HeadStart Kent

Knowledge Seminar One Report

Conceptualising Resilience: The Beginning of the Definition and Understanding for Kent

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1. BACKGROUND

Emotional well-being is a vital factor in each of our lives, shaping the way in which we understand ourselves and one another, and influencing a range of long-term outcomes. In the journey from childhood to adolescence and early adulthood, it becomes even more vital. Enjoying positive emotional well-being opens the door to improved physical and cognitive development, better relationships with family members and peers, and a smoother transition to independence.

The HeadStart ambition is to equip young people to better deal with difficult circumstances in their lives, so as to prevent them experiencing common emotional and mental health problems. Adopting a participatory action research approach to testing, learning, shaping and sharing approaches to build resilience, working with schools, young people, families, community groups, and charities. We need to define what a 'good' system of early Emotional Well-being support would look like

HeadStart Kent will trial new ways of providing this early support both in and out of school, with a focus on improving the resilience and lives of young people by working in four areas:

1. A young person's time and experiences at school
2. Their ability to access the community services they need
3. Their home life and relationship with family members
4. Their interaction with digital technology.

Projects for 2014

1. Restorative Initiative – Thanet
2. Safe Spaces – North West Kent
3. Penn State resilience and Developing Your Teenager
4. Resilience Mentors
5. Social Marketing and digital world

What is hoping to be achieved?

- Test the impact and validity of the projects to develop resilience
- Develop new innovative ideas or ways of working
- Define what a 'good' system of early Emotional Well-being support would look like in Kent
- Submit a County proposal in 2015 to Big Lottery for 10m funding

How is that going to be achieved?

- Knowledge Seminars
- Local communities of practice
- Shadow Board
- Programme Board

Aims of the Seminars

- The aim of these seminars is to create a space for understanding, reflection and debate about resilience and the work that is happening in Kent.
- These discussions will be based on a theoretical understanding of the concept and evidence based research.

In order to develop the knowledge base meaningfully we would like to establish a community of practice. This will require those who come to the sessions to make a commitment to coming to all four seminars where possible. It will also require preparation for the sessions. The outcomes of the seminar will be fedback to the youth forum and the programme broad and then these discussions will be fedback back to the members of the knowledge hub.

2. DEFINING AND CONCEPTUALISING RESILIENCE

How do we develop resilience? Is it something we can give to young people? Is it something that will inoculate them with so they can face adversity? Is it something that once we have we will always have?

Agreed Definition of Resilience for this programme is that used by the BIG Lottery: *"Emotional resilience; the opportunity for and capacity of young people – in the context of adversity - to negotiate for and navigate their own way to resources that sustain their mental health"*

Young people's definition of Resilience: *"Ability to be mentally strong enough to bounce back from the problems in life"*

However Kent will need to develop an overarching definition and conceptualisation of resilience that can bring the diverse streams of work together and can provide a framework for thinking about their work with children and young people. The aim of this first seminar was to begin exploring this issue with the stakeholders from across Kent.

3. METHODOLOGY

Invitees were asked to submit information about their services and the ways in which they measure outcomes prior to the event (17 responded). At the event individual and group exercises were engaged in to explore participants' views on resilience and the way they felt we could take things forward (33 individual responses were received). Group data was gathered at the seminar on flipcharts. The following is based on these responses and a summary is offered of the key point from the presentation on defining and conceptualising resilience.

4. RANGE OF INDIVIDUALS, SERVICES AND AGENCIES WHO ATTENDED

There is a wide range of participants from individual providers, to small charities, to large social enterprises, to schools, to providers of statutory services (see Appendix 1 for a list seminar attendees). They offer a wide range of services both to the young people and those who support young people including parents and practitioners (see Appendix 2 for a summary of what is being offered and how they are measuring outcome). They are also evaluating/measuring outcome/impact in different ways.

5. PARTICIPANTS' VIEWS ON RESILIENCE

Individual definitions of resilience focused on "bouncing back" and "coping with stress of life's difficulties". There was an emphasis on individual level elements of self-esteem or self-efficacy and on skills and strategies to help them with that e.g. problem solving.

Some mention of the system around the young person in terms of the role of parents was made. However there was very little in the way of the system around the young person mentioned in the descriptions / definitions of resilience offered.

6. KEY MESSAGES FROM THE LITERATURE

6.1. Resilience as a construct
Resilience is an interactive concept that is concerned with the combination of serious risk experiences and a relatively positive psychological outcome despite those experiences (Rutter, 2006). As a foundation for practice it has grown in popularity with an explosion of its use across a number of disciplines including social policy, health, business, psychology and social work. A large volume of international research has validated the construct worldwide - particularly as a multidisciplinary framework for practitioners who work with disadvantaged young people. Resilience is not a new theory, but it has developed significantly over its life course and

although accepted as a distinct theory and model, the best way to achieve it is still the subject of significant focus and debate within the research community. The initial studies were theoretical in nature and included musings as to the nature of a healthy personality and development in contrast to pathology e.g. Maslow (1950). Following this, research began to explore resilience indirectly within the context of extreme stress such as extreme poverty (Elder, 1974)

The systematic study of resilience among children and adolescents emerged in about 1970 and centred on epidemiology and risk of children who had parents with mental illness (Luthar, 2006; Glantz and Sloboda, 1999). Interest in the issue was driven by the frequent finding that many children developed well, despite facing significant adversity and it was conceptualised as a stable personal characteristic; at-risk children who appeared to be doing well were thought to be "invulnerable" who were 'so constitutionally tough that they could not give way under the pressure of stress and adversity" (Pines, 1975; Rutter, 1985). The finding that children of mothers who were diagnosed with schizophrenia had positive outcomes generated studies that tried to understand the individual differences in the response to adverse conditions (Masten, 2001). Further, in trying to identify contributory factors to the development of psychopathology, researchers found qualities within children that enabled them to be resilient to stress (Luthar et al., 2000).

The nature of what is serious threat includes situations such as poverty and socio-economic stress, tabulations of the number of stressful life events in a given period or a lifetime, massive community trauma, low birth weight, divorce of parents, mental health of parents and maltreatment (Masten, 2001). Following the finding that some children were able to be resilient to significant stress and adversity, studies looked to address the question as to whether children had immunity to the effects of stress or whether it was a gradual mastering of difficulties or a genetic trait. Further, researchers were also interested in whether the phenomenon was universal or domain specific.

Following extensive research throughout the 1970s and 80s, an increased understanding of resilience developed and the idea of a 'fixed' invulnerable state was superseded by a more sophisticated concept of resilience (Luther et al., 2000; Rutter, 1993). This new understanding of resilience still focused on risk and vulnerability factors, as well as those that offered protection, but looked at as more process orientated with interaction rather than direct effects of specific traits. The phrase, "he is resilient" is inaccurate because it individualizes what is a condition of both individuals and their contexts (Rutter, 1993).

These developments in the understanding of resilience led to the investigation of biosocial processes, including the contribution of both cultural and environmental influences that were found to be important factors (Luther, 2006). Several large-scale studies incorporated this, and resilience began to become an important construct in the field of child development psychology with significant protective factors for children being identified.

Resilience can manifest itself in three ways, according to Masten et al., (1990: p. 430)

1. **Overcoming the odds** - a child can achieve a good outcome despite being thought to be unlikely to do so given their background;
2. **Stress-resistance** - 'sustained competent functioning despite severely challenging circumstances', where even acute or chronic stressors do not disrupt a child's functioning;
3. **Recovery** - a child is able to re-establish equilibrium after trauma.

6.2. Assumptions

As highlighted above, the first assumption and requirement is that an individual must experience significant adversity of trauma for resilience to take place. Resilience is a relative concept - a child or young person is considered to be resilient only to the extent that they have survived difficult and psychologically threatening experiences when they might not have been expected to do so. It must not be confused with other constructs and theories within the positive psychology movement. Additionally, it is an elastic or dynamic concept rather than being fixed - initial resilience might be broken down by on-going adversity or equally might re-emerge given time and the right 'stimulation' (Rutter, 1987, 1999; Fraser, 1997).


The second assumption is that resilience is an interactive concept with protective factors operating at different ecological levels buffering risk factors associated with adversity and trauma. It is extremely important to separate the construct of *resilience* as the maintaining of positive adjustment when challenged by life circumstances from *resiliency* as a personality trait (Masten, cited in Luthar et al., 2000). Viewing resilience as a personality trait implies that it is stable and unchanging whereas resilience is a dynamic construct that helps determine what happens to an individual when confronted with either acute or chronic adversity.

6.3. Individual level domains

As has already been discussed, it is important to acknowledge that resilience is a bio-psycho-social phenomena and so it is important to think about factors at three

'ecological' levels - the individual child, family (or substitute family) and friendships and the wider community:

Ecological levels
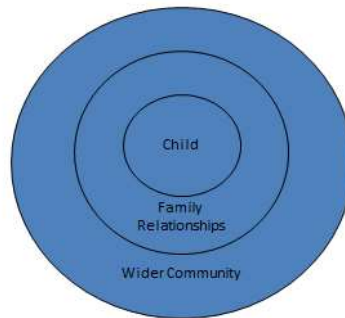
There are many qualities associated with resilience that develop through a child's life experience, and although there are different models of resilience proposed, there is significant convergence when one looks at the higher order domains. Improving outcomes requires the enhancement of protective factors (those factors which shield the young person from potential blows to their resilience) and the reduction of risk (the removal or re-framing of potentially threatening events or issues). Therefore, it is useful to focus on resilience in terms of the areas or 'domains' of a person's life that can be manipulated or changed. Daniel and Wassell (2002) and others (e.g. Gilligan, 1997) have described six domains (see diagram below).
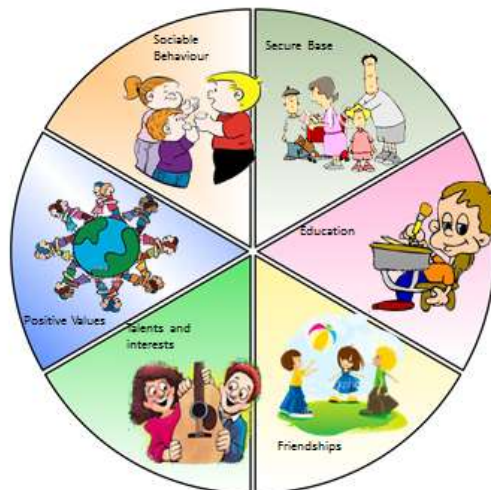
A framework for describing this is provided by Daniel and Wassell (2002) who divide resilience into intrinsic and extrinsic factors:

	Individual	Family	Community
School years	» Female » Sense of competence and self-efficacy » Internal locus of control » Empathy with others » Problem-solving skills » Communication skills » Sociable » Independent » Reflective, not impulsive » Ability to concentrate on schoolwork » Autonomy (girls) » Emotional expressiveness (boys) » Sense of humour » Hobbies » Willingness and capacity to plan	» Close bond with at least one person » Nurturance and trust » Lack of separations » Lack of parental mental health or addiction problems » Required helpfulness » Encouragement for autonomy (girls) » Encouragement for expression of feelings (boys) » Close grandparents » Family harmony » Sibling attachment » Four or fewer children » Sufficient financial and material resources	» Neighbour and other non-kin support » Peer contact » Good school experiences » Positive adult role models

A further dimension is provided by Ungar (2008) who has highlighted the importance of taking an ecological perspective. This means that those mandated to help (social workers, child and youth care workers, nurses, psychologists, and others) in the process of intervening to provide an opportunity structure for a child to realise his or her potential. He defines resilience as:

1. First, resilience is the capacity of individuals to **navigate their way to resources** that sustain well-being;
2. Second, resilience is the capacity of individuals' physical and social ecologies **to provide these resources**; and
3. Third, resilience is the capacity of individuals, their families and communities to **negotiate culturally meaningful ways for resources to be shared**.

What is clear from Ungar's work is that although a number of factors are important at a child level, without sufficient accessible resources available, resilience is unlikely to be developed. Individual factors will include psychological resources such as feelings of self-esteem and a sense of attachment but at the community level must have access to health care, schooling and opportunities to display their talents to others. Combined, individual, family, community and cultural resources need to be there for children if they are to succeed following exposure to adversity.

Ungar's definition (supported by a vast amount of worldwide research) makes clear that resilience only exists to the extent that a child's physical and social ecology are within reach of the child. Those ecologies include the vast matrix of care providers and community resources that support wellbeing. This is a key consideration for the Headstart programme and wider emotional health strategy; sufficient accessible resources must be available at a community level beyond the school.

6.4. Key Messages: Summary

- Resilience is not a trait but an interaction between risk and protective factors
- We need to ensure we take an ecological and developmental view of resilience
- It is useful to focus on resilience in terms of the areas or 'domains' of a person's life that can be manipulated or changed.
- Negotiation and navigation
- We need to consider what resources are available and how accessible are they

7. SHIFT IN VIEWS

Participants reported that their view on resilience had shifted in the following ways:

- It had been broadened or expanded.
- Resilience could be viewed in a variety of ways. They also noted that they were often only working with one element of resilience.
- The importance of taking a developmental view on resilience
- Resilience is about multiple factors linking together, the interaction of factors and resilience strings.
- Resilience as an overarching concept cannot be measured however domains or elements of resilience can be

In terms of impact on their practice people emphasised taking a more holistic approach which included an ecological and developmental view that was evidence based and in which impact could be measured.

8. WHAT PARTICIPANTS FELT THEY WOULD NEED TO TAKE THINGS FORWARD.

An analysis of the individual responses to the questions what was needed in order to develop the thinking about resilience in Kent revealed the following:

- Cross agency working with a common language and understanding of resilience and how it is measured
- An uniform evaluation framework with tools to measure e.g. the domains approach, resilience matrix and resilience mapping
- Setting a benchmark across Kent
- Exploring evidence based models that are already in use e.g. the Daniel and Wassel's work in Scotland.

- Ensuring smooth transition between services/interventions
- How do we work better together?
- Practical approach to building resilience
- How to get colleagues on board
- Feedback form project currently part of HeadStart
- Sharing of ideas about what people are doing across the county and networking
- Sustainability and consistency so that this approach continues irrespective of Big Lottery investment

From the group discussions and prioritisation the following issues emerged as key for the next seminars:

- What are the benchmarks to compare projects (evaluation frameworks)
- Domains we measure impact within
- What other evidence based project / what is out there (e.g. Scotland's approach)
- Finding out where other HeadStart in other areas is at
- Sustainability – how do we ensure that this framework become embedded irrespective of getting the Big Lottery Funding
- Around age group – issue of transition including parent involvement
- Ensuring transitions between specialist to universal – role of significant adults – how does it fit with the domains
- Laws of control – issue of responsibility
- Impact of culture on resilience
- Experience of co-ordinating across the various domains and projects
- Issue of funding and outcomes – current commissioning is very focused on outcomes however those related to resilience are long-term
- Exit strategies – impact down the line

Next Seminar: It was agreed that the next seminar would focus on evaluation and measuring outcomes

9. WAY FORWARD FOR THE BROADER HEADSTART PROJECT

The following are the long term issues that need to be addressed:

1. Developing an overarching framework of resilience that the range of agencies can sign up to
2. Encouraging a long term interdependency between individuals, services, agencies on providing an holistic approach to young people

3. Providing a coherent system for evidence based evaluation ensuring that each element of the system is clear on how they evidence outcomes and impact

Challenges

- Evidence based evaluation from commissioned services whose goal is survival.
- Where is the baseline data for looking at overall improvement in Kent?

10. WAY FORWARD FOR THE KNOWLEDGE SEMINARS

Plans for Seminar 2: Measuring Outcomes

This seminar will focus on how we evaluate and measure outcomes related to resilience. It will include:

- Theoretical and practical issues in measuring resilience
- Measures of resilience
- A domains approach to measuring resilience
- Mapping where services/interventions fit and what you measure

Seminar 3 Evidence Based Approaches

Evidence based approaches e.g. Daniels and Walsall models Scotland

Offer participants resources to take away

References:

Daniel, B., & Wassell, S. (2002). *Assessing and promoting resilience in vulnerable children: School Years* (Vol. 2). Jessica Kingsley Publishers.

Elder, G. H., Jr. (1974) *Children of the Great Depression*. Chicago: University of Chicago Press

Fraser, M. W. (1997). *Risk and resilience in childhood: An ecological perspective*. Washington, DC: NASW press.

Glantz, M. D., & Sloboda, Z. (2002). Analysis and reconceptualization of resilience. In *Resilience and development* (pp. 109-126). Springer US.

Luthar, S. S., Cicchetti, D. and Becker, B. (2000), Research on Resilience: Response to Commentaries. *Child Development*, 71: 573–575.

Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades.

Maslow, A. H. (1950). Self-actualizing people: a study of psychological health. *Personality*.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2, pp 425-444

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American psychologist*, *56*(3), 227.

Pines, M. (1975). In Praise of Invulnerables. APA Monitor

Rutter, M. (1985). Resilience in the face of adversity. *British journal of psychiatry*, *147*(1), 598-611.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American journal of orthopsychiatry*, *57*(3), 316.

Rutter, M. (1993). Resilience: Some conceptual considerations. *Journal of adolescent health*, *14*(8), 626-631.

Rutter, M. (1999). Resilience concepts and findings: implications for family therapy. *Journal of family therapy*, *21*(2), 119-144.

Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences*, *1094*(1), 1-12.

Ungar, M. (2008). Resilience across cultures. *British journal of social work*, *38*(2), 218-235.

Appendix 1: Attendees

1. Alison Small, Canterbury City Council.
2. Alex Hassett, Canterbury Christ Church University.
3. Angela Ford, HeadStart Kent.
4. Becca Pilcher, Public Health.
5. Carrie Neeves, Living in Harmony.
6. Cathy Donelon, Step Ahead Support.
7. Ellie Ransley, HeadStart Kent.
8. Faye Geary, Family Action.
9. Gill Moody, Whitstable Junior School.
10. Grace Dennis, HeadStart Kent.
11. Helen Jones, Caldecott Foundation.
12. Ian Derbyshire, NHS.
13. Jane Marshall, Ashford Oaks Primary School.
14. Jenny Marshall, Joy Lane Primary School.
15. Jeremy Sare, Angelus Foundation.
16. John Shanley, Kenward Trust.
17. Julie Albone, Kent Police.
18. Karen Jefferys, JusB.
19. Katie Bennett, Wellbeing People.
20. Lauraine Griffiths, KIASS.
21. Lisa McMillan, Joy Lane Primary School.
22. Lisa Murphy, Community College Whitstable.
23. Lizzy Booth, Free as a Bird Programme.
24. Lucy Bailey, How to Thrive.
25. Lucy Setterfield, North West Kent PRU.
26. Mark Kerr, The University of Kent.
27. Mick Walker, Skill Force.
28. Nicky Farrell, North West Kent PRU.
29. Rachel O'Connor, Kent Educational Psychology Service.
30. Ross Banford, Beat Bullying.
31. Sally Williamson, Project Salus.
32. Sandra Hall, CAMHS.   Sarah Gow, KIASS.
33. Sarah Hindle, Kent Educational Psychology Service.
34. Saskia Kyle, Whitstable Junior School.   Sharon Dodd, KIASS.
35. Tim O'Brien, KIASS.
36. Tracey Adebowale-Jones, HorseHeard.
37. Ugochi Nwulu, Public Health.

Appendix 2: Service and Outcomes Measures

Name of organisation	What is the core work you undertake with young people?	How do you measure the impact or outcomes of this work?
Ashford Oaks Primary School	To support students to reach their potential: socially, emotionally and academically. To engage their parents in supporting the children to achieve the best outcomes and where the parents are unable to support their children in their education we support the children in finding alternative mechanisms. To work with colleagues and other agencies to recognise the need for some of our children and engage them in supporting these children appropriately.	SDQ's Attendance Attainment Engagment in social settings
Develop Your Child CIC (social enterprise) and Every Family Matters (charity)	Over the last 12 years we've co-created a unique, evidenced based personal development programme, using advanced coaching, emotional literacy and mindfulness techniques, underpinned by neuroscience, to create personal empowerment. Because my passion is to holistically develop young people I started working with challenged families, as I felt there is so much potential squeezed out of these young people. Now we're taking our 'from the inside out' approach into education to work with teachers, students and parents together to change the culture of their learning environment.	Our initial assessment is called a Congruency questionnaire, which is also used as the evaluation to assess distance travelled. It includes a series of 14 penetrating personal questions. In addition, we tested our programme in the harshest environments; disadvantaged parents in deprived areas, in a 2 year project evaluated by Canterbury Christ Church University http://developyourchild.co.uk/wp-content/uploads/2013/02/ParentChampion-Programme-Evaluation-April2013.pdf
EPIK – Encouraging programming in kids (Geek Lab Ltd)	We take single or narrow interest young people and help them develope aligned interests; our focus is on taking on the gaming culture specifically MineCraft and aligning it with the making of technology through coding as a parallel track; technically here we are not asking for something new that they might not want to do but to simply to know Minecraft better. From that we diversify the track further to include the "group" as a predictable entity vs. the unpredictable individual as a tool to for socialisation and then progressing onwards to include the "Others" as still being aligned with technology but no longer exclusively gaming. While at the same time working with parents to help them to be less bewildered and confused by their child's passion possibly to the exclusion of all else to gaming and as part of the group mediate between those 2 distinct different mindset, maker vs. consumer.	My interest very much resides within the domain of Sociology vs. clinical psychology, 2 examples below: "Amongst Aliens" the psychosocial: https://docs.google.com/document/d/1BeS119jcdwBKczzx54AaWG8QjYQG7REahqwNc3M3V4g/edit?usp=sharing Habits of an engineer, are we made this way?: https://docs.google.com/document/d/1a36cVHpAASp0fOqmh-eBvMDvtbk04Ykc4cSb2SZGdW4/edit?usp=sharing We've not reached the measuring impact and outcomes yet beyond keeping track of our participant's progress over time as part of the process of encouraging them to develop self-directed learning skills and choosing to take part as coming from them vs. me co-opting them.
HorseHeard www.horseheard.com	Horseheard is beginning to deliver unique and innovative Equine Facilitated Learning (EFL) programmes to support children and young people to develop their full individual potential. We are developing and delivering work all around the UK and this is beginning to bring benefits to some of the neediest young people and their families. Recent feedback indicates improvemnts at both home and school, including	- Through Equine Facilitated Learning Doctorate - From the Taster Sessions with the teachers / parents / leaders/ - Feedback after the course from the children, teachers and parents - Collation of quantitative school data evidence around attendance & bullying incidents before and after course (including

	increased levels of school attendance, more positive attitudes towards family and teachers and better behaviour. EFL is a non-ridden activity. Our programmes include 'Being Friends' aimed at primary school, LEAP (college) and work with young people who are at risk of non being in employment, education or training. We are currently developing a programme aimed at the transition between year 6 and year 7.	Boxhall Profile if appropriate) - Collation of data from participants on each programme - Summary of Emoticons collated over four week course - Completion of course statistical outcomes evaluation sheet - Verbal feedback directly after sessions *"we have seen some amazing results with young people. It is extraordinary to see the results that can be achieved in a relatively short time – which makes it a very cost effective and engaging activity for young people"* -
How to Thrive (located within Hertfordshire County Council)	We provide training in evidenced based programmes for teachers, and staff in non school settings. We train the staff so they can teach the skills and competencies of emotional resilience and habits for wellbeing. Our practical programmes are based on sound concepts and theories and delivered by a team of trainers with deep expertise. We work closely with the University of Pennsylvania and are the only UK based organisation to deliver the PRP Teacher Training. We have trained in excess of 1100 individuals who have gone onto to teach the PRP to (conservative estimate) 85,000 young people across the UK. How to Thrive team members also deliver direct interventions with vulnerable young people.	We lead and participate in Randomised Controlled Trials and evaluate the work we deliver. Below are some examples; We contributed to a 3 year study of the Penn Resilience Programme that was funded by DfE and led by the London School of Economics. This study followed 4,000 students from 22 schools over 3 years. The study concluded good outcomes that reduced over time, suggesting one set of 18 lessons is not enough to prevent depression and anxiety type systems forever. We managed a small scale study in primary schools that tracked 120 year 5 students from 4 primary schools for one year. The LSE led the research and reported the outcomes. We managed a research study on adult wellbeing linked to the PRP training. We are currently leading a longer term RCT called Healthy Minds that involves 34 secondary schools (9 in Kent) and will track 10,000 over 5 years. The aim is to evidence the link between a healthy mind and academic attainment. The intervention is an evidenced based curriculum that begins with the PRP lessons and covers the range of personal, social, health topics – such as drug and sex education, navigating social media, healthy relationship and becoming an effective parent. The Kent schools involved in Healthy Minds offer learning for Headstart and the capacity being developed during the project can offer benefits for other schools.
Joy Lane Primary School and Oysters Autism Provision	Joy Lane Primary is a much larger than average sized primary school that also incorporates a specially resourced provision for children with autistic spectrum disorder. Most pupils are of White British Heritage and about one in three pupils is eligible for pupil premium. The proportion of pupils, about one in seven, supported at the old school action plus or	We don't just measure our success on an Ofsted judgement or school data but we believe that there are many indicators that measure the success of a child's education. We focus particularly on engagement, attendance, behaviour and learning; all these ingredients add up to a successful experience for a primary pupil. At Joy Lane we also believe

	with a statement of special educational needs is well above the national average. Joy Lane prides itself on being a fully inclusive school that serves a wide range of the Whitstable community. The children make good progress here as identified from the last three Ofsted inspections however, in our quest to make further progress towards an outstanding judgement we have identified that some of our children and their families need to develop and improve their resilience to tackle adversity and 'bounce back' against the odds. We work hard to engage with some of our hard to reach families and our inclusion team together with the Family Liaison Officer work tirelessly to support the more vulnerable members of our school community. We promote equality of opportunity for all and believe that our school ethos of Respect ,Trust, Care, Quality and Value underpins everything that we stand for.	strongly that our pupils should have access to many, ' Essential life Experiences ' while at school and if at the end of a school year we are able to tick some of these off we feel we have achieved together. We place a special emphasis on engagement with family and the community and are always happy to work with different agencies in order to facilitate the greatest impact on the child and their learning. Each week the deputy, attendance officer, family liaison officer and inclusion team meet to discuss our more vulnerable children and implement further actions as appropriate. The school is popular amongst the community and a school of choice for families from many extreme socio-economic backgrounds and our increasing roll indicates that our reputation is still good in the eyes of our clients. To conclude we are always striving to be innovative and successful for our children and community and are always willing to try new ideas if it results in successful outcomes for our children.
KCC Public Health – HOUSE Programme	HOUSE aims to deliver public health messages to 13 – 19 year olds. HOUSE staff are trained to deliver health interventions and the projects are a place that agencies can come to the young people instead of the young people having to go to them. Health focus on: Sexual health Drugs and substance misuse Alcohol Smoking Healthy living/eating Emotional wellbeing Physical activity	Each HOUSE project records the number of interventions delivered, recorded outcomes and accredited outcomes. They also monitor the number of young people attending, the number of C-cards issues, chlamydia tests completed etc. The Public Health observatory team records information on a county, district and ward level on all of the above health topics. HOUSE aims to ensure the negative stats continue to fall across the county.
Kent County Council, Fair Access Team (Admissions)	Although my core work is somewhat detached from young people, I play a vital role in securing school places for Kent children in care, other local authority children in care and hard to place CYP (through In Year Fair Access panels) in the districts of Dover and Thanet.	Largely the impact of my work is measured through securing school places/appropriate education for CYP within the legislative timescales.
Kent Educational Psychology Service	Educational Psychologists undertake core statutory work with children and young people and undertake a wide range of psychological support with schools and settings across Kent through core discretionary and traded services See http://www.kelsi.org.uk/pupil_support_and_wellbeing/targeted_support/e	The work is evaluated in a number of ways, commonly using a process called Target Monitoring Review which provides both quantitative and qualitative data. In addition specific projects and pieces of work, and training, are evaluated using psychometric tools and rating scales etc.

	ducational_psychology.aspx	Please see attached examples, taken from the annual audit report from one area.
Kenward Trust Kenward Community outreach services	We work with young people and families with Drug and alcohol issues and ASB. We work with young people in different environments, outreach settings like parks, streets and other areas of groups congregating; we go into schools, colleges and any other educational establishment. We also deliver an intervention/educational day for young people to explore drug and alcohol issues. This programme is an experiential day of understanding and learning. We also support the family with young people we are working with to help them understand what is going on for their young person. We also deliver training to parents and other professionals.	The areas we working across West and Mid Kent are funded by District councils who set out a service level agreement each year, the monitoring is quarterly and regular updates of work carried out. We are required to meet the agreements set out each year by the funding bodies that fund our work. A lot of our work is a direct response of an issue in an area and the outcome is a reduction of issues being reported in the area of needed action. We are a front line service who asses and deliver information, education and intervention.
Lizzy Booth Counsellor, Diploma in CBT, Diploma in counselling (MBACP, accredited)	I have developed a programme called Free as a Bird, for young people to learn ways to manage difficult emotions such as stress, fear and worry. I have based it on cognitive behaviour therapy methods and other therapeutic theoretical orientations to help young people build resilience. This was after my experience as a secondary school counsellor and working with young people in schools.	I am researching this currently with a view to finding the best methods available for measurement of impact and outcomes.
MindFull (part of The BB Group of charities)	At its most fundamental level, MindFull is an online counselling service for young people. The service has been designed by young people for young people and offers young people choice in how they access psychological therapies and interventions. This includes: - When they access counselling (the site is 'open' between 10am and midnight, seven days a week) - Who they work with (they can have initial sessions with up to three counsellors before deciding who they'd like to contract with) - How they receive the service (they can choose real-time chat, messaging, video or audio counselling through the site) MindFull also works in schools and community settings to train MindFull Mentors that can support peers offline in the school/setting as well as being mentors online to the wider users of the MindFull service. We also run awareness raising days in schools for whole year groups as an introduction to mental health and start the process of overcoming the stigma attached to mental health.	In each of the schools that we'll be training mentors, those mentors will complete an initial assessment using the Warwick Edinburgh Mental Health and Wellbeing Scale (Wemwebs). The young people that enter into contracted counselling are asked for feedback at all points during their journey through the service. All of the evaluation that takes place is measured against CYP IAPT. This includes: - Using Wemwebs the young person gives feedback at the start of the contract and at every six session interval with final feedback when the contracted period comes to a conclusion - Experience of service sessions at the end of each mentoring or counselling session - We also us the RMQ and Anxiety RCADS measuring tools.
Project Salus CIC	Project Salus has been delivering high impact, high quality services for over 20 years. We deliver a wide range of direct delivery services and training to children and young people (CYP), families, schools, communities and other practitioners.	Project Salus has worked in partnership with Canterbury Christ Church University, through a Knowledge Transfer Partnership, to develop a framework for evaluating services; this has been rated as outstanding by the UK's Innovation Agency. This enables us to robustly evidence

	Project Salus aims to improve the **social skills, educational outcomes and emotional health and well-being** of children and young people and their families through the development and delivery of a huge range of innovative and evidence based services. All of our services are creative, innovative, grounded in evidence of impact and tailored to identified need. We work extensively with partners to ensure our work results in improved outcomes specifically, improved emotional health and well-being, social skills, engagement and educational outcomes for CYP and their families. Our current range of services includes Family Intervention Services (troubled families), Early Intervention Targeted Support, Domestic Abuse Support, Anti-bullying Support to Schools, Schools Drugs Education Advisory Services, Youth Services, Restorative Approaches in Neighbourhoods and Schools, Work Based Learning and Intensive Parental Support for Children with an Autistic Spectrum Disorder. We aim to provide **innovative solutions** with the ability to respond quickly and flexibly to identified need. We focus on **quality** in all aspects of our business and will challenge our own and others assumptions of practice and behaviour.	that we are highly effective in all aspects of our service delivery. At the point of project inception, outputs, outcome measures and methods of data collection are identified. This provides the framework for progress to be measured and impact evaluated. Measurement tools are identified based on the proposed outcomes of the individual project or service. We currently utilise a range of validated tools for pre and post assessment. These include (but are not limited to) SDQ's, Stirling Children's Well-Being Scale, Family Outcomes Star etc. Regular reviews are made to ensure progress is maintained and assess whether any additional outcomes have emerged as a result of delivery. Participating children, young people and families also help to govern the projects and service delivery which supports evaluation of the service. Overall impact of each service is understood through the collation and analysis of outputs, outcomes and feedback from participants.
Stepahead Support – provider of Young Healthy Minds	Young Healthy Minds is a commissioned confidential service which is committed to improving and promoting the emotional health and well being of children and young people aged 4-18 years old in Kent. The service works with children and young people who are experiencing low level emotional difficulties. Emotional difficulties may include, but are not limited to: • Anxiety • Low mood • Behavioural difficulties as a result of emotional needs • Low self-esteem • Poor self image • Relationships/ social skills • Bereavement and loss • Attachment • School refusal • Unhealthy coping strategies Key triggers for these difficulties may include, but are not limited to:	YHM uses SDQs pre and post service to measure outcomes. They are completed with each child/ young person accessing the service and, wherever possible, with parents and professionals. Various other outcome measures area used during one to one sessions including scaling techniques to monitor improvements or otherwise and to motivate clients to improve. Group work monitoring and evaluation tools are being developed to gain feedback on • Whether learning outcomes have been achieved • How the learning will be applied by each member of the group • Format of the session – activities and resources used. • Delivery of the group – facilitation, organization and planning • Diversity- differentiation of task to meet individual learning needs.

	• Bullying • Death or critical illness in the family • Domestic abuse • Family break up • Sibling conflict • Poor home environment • Parenting needs • Learning difficulties • Transition/change **Delivery of Young Healthy Minds** Young Healthy Minds provides 1:1 counselling and therapeutic support or therapeutic group support. Referral routes are outlined on www.kelsi.org.uk and this is currently undergoing changes. Our group work model, however, allows some flexibility to this requirement. Provided at least 50% of the participants in a Young Healthy Minds group have been referred via the Early Help Teams, the remainder of the group do not need to meet this requirement. This allows children and young people who have been referred to access support to build emotional resilience further and for those who have not been referred to receive early help. Schools are finding this approach to be very inclusive.	
The Caldecott foundation	We are a children's charity who provide residential care, education and therapy to young people who have experienced early childhood trauma. We offer both planned Most of our young people are looked after and are resident for 52 weeks. We also have young people on 39 week residential placements and non-residential pupils who access our school.	We measure impact through tracking mainly of behaviour reduction and through increased achievement in education.
The Community College Whitstable	Counselling and mediation support RJ Group work Anger Management Family intervention Alternative provision Empowering young people Self esteem and confidence building PENN resilience	Student feelings questionnaire Attendance Achievement Attitude 121 with students
Wellbeing People	We deliver an 8-week group intervention programme, which is targeted to vulnerable Year 7 and above students. The programme is called Striving to Thriving and is based on proven CBT and Positive Psychology tools and techniques. It aims to:	In order to evidence any impact during and following delivery of Striving to Thriving, the programme is assessed using the nationally recognised Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which is used for pre, post and 3 month post course evaluation. This uses 14

	- Raise self-esteem - Challenge negative self-belief - Improve emotional resilience - Improve communication skills - Improve understanding of healthy and unhealthy relationships - Improve coping strategies Striving to Thriving creates an experience that the participant will experience as empowering. This is frequently achieved by the participant being invited to identify their strengths and aims to build the participants capacity to recognise they can develop the skills to thrive and bring about positive changes, however small to their respective lives.	statements to gauge feelings and thoughts over the last two weeks. Using WEMWBS as a scaling tool, it provides an average baseline for the group, as well as being able to demonstrate the changes made over the length of the programme. If there is an increase of over 8, it is said to represent that WEMWBS is demonstrating that mental wellbeing meaningfully improved over the course of the project