Report to the Oxfordshire Children & Young People’s Partnership Board on project undertaken to identify an indicator that demonstrates mental health and wellbeing of school age children in Oxfordshire

Why the Children & Young People’s Partnership Board wanted to identify an indicator
The significance of children and young people’s mental wellbeing is becoming increasingly important both nationally and locally. There is an emerging understanding of the importance in considering this issue and much work is yet to be done in this area. More and more research indicates that mental wellbeing is important in securing good outcomes for children and young people in their journey to adulthood and beyond. A recent report ¹ by the Mental Health Forum commissioned by Healthwatch adds weight to this and highlights the importance of early intervention. With this in mind the Children Partnership Board identified a need to develop a measure which indicates the state of mental health and wellbeing of school aged children in Oxfordshire.

What we did
A virtual project team was established and consisted of the following members:

- Public Health: Kate King
- CEF social care: Karen Palmer
- CEF disability service: Sarah Ainsworth
- Oxford Health Foundation Trust: Donna Clark and Emma Leaver
- CEF Early Intervention Service: Maria Godfrey
- CEF Joint commissioning: Lajla Johansson
- CEF Performance and Information Team: Alison Wallis

We considered:

1. A measure for the general school aged population as well as those most at risk of developing a mental health difficulty.
2. Consideration was given to whether there was a need for indicators for different age groups?
3. The project considered the data available including data that could potentially be used as proxy measures.
4. How we could develop a measure if there was no pre-existing suitable indicator

¹ Oxford Mental Health Forum: Improving mental health awareness and mental wellbeing for young people: An investigation into the information and support available on mental health for young people in Oxfordshire (2014)
Problems we encountered getting such an indicator
The project found after considerable research that no single indicator currently exists either locally or nationally for a population of children and young people. Measuring wellbeing of children and young people is very complex and influenced by many factors and research is in this area is under developed. Furthermore measures will need to vary across age groups to take into account developmental stages so there is not a ‘one size fits all’ solution.

Pros and cons of ones looked at

1) On a national level there is a major programme being undertaken by the Office for National Statistics measuring national wellbeing. This however is only measuring the wellbeing of adults and although work is being undertaken to develop this for under 18’s this will not be in place for some considerable time.

2) There are many tools available that can measure individual groups’ wellbeing such as Looked After Children who in their Health assessments and reviews have their mental wellbeing assessed through the use to the Strengths and Difficulty Questionnaire. These tools are also commonly used in children and young people mental health services as well as other services where particular groups are more at risk of poor mental wellbeing. The advantage of measuring particular at risk groups’ mental wellbeing is that tools are already validated and data is either already available or can be generated if necessary through service development such as the Hubs for example. The down side to choosing only measuring at risk groups is that we are already doing that to a large extend and therefore will not give us any new information about the broader state of wellbeing in the under 18’s population or identify any new areas we were not aware of.

3) There are a number of proxy measures already in use by the C&P Partnership board, which could be used as a cluster to give an indication of wellbeing such as:
   • Attainment
   • Drug and alcohol use
   • School attendance
   • Smoking and risky behaviours

   Using proxy measures in the absence of other measure is of course feasible, but may not capture the lower to moderate end of poor mental wellbeing. Not all children and young people will be taking part in using substances, engage in risky behaviours etc when they experience poor wellbeing and those behaviours are often associated with significant difficulties.

4) Using existing data from Framework presents its own difficulties. As more and more schools become academies they are not obliged to share all their data with the Council and this could potentially be a difficulty for the future. Additionally the data set are not entirely reliable in that for categories such a ‘behavioural difficulties’ it is down to teachers own interpretation and there
may be variation in recording of this data. Again this data will only tell us about children who are already known to us and not what we don’t know.

5) We also looked at existing national surveys and Chimat/Public Health data, but none of those for younger people could be translated to Oxfordshire and in many case the data was very old and could not be repeated on a year on year basis. The Health School Profiles do have a measure for wellbeing, but this data is from 2009 and is not likely to be repeated. It is also not possible to establish if all schools take part in this programme as it is not compulsory so figures for Oxfordshire may not be truly representative of Oxfordshire. The only potentially suitable indicator for under 11’s that we were able to identify is the already existing ‘Readiness for School’ indicator. This is a broad measure of young children readiness to enter primary school and has an element on emotion wellbeing in the assessment. It should be acknowledged however that this measure is used for educational purposes rather than a way to solely measure young children's wellbeing.

6) We also considered if the new school nurse service might be able to measure wellbeing using some of the mechanisms already in place in the Health Child Programme. The project groups concluded that this would not be feasible in the short term, but may be a solution in the longer term.

7) Conducting our own survey was the final option we considered. A survey format developed by New Philanthropy Capital (http://www.thinknpc.org/) is specifically designed to measure wellbeing of 11-16 year olds and is currently being used locally to measure the impact of the National Citizen Service Programme run by the Council. The survey is validated and has a national baseline which can benchmark Oxfordshire against national results. The survey has the ability to look across Oxfordshire as well as specific areas or schools and it is possible to add ‘tag’ for at risk groups such as those in receipt of free school meals etc. The survey is quick, user friendly and available both online as well as paper based. When using the online format all reports are generated automatically and required no additional administration. Raw data is also available should more customized reports be necessary. The data generated could potentially be used for Oxfordshire’s JSNA and present a significant improvement in an area where we have little data about young people.

In order for this to be successful it will need the engagement of the secondary schools in Oxfordshire so the young people can take part in the survey. This could however be useful to schools to have individualised reports showing the level of wellbeing amongst their pupils and it is possible to do follow up report to measure the impact for programmes schools may be running. There is a cost attached to this option which is currently £2 per person, but in the preliminary discussion regarding feasibility the provider has state a willingness to negotiate on price dependent on the scale of the survey.
Recommendations going forward.

1) It is recommended that the Board consider the option of running our own survey as least in the short term until national measures are developed or the school nurse service has had a chance to develop. It will be necessary for further work to take place to explore:
   - the cost implication of buying the survey and
   - Business support requirements
   - Test the willingness of secondary schools to take part
   - Explore how this could support the JSNA analysis

2) If the Board does not wish to consider option one then using a basket of proxy measure is recommended as the next best option. Final agreement will need to be sought on which existing measures should be used

3) For children under the age of 11 the only measure available is the 'Readiness for School' indicator as far as the project group could establish. The Board will need to take a view if this is an acceptable indicator or whether it only wants to consider young people over 11 years of age.

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