those aged 10-17 in 2009/2010, compared to 21,917 disposals in the South East of England, and 155,856 disposals given across the UK. 1.2 per cent of all youth criminal justice disposals were given in Buckinghamshire when compared to the South East of England, and 0.2 per cent of disposals nation wide.¹¹ Buckinghamshire's Children and Young Peoples Plan highlights that the greatest influence on offending behaviour is caused by lack of education, training and employment (44 per cent), difficulties with family and personal relationships (41 per cent) and issues relating to substance use (36 per cent).¹²

As often is the case in **relatively affluent areas**, the data can mask those pockets of deprivation which impact on the life chances of particular groups of children and young people. For instance, 11 per cent (10,700) of children in Buckinghamshire live in low income families, and a child born in a deprived area has a reduced life expectancy by 11 years when compared to a child born in the wards with lesser deprivation. And whilst just over a quarter of 16-74 year olds (26 per cent) are educated to degree level, just over one in five (21 per cent) do not hold any qualifications.¹³ This lack of qualifications can have many negative effects for the young. For example, research by the Princes Trust found that 48% of young people who held less than 5 GCSEs graded A*-C felt like

they did not have a sense of belonging in life, were four times more likely to never feel confident when compared with their peers, with an increased likelihood of feeling isolated and disrespected by their family.¹⁴

Emotional wellbeing provision in Buckinghamshire

Children and young people in Buckinghamshire are able to access a range of provision to support emotional wellbeing. This is provided by both statutory and voluntary agencies, across a range of settings. Below is a summary of existing provision – this is not exhaustive but points to the diversity of provision in Buckinghamshire and provides the contextual insight for our recommendations.

Supporting emotional wellbeing within schools

Formal education and the national curriculum has long encompassed pastoral care and established support structures to promote mental wellbeing alongside educational attainment. In recent years, central government policy has provided guidance which specifically focuses on fostering emotional wellbeing in schools. Initiatives and support provided within the school context or setting is underpinned by broader services available to children and young people in Buckinghamshire, and the practitioners we interviewed highlighted the following initiatives and policies which have been particularly instrumental in strengthening support for emotional wellbeing in secondary schools.

Social and emotional aspects of learning (SEAL) provides a framework for a whole school approach to promoting social and emotional skills. SEAL focuses on five areas of wellbeing – self-awareness, managing feelings, empathy, motivation and social skills. There is no requirement for schools to follow SEAL, with schools being advised to select 'which strategies best suit their needs and priorities'. Practitioners in Buckinghamshire link recent shifts in central government policy to a reduced emphasis on emotional wellbeing within the school curriculum.

The Healthy Schools programme encompasses work on personal and social education, healthy eating, sex education, physical activity, emotional health and wellbeing. Initiated under the former Labour administration, the programme has been implemented nationally for 12 years. The scheme was designed to promote a whole school/whole child approach to improve health in schoolchildren and reduce health inequalities; to increase pupil achievement, to deliver closer social inclusion; and to implement closer working relationships between health promotion providers and education establishments. The Healthy Schools agenda adopted a whole-school approach, involving the school community, parents/carers, governors, staff and pupils in improving children's health. The overall aim of the strategy was to allow schools to achieve the National Healthy School Status (NHSS), and this programme was successfully implemented across Buckinghamshire, with 99 per cent uptake within the county and approximately 97 per cent of schools achieving NHSS.

There is no longer an active Healthy Schools Programme in Buckinghamshire due to the withdrawal of national funding. Individual schools may however be continuing with a Healthy Schools approach, but there is no system to monitor this.

School Improvement Service: Schools have access to a behaviour and attendance consultant, consulting on classroom management, behavioural management, and anti-bullying policy. Consultants and advisors work mainly in secondary schools, but now moving to primary schools.

Educational Psychology Service (EPS): The Educational Psychology Service (including Psychology Assistants, Educational Psychologists in Training and Chartered Educational Psychologists) is a specialist and targeted service provided by the Local Authority to identify and support children and young people aged 0 - 19 with high priority, complex, significant and persistent needs. Educational Psychologists have a statutory role under the 1996 Education Act to provide advice to the Local Authority regarding children's Special Educational Needs (SEN). Educational Psychologists (EPs) provide an open access, consultation service to all maintained schools, special

schools and PRUs in Buckinghamshire. Schools can also purchase additional EP time through traded services. Some EPs also work with commissioned projects, e.g. Targeted Mental Health in Schools (TaMHS), Nurture Groups, Holding Hands, a programme for pre-school children and parents. Projects tend to focus on early intervention and prevention as well as more targeted specialist and therapeutic work.

The Educational Psychology Service offers a range of services which include:

- Early intervention and prevention through consultation, training and advice
- Psychological assessment of strengths and difficulties of young people
- Contribution to statutory assessment in relation to the 1996 Education Act
- Advice about research and evidence-based practice
- Contribution to design and evaluation of interventions and programmes for individuals, small groups or larger projects
- Training and support for educational professionals and parents/carers
- Professional supervision
- TaMHS involvement in designated schools
- Support to schools following critical incidents affecting children and/or adults in school
- Traded service for schools
- Contribution to Local Authority policy development and decision making
- Specialist therapeutic interventions including, Nurture Groups, Pyramid after school clubs, Video Interaction Guidance, Cognitive behaviour Therapy

UK Resilience Programme: In March 2012, teachers and non-teaching staff from five secondary schools in Buckinghamshire were trained to deliver the Penn UK Resilience Programme. One of these schools has begun piloting the programme with their year seven pupils, and the remaining four schools will launch the programme in September 2012. A further 3 schools will be involved in this pilot following a further training opportunity in June/July 2012.

Other local authority provision

Targeted Mental Health in Schools (TaMHS): Oxfordshire and Buckinghamshire Mental Health CAMHS work with County Council Education Services to provide TaMHS services to Buckinghamshire Schools. The TaMHS initiative provides training and support on emotional wellbeing to teachers and school staff, and also includes Enhanced Transfer Support, Nurture Groups and Pyramid Clubs.

Child and Adolescent Mental Health Services (CAMHS): CAMHS is a statutory service provided by the NHS. It offers assessment and treatment services to children and young people aged 0-18 years where there are concerns about their behaviour or emotional wellbeing. Services offered by CAMHS include psychiatry, occupational therapy, clinical psychology, psychiatric nursing, social work interface, and psychotherapy and language development. Schools can refer young people to receive tier three support from CAMHS which is specialist assessment and treatment.

Connexions Buckinghamshire: Connexions provides counselling services for young people aged 13 to 19 (up to 25 years old for young people with learning disabilities and/or difficulties) in the county. Counselling service is made up of six sessions which are available weekly and are reviewed and continued if needed. The majority of young people self refer whilst others are referred by their GP or personal advisors within Connexions. Connexions provides intensive support for clients who are deemed most at risk. Connexions also provide a number of in-school counsellors across the county.

Triple P: Triple P is a parenting skills course delivered by Buckinghamshire County Council. The parenting support team is also available as a free service in schools in the county.

Third sector provision

The third sector provides a range of services supporting mental and emotional wellbeing in Buckinghamshire. Below we set out some examples of provision in the county. Again, this is not a comprehensive list but points to the diversity of provision locally. It is worth noting that much of the provision is focused on those young people that are identified as experiencing mental health issues, rather than provision at a universal level.

WAY In: provides a counselling service for young people. This service works with young people, including young carers, and is thought to be oversubscribed, with a two week waiting list for counselling services. WAY In works with a range of other providers in the county including Addaction, a drug and alcohol service, the Youth Offending Team and youth centres.

High Wycombe Youth Enquiry Service (YES): High Wycombe YES provides information, guidance and support for young people in the area aged 13-25. They offer a free counselling service, and offer help specifically around housing and accommodation, sexual health, drugs and alcohol.

School nursing provision: There are also school nurses operating across Buckinghamshire who provide health and advice services to young people, including offering support for issues relating to wellbeing and signposting to other services.

Challenges and gaps

Our research revealed a number of issues and challenges associated with provision of services promoting emotional wellbeing in Buckinghamshire. The section below sets out the main challenges and gaps identified by young people and practitioners who participated in the research.

Limited offer on preventative and universal provision

Practitioners identified a lack of universal and preventative provision for children and young people, most notably those young people not deemed to be 'high risk'. This is particularly a concern for those young people who seem 'popular' and well on the surface but can often slip through the net and experience anxiety and depression unnoticed. One practitioner noted that this can be an issue amongst girls:

'[girls] ...are better at hiding and being quiet about issues. They often tend to have inward looking difficulties, and as they do not cause problems in the classroom they are often missed. Things like eating disorders and self harm are harder for teachers to pick up, rather than a behavioural issue.'

Some pupils also noted that there were few opportunities to talk about their concerns in a classroom setting, without the stigma of being labelled as having mental health issues. Some pupils welcomed the opportunity to have a discussion about their worries and concerns and stated that the focus group convened for the research was the first opportunity they had to share their anxieties in a school based setting.

School based initiatives such as the Healthy Schools, SEAL or the UK Resilience Programme are a universal offer and centre on helping young people form healthy relationships and effective coping strategies. However, UKRP will be piloted in only eight schools and there is no requirement on schools to adhere to SEAL guidance, or participate in the Healthy Schools Programme, which may limit availability of this type of provision. Without the ethos associated with whole-school approaches to supporting emotional wellbeing, it can be more challenging to create space for children and young people to air concerns, which in turn makes identification of those experiencing problems more difficult.

Limited offer for young people with low level mental health concerns

Practitioners suggested that existing services are predominantly designed to meet needs of young people who have been identified as high risk and/or vulnerable. These services are often overstretched, meaning lower-level issues can go undetected or unaddressed. This was perceived to be an issue particularly for CAMHS. Those young people who experience lower level mental health issues, where identified, are likely to be referred back from CAMHS, and referring agencies face uncertainty in understanding where to refer such young people on to. This raises the risk that young people will not access services in time and may heighten their needs. A youth counselling pathway has been developed to help tackle this problem.

Limited reflection of diverse communities

Practitioners reflected on lack of diversity amongst providers, particularly counsellors. Provision often does not reflect the diversity of the young people served and may result in some groups within the county engaging less with services, for instance Asian communities resident in the county. This strongly reflects the research findings from the 2011 Morgan's Research report which investigated perceptions of emotional wellbeing in the Asian Community in Chesham.

Working apart

Practitioners noted that whilst services across Buckinghamshire generally worked well together, rapid changes to the way services are structured and delivered over recent months has resulted in some of these established

connections becoming looser. A reduction in levels of service provision and changes in roles and responsibilities has thrown up some challenges for services, and trying to maintain lines of communication can be challenging.

Underpinning principles of our recommendations

The following principles emerged from our research and set out the underpinning parameters of our recommendations.

- 1) The recommendations represent an **ethos**. It is not intended that the recommendations are a prescriptive checklist. The main aspiration of the recommendations are to integrate the promotion of emotional wellbeing throughout existing activities and systems of support delivered by schools, organisations and individuals and to encourage a coherent approach to supporting children and young people.
- 2) The focus is on improving **mental health and emotional wellbeing**. The research took an inclusive approach to mental health and emotional wellbeing, recognising that it will have different meanings for different individuals and groups.

We recognise that good mental health is associated with and can flow from a range of outcomes, including good physical health, but the explicit focus for this document is emotional wellbeing and mental health.

- 3) The vision is for **all children and young people in Buckinghamshire**, not just those young people that present with mental health concerns. This recommendations set out an approach for all children and young people in the county.

We recognise that socio-economic factors increase the risk of poor mental health and some groups, such as migrant groups, have increased incidence of mental ill-health. The Foresight report on mental capital and wellbeing reports that *'an estimated 30 per cent of GP consultations have an underlying mental-health cause, many of which have a socio-economic basis, e.g. debt, family breakdown, trauma, bullying at work.'*¹⁵

UK policy however is increasingly emphasising whole population approaches to improving levels of wellbeing, with a focus on prevention and early diagnosis. As such, and reflecting the intentions of key agencies in Buckinghamshire, the recommendations in this document are not limited to children and young people who have been identified as experiencing poor mental health outcomes, or as being 'at risk'.

- 4) The vision incorporates the five ways to wellbeing conceptual framework. Five ways to wellbeing provides a framework to promote mental health across a whole population and outlines five public mental health messages to support individuals to experience better mental health. Up to now, this framework has been used with adults and promotes mental wellbeing, outlining five evidence based public health messages about the kinds of activities that are known to increase a sense of wellbeing. The five ways to wellbeing framework reinforces the principles of prevention and universality that run through the recommendations. Please see Annex 6 for further information.
- 5) The underpinning vision of our recommendations is that this is a **school led approach**. Schools are one of the most effective platforms to promote emotional wellbeing to all young people. Teachers and teaching staff have many demands on their time and the pressure to

achieve good results can be a priority. Our vision is that promoting emotional wellbeing must act to alleviate some of the challenges associated with teaching as well as demonstrate improved intrinsic outcomes for teachers and teaching staff. Co-operative wellbeing interventions will increase school cohesion and ensure teachers and pupils are involved in shaping the wellbeing of their school ethos.

Educational attainment and promoting good mental health are not competing priorities. Positive mental health outcomes contribute to improved motivation, confidence and self esteem, traits which all support better educational outcomes.

However, schools cannot do this alone. Active community involvement in school interventions is important in promoting positive mental health.

- 6) The **role of a trusted adult** is an important aspect of children and young people's mental wellbeing. Being able to approach a trusted adult is also a critical part of empowering children and young people to develop their own solutions. Trusted adults can play many roles, from teachers, youth workers, neighbours, relatives to sports coach. Anyone who works with children and young people can be a trusted adult. Therefore this document is aimed at all professionals and volunteers who work with children and young people in Buckinghamshire.
- 7) **Family** involvement is important. The recommendations are targeted at organisations and individuals that work with children and young people but recognises that families are involved in shaping the mental health of children and young people and that their involvement in delivering the recommendations set out in this document are vital.
- 8) **Gender matters.** There should be consideration of how gender impacts on causes of poor mental health and how children and young people respond to stress and anxiety.

The recommendations

The following section sets out the seven themes that emerged from this research. Each themed section sets out:

- What we learned from the research;
- What is the vision of the theme;
- What can be done in Buckinghamshire; and
- Examples from elsewhere (with comprehensive description of the case studies in Annex 1).

1. Universal approach to promoting emotional wellbeing amongst children and young people

A. What have we learned

Practitioners suggest provision of existing emotional wellbeing interventions in Buckinghamshire are primarily targeted at young people with identified mental health needs. This is in part due to budgetary constraints, which has resulted in narrowing eligibility of some provision, and oversubscribed services.

Nonetheless, there are a number of universal interventions currently available for children and young people in Buckinghamshire. Most interventions do not explicitly address emotional wellbeing but contribute to positive mental health outcomes of children and young people that access the service. For instance, youth workers, pastoral care in schools and leisure centres all provide or support activities that boost mental wellbeing.

Other non-targeted interventions provide activities with more explicit reference to emotional wellbeing. For instance, schools implementing SEAL and the Healthy Schools programme offer a whole school approach with a direct focus on positive mental health outcomes. In September 2012, the Penn UK Resilience Programme will be piloted in eight schools across Buckinghamshire. This programme is a universal approach to supporting pupils to adopt adaptive coping strategies to deal with anxieties and stress, protect against depression and to be resilient in the face of challenges.

Our research highlights the common causes of anxiety and stress, as described by young people. The pupils often stated that they feel pressure – pressure to achieve good academic results, pressure from parents and teachers and pressure to fit in with peers. Anxieties arising from family breakdown, risk of bullying and being isolated from friends shaped the experiences of a large proportion of pupils. Similar coping strategies - both positive and negative behaviours – were identified.

The common themes emerging from the responses of young people strengthen the case for application of universal support systems. Pupils did not want the stigma that is often attached to targeted services, with one stating:

'counselling services are seen negatively and not something I would be comfortable doing. Those who use it are often singled out.'

In contrast, pupils welcomed the opportunity to discuss worries in a forum available to all, and where they could all be frank about the issues that they struggled with and their concerns.

The recommendations in this document focus on enabling all young people to flourish and experience positive mental health outcomes, which will contribute to early prevention of and a reduction in mental illness. Evidence highlights the success of those strategies aimed at population level.¹⁶ A universal approach focuses on both improved mental health as well as prevention. This will mirror the five ways to wellbeing approach launched in Buckinghamshire in April 2012.

B. What is the vision

A universal approach to promoting emotional wellbeing through early prevention which will result in reduced prevalence in mental illness amongst children and young people in Buckinghamshire. This principle has been termed 'herd immunity' with the aim to:

*'improve overall levels of mental health could have a substantial effect on reducing the prevalence of common mental health problems, as well as the benefits associated with moving people from 'languishing' to 'flourishing.'"*¹⁷

C. What can be done in Buckinghamshire

Activity	Link to 5 Ways to Wellbeing
1a. Extend the five ways promotion to target young people living in the county. Publicise in schools.	All five
1b. Organise/commission/run taster emotional wellbeing sessions in schools e.g. learn how to cook; inter-generational tea parties.	All five
1c. Roll out a resilience programme in schools across Buckinghamshire with training for teachers.	All five
1d. Roll out a resilience programme to train other professionals working with children and young people, for instance youth workers, teaching assistants, sports coaches, peer mentors.	All five
1e. Set up a reward points system to recognise and incentivise participating in specific activities e.g. helping a neighbour with gardening.	All five
1f. Set up an online blog for young people to share views ideas on how to boost emotional wellbeing.	All five
1g. Set up school hubs – single or multiple schools – to promote emotional wellbeing activities. The activities to be designed and managed by pupils.	All five

D. Learning from elsewhere

- **Bounce Back:** a preventative whole school emotional wellbeing programme developed to support schools and teachers to promote positive mental health and wellbeing in their pupils.
- **Points for Life:** reward people for healthy choices that they make. Points can then be exchanged. This is a pilot programme set up by NHS Manchester.
- **Newsome Grapevine:** a hyper local social media website that lets residents know about activities in Newsome.

2. Practical suggestions to promote the five ways to wellbeing (using existing resources)

A. What have we learned

In April 2012, NHS Buckinghamshire and Oxfordshire Cluster launched the five ways to wellbeing campaign to promote very simple evidence based public health messages about the five areas that adults can all do 'every day things' to improve the way they feel and increase a sense of wellbeing. At present, local statutory and voluntary services are integrating the five ways to wellbeing into the strategic aims and interventions provided by their organisations.

Practitioners and young people were invited to comment on the definitions and branding material of five ways to wellbeing campaign as part of this research. Practitioners and young people responded favourably to the underlying message as well as the materials developed by Buckinghamshire and Oxfordshire PCT.

In addition, practitioners welcomed a standard framework that could be applied across Buckinghamshire with the view that the five ways complimented many of the interventions that are offered by practitioners and chimed with their understanding of mental health promotion activities.

Young people broadly understand the five ways to wellbeing and recognised the link between the five ways and positive mental health outcomes. Many of the positive coping strategies young people use to respond to stress or anxiety already fall within the five ways, particularly 'connect' and 'be active'. There was a general desire to do more physical activities and to 'give' as well as 'learn' new activities. However, some young people felt there was a lack of information and support to enable them to take up these opportunities.

Young people felt that they needed further encouragement to take up new activities, feeling that often peer pressure would deter some people from trying new approaches or lack of confidence. Examples and case studies of the types of activities or interventions that young people could pursue would also support take up of the five ways to wellbeing.

B. What is the vision

The five ways to wellbeing is embedded and promoted throughout this document. The five ways to wellbeing are public health messages to promote positive action to improve mental wellbeing. The five ways provide an accessible, evidence-based approach to promoting positive mental health. It is these five ways to wellbeing that underpin the recommendations, providing a coherent conceptual framework to identify emotional wellbeing interventions.

C. What can be done in Buckinghamshire

Activity	Link to 5 Ways to Wellbeing
2a. Extend the five ways promotion to target young people living in the county. Publicise in schools and youth clubs.	All five
2b. Embed the five ways in regular, mainstream school activities to identify those activities young people are currently involved in and how this link to the 'five ways'.	All five
2c. Set up an inter-generational teapot course. Participants are invited to design and create their own teapot.	Connect; Keep Learning
2d. Community based walking groups: Explore your area with group walks in green spaces and local parks.	Be active; Connect
2e. Identify restoration and community 'Freshview projects'. Work with local community groups to clean up or restore neglected areas in the community.	Give; Connect
2f. Tea parties in care homes: work with care homes to organise termly tea parties for young people and older residents.	Give; Connect
2g. Inter-generational skills swap: Organise ICT skills swap sessions in schools.	Give; Connect
2h. Promote volunteering information/opportunities more effectively to young people, and where possible generate new opportunities.	All, but focused on give.

D. Learning from elsewhere

- **Community Freshview:** led by residents in a local area to change a green or disused space.
- **Intergenerational tea party:** facilitated by Charles Edward Secondary School.
- **St Andrews School intergenerational ICT groups:** Skill sharing between older residents and pupils in St Andrews.

3. Role of a trusted teacher and staff in schools

A. What have we learned

Teachers are often one of the first adults to recognise young people who are not coping and can thus draw in specialist support where needed. However, according to research by NASUWT teachers' union, teachers can feel ill-equipped to identify issues arising from anxiety and depression. This can lead to low morale amongst teachers and negatively affect their own emotional wellbeing.¹⁸ This finding is reflected in the 2011 Buckinghamshire based research into teacher perceptions of the role of schools in promoting emotional wellbeing.

There was a consensus among interviewed practitioners that teachers can be the first to spot young people who are struggling but also that teachers need the confidence to engage with pupils about any anxieties, and create an environment where young people feel comfortable to approach them. Young people felt that teachers did not often have the time to listen and reassure them. However, at the same time it is important to ensure that teachers do not take on the role of a counsellor (or perceive that they need to), and have the skills to address low levels of anxiety and the information to signpost to services when needed.

In addition, teachers and other staff in schools – including school nurses and teaching assistants – were often identified as a potential key trusted adult that pupils *would like to* turn to for emotional support. However, pupils voiced reluctance to approach teachers. The main reasons attributed to this reluctance were lack of trust in or uncertainty over how a teacher would respond. There was a general view that teachers are too busy or preoccupied to give attention to pupils.

But some pupils identified teachers as the cause of their low mental wellbeing, stating that

'teachers can put you down'.

One pupil said,

'I want to be happy in school but I need a better relationship with teachers...'

Older pupils were more likely to state that they had identified a teacher they confide in. Other non-teaching staff, notably school nurses, also provided important sources of support for pupils, particularly for stress unrelated to academic performance.

Teachers should be equipped to promote better emotional wellbeing amongst pupils whilst recognising that mental health interventions need to complement educational priorities and activities. The two priorities are complementary – whole school mental health interventions support successful educational outcomes.

Research suggests that whole school approaches which harness the involvement of pupils, teachers and parents are more effective than one off, single issue short term interventions.¹⁹ Therefore emotional wellbeing interventions need to be embedded within the culture and ethos of the school.

B. What is the vision

School based factors are instrumental in shaping the emotional literacy of young people and can harness protective factors to boost the emotional wellbeing of pupils. Teachers and teaching staff are key actors in promoting healthy behaviours and identifying young people with mental health issues.

The *Foresight report* identifies schools as 'a key setting for promoting emotional and social competence as well as academic learning'.²⁰ Our recommendations adhere to this view and identify the role of trusted teachers and other staff in schools as key agents in shaping an environment conducive to promoting positive mental health for all children and young people in Buckinghamshire.

C. What can be done in Buckinghamshire

Activity	Link to 5 Ways to Wellbeing
3a. Roll out the Penn UK Resilience Programme (or something similar) in schools across Buckinghamshire with training for teachers.	All five
3b. Develop a 'mental health first aid kit' for all schools – sets out key signs of distress and how a teacher can respond.	All five
3c. Extend emotional resilience training or support to other professionals within schools – Teaching Assistants and Matrons.	All five
3d. Hold jointly facilitated (teacher and pupil) emotional wellbeing sessions once a term. Sessions invite pupils to discuss: <ul style="list-style-type: none"> - What has made them feel happy in the last two weeks - What has made them feel anxious or stressed - What activities can help them boost their emotional wellbeing. 	Connect
3e. Raise awareness of the use of language – develop a list of do's and don'ts on giving feedback to young people.	Connect

D. Learning from Elsewhere

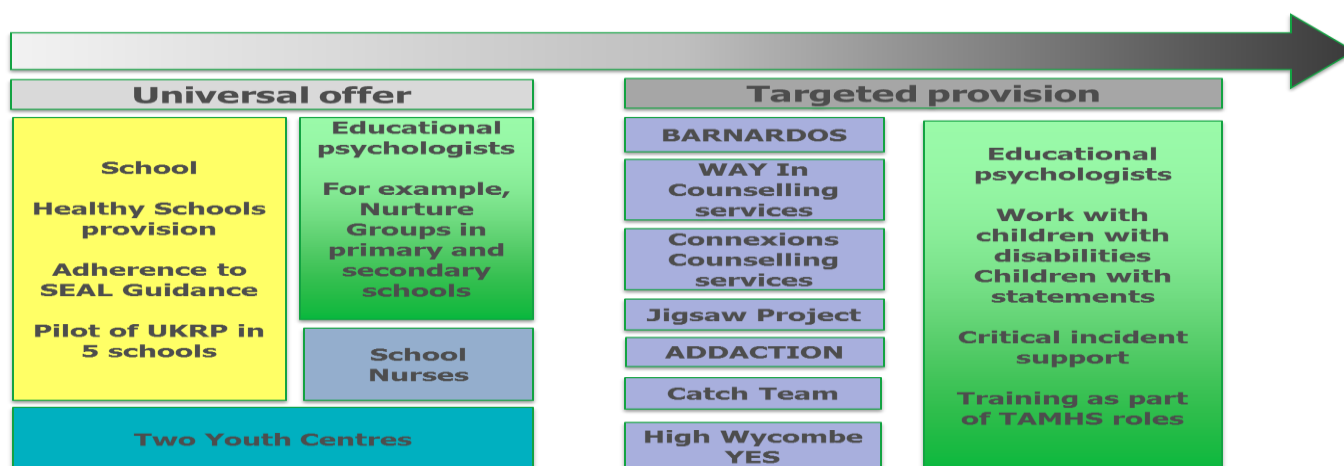
- **Youth Mental Health First Aid:** course designed to train professionals working with children and young people aged 11-18.
- **Face Up:** Multi disciplinary staff participate in emotional resilience training to provide further emotional resilience training for young people at risk of offending.

4. Greater diversity in provision: promotion of peer and community led support

A. What have we learned

There is a vast amount of emotional wellbeing provision – universal and targeted – available across Buckinghamshire helping to address the needs of its young people. Despite this, our research highlights a potential opportunity to expand the provision of peer and community led support, with both young people and the older community taking a leading role in providing such support.

The diagram below illustrates the diverse provision across Buckinghamshire.



Practitioners cite a lack of diversity in the types of providers delivering provision. For example, an interviewee indicated that counsellors in both schools and employed by the VCS across Buckinghamshire tend to be "middle aged women", not being reflective of the diversity that young people want. There was also agreement that some groups engage less, for example those of different ethnic backgrounds. Practitioners further commented that they would like to positively recruit as often the "young person may feel that the counsellor they have is not the counsellor they want."

In response to lack of diversity in provision, young people responded positively to the idea of peer led support, perhaps running PSHE classes or emotional wellbeing group discussions themselves: introducing a safe space where they are able to talk to other pupils who had been through similar situations. There was agreement that young people need a "neutral person" who young people could approach – suggestions included an older pupil.

Young people commented that they would also be comfortable talking to older people (for example grandparents were cited as someone they would like to go to), and both the young people and practitioners felt that there was a potential role for trusted adults within the community to be involved in wellbeing provision, if they have the requisite skills, time, capacity and experiences to help.

B. What is the vision

Greater diversity in emotional wellbeing interventions with an emphasis on peer and community led support across Buckinghamshire. An Improvement and Development Agency report states, 'Professional staff have to be willing to share power; instead of doing things for people, they have to help a community to do things for itself.'²¹ The recommendations in this document endorse this view, emphasising the importance of broadening the range of providers.

The aspiration of this document and the recommendations are to enhance the community assets that boost protective factors to reduce mental health problems amongst children and young people and the communities they live in.

The recommendations in this document promote community led interventions to boost emotional wellbeing in local communities. The report, *A Glass Half Full*, sets out the following principles for an asset based community approach which also informs the recommendations in this document:

- Promote community networks, relationships and friendships that can provide caring, mutual help and empowerment;
- Value what works well in an area;
- Support individuals' health and well-being through self- esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources; and
- Empower communities to control their futures and create tangible resources such as services, funds and buildings.²²

C. What can be done in Buckinghamshire

	Activity	Link to 5 Ways to Wellbeing
4a.	Roll out five ways campaign within schools, tailored to the age group.	Keep Learning, Giving, Connecting
4b.	Run young people led and facilitated workshops on 'five ways' to introduce the concept to peers and in schools develop school specific activities.	Keep Learning, Giving, Connecting
4c.	Produce a teacher 'how to' guide which sets out tips on responding to stress and anxiety of pupils.	Keep Learning, Giving, Connecting
4d.	School information or campaign to embed greater transparency so young people are completely clear what to expect and that information will not be passed on if there are no concerns.	Connecting
4e.	Train selection of older pupils and trusted adults in the community (e.g. parent; police officer) in emotional resilience peer support and set up emotional resilience group discussions in community settings.	Keep Learning, Giving, Connecting
4f.	Develop hyper local wellbeing online blogs in the school areas.	Keep Learning, Giving, Connecting
4g.	Run a 'competition' for youth-led wellbeing campaigns locally.	Keep Learning, Giving, Connecting
4h.	Campaign to attract greater diversity into counselling field (for example skills swap between professionals).	Keep Learning, Connecting

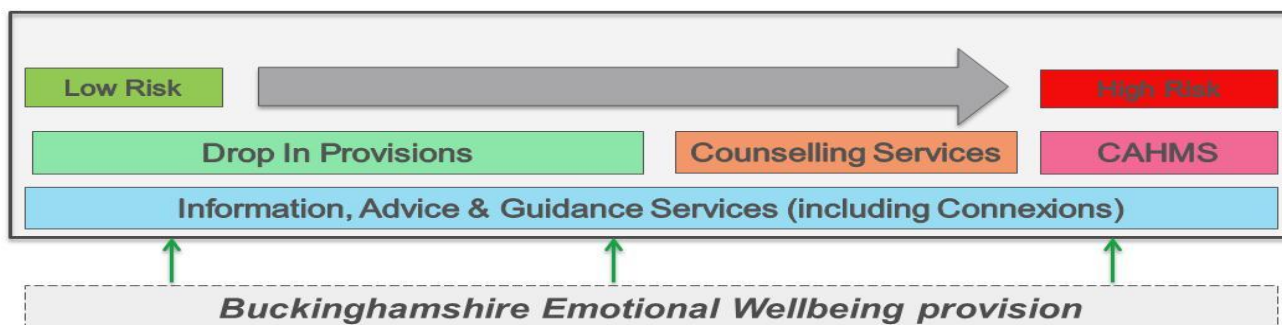
D. Learning from elsewhere

- **Full of Life:** peer to peer community led project to promote emotional resilience skills for older people in Kingston and Lambeth.
- **Right Here:** volunteers produced a wellbeing leaflet called "what can I do when it comes to..."
- **Street Therapy:** taking therapy "wherever, whatever with whoever" for young people.

5. Focus on young people falling through the gaps

A. What have we learned

Provision across Buckinghamshire varies from universal provision for all young people, to targeted support for those who are at high risk.



Despite such a spectrum of provision, there is consensus amongst practitioners that there is a strong potential for young people to slip through the net if they are not deemed to be at the highest levels of need of mental health provision.

There is consensus that those who are at the higher levels of need or have "*a named disorder*" are supported by CAMHS, but there is a gap in availability of services for those who fall just below high level need. For those subject to CAMHS, there are perceived variable practices and an absence of standardised protocols – resulting in inconsistent referrals and use of provision. With a narrowing of support offered by CAMHS, attributed to budget constraints, it was commented that there was a need to move away from "*bigger structured interventions*" to focus on lower tier support.

Our research also suggests that cuts to services have caused a potential retrenchment to more tightly defined or assessed notions of 'need' or 'risk', with some associated tendencies towards silo working. Reductions in staffing numbers mean that waiting lists are growing. The combined effect is that more young people are waiting longer for services, creating a cohort which can potentially drop off the radar, "*disappear*" and become very difficult to track.

Simultaneously, some of these young people are targeted or picked up by multiple services which are not talking to each other. And all of this is driving a focus on those at the high risk end of the spectrum, distracting attention from young people who need support but who are not displaying obvious or high levels of risk.

In addition, practitioners commented that there was a lack of support at times for those young people who are in need of low level continual support. In fact, the greatest gap highlighted is universal low level support. A preventative agenda is widely endorsed. It is important to support young people at key transition points before the manifestation of a high level mental health problem, which a strong preventative wellbeing agenda across Buckinghamshire could address.

B. What is the vision

The vision is that there is universal wellbeing provision for all young people across Buckinghamshire regardless of need or risk. A report from the Mental Health Foundation found a tendency for universal services to refer young people to CAMHS and reluctance of universal services to respond to issues around low level need.²³

The vision that underpins our recommendations equip all universal services to respond to low level need amongst children and young people – and identify support for additional support to prevent young people falling through the gaps.

C. What can be done in Buckinghamshire

	Activity	Link to 5 Ways to Wellbeing
5a.	Local mapping exercise to identify provision available and who is accessing the service.	All five (potentially)
5b.	Conduct emotional journey mapping exercise – perhaps around key transition points e.g. a year after starting secondary school or a year before leaving secondary school.	All five (potentially)
5c.	Set up a group for young people on waiting lists. Whilst on a waiting list young people are invited to a monthly group led by a qualified counsellor, plus access to resources/information and space to reflect on their experience.	Connect
5d.	Disseminate information on universal provision of emotional wellbeing interventions.	All five

D. Learning from elsewhere

- **Emotional Journal Mapping:** mapping user’s journeys to highlight key transition and experiences in their life.
- **Visual Life Journey Mapping:** life mapping to highlight key experiences in young peoples lives.
- **iMap America:** mapping exercise identifying provision and gaps in services for young people.

As illustrated by the world clouds above, different issues affect young people at different ages. Although there are common themes around mental health, family breakdown, school related concerns, external pressures and worries about the future, younger pupils are more concerned with bullying and homework, whereas older pupils felt more anxious about pressures around exams and school work, and arguments with and between parents.

Differences can also be seen in relation to whom the young people choose to go to when feeling anxious, and also who they would *like* to go to.

Figure 4 - Year 10 Support Networks

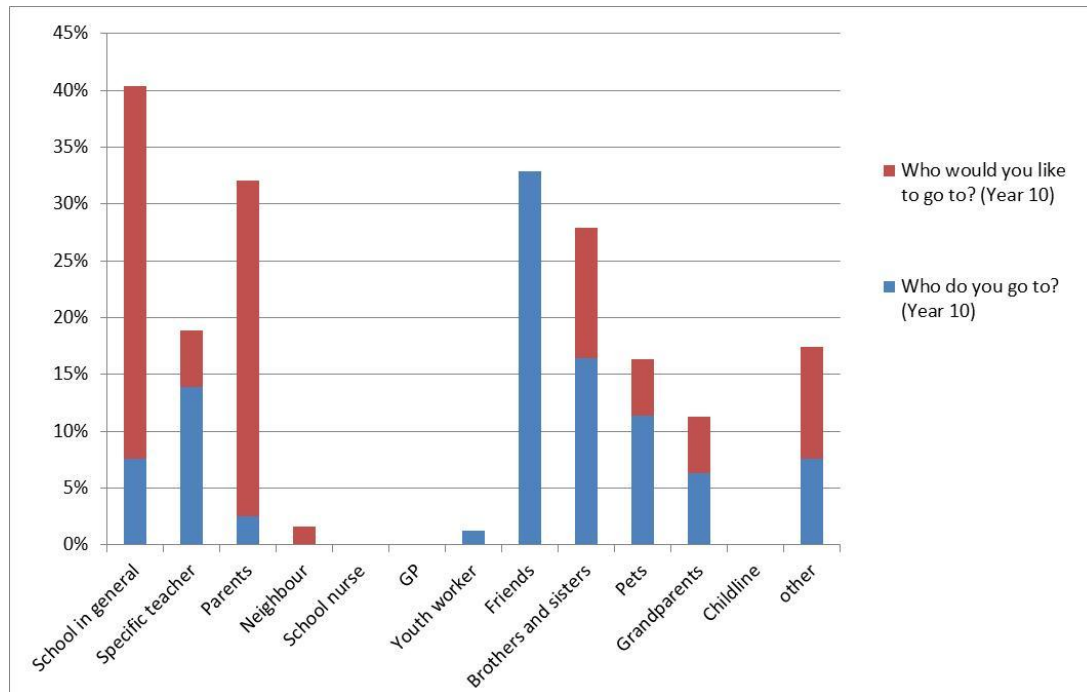
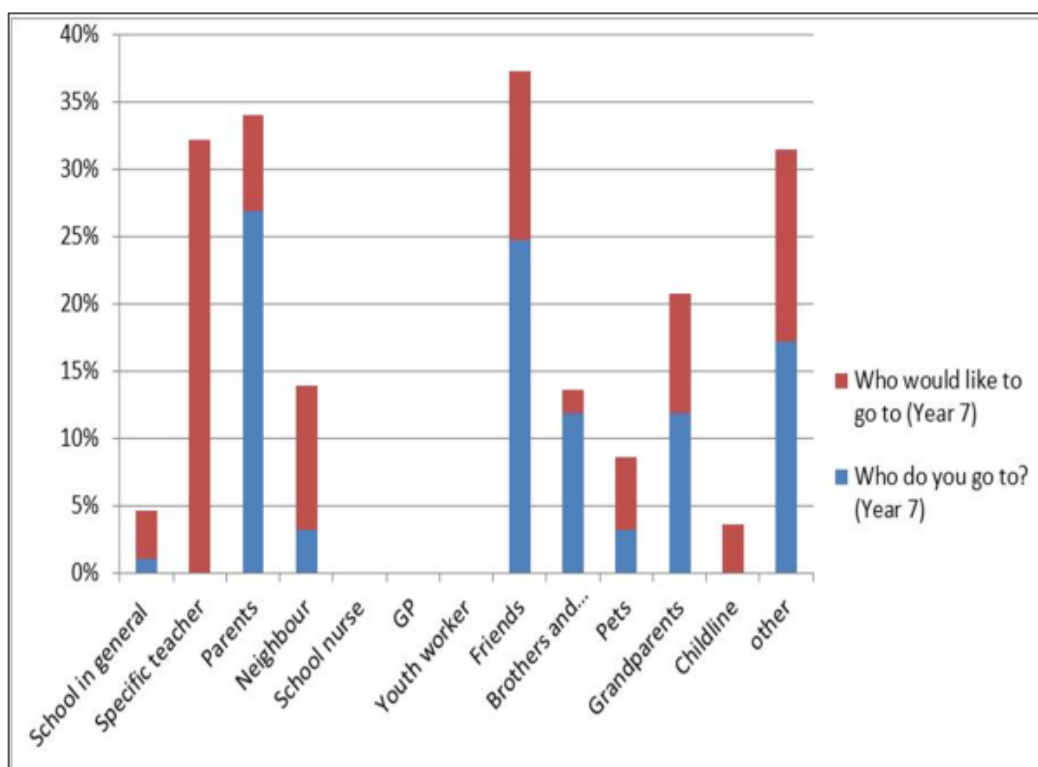


Figure 5 - Year 7 Support Networks



Our research suggests that whom the young people will turn to/trust will naturally change as they get older. Year 7 pupils are more likely to go to parents, whereas Year 10 pupils are more likely to go to friends – this trend highlighted by research is echoed by practitioners as a natural progression associated with both age and stage. This suggests that for younger pupils, their family may play a bigger role in supporting their emotional wellbeing. For older pupils, the family becomes significant in potentially causing anxiety.

Further, in relation to who they would like to go to in times of anxiety, Year 7 pupils indicated that they would like to go to the school or a specific teacher, but they did not always feel comfortable doing so. One reason cited is that being fairly new to the school meant they are unlikely to have built up a relationship of trust with members of staff, or know the ‘right’ person to approach. Year 10 pupils are more likely to approach a teacher, having been at the school for three or more years and being more likely to have built up a strong relationship with a staff member(s). This highlights that the stage the young person is at in their education is important, with the older pupils having become more familiar with their school environment, and younger pupils not feeling as settled or grounded.

There are also differences in the coping mechanisms that pupils adopt, dependant on their age. For example, our research found that Year 7 pupils are more likely to talk to parents, visit friends, and talk to people in general, whereas Year 10 pupils are more likely to physically isolate themselves, and listen to music. Again, this finding was echoed by practitioners.

B. What is the vision

An approach to wellbeing that takes into account the age and stage of the young person. Our recommendations suggest interventions should be tailored to reflect the varying needs that surface as young people negotiate the different pressures and challenges that occur during their school life.

This approach is endorsed by research conducted by the University of Strathclyde, entitled ‘Young people’s views of mental health education in secondary schools: a Scottish study’ which concludes that age (and gender) should be considered when designing mental health interventions.²⁴

C. What can be done in Buckinghamshire

	Activity	Link to 5 Ways to Wellbeing
6a.	More one on one tutorial time for younger pupils to get to know their teachers.	Connect
6b.	Set up year group peer discussions to discuss issues related to bullying – particularly for year 7 to 9.	Connect; Give
6c.	Explicit information provided on the protocols within school on where to go/whom to speak to about anxieties or concerns.	All five
6d.	Specific sessions addressing exam/coursework stress for older pupils.	All five

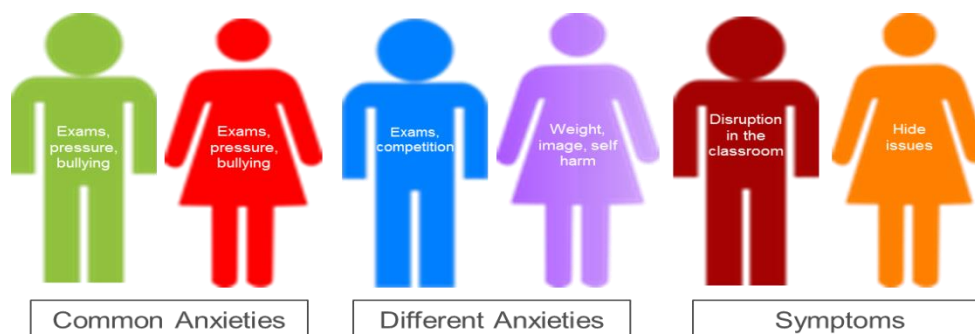
D. Learning from elsewhere

- **Promoting emotional resilience for 11 – 13 year olds:** Based on the Penn Resilience Programme to build emotional resilience at critical stages on emotional development.

7. Gender matters – gender specific approaches are important

A. What have we learned

Our research with both young people and practitioners highlights that gender is a factor which needs to be taken into account in any wellbeing interventions. This is supported by national data which shows greater prevalence of mental health disorders amongst boys (12.8 per cent for boys aged 11 to 15) compared to girls (9.65 per cent for the same age group).²⁵ This may be a result of easier identification of boys who have a greater tendency to display externalised risky behaviour



Male and female pupils are worried about different things, and these worries manifest themselves in different ways. For example, our research found that female pupils are more affected by weight and body image concerns, whereas this was not such a pertinent issue for young men. Similarly, young men and women responded differently to their concerns. Practitioners echoed this sentiment, one citing high pockets of self-harm specifically amongst young females.

There was also an understanding from practitioners that girls are prone to hiding issues they face, being quiet about their concerns. It was commented that they are more likely to have “inward looking difficulties”, and unlike boys are less likely to cause disruption in the classroom and display behavioural difficulties. As such, anxieties and difficulties amongst girls were felt to be harder to identify and difficult for teachers and school nurses to pick up.

There was also a view from young people that they were not always comfortable talking about some issues in a mixed gender forum, and in some cases it is appropriate to discuss certain topics separately. Young people often employed different coping strategies dependent on their gender, which they may not be comfortable sharing. In some instances however, a full group discussion will be appropriate, where it is important to understand both male and female perspectives. Our research suggests that there were many common overlapping issues, including exams, pressure and bullying.

Our research suggests that young men and women tend to do different things to help them feel better – boys being more likely to do physical activities and sport, girls more likely to talk to parents and friends. Although this was not a definitive split, it is important to take into account when promoting strategies and suggesting activities to improve emotional wellbeing.

B. What is the vision

Recognition of how gender influences young people’s experience of mental health and wellbeing, and their response to provision.

C. What can be done in Buckinghamshire

	Activity	Link to 5 Ways to Wellbeing
7a.	PSHE classes split by gender where appropriate / possible.	All five
7b.	Gender differentiated examples given when promoting the five ways to wellbeing to familiarise the five ways allowing it to hold a meaning with young people.	All five

D. Learning from elsewhere

- **Right Here Youth Panel** – Young people shaped project where the young people raise mental health issues in their area supported by gender specific youth panels.

Annex 1: Learning from Elsewhere

Theme	Web link
1. Universal approach to promoting emotional wellbeing amongst children and young people	<p>Bounce Back: Bounce Back! Is a preventative whole-school social and emotional programme that has been developed to support schools and teachers in their efforts to promote positive mental health and wellbeing in their pupils and, in particular, to enable them to act resiliently when faced with challenges and adversity. The programme predominantly focuses on classroom strategies and activities that teach pupils those positive social and emotional skills that might be described as life skills. Bounce Back! Also focuses on ways to develop the types of learning environments and teacher-pupil and peer relationships that also foster resilience and wellbeing.</p> <p>Points4Life: Points4life aimed to test new ways to help people eat and act more healthily. The idea was to reward people for healthy choices, so people would build up points for all the healthy foods they bought and the exercise they did which could then be traded in for prizes. Manchester City Council, NHS Manchester and the Department of Health all put resources towards testing this approach.</p> <p>Hyper local social media websites: Newsome Grapevine is a way of finding out what's going on in the Newsome Ward – and opportunity for residents to share experiences. The Grapevine includes: Newsome Grapevine community web site, links to other local web sites, videos and photos about the Newsome area, text message mailing lists, email mailing lists, Newsome Forum twitter and drop-in sessions where local people help each other with all kinds of technology.</p>
2. Practical suggestions to promote the five ways to wellbeing (using existing resources)	<p>Inter-generational tea parties: At the end of the Autumn term, Year 8 students from Charles Edward school in South London, visited local old people's homes and primary schools to bring some festive cheer to their communities. Students spent a day working on drama, dance and music performances to entertain their audiences, as well as making cakes and writing a quiz for a tea party at the old people's home. They also created salt dough Christmas tree decorations for the primary school pupils to paint and take home.</p> <p>Community Freshview: Community Freshview is led by residents, and aims to make a difference to the environment in your local area. Whether you want to brighten up a green space, give a facelift to a disused area of land or any other activity that improves the local environment.</p>

St Andrews School: Over the last two years St Andrews school has been delivering an inter-generational project called 'HOPE' designed by the pupils, providing IT classes for senior residents from the local community of Croydon.

http://www.btplc.com/news/articles/show_article.cfm?articleid=%7B9320805a-68ea-4906-b44b-641afdf115f2%7D

The project is completely student-led with the first pilot scheme having run in 2009 to support older residents at the nearby Ellis David Alms House, with their IT skills development. The teenagers share their knowledge and IT experience and assist the learners with everything from emailing to social networking, the entire time advocating 'keeping safe online' practices, teaching the adults how to protect themselves online. Since then and with the aid of BT, the school has been able to enhance the student programme further by equipping a Community Café with IT systems and technology sufficient to allow the group to continue its work. The programme has since grown to see 10 teenage students working alongside 13 older people on a regular basis.

Walking to School: Thousands of parents and students in Merseyside walk to school and feel the benefits. Walking (and other exercise) leads to the release of the body's natural happy hormones, endorphins. Everyone who walks, no matter what your pace, should notice an improvement in mood.

<http://www.letstravelwise.org/content141/Walking-to-School.html>

3.Role of a trusted teacher and staff in schools

Youth Mental Health First Aid: The course is specifically designed and recommended for adults working with or caring for young people aged 11-18 years. The aims of Youth Mental Health First Aid are to preserve life where a young person may be a danger to themselves or others, provide help to prevent emotional and mental health problems developing into a more serious state, promote the recovery of good emotional and mental health, provide comfort to a young person experiencing an emotional or mental health problem, raise awareness of young people's emotional and mental health issues in the community and to reduce stigma and discrimination.

http://www.bathmind.org.uk/youth_mhfa.htm

Face Up: The Young Foundation was commissioned by Harrow Metropolitan Police to develop and pilot an emotional resilience programme targeting 14 -19 year olds who are offending or at risk of offending. Multi-disciplinary teams of frontline professionals who are based in Harrow and who regularly come into contact with these young people have been trained to deliver the course materials.

<http://www.youngfoundation.org/our-work/advising-public-service-innovation/emotional-resilience-gangs/emotional-resilience-gangs>

4. Greater diversity in provision: promotion of peer and community led support

Right Here: Volunteers at Sussex Central YMCA have produced the Wellbeing Leaflet, entitled "What Can I Do When It Comes To..." which suggests support services, websites and help lines, together with useful tips to help stay mentally and emotionally healthy. This has been made by young people for young people. It contains tips to experiment with to keep you health on track, things like eating properly, talking about your problems and being kind to yourself. The leaflets have been distributed across the city in GPs, schools, colleges and youth settings.

http://www.sussexcentralymca.org.uk/information_advice_support/right_here_project

MAC's 'street therapy': MAC's innovative 'street therapy' approach involves taking psychological support and therapy 'wherever' to do 'whatever' with 'whoever'. Young people self

<http://www.musicandchange.com/263/About>

refer, telling the provider where they would like to meet, for how long and how often. Street therapy is available to any of the MAC project's 30+ participants and young people can be seen as frequently or infrequently as their needs dictate. A typical use of 'street therapy' during a time of crisis is two or three times a week for up to 4 hours a day. The Street therapy is carried out by MAC's clinical psychologists, assistant psychologist, outreach worker and graduate interns, providing informal access to mental health professionals on a young person determined needs led basis.

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Full of Life: the Young Foundation has developed extensive expertise in its approach to delivering emotional resilience training to a range of people, from young people at risk of offending in Harrow to older people in Lambeth, young people in a school in East Sussex. The Full of Life materials present everyday problems and challenges in an accessible way with solutions and strategies to overcome anxieties or lack of confidence. The challenges in the course materials address issues that older people often face and encourage individuals and the groups to start to formulate solutions to their own fears and anxieties. Approximately 20 volunteers can be trained to deliver the 'Full of Life' course. The volunteers use the materials to facilitate group discussions or to compliment their existing work.

<http://www.youngfoundation.org/our-work/wellbeing-and-resilience/full-life>

5. Focus on young people falling through the gaps

Emotional journey map: As part of the Total Place initiative, Essex County conducted 'emotional journey mapping' with young adults as part of customer insight research in 2009/10. The emotional journey map is a visual way of seeing what life has been like for young people who are not participating in education, employment or training. You can see the key moments in their life (exams, family celebrations or breakups, leaving school etc), the service interventions they have interacted with, but critically also the way they felt as all this happened.

<http://www.essexpartnershipportal.org/pages/index.php?page=total-place>

http://www.essexpartnershipportal.org/pages/uploads/Total%20Place/emotional_journeys.pdf

In Essex a theatre and arts group supported the Council to work with the young people to create the maps. The theatre group conducted one to one interviews with the young people and encouraged the young people to be open and frank in sharing their story. The maps showed just how many services an individual is likely to encounter, which events young people were likely to cope with and which were more likely to make them feel very low.

iMap America: iMap America grew out of Youth line America, a New York based project. iMap America wanted to help develop an online tool for young people which set out resources to help them. This would provide a platform for young people to share useful information with their peers and identify community resources. This exercise can be employed to take stock of the local area, identifying provisions for young people as well as gaps and opportunities.

<http://imapamerica.org/>

The project was developed to provide up to date information in one place, and also provides a feedback loop for other young people to comment on how effective or useful a service is. Young people are trained to map their local communities and are supported throughout the project. As part of the contract between

iMap America and the young person, they are taught to interview, alongside data entry, analysis and project management skills. Young people are introduced to the concept, but the content i.e. what they choose to map, is left up to them.

Visual life journey mapping: Visual life journey mapping has been done with young people in Northamptonshire. Life-mapping is a method to make problems more visible and tangible. 30 young people took part in a life- mapping exercise. Using visual aids young people were supported to explore their past, present and future – while considering ambitions, attitudes to work etc.

6. Age and stage matters

UK Resilience Programme: This intervention, known as the UK Resilience Programme, is based on the Penn Resiliency Program, originally developed in the USA. It aims to build emotional resilience in 11-13 year olds at a critical stage of their development; evaluate the impact on the wellbeing, conduct and academic achievement of participating schools and develop a pool of locally-based professionals, skilled in resilience building.

<http://www.youngfoundation.org/our-work/networks-and-collaboratives/the-local-wellbeing-project/more-info/the-big-initiatives-promo>

7. Gender Matters

Right Here Fermanagh: Right Here Fermanagh aims to improve the mental health and wellbeing of young people across Fermanagh by improving their social and psychological functioning and their satisfaction with life. The programme targets young people from disadvantaged communities; young parents; LGBT (Lesbian, Gay, Bisexual and Transgender) young people and young people from new ethnic communities.

<http://www.righthere.org.uk/projects/fermanagh/>

Members of the young women's panel have been exploring their own process of improving mental wellbeing through song writing and plan to launch a song they have composed at a music event.

Young men have expressed increased self-confidence and improved communication skills after participating in Fish On! a project using workshop based interventions and actual days of fishing to build young men's self esteem.

Annex 2: Year 7 Focus Group Participants

Issues

"Older kids shove, pretend we are not there"

"Bullying, because it hurts peoples feelings"

"People having a go at you and having an argument"

"Homework never ends when your at school"

"Targeting someone if they are different"

"Responsibility for future"

Behaviour when stressed

"I feel like I want to scream"

"I shut myself in my room and cry"

"I put my hands through my hair and just fiddle to calm me down, or I just go and watch telly and eat. I sometimes just feel down and sad and when it gets too much I feel like screaming, I also stop sleeping and cant get to sleep how much I try"

"When I am stressed and anxious I isolate myself and get angry"

"I stop eating, sleeping, block the outside world out"

"I sneak chocolate and other food up to my room and then eat it all"

"I go up to my room and calm down and then try to do something fun"

"I ignore people when stressed"

"I just sit in my room"

Coping Strategies

"I sit down and forget about what happened and then everything goes ok"

"Go on facebook and chat with mates who are stuck and need help"

"I take it out on my sister and cool down in my room and listen to music"

"Mum makes everything sound good when not true, dad is factual, grandparents take everyone's side in a way that no one gets angry"

"Facebook is cool, most of your friends have it"

Annex 3: Year 10 Focus Group Participants

Issues

"People expecting you to do stuff you can't achieve"

"GCSE grades are the shaper of life"

"Always have to think about whatever you do as it has an influence on the future"

"Work work work sleep"

"I feel trapped and can't do what I need to do"

"I feel pressure form numerous sources – it's harder to get a place at uni, increased unemployment, everything is becoming harder to do"

"People should stop saying things about you for no reason"

"Exams are quite unrealistic in preparation for later life, you will usually have resources"

"Knowing I've not done enough for exams"

"Not understanding something you should be doing"

"Expectations – own, others, family, teachers"

Behaviour when stressed

"Stress...hit things. Mates doing drugs, thought you could trust them."

"When I'm stressed I just go and do something by myself"

"Try to get over it"

"Talk to people if you can"

"Argue with close friends and family, go to room and calm down"

"Try to sleep – become very lazy"

"Shout at my brother"

Coping Strategies

(Going out and) "Getting away from everything"

"You can only do best and that's all you can do"

"Talk about it, look at it in a different way, walk away and forget about it"

Annex 4: Participating schools and young people

School	Description	Number of participants & year group	Gender mix	Date of focus group
Chesham Grammar School	<p>Chesham Grammar School is a mixed Grammar School with a capacity of 2,219, for those aged 11-18.</p> <p>In 2011, 99% of those attending Chesham Grammar School attained 5 GCSEs A*-C (including English and Maths), a 1% increase from 2010.</p>	<p>11 (Year 7)</p> <p>12 (Year 11)</p>	All girls	22 nd March 2012
Cottesloe School	<p>Cottesloe School is a mixed Foundation School with a capacity of 1,105, for those aged 11-18. In 2011, 53% of those attending Cottesloe.</p> <p>School attained 5 GCSEs A*-C (including English and Maths), increasing steadily since 2008.</p>	<p>10 (Year 7)</p> <p>9 (Year 10)</p>	<p>6 girls; 4 boys</p> <p>4 girls; 5 boys</p>	10 th February 2012
Cressex Community School	<p>Cressex Community School is a mixed Foundation School capacity of 803 for those aged 11-18. In 2011 33% of those attending Cressex Community.</p> <p>School attained 5 GCSEs A*-C (including English and Maths), declining from 2010.</p>	<p>5 (Year 7)</p> <p>7 (Year 10)</p>	<p>2 girls; 3 boys</p> <p>5 girls; 2 boys</p>	24 th February 2012
John Hampden Grammar School	<p>John Hampden is an all boys Grammar School with a capacity of 981 for those aged 11-18.</p> <p>In 2011, 99% of those attending the John Hampden attained 5 GCSEs A*-C (including English and Maths),</p>	<p>4 (Year 7)</p> <p>10 (Year 10)</p>	All boys	22 nd February 2012

	<p>increasing every year since 2008.</p>			
<p>Mandeville School</p>	<p>Mandeville School is a mixed school which specialises in sports with a capacity of around 1000 for those aged 11-18.</p> <p>In 2011 33% of those attending Mandeville School attained 5 GCSEs A*-C (including English and Maths), declining from 2009.</p>	<p>8 (Year 7)</p> <p>8 (Year 10)</p>	<p>5 girls; 3 boys</p> <p>4 girls; 4 boys</p>	<p>23rd February 2012</p>
<p>Buckinghamshire Youth Cabinet</p>	<p>The Youth Cabinet is comprised of 11 to 19 year olds (up to 25 for young people with a disability/learning disability) from Buckinghamshire. The Youth Cabinet ensures that the voice of young people is heard. The Youth Cabinet aims to benefit their community and help you raise issues that young people are passionate about.</p>	<p>20 young people</p>	<p>Unknown</p>	<p>Consulted on survey</p>

Annex 5: Practitioner Engagement

Name	Organisation
Alix Simpson	Connexions
Amanda Corr	Family Intervention Project Nurse
Bill Moore	School Improvement Service
Colin Pollard	Way In
Fiona Coulter	School Improvement Service
Jane Turner	Deputy Principal Educational Psychologist
Jennifer Beer	NHS Buckinghamshire and Oxfordshire Cluster
Julia Hursthouse	School Improvement Service
Kim Brook-Hill	John Hampden School
Melanie Hayward	Specialist Community Public Health Nurse
Rebecca Askew	Educational Psychologist
Ros Charles	Buckinghamshire Youth Services
Sally Mansi	Young Carers
Susie Richardson	Public Health Practitioner

Annex 6: The 5 Ways to Wellbeing

The five ways to wellbeing ('five ways') outlined by the New Economics Foundation²⁶ are:

Connect	With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.
Be active	Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.
Take notice	Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.
Keep learning	Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.
Give	Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Endnotes

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- ¹² Buckinghamshire Children and Young Peoples Plan, 2009-2011, available http://www.buckinghamshirepartnership.gov.uk/assets/content/Partnerships/CYPT/cypp/CYP_PLAN_WEB_VERSION.pdf
- ¹³ Buckinghamshire Joint Strategic Needs Assessment, available <http://www.buckscc.gov.uk/assets/content/bcc/docs/research/Snapshot.pdf>
- ¹⁴ The Princes Trust Macquarie Youth Index, available http://www.princes-trust.org.uk/pdf/Youth_Index_jan2011.pdf
- ¹⁵ Foresight Mental Capital and Wellbeing Project, Final Report, Mental Capital and Wellbeing: Making the most of ourselves in the 21st century, London: The Government Office for Science, 2008, p22
- ¹⁶ A Flourishing Society, Aspirations for Emotional Health and Wellbeing in Northern Ireland, available http://www.compasswellbeing.org/Site/28/Documents/compass_flourishing.pdf
- ¹⁷ Friedli, L, Mental health, resilience and inequalities, World Health Organisation available http://www.euro.who.int/_data/assets/pdf_file/0012/100821/E92227.pdf
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- ²⁰ Government Office for Science, Mental Capital and Wellbeing: Making the most of ourselves in the 21st Century http://www.bis.gov.uk/assets/foresight/docs/mental-capital/sr-b3_mcw.pdf
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