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Report July 2022

# ‘Moving from intervention to integration’

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AN EVALUATION OF EARLY INTERVENTIONS INTO MENTAL  
HEALTH AND WELLBEING ACROSS LAMBETH SCHOOLS WITH  
A FOCUS ON CREATIVE THERAPIES

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# 1 Executive Summary

## 1.1 Background

The growing mental health crisis in English schools has been well documented as affecting both children and teachers (WHO 2019). This has been exacerbated by COVID-19 affecting our most vulnerable children. Additionally, the referral times for support from external services such as CAHMS is untenable, leaving schools ‘bucking under the strain’ to support both children and staff. According to a recent report from Young Minds (2020), ‘schools need urgent funding to prevent a mental health crisis.’

In response to this crisis, Impact on Urban Health (IoUH) has funded a small early mental health grant to Oval Learning Cluster (OLC) to support up to 20 primary schools during academic year 2021-22 in selecting suitable interventions for their context and giving them the opportunity to commission external therapeutic support to help bridge the gap between universal and specialist help for children’s mental health. The aim of this programme was to contribute to improving and influencing whole school approaches to mentally healthy environments across Lambeth schools.

## 1.2 Context for evaluation and demographics of Lambeth Schools

Lambeth is cited as the second largest borough in London and 5<sup>th</sup> most densely populated area in England and Wales. It is considered ‘a diverse and changing population’ because over 40,000 people move to and from the borough each year. It consists of a population of 315,000 people in a culturally and ethnically diverse area of South London, with 3 in 5 people describing their ethnicity as other than white British.

31% of the population who live in areas of high deprivation with one third of families with children are in receipt of benefits, making Lambeth the 44th most deprived local authority in England. According to recently published education statistics 2020-21, there are currently 62 primary Schools and 21 secondary schools where, on average, 38.8% of children in primary school are eligible for free school meals, 17% of children have special education needs and 52.2% of children are bilingual (this includes New to English speakers). Data suggests (Knowles et al, 2022) that 19% of 11–14-year-olds in inner-city London have a mental health problem (weighted prevalence 18.6%, 95% CI: 16.4, 20.8%). This is higher than reported in recent national studies in the UK, including those that have used the same self-report measures, suggesting ‘many similarities—with some variations—in prevalence of emotional problems (i.e. anxiety, depression) and self-harm by ethnic groups. These similarities are striking, as Black African and Black Caribbean groups in the UK experience, on average, greater social, economic, and environmental adversity than their White British peers’ (Knowles et al, 2022, p10).

Despite these challenges, Lambeth council is committed to being a ‘questioning and learning’ local authority and their schools and teachers are championed by those working in partnership as offering a range of rich bespoke approaches to mental health to support their children and communities in difficult circumstances. According to a report by Oval Learning Cluster, there is a lack of capacity and expertise in Lambeth primary schools to support

children at risk of developing mental health challenges and behavioural disorders. Children often do not meet thresholds for specialist support services but need more support than schools have the resources, capacity or knowledge to provide. These put added strain on schools in terms of capacity.

Following a successful use of creative therapies to support children's mental health and wellbeing through COVID-19, the present evaluation was commissioned as part of funding through Impact on Urban Health to Oval Learning Cluster (OLC), supported by Windmill Cluster of Schools (WCS) and Brixton Learning Collaborative (BLC) (who each have in place a Partnership Manager to broker relationships and opportunities for schools). The aim of this funding was to contribute to improving and influencing whole school approaches to mentally healthy environments across Lambeth schools and in support of children from low-income families in particular. Against an alarming rising number of pupils experiencing poor mental health and wellbeing for a range of causal factors, the project enabled Lambeth Primary Schools to select the best interventions to support children at risk of developing mental health challenges and behavioural disorders by giving them the opportunity to commission external creative therapeutic support from within their community that best suits their needs to fill this capacity gap, whilst strengthening community ties and upskilling school staff. The presented formative process evaluation looked to capture (a) the nuance and tacit knowledge of how to deliver this intervention well and (b) to inform future improvements, sustainable funding and scaling by exploring the **following research questions**:

1. What other support mechanisms are in place in schools and how do external therapeutic services fit in / add value?
2. What impact can an external visiting practitioner have on culture and practice for school? How can this kind of service best support an effective whole school approach to mental health and wellbeing?

### 1.3 Research Design and Methodology

The methodology for the evaluation utilised a mixed methods approach comprising of an initial audit survey, followed by a series of semi structured interviews with key stakeholders to expand on key themes and develop a more nuanced case study approach to the evaluation. The scope of the evaluation involved interviews with a wide range of stakeholders across the Micro, Meso and Macro levels of organisations such as the Director of Children's Commissioning, school Inclusion Leads, Headteachers, creative therapists and School Partnership Managers

### 1.4 Summary of findings and recommendations

The evaluation shows that there is an urgent need for funding to address the mental health and wellbeing of pupil and staff, particularly following COVID-19, with schools struggling to juggle teaching, curriculum requirements and external agencies. Lambeth schools highlighted ways in which they have developed a range of successful and localised whole school approaches to mental health and wellbeing which empowered children. The

evaluation revealed a wide range in the scope and breadth of the creative therapeutic interventions to mental health across these schools. The common holistic approach to these creative therapies was linked to improvements in positive wellbeing and mental health of children across schools. The evaluation recommends that this approach to pedagogy should be researched further, upscaled and integrated across the curriculum, supporting early intervention into mental health and emotional literacy for all children. **Furthermore, the evaluation highly recommends that education policy makers and the English Department for Education should work collaboratively alongside schools in addressing a mental health and wellbeing curriculum by drawing from the professional knowledge of those school stakeholders working most closely with children and communities.**

The key recommendations are summarised below.

**1. Funders pooling financial resources for schools.**

Local funders need to pool resources to give schools and communities more agency for localised, long terms projects in relation to early interventions into mental health and wellbeing, building on successful projects. Universities should support in articulating the impact of the work.

**2. More localised funding for schools to support early interventions.**

Rather than a centralised funding approach, it is clear from the evaluation that there is a range of effective whole school localised approaches to mental health and wellbeing across Lambeth. Schools know their children and communities. Where there is access to localised funding which was utilised by the school in relation to their own needs, the work of the creative therapeutic practitioner is having clear impact on the positive wellbeing of staff, students, whole school culture and communities. Critically, this takes a different approach based on the need, funding, senior leader and communities in each school. This is set against huge barriers in relation to sustained funding for specialist work, teacher release time, untenable waiting times for CAHMS and narrow curriculum requirements.

**3. Investment in the role of School Partnership Managers.**

Fundamental to the relationship between schools and external practitioners is the role of the school partnership manager. The school clusters each engage a School Partnership Manager to broker relationships and opportunities between communities, schools and local services. This alleviates pressure and time requirements for schools providing outward facing specialist knowledge. This role could support facilitating opportunities for upskilling teachers and developing partnership work across the Borough, acting as a bridge between Macro and Micro levels.

**4. Moving from intervention to integration: Investment in creative therapy and holistic pedagogical approaches across the whole school should support an integrated approach to mental health and wellbeing.**

There were clear links between the pedagogical approach of creative therapy and improvement in positive wellbeing, coping strategies and mental health of children. These

practitioners had specialist knowledge and localised insight of the community, often connecting school and community. This centered on giving children agency in learning activities, using a range of creative stimuli and emotional literacy strategies. Rather than seen only as an intervention for individual children, the creative approach should also be integrated across schools as part of holistic curriculum learning, **moving from a model of intervention to one of integration**. The creative therapist should be a visible part of the school community supporting a robust PHSE programme and staff development. **This would bolster support early intervention into wellbeing and mental health.**

#### **5. Partnership communication and collaborations was highlighted to be actioned more affectively across levels.**

This includes pooling existing offers across health and education more efficiently in order to upskill teachers, 'mental health leads' and senior leaders in schools. Macro level organisations should draw on localised case studies, working alongside communities and effective school programmes to develop a robust outcome framework.

The evaluation highlighted six key themes. These were set against extensive barriers for schools and services outlined in the evaluation. Fundamentally, the evaluations draw from a range of stakeholders to further *“understand where the gaps are in terms of mental health support, especially around early intervention. It’s also, helping the community and the school community and the wider community to change the narrative around what mental health and wellbeing means”*.

The table below expands the recommendations as provided by the different levels of professionals interviewed for this evaluation.

Themes	Recommendations
Collaborative working	<p><b>Partnership communication needs to be strengthened across all levels</b></p> <ul style="list-style-type: none"> <li>On the Macro level, <b>funding needs to be increased and pooled to cover long term projects</b>, moving to a whole school approach on the Meso level, with more mental health workers and creative therapists in the school building.</li> <li>In terms of collaborative working, the role of the school <b>partnership manager</b> was seen as fundamental in connecting and brokering schools with localised services. The outward facing nature of this role meant that there was less pressure on schools and teachers to build these relationships. <b>There needs to be upscaling in the number of school partnership managers between schools as a bridge between services.</b></li> <li>There is a need to <b>work with universities to build wider research profiles</b> in order to develop greater understanding of creative therapies work and localised school approaches to mental health and wellbeing.</li> <li>On the Macro and Meso level there needs to be <b>more working across schools to pool resources</b>, through a menu of options for therapy across the Borough. Forums should also include young people and creative therapists.</li> <li>There needs to be further financial investment in a wider range of parental work which shares wellbeing strategies from creative therapists.</li> </ul>
Child voice/agency	<p><b>Holistic approaches to pedagogy support early interventions into mental health and wellbeing- this should be recognised on a policy level.</b></p> <ul style="list-style-type: none"> <li>On a Macro and policy level, <b>holistic, creative curriculum approaches to mental health should be recognised and integrated more widely</b>, this involves tapping into school knowledge of children and community. Funders and policy makers should draw from case studies involving children in sharing best practice across schools.</li> <li>On the Macro level more robust co-production of services should include recipients of services i.e., children and local communities.</li> </ul>
Developing future skills	<p><b>Interdisciplinary work across health and education can support upskilling teachers</b></p> <ul style="list-style-type: none"> <li>On the Macro and Meso level, there needs to be <b>further work in upskilling teachers</b> and SLT with mental health and psychological literacy training. <b>The creative therapist has a role to play in disseminating practice and specialist pedagogy</b> working more widely with schools and teachers. This expertise needs to be utilised more widely across communities including the development of life skills and anti-racist practices. This expertise must be <b>recognised and drawn on by those working on the Macro level.</b></li> </ul>
Measuring the impact of the approaches on the target population	<p><b>On the Macro level, a robust outcomes framework needs developing to reflect the local community</b></p> <ul style="list-style-type: none"> <li>On the Macro level there needs to be <b>more work with families and a wider range of stakeholders in utilising an outcomes framework as well as working in collaboration with children to design appropriate services.</b></li> </ul>
Localised and flexible approaches	<p><b>Lack of sustained funding on a local level is hindering effective work across ALL themes</b></p> <ul style="list-style-type: none"> <li><b>A key recommendation on the Macro level is combining resources from multiple funders - for a multiyear funded programme for schools. This should be a localised approach and underpins all recommendations.</b></li> <li>There is a need to include more stakeholders in developing and creating effective, consistent approaches to measuring outcomes in mental health and wellbeing.</li> </ul>



## 2 Literature Review

### 2.1 The current 'crisis in mental health'

The alarming rise in poor mental health for young people is globally recognised, with the World Health Organisation (WHO, 2019) stating that 'the need for action on mental health is indisputable and urgent'. According to a report by the National Children's Bureau and Young Minds in 2018, 'we are facing a growing mental health crisis in our schools' (Cowburn & Blow, 2017). Within this evaluation report we draw on the definition of mental health by the WHO (2019) in acknowledging that mental health is a vital component of wellbeing. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case.

*"Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development." WHO, 2019.*

Exposure to unfavourable social, economic, geopolitical and environmental circumstances – including poverty, violence, inequality and environmental deprivation – also increases people's risk of experiencing mental health conditions. WHO (2019) also state that protective factors similarly occur throughout our lives and serve to strengthen resilience. They include our individual social and emotional skills and attributes as well as positive social interactions, quality education, decent work, safe neighborhoods and community cohesion, among others.

Recent figures from the Joseph Rowntree Foundation (February 2020) and the Children's Poverty Action Group show that between 2018 and 2019, 4.2 million children, equating to about 30% of children in the United Kingdom, were living in poverty (defined as living below 60% of the national median household before housing cuts); this is due to rise to 5.2 million children by the end of 2022. Of those children, 45% were from Black and global majority backgrounds and 26% were White children. Additionally, since 2010, the Government has made cuts worth £2.2 billion to children's services (Children's Society Report, May 2020) Furthermore, research reports also demonstrate the negative impact of COVID-19 on young people's wellbeing and mental health (Durham Commission, 2020, 2021). This is set against reports by Young Minds (2016) of waiting times of up to a year to gain specialist support from the Children and Adolescent Mental Health Service (CAMHS).

### 2.2 Fragmented curriculum approaches to wellbeing and mental health

In response to the mental health crisis in schools, Ofsted (2018) released a revised framework with a focus on high-quality teaching, which includes teaching about mental health in primary schools. This, alongside the controversial relationship education

curriculum (2020), was aimed at supporting mental health understanding in primary schools. The heavily anticipated and ‘ambitious’ government paper on mental health (2017) advocated a widespread implementation and ‘iterative learning methods’ to inform best practice, including a multidisciplinary approach to supporting schools. Knowledge that the foundations of good mental health are best prepared in childhood leads to prevention and early intervention in promoting mental well-being with this being central to the proposed strategy. Additionally, all schools in England are proposed to have a Mental Health Lead in schools by 2025 and the Department for Education (DfE) has offered free training to schools to facilitate this process. Training was made available to one-fifth of schools from September 2019 and there is a real concern that training to cover the lead in all schools will take several years to deliver. For example, only 20-25% of the country will be involved over the next five years. This means significant numbers of schools, children and young people may see no improvement in mental health support in their area for many years and we continue to urge the Departments of Education and Health to actively seek ways to increase the pace of the rollout of the green paper’s proposals across the country.

Whilst Scotland and Wales have actively reformed their curriculum, elevating the status of wellbeing by making it a statutory component of curriculum subject learning, England, has lagged with a narrower curriculum focus and less attention on wellbeing which is non-statutory. The Welsh curriculum in particular, takes a less prescriptive approach to curriculum requirements, drawing from teachers’ professionalism and agency in developing localised curricula for the communities and the children that they serve. This means that for many children and teachers at school in England, subjects such as PSHE become compromised in a curriculum framework which is oversubscribed, and more heavily focused on accountability and testing. For schools and teachers working within these curriculum<sup>1</sup> requirements, there can be less agency in creating community responsive learning.

### 2.3 Children’s mental health and the pandemic

Multiple reports present findings about the impact of school closures and lockdown on the mental health of students (Cramman et al, 2020). Areas of mental health impacted include: a decrease in students’ resilience (e.g. poor concentration span and fatigue), an increase in anxiety, missing friends, loneliness caused by social distancing and separation, boredom, hyperactivity, isolation, stress, and frustration. There was also concern expressed by some youth groups that children would suffer from a loss of their sense of belonging as well as having lost a creative outlet, due to not being able to attend sessions. They also suggested that the importance of Social and Emotional Learning to help build students’ resilience and to help young people and teachers process personal experiences was going to increase in importance in the recovery from the impact of the virus. The importance of taking part in extracurricular activities, sport and working with professional musicians on the well-being of students has been highlighted in several reports (Cramman et al, 2021, Daubney and Fautley, 2020).

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## 2.4 The links between holistic learning, creativity, culture and wellbeing

The links between holistic learning, creativity, positive wellbeing and pupil agency are well documented (Stephenson and Dobson, 2020, Celume et al, 2017) and reflected in the status given to the Welsh and Scottish National Curricula. This includes providing a wide range of creative and cultural experiences for all children with “opportunities for students to critically reflect on what wellbeing means to them, to navigate through and negotiate within the communities in which they live, play and learn, with a view to realising, challenging and enacting their potentials” (Simovska, 2018).

Creative and holistic approaches to learning are well positioned for exploring children’s relationships and expressions in a safe way. A holistic approach incorporates a wide range of educational experiences including social, emotional and physical aspects of learning which also provide rich opportunities for culturally relevant learning. This is more often seen in the early years classroom and includes links to outdoor learning, playful pedagogy, visual and embodied learning, cultural and community events. In the latter parts of primary school, this approach to learning is often marginalised. Research shows that children’s access to cultural and creative opportunities are currently heavily dependent on postcode and this access is now cited as a ‘social justice issue’ (Paul Hamlyn Report, 2019).

These inequalities have been exacerbated during COVID-19 with the most disadvantaged children being affected. Reports by Cramman et al (2020, 2021) state that in relation to Ofsted there was a perception that the existing inspection framework did not value creativity. Consequently, many creative and cultural activities run as part extracurricular activities in order to provide a broad curriculum. This has implications for the school budget and time. Recent reports by the Durham Commission (2020, 2021) during the COVID-19 pandemic highlighted the links between creativity and wellbeing, stating that ‘COVID-19 has shown that creativity and cultural experiences are fundamental to the lives of young people and school culture and should be an essential part of the return to in-school education.’ The importance of taking part in extracurricular activities, sport and working with professional musicians on the well-being of students was highlighted in this report alongside the following negative impact on wellbeing when these opportunities were compromised by COVID-19. However, this was countered with narratives from the government of ‘getting children back on track’ and a renewed emphasis on core subject learning. Research shows that COVID-19 has also impacted heavily on school resources and teacher mental health. Ultimately, this means that for many of the most disadvantaged communities, children will not experience a breadth of holistic educational experiences.

## 2.5 Early interventions to mental health: Defining creative therapeutic approaches

Within this evaluation we are interested in the role of therapeutic approaches in strengthening the response to the mental health crisis in schools. In doing so, the evaluation recognises that there are a variety of other potentially impactful approaches to early interventions to mental health in schools. In defining creative arts therapies, we use the definition provided by Shafir et al (2006) as this reflects the breadth and scope of this area of professionalism explored within this evaluation.

*“Creative Arts Therapies is an umbrella term for healthcare professions that use the creative and expressive process of art making to improve and enhance the psychological and social well-being of individuals of all ages and health conditions. Creative arts therapies use the relationship between the client and therapist and among clients in group or dyadic therapy in the context of the creative-expressive process as a dynamic and vital force for growth and change. The creative-expressive process engages physiological sensations, emotions, and cognition; facilitates verbal and non-verbal symbolization, narration, and expression of conscious or unconscious conflicts and meaning-making through internal and external dialogue and communication between oneself and others” (Shafir et al, 2020, p6).*

Creative arts therapists generally work in a variety of settings, hospitals, educational institutions and community settings and includes a variety of Professional specialisations, such as drama, dance, film, art and music psychotherapy and many other creative and therapeutic approaches. **The therapies draw from a range of theoretical and clinical underpinning, approaches and therapeutic art forms, often drawing from an interdisciplinary knowledge in psychology and psychotherapy.** Broadly, these approaches to wellbeing focus on utilising creative art forms, expressions and methods which are most suitable for the needs of the various groups (Swift, 2006). As such, they offer a critical and unique set of approaches to mental health and wellbeing for schools. In educational contexts, these tend to be mostly brief, and solution focused, addressing the here and now emotional challenges in students’ lives (Nelson, 2010). Often this work is for trauma informed intervention work on a 1:1 or small group basis for a limited amount of time and is dependent on external funders in school settings.

The nature of the therapeutic approach is broad and difficult to define and evaluate as often impact may happen well after the ‘intervention’ or evaluation has taken place. Whilst there are several research case studies which advocate the success of creative therapeutic interventions on young people’s mental health and wellbeing, there is a need for further quantifiable evidence which demonstrates the effectiveness of creative therapy in education settings. Case study approaches state the positive impact of creative therapies with young people in school contexts coming to terms with a wide range of traumas such as suicide, attachment issues, divorce and many other interventions (Testoni et al, 2020, Malchiodi, C.A., 2014 Van Westrhenen and Fritz, 2014). Moreover, case study and mixed method evaluations of longer-term projects such as Creative Interventions (Swift et al, 2006) provide some evidence that creative involvement rather than shorter interventions can impact on the mental health and well-being of excluded and marginalised children and families. These therapeutic arts experiences often took place in community and cultural settings and impacts were noted as: increased self-confidence and self-esteem, improved levels of concentration and focus, gaining of meaning and purpose in life, extending social networks, enjoying a social experience and reduced isolation, increased connectedness with the community, possible increased life chances (ibid, p7). These case studies and others, claim ways in which creative therapy is impactful on emotional literacy within school communities, offering bespoke and flexible approaches in response to the needs of their

pupils and families. Issues of quality provision, funding and opportunities for systematic evaluation are also raised as critical considerations.

## 2.6 A whole school approach to mental health: Integrated emotional literacy

Whilst there is case study evidence of the effectiveness of creative therapies as ‘interventions’ to developing mental health and wellbeing with young people in schools, there is limited focus and evaluation of creative therapies used as a whole school approach to mental health and wellbeing.

*“a whole school approach’ for promoting positive mental health, recognises the importance of working collaboratively with all parts of the school community; students, families and staff, whilst acknowledging the impact of local and government policies. Adopting this approach advocates that schools should tackle mental health and well-being through their behaviour policy, curriculum design, care and support for young people, as well as staff, and engagement of parents. A unifying factor that often underpins or is central to these universal approaches is the whole-school approach, or at least an approach that requires the cooperation of different levels of school personnel, wider communities, and other agencies.”*  
(O’Reilly et al, 2018)

Hannigan et al, (2019) state that in a global context where mental health issues are on the rise, an emotional curriculum should include awareness of mental health issues, promotion of wellbeing and incorporation of inclusivity to enhance positive outcomes for individuals and communities, connecting students and teachers through art experiences in a way that meaningfully and effectively addresses the strengths and needs of a diverse range of students. This therapeutic art approach offers students ways to express their own unique aesthetic, cultural, socio-psychological and environmental points of view. Central to this is a move away from a clinical model of creative arts interventions to one which sees these approaches integrated into whole school culture and curriculum.

Research from the WHO (2003), highlights the lack of equitable opportunities for the most disadvantaged and vulnerable children and families to access mental health services by identifying three barriers:

- lack of resources,
- difficulties in transportation and
- fear of stigmatisation.

Furthermore, research (Beauregard, 2014) suggests a fourth barrier which is the organisation of mental health services and calls for the need to have a health professional inside school grounds as an alternative strategy. Arguably, a whole school approach would benefit some families geographically who need to access mental health services by mitigating against some of these barriers, but this would require further funding. Research found that classroom-based programmes which contained a major component of creative expression can be beneficial to children participating in them. The research claimed significant improvement in hope, coping and resiliency, prosocial behaviours, self-esteem,

impairment, emotional and behavioural problems (especially aggressive behaviours), however, this had little or no effect on adolescent boys highlighting need for further research.

## 2.7 Barriers to a whole school approach

Despite the outlined benefits of this approach, a systematic review of evidence-based research of mental health promotion and interventions in school over the last decade (O'Reilly et al, 2018) highlights several barriers to implementing a whole school approach to mental health which include:

- lack of adequate support (in terms of staff willingness and/or funding)
- clarity operationalisation, and consistency in terminology used (this would also need to consider how mental health and illness are conceptualised)
- having appropriately trained staff to provide support and supervision, and
- engaging young people in the development of the promotion of positive mental health.

The evaluation included children across the school ages and focused on universal rather than targeted interventions. There was also recognition of the need for:

- sustainable multi-sector partnership in mental health promotion offers little guidance about who the partnerships should involve or specific roles of stakeholders'
- a need to engage the wider community and include families, as well as young people and their teachers.
- a need for a stronger and broader evidence in the field of mental health promotion which should focus on both universal work and targeted approaches to fully address mental health in our young populations. This should also address the rigour and quality of evaluations.
- need to develop teachers' understanding, competence and confidence in delivering and sustaining mental health promotion with their pupils was also highlighted as research shows that teachers are resistant to holding too much responsibility in terms of mental health and lack confidence (O'Reilly et al, 2018, p660)

It was also clear from the evaluation that a major issue with interventions into mental health was lack of sustained time in school and funding. It is not clear from the systematic review whether the interventions and approaches were creative, or arts based. However, it raises some considerations for this evaluation.

Within the present evaluation, we were interested in building on this research by evaluating the role of the creative therapist in supporting a whole school approach to mental health across Lambeth schools. This approach required a culture shift from viewing therapeutic methods as not only providing 'interventions' to specific children and families but also integrating and sustaining a whole school, class and community approach to mental health and wellbeing by drawing more widely the tools of the creative therapist.

### 3 Evaluation: Research Design and Methodology

The methodology for the evaluation utilised a mixed methods approach comprising of an initial audit survey, followed by a series of semi structured interviews with key stakeholders to expand on key themes and develop a more nuanced case study approach to the evaluation.

**Audit Survey:** An initial online audit survey was developed and circulated via email for teachers to complete to capture the key characteristics of their school, staff and their students. As part of this online survey, schools were asked to supply information about their whole school approaches to supporting student mental health, and why the school has adopted early mental health support in the form of creative therapies as part of this approach. Schools were also asked to comment on their expectations of the service as it is implemented throughout the academic year.

A similar survey was developed for use with the creative therapists. This survey was designed to capture the individual practice of each therapist, as well as their perceptions of early mental health support as it is embedded within a whole school approach.

Responses to both surveys were subject to thematic analysis to identify key themes across school and therapist replies.

**Semi-structured Interviews:** Following on from the initial audit survey the research team identified three schools in which to conduct an in-depth case study with. One person from each school, that self-identified as being responsible for children and young people's mental health, was invited to participate in three separate 30-minute online 1-2-1 interviews with the research team. Here, schools were invited to discuss in detail their perspectives on whole school approaches to supporting mental health, and how they see creative therapies as playing a role in this agenda within their setting.

In addition to the school case studies, a series of semi-structured interviews were also conducted with a variety of professionals working across Lambeth who had an invested interest in children and young people's mental health i.e. PSHE lead, funders, commissioners, teachers, and individuals from the voluntary sector. For these individuals, a one-off 30-minute online 1-2-1 interview was held with the research team to discuss their perceptions of how-to best support children and young people's mental health, and what they consider to be the barriers and facilitators to supporting mental health in schools. In total, the evaluation team undertook 16 in-depth interviews.

#### 3.1 Advisory Group Meetings

The evaluation team also ran two advisory group meetings at key points within the evaluation timeline; once after the analysis of the initial survey and then following the thematic analysis of semi-structured interviews. The advisory group consisted of wider stakeholders within Lambeth services, such as mental health services and key funders in supporting external school partnerships such as Impact on Urban Health and Walcot Foundation. The meetings provided further partnership opportunities to collect in depth

qualitative information and responses to the evaluation and analysis across macro, micro and meso levels of stake holder engagement.

All interviews were subject to transcription and thematic analysis.

## 4 Findings

### 4.1 Initial Audit Survey: Schools

A total of 12 of the 20 schools completed the initial online audit survey. The respondents included two headteachers, three SENCo's, three deputy head's, two inclusion leads, and two assistant heads. Schools indicated that they used several interventions within their setting to support student mental health. On average, schools reported having three interventions (range = 1 to 6) embedded within their curriculum. Play therapy was the most widely adopted intervention, appearing in 25% of schools. Most services had been adopted within the last couple of years (range implementation duration 6 months to 20 years,  $M = 3.7$  years), and several funding streams were utilised to financially support and sustain their implementation (range 1 to 4,  $M = 2$  funding streams). The most frequently reported avenues of financial support were charities such as the Walcott Foundation ( $n = 6$ ) or the school budget ( $n = 4$ ). Schools mentioned that the implementation of external services was necessary to meet the increasing SEMH needs within their schools. It was recognised that support was needed across a continuum, from providing students with a space to exercise their thoughts and feelings in an appropriate way, to providing targeted and specialised support. Schools noted that there were several strengths and skillsets already present within their own staff team, but some children required specialist provision beyond what the teaching staff were able to provide. The use of both internal and external support was therefore said to enable provision of universal and targeted support for their students. Schools further noted that they associated external services with authoritative perspectives on what works best to support mental health. There was also an assumption that by bringing in external services staff would benefit from comprehensive advice and resources.

When schools were asked what they believed to be the current gaps in their early mental health provision, three themes emerged: 1) access/availability of appropriate support, 2) training and support for staff and parents, and 3) funding. Many of the schools mentioned that they perceive access to and/or availability of appropriate support as a gap in their existing provision given the increasing number of children requiring additional support. Some schools mentioned that this becomes particularly concerning when children do not meet specific clinical criteria to access psychological services such as CAMHS, or when issues spiral out of control very quickly. Many of the schools mentioned that greater awareness of mental health amongst the staff team, as well as the parents of children within the school, was necessary to bridge gaps in understanding. There was also a suggestion that additional training could be used to better support staff and parents' own mental health and wellbeing. Above all, schools mentioned that funding was the primary gap in provision. They noted that decreasing budgets restrict the type of services they can access and for whom. There is a shared belief that additional funding would enable them to reach a greater number of children for whom traditional therapies may not be appropriate.



A total of six therapies were noted to be implemented as part of the funding from Impact on Urban Health. These were Drama Therapy ( $n = 4$ ), Art Therapy ( $n = 4$ ), Play Therapy ( $n = 2$ ), Music Therapy ( $n = 1$ ), Emotional Literacy ( $n = 1$ ), and Creative Therapy ( $n = 1$ ). Only one school mentioned that two therapies were being used at the same time (Play and Drama). The schools indicated that creative therapies contributed to the wider school culture as they reinforced the school's ethos around valuing children and promoting inclusivity. The therapists were identified as being particularly important in developing and enhancing relationships between school staff, students, and parents. Schools recognised the importance of these relationships for breaking down the stigma attached to mental health, and/or redressing misconceptions about specific disorders. Predominantly there was a shared understanding that to better support the students in their school, there was a need to work collaboratively, utilise the knowledge of experts, and share methods of best practice. Schools suggested that the impact of these services on the wider school culture would be mostly felt in terms of the increasing awareness and understanding of mental health across the school, and the wider community. There was also an overwhelming indication that these services would be able to provide additional support and effective strategies for managing mental health difficulties both at the student level, but also at the staff and parent level. This was suggested to empower individuals involved in the care of the students and promote parental engagement. Schools also reported that the inclusion of these services within the school would promote a sense of safety, allowing students a safe space to express their emotions outside of academic contexts.

Upskilling existing staff through working with the therapists, group implementation of therapies, additional financial support, and investment in staff training and CPD were all noted as methods required to upscale and maintain the implementation of creative therapies within schools. The idea of using the therapists as mentors to enhance the existing skill set of the staff team was suggested as one method in which to upscale the current provision. It was proposed that therapists could advise on the most appropriate strategies and techniques teachers may wish to adopt within their classrooms to reach a wider range of children beyond those in the immediate care of the therapist. Small-group delivery was also suggested as a method to increase the reach of the therapies beyond current 1-2-1 support. Schools also indicated that staff training in specialised support for existing staff teams would widely benefit the students in their care. However, most schools noted that funding, or investment, was ultimately the only way to ensure the maintenance and sustainability of creative therapies within their setting.

When asked if there was a need for sustained funding to commission early mental health support in schools, all respondents unequivocally stated yes. Schools noted the difficult context in which they were working. Specifically, the increasing number of students requiring additional support while waiting times for specialist support was also increasing. Schools noted that the COVID-19 lockdowns had exacerbated declines in resilience and general wellbeing, and that the challenge is now managing these issues within a context of depleting budgets and reductions in appropriate resources. The general feeling is that there needs to be a long-term plan to support mental health in young people and that schools should have a ring-fenced budget specifically for early interventions. This would ensure that

any current provision is maintained without impacting upon general educational resources. Investment in this area is also considered to have wider benefits, particularly on relationships between schools and parents, and the wider community.

## 4.2 Recommendations

The following recommendations are based on the school's survey responses:

- **Increased, long-term funding to support therapy delivery**
- **Utilise the expertise of therapists to upskill teachers**
- **Increase CDP opportunities for teachers to increase their psychological literacy**
- **Extend therapy provision to include more small group sessions to reach more children**

## 4.3 Initial Audit Survey: Therapists

The research team received a total of 7 responses from a possible 12 therapists employed across the schools. Their experience of working as a creative therapist ranged from 1 year to 34 years. The sample included 4 art therapists, 1 drama therapist, 1 child psychotherapist, and 1 creative arts facilitator. The length of service spent working in the Lambeth schools in their current role ranged between 3 months and 2 years. Of the 7 therapists, 6 reported being independent to a professional organisation i.e. self-employed.

Therapists reported that their practice included working with students in a 1-2-1 capacity, as well as running sessions with a small group of children i.e up to 6. The therapists also noted that beyond working with students, their role necessitated them to work with staff and parents in order to achieve the best outcomes. The impact of their work is captured in several different ways, including standardised questionnaires completed by teachers and parents (SDQ and ELSA), qualitative conversations held between teachers privately and confidentially, valuation with parents, child completed questionnaires, art journals, informal conversations, interviews and observations. Outcomes from therapy are then disseminated to parents, teachers and the wider school community via end of therapy reports, meetings with parents and staff, telephone and email conversations, promotional leaflets, and wall displays within the school.

Therapists were asked to comment on their perceptions of the perceived value of creative therapy in schools. One aspect mentioned by all therapists was the safe space created for the children through the provision of a non-judgmental and consistent environment that allows the child to express themselves and build confidence. There was also a mention of the wider benefits to staff in terms of them being able to utilise the skills of professionals to better understand and support the children in their care.

Considering how creative therapies fit into the wider school approach to mental health, therapists indicated that it helped to build students emotional wellbeing and provided vocabulary that could be shared across the school. Furthermore, the implementation of creative therapies meant that school-based professionals were not working in silos and were connected to a wider framework where learning is reciprocal across practitioners. The

wider benefits of this support were considered to allow new insights and offer opportunities for identifying and supporting children and families to ensure they receive help as early as possible. This in turn helped to establish and build positive parent-school relationships, reduce stigma associated with mental health, and raise awareness.

Finally, when asked about whether they considered a need for sustained funding the therapists provided a resounding yes. They explained that the number of emotional needs and trauma that schools are expected to manage and deal with effectively without specialists is overwhelming and traumatic for the staff, and not financially sensible given the expenditure made when problems escalate. They also indicated that most referrals need a longer time frame than what is generally provided through commissioned funding.

#### 4.4 Recommendations

The following recommendations are based on the responses provided by the therapists following on from the survey:

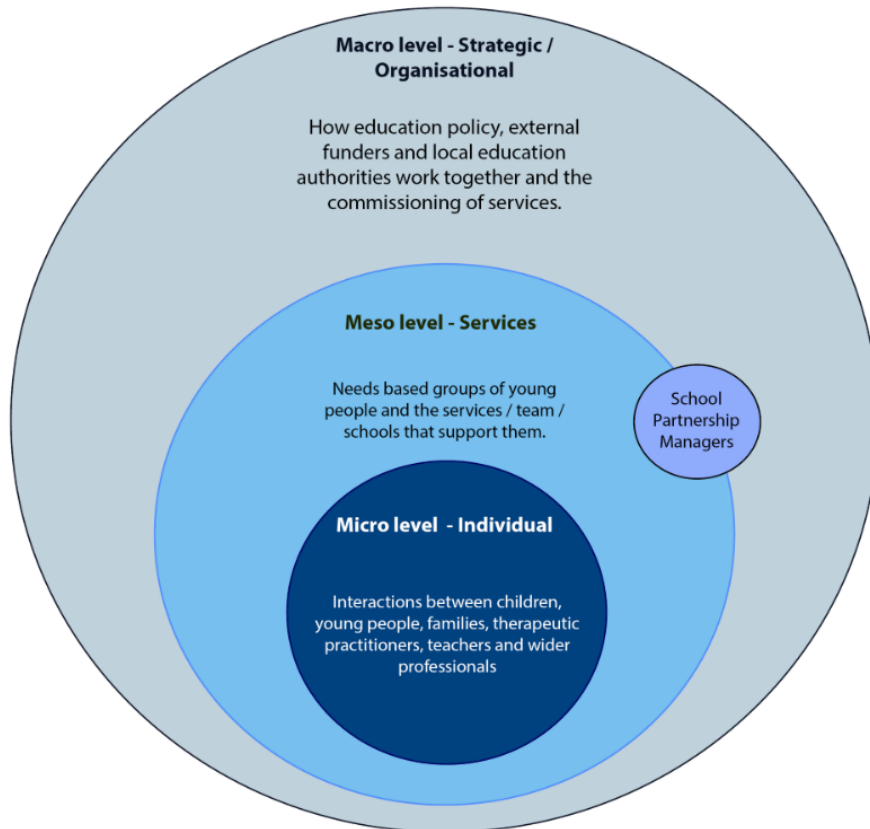
- **Have a clear definition of what ‘change’ means and looks like**
- **Assess referral data to creative therapy to understand who is more likely to be referred and why**
- **Open up creative therapy to all children to reduce the stigma associated with mental health and ensure all students, regardless of need, are reached**
- **Sustained funding for long-term implementation of interventions**

#### 4.5 Findings: Semi-Structured Interviews

Figure 1 below, shows the scope and range of semi structured interviews undertaken across a sample of the organisational levels of mental health and wellbeing provision for young people in Lambeth. These levels are split into macro, meso and micro levels, with each level having a different level of responsibilities and drivers (Wolpert et al., 2019). The rationale for organisation and analysis of the semi structured interviews in this way was to rigorously cross reference each stakeholder’s responses in order to identify ways to strengthen best practice and gaps in provision. Through the semi-structured interviews, stakeholders were asked to identify:

- their priorities in supporting wellbeing and mental health in schools and communities,
- what strategies they thought were working well,
- the tensions and specific response strategies they had developed and
- recommendations in terms of upscaling best practice.

Figure 1 Mental Health and Wellbeing Interventions – a systems model across Lambeth



### Interviewees:

**Macro Level:** Systemic Family Therapist & Clinical Lead for Mental Health Support in Schools Teams – Leads MHST in 2 Lambeth school hubs; Lambeth & NHS Southeast CCG; Integrated Associate Director – Children’s Commissioning; London Borough of Lambeth PSHE; EHWP and Healthy Schools Coordinator; Impact on Urban Health Programme and Grants Managers; School Partnership Managers: Oval Learning, Brixton Collaborative, Windmill Cluster

**Meso Level:** School 1 – Headteacher; School 2 – Inclusion Lead; School 3 – Assistant Headteacher, Inclusion Lead and EAL

**Micro Level:** Director and Manager of Therapeutic Arts organisation and counselling service.

## 5 Emerging Themes

The analysis of interview data revealed a set of six emerging themes which will be discussed in detail.

1. Upscaling collaborative working

2. Developing opportunities for child voice/agency
3. Helping to develop future skills
4. Measuring the impact of the approaches on the target population
5. Localised approaches and flexibility
6. Highlighting barriers: time/money/curriculum policy/lack of understanding/capacity (identified in barriers section across each theme)

## 5.1 Discussion of each theme in detail

The following section expands on each theme in detail. Various extracts from the interviews are selected in highlight each point.

### 5.1.1 Theme 1: Upscaling collaborative working (a) with parents, (b) with therapists, (c) with other services

#### Priorities

**Collaborative working to support individuals and schools and to connect people and services together** was a priority across all levels of the systems model within this theme. This involved the implementation of several strategies, such as two hubs across schools to support mental health leads, coffee mornings for parents, outreach work and whole school approaches. The school partnership managers made links between schools and wider local services, whilst strategic school leads in PHSE and Mental Health aimed to signpost best practice to schools.

*“to support the schools to think about what the mental health provisions look like within the school, how to support the designated mental health lead to think whole school mental wellness, to look at what other support provisions might be available if it cannot be found within the team around the school or within the mental health supporting team, I guess, to do a bit of signposting and some psychoeducation in terms of understanding mental wellness support” (Macro)*

This focused on **collaborative working to facilitate joined up approaches.**

*“to understand where the gaps are in terms of mental health support, especially around early intervention because that’s a key part of what we’re doing, our intervention support. It’s also, I guess, helping the community and the school community and the wider community to, I guess, to change the narrative around what mental health and wellbeing means” (Macro)*

*“We help get grants to schools for them to be able to buy the support they need for small groups of children, but also look at how they can affect. We sort of looked at a number of ways of trying to bridge this gap, but also look at how they can affect the way that the school can create a sort of mentally healthy space for everybody, a safe space where you can build trusted relationships where children matter” (Meso-School Partnerships Manager)*

All levels **focused on relationships and communication between schools and their local communities** as part of best practice.

*“the aim is to work with clusters of schools and then work outwards, so we’re connecting people to the community as well as working closely with the schools, we’re connecting people to the community as well as working closely with the schools, as well as providing emotional support and therapies for parents, alongside the work they do with the children, and that creates a link between the school and the community, that actually, some schools don’t have, and services don’t have..”  
(Micro- creative therapist)*

### Barriers

This theme generated the most discussion regarding barriers compared to all other themes. This was significant as the theme was also seen to be key to addressing early approaches to supporting mental health and wellbeing across all levels. Stakeholders felt that barriers to working collaboratively were:

**The value of creative therapists collaborating with voluntary sector was not recognised professionally at the Macro level.**

*“I think that’s one of the main strategic issues, we’re just not valued. We are on an individual basis when you’ve got allies and you’ve proved yourself for two years, or something, that you are making a difference, but it’s just not valued as a professional service. It’s almost second class.” (Micro- creative therapist)*

*“I think one of the main things is in terms of schools working with voluntary sectors is that often, voluntary sector is not recognised as professional bodies, and this is my experience, when delivering partnership projects with schools, or trying to in my past work, and it’s not just schools, it’s statutory services generally, but schools are most frustrating because they could benefit the most from the skills that the voluntary sector has, and the voluntary sector want to work with them, but there’s a real block, and it can be from the governors not understanding. It can be from education system”*

**Funding was not used to bring people together effectively or was not visible to Micro and Meso levels.**

*“we’re trying to find funding that just isn’t there, and it’s short term” (Micro)*

*“I think when schools are struggling financially, as everyone is at the minute, if you aren’t lucky enough to be part of an authority or a cluster that has good contacts and a strong network, there’s little funding available from certain grants and charities”  
(Meso- Headteacher)*

All levels reported the **coordination of mental health specialists as problematic**, particularly in schools

*“we’re just trying to coordinate all of these specialists into a workable system. And sometimes it feels like maybe there’s a bit too much going on, but I keep reminding our staff, I don’t think we can do enough of this at the moment” (Meso-Headteacher)*

**Lack of support networks available to engage isolated families** was discussed across Macro levels

*“creating a kind of a wider support network, because what we’ve found is there’s a lot of isolated families, and so we’re thinking about how to help them to create a kind of a chosen family within the community” (Macro)*

**Designated time for supporting mental health in schools** was discussed across all levels specifically in relation to the lack of time for specialist targeted approaches and knowledge building for staff

*“I think the barrier is time, because they’re just so busy, and there’s not always, I think there’s not always space to hear that the dominant behaviours being presented in the classroom” (Macro, Meso)*

*“It’s just having time to see that and to notice it, and I guess, to have someone to talk to, to think about what might be going on for this child or, I don’t know, for a group of children, which sometimes becomes quite tricky.” (Macro, Mental Health Lead)*

**Availability of specialist staffing** was an issue discussed across all levels

*“Nationwide, there’s a shortage of CAMHS workers, which is consequently putting additional pressure on people like teachers and on support assistants and on everybody else in the system to cope with and become experts in emotional health and wellbeing, problem is that different schools have different kind of expectations and probably understanding of what we mean by emotional health and wellbeing, which is challenging in terms of getting a level of consistency” (Macro, Commissioner)*

*“CAMHS there is more referrals from this summer, schools are losing staff because they can’t afford to keep employing, you know, the numbers of staff that they had before. And that’s shrinking the number of available adults in a school which affects.” (Meso)*

**A lack of understanding of professional roles and responsibilities** was cited as a barrier across all levels

*“Only about a third of the answer should CAMHS... a third of the issues should CAMHS be the answer to the question. And consequently, schools have made referrals to CAMHS, which are inappropriate referrals and have not got a service. Consequently, their view of CAMHS and their perception of CAMHS is a negative one. So actually, they don’t want to engage. They want to... they say, “Well, CAMHS is rubbish. We don’t want to talk to CAMHS.” And then you get that kind of vicious circle of actually the problem is worsening.” (Macro)*

**Poor understanding of underlying causes of behaviour** in schools as well as consistent language in relation to this was an issue.

*“understanding of what we mean by emotional health and wellbeing, which is challenging in terms of getting a level of consistency.” (Meso and Macro)*

**Lasting socio-political issues such as COVID-19, which has affected teacher and pupil mental health and wellbeing**, was a significant issue across all levels

*“one thing that came up was that our staff wanted people to talk to that were outside of the school, the staff are really close here, and they’ve been through a lot over the last seven or eight years, and they tend to stay, so they’ve got really good relationships, but they wanted something separate, and so we’ve actually managed to find a life coach who’s going to start work with our staff.”(Headteacher, SENCO, Schools – Macro)*

**Education policy, curriculum requirements and school competition** was problematised as a factor in collaborative work.

*“schools in Lambeth are working collaboratively but education has been built on this, this competitive market, which means that the schools aren't encouraged to, to collaborate, to work with each other to help each other, to support each other, to care about the same children. They're encouraged to, you know, fight for the teachers and children, and to almost destroy the competition.” (Meso – partnership manager)*

### Recommendations

The recommendations highlight the **perceived impact and value of the creative therapist in both intervention work and whole school approaches to mental health and wellbeing** in response to a critical need to address the needs of children and families. They centered on clarifying the offer, evaluating and **upscaling the work** in schools by:

**Moving to a whole school approach with more mental health workers and creative therapists in the school building**

*“so from having researched it with them, we’d want about sixteen children timetabled across the two days if possible, and then groups as well, we want staff counselling available after school on one of those nights, and we’d want drop ins at lunch and play.” (Meso – Headteacher)*

*“Our emotional literacy therapist has been amazing, and we’re lucky with her because she’s an ex-teacher who decided to go into this” (Meso – Headteacher)*

*“I think that we would do everything twice as much for another 40 children, I think, and what I would love, if the money was no object, is to have something like place to be established at our school, they’re here for two days a week with the counsellor that supports staff, supports children, has drop ins, that was what I was aiming for, and I allotted money from the pupil premium strategy to bring that in...,we need*



*more, we need more presence. Their intervention is at home, out of school, we're not seeing it, the children aren't seeing it, we need someone in a room that children feel safe (Meso – Headteacher)*

In response to a lack of understanding regarding, research and detailed evaluation of the impact of creative therapeutic interventions and practice, a recommendation was **working more with universities to build research profiles**

*“we are working with Southbank university and Goldsmith, so we're hoping to develop over the next four years some real research programmes with them, but to have outside people come in and say, “Yeah, this is how it works, this is a good example”, that's really important for us, and I think having outside bodies coming in and research the way that we're working, we do want to be going into other organisations saying, “This is it.” We want to be able to deliver training and stuff like that, so it is a part of our development plan as an organisation.” (Micro – Creative Therapist)*

*“I think, one thing that I found really beneficial was building those links particularly with universities. So being able to... Once you've got a link one or two universities, it means not only do you have access to students, you can come in and do short periods of work. But you can also then get a good recommendation.” (Meso – schools)*

**Working across schools to pool resources**, employ specialists in therapeutic work was a key recommendation made by smaller schools.

*“working as kind of like family for schools so that we could maybe... Because a lot of the time I think really with small schools like my one-form entry, we don't have a lot of capacity to be able to employ therapists” (Meso – schools)*

**Offering a menu of options for therapy across the Borough** which is shared effectively across levels

*“definitely having those links so that we're not just kind of grasping like I need a therapy and I'll just take whatever's available. But knowing that these are the therapies that we have access to, almost like a menu, almost like how we do with our interventions. We know which interventions we have access to and we know which type of children need to in each type of intervention. So therefore, it would be like that. If you knew, if you were aware, that these are the different types of therapies that we can access and this is who it suits, but we actually have access to that because we are a bigger group, so we can actually hold all of that amongst our group.” (Meso – schools)*

**An urgent need for funding increases to support schools to addressing pupil and staff mental health and wellbeing**, this was expressed as critical across all levels

*“If there is something you could put across the front page of your finished product, it would be that this, of all things, needs not to be cut, funding needs to be increased in this area, because the impact is profound and we need more.”*

*“The mental health support that we’ve had would’ve cost us loads if we’ve got it privately- we need at least double this provision”. (Meso – schools)*

**Partnership communication and collaborations** was highlighted **to be actioned more affectively across levels**. This includes pooling existing offers more efficiently,

*“I think partnership working, I definitely think it’s partnership working, and I think it’s just about other agencies, other service contexts being aware of each other and having, and I guess having similar priorities and thinking about how to complement what’s already existing or just how to work in a collaborative way, and I think that’s the way forward because I think most of the services want to ensure better mental health for children and families, want to ensure that children are robust, emotionally robust, wanting to ensure that the children flourish. And so, it’s just about collaborative working.” (Macro)*

**Investment in a wider range of parental work** which shares wellbeing strategies

*“I think that more work with families is definitely something that I would say is really, really helpful in the work that I’ve done, I do parent sessions and I’ve worked on parent work and I know that it’s definitely beneficial, as far as health and wellbeing.” (Macro level)*

*“So, for us that’s really important that we’re listening to parents, so that we can take into consideration any concerns they may have... I think we haven’t really had a lot of kind of parent workshops and things, but once we get back into those, we would definitely, we’ve been talking about planning one around looking at those wellbeing strategies that we’ve been speaking to the children about and sharing those a bit more widely with parents, because we do find that parent workshops work for us, but not for all families, which is why we need to take a range of approaches through how we share that information that we’ve got on those, yeah, any useful resources that we have.”(Meso – schools)*

**Forums for connections and transparency**, which include young people

*“ I think it’s just the lesson would be to be transparent, to be transparent and have conversations about what it is that you’re trying to do because I think sometimes people tend to fear the unknown or think, oh, it might not be helpful, but just be prepared to put yourself out there, to have conversations, to invite people to ask questions, invite people to be curious, and I think that would be helpful” (Macro)*

**Upscaling number of school partnership managers between schools as a bridge between services** was recognised as a more effective way of supporting schools who do not have the time and resources to carry out this work.

*“it is a priority right now to see how we can get extra adults to support schools, I think where we have a partnership manager supporting groups of schools, we are overcoming some of those barriers because we're able to bring schools together or at*

*least start between schools by having the relationships that that you know” (Meso – partnership manager school)*

## 5.1.2 Theme 2: Developing opportunities for child voice and agency

### Priorities

This theme was reflected as a priority across the Micro and Meso levels but not the Macro. At the Micro level, creative therapists focused on the importance of **linking imagination, creative safe spaces, communication and emotional literacy**

*“Well, I think, first and foremost, when you are able to get into a creative space it drives your imagination, and that imagination can take you to wherever you want to go, and it is also a safe place, and it is healthy because it’s something that is coming from within, and it’s about children being able to use that creative power, and able to use it as part of mental health. It’s when words cannot describe how you’re necessarily feeling, movement adaption can do that for you, because before language, it was basically arts, so it’s a powerful way of being able to communicate, because you are actually communicating from within, and it’s not necessarily... so, you’re actually connected and that will also build your confidence and self-esteem, because you’re able to create, and able to express what you are actually feeling.” (Micro – Creative therapist)*

### Barriers

Barriers in this theme linked to early points about **narrow curriculum focus** and lack of **professional understanding of creative therapeutic approaches** to emotional literacy

#### **Lack of understanding of creative approaches to mental health and wellbeing**

*“I don’t think schools or education bodies really understand the power that the creative arts in terms to reach people’s inner strength, and that is what we are about.” (Micro – Creative therapist)*

#### **Restrictive curriculum**

*“a holistic approach to curriculum through PHSE is key but Mental Health training has taken over” (Macro)*

### Recommendations

The recommendations also included **increasing children’s agency and voice** in relation to communication across all levels. It also highlighted the importance of **pedagogical shifts in curriculum to include greater recognition of creative and holistic approaches to emotional literacy**. On a Micro and Meso level, schools and creative therapists were sharing best practice which **focused on empowering learners to take ownership and self-autonomy of these wellbeing strategies**. These are also expanded further in later school and creative therapist case studies section of this evaluation. On a Macro level the importance of

**including children representative of the community in outcome measures was seen as critical moving forward.**

### **Building children’s active emotional literacy through whole school approaches**

*“The children are very aware of what to do if they need to ask for help. There’s another project that mental health... the wellbeing ambassadors are involved with and it is the setting up of... so, we are recycling a shed that we have in the playground, that used to be the base of another group of children who have a role in school, and this is being transformed into a wellness hub. So, we and we promoted it and the children are really excited about having this zone, in this area to go to if they are upset and they need to self-regulate or chill out. So, the profile of the wellbeing ambassadors is quite high, and they are very aware of their role. They are very proactive. The fact that they have worked with other schools has really motivated them. And the children are much more aware of their wellbeing.” (Meso – school)*

### **Involving children in sharing best practice across schools**

*“The profile of the wellbeing ambassadors is quite high, and they are very aware of their role. They are very proactive. The fact that they have worked with other schools has really motivated them. And the children are much more aware of their wellbeing.” (Meso – school)*

### **Develop holistic pedagogical school approaches to wellbeing and Mental Health**

*“You know how to how to serve the community that we have, because I think, you know, we all know that this, this Mental health crisis. We can’t solve it by just sending off everybody to one, one to one support. We we’d hoped that through this project we might be able to influence the mental health support teams in schools to be more creative and holistic and supportive of what of practice that schools know work because they because they know children and families. I think the experience of many schools has been paper heavy and not much contact, not very impactful.” (Meso – partnership manager)*

### **Robust Monitoring frameworks**

*“Outcomes and child’s voice that together will hopefully help you to kind of, you know, design that right system- we need population-level outcomes framework, which again, we’ll start to work on, but we haven’t quite yet.” (Macro – Commissioner)*

### **Co-production with recipients of services i.e. children**

*“fundamentally, we need to involve children and young people and their families in the design of whatever that system looks like. So, we can have our outcomes framework that will give us the tools to help with that but ultimately, I need to be consulting and co-producing the offer with children because they’re the ones that are benefiting from it and the ones that will use it, and I can’t put myself in that child’s*

*shoes because I'm not there. So, we need to genuinely co-produce and engage, you know, our population from an early stage” (Macro – Commissioner)*

### **Representation of diverse ethnic backgrounds of community in co-production**

*“we need to genuinely co-produce and engage, you know, our population from an early stage to say, “This is the work we want to do and please get involved in it. We want people from all walks of life, all ethnicities, everything to get involved in that and put the child's voice at the heart of it.” (Macro – Commissioner)*

#### **5.1.3 Theme 3: Developing Future skills**

##### **Priorities**

This theme emerged through stakeholder discussions regarding whole school approaches to supporting students’ mental health. Across Macro, Meso and Micro levels stakeholders talked about the importance and priority of **reanalysing and challenging existing structures and systems of mental health**

*“to share our learning, and with a view to identifying opportunities, where we can shift the system”*

At the Micro level priorities focused on **strengthening teacher training** to include facets of mental health training

*“we also have to be mindful that the teachers themselves need to understand the therapy and how they need to change as well, their way of thinking for that particular child, or a class that is having behavioural problems, and it’s how you actually deal with it.”*

At the Meso level priorities focused on the use of whole school approaches for **developing life skills for children through therapeutic approaches**

*“it widens out to other areas, such as arts, literacy, all of the other areas so that children will always have that kind of they can apply those skills in other areas of their learning, because we were very keen for it not just to be a knowledge base but also to be skills based, so children were developing those skills of resilience and problem solving, and kind of being able to carry those through”*

##### **Barriers**

When discussing the potential barriers associated with implementing whole school approaches to mental health stakeholders discussed the issue of **staff stress and wellbeing which contributes to increasing child stress**. This was discussed on the Micro level

*“It’s not deliberately, but teachers are so stressed and they’re obviously sometimes emotionally weak at that time and sometimes the children can... because we talk about creative working from within... sometimes the children can actually read the non-verbal energy that’s coming from that person, and that triggers off the whole behaviour thing,”*

**Lack of staff training** was also seen as a barrier on the Meso level.

*“In terms of upscaling, I think it's having more staff trained and more children trained. “*

Both Meso and Macro highlighted **clashes with curriculum demands and time** as an issue.

*“guess it’s time, because the teaching day is so packed, and I think teaching staff and support staff have very little time to spare within the teaching day, so any work that we’ve been doing is usually outside of the teaching time.”*

**Staff turnover and capacity** was an issue on Meso and Macro levels

*“it's staffing, particularly this year with all the staff absences that we have had. And I would imagine that applies to lots of other schools but then it's really hard to achieve consistency when you stop and change... not stop and change, but when you have to stop and reset so many times, that can be a constraint as well.”*

### Recommendations

Stakeholders provided many recommendations for helping to establish whole school approaches to mental health. These included **challenging practice to be flexible/individualistic** (Micro)

*“one of the things we want to do is change the way therapy is being practiced in schools, and the different ways of how therapy needs to address when you are dealing with coming from an environmental disadvantage, and what I find sometimes is that therapy still holds that hierarchy way of thinking, and they do not shift from that, and they miss what is actually happening in front of them”*

**Teacher training to include information on different therapies** (Meso)

*“in terms of teacher training, in terms of teachers being more aware of what’s out there because I don't think unless you actually you've got a child in your class who's worked with a therapist and then you'll know about that particular type of therapy.”*

**Upskilling teachers with information about mental health services available outside of school** (Meso)

*“But I think maybe that those mental health trainings for teachers could include what is available for children outside of school. Because I think the government is very focused on schools being able to do what they can do in school and I know that's why the training is very much like, as a teacher this is what you could do to support a child.”*

**Understanding SLT buy-in** with a view to establish the level of dedication from each school (Macro)

*“how much is it something that is sort of, you know, just happening and maybe being pushed by someone who's in charge of pastoral care or whatever? And what does that then mean for the overall success of mental health early intervention in that school?”*

## 5.1.4 Theme 4: Measuring the impact of the approaches on the target population

### Priorities

All participants at the micro, meso and macro level discussed the **priority for them to understand the culture or needs of the population in the geographical area** in order to bring them on board with interventions

*“the small statutory services don’t have that connection to people who are providing the services, they look like the people that are getting the services, so there’s that kind of connection which is important, and that understanding of culture and issues that affect those communities”*

The Macro discussed their **priority in providing access to services for specific populations, as well as having appropriate data in place to inform who and where interventions should be targeted**

*“we are not enabling access to mental health and emotional health and wellbeing services for kids from a black or Asian or multi-ethnic background, to the extent that it matches those figures in our population... we don't actually as yet have the data that tells us whether it is more likely for a school to be referring white kids or black kids to CAMHS, basically. I can't tell you that.”(Macro)*

### Barriers

Each level discussed barriers to the way they were working but there was little consensus across the three levels.

At the Micro level, participants reported that **voluntary sector services were being underutilised and this prohibited the impact of interventions for this target group.**

*“Literally, they will know what is going on, on the estate where these children live, they’ll know that there’s gang crime, or that that family might have witnessed something on the way home, schools only know that when it comes to them, and I think that’s one of the real blockages that is a shame, because that blockage is really stopping so much productive and effective, collaborative work, and it comes out in just, lack of communication” (Micro – Creative therapist)*

At the Meso level, participants spoke about the **limitations to what schools can achieve in a short space of time.**

*“They’re only with us for 18% of the week, the rest of it’s at home. But at the end of the day, that’s what we’re working with for many of our children, our most high-profile children, the family is not a classic unit where there’s nurture and love. So, we’re kind of tip of the iceberg, horrible analogy, but we are, we’re chipping away at the kind of icy part of it, underneath is where everything goes on and we can’t quite keep up with it all” (Meso – school)*

At the Macro level, participants spoke about the **potential difficulties with how Creative Therapies are viewed by other services and organisations.**

*“I think there's a bit of a reputation around their potentially seen as a bit white middle class”*

### Recommendations

Recommendations were only provided by the Macro level and these included;

**More work with families**

*“I think that more work with families is definitely something that I would say is really, really helpful in the work that I’ve done, I do parent sessions and I’ve worked on parent work and I know that it’s definitely beneficial, as far as health and wellbeing, doing any sort of parental engagement work and getting them engaged, just in the school.”*

*“For us to help a child, we have to help the family, because the child doesn’t live in a vacuum, and if the child’s mindset changes, then the team around the child, their mindset has to change as well.” (Micro- Creative Therapist)*

**Designing a population-level outcomes framework** was a key focus on the Macro level

*“So, we need population-level outcomes framework, which again, we’ll start to work on, but we haven’t quite yet. But on the other side of that, we’ll have our outcomes framework that we can monitor and make sure it’s working. But fundamentally, we need to involve children and young people and their families in the design of whatever that system looks like.”*

**Working in collaboration with the children themselves to design appropriate services** was seen as a key part of this development on the Macro level

*“So, we can have our outcomes framework that will give us the tools to help with that but ultimately, I need to be consulting and co-producing the offer with children because they’re the ones that are benefiting from it and the ones that will use it, and I can’t put myself in that child’s shoes because I’m not there.”*

#### 5.1.5 Theme 5: Localised and flexible approaches

The final theme focuses on the impact of pedagogical and flexible approaches. It is also expanded in the case study extracts with creative therapies and schools. On the Micro and Meso level, this theme was characterised using **pedagogical strategies which tapped into children’s interests**. This approach was exemplified by the creative therapists whose approaches involved **holistic engagement, building trust, a sense of community making, connected children and their local environment and agentic, playful learning**. This was created **flexible in response to the child and their needs**. The case studies reported **impact on children’s engagement, attainment and mental health** were also discussed by stakeholders in relation to working in this way.

#### Priorities

**Adaptability of localised services based on school and their current needs**

*“The service changes according to the needs of what’s happening, for example, our service has changed in terms of from the pandemic, how we usually practice in a school, and because the needs become different and we are there to actually cater for those needs, and to leave the family or the children unfolded. We find working in a creative way is very powerful in terms of that.” (Micro – creative therapist)*

**Working holistically in response to community with a range of flexible strategies**



*“you have to appear to be flexible and to be forever, with boundaries and with guidance to see where the work is going to take you, and then because you’re working not just with the physical, you’re working with the psychological, and the emotional aspect, then you are looking at people who have probably had trauma ten years of their life, and you cannot fix that, or even begin to support that within a term or within a year’s work” (Micro- creative therapist)*

*“holistic approach that we’re taking is not to just work with one part of the actual method of therapies, so we try to have play therapy, drama therapy, psychotherapy, and creative therapy, basically, and what we then look at is which one would best suit. We have even developed our own therapy where we have developed martial arts, using martial arts as a therapy in the school, because there were so many children being bullied” (Micro – creative therapist)*

### **Barriers**

The barriers were reflective of earlier themes across the Macro and Micro level and included:

#### **Resourcing teacher time**

*“To prioritize of learning and improvement systems alongside that. I think we've got some good models of how that can work, and I think there's probably also need to be resourced as well and, that's partly about resourcing people's time to be able to join in” (Meso – School Partnership Manager)*

**Lack of flexibility in current curriculum policy** was a barrier in prioritising emotional wellbeing both in a whole school curriculum and 1:1 interventions

*“the only tension for me is always about time outside of the curriculum, there's so much to squeeze in and then always more and more that teachers are expected to do. So, I do think you really need teachers to be onboard about prioritizing the emotional wellbeing of their pupils. Because otherwise what they then start panicking about is that they're missing certain lessons and parts of the curriculum which is also important. But we know if a child's not ready to learn because of their social and emotional state that they're in they're not going to be taking in that lesson anyway . So, I think that's all about that kind of whole school perspective and teachers really understanding why we're doing what we're talking.” (Meso – SLT, school)*

Balancing **limited school budgets** was discussed on a Meso level.

*“the two key things that that that schools have been really struggling with our just budgets overall just kind of balancing their budgets to make their schools run as safe, happy places. And this whole issue about wellbeing and enrichment” (Meso – School Partnership Manager)*

**Recognition of staff wellbeing by SLT** was also discussed on a Macro level.

*“we’re working with the SLT as well so that they’re actually on board to recognise the importance of staff wellbeing, because if the staff aren’t supported then they can’t do their jobs properly, and they will most likely leave the job because it is so stressful”*

The impact of **COVID-19 and long-term trauma** was shared as a prevailing factor in schools still **affecting both staff and children’s mental health and wellbeing**

*“the journey’s only just begun, the damage, I don’t remember things being like this, I can’t even remember what life was like before COVID-19 in terms of education, I genuinely don’t know what it was like, I have this memory of everything was rosy, it wasn’t, but the behaviour, the relationships between one another, the stamina, our children have been absolutely shocked by this, and it’s going to take years that’s why the children have basically fallen out of the habit of resolving things together, being kind in the first instance, and then regressing, there’s an aggression out there at the moment amongst some of our older children” (Meso – Headteacher!)*

### **Recommendations**

The main recommendations across all levels were about upscaling and **pooling local funders to give schools purchasing power in relation to their children and community’s needs**. Across all levels stakeholders discussed **the need to balance targeted interventions with whole school approach to mental health and wellbeing**.

**Combining resources from multiple funders- for a multiyear funded programme.**

*“I would like to see multiple funders from the statutory and voluntary sectors, combining combining their resources. I think schools can be trusted with this. With this work with this important work that if we trust them with our children, surely you know every day. Then why are we not trusting them with, you know, with all the attributes. I would like to see an ongoing multiyear funded program for Lambeth Schools that allows us work to continue and expand” (Macro – School Partnership Manager)*

**Sharing creative tools for holistic teaching across levels.**

*“our educational psychologist would like to learn some of those creative tools” (Macro)*

**Creating effective, consistent approaches to measuring outcomes.**

*“I would say there's something about kind of proving outcomes or effectiveness, proving the kind of outcomes or impacts of emotional health and wellbeing services is difficult. But we probably need to come up with a way that consistently does that across the borough for all services in this space” (Macro)*

## 6 Discussions and Recommendations

The current evaluation has highlighted a range of localised good practice across the 20 collective primary schools in Lambeth. It has also demonstrated the dedication and level of investment professionals supporting children and young people in the local authority are willing to commit to in order to meet the growing needs of those in their care. Localised creative therapeutic work is highlighted across the data sets as impacting positively on children and families' mental health and wellbeing and is seen as a valuable link between home and school communities. The role of the partnership manager was also highlighted as a vital link between schools and local services. There were clear areas where opportunities are being missed such as stakeholders in the Macro level working with those creative therapists and schools on the Meso and Micro level to capture best practice in community settings.

This evaluation has also highlighted that there is still much work to be done in terms of creating a consistent and stable culture of mental health support to those most vulnerable in society, particularly in terms of providing returns on investment and utilising bespoke approaches that meet the individual needs of the child. Several gaps in provision, as well as a host of barriers to implementing an effective and sustainable whole school approach to mental health have been discussed and from these, we have been able to identify a range of recommendations for professionals working across the Micro, Meso and Macro levels to build a sustainable future for mental health. The findings from our evaluation recommend a move from **targeted intervention to sustainable integration of mental health and wellbeing approaches throughout schools. The evaluation has highlighted the benefit of flexible holistic curriculum approaches, creative therapies and localised responses to community needs. This is set against a number of barriers – many of which revolve around funding.** Our recommendations are based on the summarised data and speak to what we consider to be possible immediate, short, and long-term actions in order to address some of the barriers. Ultimately, **education policy and the Department for Education should be responsive to the mental health crisis in schools, supporting schools to overcome barriers highlighted in this evaluation. There is also a need to recognise the impact** still affecting many schools from COVID-19. We consider this a duty of care. We hope that this evaluation showcases the lengths that schools, teachers and therapeutic professionals in Lambeth are working above and beyond to meet the needs of their children. They need to be highly commended for this and offer other boroughs and Universities engaged in teacher training several best practice case studies.

### Recommendations

#### Immediate (within the next two months)

- Assess referral data across schools to understand who is more likely to be referred to creative therapy and why. This will help to establish the current target population, and who is or is not represented. An initial assessment of the utility of the current provision will facilitate future review of culturally relevant offers of support.

- Utilise the expertise of therapists to begin to upskill teachers to increase confidence, manage staff wellbeing, and increase capacity of support within each school setting
- Increase CPD opportunities for teachers to increase their psychological literacy. This may include attending awareness raising events that highlight key mental health services in the local area.
- Lambeth council and funders to work more closely with School Partnership Managers tapping into their knowledge of effective impact projects across schools
- Schools to start making connections with universities to build capacity and evidence
- Audit of the offer of creative therapy across Lambeth

#### **Short-term (within the next 12 months)**

- Establish networking forums for schools and mental health services to work collaboratively to share resources and methods of best practice
- Establish a clear and unified definition of what 'change' means and looks like to facilitate evaluation work, and create a shared language within the evidence base
- Extend therapy provision within schools to include more small group sessions to maximise reach to those children who may not be meeting specific thresholds for referral
- Combine resources from multiple funders to create a localised mental health funding stream for schools in the local authority

#### **Long-term (within the next five years)**

- Establish increased and long-term funding to support therapy delivery
- Work with universities to build capacity and research evidence
- Create a one-stop shop for all schools in Lambeth that lists all available interventions across the borough
- Co-creation with children where possible
- Develop monitoring frameworks to build the evidence base
- Revise existing programmes of support so that they are culturally appropriate for the target population
- Nationally, education policy makers and the English Department for Education should work collaboratively alongside schools in addressing a mental health and wellbeing curriculum.

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