Appendix 1

Oxfordshire mind

Unmet Mental Health & Wellbeing Need in Primary School -Aged Children

A report prepared by Oxfordshire Mind for Cherwell District Council

July 2025

Cherwell DISTRICT COUNCIL NORTH OXFORDSHIRE

Executive Summary

Oxfordshire Mind prepared two surveys of the mental health and wellbeing needs of primary school aged children that were completed by 31 schools and 215 parents/carers respectively.

Key findings

- 41% of parents/carers who responded indicated that their child had a current mental health or wellbeing concern.
- Years 4 and 5 were highlighted as most likely to be facing challenges.
- Stress and/or anxious feelings were reported as the biggest mental health and wellbeing challenge for children by both parents/carers and school staff.
- There was a widespread preference for a support offer blending whole-class and 1-1 support for mental wellbeing.
- The majority of school staff who responded reported feeling that they only "to some extent" have the training they need to support pupils with wellbeing issues.
- Parents generally reported high levels of confidence that they would know who to talk to if they had a worry, but less confidence that their child would know who to talk to.

Recommendations for next steps

- Priorities for support identified by school staff, parents/carers and Oxfordshire Mind staff alike were:
  - ✓ Increased access to training around neurodiverse conditions and emotional regulation.
  - ✓ Support schools to embed emotional literacy into PSHE lessons and classroom practice.
  - ✓ Fund a blended support model combining 1:1 sessions, whole-class workshops, and family engagement.
  - ✓ Improve communication with parents about available mental health support in schools.

Background and Methodology

Cherwell District Council oversees the Cherwell District of Oxfordshire

Within Cherwell, 18.8% of the population are aged 15 or under (compared to 18.6% in the South East and 18.5% nationally). This equates to about 30,268 young people aged 15 or under[1].

It is estimated that 4,353 of those children live in low-income households – this represents about 14.% of the children in the District[2] and is similar to the figure for Oxfordshire (11%)[3].

Rates of employment, homelessness and violent crime are slightly better across Cherwell District than in the South East region and England as a whole[4].

However, the picture within the District is mixed; in some wards within Cherwell, these figures are much higher; in Banbury Ruscote, 28% of children live in poverty, double the rate in the District as a whole. Rates are also higher in two other Banbury wards (Grimsbury 23%, Banbury Cross and Neithrop, 22%).

These three wards are amongst the 20% most deprived nationally, when measured using the Indices of Multiple Deprivation and on those three wards, all or most available health indicators are worse than the Oxfordshire average. 21.6% of children in the Cherwell District live in a ward that is in the 1st or 2nd most deprived decile nationally[5].

Overall, this suggests that the picture of physical and mental health need is likely to be highly variable across the District.

1. https://www.ons.gov.uk/visualisations/censusareachanges/E07000177/
2. https://www.cherwell.gov.uk/info/277/everybodys-wellbeing/1216/everybodys-wellbeing-strategy/4
3. https://data.oxfordshire.gov.uk/health-and-social-care/community-insight-profiles/
4. https://fingertips.phe.org.uk/profile/health-profiles/data#page/13/ati/301/are/E07000225
5. Children and Young People - LTLA | Cherwell | Report Builder for ArcGIS

Methodology

Oxfordshire Mind were commissioned by Cherwell District Council to conduct scoping research to understand the unmet mental health needs of children in the District. The outcomes of the research are intended to help shape the support offered by Cherwell District Council to primary schools in the upcoming school year.

A research design with four components was proposed:

- A survey with school staff,
- A survey of parents and carers,
- A focus group with Oxfordshire Mind Wellbeing Workers providing support to children and young people within Primary Care settings in the District, and
- Qualitative research with a small number of school staff

Surveys were designed by Oxfordshire Mind staff, in consultation with Cherwell District Council. These were circulated to all 60 schools in the District on 15th May 2025, remaining open to responses until 19th June 2025. The full survey text is included as Appendix 1 and 2 of this report, and the findings are presented in the section Survey Findings, below.

The focus group with Oxfordshire Mind Wellbeing Workers was conducted on 21st May 2025. This brought together the three staff members who provided one-to-one support to children and young people aged 7+ in GP practices within the Cherwell District. A topic guide used to structure the conversation with Oxfordshire Mind staff is included as Appendix 5 of this report, and the findings are presented in the section Qualitative Findings, below.

Qualitative research was conducted with three staff from two schools; these were 30 minute conversations conducted over Microsoft Teams.

Surveys Findings: School Staff and Parents & Carers

A survey of school staff was conducted between 15th May and 19th June 2025. It was sent to all primary schools in the Cherwell District, requesting one response per school. A full copy of the survey questionnaire can be found as appendix 1.

Parents and Carers at all Cherwell District schools were invited to complete a survey about their perception of the mental health and wellbeing support available in school. This survey was open to responses between 15th May and 19th June 2025. A full copy of the survey questionnaire can be found as appendix 2.

This report brings together the findings of the two survey questionnaires, looking at the different themes within the questions.

Respondent profile: Staff Survey

All 60 schools in Cherwell District were invited to participate. Of these, 31 responded giving a response rate of 52%.

We asked respondents to tell us their role within the school. The majority of respondents said that they were the SENCO. 9 respondents chose other – in three cases, this was to describe a role that combined Special Educationla Needs Co-ordinator (SENCO) responsibilities with other roles. Other roles mentioned included Family Support Workers and Higher Level Teaching Assistants (HLTAs).

What is your role within the school?		
Headteacher	16.13%	5
Deputy/ assistant head	6.45%	2
SENCO	48.39%	15
Other (please specify): Show	29.03%	9
Answered: 31 Skipped: 0	**Response Total:**	**31**

In addition to their formal role, we also asked respondents whether their school had a mental health lead.

Does your school have a mental health lead?		
Yes, I am the Mental Health Lead	48.39%	15
Yes, someone else is the Mental Health Lead	38.71%	12
No	12.90%	4

87% of respondents reported that their school had a mental health lead, with just over half of these saying that they were the Mental Health Lead themselves. In 4 cases, the respondent reported that their school did not have a Mental Health Lead.

The most recent available data from August 2024 suggests that 71% of the schools in Cherwell District had, at that time, accessed the Senior Mental Health Lead training grant. Combined with the information gathered via the staff survey, this suggests that some schools may require further support to ensure that a designated member of staff has an identified responsibility for mental health in school and is trained to provide this leadership and guidance.

87%

of respondents reported that their school had a mental health lead, with just over half of these saying that they were the Mental Health Lead themselves.

Respondent Profile – Parent/Carer Survey

All schools within Cherwell District were sent the link to the parent/carer survey. The table below shows all schools from which at least one response was received. The number of responses was roughly evenly split between the Banbury area schools and Bicester and Kidlington area schools.

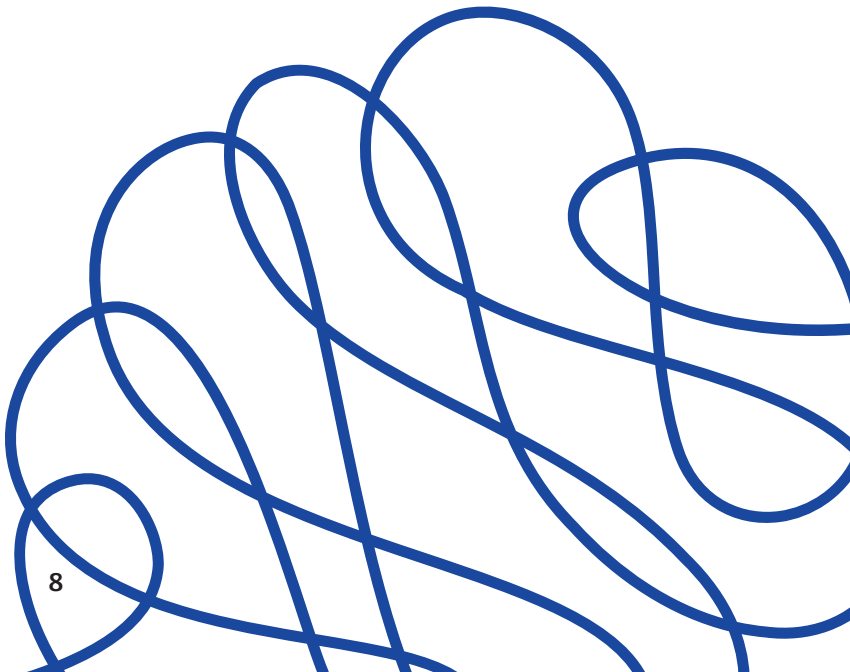
Each of these two areas comprise a mixture of urban and rural areas, though the Banbury area has higher levels of deprivation than the Bicester and Kidlington area; three electoral wards in and around Banbury are in the 20% most deprived nationally.

School	Responses	School	Responses
Banbury and Surrounding Villages		Bicester, Kidlington & Surrounds	
Bishop Carpenter	2	Charlton on Otmoor	1
Bloxham	1	Chesterton	10
Cherry Fields	5	Dr Souths	1
Christopher Rawlins	1	Edward Field	3
Cropredy	2	Gagle Brook	1
Hanwell Fields	1	Glory Farm	20
Hill View	10	Kings Meadow	2
Longford Park	1	Longfields	3
Orchard Fields	10	North Kidlington	25
Sibford Gower	26	St Edburg's	12
St John's Catholic Primary School	24	St Mary's Catholic Primary School	8
St Mary's Church of England School	2	St Thomas Moore	3
The Grange	20	West Kidlington	24
TOTAL	**105**	**Total**	**113**

Parents were asked what year groups their child(ren) were in. The graph below shows the breakdown of responses, demonstrating that more respondents had children in years 2,3 and 4 with fewer respondents with children in the lower and higher year groups. However, these differences were not large and all year groups were represented in the survey.

School nursery/ pre-school	10.70%	23
Reception	16.28%	35
Year 1	13.49%	29
Year 2	19.53%	45
Year 3	20.93%	45
Year 4	20.47%	44
Year 5	16.74%	36
Year 6	15.81%	34
Answered: 215 Skipped: 0	**Response Total:**	**215**

NB: the totals for each year group sum to more than the 215 total responses, as respondents were able to choose more than one year group if they had more than one child in the school.



Presenting Needs

Parents and carers responding to the survey were asked if their child has a current mental health challenge or concern. Slightly different questions were shown to respondents for the remainder of the survey, based on their answer to this question.

41% of parents indicated that any of their primary school aged children experience challenges with their mental health and wellbeing, with 59% reporting that they did not. NB: we did not ask whether the challenge was a diagnosable mental health condition, so there may be a wide range of presentations and experiences represented within this group.

Parents of a child with a mental health or wellbeing challenge (41% of all respondents, n=88) were asked about the kinds of challenge their child experiences. The list of presenting challenges were drawn from the different "pathways" that our Support Self Help (SSH) programme uses with children ages 7 and up, specifically:

- Low mood
- Anger
- Stress and/or anxious feelings
- Low self esteem
- Coping with loss/grief
- Loneliness
- Sleep

Parents/carers were asked to indicate whether each of the challenges was 1) the main challenge facing their child(ren), 2) A challenge they experienced but not their main concern or 3) Not a challenge they experienced.

The challenge that was most frequently identified was stress and/or anxious feelings, with 65% of respondents saying that this was their child's main challenge. The second most frequently chosen "main challenge" was anger, with 31% of respondents choosing this.

Loneliness and grief/loss were identified as not being a challenge their child experienced by the majority of parents (65 and 68% of respondents respectively).

41%

of parents indicated that any of their primary school aged children experience challenges with their mental health and wellbeing

Answer Choices	This is the biggest challenge my child/ children experience	This is a challenge my child/ children also experience, but not the biggest one	This is not a challenge my child/ children experience	Response Total
Low mood	5.00% 4	50.00% 40	45.00% 36	**80**
Anger	31.25% 25	38.75% 31	30.00% 24	**80**
Stress and/or anxious feelings	65.48% 55	29.76% 25	4.76% 4	**84**
Low self esteem	17.07% 14	53.66% 44	29.27% 24	**82**
Coping with loss, grief	4.94% 4	27.16% 22	67.90% 55	**81**
Loneliness	5.13% 4	29.49% 23	65.38% 51	**78**
Sleep	16.05% 13	35.80% 29	48.15% 39	**81**

Respondents were also able to use a comments box to add any other challenges not listed. 9 respondents chose to do so and gave the following answers:

One specifically identified worries and stress around death in general (rather than a bereavement)

Two mentioned neurodiversity

One mentioned bullying

One mentioned domestic abuse/safeguarding issues

Two mentioned nightmares or night terrors and resulting anxiety

One mentioned separation anxiety

One mentioned difficulties expressing worries and distress.

Staff were asked a similar question about presenting needs, using the same categories of need. In this case, they were asked to rank the needs from most commonly observed amongst children in their school to lowest. Score displayed below is a weighted calculation; items ranked first are valued higher than the following ranks, the score is a sum of all weighted rank counts.

Of the children in your school with a mental health challenge, what is the most common concern? Please rank the following options by how prevalent these concerns are in your school where 1 is the highest (a concern for most children) to 7 (a concern for the fewest children).

Item	Total Score[1]	Overall Rank
Stress and/or anxious feelings	186	1
Low self esteem	154	2
Anger	148	3
Low mood	137	4
Sleep	93	5
Loneliness	77	6
Coping with loss, grief	73	7
Answered: 31 Skipped: 0		

Once again, stress and/or anxious feelings was the challenge most highly ranked by school staff. The remainder of the ranking also closely matched the responses from parents, with low self-esteem, anger and low mood receiving similar scores, before a drop in prevalence amongst the sleep, loneliness and loss/grief items. This suggests that parents and staff are noticing similar trends in the kinds of challenges that pupils are experiencing and could help guide the content of future interventions.

Staff were also asked about the year groups in their school in which they most commonly and least commonly observed mental health challenges. The scoring of this question followed the same weighting process as the previous question.

In which year group do you see the highest levels of mental health and wellbeing challenges? (NB: this only needs to be your best estimate)Please rank the year groups in order of number of children experiencing a mental health and wellbeing challenge in that year group where 1 is most children experiencing a challenge and 7 is fewest children experiencing a challenge.

Item	Total Score[1]	Overall Rank
Year 5	182	1
Year 4	173	2
Year 6	165	3
Year 3	159	4
Year 2	141	5
Year 1	130	6
Reception	97	7
Nursey/early years if applicable	69	8
Answered: 31 Skipped: 0		

Year 5 was the year group mostly highly scored as experiencing challenges, followed by Year 4. It may be relevant to note that these year groups would have been of starting school age during the COVID-19 pandemic. When planning how to distribute additional support, it may be worth considering whether evidence[6] about children and young people's mental health suggests that this level of prevalence seems likely to change as this cohort of children move on from primary school or whether the higher levels of need amongst year 4 and 5 are linked to social and emotional changes happening amongst that age group and likely to persist.

Finally, staff were asked if the prevalence of children with mental health concerns and challenges had changed since the COVID-19 pandemic. 100% of respondents reported that it had increased.

The findings identified by these questions were mirrored very closely in the qualitative elements of this work (see below).

6. https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people

Getting Help

Parents and carers who indicated that their child had a current mental health or wellbeing concern were asked about the current support their child is receiving, and how much of this is in school.

Of the 88 respondent who indicated that their child had a current mental health or wellbeing challenge, the majority (59%) reported that their child is getting some of the support they need. However, almost 1 in 3 respondents told us that their child is getting none of the support they need.

Is your child getting the help they need for their mental health and wellbeing?		
Yes, all the support they need	11.36%	10
Yes, some of the support they need	59.09%	52
No, none of the support they need	29.55%	26
Answered: 88 Skipped: 127	**Response Total:**	**88**

A similar proportion reported that at least some of the support their child is getting is in school. 9% said that all the support they were receiving was in school, meaning that for about one-tenth of children with a mental health concern, school may be the only source of support they are able to access.

Are they getting help for their mental health and wellbeing in school?		
All the help they are getting is in school	11.36%	8
Some of the help they are getting is in school	59.09%	51
None of the help they are getting is in school	29.55%	29

Parents or carers who reported that their child did not have a current mental health or wellbeing challenge (n=127) were asked about their confidence in seeking support should their child need it in future. Encouragingly, 98% of respondents said they would definitely or maybe feel able to talk to someone in school if their child had a concern.

Would you (parent or carer) feel able to talk to someone in the school if your child had a worry or mental health concern?		
Yes, definitely	74.02%	94
Yes, maybe	24.41%	31
No	1.57%	2
Answered: 127 Skipped: 88	**Response Total:**	**127**

However, there was less confidence amongst parents/carers that their child would feel able to talk to an adult if they had a concern. Whilst 92% responded “definitely” or “maybe”, the majority chose “maybe” (51.2%).

Do you think your child would feel able to talk to an adult in school about a worry or mental health concern?		
Yes, definitely	41.73%	53
Maybe	51.18%	65
No	7.09%	9
Answered: 127 Skipped: 88	**Response Total:**	**127**

When examined in combination with the year group of the children, there was no clear pattern in the levels of confidence relative to the age of the child. No parents with children in Reception, Year 5 or Year 6 answered “no” to this question. However, the numbers in each subgroup were relatively small and should be interpreted with caution.

Finally, parents of children without a current mental health or wellbeing concern were asked about their knowledge of current support available and whether, in their view, the right kind of support was available.

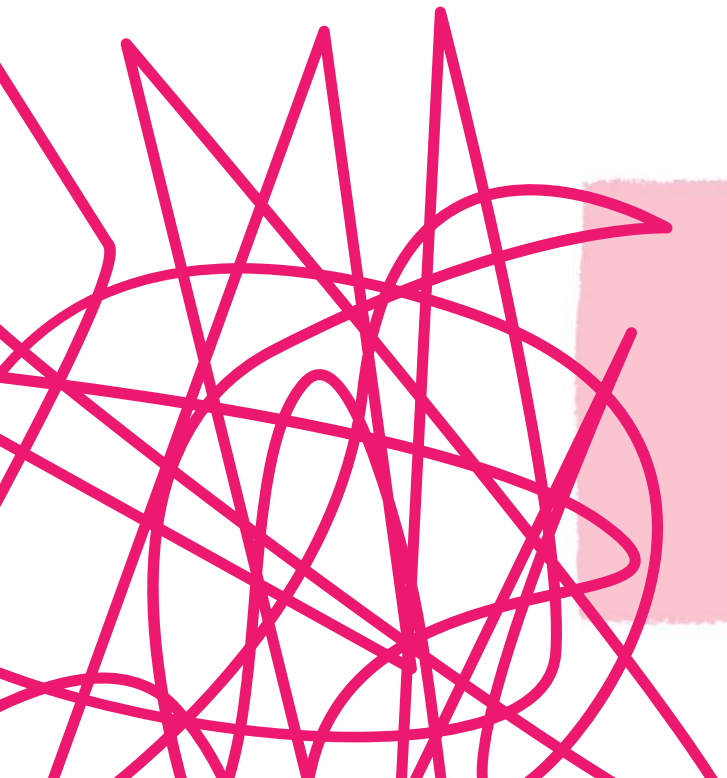
Whilst the majority of respondents agreed or strongly agreed that they were aware of the available support (57%), this leaves a substantial proportion of respondents who were not fully aware.

Further, this group of parents were asked if they felt the right kind of support was currently available in school; the largest single group of respondents was those saying they neither agreed nor disagreed (40%) however, combined, a majority of respondents agreed or strongly agreed (52%).

These findings together suggest that there may be a need for greater communication between schools and all parents about the kind of support that is currently available within the school environment.

Please indicate how much you agree with the following statements

Answer Choices	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Response Total
I know what support is available in school for children's mental health and wellbeing	19.84% 25	37.30% 47	27.78% 35	11.11% 14	3.97% 5	**126**
I think the right kind of support is available in school for children's mental health and wellbeing	18.11% 23	33.86% 43	40.16% 51	5.51% 7	2.36% 3	**127**



"I am aware that the school does provide mental and physical health education and awareness. As a parent I would be interested in learning more about it."

Quote from parent/carer survey respondent.

Future Support

Both parents/carers and staff were asked for their views about how future support for mental health and wellbeing could look in their school.

School staff were asked to consider four different forms of support that could potentially be introduced or expanded in schools. They were invited to reflect on whether they currently had sufficient access to each type of support, and to share their views on where additional provision might be most beneficial.

Please indicate which of the kinds of support described below you would like to be able to provide more of

Answer Choices	Yes, we want to offer more of this kind of support	No, we have enough of this kind of support/ do not need this	Response Total
Physical health and wellbeing sessions for all pupils (group sessions, blending exercise and wellbeing topics)	77.42% 24	22.58% 7	**31**
Assemblies for all pupils on mental health and wellbeing topics (adapted for each year group)	70.97% 22	29.03% 9	**31**
Workshops for all pupils on mental health and wellbeing topics (adapted for each year group)	100.00% 31	0.00% 0	**31**
Targetted 1-1 sessions for children referred for extra support	93.55% 29	6.45% 2	**31**

In all four cases, more respondents said they would like more of that type of support than those who said they felt they had enough. The most popular choice, with 100% of respondents wanting to offer more, were workshops for all pupils on mental health and wellbeing topics. The second most popular was targeted 1-1 support for children needing extra support.

"Regular workshops and small group discussions for all pupils would teach children to pay attention to this topic since young age. They would learn how to look after their mental health and how to ask for help when they need to."

Quote from parent/carer survey respondent.

Both school staff and parents/carers were asked to rank the four different forms of support that Cherwell District Council might be able to commission for schools. The results from both groups are presented below for comparison – as in previous questions, the score is weighted with higher preference items given more points. In this analysis, the scores from parents/carers have been split to show the difference between the response from parents/carers who have a child with a current mental health or wellbeing concern, versus those without.

The total score is given for each group, and then the ranking of that option from highest to lowest score in brackets.

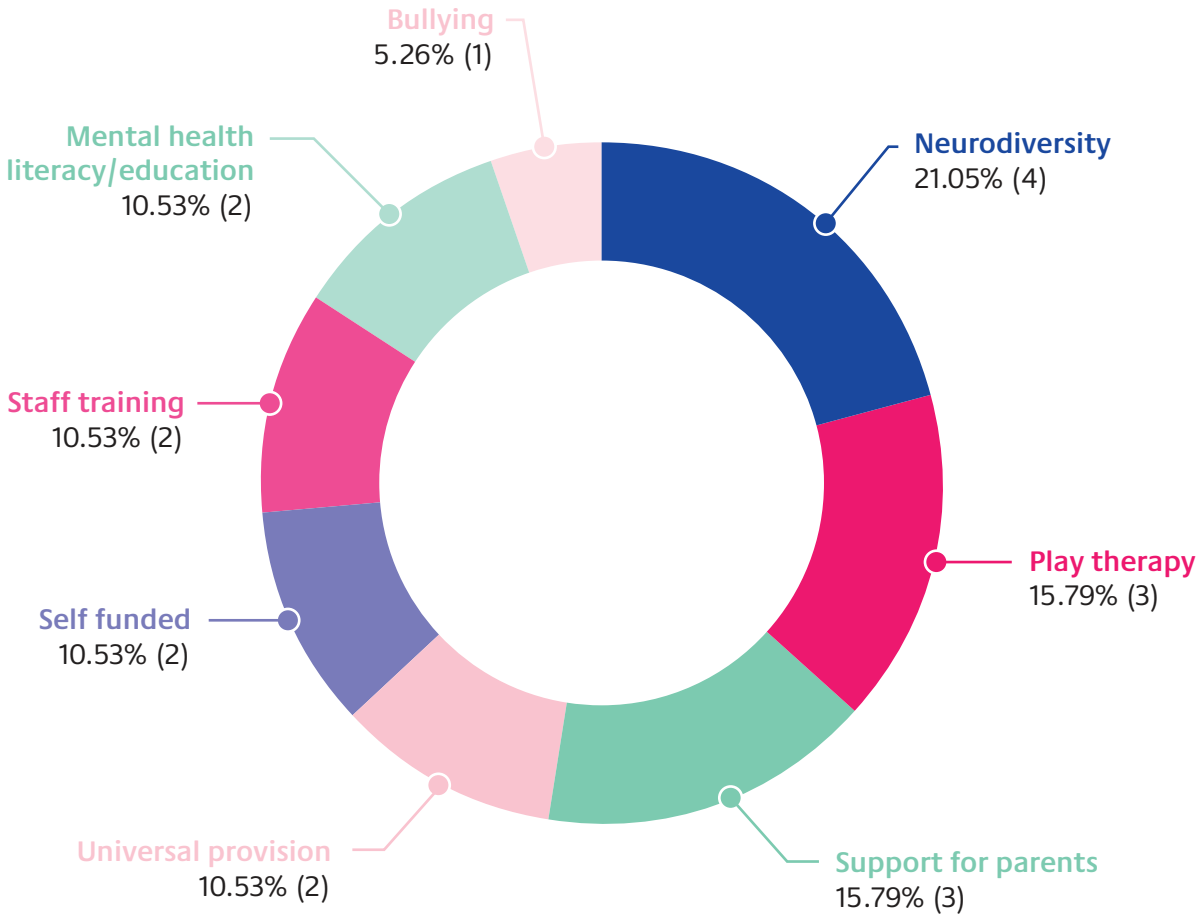
Type of Support	Parents/Carers with MH need (ranking)	Parents/ Carers with no MH need (ranking)	Staff Score (ranking)
Targeted 1-1 sessions for children referred for extra support	291 (1)	325 (2)	92 (2)
Physical health and wellbeing sessions for all pupils (group sessions, blending exercise and wellbeing topics)	217 (3)	398 (1)	60 (3)
Workshops for all pupils on mental health and wellbeing topics (adapted for each year group)	221 (2)	310 (3)	93 (1)
Assemblies for all pupils on mental health and wellbeing topics (adapted for each year group)	131 (4)	237 (4)	44 (4)

It is interesting to note that the preferences of parents/carers with a child experiencing a current mental health concern were more aligned with school staff preferences than with those of other parents. The scores presented here do not give greater weight to the experiences of parents with children who have current mental health needs, though this may be a consideration when using this intelligence as part of a decision-making process. Whatever the decision, given the differences in the views of these two groups, there is likely to be a need for careful communication about the balance of support offered to ensure that both groups understand the thinking behind the choice.

Both staff and parents/carers were able to add comments to describe any other forms of support they thought schools could usefully offer.

Amongst responses from staff, several mentioned wanting to be able to provide support for parents and children. Others mentioned specialist services, including crisis services. Full comments are included as appendix 3.

24 parent/carer comments were received; these were tagged with relevant themes, see pie chart below. Common themes included neurodiversity – a frequently recurring theme throughout this research – as well as a desire for a blend of universal mental health literacy provision alongside more targeted support. Several parent comments also mentioned a desire for more joined up support from the school, to help them understand strategies used to support children in school.



There was also a noticeable hesitance in some parent comments about whether mental health sessions were appropriate for children – comments wondered whether we should be "drawing attention" to mental health topics, fearing that children would find this "worrying" or "overwhelming". It is important to consider how any package of support offered will be differentiated to be age appropriate and how this will be communicated to parents/carers.

The full text of parent comments is included as appendix 4.

Staff Skills and Training

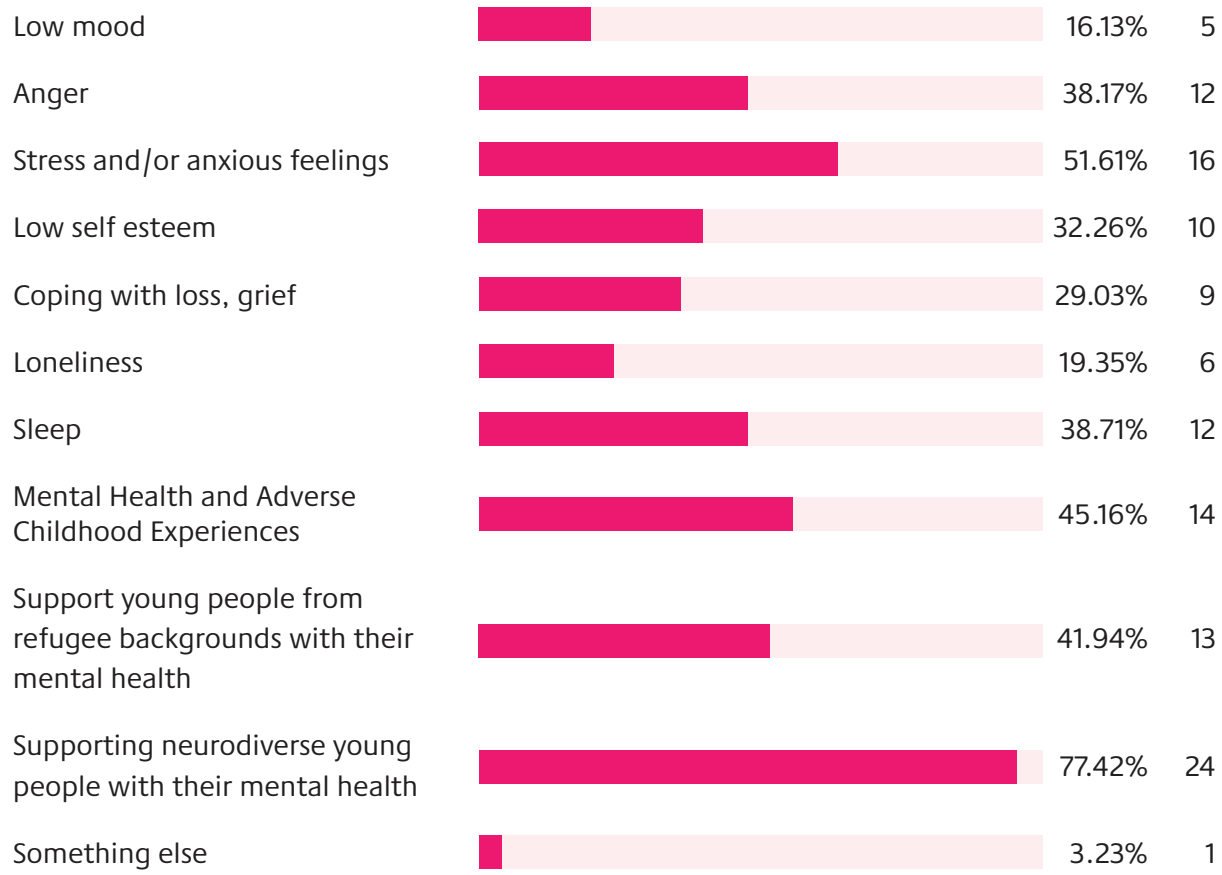
School staff were asked whether they felt they currently had enough training to support children with their mental health and wellbeing at school.

	Does your school have a mental health lead?				
Do you feel like you have sufficient training to support children with their mental health and wellbeing		Yes, I am the Mental Health Lead	Yes, someone else is the Mental Health Lead	No	Row Totals
	Yes, completely	3 20.0%	1 8.3%	0 0.0%	**4** **12.9%**
	Yes, to some extent	10 66.7%	8 66.7%	3 75.0%	**21** **67.7%**
	No	2 13.3%	3 25.0%	1 25.0%	**6** **19.4%**
	Column Total	**153** **48.4%**	**12** **38.7%**	**4** **12.9%**	**31** **100%**

The results demonstrate that there may be a need for further training for staff to support their ability to manage the mental health and wellbeing needs of pupils.

As identified earlier in this report, this cohort of respondents largely occupy roles with a specific focus on mental health and wellbeing, meaning that they may be encountering more situations requiring mental health and wellbeing training. However, due to the focus of their roles, they may also be more likely to have attended mental health focused training in the past. Even amongst those who indicated that they are the Mental Health Lead, however, only 20% of respondents indicated that they felt they had sufficient training. Further investigation will be needed to understand the training needs of all staff across the school, including those with differing classroom-facing and pastoral focused responsibilities.

Further to this, staff were also asked about any particular topics relating to mental health and wellbeing in which they would appreciate further training. Full responses are included in the chart below. NB: responses sum to more than the total number of respondents as it was possible to select more than one option for this question.



The most popular choice was neurodiversity and mental health, identified by 77% of all staff as an area they would appreciate further training in. The second most popular item was stress and/or anxious feelings, which was identified as the most prevalent mental health challenge amongst pupils by both staff and parents/carers. These responses were mirrored in the feedback of Oxfordshire Mind staff, as described in the following section.

The most popular choice was neurodiversity and mental health, identified by

77%

of all staff as an area they would appreciate further training in.

Oxfordshire Mind Staff Focus group

Oxfordshire Mind's Children and Young People's team are commissioned by Primary Care Networks to offer Supported Self Help for 7-18 year olds in several GP practices in Cherwell District. During the 2024/25 financial year, 522 children and young people completed up to six sessions of support with a Wellbeing Worker in their GP practice, 317 of these in the Cherwell District.

The Data and Quality Service Manager held a focus group with the Wellbeing Workers (WBWs) who are funded by Primary Care Networks to deliver the Supported Self Help programme in the Cherwell District. One WBW works across practices operated by Kidlington, Islip, Woodstock and Yarnton (KIWY) PCN, one across Bicester PCN and one across Banbury PCN.

The kinds of issues each Wellbeing Worker observed were shaped in part by the demographics of the area in which their practice(s) are situated. WBWs in Bicester and Banbury described a very mixed environment with a broad range of socio-economic status and ethnic backgrounds represented amongst families accessing support. In Bicester, there was a specific mention of many young people with armed forced backgrounds accessing support. In KIWY practices, the WBW reported a higher level of socio-economic status amongst families they saw, on average, with most families being from White British backgrounds.

Presenting Need

Across all three areas, it was noted that the number of younger children (7-11) accessing the service had increased over time. A trend observed anecdotally by Wellbeing Workers was that younger children were more likely to be male, with presenting issues around anger and emotional regulation. By contrast, older children/teens accessing support were more likely to be female or non-binary.

Whilst the Supported Self Help (SSH) model allows children and young people to decide how involved a trusted adult is with their support sessions, with younger children it was noted that the help-seeking was largely parent-driven and many younger children were not really sure "why they were there". The issue, for the youngest of these children in particular (7-8 year olds), tended to be framed in the language of the trusted adult. Wellbeing workers reflected that, in many cases, these younger children were lacking the emotional literacy[7] to be able to describe the problem and noted that all six sessions could easily have been used in building this awareness of their emotions.

7. Whilst different language was used by participants throughout this research, including emotional literacy, mental health literacy, emotional awareness, in all cases, respondents were describing a construct covering the ability to recognise, describe and manage a range of typical emotions, particularly in social situations.

Where children were able to describe the issue, Wellbeing Workers reported that they used language like “I’m different”, “I’m difficult” or “there’s something wrong with me”. Often, young people described being unable to control their emotions and “going from 0-100” without really understanding why. If children described particular issues, they often described friendship issues, bullying or specific difficult events as triggers for help-seeking. Specific events/circumstances that were cited as particular areas of concern for young people were exams, school transitions (primarily from primary to secondary, but also changing schools or just the transition to a new school year) and school residentials.

Wellbeing Workers also reported a significant overlap between mental health concerns and neurodiversity amongst the children they see, with some trusted adults seeking support from WBWs as part of a process of obtaining a diagnosis. In other cases, adults or children reported that neurodiversity was a driver of emotionally-based school avoidance, with the child feeling overwhelmed in the school environment, and behavioural challenges resulting from their struggle to cope in the school environment.

Often, young people described being unable to control their emotions and

“going from 0-100”

without really understanding why.

Support – what's helpful and what isn't?

In general, one-to-one support for children who are struggling seemed to be reported by children and their trusted adults as being the most helpful; Wellbeing Workers remarked that families are often sorry that the SSH sessions are coming to an end and wish the course of support could be longer[8]. Whilst this is positive feedback on the value that children and their trusted adults find in the support offered through the SSH programme, WBWs also felt there was some unwillingness from both young people and adults to detach from the support and start using the tools they have learned for themselves. In other cases, WBWs felt that the unwillingness to disengage was related to the child's desire to continue to have a dedicated space where they felt listened to and understood.

When considering how young people responded to other forms of support they had already accessed or were signposted to, Wellbeing Workers also reported that anonymous chat services were frequently described by young people as being helpful. For more affluent families, privately funded therapy was also seen as a helpful option, though there were financial barriers to this for many.

Wellbeing Workers also reported that phone or online support, whilst often seen as options that make support more accessible, were less preferred by young people than options which were fully online (e.g. text/messaging services) or face-to-face support.

A final observation about support was that where young people were learning coping skills and strategies (either from WBWs or other forms of support), they were often limited in how well they were actually able to use these during times of stress in a school environment, particularly when these techniques involved taking a movement break or otherwise stepping away from the classroom environment.

8. In the model, families are limited to 6 sessions but can re-engage for a second episode of support after 6 months.

Support – what is needed?

Wellbeing Workers were very clear that the lack of emotional literacy amongst primary-school aged children is a barrier to being able to provide them with other mental health and wellbeing tools. There was general agreement that in a significant number of the younger pupils they see, all six sessions may be spent on identifying and naming feelings, before they can even begin to use some of the resources to help them in managing those feelings.

In terms of specific support to address this, Wellbeing Workers reflected that they were aware that some schools have Emotional Literacy Support Assistants (ELSAs[9]) and that this kind of ongoing support appears to be helpful for children, as the skills are developed, practised and consolidated over time, rather than taught as a one-off.

However, they were also mindful that targeted interventions can be stigmatising for individual children who are identified as needing extra support, and that whole-class emotional literacy interventions may equip children who are not currently struggling with the language they need to seek support if they experience challenges in the future. However, across all three areas, staff reflected that children they worked with had at times described not feeling able to take part in whole-class activities of this nature due to friendship issues, bullying or worrying about what others would think of them.

They were also reflective about the fact that good quality resources are needed to support school staff in delivering and embedding emotional literacy frameworks within the classroom.

Wellbeing Workers noted the crucial role of parents and other carers in supporting children with their mental wellbeing. WBWs reported that there were three forms of support that they typically provided to trusted adults accompanying a child to SSH sessions; resources to understand their child and their mental wellbeing, resources to practice and develop coping strategies at home and signposting for their own mental wellbeing.

WBWs emphasised the following areas as ones where there was a particular gap in understanding between themselves and the trusted adults they worked with:

- Normalising mental health and drawing comparisons with physical health – emphasising that there is nothing “wrong” with a child who is struggling
- Focus on setting and holding boundaries with children
- Understanding behaviour as communication – that challenging behaviour is often an expression of distress.

9. https://www.elsa-support.co.uk/what-is-elsa-intervention/

All three WBWs felt that there was an opportunity to make support provided in school more effective by working more closely with parents. In particular, they felt that by providing consistency in the strategies used to support children with worries, feelings or behaviours at home and at school, a greater sense of security could be built for pupils. They were aware that some schools were already proactively doing this and reflected that some schools may need more resources to engage parents and devote adequate time to this kind of joined up working.

Training for teachers

As described above, Wellbeing Workers were aware from working with school staff that staff were likely to need additional training to support them in embedding support strategies for specific children and/or whole-class emotional literacy interventions.

They observed that this is also likely to vary depending on the demographic profile of the school; Banbury and Bicester schools were more likely to need training in supporting children from different cultural backgrounds where views about mental health and illness vary, and that these need to be culturally informed, acknowledging the differing perspectives some children may be hearing at home and at school.

Specific support – learning disabilities, SEN and neurodiversity

As described above, Wellbeing Workers reported a high prevalence of diagnosed or suspected neurodiversity, learning disability and other special educational needs amongst the children they saw in practice. Many felt that specific support on the mental health needs of children with these conditions was needed, as many mainstream resources were not suitable for their needs.

During the discussion about emotionally-based school avoidance, Wellbeing Workers described examples of good practice they were aware of that schools had implemented to support children with Special Educational Needs and/or Disabilities to manage in school, including “soft starts” to the school day and movement breaks between lessons. However, they were aware that it was challenging within the structure of the school system to offer flexibility in all the different ways that children needed it.

When asked for their specific recommendations for the support that could most helpfully be offered to schools, all three staff members agreed that it would ideally consist of a mixture of:

- A blend of 1-1, small group and whole class support, with additional briefings for staff about the content to allow for consistency with classroom practice.
- Dedicated resource to engage families
- Training for staff on more general mental health topics but also on specific issues that are prevalent within their catchment area, e.g. refugee mental health, support needs of military families.

School Staff Interviews

To add depth to our understanding of what schools need from mental health and wellbeing support, we reached out to schools who had taken part in the survey and invited them to a short interview.

Three staff attended an interview from two schools; these were 30 minute conversations conducted over Microsoft Teams.

The findings of these conversations are not, of course, representative of the experiences of all schools in the District but provide useful insights which contextualise the quantitative figures gathered through the survey.

Presenting needs

Both schools interviewed described a mixed picture of presenting need with no one clear "target" group for whom they primarily lacked support options. Instead, they described high volumes of children who would benefit from support, with a range of needs from friendship and bullying issues, to struggles with neurodiversity, complex home situations up to highly levels of mental distress expressed through very challenging behaviour.

Some of the presenting need was easier for schools to predict; both schools reported dealing with high levels of emotionally-based school avoidance, particularly earlier in the year, and with more children feeling worried and anxious as the end of the year transition approached. This was particularly true for Y6 children but was noted in other year groups too.

Other types of need were harder to predict, making support hard to plan; bereavement, friendship issues and bullying, child protection issues and difficulties at home arose unexpectedly.

Staff broadly mirrored the findings of the staff and parent/carer surveys, reflecting that anxiety and worried feelings were, typically, the most common kind of need they were addressing, with anger also commonly cited as a prevalent issue.

One school described the challenges of supporting children with higher levels of need who were either on the waiting list for Children and Adolescent Mental Health Services (CAMHS), or who for some reason such as their social care involvement or physical health needs, were unable to be assessed. Being able to support these children whilst they waited for support, or where there was a lack of clarity about support they could access, was felt to be a major gap in their support offer.

Another school mirrored the comments of Oxfordshire Mind staff in highlighting that emotional literacy was low amongst many of the pupils they were supporting with mental health and wellbeing challenges. This limited how effective support interventions could be, as children lacked the awareness and language to describe how they were feeling. An approach the school had taken to address this is described below.

Support available

Both schools who took part in interviews described a range of support options they could access to support the needs of pupils, but the overwhelming finding was that they needed much more availability of this support than they currently had to meet the needs of all children who could benefit from extra help.

One school described a comprehensive whole-school-approach to mental health and wellbeing, with an ELSA-trained TA at the centre of this. She co-ordinated 1-1 or group ELSA support for pupils who needed help, with an additional offering of Rhythm and Wellbeing[10] (RaW) for those children who were lacking the emotional literacy and awareness to access strategies taught through the ELSA sessions. However, this role is part time and always has a long waiting list for support.

Around the ELSA role, the staff described several other in terventions which aimed to support and improve the wellbeing of children. This included a "life skills" group for children with communication needs or learning difficulties, access to a trainee play therapist, a whole-school PSHE programme called Life Skills, specific universal provision in Key Stage 1 (Colour Monster) and Key Stage 2 (around feeling safe). They also described increasing levels of skill amongst teachers in meeting the individual wellbeing needs of children with strategies like soft starts and movement breaks.

The other school also described sources of support they found helpful, identifying that the Mental Health Support team offered valuable input for some children, and that staff were readily able to access good quality training though Oxfordshire County Council amongst other sources.

One school described building positive engagement with parents around mental health support by treating it no differently to other forms off additional help a child might be offered in school. One staff member described how:

"If your child needs maths support, we're not going to ask permission to go and put them into a different group. If your child needs mental health support, this is just what we do. It's just our offering."

She identified that her peers in similar roles had implemented similar approaches in their schools, and that this approach had been successful in engaging parents.

"I've not had anyone this year come to me and say I don't want you to work with my child or why are you asking?"

10. https://redbridgeiass.org.uk/parentsandcarers/health/REWT/

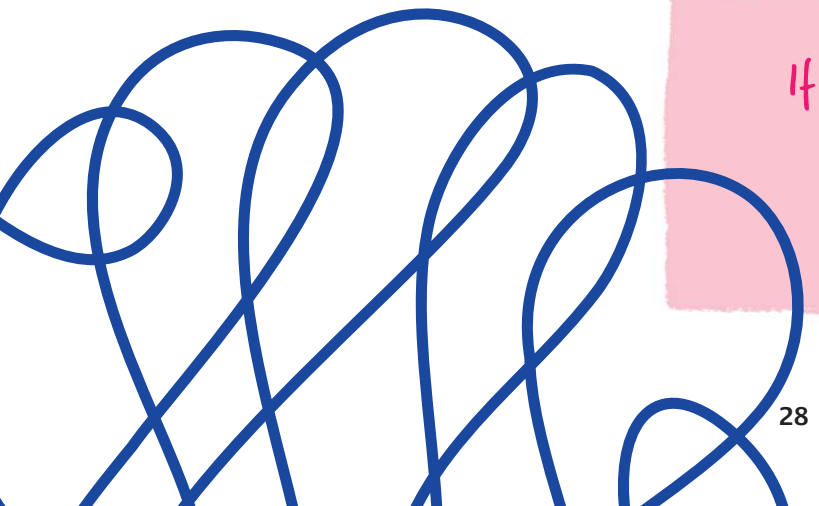
What is needed?

Whilst schools reflected on some shortcomings in their current support offer, they also agreed that there was good quality provision in evidence in and around their school.

Where there were gaps in provision, they tended to relate to the highest levels of need; feedback from one school was clear that it was those children who had the most challenging mental health presentations for whom they felt current support was not sufficient, and that other services such as Mental Health Support Team (MHST) or CAMHS were not always able to help due to the complexity of the case, or because other agencies were already involved.

Overwhelmingly, though, the feedback was that it was sheer numbers of "boots on the ground" that would make the biggest difference. Expansion of the ELSA TA provision was suggested, as were dedicated staff to work holistically with the school, children and their families. As one staff member put it *"If I have a TA off, I don't know what I'll do. I don't have a spare adult."*

This lack of capacity did not just limit the amount of support available, it also made it challenging for staff to take part in helpful initiatives and improve their practice; one staff member reflected that they accessed supervision for their role alongside others in the District doing similar work, but often couldn't attend when safeguarding responsibilities arose and they were the only available person to respond.



> If I have a TA off, I don't know what I'll do. I don't have a spare adult."
>
> Quote from staff member.

Conclusions and recommendations

The feedback received through the different strands of this research indicates that the importance of the mental health and wellbeing of children is increasingly well understood and prioritised in school communities and beyond. However, it also describes high, and increasing, levels of need which schools are struggling to meet as fully as they would like to.

On the specific elements of a support offer that we consulted on, parents of children with mental health needs and staff were clear that targeted 1-1 support, in combination with workshops differentiated by age would combine to produce a robust offer. Parents of children without current wellbeing concerns highlighted the physical health and wellbeing blended support as more preferable. Given the difference in priorities between these groups of parents and carers, there may therefore be a need for thoughtful communication about any additional support offered to ensure that all parents understand what is being offered and why.

Qualitative work added richness to the survey findings and suggested that the focus of these sessions would need to vary widely to meet the needs of the broad range of children who experience challenges at different stages of their time in school. However, building emotional literacy as a foundation for developing coping strategies was identified throughout the research as a much-needed approach.

Forms of support that bring together children and parents/carers were also valued, as many comments identified the challenges parents face with their own wellbeing, as they seek to support their children.

Next Steps

1. Identify schools where there is no designated **mental health lead** amongst staff and supporting them to develop this role,

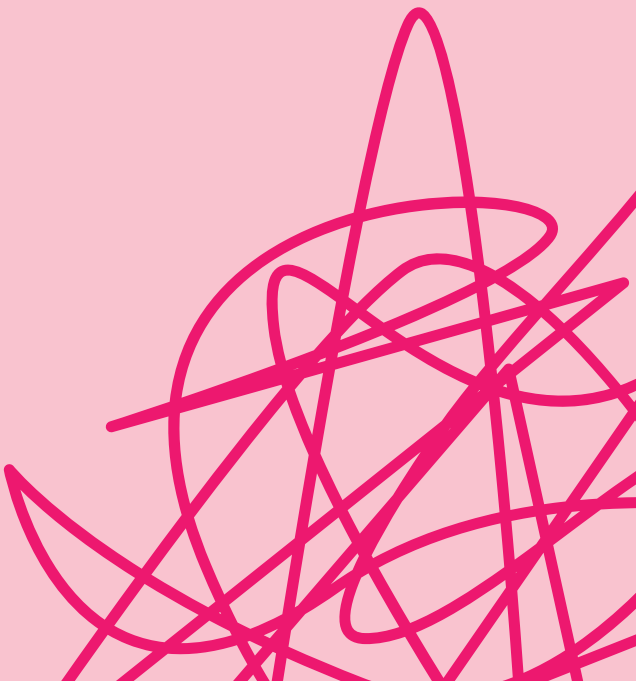
2. Provide training to staff on key aspects of mental health and pupil experience, specifically neurodiversity, as identified by the survey,

3. Support schools to **communicate their current mental health offering to parents and carers**, making it clear that mental health support is a core element of the school's offer just as academic support would be. This support could also usefully include resources about child development and building emotional literacy.

4. Review the current PSHE provision across the District and support schools to integrate new, good quality mental health and emotional literacy resources into their curriculum where this is needed.

5. Encourage schools to think holistically about wellbeing needs - a holistic view that considers communication skills, emotional literacy, friendship and bullying, feeling safe in school and outside can support more formal mental health interventions.

6. Consider funding a package of support that blends 1-1 targeted support and whole-class workshops that continue throughout the school year and increase on-the-ground capacity in schools.



Oxfordshire mind