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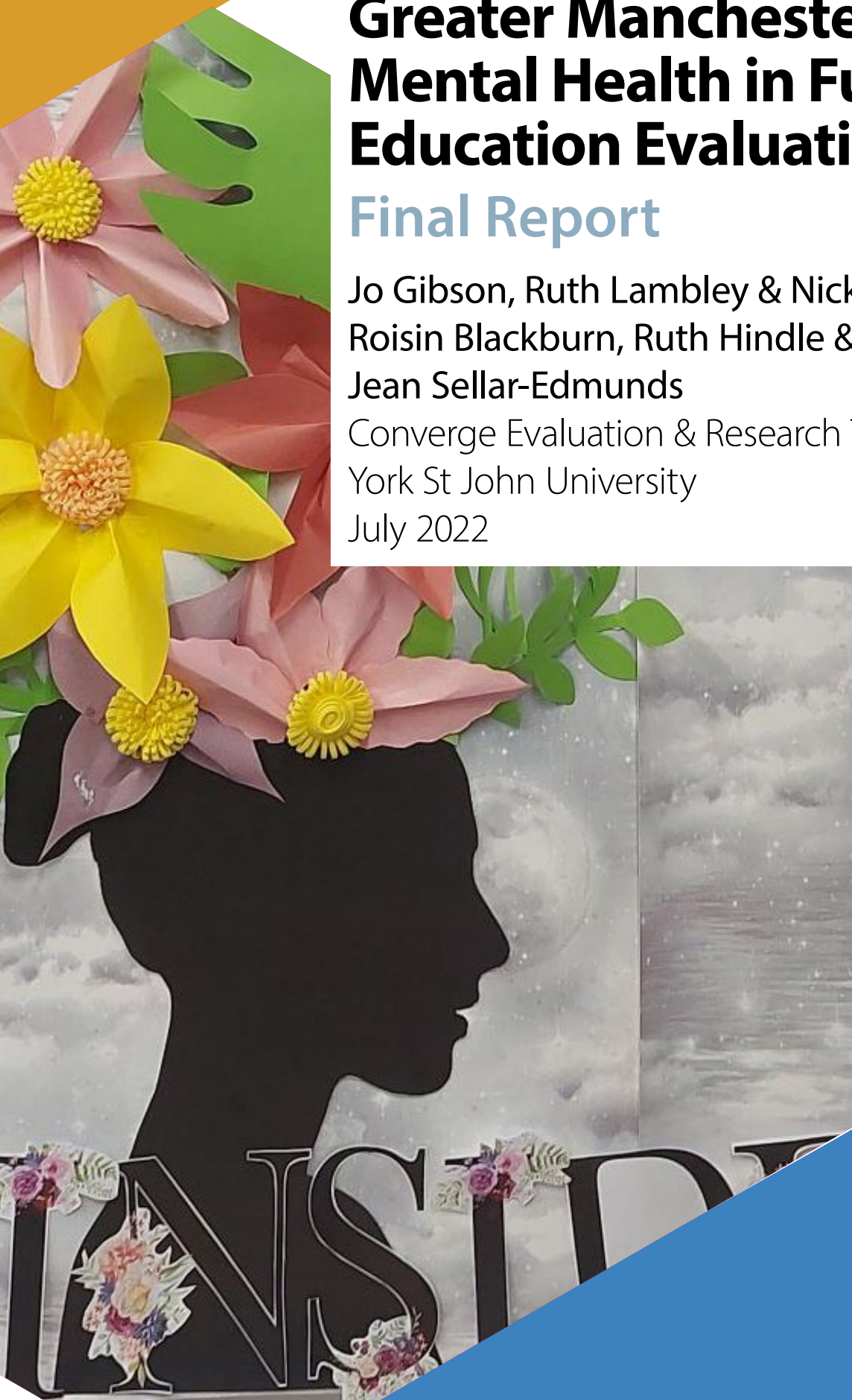
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Support to Continue Studying: Greater Manchester Mental Health in Further Education Evaluation Final Report

Jo Gibson, Ruth Lambley & Nick Rowe,
Roisin Blackburn, Ruth Hindle &
Jean Sellar-Edmunds

Converge Evaluation & Research Team
York St John University
July 2022



Support to Continue Studying: Greater Manchester Mental Health in Further Education Evaluation

Final Report

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Jean Sellar-Edmunds
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York St John University
July 2022



Executive Summary

This evaluation was commissioned by the **Association of Colleges** to consider the impacts of the **Greater Manchester Mental Health in Further Education** project on the experience of learners, staff and strategic working.

The evaluation consists of two phases and was conducted by **York St John University's Converge Evaluation and Research Team** – a group of researchers with lived experience of mental health challenges that share insight through experience.

This report shares findings from **Phase 2** drawing on interviews with staff across a range of roles and colleges, workshops with learners, an online survey and existing project data. A primarily qualitative approach was used to gather narratives of the project's impact and distance travelled from the perspective of those involved. For Phase 1 findings see the interim report.

ABOUT THE GREATER MANCHESTER MENTAL HEALTH IN FURTHER EDUCATION PROJECT:

As the national voice for colleges, the **Association of Colleges' (AoC)** developed the **Greater Manchester Mental Health in Further Education Project**:

1. to support young people to continue studying and to thrive at college,
2. to address a growing need for awareness and strategies to support positive mental health in colleges as more young people face mental health challenges, and
3. because mental health in colleges is too often overlooked as Further Education falls between the gap of initiatives targeted at schools and universities.

THE PROJECT AT A GLANCE

Funding for **Greater Manchester colleges** to trial innovative approaches to support the mental health of their learners:

- Developed in response to the **2017 DHSC & DFE Green Paper: *Transforming Children and Young People's mental health provision***.
- Support to continue study through prevention, early intervention, and resilience for positive mental health.
- A **Test and Learn** process – testing new ideas and new ways of working to be shared with others.
- Featuring four key strands: **Training, Transition, Trauma Informed Approaches** and **Social Prescribing**.
- For learners aged 16-19 years.
- The project took place across **3 years** from **April 2019**, it was open to 21 colleges and accessed by 18, and a number of training providers through the **Greater Manchester Learning Provider Network**.

In summary, greater awareness of mental health – in terms of what it is, the challenges learners may face, ways to support learners, and necessity for focus on staff mental health – was a key aim for the project, alongside strategic development to ensure ongoing effective working practices for learners to thrive at college.

KEY FINDINGS AND INSIGHTS

- The number of learners in need of mental health support at FE is increasing.
- There is growing need for greater awareness and effective strategies to support positive mental health in colleges.
- This need is acute for FE as it falls between the gap of initiatives targeted at schools and universities.
- Through the project's Test and Learn process, colleges developed diverse, innovative and effective ways of supporting student mental health.
- Tailoring initiatives to meet the differing needs of learners – e.g. additional or different learning, health, social or other support needs – was an important strategy.
- The project made significant inroads into effective support for mental health in FE, with all participating colleges reporting beneficial impact:

- ◇ **Benefits to learners include:** Improved attendance and punctuality, continuing with study when they might have otherwise withdrawn, improved attainment, improved relationships with staff and improved wellbeing. For some learners the project had a profound impact, offering life changing experiences.
- ◇ **Benefits to staff include:** Improved practice, raised mental health awareness, professional development and improved wellbeing. Increased workload and time implications were reported as negative impacts.
- ◇ **Benefits to strategic working include:** Development and improvement to policy, training and resource, enhanced partnership working and greater connection and collaboration with external services and agencies.

- Relationship building and development was key to many of the project's reported positive impacts. Staff in designated wellbeing roles were vital to this.
- Young people need to be listened to, their voices need to be heard and acted upon.
- Positive relationships between learners and staff, and colleges and external agencies supported learners to ask for, and gain help where needed. However, more work is required.
- The project increased the capacity and sustainability of colleges to support student mental health and wellbeing. It enabled them to afford additional staff and resource.
- The project raised the profile and increased the visibility of mental health in colleges.
- Trauma informed approaches were a significant success. They supported cultural shifts, policy development, and practical approaches for supporting the most vulnerable learners to continue study with positive outcomes for their college experience and their life beyond. It underpinned many of the effective practices afforded by the project.
- For learners and staff to thrive at college; care, trust, creating cultures for healthy learning environments, a whole-system approach, prioritising early help and youth voice are key.
- Support to continue study and working for better mental health in colleges in order that all can thrive, is an ongoing process.

RECOMMENDATIONS

- Triage and processes of disclosure require development.
- Training and activities need to be updated on an ongoing basis to maintain relevance.
- More training for learners is needed to support peer-disclosure. This can also support learners to better understand their own needs.
- More support is required for learners with additional needs and those from high-risk or marginalized groups.
- More resource is required to enable a range of posts for wellbeing at colleges, with staff covering a spectrum of roles and responsibilities to better support both learners and staff.
- More opportunities are needed for colleges to learn from each other and share effective practice to enhance working for positive mental health.
- Further work and research, including for example ways that mental health training and programmes can better work for diverse communities, would be fruitful to the ongoing development of cultures for healthy learning environments that consider the diversity of college populations.
- The potential of trauma informed approaches should be untapped with more research and resource.
- Long-term ring-fenced funding is needed for longer-term strategic planning and to address the additional resource required to support the increasing number of young people with mental health challenges.
- Young people need to be listened to, their voices need to be heard and acted upon. We suggest this could include increased young person consultation in mental health programme and support design. Trauma informed approaches and relationship development are key to this.

Acknowledgments

We would like to thank the staff from the 17 colleges who took the time to share their experiences of the **GM MH FEP** in interviews with us. We are also indebted to the learners who participated in our workshops, offering us valuable insights into their lived experiences of mental health in further education.

We would also like to thank the college staff who took the time to complete our online questionnaire. In addition, the authors would like to thank the **Converge Evaluation and Research Team** who contributed to the process through workshop and survey design, conducting interviews, co-leading workshops, data analysis and report writing. Finally, we would like to acknowledge Richard Caulfield and Pat Harrison for their support in completing this evaluation.

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List of Abbreviations

ACEs	Adverse Childhood Experiences
ADHD	Attention Deficit and Hyperactivity Disorder
AoC	Association of Colleges for Counselling and Psychotherapy
ALN	Alternative Learning Needs
AP	Alternative Provision
APC	Alternative Provision Centre
ASN	Additional Support Needs
BACP	British Association for Counselling and Psychotherapy
BPS	British Psychological Society
BSFC	Bolton Sixth Form College
CAMHS	Child and Adolescent Mental Health Services
CERT	Converge Evaluation and Research Team
CIC	Community Interest Company
CIN	Child in Need
CMH	Centre for Mental Health
CPD	Continuing Professional Development
CWT	Charlie Waller Trust
COVID-19	Severe acute respiratory syndrome coronavirus 2 (SARSCoV2)
DfE	Department for Education
DHSC	Department for Health and Social Care
EEF	Education Endowment Fund
EHCP	Education, Health and Care Plan
FE	Further Education
GAD	Generalised anxiety disorder assessment
GCSE	General Certificate in Secondary Education
GM	Greater Manchester
GM MH FEP	Greater Manchester Mental Health in Further Education Project
GM MH PT	Greater Manchester Mental Health Project Team
GMC&YPP	Greater Manchester Children and Young People Partnership Plan

GMLPN	Greater Manchester Learning Provider Network
HE	Higher Education
HHC	Hopwood Hall College
HR	Human Resources
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer (or questioning), Intersex, Allies +
LAC	Looked After Children
LSA	Learning Support Assistant
MHFA	Mental Health First Aid
NEET	Not in Education, Employment or Training
NHS	National Health Service
OSFC	Oldham Sixth Form College
PHE	Public Health England
PRU	Pupil Referral Unit
RONI Tool	Risk of NEET Indicator Tool
SAMHSA	Substance Abuse and Mental Health Services Administration (USA agency)
SEND	Special Educational Needs and Disabilities
SGO	Special Guardianship Order
SJRC	St John Rigby College
SLT	Senior Leadership Team
SCC	Salford City College
TMC	The Manchester College
TTGC	The Trafford College Group
UCAS	Universities and Colleges Admissions Service
VCSE	Voluntary, Community and Social Enterprise
VR	Virtual Reality
WaLC	Wigan and Leigh College

List of Participating Colleges

1. Aquinas College
2. Ashton Sixth Form College – (ASFC)
3. Bolton College
4. Bolton Sixth Form College – (BSFC)
5. Bridge College
6. Bury College
7. Hopwood Hall College – (HHC)
8. Loreto College
9. Oldham College
10. Oldham Sixth Form College – (OSFC)
11. Salford City College – (SCC)
12. St John Rigby College – (SJRC)
13. Tameside College
14. The Manchester College – (TMC)
15. The Trafford College Group – (TTCG)
16. Wigan and Leigh College – (WaLC)
17. Winstanley College
18. Xaverian College
19. GM Learning Provider Network



1. About the Project

The national voice for colleges, the **Association of Colleges’ (AoC)** developed the **Greater Manchester Mental Health in Further Education Project (GM MH FEP)** for the following reasons:

1. To **support young people to continue studying** and to thrive at college;
2. To address a growing need for **awareness and strategies to support positive mental health in colleges** as more young people face mental health challenges; and
3. Because mental health in colleges is too often overlooked as **further education falls between the gap of initiatives targeted at schools and higher education.**

The **GM MH FEP** took place between 2019 and 2022. It built on the **DHSC¹ & DfE² 2017 Green Paper: ‘Transforming Children and Young People’s Mental Health Provision’**, which outlines the importance and growing need for children and young people to be supported with their mental health. As the **Green Paper** states, “**one in ten young people has some form of diagnosable mental health condition**” (2017, p.3), and “**our mental health and wellbeing are vital to our ability to thrive and achieve**” (Ibid.). As we write this report in 2022, the number of young people requiring mental health support is likely to be much higher, particularly given the impacts of the COVID-19 pandemic.

1 Department for Health and Social Care

2 Department for Education

Indeed, the **NHS Mental Health of Children and Young People in England 2021** – wave 2 follow up to the 2017 survey, shows that for 17–19-year-olds rates of probable mental disorders have increased from one in six to one in ten. In 2021, for girls aged 17-19 that figure rises to one in four (The Health Foundation, 2022).

Poor mental health has a wide-reaching affect, causing struggles in all facets of life including socially and academically. All colleges that participated in this evaluation reported a rise in learners presenting with mental health needs. In a **Mind** survey, **96% of young people reported that their schoolwork was affected by their mental health** (Mind, 2021). Unsurprisingly, the recent COVID-19 pandemic has served to increase pressure on young people, with a resulting decline in mental health: **The Prince's Trust** (2021) found that 50% of 16–25-year-olds felt that their mental health had “*worsened since the start of the pandemic.*” Therefore, the **AoC** project took place at a time where mental health related support for young people was particularly highly needed.

Following the 2017 **Green Paper**, a strategy was developed and overseen by **The GM MH Project Team**. Key priorities for this team were facilitating increased and improved support to the **GM** education sector, and shifting the emphasis of activity to prevention, early intervention, and resilience. The **AoC** project launched in 2019, and **across three years it funded 18 colleges to develop and deliver activity that supported their learners' mental health for study**³. Colleges undertook a ‘**Test and Learn**’ approach to develop and learn from activity bespoke to their learners and context. It is important to note here that this project does not in any way intend to replace CAMHS⁴ services for young people with more severe challenges (however, some colleges, such as Loreto College, reported needing to ‘hold’ very unwell learners who are on extremely long waiting lists for CAMHS support). The intention of the **GM MH FEP** was to help colleges identify new and effective ways of keeping young people in education and to help them succeed in their studies by looking after their mental health. It was expected that good practice identified by colleges would be shared across the system, both locally and nationally.

3 18 is reflective of the number of colleges that actively participated in the AoC project. A total of 22 colleges across Greater Manchester were invited.

4 Child and Adolescent Mental Health Services

1.1 SUPPORT TO CONTINUE STUDY⁵

To learn and to thrive at college, a student must be well. Poor mental health can be highly **detrimental to the ability of a young person to succeed** at college, in particular, affecting factors such as attainment and retention (Buchanan & Warwick, 2020). **Feeling stressed, anxious, and low in confidence can impact students' ability to continue study**. For example, low mood can reduce both motivation for, and capacity to, process, synthesise and recall information. Indeed, when asked how mental health challenges might impact studying, college learners that we spoke to for the purposes of this evaluation responded promptly with several negative impacts – here are some of the learners' comments:

“Bad mental health may cause you to feel overwhelmed, which can cause you to procrastinate”

“It reduces motivation and concentration levels”

“If not looked after properly it can clog up your mind causing your attention to stray from education”

“It causes an extra stress when your mental health is bad and makes you feel like you want to give up

The **GM FE** learners that participated in this evaluation spoke eloquently and passionately about the ways in which poor mental health can negatively impact their ability to continue study.

Young people not accessing education, employment or training (NEET) is a key issue here. The **Office for National Statistics 2021 Census** estimated that **704,000 young people are currently NEET**. Following a decline in the number of NEET young people since 2013, the past three years have seen an increase year on year, with the North-West of England being in the **top three regions with the highest proportion of NEET young people** (Powell, 2021).

Colleges can contribute to a reduction in the number of NEET young people by **supporting learners to continue studying**. The **GM MH FEP** has made significant inroads into effective support for mental health in FE, with benefits to **attendance, attainment and retention**, which this report goes on to explore.

5 NB ‘Support to continue study’ is a development from the previously used ‘readiness to learn’ which features in this project’s interim evaluation report. The change from ‘readiness to learn’ to ‘support to continue study’ was made to emphasise systems working to support learners, rather than learners being required to be ‘ready’ to enter systems.

1.2 AWARENESS AND STRATEGIES TO SUPPORT POSITIVE MENTAL HEALTH – A TEST AND LEARN APPROACH

With growing numbers of college students in need of mental health support, and since students need to be well to study successfully, there is **increasing need for greater awareness and effective strategies to support positive mental health in colleges**. The GM MH FEP sought to address what had previously been somewhat limited awareness, resource, focus and strategies for mental health provision in FE.

Recognising that **colleges know their learners and contexts best**, the GM MH FEP used a *Test and Learn* approach. In this approach, colleges could **test innovative initiatives bespoke to the needs of their learners, staff and context** (e.g. type of college, demographics of their catchment area). From this testing, they could build on innovations that worked well, and learn from those that didn't.

Due to the nature of its funding, the GM MH FEP worked incrementally, whereby colleges applied for funding on a yearly basis, drawing on key learning from the previous year's activity. Whilst this in some ways seems sensible since college funding applications were responsive to what happened the previous year, this approach was also limiting in that it did not allow for longer-term strategic planning (see [section 12](#)). See also [section 1.4](#) 'note on funding' for an overview of the project funding.

In summary, **greater awareness of mental health** – in terms of what it is, the challenges learners may face, ways to support learners, and necessity for focus on staff mental health – was a key aim for the project, alongside **strategic development to ensure ongoing effective working practices for learners to thrive at college**. Across the project, there are many examples of effective practice developed through the Test and Learn approach, and some areas for further work, which this report goes on to outline.

1.3 FURTHER EDUCATION FALLS BETWEEN THE GAP OF INITIATIVES TARGETED AT SCHOOLS AND HIGHER EDUCATION

The FE White Paper '*Skills for Jobs for Lifelong Learning for Opportunity and Growth*' highlights:

"The further education (FE) and skills sector is large and complex with a wide range of public and private providers and significant numbers of students. It has frequently been said that the sector is overlooked and undervalued compared to the higher profile schools and higher education sectors. The FE sector has for many years suffer[ed] from underfunding and decreasing student numbers and this has become more acute in recent years" (Powell, Bolton & Hubble, 2021).



**Skills for Jobs:
Lifelong Learning
for Opportunity and
Growth**
January 2021

As Ford has documented in their forthcoming PhD thesis titled '*Changing the narrative of mental health in FE – who's role it anyway?*' colleges are different and the challenges faced by staff and students within them are unique (Ford, 2021). **Mental health in FE is frequently overlooked** as initiatives are often targeted at schools and Higher Education (HE). **Colleges are regularly grouped together with schools, despite being very different in terms of both their context and operation**. As the FE White Paper highlights, colleges are large and complex, they work with diverse cohorts with diverse needs, and as such, they require a discrete approach with specific frameworks. Many of the Senior Leadership (SLT) staff we interviewed for the purpose of this evaluation also made this comment, particularly in reference to COVID-19 guidance issued:

“When the COVID-19 guidance came out they talked about school and sometimes sixth forms, and they did it repeatedly. When they were talking about mass testing there was no thought to this for FE. We had to shut down the college. A lot of this work [the AoC project] has filled that gap where there is no mechanism for that to happen” (Tameside College).

It was from concern for the FE sector routinely being missed out that the seed of the **GM MH FEP** emerged. The intention of the **AoC** was to raise the esteem of FE and to increase skills and awareness vitally needed to support the mental health of learners and staff in order that all can continue and thrive in college.

1.4 A NOTE ON FUNDING

In March 2019, the **AoC** secured £300,000 from the **GM MH FEP**, commissioned by **GM Health and Social Care Partnership (GM C&YPP⁶)**, to deliver the project across a 12-month period. In June 2020 (project Year 2), the **AoC** secured £300,000 for a further 12 months (NB this was delayed from March to June due to the COVID-19 pandemic). In March 2021 (project Year 3), the **AoC** secured another £300,000 plus an additional £185,000, to be spent by March 2022. Since the **AoC** secured funding annually, it was distributed on an annual basis to colleges through an application process.

1.5 THE PROJECT AT A GLANCE

Using a Test and Learn approach, the **GM MH FEP** supported four key strands of work:

- Mental health training (including supervision) – [section 5](#)
- Transition – [section 6](#)
- Trauma informed approaches – [section 7](#)
- Apprenticeships – [section 8](#)
- Social prescribing (this strand is being evaluated as a separate piece of work so is not covered by this report).

Within each strand, colleges engaged in bespoke activities they developed in response to the specific needs of their learners and staff. [Table 1](#) offers an overview of the colleges that participated in the project alongside the key strands they took part in. [Appendix 1](#) offers more detail about individual activities colleges engaged in.

Table 1:
College strand participation

College Name	Project Year*			Project strands college participated in
	1	2	3	
Aquinas College	▲	▲	▲	Training, Transition,
Ashton Sixth Form College	▲			Training
Bolton College	▲	▲	▲	Training, Transition, Trauma-Informed, Year 2 Social Prescribing
Bolton Sixth Form College	▲	▲	▲	Training, Transition, Year 3 Trauma-Informed
Bridge College		▲	▲	Training, Transition, Year 2 Trauma-Informed
Bury College	▲	▲	▲	Training, Transition, Year 3 Trauma-Informed
Hopwood Hall College	▲	▲	▲	Training, Transition, Trauma-Informed, Social Prescribing
Loreto	▲	▲		Transition
Oldham College	▲	▲	▲	Training, Trauma-Informed,
Oldham Sixth Form College	▲	▲	▲	Training, Transition, Trauma-Informed, Year 3 Social Prescribing
Salford City College	▲	▲	▲	Training, Transition, Trauma-Informed, Year 3 Social Prescribing
St John Rigby College	▲	▲	▲	Training, Transition, Trauma-Informed,
Tameside			▲	Training, Transition, Trauma-Informed, Year 3 Social Prescribing
The Manchester College	▲	▲	▲	Training, Transition, Year 3 Trauma-Informed, Year 2 Social Prescribing
The Trafford College Group	▲	▲	▲	Training, Transition, Year 3 Trauma-Informed
Wigan and Leigh College	▲	▲		Training, Transition, Year 2 Social Prescribing
Winstanley College	▲	▲	▲	Training, Transition, Year 2 Social Prescribing
Xaverian College	▲	▲	▲	Transition, Year 2 Social Prescribing
GM Learning Provider Network		▲	▲	Training

*Project years ran from March to April. Year 1 = 2019-2020. Year 2 = 2020-2021. Year 3 = 2021-2022. NB Year 3 activity extended to June 2022 due to COVID-19 impacts across the project duration.

2. The Role of the Converge Evaluation and Research Team

The **Converge Evaluation and Research Team (CERT)** is a group of researchers with lived experience of mental health challenges based at **York St John University**. In July 2021, CERT was approached by **Richard Caulfield, AoC Director and National Lead for Mental Health** for the **AoC** – and leader of this project – to **coproduce an evaluation of the GM MH FEP**. CERT were invited to undertake the evaluation because of their distinct position to share *insight through experience* as a group of researchers with lived experience of mental health challenges.

Over the course of the evaluation, 13 CERT members contributed to the process, with nine taking a substantial role through interview, workshop and survey design, conducting interviews, co-leading workshops, data analysis and report writing.

One CERT researcher is a former **GM FE** learner, and it was wonderful that they could return to their former college to conduct interviews. CERT recognise the important work of the **GM MH FEP** and were delighted to support insights for continued and future effective practices for positive mental health through this evaluation.

CERT is led by **Ruth Lambley**. For further information on CERT email Ruth Lambley: r.lambley@yorks.ac.uk



3. A Note About COVID-19 and 16-19 year-old Learners

The COVID-19 lockdowns were challenging for most people, however, research has found that **young people aged between 16-25, were more likely to experience problems such as psychological distress and decreased social confidence** (Levita, 2021; Stangen et al. 2022). Young people, particularly males with an extravert personality type, have been found to be at a greater risk of developing some form of psychological problem as a result of the limitations on social interaction during the lockdowns (Staneva et al. 2022). Young people with an introverted personality type experienced fewer problems with social isolation, being more likely to manage the Lockdown periods and adapting to learning at home (Staneva et al. 2022).



Psychological and social issues negatively affect maturity and social development (Staneva et al, 2022). During our interviews, many staff commented on the impact of the COVID-19 lockdowns on the mental health and psychological development of their learners. Often, **college staff observed the development of mental health problems in learners who had not experienced them prior to the COVID-19 lockdowns**. Furthermore, **lower levels of social maturity** were noted among cohorts transferring from school into college, for example, in terms of **class room behaviour** and **attitude to study**. It was suggested by some staff that the cause of this was getting back into the routine of working in a class room rather than online at home.

Research has found that after the COVID-19 lockdowns, young people were at higher risk of developing mental health problems (Levita, 2021; Moreno et al., 2020). **Trauma and PTSD** like symptoms were found to affect 50 – 60% of male and female young people who have not displayed mental health problems prior to the lockdowns (Levita, 2021).

Lockdown had a **profound impact on family life**, causing families to spend considerably more time together. This often served to **amplify problems at home**, including things such as financial problems, loss of employment, and existing relationship problems.

Many young people struggled with online education – **motivation for engaging with college work was not always easy to come by**. Family support and encouragement to log on and learn may be limited, either by lack of space or an atmosphere where the benefits of education are not recognised. **Technical poverty** (not having a laptop or smartphone to use for learning) limits access to the equipment needed to continue courses by distance learning (Levita, 2021).

The number of young people needing support will potentially keep rising. Further Education colleges will need to examine their pastoral support system and develop plans to expand and maintain the quality of support available. Mental health training needs to include the majority of staff. Nationally, mental health services must expand to manage higher numbers seeking help and still be available for people with pre-existing mental health problems (Moreno et al, 2020).

As we conducted our workshops, the media coverage of the war in Ukraine was discussed by learners. Many learners we met with were highly politically aware, and frustrated at the lack of political power they have as not being old enough to vote. It is possible that this on-going awful situation will have an additional impact on young people's mental health. Thus, **mental health provision needs to adapt** to respond to the changing needs of young people.

4. Methodology

The AoC commissioned CERT to evaluate the impact of the GM MH FEP on **learners, staff and strategic working**. This includes identifying examples of **best practice** and **areas for improvement**. The evaluation uses a primarily qualitative approach to gather narratives of the project's impact and distance travelled from the perspective of those involved. It consisted of 2 Phases:

4.1 PHASE 1: TAKING STOCK (SEPTEMBER TO NOVEMBER 2021)

This initial phase concluded with an interim report (CERT, 2021). It included analysis of existing project data (over 115 documents) to ascertain what had taken place and to inform Phase 2. Existing data included: **33 questionnaires and evaluations** (produced by AoC and completed by Senior Leadership Team (SLT)/mental health leads at participating colleges), **38 case studies** (largely consisting of written reports by college staff responsible for project delivery or mentors), and **44 other documents** (**publicity, internal college reports, strategy documents and numerical data**) relating to numbers involved in Years 1 & 2 of the project.

Alongside analysis of existing data, we conducted **semi-structured interviews with Mental Health Leads and/or SLT at 15 of the 18 participating colleges** (NB two of the 15 interviews took place after the Phase 1 report was completed). Given that each college undertook processes bespoke to their learners and context through a Test and Learn approach, we endeavoured to interview all participating colleges.

4.2 PHASE 2: UNDERSTANDING IMPACTS (NOVEMBER 2021 TO MAY 2022)

In Phase 2:

- By the end of Phase 2, SLT/mental health/pastoral leads at **17 out of 18 colleges had taken part in online Interviews** (NB this was a continuation of the Phase 1 interview process).
- **An additional 12 staff that delivered project activity took part in interviews**. This included pastoral and teaching staff from a range of colleges.
- **An additional 3 staff that did not deliver activity took part in interviews**. This included interviews with facilities and office staff where colleges indicated a college-wide approach to training.
- **48 young people from 6 colleges took part in workshops**. This included both learners that had directly participated in project activity and those that didn't.
- **60 staff took part in an online survey**. This was made available to all colleges aimed at staff that had participated in the project. Only four colleges had no staff respond. During survey completion, staff could indicate that they were happy to participate in an interview.

4.3 OUR INTERVIEW APPROACH

We began by interviewing mental health leads to:

1. Ascertain what project activity had taken place at each college
2. Allow them to articulate their approach to the project

In addition to the viewpoints of senior staff ascertained in Phase 1, in Phase 2 we were keen to speak to a range of staff with different levels or types of contact with learners, and across the colleges.

At two of the colleges that reported a college-wide approach to training, we conducted in-person interviews with a range of staff including pastoral, teaching, facilities and office staff.

Furthermore, we conducted online interviews with staff who expressed a willingness via the online survey. Accessible interviewing is a priority for CERT, which is why we offered both in-person and online options with a choice of platforms. Whilst all interviews were semi-structured to allow responsiveness to interviewees, we provided interview questions in advance as a guide to the conversation.

4.4 OUR WORKSHOP APPROACH

Since a fundamental aim of this project was to support young people to continue their study and to thrive at college, **CERT felt it imperative to take every opportunity to hear directly from young people about this project and about their experience of mental health in FE.** We therefore led workshops with learners at six colleges, across a range of **GM** locations, college types, and activities relating to the project. We held three different types of workshop:

4.4.1 Survey design workshops: held with Loreto College and Salford City College (SCC) to co-design the staff online survey with learners. We offered this space to:

- a. **Generate questions** with learners – asking them what they would like to ask college staff that take part in mental health training, activities and events;
- b. To hear their general **views on mental health** and college study.

We did this using ‘sentence starters’, for example, *“mental health might impact studying because...”*; *“colleges can support mental health by...”* and *“write three words or phrases which come to mind when you hear the words ‘student mental health.’”*

These two workshops were followed by a 30-minute video call with learners from both colleges where the draft online survey was shared for their comment.

4.4.2 Arts-based workshops: held with Bridge College and Hopwood Hall College (HHC) with the aim of offering a different mode for learners to communicate their project experiences through mark making using a range of artistic materials – including painting activities.

These were 90-minute sessions where learners could get involved in mark making using materials provided and/or making collage (painting, tearing, cutting, folding, sticking a variety of papers). This was to support their reflective process and/or as a way of approaching things obliquely. The group at HHC had all participated in the summer **Introduction to College Education** programme, and had a very high energy at the beginning of the session, so the member of staff present played music to calm the room down.

4.4.3 Listening workshops: held with Oldham Sixth Form College (OSFC) and St John Rigby College (SJRC). In these workshops, we **presented our emerging key findings and recommendations** for



learners to comment on. Audio clips of actor-voiced staff interview excerpts were shared with the group to support analysis of staff interviews.

After a warm-up exercise which involved reflecting independently on mental health and college study, learners listened to the recordings, and were invited to comment and discuss as a group or write anonymous written notes.

The workshops were carefully scaffolded and designed in response to the learners and college context. For all workshops, learners received a **£10 Love to Shop Voucher and a certificate** for taking part. We provided pizza where possible/appropriate (i.e., not for online activity, or workshops taking place where the majority of participants were observing Ramadan).

It is important to note that we worked with two groups at Bridge College, a college for learners with additional needs. For one of those groups, we chose not to include the workshop as data since it was unclear whether the learners understood why we were there in terms of the evaluation, and thus couldn't consent to participate. We did, however, learn a great deal from this wonderful group of young people - they enriched our experience and wider understanding of mental health in college.

4.5 ONLINE SURVEY

The online survey for staff was **co-designed with learners at Loreto College and SCC**. It was designed to capture the thoughts of college staff relating to their learners' mental health. The intention was that as many staff as possible, regardless of their role, would complete it. We sent the link to our college contacts (usually SLT/mental health/pastoral lead) inviting them to distribute it to their colleagues from mid-February to 6th May 2022. Survey responses were anonymous to allow staff to comment freely on the projects impacts.

The survey covered:

- Their experiences of interactions with young people
- Their perceptions of the impact of the project on their college
- The impact of the project on them personally
- Whether they had observed barriers to the success of the project
- Whether they felt their college had necessary resources to support learners' mental health
- Anything they would like to see in future to support learners' mental health

4.6 ABOUT THE SAMPLE

Our **methodology evolved** over the course of the project. The disruption caused by COVID-19 meant at times we had to change plans at the last minute, for example, moving planned face-to-face sessions online, thus limiting our ability to involve learners in-person (CERT's preferred way of working).

We **invited all colleges to participate** in interviews, and we tried to get a range of different types of colleges for our workshops, but it should be acknowledged that it is a **self-selected sample** of colleges willing to work with us. This may mean the sample is biased in terms of colleges which participated in our evaluation being those which found the project to be worthwhile.

A college staff member was present in five of the six workshops we held with learners. Whilst we recognise that learner safeguarding may be one reason for this, and whilst for some of the workshops having staff present afforded productive moments of reflection between learners and staff, we acknowledge that more critical comments about the project and/or colleges may be less likely to be shared in front of a staff member.

It is also important to note that **several mental health initiatives began at roughly the same time as the GM MH FEP**. This included activity through the Manchester Combined Authority and some local commissioning. Colleges commented that this caused some difficulty with attributing impacts from their activity directly to the specific **GM MH FEP**. We paid attention to this throughout the evaluation, asking colleges to stick closely to **GM MH FEP** activity by drawing on explicit examples of the **AoC** funded activities. However, **we observe this makes things 'muddy'** as impacts and successes reported by colleges may be the cumulative results of multiple activities with a range of funding sources. Throughout this report we present participant narratives of distance travelled in effort to negate this.

4.7 THE IMPACT OF COVID-19 ON COLLEGE CAPACITY

Finally, **COVID-19 had a significant impact on college staff workload** and their capacity to be involved in this evaluation. This meant that some colleges reported experiencing feeling overwhelmed – that they had **so many different projects going on** they were unable to give us much time or resource. This lack of capacity may be the reason why one participating college didn't respond to our invitation to interview us at all. Again, it is important to keep in mind that the colleges which responded to us most fully are likely to be those who experienced the project in positive terms.

4.8 BREADTH OF ACTIVITY AND REPORT SCOPE

Across this three-year project, **18 colleges** undertook a wide range of differing activities and approaches developed through a Test and Learn strategy. Examples of activities are shown in [Table 2](#). It is beyond the scope of this report to provide nuanced details of each colleges' discrete programme activity. Instead, since **the task of this report is to evaluate the impact of the GM MH FEP on learners, staff and strategic working**, we offer examples of effective practice and areas for improvement drawing on the range of colleges as exemplars.

This report will now consider the impacts of the **mental health training** ([section 5](#)), **transition** ([section 6](#)) and **trauma informed approaches** ([section 7](#)) activity strands on students, staff and strategy development. Work with independent providers who work with young people on **apprenticeships** is also covered ([section 8](#)).

The **social prescribing** strand is being evaluated as a separate piece of work and this will be published in due course.

5. Mental Health Training

*Table 2:
Examples of project
activities*

- Buying in or appointing new staff – for example specialist mental health practitioners or other staff to lead in the development of tailored mental health and wellbeing programmes
- Remunerating existing staff for additional duties such as mentoring
- Supporting staff professional development including Mental Health First Aid, Train the Trainer, supervision and trauma informed approaches
- Offering activities during summer to prepare learners for college
- Providing wellbeing rooms and hubs
- Developing mental health policies and strategies
- Developing new resources including online modules, applications & software
- Purchasing devices such as iPads, iom2 biofeedback devices and a communication robot
- Providing workshops and events

5.1 WHY IS MENTAL HEALTH TRAINING FOR COLLEGES IMPORTANT?

In 2020, 85% of colleges in the United Kingdom stated a **significant number of their learners were experiencing mental health challenges without having received a diagnosed mental health condition (AoC, 2021)**. Despite an increased demand for mental health support for young people, appropriate care is only provided to 20-30% of young people (Leijdesdorff et al., 2021). This concern has been **exacerbated** by both the **COVID-19 pandemic** and **lengthy waiting lists** for CAMHS. These factors are making it increasingly necessary for college staff to be skilled in supporting the mental health needs of their learners.

In the current climate of **extreme budget pressures**, colleges often simply do not have the financial resources to fund a dedicated expert member of staff solely to provide mental health support to their learners. Where colleges do have dedicated staff, such as counsellors or wellbeing mentors, **frequently they are overwhelmed by demand**, and comment that more staff are needed. For example, a staff member at HHC explained *“identifying students that need support is not the issue. The issue is with so many needing support, how do we prioritise?”*.

Continuing professional development (CPD) training for college staff in current best practice in mental health is crucial. The **AoC** project presented **GM** colleges with the opportunity to use funding to **target the improvement of mental health support** benefiting their learners and staff, in response to the increased prevalence of mental health challenges in young people (BMG Research, 2018).

Our interviews with members of staff who received mental health training highlighted how for them, it created an **increased understanding**, facilitating *“getting to know your learner ... and understanding where it is that they’re coming from”* (Oldham College). Training was recognised as increasing knowledge around how to treat young people, helping staff become “[better] equipped to deal with the young people that come in and the challenges that they have” (TTCG). **Developing mental health competence** through training was recognised by many college staff members as essential: **“education is power when it comes to mental health”** (Aquinas College). Such training can be either face-to-face, for example, during inset days, or online as a course staff can do in their own time. COVID-19 meant

that during lockdown many colleges were forced to deliver all training online, even where their preference was face-to-face: a Bolton College staff member remarked that nothing has *“quite the same impact that a face-to-face session has”* (Bolton College). In the absence of face-to-face, online training strategies such as this could ignite sparks surrounding the discussion of **mandatory mental health training** for all college staff, reduce funding requirements for initial training, and support progression towards more in-person training sessions.

Increased awareness and relationship building was a key theme arising from staff interviews. Here, training appears to remove a barrier that may have previously been hindering interactions between staff and learners. **Building confidence** was another benefit of training, with staff feeling more able to recognise and approach learners *“to get a few more facts”* about a situation (Oldham College). Thus, overall awareness within the colleges seems to have developed to encourage conversations surrounding mental health.

An interview with a member of staff from HHC demonstrated a recognition of the importance of reinforcing the learnings from training by integrating knowledge gained into everyday interactions with learners and staff, as it is *“constantly reinforced by how people approach people and how people behave”* (HHC). This was recognised by another member of staff as being able to influence how policies are implemented via a top-down approach whereby members of SLT attend training which *“helped us inform the [behaviour] policy to make it a positive behaviour support policy”* (HHC). This demonstrates how the **overall culture of college** can be developed where those responsible for policy making participate in mental health training. **Changes in policy** brought about by the training can create a college-wide approach towards mental health understanding: *“it’s practice ... you can give as much training as you want but if you don’t live your values or your culture, you’re nowhere.”* (HHC).

For many colleges, the **AoC** project was timely, and the additional funding meant they could **advance ambitious projects** seeking to increase mental health awareness and confidence throughout their workforce. Bolton College recognised training from external providers as bringing “credibility” to their practice. This was mirrored by Bolton Sixth Form College (BSFC) who acknowledged their lack of expertise in trauma informed approaches and thus desired further strand money to deliver high-quality training via external providers:

“We are not skilled in delivering that [trauma informed mental health training for staff]. We need an external provider to come in and deliver that to our staff. You have to be really competent and excellent to deliver that kind of training” (BSFC).

5.2 TYPES OF TRAINING OFFERED

The **AoC** funding facilitated partnerships between **GM** colleges and external agencies offering training in mental health provision:

5.2.1 Mental Health First Aid (MHFA) training – was the most common type of training offered through this project. It has both ‘youth’ and ‘adult’ forms (both forms are taught to adults). Most often, a **Train the Trainer** approach was adopted, whereby one or two members of staff from a college undertook formal accredited training, with the intention that they would go on to deliver the training to their colleagues across their college’s workforce.

5.2.2 Supervision training – a process of professional learning and development that enables individuals to engage in reflections on their professional practice, either with a more senior member of staff, a peer colleague, or a professional external to the college.

5.2.3 Trauma informed approaches training – in which a college-wide approach was taken to enable staff members to competently recognise and respond to learners who have experienced trauma, and also the impact of trauma on staff members.

5.2.4 Specialist training – in which colleges approached external training providers which they felt they would be of benefit to them due to the specific needs of their learners or staff.

5.2.1 Mental health first aid training.

MHFA courses are **evidence-based, accredited training programmes** directed at providing an individual with the knowledge and skills to support individuals experiencing a mental health crisis until professional help is available, or the crisis is resolved (Kitchener et al., 2017). There are both ‘youth’ and ‘adult’ forms of the course (both forms are taught to adults). According to Jorm (2012), **MHFA** courses increase trainees’ mental health literacy through:

- Recognition of problems and mental disorders
- Knowledge of professionals and treatments
- Knowledge of self-help techniques, mental disorder prevention awareness
- Skills to provide first aid support

Across all three years of the **GM MH FEP**, the **AoC** sponsored places on a **MHFA** training programme delivered by **MHFA England**. The programme equipped staff members to become qualified **MHFA** trainers, with the expectation that they would go on to deliver the certified programme to their colleagues. **Staff members attended seven days of training plus three days support, followed by at least two or three sessions monitored by MHFA England to ensure they were competent to train others.** This process took staff around one year to complete – for many staff this work was on top of existing teaching/pastoral support commitments. In Year 3, **WaLC** and **TMC** embarked **MHFA** training specifically targeted at suicide prevention, a certified stand-alone qualification. **Table 3** shows the different types of **MHFA** training colleges undertook and when.

The **MHFA** training cost £3,500 per person – several colleges explained that they could not have afforded this expense without the **AoC** resources:
“The grand plan will be for them to be able to deliver in other places ... and that training is quite expensive and I am not sure we would have done it if the AoC hadn’t funded that” (Tameside College SLT).

Table 3:
Types of MHFA training colleges undertook

Year	College	Training Type
One	Hopwood Hall College	Youth MHFA
	Xaverian College	Youth MHFA
	The Manchester College	Adult MHFA
Two	Bolton Sixth Form College	Adult MHFA
	Wigan and Leigh College	Adult MHFA
Three	Tameside College	Adult MHFA
	Salford City College	Adult MHFA
	The Manchester College	Suicide prevention MHFA
	Wigan and Leigh College	Suicide prevention MHFA

5.2.2 Supervision training.

Supervision is a process of professional learning and development that enables individuals to engage in **reflections on their professional practice**, either with a more senior member of staff, a peer colleague, or a professional external to the college. The supervision training strand of the **GM MH FEP** focused on facilitating the availability of supervision for both student support and pastoral staff. The supervision training was delivered by the **British Association for Counselling and Psychotherapy (BACP)**, recognised as the leading accreditation body for training courses in counselling and psychotherapy.

Three pilot supervision training activities took place in Year 1:

1. Each college was invited to nominate two members of staff from any job role to complete the **BACP** two-day training course. This member of staff would supervise two staff members (in either a student support or pastoral role) from their own or a partner college. Sixteen members of staff from seven colleges took part in this training. Uptake was lower than the proposed amount due to the expense it would create for colleges having to cover for teaching staff having days off timetable, thus creating a barrier to participation.
2. Four colleges (**TMC**, **TTCG**, **WaLC**, and **HHC**) selected seven student support staff to attend training in which each staff member supervised a colleague whilst being supervised by another colleague in a cycle of supervision.
3. Members of staff from various **GM** colleges were matched with post-graduate students from the University of Salford counselling course who needed placements as part of their programme. College staff had the opportunity to undertake monthly clinical supervision training from January to December 2020. It is hoped that this will continue post project as a legacy and continue the development of a relationship between the University of Salford and **GM** colleges.

In Year 2 of the project, there was a **greater demand from colleges for supervision training, beyond what the GM MH FEP could provide for in terms of funding.** The **AoC** identified a need for the continuation of the supervision training strand through an external provider that colleges could pay a nominal fee for. Consequently, the **AoC** collaborated with **BACP’s** Children, Young People and Families lead, **Joanna Holmes**, to make the supervision training to be accessible via college funding. Trainers were identified who could work independently to deliver training on demand to colleges, thus making the process more efficient but reliant upon a college’s own funding as opposed to the **GM MH FEP** resources.

Overall, training in supervision processes seemed to be appreciated by staff, especially the focus on staff wellbeing and valuing their mental health needs. A relationship was highlighted between staff and student wellbeing, as supporting staff mental health needs created a **“virtuous cycle of student and staff wellbeing”** (Bridge College, 2021). Thus, the centrality of supporting staff wellbeing has been emphasised throughout the supervision training strand.

The BACP conducted their own evaluations of the supervision training in Years 1 and 2 (GM Combined Authority, 2021). Staff members were asked to fill out an anonymous online survey about the training. Themes which arose from their evaluation were around connecting and reflecting with others, sharing good practice, and learning the theory behind the skills before putting skills into practice. Comments around the training were mainly positive, however, one member of staff indicated that they felt strongly that the training did not offer a good understanding of the purpose of reflective supervision, and that they did not feel confident about delivering supervision sessions.

5.2.3 Trauma informed training: a college-wide approach.

A college-wide approach refers to colleges choosing to train **all staff in mental health rather than just specialist mental health or pastoral staff**. This approach was common to all colleges pursuing a trauma informed approach (see [section 7](#)). College-wide approaches stem from the recognition that **a learner may make mental health disclosures to anyone**, not necessarily just to specialist staff. Because of this, it is therefore important to ensure **every staff member is equipped to cope with disclosures and is competent to manage the situation appropriately**. For example, Bolton College trained “our cleaners, our security staff, our caretakers, my HR team, the finance team, the marketing team, those kind of back-office type roles.” Oldham College recognised their college-wide approach was influenced by a desire “to upskill everybody”. This responds to the **British Psychological Society’s Call to Action** (BPS, 2019) **which strongly recommended that FE and HE take a whole institution approach for mental health and wellbeing** in response to the increasing prevalence of mental health challenges in young people. Colleges pursuing a trauma informed approach typically used **GM MH FEP funds** to pay for **specialist external training** (See [Appendix 3](#) for who was trained in trauma informed approaches and [Appendix 4](#) for a list of training providers).

For Bolton College, it is important that **newly recruited staff** members take part in online mental health training as part of their **job induction** (mandatory in the same way as mandatory fire awareness and trips and falls training):

“So, before people that actually join the college join us, they’ve already got a very clear understanding that we take this stuff seriously here, and we want all our staff to share the same value set that that we do” (Bolton College).

5.2.4 Some examples of external training delivered at colleges.

Charlie Waller Trust (CWT) is a mental health charity utilised by some colleges for training resources. Charlie Waller curates a library of online practical tools and strategies for staff, students, and parents to access and use for mental health support (CWT, nd). These partnerships evidence how the **AoC** has encouraged knowledge exchanges with mental health experts, leading to changes in policy and resources available: <https://charliewaller.org/>

HHC staff took part in **RAID training** – a ‘relentlessly positive’ approach to managing disturbed and challenging behaviour: <https://www.apt.ac/raid-training.html>

SJRC brought in **Commander Joe’s**, a training provider who offers early intervention for young people disengaged with their education, specialising in behaviour management, growth mindset development and life skills intervention: <https://commandojoes.co.uk/>

SJRC offered specific **Neurodiversity** training for their learners with ADHD and autism through **The ADHD Foundation**, a neurodiversity charity: <https://www.adhdfoundation.org.uk/>

SCC offered **Emotionally Friendly Settings** training to its staff (<https://www.emotionallyfriendly.co.uk/>) and **Pyramid Training Clubs** (University of West London), for their learners, a special initiative designed to support shy, anxious, withdrawn or quiet young people who may feel anxious about home or school situations. This was delivered in their wellbeing room. They also had external sessions from **Time to Talk** (a mental health campaign) and **The Leadership Academy**: <https://www.uwl.ac.uk/business/pyramid-clubs-schools>

TMC brought in training from **Positively Mad** which provides students with the skills and mindsets to raise aspirations and improve performance: <https://positivelymad.com/>

TTCG brought in training from **Loud Speaker**, who offer workshops to ‘help young people find their voice’. It aims to teach speaking skills; boost employability outcomes; raise confidence and aspirations; develop social skills; and create a fun atmosphere: <https://www.loudspeaker.org.uk/> They also had training from The Samaritans around anxiety: <https://www.samaritans.org/>

See [Appendix 5](#) for a list of the external agencies utilised by the colleges taking part in the **GM MH FEP** project.



5.3 LEARNERS' VIEWS ON MENTAL HEALTH TRAINING

At several colleges, including OSFC and Loreto College, **learners voiced a desire for their own mental health training**. They wished to broaden their own knowledge and have the ability to support their own mental health needs and the needs of their peers. Reflections from young people reveal positive outcomes from a scheme at OSFC:

*"I think it was good. It's helped me because you can look at yourself and **figure out ways that you can help your own mental health, not just other people.**"*

*"A lot of young people find it hard to manage their own mental health, **having just one lesson** to help with that could be really beneficial – if you can't help yourself, you can't help anyone else."*

*"I feel like **every student** should have mental health training so they can recognise signs of themselves struggling."*

The positive effects perceived by learners participating in mental health training emphasises the importance that young people place upon being able to **improve their own mental health literacy to be able to support their own and others' wellbeing**. One OSFC learner commented that it is preferable to speak to a peer:

"Students are so much more approachable than the teacher and it will be less formal."

Whilst it might be suggested that training young people in MHFA could put too much pressure on them, for example, being 'out of their depth' when supporting their peers, the learners we spoke to indicated that they felt they should be involved in training to both develop their own understanding of mental health and to break down mental health stigma. **The young people had a desire to feel equipped to respond appropriately if a peer discloses mental health distress to them.** Training learners does not replace the need for staff training, but instead supports a college-wide approach, building knowledge and confidence around conversations on mental health. OSFC has already successfully demonstrated the benefits of training young people in mental health.

5.4 CRITIQUES OF MENTAL HEALTH TRAINING

Whilst positive impacts associated with training were identified by learners and staff, **some learners commented that they did not feel staff training was effective**. Some learners were aware that their teachers and other college staff members had participated in MHFA training but commented that *"they [the teachers] did the two-day course, but I don't think that's really helped them"* (anonymous learner). This view was reinforced by another anonymous learner who stated they attended a mentoring session in physical distress but instead of feeling understood, the mentor directed them towards further college study:

"Last year, when my mental health wasn't good at all but, literally, when I was crying in front of her it didn't really help. All she did was tell me 'do past exam questions.' It's not, they're not helping with mental health, it's just how to get a better grade."

This speaks of a **need for greater awareness and training** to develop a culture of support for mental health across colleges. It is plausible that the mentioned staff member did not receive training, had a one-off session a while ago, or was in a moment of pressure themselves. This reveals that **working towards better mental health is an ongoing process which needs to be continually revisited** for mental health awareness to develop.

5.4.1 Need for on-going training.

At several colleges, including Bolton College and TMC, **mental health training is mandatory**. However, it is important to note that having staff engage in training in each year of the project does not necessarily equate to those staff **being up-to-date with best practice** and changing cultures. For example, members of staff who participated in the Train the Trainer approach in Year 1 were not provided with the opportunity to 're-train' in an updated course with new understandings of best practice in mental health. Thus, whilst it is beneficial that the trainers can teach cohorts of staff about **MHFA**, there is a danger that this training will become outdated if it is not refreshed regularly. Staff turnover can reduce the number of trainers available to a college. Reflecting the importance of this training, some colleges now fund **MHFA** England training independently from their own budgets. This will be a growing list with the movement of trained staff within colleges, leaving a trainer gap when they leave.

5.5 PERCEIVED BARRIERS TO TRAINING

Our workshops identified that some learners perceive a barrier where **"old people don't believe in mental health... our generation knows more"** (SCC learner). They felt that older people cannot understand young peoples' mental health needs because they grew up in a different time, and thus have very different attitudes towards mental health.

"Older people don't believe that mental health exists. They will say 'back in our day we just got on with things.' ... Well, it shouldn't be like that, because you [young person talks about their mum] were actually suffering from a mental health issue, but you just didn't know it" (OSFC Learner).

This **perception of a barrier of understanding between learners and older staff** was identified by young people across colleges, suggesting a broader **societal/cultural issue**, rather than a problem specific to particular colleges. One learner offered this solution:

"More younger people should be employed. It's easier to talk to people who are closer in age, you need to be at the same level. Older people can't comprehend some things, [because they are] not in touch with the times, [and have] old attitudes to mental health. They don't realise how things are." (SCC learner).

Whilst **age is not a prerequisite barrier for understanding youth**, the training assisted by the **GM MH FEP** funding enabled staff members to feel they **were growing their awareness and confidence** in starting conversations with their learners surrounding mental health. Colleges who employed a college-wide approach stated this was due to it being *"very clear that we had to train all our staff, it wasn't just our teachers"* (Bolton College SLT). This desire for a holistic understanding of mental health within colleges was rooted in wanting *"all our staff to share the same value set as we do"* (Bolton College SLT), thus expressing a desire for college culture to be informed by training.

An OSFC learner raised another perceived cultural barrier, explaining that *"South Asian communities can feel embarrassed and try to cover it [mental health] up ... it's [considered] a shameful thing ... I think there's more stigma around young people and mental health with South Asian communities than older people"*. The young person stated that young people can feel less important because they do not contribute to taxes or work, so are not listened to. Thus, a theme of some **young people feeling unheard** arose from the present evaluation as something that needs addressing in mental health provision.

Forty-per cent of college staff members who completed our survey reported noticing barriers to the success of the project. In total, **47% reported having time to be the largest barrier to success**. Time here refers to how often **mental health training is an 'add on' to staff members' existing duties**. Time is needed to complete the training course; having enough time to spend with learners, and being to prepare beforehand and properly understand the learner's needs; and in terms of the sheer number of learners needing support reducing the time they have for each individual. One survey respondent commented that it takes time to **switch between their role as a classroom teacher and their wellbeing role**, for example, **transitioning from high energy lessons to being calm and in 'listening mode'**.

Perhaps unsurprisingly, 21% of respondents reported that COVID-19 was a considerable barrier to training. Respondents frequently commented that they felt the training would have had greater impact had it been face-to-face.

5.6 SUMMARY

Training was highly valued by colleges, in particular MHFA and supervision training, and for those colleges which did it, the training in trauma informed approaches. Colleges funded training for specific groups of learners and staff appropriate for their context (e.g. neurodiverse, mental health, trauma, ethnic groups). **Some learners expressed that they felt college staff needed more training in mental health.** Training needs to be regularly refreshed. At several colleges, learners expressed a wish to have their own training mental health both to support their peers and themselves.

5.7 RECOMMENDATIONS

5.7.1 Involving learners in mental health training and support.

Learners revealed a desire to be given mental health training opportunities to support their own mental health and that of their peers. **Training for young people has been shown to be effective in colleges** such as OSFC; thus, this type of training should be **encouraged in other colleges**. Training learners would not replace the need for staff training, but would instead add to a college-wide change in mental health culture.

5.7.2 Funding successful training types into the future.

The **GM MH FEP** funding allowed colleges to experiment with ways of supporting the mental health of their learners. However, the intention always was that successful activities would be funded by the colleges themselves (or elsewhere) rather than relying on the **GM MH FEP** to provide on-going resources. Finding such resource at this time of severe budget pressure is a problem for colleges. Without the promise of **ring-fenced future funding**, colleges could be left in a challenging situation where they have seen a multitude of benefits from mental health activity funded by the **GM MH FEP**, but do not have sufficient resources to continue it in future.

5.7.3 Need for ongoing training.

It is evident that for the benefits of the mental health activity to be sustained in the long-term, both **on-going and refresher training for staff and new-starter training, is clearly necessary**. Training must be based upon the most recent understandings of MHFA to ensure college approaches use the most up-to-date ways to support their learners' mental health. Mental health training should be considered a **compulsory training component for staff**.



5.7.4 Neurodiversity training

There are benefits from training staff members in neurodiversity and/or specific mental health conditions. For example, SJRC have offered **bespoke neurodiversity training** and support to increase awareness surrounding their learners with conditions such as ADHD and autism. Such training **allows colleges to stay connected with the needs of their learners – enabling the college to support them in the most effective manner.**

5.7.5 Diverse communities.

Further work and research, including **for example ways that mental health training and programmes can better work for diverse communities**, would be fruitful to the ongoing development of cultures for healthy learning environments that consider the diversity of college populations.

6. Transition

6.1 WHY IS TRANSITION IMPORTANT?

Transition is a key issue throughout education. In their Finding Our Own Way report, The Centre for Mental Health and The CWT highlight:

“Schools, colleges and universities can do more to support students to make successful transitions” (Harris, 2019).

Children and young people transition numerous times across their education, including transfer from school to college, and then onwards into higher education (HE) or employment. Transition presents a **period of change and uncertainty** for learners as they move to a new setting, with new people and new ways of working. It can therefore put **enormous social, emotional, academic and practical demands** on children and young people (Packer & Thomas, 2021). Thus, it is increasingly recognised that transition puts pressure on students' mental health (Centre for Mental Health, 2019). As Rebecca Cross from SCC⁷ highlights in a DfE Teaching Blog:

“We know that the transition from school to college can be an exciting but daunting experience for many students, and this has been even more evident after this difficult year. Therefore, prioritising transition support for students and helping to quell their anxieties when making the jump has never have been so important” (Cross, 2022).

Learners who struggle with transition – for example, those who find it hard to form new relationships, or to adjust to new ways of working, approaches and expectations – may consequently **experience negative impacts on their wellbeing and academic progress**. Inadequate CAMHS support is a serious problem for colleges: Xaverian College note that the **current CAMHS crisis** negatively impacts upon both transition and throughout the academic year. Many of the colleges interviewed for this report highlighted that **COVID-19 has exacerbated the challenges of transition**. For example, it created additional barriers, such as learners not being able to visit college campuses during the application process, and increased social anxiety and being behind academically following periods of home learning. Thus, COVID-19 amplified the challenges of an already difficult time. Therefore, the various periods of transition need to be carefully managed, and this need was especially acute during the period of the **GM MH FEP**.

⁷ Salford City College participated in the Transition strand of the Greater Manchester Mental Health in Further Education project and will be discussed further in this section.

6.2 TRANSITION FOR LEARNERS WITH ADDITIONAL NEEDS

Transition can be **even more challenging for learners with additional or different learning, health, social or other support needs** ([table 4](#)). For these students *“there are often additional challenges related, for example, to challenges in coping with multiple changes in the services they rely on and in the people supporting and teaching them”* (Holtom et al., 2016, p.3). Therefore, several of the colleges developed transition projects tailored to the needs of specific student groups.

The next section will outline the transition programmes offered by colleges through the **GM MH FEP**.

6.3 WHAT THE COLLEGES DID

Each college developed transition programmes bespoke to the needs of their students and college context, this included:

- 6.3.1 School to college transition programmes
- 6.3.2 In-college transition programmes
- 6.3.3 College to higher education transition programmes

6.3.1 School to college transition programmes.

School to college transition programmes were developed by several colleges. Many included a **programme of summer activity** (see [table 5](#) for examples of activities colleges offered). Frequently the rationale is to enable learners to visit the college and become familiar with the building, learn about wellbeing and support offers, get to know staff, to form relationships with peers, and to have a positive experience at college prior to their enrolment. School to college transition programmes typically included groups of 15–50 learners. Whilst these numbers may be considered relatively small, colleges identified a range of positive impacts for the students that took part, and the learners we spoke to during this evaluation said the programmes had supported them in some way. **For some students, the summer school to college transition programmes they attended were deeply significant, both personally and academically.** See [section 6.7](#) ‘transition programme impacts’ for further discussion.

Table 4:
Types of additional needs
a learner may possess

- Additional learning needs (also known as ALN, SEND, and ASN)
- Joining FE from Alternative Provision
- LAC/leaving care (especially those living independently)
- Mental health challenges (both diagnosed and undiagnosed)
- Neurodiverse (ADHD, autism – both diagnosed and undiagnosed)
- Physical health conditions
- Experience of transient living, such as being in care or being a member of a travelling community
- Joining FE after missing significant periods of school
- Experience of being bullied
- Social and emotional vulnerabilities
- Limited parental support
- The LGBTQIA+ community
- High-risk behaviours (including criminal activity, gangs)
- High achieving and ambitious learners

Table 5:
Summer transition
activities offered to learners

- | | |
|---|--|
| • Curriculum taster sessions | • Arts and crafts workshops |
| • Welcome days | • Sports activities |
| • Induction tours | • Bakery competitions |
| • Early enrolment | • Off-campus activity and team-building experiences such as go-karting and bowling |
| • ‘Soft starts’ to the term | • Specialist training courses (e.g. neurodiversity) |
| • Peer support groups & buddy schemes | |
| • Wellbeing and mental health workshops | |
| • Life skills sessions | |

Staggering the activity across the six-week summer period was noted by some colleges to be particularly important since the summer break is often a period in which students can disengage and anxiety can build when college start-dates draw closer. Bury College explained that staggering the programme of activities was effective in supporting students to incrementally *“make friends, get to see the college and build themselves up so the first day wasn’t so stressful”* (Bury College SLT). There is also a practical advantage to staggering transition activity across the summer in that it offers greater access, with students being able to attend across a range of dates fitting around their holidays.

Transition programme summer activities offer a springboard for positive student **engagement** with college study, and are particularly important for students transitioning from school to college. The programme offered by SJRC is outlined in [table 6](#).

Table 6:
Transition activities at St
John Rigby College

- Additional summer holiday activity to keep students ‘warm’ and to help manage their anxieties over a long summer break.
- A new students’ day held at the start of Autumn term for new students to experience college life and their chosen subjects with staff that worked on, or know of, the transition programme to support and guide students through the day as needed. Key staff were made aware of the students who had been on the project during the day and discreetly kept an eye on them.
- Training delivered by Commander Joe’s – a training provider who offers early intervention for young people disengaged with their education, specialising in behaviour management, growth mindset development and life skills intervention.
- A student welfare officer trained in MHFA to work with young people individually and in groups from the beginning of their transition process and as needed throughout their college study.
- Peer supporter and ambassador groups whereby support is continued through weekly lunchtime ‘Time to Talk’ sessions, an LGBTQ+ group, and a good relationship with 42nd Street, a charity offering support and advice for young people’s emotional health and wellbeing.

As SJRC highlighted in discussion of their programme, while summer transition activities might be a discrete offer, they are not a stand-alone activity. They offer a **starting point for positive interaction and experience**, which can **lay the foundation for students to thrive at college**. The GM MH FEP funding also afforded **close monitoring of at-risk students** once the term began. Of the 15 young people who signed up, 12 enrolled at college.

TMC hosted a Remote Introduction event ‘**Couch to College**’ via a webinar to provide students and parents/carers with the opportunity to meet with key staff prior to starting college, and ask any questions they may have. The webinar was open to both prospective students and parents/carers. It was attended by 68 people, out of whom only two did not enrol at the college.

It should be noted that **colleges are not equal in their capacity to offer transition activities during the summer holidays**. Whilst the larger FE colleges have staff available over summer who are able to deliver activities, in many smaller colleges/sixth forms, staff are on leave. Thus they cannot offer input to new learners outside of normal term-time or pre-enrolment.

6.3.4 Tailored transition programmes to meet diverse learner needs.

Offering targeted provision for students with different needs is an important strand of school to college transition. For some colleges, this focused on **young people at risk of becoming NEET**, while other colleges focus on the needs of **high-achieving and ambitious learners**, for example, who want to study Medicine, Dentistry or Veterinary Science at university, or apply to Oxbridge. SRJC focused on **neurodiverse learners** as they are more at risk of mental health difficulties. Aquinas College provided wellbeing classes for **anxious learners**. Tailoring transition programmes to meet diverse learner needs is something that almost **every college identified as important**, and subsequently put into action.

6.3.4.1 Programmes for young people at risk of becoming NEET.

Several colleges, including HHC, Tameside College, SCC, TMC and TTCG offered **bespoke programmes for learners at risk of becoming NEET**, and BSFC and WaLC offer special provision for **Looked After Children/Care Leavers**.

6.3.4.1.1 Hopwood Hall College transition programmes (at risk of NEET).

HHC is a **medium-sized vocational college** in one of the top ten of the **most deprived areas of the UK**. It has 8,000 students, of which 3,000 are aged 16-18. The college offers vocational courses from foundation level to foundation degrees. Among its students are high numbers of ethnic minority students, LAC, asylum seekers, and refugees, and learners with mental health and other additional needs including EHCPs, and those for whom English is not their first language. Based on these learner needs, **HHC initiated three school to college transition programmes** – ‘Introduction to College Education’, ‘The Reach Project’ and ‘The VICTOR Project’ ([Table 7](#)). Case studies of learners who attended the ICE programme can be found in [Appendix 2](#). They also delivered a ‘Progression Bootcamp’ for learners transitioning from year 12 into year 13.

Through its multiple transition programme offers, HHC highlight a **need for different approaches to transition that are tailored to the differing needs of cohorts** with additional learning needs, adverse childhood experiences (ACEs see [Table 9](#)) and other social and emotional needs. They also point out that for some **specialist transition programmes** such as their VICTOR project, providing additional training to equip staff to support

cohorts within highly specialist provision is vital for effective working. The college reports that all of **these programmes were extremely successful at keeping an exceptionally challenging group of learners engaged in college and supporting them to progress in their education or gain employment**. Learners felt that the anxiety management techniques they had learned, such as distraction techniques and challenging negative thoughts were helpful. In addition, **they reported lessening symptoms of depression and anxiety, they attended college more often and felt better about coming in, they felt listened to, taken seriously, not judged, and had established good peer relationships**. It is important to note here, that HHC undertakes a trauma informed approach, which permeates their approach to transition. See [section 7](#) for further discussion of trauma informed approaches to transition.

Table 7:
Hopwood Hall College
transition programmes

1. Introduction to College Education for young people transitioning from high school to college who are at risk of becoming NEET. There were two groups of young people, (1) those with social and emotional vulnerabilities and (2) those with high-risk behaviours (e.g. crime, gangs). Goal is to reduce stress and anxiety around transition and to improve wellbeing and resilience.
2. The Reach Project targeted at learners with significant periods of missed education who need a gradual induction and transition into college. It takes place during the summer before enrolment begins.
3. The VICTOR Project, a highly specialist provision for young people not expected to successfully attend college due to high-risk behaviour or missing significant periods of education for a variety of reasons. The objective is to prepare the young people to transition into a mainstream college course. Two staff undertook RAID Training – a ‘relentlessly positive’ approach to disturbed and challenging behaviour (Reinforce Appropriate, Implode Disruptive) to support the programme.
4. Progression Bootcamp during summer holidays for those learners who need interventions to successfully transition internally (e.g. from year 12 in to 13 or on to higher level courses).

6.3.4.1.2 Tameside College transition programmes (at risk of NEET).

Tameside College offers another example of **transition activities for learners transferring from school to college with Additional Learning Needs (ALNs) and/or ACEs**. Tameside has a focus on vocational courses, from entry level SEN up to adult provision. They ran a **transition programme for learners from alternative provision (AP) or pupil referral units (PRUs)**. They identified transition work as especially important for this cohort because *“the jump from being in a pupil referral unit and coming into college is huge, to the point where some students weren’t even getting through the enrolment process before there was an incident”* (Tameside, 2022). Crucial to transition work with students from AP, was a **person-centred approach where students were offered individual support in a non-threatening environment**; and an acknowledgement that these young people need special treatment. *“Getting the right person for the job”* was crucial – that is a staff member who is a consistent point of contact for the learner during the summer, who greets them at enrolment, and who guides them through the enrolment process (Tameside SLT). Tameside College distinguish this approach from traditional enrolment processes where students meet new staff for the first time and the first thing they are asked is *“have you bought your GCSE results?”*. For those that haven’t completed GCSEs, this interaction can present *“a barrier whereby the student already feels like a failure [...] and where their first interaction at college is negative”* (Tameside SLT). Tameside found the collaborative working with other agencies particularly useful.

6.3.4.1.3 Salford City College transition programmes (young people at risk of NEET).

Salford City College (SCC), a group of five colleges, with one college having a **catchment area with the highest number of NEET young people in Manchester**, developed a programme for **learners at high and medium risk of becoming NEET** (assessed by the RONI Tool). They have three broad transition programmes: transition for young people in AP; a Home Education Programme, and ‘Passport to College’. SCC also tailors support to the needs of learners in different curriculum areas, for example, extra support for standards of behaviour and appearance required for that profession (e.g. hair and beauty learners; construction).

Young people transitioning from AP may **struggle to think about their next steps**, and their **history of struggling in school makes it likely they might struggle in college** – behaviour acceptable in a PRU is not acceptable in college. However, with the right support, they may be able to succeed in college. SCC now has transition mentors who just supports young people from AP.

Another programme, not funded by the **GM MH FEP**, but SCC say **happened as a consequence of the AoC** project was a **‘Home Education Programme’** funded by the council, exploring how home educated young people might transition into a post-16 environment.

SCC was keen to get information from other agencies (schools, local authorities). **All young people complete a ‘transition form’** designed to get more information about agencies they work with, life events/ living situations, and other relevant factors. Parents also completed a ‘year 11 Parental Letter’ which is reviewed alongside the young person’s. The **‘Passport to College’ scheme enables young people to see what the college offers and an opportunity to explore their interests and goals**, for example, through taster sessions.

SCC offers the **Prince’s Trust programme with the intention of raising learners’ aspirations and developing them interpersonally** (The Prince’s Trust helps disadvantaged young people turn their lives around with a range of programmes to help unemployed young people gain the skills and confidence they need to find a job or training opportunity, or set up their own business).

SCC worked closely with the council in terms of data sharing. SCC put on a **‘new students’ day’** and **‘new parents’ day’** with a focus on meeting teachers and other learners on their course to reduce anxiety over summer. For **those with a guaranteed place (for example, on a vocational course), they could enrol on that day and receive their lanyard**. Activities on offer over summer included making pizza, team building activity, upcycling crafts, healthy lifestyles, growing herbs and scavenger hunts. As a consequence, **SCC reported 100% engagement by learners who took part in their summer programme**. In addition, they report having an increased number of vulnerable learners enrol.

SCC learners reported lots of positive comments about the support they had received from the college:

"Thank you so much for all your phone calls over lockdown, I really look forward to them and enjoy having a long chat with you, sometimes about absolutely nothing, but that's good and what I need. You relate to us as students and as people and I've never had that before in school or anywhere. You have given me advice and even though I don't always do my work I still take it in and it does really help. I bet you don't get told thank you a lot but I really do appreciate your time and the sessions. So I just wanted to say thank you and I know that if I didn't have the support from you and the extra sessions I would of definitely dropped out."

The young people reported **less stress and anxiety**, and could access support when needed. They had started to develop their own self-help strategies for coping with college life. They also report having established **good supportive peer relationships; improved attendance; increase in access to, and engagement with support services, including external referrals; and retention to the end of term 1.**

SCC describe 'The Worsely Way' (named after one of their sites). This process is designed to **provide nurture for especially vulnerable learners**, such as isolated/lonely students, domestic abuse, low confidence, low mood, bereavements, and identifying as LGBTQIA+. This includes offering one-to-ones (both face-to-face and virtual), home visits, and group activity. The **GM MH FEP** funded a new member of staff to work with learners one-to-one. As mentioned in [5.2.4](#), SCC offered 'Pyramid Training Clubs', a special initiative designed to support shy, anxious, withdrawn or quiet learners who may feel anxious about home or school situations. This **was delivered in their wellbeing room**. SCC tailors their support to different curriculum areas due to their different learner profiles (e.g. Hair and Beauty; Hospitality and Catering; Health and Social Care; Childcare; Business Studies and Prince's Trust (vocational) students).

Case studies of some SCC learners can be found in [Appendix 2](#).

6.3.4.1.4 The Manchester College transition programmes (young people at risk of NEET).

TMC's summer programme was offered to young people at risk of becoming NEET (identified using the RONI tool via through the college's transition team and schools). There were **events for young people and parents/carers**, in particular, providing opportunities to meet support staff and teachers and to familiarise with the college site. 68 young people participated in year 1 and 63 in year 2 – there was disruption to this project due to COVID-19. The main themes of these events were **bridging the gap, resilience, mastery, motivation, goal mapping and making informed decisions**. They had the opportunity to take part in the **Duke of Edinburgh Award** during summer. In addition, they brought in an external training provider 'Positively Mad', which offers student workshops providing students with the skills and mindsets to raise aspirations and improve performance. TMC regarded this project as successful and that due to the increased information their learners got the right support.



6.3.4.1.5 The Trafford College Group transition programmes (young people at risk of NEET).

TCG, a large group of colleges and sixth forms, developed a 'College Ready' programme. This was aimed at learners at **increased risk of becoming NEET due to existing vulnerabilities** (e.g. young carers, LAC, SENs, mental health condition), to ensure they had **extra special support when they transition** from high school. They were identified through contact with the college's feeder schools. At the beginning of term, the learners spend a week getting to know the college site and staff, the support in place for them, and their expectations of what will happen at college – **making sure they are equipped with the tools needed for success**. Staff were also prepared so that they understood the needs of the young people. These learners had regular meetings with pastoral support staff. In addition, they got training from 'Loud Speaker' which teaches speaking skills; employability; raises confidence and aspirations; and develops social skills and from The Samaritans on confidence and resilience.

TTCG report that their transition activity led to reduced stress and anxiety; improved peer relationships; increased access to and engagement with support services (internal and external); retention to the end of the first term; increased confidence and resilience:

"It's been an incredible experience and we're really proud of the success of it" (TTCG SLT).

6.3.4.1.6 Bury College transition programmes (young people at risk of NEET).

Bury College, a medium to large college with 4,500 learners, offering A Levels, vocational course and Foundation Level courses. They delivered a project for **50 young people identified as having mental health issues** in their transition from college. They had a **drop-in hub for learners to access during the day and online resources** learners could access at other times. Bury College offers a case study, here, the learner reported that they feel that they have a **safe and supportive team of people around them** and is able to continue his course. The college believe that without this intervention it was considered that this student would likely have dropped-out / been asked to leave due to disciplinary issues. Case studies of Bury College learners can be found in [Appendix 2](#).

6.3.4.2 Programmes for high-achieving and ambitious learners.

Some colleges, including SJRC and Loreto College have programmes for **preparing high achieving learners** for applying to **Oxbridge or other academically demanding universities**, and **competitive courses** such as **Medicine, Dentistry and Veterinary Science**. Describing itself as an 'aspirational college' Loreto College is a Catholic College with 3,500 learners, it developed a transition offer targeted at high achieving learners with perfectionist tendencies (identified based on their GCSE performance). This programme recognised that some learners find the transition from school to college challenging as they **move from consistently being 'top of the class'**, to being just one of many high achieving learners in a much larger college cohort. This can lead to feelings of 'not being good enough', whereby learners feel significant pressure to 'do better and work harder'. This can be compounded by the jump in the level of academic work required by college programmes progressing on from GCSE level study. When we met with Loreto College one learner articulated this pressure, explaining that:

"The jump in workload from school to college is so big and COVID-19 has made that worse. Getting lower grades is horrible and it's so stressful having to catch up."

Loreto College seeks to take a preventative approach with their learners. Activities included holding a **psychologist-led mental health conference** to raise awareness amongst learners and parent/carers. The conference explored helping learners manage their expectations about their performance, perfectionism, fear of failure, and understanding what is an appropriate amount of study. At the event, cards were left on each seat which learners could use to disclose that they require support. Attendance was lower than the college hoped – of their 150 learners identified as high achievers, only 17 attended (46 people including their parents). The college wondered whether this was due to mental health stigma. They did not run this programme in year 2 due to COVID-19 and capacity to manage it. The college also offered an **enrichment programme including a wellbeing package with advice about sleep, diet, exercise, mindset, mindfulness sessions, and Acceptance and Commitment Therapy delivered by a psychologist** (a psychotherapy which seeks to help with responses to emotions).

6.3.4.3 Programmes for young people identifying as LGBTQIA+.

Several colleges reported having **programmes for learners who identify as LGBTQIA+**, in particular, WaLC and SJRC. WaLC, a college offering qualifications from entry level to professional and post-graduate courses, developed a tailored provision for learners from the

LGBTQIA+ community. Training sessions were sometimes delivered by specialist guest speakers – **‘Be the Difference’** and **‘See the Real Me’**. But also there were drop-in sessions for selected staff within colleges who then form a Champions/Buddy Network to support learners and encourage them to remain in learning, particularly at the beginning of their programme. In their Year 2 project reporting they summarise the importance of tailoring transition programmes to ‘different’ learners:

“Previous experience has shown that learners who feel ‘different’ have at times had reduced attendance which has led to them leaving their course and failure to achieve.... [Activities are therefore needed] to create an increased level of support for these learners, and at the same time, raise awareness of the issues, alongside providing specialist training for staff” (WaLC, Year 2 LGBTQIA+ Transition Report, 2021).

Learner feedback has confirmed they **feel able to raise concerns about identity** with staff and are generally happy in college. Learners report being aware of available support services and who to ask for support. The college reported that this project was successful, **with increased access to and engagement with support, formation of friendships, regular attendance, and retention of learners in the first term**. The learners valued the opportunity to speak to others who have first-hand experience of the anxieties they are facing.

6.3.4.4 Programmes for neurodiverse learners.

SJRC developed a specific programme for their **neurodiverse learners** (either diagnosed or suspected), recognising that **they are at greater risk of mental health challenges**. This included **training from The ADHD Foundation**; time with a specialist qualified **psychotherapist**; training in executive functioning and study skills; the provision of training and resources for teaching staff; individual profiling of learners needs; and providing resources for parents.

6.3.4.5 Programmes for learners with mental health challenges.

Aquinas College, a Catholic college with 2,000 students, appointed a member of staff to develop a **tailored mental health and wellbeing programme** that could help students who self-identified as anxious to **build a set of psychological tools and strategies** to help them cope with everyday life. BSFC delivered three workshops – **‘managing uncertainty and adapting to change,’** part 1 and 2, and **‘find your calm’ workshop**. It was planned for 60 learners, was offered to 72, and 29 actively participated. The college developed a Toolkit including specific steps to wellbeing, information, links,

advice. In addition, they embraced technology, including the use of **‘Unyte iom2 relaxation devices’** for their learners (using PC, tablet or smartphone). This is a biofeedback device which uses breathing and heart-rate data to help the user relax.

Aquinas College have a system known as **‘Thrive’** which underpins their pastoral care. It allows teachers to identify needs such as mental health/behavioural challenges, social problems, young carers etc. – **it allows the college to identify learners who are not thriving**. Wellbeing mentors are assigned to students, and discussions are had about appropriate interventions – for example, referral to safeguarding, addressing punctuality and attendance. They offer an **enrichment programme ‘Wellbeing Wednesdays’** with drop in activities such as sports, knitting, Dungeons and Dragons for learners (unfortunately this clashes with the college’s sports activities). Aquinas College also used **GM MH FEP** funding to run **small group wellbeing workshops** for learners identified as struggling with anxiety. The goal was to help learners develop psychological tools that can be used in everyday life. Case studies of Aquinas learners can be found in [aAppendix 2: A selection of case studies](#).

Xaverian College, a Catholic College with 2,700 learners, uses a **mentoring scheme to support learners ‘who might struggle with their next step’ during transition** due to their mental health. They had capacity for 20 learners. The mentors were existing college curriculum teachers handpicked for the young person (e.g. same subject area), and offered weekly 20-30 minute mentoring sessions during the college day or early evening. Learners who qualified were emailed and offered support. Staff spent time preparing for the sessions, ensuring they had the knowledge and skills to support the learner. It was intended that the mentoring would help the young people **see themselves in a more positive light; grow in confidence; develop good coping mechanisms; experience reliable support; and a safe space to discuss their feelings and experiences**.

Mentoring activities at Xaverian College included setting goals; identifying areas which they need support with; time management and prioritising; work on developing relationships; stress management; and completing activities and worksheets with learning that they can use in future according to the needs of the young person. However, **a key problem with this project was that the mentoring was outside of normal college hours either before 9am or after 4pm due to staff not being available during**

the day. This meant that often, learners did not want to engage because it is during their personal time – however, the 12 who were mentored all the way through reportedly got a lot out of it and it was a positive experience for them. In future they want to **find a way of offering the mentoring during college hours.** Staff at Xaverian College are keen to participate in this programme, to increase their skills; improve their CV; develop their teaching skills; and understand vulnerable young people better.

At Xaverian College, nearly all the staff mentors reported that their learners had all said they felt better when they debriefed in the final session. The learners mentioned positive improvements such as **feeling less anxious and stressed; more able to cope with college and/or home life; feeling more engaged with their studies; and feeling better about attending college.** Some of the learners said they had developed **helpful thinking patterns** so that they could **self-soothe when stressed.** Some also said that they felt they liked themselves more and could see both their positives and their self-criticisms. They reported **greater ability to cope with stressful and/or difficult situations.** Learners felt that they were **supported and listened to** within college by being able to regularly see a staff mentor. Retention was 100% and no learners even mentioned leaving college. Case studies of some Xaverian learners can be found in [Appendix 2](#).

SJRC, another Catholic College, developed a summer programme to **keep learners 'warm' during the break** for young people with **poor mental health and poor attendance** identified through school records. Eighteen students were invited to a two-day transition project. They had a range of challenges, including anxiety, eating disorders, self-harm, suicidal ideation, school refusers, and neurodiversity. There was an external speaker from **Commander Joe's** – a training provider who offers early intervention for young people disengaged with their education, specialising in behaviour management, growth mindset development and life skills intervention. **Attendance on this programme was high and learners engaged well.** The GM MH FEP also funded a mindfulness practitioner for tutorial groups.

6.3.5 Transition through a taught mental health and wellbeing course.

A transition programme delivered at Aquinas College differed in that it was presented as a **taught Mental Health and Wellbeing Course.** At the beginning of term, Aquinas College learners completed a 'belonging survey' to see how they were settling in, and cards were

left on seats in the assembly room on the induction day. **Learners that disclosed a mental health need** to the college Learning Support Team were emailed to inform them that they had been enrolled onto the programme. The college understood this approach as giving learners "the opportunity to opt-out of the programme rather than opt-in to encourage engagement" (Ibid). **Learners were enrolled onto the six-week course** which included:

"A range of evidence-based practice and psychological activities that would provide the students with a set of psychological tools to help them manage their anxiety. Upskilling the students in this way was also expected to improve student attendance, subject engagement and retention" (Aquinas College Year 2 Transition Report, 2021).

The Aquinas College reported that learners who completed the Wellbeing Course had good outcomes. **They believe retention, attendance and academic performance in this group improved, including the during the first term.** Feedback indicated that the learners valued that the classes were small. In addition, these young people are **more positive about their mental health; less anxious; and better able to manage their emotions.** Other benefits were that **friendships groups were established; they felt more confident in lessons; and they were empowered to share what they had learned with others:**

"It's made me think more positively now and has given me techniques that I can use in my life" (Aquinas learner).

"It helped me understand that anxiety impacts many areas of our lives and many students feel anxious about college and exams – therefore providing understanding in my life" (Aquinas learner).

Aquinas College reported positive impacts for learners ([Appendix 2](#)) and they also offered several quotes from learners indicating that **the course supported them to continue study and to feel better.** However, staff also noted a challenge with engagement. As researchers with lived experience of mental health challenges, we wonder if auto-enrolment onto a taught programme might have:

- led some young people to feel as though they are **being burdened with additional study workload** due to illness, and
- whether formalising the course as a programme of study might present challenge as learner and staff member are required to work together for six weeks regardless of **whether they are the 'right fit'.** As one CERT member explained *"personalities can clash and getting better happens in relationship, so you have to be able to change professional if that happens"*.

However, Aquinas College has demonstrated that the taught course did have positive impact for some learners, however we suggest further research and discussions with young people will develop the offer – alongside Aquinas College’s own identified next steps of:

“Revisit[ing] the enrolment process so that the right students are targeted and they are provided with a sufficient explanation of the course in order to dispel any myths concerning the course ... [and providing] a commendation/acknowledgement/ certificate at the end of the course that states they have taken part in a well-being programme” (Ibid) (Aquinas College SLT).

6.3.6 Connecting with schools.

Connecting with ‘feeder schools’ is regarded as an important component of transition by all colleges; and as part of this, visits to schools by college staff are often an key aspect of transition work for colleges. During interviews with SLT/mental health leads at participating colleges, several mentioned that **poor communication with schools – in particular, the sharing of student information – hindered the transition process** as it is either delayed, lacks vital detail or is missing completely. For some colleges, the project transition strand supported them to build positive relationships with schools.

Xaverian College seeks to identify young people who may struggle with transition in eight feeder high schools and create **purposeful links and open dialogue** with these schools. They believe that **recognising the specific needs of the individual learner and putting in place strategies to support them before enrolment will lead to a more successful transition**. The young people were defined as vulnerable due to challenges including mental health; physical health; young carers; young parents; LAC, social services involvement; LGBTQIA+; or living independently.

Typically, these young people felt really anxious about coming to college – thus, Xaverian college wanted to try and **create a special relationship with these learners and their families**, to identify and put in place things to support their transition. Where appropriate, college staff visited the young person in their school, or the learner came to the college campus for a tour and to meet key members of staff. The college holds support meetings – which included the student, their parents/carers, school staff and professionals such as social workers or educational psychologists. This allowed Xaverian College staff to **better understand the young person and their needs** and to support them more fully in their transition to college. Xaverian College reported being surprised by the willingness of schools to get involved, including organising meetings with support teams – more schools are asking for involvement.

Colleges reported that school visits supported the assessment of student needs during the transition process and beyond. SCC is a group of five colleges, with one college having a catchment area with the highest number of NEET young people in Greater Manchester. SCC conducted questionnaires (a ‘transition form’) with prospective students at school and during AP Centre visits. The questionnaires supported the transition process by offering students *“the opportunity to share anything that they felt we should know before they started their time at college, including whether they are, or have previously, struggled with their mental health [alongside] indicating how they were feeling about starting college”* (Cross, 2022). From this, the college were aware of any specialised needs and could implement *“appropriate support mechanisms, both academic and pastoral, for the rest of the academic year”* (Ibid. Cross, 2022).



The transition work of Bridge College, a specialist college for learners with additional needs, offers a different example. Visiting a prospective college is an important part of the transition process for many learners, but for those with additional learning needs such as learning difficulties, disabilities, complex health needs and autism, it is particularly important. For these young people, **site visits were traditionally viewed as extremely important** to allow them to familiarise themselves with new surroundings and to feel safe there. In response to the COVID-19 lockdown, Bridge College embraced the use of Virtual Reality (VR) in this process. They **created a 360° virtual tour of the college which could be viewed by the young person using a VR headset**. The VR headsets allowed students to experience the college campus without having to visit in-person, and has the added benefit that they can use it as much as they wish. They also adapted this for their learners moving on from college, for example, creating virtual tours of their new home or site of employment.

6.3.7 Connecting with families.

All colleges that connected with schools said that it was important for them to meet families. **Building relationship and dialogue with families** early on was discussed by colleges to be an important component of supporting students to join, and to stay, at college.

The absence of families is also acknowledged by colleges offering support for LAC or care leavers living independently. Often colleges sent questionnaires to parents/carers prior to transition, and where appropriate, invited them to come to meetings.

6.3.8 Working with local councils and external agencies.

Alongside working with schools and families, some colleges reported working closely with their local council and/or external agencies to **identify prospective students that required transition support**. SCC for example, put in place a data sharing agreement with their local council to enable schools to share information about students that applied to their college. This addressed the reported issue of limited communication and sharing of student information by schools, which hinders the transition process. Access to student information helped SCC identify young people who may be vulnerable or in need of tailored support. In addition, Bury College offered an example of partnership working with external agencies. They worked with **Early Break**, a service designed to meet the needs of young people and their families with regards to drug and alcohol use and mental health challenges, to contact high schools and identify students with transition support needs.

"The sharing of information before a student starts college enables us to arrange meaningful transition visits to ensure the students' social, emotional and mental health needs are met, as well as their educational needs" (Online survey respondent).

6.4 IN-COLLEGE TRANSITION PROGRAMMES

Some colleges identified a need to support students with transition mid-college study. This included supporting learners as they **transitioned from Year 1 to Year 2 of their study** for example, year 12 to 13, from a foundation level course and learners that were progressing to different programmes within the college. In addition to their school to college transition programmes, HHC offered two: a **Progression Bootcamp** for young people requiring interventions to successfully transition from year 12 to year 13 and the **VICTOR project** which supports students with high-risk behaviour to transition from the specialist provision on to a mainstream college course (see [section 6.7 'transition project impacts'](#) for further discussion of the impacts of the VICTOR project). Loreto College engaged in a project for learners moving to year 13, which acknowledged the disruption that this cohort had experienced due to **COVID-19 leading to concerns among staff that these learners had never been able to fully settle into college life**. Projects such as these demonstrate the positive impacts that careful and considered transition work can have on college access and inclusion for the most vulnerable students.

Following the success of their school to college transition programme in Year 1, Bury College, a medium to large college with 4,500 16-18 year olds, developed their transition offer to support students **transitioning from Foundation Level courses to vocational courses**. They explained that:

*“From the Foundation Department when young people transition onto a Level 1 programme they often struggle when the really supportive Foundation Team are taken away. We are talking about entry level learners that come in and have that **really nurturing environment** in the foundation department, and then progress well and are able to look at a Level 1 programme in various vocational areas ... and although that was supported, there were lots of students that didn't make that transition well”* (Bury College SLT).

Their in-college transition programme sought to prepare and support students transitioning from Foundation to Level 1 programmes. This included students working with the different curriculum teams that they had applied to in advance of transferring, alongside supporting internal interviews with other curriculum heads:

*“To make sure they [staff] were **fully aware of support needs, and building support around the young people to ensure they bedded in well**. That worked really well. We had 100% retention”* (Bury College SLT).

Bury College also created some ‘quick tips’ for staff in vocational programmes as an extra resource to improve their awareness and what to expect when the students turn up. As the College explains, this **helped staff to be “better equipped to work with those students”**. The in-college transition activity enabled the learners to get to know the new staff and new ways of working. And as this example has highlighted, if offered a reciprocal process whereby staff were also better equipped to support learners with additional learning needs. Case studies of Bury College learners can be found in [Appendix 2](#).

The need for in-college transition programmes highlights that **transition is an ongoing process**. There may be some more acute periods which require particular attention – such as the leap from primary to secondary school, or school to college – but transition work can be needed between the more typical transfer junctures. As researchers and educators Packer & Thomas (2021) highlight:

“... transition is not a one-off event but is an ongoing process that is repeated over time. In entering further education (FE) the impact of transition in the move from formal schooling to post-compulsory education is no less daunting” (Packer & Thomas, 2021).

In some senses transition happens whenever circumstances change and impact the learning environment – as staff change and as students change course. Furthermore, Packer & Thomas (2021) explain that the **FE period presents a time in young people's lives in which they have emerging independence and are exploring identity**, which is fundamental to adulthood. Given this, transition at FE is all the more important to attend to. From our discussions with learners and staff across this evaluation, we suggest that trauma-informed working and relationship building is key to this. See [section 13.1](#) for further discussion of relationship building.

6.5 COLLEGE TO HIGHER EDUCATION TRANSITION PROGRAMMES

Some colleges used **GM MH FEP** funding to **support transition from college to higher education**. As OSFC explain, the transition from college to HE can present many barriers for learners struggling with mental health challenges – from application to enrolment (see also Crabtree, Roberts & Tyler, 2007 – as researchers from Salford University alongside an education consultant, they offer an in-depth discussion of *Understanding the Problems of Transition into Higher Education*):

*“For students struggling with significant mental health issues, **additional support is needed to overcome barriers for progression to university**. These barriers can take a variety of forms. Students with mental health concerns may **lack the confidence** to apply for university. They may be **anxious about attending open days**. They may feel **overwhelmed about options and choices** and they may need **bespoke support** to take the steps needed to complete UCAS information. Similarly, there may be additional barriers between accepting a place at a university and enrolment onto the course. Again, the list is complex and individual students may need **support to navigate the logistics of transport/accommodation/finance/wellbeing and health support**”* (OSFC SLT).

OSFC developed bespoke transition packages for learners that were identified as in need of support in their transition to HE. In conjunction with the **GM MH FEP**, funding was made available for a Learning Support Assistant (LSA) allocated one day a week to facilitate the activities listed in [Table 8](#).

- One-to-one mentoring once a week with a specific focus on preparing for university. This can include for example, support with UCAS application, DSA and finance issues and liaison with universities and their disability/support teams.
- Lunch club by invitation. The lunch club offers a relaxed space for students to develop their confidence, social skills and university application with activities such as; virtual university tours, board games, personal statement writing support, discussion about accommodation choices and other aspects of university life. (NB activity and conversation are developed in response to attending students).
- University open day attendance – LSA accompanied students that required support to attend. Open day visits enabled students to talk with lecturers about the courses on offer and the support that can be accessed at university to help students make informed decisions.
- GM Higher Event attendance – a whole day event at Manchester Metropolitan University aimed at students with mental health needs and included; introduction to university welfare teams and student ambassadors, alongside enabling students to get a feel for what a university campus looked and felt like.
- Work experience – LSA accompanied students that required support to attend.
- Mock interview to prepare students that have upcoming university interviews.
- 6-week course in college led by Proud Trust to help students make positive social interactions at university. The course covered issues such as how to navigate Social Media effectively, how to build good connections as well as confidence and resilience building.
- Meetings and liaison with university disability teams conducted via Google Meet with initial support from the LSA.

Table 8:
Activities facilitated by a Learning Support Assistant at OSFC

Table 9:
The Education Endowment Fund's (EEF) recommendations for improving behaviour in schools (EEF, 2019)

OSFC illustrated their work on this transition strand case studies ([Appendix 2](#)). They documented the transition process for learners that had both **mental health challenges, belong to a marginalised group**, and for some, this included ACEs ([Table 9](#)) – presenting multiple barriers to HE study. For example, the package of support that they offered to a **transgender student**, with a **lone parent** with a disability and experience of homelessness, differed to their package of support for a **learner with autism, highly complex behaviour and physical health needs**. The outcomes of this work were **highly positive**, detailing success stories from learners achieving their goals, remaining in college, and getting into university. This demonstrates the effectiveness and intricacies of developing bespoke transition programmes tailored to the needs of individual learners.

WaLC developed a programme to support **Care Leavers living independently** who are transitioning or preparing to transition from Level 3 studies to higher education, in particular to those intending to progress to the Wigan and Leigh College University Centre. The college explains the need for this project: for young people who have been in the care system, often from a very young age, find themselves living in semi-independent or independently, which can be challenging.

1. Know and understand your pupils and their influences
2. Teach learning behaviours alongside managing behaviours
3. Use classroom management strategies to support good classroom behaviour
4. Use simple approaches as part of your regular routine
5. Use targeted approaches to meet the needs of individuals in your school
6. Consistency is key

They may **need support around finances, accommodation, part time employment, or relationships**. In addition, care leavers are often vulnerable and **may require support with anxiety or mental health** because of their previous circumstances and adverse childhood experiences (ACEs). Without the correct support, these young people may become overwhelmed and fail to achieve on their chosen academic programme. WaLC used the **GM MH FEP** funding to **purchase iPads and earphones for each learner**, pre-loaded with information to support them during the transition period. The information provided on the iPad includes signposting to services and key contact numbers for wellbeing support, alongside useful contacts such as Local Authority Housing, Citizens Advice Bureau. Messages from key support staff, peers and alumni are pre-loaded and will be refreshed regularly. In addition, there was a calendar of drop in sessions with support staff.

6.6 WELLBEING ROOMS

Many colleges reported having various types of **'wellbeing rooms', 'support hubs', 'drop-in hubs' or 'safe spaces'** which their learners can access support (see appendix 1). Bridge College; Bury College; Loreto College; Oldham College; OSFC; Tameside College; TMC; Winstanley College; and Xaverian College all reported having an existing wellbeing room prior to the **GM MH FEP**. Others, including Bolton College; BSFC; HHC; SCC; and SJRC reported using the funds to either create, or improve their wellbeing room.

As an example of how wellbeing rooms can operated, the one at SCC is **open to learners throughout the day** – it functions as a **safe space** where their learners can go to when they need it, and access support from staff or just to cool off. The college offers courses in the wellbeing room, for example, a **Pyramid Training Club** (section 5.2.4). The college believes that the **wellbeing room directly contributed to the retention of vulnerable learners**, including the important first term period. Similarly, BSFC has a 'student wellbeing hub', and observed that a consequence of anxious learners being directed to a safe space support room was that they met others in a similar situation, and **new supportive friendships/peer emerged**. BSFC learners reported they were **more aware of services on offer** and an increase in the use of the support room was reported. Bury College have a drop-in hub. Aquinas College is interested in developing a wellbeing hub in future.

6.7 SUMMARY

In the **GM MH FEP** Phase 1 report, we outlined the positive response to the transition project from colleges that completed the **AoC** Year 2 Transition Strand Questionnaire. This included all colleges reporting:

1. An improvement in the mental health and wellbeing of learners involved in the activity.
2. That the activity supported challenges associated with transition from school to college (including challenges introduced or exacerbated by the impact of COVID-19).
3. They intend to repeat the activity next year.
4. They intend to develop the activity further with follow on projects.
5. The activity was a success.
6. The activity will become part of their mainstream enrolment process in future years.

6.8 RECOMMENDATIONS

6.8.1 More resource.

More resource is required to enable a range of posts for wellbeing at colleges, with staff covering a spectrum of roles and responsibilities to better support both learners and staff. These staff would be able to support learners during their transition. **Wellbeing rooms/support hubs seem to be a successful way of supporting learners manage their mental health**. Therefore, we recommend that they should be developed in all colleges.

6.8.2 Summer programmes.

For colleges that are able to offer them, **Summer programmes have been shown to be a successful way of smoothing transition into college**, especially for young people at risk of becoming NEET. Future work should explore which aspects of summer programmes are most successful for their learners.

6.8.3 High achieving learners.

Colleges should **explore ways of supporting learners with high achieving/perfectionist traits** to help them adjust to being in a new environment. This should include supporting them to through the UCAS process to achieve places at universities.

7. Trauma Informed Approaches

7.1 WHY ARE TRAUMA INFORMED APPROACHES IMPORTANT?

Adverse childhood experiences (ACEs – see [Table 9](#)) are **traumatic experiences that occur before the age of 18 which continue to impact on a person's life**. The Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the US Department of Health and Human Services, adopts a broad definition of a traumatic experience as *“trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being”* (SAMHSA, 2014).

[Figure 1](#) shows the prevalence of different potentially traumatising life events across a class of 30 children. **Half of all mental health conditions are established before the age of fourteen**, and it is known that early intervention can prevent problems escalating (DHSC/DfE, 2017).

ACEs matter: a study of 17,000 people found that **ACEs are a leading determinant of the most common forms of physical illness** (e.g. cancer, diabetes, heart attacks), of mental illness (e.g. depression and anxiety) and of **early death in the Western World**. There is evidence that ACEs are also a major determinant of homelessness, drug and alcohol addition, smoking, domestic violence and other societal problems (Brown et al. 2009).

Research cited by the Centre for Mental Health (CMH, 2019) identifies that **trauma exposure is higher than average among young people with a range of developmental difficulties and disabilities**: conduct disorder; attention-deficit hyperactivity disorder (ADHD); autism spectrum disorder (ASD); and intellectual disability. They also identify that **some groups of the population are more likely to experience trauma**, for example: young people from ethnic minority communities; those from poor, socially disadvantaged backgrounds; those identifying as LGBTQIA+; migrants, refugees or asylum seekers; disabled people; and those from minority religious groups.

According to the CMH (2020), **trauma and challenging behaviour are connected** in several ways, applying in different extents to different individuals:

One could have experienced the **death of a parent**^a



Four could be living in **lone parent families**^b



Five could have a **mental health difficulty**^c



Five could be **living in absolute poverty**^d



Seven may have ever **self-harmed**^e



Eleven could have experienced **bullying**^f



Figure 1:

The prevalence of traumatic life experiences in a class of 30 pupils Taken from Public Health England's "Promoting children and young people's mental health and wellbeing" Report, page 6 (2015)



Figure 2:
Eight principles to promoting a whole school or college approach to mental health and wellbeing. Taken from Public Health England's "Promoting children and young people's mental health and wellbeing" Report, p.6 (2015)

1. **Trauma causes challenging behaviour:** traumatic life experience causes dysfunctional regulation of the stress response system, leading to impulsivity and poor emotional control.
2. **Challenging behaviour causes trauma:** it may result in young people being exposed to dangerous situations and it may result in defensive or aggressive reactions from others.
3. **Challenging behaviour and trauma are independently caused by a common factor:** certain environments, experiences and diagnoses are known to be linked to a range of more negative outcomes (e.g. intellectual disability is associated with a higher risk of experiencing trauma and with a higher likelihood of showing challenging behaviour).

'Trauma Informed Schools' is a CIC which delivers trauma informed training. They argue that '**protective factors**' – such as interventions by emotionally-available adults before the age of 18, **can interrupt the trajectory from childhood adversity to challenging behaviour, learning difficulties, long-term mental, physical and societal ill-health**. They believe such training courses optimise the role of the emotionally available adult in the lives of children (Trauma Informed Schools, 2022).

Over the past three years, the GM MH FEP has supported **10 colleges to embark on a process of becoming a trauma informed institution**. A total of **£85,000** has been allocated to supporting staff training and policy development, with each of the colleges working in partnership with one of five training providers (see **appendix 3** for the list). The first colleges to adopt a trauma informed approach, HHC and Bolton College, were **shortlisted for the 2020/21 AoC Beacon Award for Mental Health and Wellbeing**.

Table 10:
Five ways in which
trauma informed schools
attempt to minimise the
trauma-causing potential
of the school environment

1. Trying to eliminate the use of restrictive interventions, replacing them with less emotionally harmful alternatives.
2. Actively seeking to help young people to heal from traumatic experiences.
3. To support the wellbeing of everyone in the school community.
4. Seeking to maximise the healing potential of the school environment.
5. Teach young people about mental wellbeing and create a positive ethos, providing young people with a direct experience of reliable attachment figures and a safe and caring environment.

7.2 WHAT DOES IT MEAN TO BE A TRAUMA INFORMED COLLEGE?

*“Trauma-informed Practice is a **strengths-based framework** grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for everyone, and that **creates opportunities for survivors to rebuild a sense of control and empowerment**” (Hopper, Bassuk & Olivet., 2010).*

It is argued by the CMH (2020) that **becoming trauma informed requires a whole-school approach**, where schools, families, communities and other organisations to work together. School-wide approaches to becoming trauma informed include Public Health England’s (PHE) eight principles for promoting health and wellbeing in schools and colleges (see [Figure 2](#), PHE, 2015) and the Education Endowment Fund’s (EEF) recommendations for improving behaviour in schools ([Table 10](#), EEF, 2019).

By taking a **systematic approach to identifying young people** who may have experienced ACEs, the hope is that college professionals can understand and deal with the root causes of the problem rather than just addressing immediate presenting (challenging) behaviour or distress. This approach **sees all behaviour as communication** (see [section 7.6](#)), which staff should listen to in a trauma informed way – asking what is happening for a young person in their wider life, rather than what is wrong with them (Bolton College, 2021). As two staff members put it in our questionnaire:

“I am now aware of background or historic events that may affect a student’s behaviour”.

“I am more open-minded when approaching ‘problem’ students, considering how their life outside education and their experiences in the education system so far is impacting their conduct here.”

It is thought that where the impact of trauma is understood by staff, and where policies and procedures are adapted accordingly, there will be much **better outcomes for young people affected by trauma**.

[Table 10](#) shows five ways in which trauma informed schools attempt to minimise the trauma-causing potential of the school environment suggested by CMH (2020).

It is known that **young people with a trauma history are especially at risk of experiencing psychological harm from certain interventions** (CMH, 2020). For example, school exclusion and seclusion can echo relational trauma and systemic trauma; while physical restraint can echo physical and sexual abuse. As a result, such interventions, which are often used with challenging young people, **may cause further considerable mental harm** and potentially trigger an escalation to even more challenging behaviour (CMH, 2020). This means that college **procedures and policies might, in themselves, be traumatising** for the young person.

Colleges reflected that to become trauma informed, there needs to be **upskilling of staff**, especially improving their **understanding of trauma and why it matters in education**. Such understanding hopefully leads to the **creation of a more supportive environment for both learners and staff**, which may enhance both the college’s curriculum offer and its daily interactions with learners. **Colleges**

pursuing trauma informed working typically aim to train all staff in this approach – including teachers, cleaners, security staff, and canteen staff. One of the reasons for this broad approach acknowledges that if a student wants to disclose something, they will **pick someone they trust** – for example, this may be a cleaner which they see every day and are friendly with – rather than specialist college pastoral or safeguarding staff. This means these **non-specialist members of staff need to be competent in how to respond to young people in distress**.

Saxton (2022) recommends four broad strategies schools can use to become trauma informed [Table 11](#)). See [section 5](#) on training for further discussion.

A questionnaire respondent commented:

“All of our staff team have completed the ACEs training... and the whole team said it made them think about people and their experiences of life and how they can vary so much. The whole team is now trauma informed and they are finding their relationships with parents, student placements and each other are going from strength to strength.”

An example of a trauma informed strategy was launched in 2019 by Bolton College called ‘**Wellbeing for Learning and Life**’. It laid out how they intended to become trauma informed and ACEs aware by 2021. This College strategy addressed: leadership; transitions; promoting wellbeing; supporting learners’ learner voice; and partnerships.

1. Increase the capacity of school personnel to recognise and respond to students who may have been affected by trauma.
2. Implement policies and practices shown to create school climates where all students and adults feel safe, valued, and supported.
3. Help students develop skills to overcome challenges, such as managing their emotions and behaviour, coping with stress and anxiety in healthy ways, forming positive relationships, and making responsible decisions.
4. Establish protocols to connect students with support.

Table 11:
Four broad strategies for
trauma-informed schools
(Saxton, 2022)

7.3 A ‘TRAUMA INFORMED LENS’

Being trauma informed should be considered as a **process rather than as a destination** – you can never absolutely achieve it or do it perfectly. Being trauma informed **requires on-going reflection** by professionals, using what many colleges in this project termed ‘**a trauma informed lens**’ through which they think about all aspects of their practice and activity. Being trauma informed needs on-going training to keep skills up to date as noted in [section 5.7](#). On-going training should include CPD for existing staff and rolling new-starter training for newly recruited staff. Being trauma informed needs practicing and **reflecting on a daily basis**, where professionals to seek to support each other, and for all staff to ‘live the values’ of the trauma informed approach. A HHC staff member explains that:

“It’s a continual learning curve, it’s continual training, you know, because the best person in the world will forget things, you know, because that that just happens. And sometimes the trauma informed approach is not your natural approach. It’s not your natural approach in parenting, it’s not your natural approach in college. And so you keep reminding yourself... [and] people within the team reminding each other, [reflecting how] we could have done that better. But also keep getting people like Beyond Psychology... the real professionals, you know, to come back in and keep reminding us of this... so you don’t lose it completely... you need to have that refresher. And also reminds you that it works... it’s not just about reminding you how to do it. It’s reminding [you of] the benefits of doing it.”

7.4 WHICH COLLEGES TOOK PART IN THE AoC TRAUMA INFORMED PROJECT?

In Year 1, two colleges, HHC and Bolton College began to work on trauma informed ways of working (with £20,000 shared between them).

In Year 2, Oldham College; Bridge College; and SJRC joined the project (with a £25,000 budget between them for the year). In addition, in Year 2, HHC and Bolton College created a network in which all of the Colleges, including the new ones could support each other in their efforts to become trauma informed institutions.

In Year 3, OSFC; Bolton 6th Form College; TTCG, TMC and Bury College commenced their journeys, with a £40,000 budget shared between them.

Tameside College did not apply for the AoC funding for becoming trauma informed because at the same time they used funding from the Greater Manchester Mentally Healthy Schools pilot project (<https://www.manchesterhealthyschools.nhs.uk/>) for their trauma informed activity.

Table 12 gives description of the specific college contexts in relation to adopting a trauma informed approach.

Table 12:
Specific college contexts
relating to a trauma
informed approach

Hopwood Hall College is a medium-sized vocational college in one of the top ten of the most deprived areas of the UK, with campuses in Rochdale and Middleton. They have a total of 8,000 students, of which 3,000 are aged 16-18, and it has 600 employees. The college offers vocational courses from foundation level to foundation degrees. Among its students are high numbers of BAME students, LAC, asylum seekers, and refugees, and learners with mental health and other additional needs including EHCPs, and those for whom English is not their first language. It is easy to see why many of their students might have experienced trauma in their lives.

Bolton College is a vocational college in a very deprived area of Bolton with 5,000 students, 50% of which are 16-18 years. For the last 3-4 years, safeguarding referrals at the college have risen considerably, suggesting that change in how these young people are supported is extremely important. At Bolton College, the trauma informed project aims to get staff to take a step back and not react in the moment but listen to the young person and respond in a trauma informed way. One of the key messages to staff is that “we must ask what is happening for that young person rather than what is wrong with them” (Bolton College Report, 2021).

Table 12: (cont.)
Specific college contexts
relating to a trauma
informed approach

Oldham College has 5,000 students across two campuses in a demographically diverse area.

They have a high number of young people with special educational needs and EHCPs around childhood traumas. They embarked on a three-year emotional wellbeing and mental health strategy.

Bridge College is a specialist college for young people with learning difficulties, disabilities, complex health needs and autism. It has four main areas: profound and multiple learning disability; autism; supported internship; and CORE (students who communicate in different ways, level 2 (GCSE equivalent)). The goal of the College is to prepare young people for adult life. The College commented that students with disabilities are more likely to have experienced trauma at some point in their life. Bridge College decided to train all staff to be ACEs aware. They were also keen to work on staff distress.

St John Rigby College is a Catholic College based in Wigan with 1,500 students, mainly on A-Level programmes. There are mixed demographics in terms of wealth among their young people. It has a growing number of ethnic minority students, meaning that different cultural views around mental health need to be considered. With this SJRC has observed an increase in young people presenting with complex problems including eating disorders, self-harm, suicidal ideation, hallucinations and sexual abuse. They created a plan to train all staff in trauma informed practice in order to better support their young people.

7.5 WHO WAS TRAINED?

[Appendix 3](#) provides details about who colleges chose to train in Years 1, 2 and 3 and how they approached it. A full list of trauma informed training providers can be found in [Appendix 4](#).

HHC used **Beyond Psychology** for their training. Managers and pastoral staff received trauma sensitive training (3 ½ days) to develop an understanding of how it would work at the College. Following this, 500 staff across the College (including canteen, cleaning staff) completed ½ day trauma/attachment training.

Bolton College used **Rockpool** for their training. They adopted a train the trainer approach, training 20 staff members. Ultimately, 442 individuals were trained including cleaning staff, security staff, and those in back-office roles, not just specialist teachers. ACEs are included in new staff 'on-boarding' training.

Oldham College used **Trauma Informed Schools UK** as local high schools were using it and they felt a consistent approach would be helpful for their learners. In total, 450 of 500 staff did a full day of training on trauma informed approaches. A core team of safeguarding and welfare officers did a ten-day **diploma in Trauma Mental Health**. Two in-house train the trainer approaches ensured that all new recruits are trained in the college's trauma informed approach, ensuring it is sustainable.

Bridge College used **Beyond Psychology**. All staff were trained in ACEs and the 4Ds for dealing with distress (distract, dilute, develop, discover), with the aim of them understanding the impact of developmental trauma and the role of shame. A further 40 staff were trained in the impact of developmental trauma training. The college looked at staff distress.

St John Rigby College used **Alliance for Learning**. All staff trained to Level 1 (Trauma AWARE) – a basic awareness and understanding of trauma and attachment (half-day). Delayed by COVID-19. A further 25 staff to level 2 (Trauma INFORMED) and 7 staff to level 3 (Trauma SKILLED).

Bolton Sixth Form College used **Trauma Informed Schools UK**. All college staff were required to complete a 3-hour online training course. This included neuroscience/psychology of child and adolescent mental health; ACEs and protective factors in schools; Jaak Panksepp's mode of mental health and theory of change; and key skills in responding and understanding challenging and/or trauma triggered behaviour.

The Trafford College Group used **Rockpool**. Two key members of staff became Tier 4 Trauma Informed Educators (train the trainers). 50 key staff and leaders will do Tier 2 training. Trainers will deliver a training programme to include all 700 front-line staff who deal with students face-to-face.

Bury College; OSFC; and TMC are at the beginning of the trauma informed process and at the time of writing this report we do not have information about their plans.



7.6 WHICH ACTIVITIES?

The **all-encompassing nature** of a trauma informed approach means that it has an impact on everything which a college does: as mentioned above, **all college activity is examined with a 'trauma informed lens'**. This includes staff training and support; transition-related activities; policies and procedures; and training and support for young people.

Activities carried out by various colleges as part of the trauma informed practice included:

- 7.6.1 Addressing language use
- 7.6.2 The whole college ethos and staff mindset
- 7.6.3 Staff training, development and support
- 7.6.4 Dealing with staff trauma
- 7.6.5 Training in the physiology of trauma
- 7.6.6 Training in behaviour as communication
- 7.6.7 Training in trauma informed approaches to transition
- 7.6.8 College policies and procedures
- 7.6.9 Networking and relationships



7.6.1 Addressing language use.

Language use is important here, with several colleges talking about **the need to develop a shared language, or the 'right' language** (Oldham College; Bridge College; HHC). One of the questionnaire respondents described that the training made them more "aware of key terms and language." Interestingly, Oldham College used the term of **trauma 'responsive' rather than 'informed'**. This subtle shift in semantics aims to convey that they are more active in responding to the trauma a person has experienced, as opposed to just being aware of it.

7.6.2 The college ethos and environment.

A truly trauma informed approach involves examining everything that a college does through a 'trauma informed lens' – a **'whole system approach'**. All of the colleges using this approach expressed a **desire to change their ethos and culture to be more trauma informed**.

Bolton College clearly articulate the process by which they will become trauma informed [Table 13](#). A key goal is to change the culture of the whole college system using the **'Four Rs'**.

By sharing its work with others, Bolton College seeks to disseminate what it learnt through this project to help other colleges. They are confident that **other colleges can replicate their whole college approach** to mental health and wellbeing within their own institutions, to the **benefit of their learners, staff and the wider community**.

Although not participating in the **GM MH FEP** trauma informed strand (they used funding from Greater Manchester Mentally Healthy Schools to pursue this goal), Tameside College are proud of their whole college ethos, highlighting their transition project from young people who had been attending PRUs as an example of this. They note that it is important to understand that these complicated young people need a different approach, especially considering whether there is trauma history and SENs. **The college talks a lot about getting relationships right – 'the right person with the right passion'**. They regard selecting staff who have the 'right values' as a crucial component of their recruitment process.

Table 13:
Bolton College's approach
to becoming trauma
informed

Training and Policy Approach

- Senior leadership and governor support and engagement for the work.
- Executive Director of Human Resources to champion and lead on the work including implementing and embedding the 'Wellbeing for Learning & Life' strategy.
- Wellbeing for Learning and Life Steering Group in place to oversee development and delivery of the strategy and action plan.
- Collaborative partnership working external partners to help deliver and cascade the training in becoming trauma informed.
- A range of ACE and wellbeing training opportunities for all staff to support the whole college ethos.
- Staff wellbeing portal which provides staff with access to a range of activities and initiatives designed to support staff wellbeing.
- A trained team of staff Mental Health First Aiders.
- A learner Wellbeing Assessment Survey designed to capture and measure a learners' wellbeing during their course of study.
- Trained team of social prescribers.
- Refreshed learner enrichment programme in support of social prescribing.

A key goal is to change the culture of the whole college system using the "Four Rs" as components of its goal of becoming trauma informed:

1. Bolton College realises the widespread impact of trauma, and understands potential paths for recovery
2. Bolton College recognises the signs and symptoms of trauma in learners, staff, and others involved within the college
3. Bolton College responds by fully integrating knowledge about trauma into policies, procedures and practices
4. Bolton College seeks to actively resist re-traumatisation

Table 13 (cont.):
Bolton College's approach
to becoming trauma
informed

7.6.3 Staff training, development and support.

Staff training, development and support is fundamental to a college adopting trauma informed approaches. In addition to **boosting the skills of their safeguarding, pastoral staff and personal tutors**, all of the colleges using a trauma informed approach here **aspire to having college-wide training, including cleaners, canteen staff and security guards**. Barriers to achieving this include staff turnover and availability for training, particularly during COVID-19 lockdowns. At Bolton College, training for staff in ACEs has enabled them to be more confident in how to approach and support learners who have experienced trauma or who are in crisis with practical strategies. Some quotes from Bolton College staff which reflect the impact of the staff training include:

*"I will be a more **curious, sympathetic, and understanding** member of staff. I will handle certain situations differently now."*

*"I will **take more time to think** about other factors that may be affecting someone before responding to any negative behaviour and **adjust my response accordingly** as per the strategies provided."*

Staff development and training is multifaceted, and includes staff reflecting on their own previous difficulties and this impacts this might have when working closely with a young person with ACEs. Colleges mainly adopted a Train the Trainer approach. This enables them to roll out the training to all staff at their college, and **long-term sustainability** as they would be able to train new starters internally. Bolton College developed an 'on-boarding' tutorial for new staff, particularly around ACEs, to make it clear to them how seriously the college takes it – its ethos and values. Some colleges (e.g. HHC) chose to use e-learning as well as inset days for training, where staff learn about different ways of managing situations with challenging young people. This is often very successful, for example, after their whole staff inset days for trauma informed training, **HHC's trainers saw 'lightbulbs come on' for some members of staff**. In colleges seeking to become trauma informed, staff are typically encouraged to take advantage of all training opportunities, for example, mental health first aid, as part of their CPD.

The training at HHC focused on: **attachments; considering what is behind the behaviour; and how strategies can be used to reduce toxic stress and the impact of ACEs**. This acknowledges that traumatised young people require a different approach from teachers. Similarly, SJRC articulate a desire to **raise the awareness of all staff of the impact of ACEs on young people; find out how they can identify students who may be struggling**; and for staff to understand why students are presenting in the way they are. The intention here is to **create empathy and enable staff to develop appropriate strategies to support**

students. Training enables staff to build confidence in how to approach and support learners who have experienced trauma or are in crisis with practical strategies. Staff trainees at Bolton College made the following comments:

*"I will take more time to think about **other factors that may be affecting someone** before responding to any negative behaviour and adjust my response accordingly as per the strategies provided."*

*"I always now use a **cautious approach** when first meeting students just in case there are **significant issues or barriers in their lives** for which they need help."*

Questionnaire respondents describe how since the training they:

*"Have a **greater awareness** of the challenges students may be facing. I have **developed my questioning and listening skills** to uncover those difficulties and encourage students to explore their challenges and how they could develop coping strategies. I have greater knowledge of resources and organisations which I can signpost students towards."*

"I am more confident when dealing with trauma and how it presents as behaviour"

*"I am more aware of how to **interact with a student who has suffered trauma**. I understand why they make the choices they do and I feel more confident in discussing their behaviour and choices with them and **helping them in finding strategies that work for them** to overcome any barriers they have."*

A survey respondent describes a barrier which leaves them **"trying to change the mindset of certain individuals who have had a set way of working for a long period of time"**. This was identified at HHC, where pastoral staff described how they often have to explain to curriculum teachers:

*"... this is why we can't do this with this person... I appreciate that they've been difficult because of A, B, C and D, but we can't put a warning in place, it's going to have little effect... **Let's consider the trauma that they've had in their lives** before they came to college, or anything they're having now... before we make a decision... let's stand back. Let's look at it. Let's look at the person as a whole rather than just the behaviour that's being presented."*

An HHC pastoral teacher described a situation where a young person has been given five or six disciplinaries in one day – the disciplinaries clearly aren't working and **college staff need to approach the behaviour management of this learner differently**. This can only be achieved by talking to the young person and finding out what

is going on for them, not just more stern words and punishments. Similarly, Bolton College explain how their trauma informed training helps **staff look past poor behaviour to see what a learner needs to help them to connect, repair and build resilience to help manage their emotions**. Likewise, Tameside College's training addressed the **'emotional rollercoasters'** which some young people experience.

At SJRC, the trauma informed training created an appetite from staff to want to develop more tools and strategies they could employ, which in turn gave them confidence to discuss mental health and wellbeing in a way that helped young people develop their own strategies to overcome barriers they had. This resulted in the Vice Principal for Students looking for more resources that could be used by staff and tools that could support young people to develop resilience. The College purchased **'The S.U.M.O. Secrets to being a Positive, Confident Teenager'**. This text has been read by both staff and students to help them further develop an understanding of behaviour and select tools/strategies they both can use to build resilience which is part of a trauma informed approach strategy.

Several colleges commented about the problems they confronted due to COVID-19. One questionnaire respondent noted that *"Covid and lockdowns impacted on our ability to roll out face to face training on ACEs. We moved it online to keep momentum going, however I believe it would have had a greater impact had we not been in lockdown."*

7.6.4 Dealing with staff trauma

Being trauma informed also applies to staff wellbeing, this includes the **need for supervision where they can talk through a difficult time with a young person and offload feelings of stress**. For example, *"when they're [students] are upset, it upsets you... if you've got a close relationship with them... you're not going to detach yourself completely"* (HHC, 2022). Good supervision is seen as necessary for staff in this situation – this can be with a peer, with a manager, or with an external professional. A component of this can be staff considering whether they have been affected by trauma in their life, and how this might impact their interactions with young people.

Oldham College identified that their trauma informed approach enabled the college to make their staff wellbeing offer even stronger. They highlighted that **for a member of staff to be emotionally available to the young people, they need to be ok themselves**. Staff supervision is seen as essential by the college, and external independent supervision is available for those who want it. In addition, there is weekly peer supervision and a monthly safeguarding forum where staff can come with questions about welfare and safeguarding.

Bridge College paid particular attention to the **capacity of staff to deal with trauma**, for example, how the individual deals with distress and what they need to be able to cope with it: how to support staff to manage their own wellbeing. As part of this process, Bridge College trained staff in MHFA; held health and wellbeing events for staff, including: 'Countdown to Christmas' and 'Beat the January Blues' activities. They are exploring having a health and wellbeing committee for the college. Similarly, Tameside College felt the AoC agenda funding activity around staff wellbeing as very much needed.

7.6.5 Training in the physiology of trauma.

Both HHC and Oldham College describe the importance of **recognising the biological impact of ACEs on the brain, particularly on a young person's capacity for emotion regulation**. Staff report that learning about the physiology of emotions was particularly valuable, for example, the **consequences of a student being in 'fight or flight mode'** – *"once the lid is flipped, it's hard to bring the person down because you have already lost them"* (HHC pastoral teacher). The trauma informed training explains that when a student is already in a bad mood or struggling, if a teacher 'pesters them', for example, chastising their work or attendance, there is a **potential danger that this might make them 'explode'**. It is hoped that by using a trauma informed approach to working with young people, such explosions can be avoided.

Similarly, another key learning point for staff is that when managing a situation with a student that's distressed or worked up, they need to **recognise that can take a long time for the brain and the body to de-escalate on a physiological level**. By realising what the young person might be experiencing, staff can change their expectations, for example, about the ability of a worked-up young person to be able to come back into a classroom and actually learn successfully.

7.6.6 Training in behaviour as communication.

Oldham College sought to teach its staff to recognise and respond to behaviour as being a form of communication. They aimed to upskill all staff, commenting that *"those moments where you walk in across for your lunch across campus, and you see someone in distress, and you're upskilled and confident enough to be able to have a conversation to get a few more facts, to then decide on the next steps that you wanted to take with that young person."* In addition, **Oldham College staff were trained to realise that a learner's difficult behaviour is nothing personal about them, and how they can detach themselves emotionally from the situation**, looking at it for what it is rather than through their own emotions and feelings. Oldham College describe an **'early help' model which is intended to help staff identify early signs** that someone is disengaged and might have something else on their mind so they can manage it appropriately.



Several questionnaire respondents discussed behaviour as communication:

*"We are now trauma informed, **recognising that all behaviour is a form of communication**. We apply active listening and are person centred, we acknowledge that lived experience is individualised and offering emotionally available adults as trusted people are crucial for student success."*

*"The ACEs/trauma work has **changed my practice**, look at behaviour as a form of communication and consider 'what's happened' rather than 'what's the matter'."*

As a specialist college for young people with additional needs, Bridge College has always regarded behaviour as a form of communication and working alongside Beyond Psychology, it was realised that Bridge College, in many ways, already largely operated in a trauma

informed way. Some of Bridge College's GM MH FEP funding was used to fund activity developing their students' ability to communicate how they are feeling, and help them develop coping strategies so they can manage their own wellbeing, including a QT robot (LuxAI). Bridge College wanted to help their young people feel safe enough to talk about mental health, and for staff to feel more confident in supporting the young people with their mental health.

7.6.7 Trauma-informed approaches to transition.

A key component of a college's activity which can be influenced by their trauma informed approach is how it goes about supporting young people's transitions – from high school into college; from year 12 into 13; and from college into employment or university. Adopting trauma informed approaches to transition means recognising that the trauma experienced by some young people may mean they need extra support. All of the colleges in the AoC project approached transition differently, adapting it to suit their context.

7.6.7.1 Hopwood Hall College.

HHC initiated four transition programmes: 'Introduction to College Education'; 'Progression Bootcamp'; 'The Reach Project'; and 'The VICTOR Project' (see [Table 7](#) for more details). All four courses were extremely successful at keeping learners engaged in college and supporting them to progress in their education or gain employment. **Of the 16 who attended the ICE programme, 77% attended every session; 15 enrolled on a college course; and 11 were retained at the end of term 1.** The retention and achievements of learners on the VICTOR Project exceeded all expectations in terms of student engagement and achievements.

HHC's outcomes reflect that using a trauma informed approach to education can be highly successful in **preventing extremely high-risk young people**, who traditionally may not even have got as far as enrolling in college, let alone attend regularly – **from becoming NEET and achieving their educational goals and employment.**

HHC gave an example of a learner who attended the ICE project, who **staff thought wouldn't make it as far as the second week of term**, who was so unconfident he couldn't walk into a shop and ask for something. Almost a year later, when CERT attended HHC to run a workshop with students that participated in their transition work, this **learner was unable to join our workshop because he was successfully on a two-week work placement.**

A particular goal of HHC is to **raise aspirations** among its young people, recognising the prevalence of unemployment in the local area, and that some of their students come from families where three or four generations that have never worked. During lockdown HHC sought to **connect with the community**. They did this by organising courses for adults, including things like healthy eating and how to fix a door lock. The underlying motivation behind this being that it is **important for the college to affect the whole community, not just their learners**.

7.6.7.2 Bolton College

In 2021, Bolton College pro-actively sent a **mental health and wellbeing self-assessment to all of its students**. It was completed by 1,800 young people. Where indicated by their answers, this was followed up with a one-to-one learning and development session with a staff mentor. **The intention of this survey was to try and prevent mental health challenges from arising by offering bespoke interventions for young people that required them**. The survey led to **300 support interventions and 100 referrals to the counselling service**. Ultimately, at the end of the year, **95% of these learners remained on their course**.

An **important and innovative activity** which used GM MH FEP funding at Bolton College was their **Gun and Knife Project**. This recognised the risk in GM of young people getting drawn into or coerced into gun and knife culture. **The project was created in conjunction with The Violence Reduction Unit, Greater Manchester Police, Youth Referral Service, Streetwise and 84 Youth**. They developed an online tutorial package compulsory for 16-18 year-olds, aimed at helping prevent them being persuaded into criminal, individual or group activity involving the use of a violent weapon, and to raise awareness of the dangers and consequences of getting involved in criminal activity. **It was rolled out to 2,500 young people at Bolton College for feedback**. As a consequence, there was a **38% increase in gun and knife crime referrals** to safeguarding (from five to nine), anecdotally because it was easier for young people to disclose in this way.

7.6.7.3 Oldham College

Oldham College observe that they are seeing a lot of young people coming with **EHCPs that are based around childhood trauma**. For those young people, they recognise a very different approach is needed – It should be more therapeutic, and based more on triggers and coping mechanisms. Fundamentally – it's about **being**

adaptive to the young person's need. This might include targeted work with **local authority social workers**, and **Operation Compass notifications of domestic violence**. The emphasis at Oldham College is on preventative work and ensuring that all staff are skilled in trauma informed and responsive approaches.

7.6.7.4 Bridge College

The goal of Bridge College is to prepare their young people for transition into adult life. They **build a programme around the young person's aspirations and interests**: would they like to get a paid job; to live independently; to have a varied week; to contribute to the community; to have a volunteer placement; and have good care provision? **Some of their young people, especially those with autism, struggle considerably with change, and need a bespoke approach to successfully transition into college**. Normally, Bridge College allows young people to visit on multiple occasions, including for taster sessions and summer activities, with the intention of making them more familiar and comfortable with the space prior to their transition from their high school in Autumn.

Bridge College has been highly innovative with technology around transition – with particular benefit when the COVID-19 lockdown prevented in-person visits. They had a **Virtual Reality project whereby young people could use a VR headset to have a 360° tour of the college buildings**. It was hoped this would help relieve their anxiety and stress and make them feel more familiar with the site and therefore more comfortable about the transition process. The young people are able to use this headset as much as they wished. In addition, the VR technology was used to create 360° tours for those students transitioning out of the college into their adult life, for example, tours of their new workplace or home.

7.6.7.5 St John Rigby College

SJRC engaged in considerable trauma informed approaches to transition, detailed in [Table 14](#). **SJRC believes that through the staff training and raising awareness of ACEs, a trauma informed pastoral approach has been highly successful**. It has benefitted overall student experience; attendance; achievement; and retention. Staff were asked to make a record of when they have adopted an ACEs informed approach to share good practise, measure impact and identify the tools that have been employed. **The college believes that the trauma informed approach has enabled a shift in focus, aligning more closely to the needs of our students to ensure they all reach their full potential** (however, other factors also may have influenced this).

- **Data sharing with high schools** to identify young people with poor mental health and poor school attendance who might benefit from participating in a transition project
- **Transition project** 86 young people identified by high schools, 67 were considered, and 15 signed up for the transition project. These young people had various difficulties, such as anxiety, eating disorders, self-harm, suicidal ideation, school refusers, and neurodiversity. The range of issues was a challenge to the college, and overcoming anxiety to engage was a huge problem. Workshops took place before the summer break including: mindfulness sessions; psychological theory; Five Ways to Wellbeing; Transition from GCSE to A Level study – what to expect in life in a further education college; Team Building Exercises; and a guest speaker who shared their personal journey with regards to their own health.
- **Additional summer holiday activity** took place to keep students ‘warm’ and to help manage their anxieties over the long summer break. The programme included training delivered by Commander Joe’s – a training provider who offers early intervention for young people disengaged with their education, specialising in behaviour management, growth mindset development and life skills intervention.
- **New students’ day** at beginning of Autumn term where young people are invited to college to experience college life and their chosen subjects. Key staff were made aware of the students who had been on the transition project and discreetly kept an eye on them.

Table 14:
Trauma informed approaches to transition at St John Rigby College

- **Neurodiverse transition** project involved 25 students in Y12 and 13 who either have a diagnosis of being neurodiverse or display identifiable traits. An induction day involved training for young people in executive functioning and study skills in a format appropriate for neurodiverse learners. Additional activity included group workshops to build peer relationships; creating individual profiles of the young people to share with staff working with them; students met by pastoral team twice a term; attendance, engagement and achievement of the learner are mapped; and parents/carers are kept involved. SJRC aspires to be awarded Neurodiversity Status. In future SJRC intends to have a qualified psychotherapist trained in working with neurodiverse students one day per week for the academic year.
- **Student support and wellbeing officer** trained in MHFA to work with young people individually and in groups from the beginning of their transition process. The College recognised that some students do not respond to figures of authority and that by working with a member of staff that is not in any way linked to disciplinary staff they are able to be more open with their thoughts and feelings.
- **Wellbeing/safe space** where students can go to when they need support was created using AoC funding.
- **Peer supporter ambassadors group** holds a weekly ‘Time to Talk’ session during lunchtimes, an LGBTQIA+ group and a relationship with 42nd Street, a charity offering support and advice for young people’s emotional health and wellbeing. SJR considered what peer on peer support could look like, for example, groups of students on elective programmes – Teachers of Tomorrow, Future Psychologists and Medics all completed MHFA training alongside our Health and Social Care students who completed it as part of their course.
- **Intend to create a stand-alone student induction process** for those students who disclose through the application process that they struggle with MH and/or wellbeing to help ensure that they have a successful transition.

Table 14 (cont.):
Trauma informed approaches to transition at St John Rigby College

7.6.8 Policies and procedures.

All of the Colleges aiming to become trauma informed in this project addressed their policies and procedures to ensure they facilitate and reinforce this way of operating. As an example, in 2019 Bolton College's Wellbeing for Learning and Life' strategy **embedded wellbeing and trauma informed approaches into key College policies and procedures**, aiming to ensure that learners are provided with opportunities throughout their learning journey to reflect on and enhance their wellbeing. This support is based on the **NHS Five Steps to Wellbeing programme: connect; be active; keep learning; give to others; and be mindful**. Similarly, HCC created new college values; restructured and invested in their pastoral, welfare, and safeguarding team; changed language use in both staff day-to-day conversations and in college documentation; and updating college policies and procedures in line with a trauma informed approach. TMC created a college mental health strategy with a consultant from CWT.

7.6.8.1 Disciplinary policies.

A particularly key element of procedures which colleges addressed and revised 'using a trauma informed lens' is their college's disciplinary policy. Typically, **colleges reflected on whether their current policies and procedures achieved desired outcomes with respect to being trauma informed**.

Commonly among colleges, there has been a **notable shift in language**, for example Bolton College's behaviour policy is now called 'Behaviour for Success'; both HHC and Bridge College have 'Positive Behaviour Support' policies; and SJRC renamed their 'Fitness to Study' policy as 'Support to Study'.

For HHC, it was **important that their disciplinary process is seen as fair**– that everything which comes as an outcome from a disciplinary issue is appropriate and proportionate to what the learner did – for example, the young person being required to repair something they broke or defaced. They wanted to make their policy as:

"least punitive as possible... looking at all the solutions rather than just giving out warnings and sending letters... they've had all these warnings all the way through school... it's not worked because they are still presenting [with that] behaviour."

This change in HHC's policies and procedures included revising their behaviour policy to **emphasise understanding the behaviour over simply disciplining a young person for poor behaviour**. Similarly, Bolton College use the example of a young person who is persistently late for class, asking "why is that student late again? What is going on at home? Can they afford money for the bus fare? Are they taking their siblings to school first? Do they have caring responsibilities?" as opposed to automatically raising it as a disciplinary matter and punishing the young person.

SJRC also revised their 'Support and Disciplinary Procedures'. This meant that when working with new students who have behavioural issues, **in the first instance they made it compulsory for the young person to attend a workshop** delivered by the Student Wellbeing and Support Officer and the College's Safeguarding and Welfare Officer. This process has proved to be **extremely successful** and is helped manage young people that are finding the transition from high school to college, especially within the Covid context, problematic.

Another activity at Oldham College is their '**Safeguarded Scheme of Learning**'. This is a personal development tutorial of specific



topics which need to **raise awareness and upskill the young people to recognise when they, or one of their friends are in risky situations**, such as online safety, criminal or sexual exploitation, and harassment, and forced marriage - with that trauma responsive and trauma informed approach as the 'golden thread' through at all. Oldham College also recognises **that certain vocational areas need a more targeted approach**, for example, construction students needing more work on antisocial behaviour, and those going into caring professions with lived experience of care.

SCC highlight their punctuality policy. Previously, a learner arriving late to class would get told off by their class teacher, getting their day off to a bad start. They now go first to the **Punctuality Officer** who explores what has happened – did they just get up late, or is there something more going on – are they a young carer, did they need to drop siblings at school? The Punctuality Officer can respond as appropriate, and when the learner goes to their class, they are **welcomed in by the teacher, setting up a positive interaction for the day**.

7.6.9 Networking and relationships between colleges

In the first year of the **GM MH FEP**, Bolton College and HHC were each given £10,000 in funding by the **AoC** to pursue the goal of becoming a trauma informed college by 2021. Despite technically being competitors in terms of attracting young people to study at their college, they **developed a mutually beneficial relationship, becoming what they termed 'critical friends'**. On mental health and wellbeing, the two colleges were absolutely aligned and **worked in collaboration to support each other** in terms of their strategy towards being trauma informed, sharing their successes and challenges. The colleges reported this relationship to be fairly unique within the sector for colleges which are active competitors for students.

Going into Years 2 and 3, a more formal network was created, embracing the new colleges who joined the activity. For example, Bridge College shared best practice with HHC, Bolton College and Bridge College, together creating a Podcast which discussed an in-depth review of the trauma informed approaches taken by them.

7.7 THE FUTURE

In addition to the ten colleges already embracing a trauma informed approach, Aquinas College, OSFC, SCC, Winstanley College and Xaverian College all indicated to us that they would like to adopt a trauma informed approach in the future.



7.8 SUMMARY

Nine colleges used the **GM MH FEP** money to pay for training in trauma informed approaches from several different providers (one further college used funding from elsewhere). **Training typically covered college ethos and mindset; language use; need for staff support; understanding the physiology of trauma; behaviour as communication, trauma informed approaches to transition; and college policies and procedures.** The participating colleges formed a formal network to support each other as 'critical friends'. Staff reported the training to be particularly valuable to them, with one saying they are now a *"more curious, sympathetic and understanding member of staff."* They also found learning about the physiology of trauma useful, in particular understanding how long it takes to calm down. **Colleges identified that trauma informed approaches are particularly helpful when working with young people at risk of becoming NEET or with mental health challenges.** Colleges adopting a trauma informed approach typically addressed their policies and procedures through a **trauma informed lens**, in particular, their disciplinary and punctuality policies, re-naming them, for example, 'Behaviour for Success,' 'Positive Behaviour Support,' and 'Support to Study.'

7.9 RECOMMENDATIONS

7.9.1 The potential of trauma informed approaches should be untapped.

This evaluation identified many clear benefits to colleges from adopting a trauma informed approach. We recommend that all colleges should seriously consider embarking on this journey. Thus, **resources are needed to support colleges with the considerable training expenses.**

7.9.2 More support is required for learners with additional needs and those from high-risk or marginalized groups.

This report identified that adopting a trauma informed approach had **particular benefits to young people in high-risk groups** who would traditionally been expected to drop out of college and become NEET. It has also shown effectiveness for young people with mental health problems and members of the LGBTQIA+ community. **These benefits lead us to recommend that specific work with these groups of vulnerable learners should continue.**

7.9.3 Inter-college cooperation.

This report identified cooperation **“critical friends” among colleges** working towards becoming trauma informed via the Network established in Year 2. This networking has been shown to be extremely valuable to colleges involved. Thus, we recommend **that this should continue and that more opportunities are needed for colleges to learn from each other and share effective practice to enhance working** for positive mental health going forward.

7.9.4 Triage and disclosure.

Triage and processes of disclosure was discussed by both staff and learners. Many colleges acknowledged that this process requires development. **All college staff should be trained** in how to respond competently to a young person who discloses to them. **Colleges also need to have systems in place to respond appropriately to this disclosure** – support for the young person, but also considering the staff member's need for support.

We recommend that **triage processes should timely**, identifying young people in need of urgent help quickly, but also having the resources to avoid having learners with mild or moderate difficulties waiting months for support.

8. Apprenticeships

The Greater Manchester Learning Provider Network (GMLPN) received funding from the **GM MH FEP** in 2020 to work on a project which aimed to **equip FE sector staff and employers (outside of traditional FE college settings) with relevant knowledge, training and resources to support their learners' mental health.** This project recognises that it is often forgotten that there is a **substantial number of learners who are not in college, who might be very vulnerable and in need of mental health support.** They may need support from their employer as well as the independent education provider. This project envisaged supporting independent providers which offer apprenticeships by creating a virtual triangle of support between the education provider, employer and learner.

Achievements of the apprenticeships project include:

- Gathering of information from the network on what needs they have in this area including 29 responses to **self-assessment survey**
- Facilitation of 4 **mental health focus groups** with almost 140 attendees in total – sometimes a bit like therapy sessions. Experts come in and speak.
- Recruitment of 27 **Mental Health Champions** to share resources and best practice
- Recruitment of 13 organisations to support the **GMLPN Mental Health Charter**
- **Development of a toolkit** to support and build capacity for providers – free access for everyone
- Collecting **resources and good practice** from across the network
- Development of 5 case studies
- Influencing Greater Manchester Combined Authority to extend Adult Education Budget flexibilities to include more **Mental Health Training**
- Linked Mental Health work into the **Autism Project GMLPN** are working on which supports providers / employers to train autistic individuals and develop guidance to include mental health support
- Continued to **raise awareness of mental health issues** and support for training providers

8.1 RECOMMENDATIONS

It is important that learners outside of traditional college settings have their mental health supported. This support could come from both their independent education provider and their employer – it is important that they do not attempt to ‘pass the buck’ and the learner fall through the gaps. Therefore, we recommend that the AoC and other parties should be **proactive in making sure that there is adequate funding for mental health related with learners outside of traditional college setting going into the future.**



9. Youth Voice: Listen, Listen Again and Act

*“The important thing is **you just want someone to listen to you**, but sometimes it just turns into them giving you their input and then you feel even more demotivated and like maybe no one is listening to you. **The most important thing is like, instead of adding their own voice, people actually listen first and work with students to come to a solution, not just impose their own solution on them**” (OFSC Learner).*

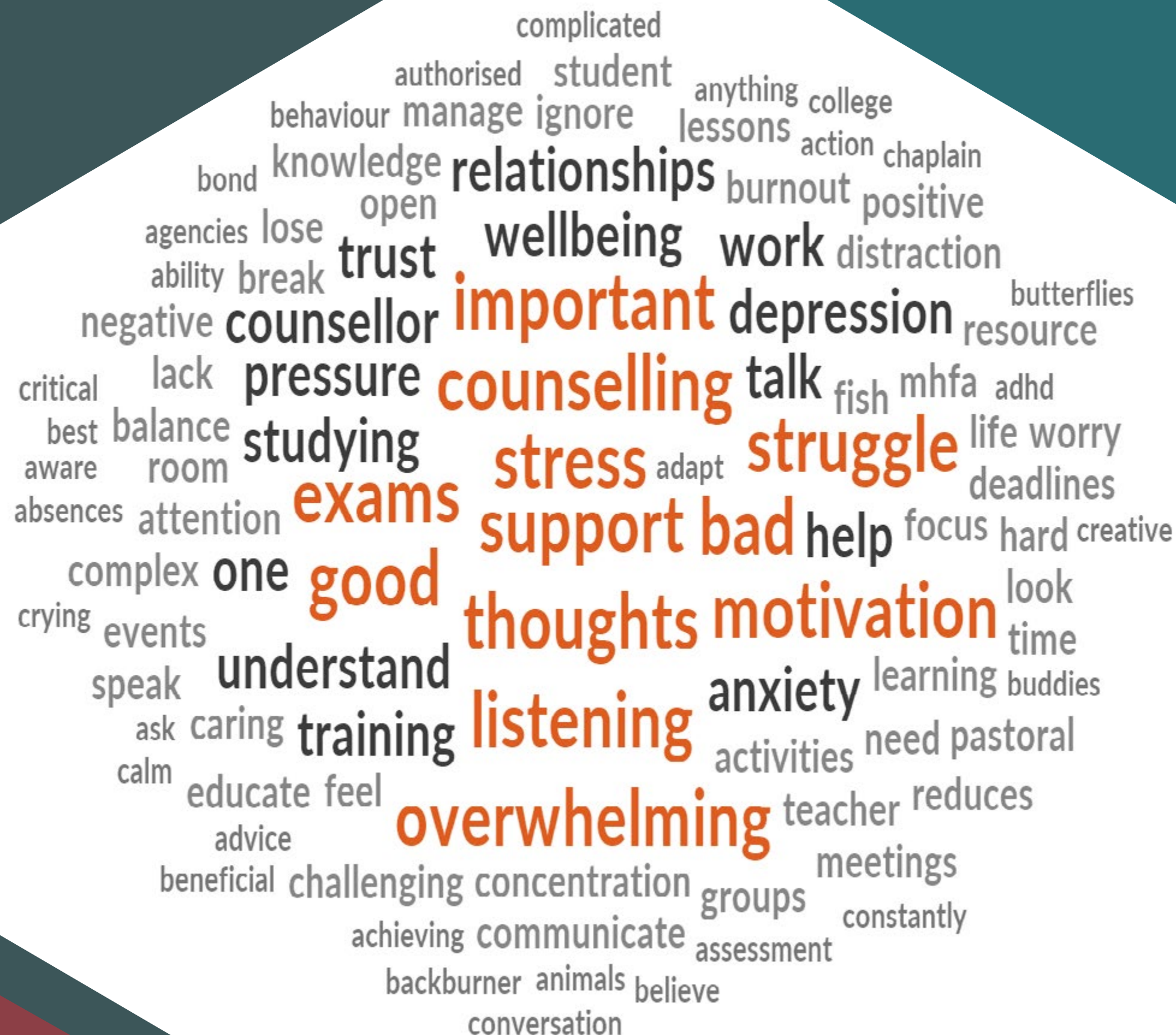
Core to the work of supporting young people to continue study, is to **carefully listen to young people and to act on what they express**. In the Phase 1 Interim Report we explained,

*‘At the heart of this AoC project is an ambition to find ways to support young people to thrive at college. Therefore, in **phase 2** we propose to involve young people in the planning and dissemination of the findings and recommendations.’*

We have included the views from learners gathered during our visits to six of the 18 participating colleges throughout the report. We offer this section as a space to hear their voices further. This includes direct recommendations from learners for positive mental health. As threads running through this section and wider report is the importance of youth voice to the three key themes of the project identified by the evaluation:

1. **Developing relationships:** must include youth voice. Relationships are two-way. Young people need to be listened to and responded to.
2. **Increasing capacity and prioritising sustainability:** must be done in consultation with learners. Initiatives, policy and procedures are unlikely to be sustainable without learners at the centre.
3. **Initiating an early help model:** listening to learners can take many forms, including listening to their words, their body language, and their social interaction etc.

Figure 3:
Word cloud created from
learners' notes about
mental health



During four of the six workshops with learners for this evaluation, we asked learners to complete the following sentence 'Colleges can support mental health by ...'.⁸ Learners offered the following answers, which we have labelled under

1. Staffing
2. Communication and listening
3. Resource
4. Initiatives
5. Education for mental health
6. Changes to current working practices
7. Exams.

Figure 3 is a wordcloud created from their words. Learners say colleges can support mental health by:

1. Staffing:

- Providing more counsellors with more sessions (a Loreto College learner suggested offering all learners one session every six months)
- Providing members of staff to help students manage their mental health
- Taking action by reducing stress and giving support
- Positivity even at hard points
- Practice patience

2. Communication and listening:

- Listening to learners
- Staff being there to listen to them vent their feelings
- Discussing mental health and how to take care of it in classrooms
- One suggestion was having a form that each student must fill out every week or two about their mental health and how they are feeling
- meetings
- One-to-one meetings
- Ask about it
- Having a fish tank was requested at SJRC
- Having more less pressure one-to-ones in a calm environment

⁸ NB this was part of a short written activity. We did not include this in the arts-based workshop for 1) because it would be disruptive to the flow of this workshop, which was centred in mark making, and 2) because the arts-based workshops were part of an offer to include learners that may a) better communicate, and/or b) feel more comfortable participating in ways that doesn't privilege written communication.

3. Resource suggested:

- Support hub (where there isn't already one) – a safe space to go to
- Fish to watch as a way of self-soothing or support animals such as dogs
- Some of the students at Catholic colleges suggested seeking time with the chaplain, and using the chapel as a place of reflection

4. Initiatives:

- Providing wellbeing buddy schemes
- Offering support groups
- Frequent wellbeing events
- Offering days where you can have a break from studying – giving explicit permission to not study (important for perfectionist learners)
- Organising activities and events to encourage good mental health
- Dedicated day for a break/have fun in lessons
- Easing off homework closer to exams
- Having support groups
- Making a crying room

5. Education for mental health:

- Educate on mental health
- PSHE lessons for mental health
- Showing different mental health issues
- Different sessions where people talk openly about mental health

6. Changes to current working practices:

- Adapt college day timings – later starts
- Absences when struggling can become authorised with a support teacher
- Colleges should not emphasise on countless tests and mock exams – this stresses students even more
- Extending deadlines when necessary

7. Exams:

- Stop putting so much pressure on us to do well
- Lessening the importance of exams, there are resits

Some learners commented:

*"A problem with youth voice – nearly always high achievers included. It wasn't representative. Students with **high aspirations are favoured by the teachers**, so I feel like it is also who the teacher wants to listen to. ... whose voice counts... and who decides that?" (OFSC Learner)*

*"As well as vocal communication, there is also physical communication. Writing things down can be a lot easier, but if know one is gonna read them, then what's the point? So **we need someone to actually go through each individual thing and take it on board** and not just say we're listening to you, when they're not actually listening to you they are just hearing you" (SJRC Learner).*

*"I feel like when they say everyone's got a voice, it is true, but like MH all together it just **gets swept under the carpet** so much and that's why people find it hard to say how they feel and to actually be honest. Anyone can say, **oh yeah they have a voice, but it doesn't mean they will actually use it**" (SJRC Learner).*



9.1 SUMMARY

Our work with young people has **reinforced with us the importance of truly listening** to them. They need to feel heard and supported, and that their priorities are being acted upon – **to listen, listen again, and then act.**

9.2 RECOMMENDATIONS

Colleges should ensure they are listening to the voices of their young people. Successful ways of doing this have been used by various colleges in this project including using questionnaires and focus groups. **Efforts should be made to make sure all voices are heard** – for example, including people who may be forgotten due to cultural issues, disability or mental health status.

Secondly, where possible, colleges should ensure that they **respond in an appropriate and timely manner** to the requests and comments of their Learners.

10. Spotlight on Learner Impacts

Across our evaluation we were provided accounts of **moving stories of positive project impacts on individual learners across colleges** – indicating that **for some, the project had a profound effect**. Case studies with individual stories can be found in [Appendix 2](#). In the following section, we spotlight some of those stories. Before doing so we offer some statistics shared by colleges by way of evidencing learner impacts.

10.1 STATISTICS SHARED BY COLLEGES: ATTENDANCE, RETENTION, AND ATTAINMENT

Several colleges shared retention and attainment statistics to evidence the impact of their activities. All **statistics shared by colleges represented the project in a highly positive light**. It is important to note that reporting on attendance and attainment was impacted by COVID-19 during the project with disruption to both lessons and exams. BSFC offers an example of reporting during the COVID-19 lockdown period:

“The impact on attendance is difficult to measure due to COVID-19 but we did note continued engagement in both live and remote activities... We noted increased retention with this vulnerable cohort [learners leaving care and those with disabilities]” (BSFC Report, May 2021).

Further to this, colleges were not requested to report within given frameworks at the project start and therefore some colleges explained that statistics were not collected in Year 1 for example.



10.1.1 Highlights of statistics colleges provided in relation to this evaluation:

1. **Aquinas College: 98% attendance** in all subjects for two learners, and **100% attendance** for one learner, reported as case studies of learners that participated in Year 2 transition activity. (NB the case studies were described as 'Examples of student's successes despite their challenges with mental health' by the college). Their transition strand wellbeing class for anxious learners was partially successful, on most occasions, there was a reduction in anxiety at the end of the course compared to their scores at the beginning. **Students who committed to the course had good college attendance and subject reviews, suggesting that anxiety was not impacting on their education.** Another beneficial result of the training was the establishment of peer friendship groups between attendees. None of the learners left college during the first term.
2. **Bury College: 100% retention rate** reported for 50 learners participating in their Year 3 transition programmes. (NB included within this figure are some learners that changed course). And an **87% retention rate for 305 learners** that worked with Bury College Mental Health and Wellbeing Advisor in Year 3, with **97% retention** for those that attended workshops.
3. **Improved CORE⁹ scores for three learners** reported as case studies by Hopwood Hall College. For all 3 learners a reduction in their CORE score was reported:
 - a. Learner A: Starting CORE score (21) Ending CORE score (16)
 - b. Learner B: Starting CORE (28) Ending CORE (13)
 - c. Learner C: Starting CORE (28) Last CORE completed at midway point (22)
4. TMC reported **68 people attended** remote induction event via webinar as part of their Year 2 transition activity. This included a mixture of learners and parent/carers. Out of all the learners that attended only two didn't enrol.

⁹ CORE score is a client self-report questionnaire designed to be administered before and after therapy. The client is asked to respond to 34 questions about how they have been feeling over the last week, using a 5-point scale ranging from 'not at all' to 'most or all of the time'.

5. **TTCG reported 98% retention rate** of learners at risk of becoming NEET for two years running, with **achievement rates of 96%** for learners attending transition programmes. A total of **76% achieved attainment** leading to progression onto next stage of their course, **20% moved into a different career area** in the college.
6. **Xaverian College reported 100% retention**, with no learners even discussing the possibility of leaving. Initially they had capacity for mentoring 20 learners. Of the 11 learners who had all of their sessions, they reported **reduced anxiety, greater positivity and confidence, and greater ability to cope with stressful situations. Improved peer relationships and improved attendance.** BSFC reported that the **students felt supported and valued the opportunity to share their concerns in a safe environment.** Their feelings were normalised and they were given multiple coping strategies.
7. **SJRC reported** that of the 15 young people who signed up to their transition project, **12 went on to enrol** at the college.

10.2 STAFF REPORTED LEARNER IMPACTS

Across the project, staff reported learner impacts were positive. This included:

- Increased learner wellbeing
- Increased retention of learners in the first term
- Improved attendance and punctuality
- Improved engagement
- Students continuing with study that might have otherwise withdrawn
- Establishing peer relationships
- Increased access to, and engagement with appropriate support services
- Improved relationships between learners and staff
- Learners achieving university places
- Benefits for LAC/Care Leavers
- Benefits for LGBTQIA+ learners
- Diversion from criminal activities/gang involvement
- Many colleges reported that offering package of personalised support led to excellent outcomes for those learners.

10.2.1 Improved attendance and punctuality.

Colleges typically reported that their activities led to **improved attendance and punctuality**:

*“We have reviewed the attendance, engagement, subject reviews and retention data for these students [70 learners participating in transition activity] and **attendance across all subjects for all students has been excellent**, subject teachers have reported positive engagement and progress, and all students have remained in college” (Aquinas College Year 2 Report, 2021).*

For some colleges:

“A greater understanding of why students are disengaged has allowed for a bigger impact in improving attendance and punctuality in subjects (as a curriculum teacher) and across subjects (as a wellbeing mentor). This in turn has had a significant impact upon relationships for particular students, and upon relationships with students. This is not always the case but for a lot of students, I believe a greater focus on them and their wellbeing has, and will, lead to better outcomes for those students” (Survey respondent, 2022).

Often, colleges told us that attendance data was hard to interpret due to the COVID-19 pandemic causing such disruption.

10.2.2 Students continuing study that might otherwise have withdrawn.

Many colleges reported that the **transition programmes they offered were exceptionally successful** at keeping young people at high risk of becoming NEET in college and achieving qualifications:

*“We have also had some students that might have otherwise withdrawn – they would spend a short period working in the **Personal Learning Centre** with guided work from the curriculum team. This worked as a kind of a **circuit breaker for them to catch up, do what they need to do, with a view to reengage...** and that circuit breaker was bespoke for each student. To have that space [the PLC] in college where students can be supported has been really beneficial. Some **students who probably would have walked previously have been able to stay in college** by having this outlet, this alternative ... so from that point of view it's been brilliant” (Bury College, 2022).*

10.2.3 Improved relationships between learners and staff.

Often, **young people expressed to us how much they valued their relationships with staff members** – student welfare officers; learning support assistants; mentors; counsellors; pastoral staff; and curriculum teachers ([section 10.2.3](#) for quotes). They believe **these nurturing relationships helped with their mental health and their ability to perform well in college**. The importance of good relationships between learners and staff was recognised by staff, as one survey responded:

*“Students have informed me that they felt they could **talk honestly** about mental health related issues without any stigma or negative connotations.” (Survey respondent, 2022)*



10.2.4 Improved learner wellbeing.

Some colleges used standardised scales, for example, anxiety and depression questionnaires to evaluate their projects. Typically, they reported that those learners they worked with reported lower anxiety and increased confidence after their intervention:

*“For the majority of students who attended and engaged with the course content, **their anxiety scores dropped from severe anxiety to moderate, and they reported that they feel better equipped to manage their anxiety in daily life.** Comments in the course evaluation include many **feeling more confident and able to talk more openly about how they are feeling** ... One student reported that the course has made them realise they need to speak to their GP to access further support” (Aquinas College Year 2 Report, 2021).*

10.2.5 Learners achieving university places.

OSFC documented the transition process for three learners that had both mental health challenges, belong to a marginalised group, and for some, this included ACEs – presenting multiple barriers to accessing HE study. Supported by **bespoke transition packages**, all three learners gained university places. As OSFC detail ([Appendix 2](#)), the project supported:

*“Very positive outcomes for I [a transgender learner with experience of homelessness]. During Year 13 we **saw significant progress as [this learner] began to thrive in college.** R gained his first choice place at Salford University. Very encouragingly, he returned to college on a visit in his Christmas break. **He was unrecognizable from the student who joined us 2 years earlier.**”*

*“Very good progress for [a learner with autism, highly complex behaviour and physical health needs]. She **gained an unconditional place at a local university** and the procedures were in place to ensure she had the right level of support (the pandemic has delayed her start until September 2021.)”*

*“Very positive outcomes for B [an anxious learner who rarely left the house whose parents did not speak English]. **His mental health improved during the year as he gained confidence and social skills. He gained a place at Salford University.** He contacted college by e-mail and said he had started and thanked us for all the help.”*

10.2.6 Specific groups of learners.

One example of work with specific groups of learners is **the WaLC ‘College to HE Transition Programme’ with Care Leavers and learners from the LGBTQIA+ community** ([Table 15](#)).

Table 15:
Learner impacts at Wigan and Leigh College

Reported project benefits for Care Leavers:

- Students valued the opportunity to access support in private, and at a time which is convenient for them.
- Students have valued the opportunity to speak to others who have first-hand experience of the anxieties they are facing.
- The College has had the opportunity to develop an alumni and will build upon these relationships going forward.
- Some students have now taken up leadership roles

Reported project benefits for learners from the LGBTQIA+ community:

- Student feedback has confirmed they feel able to raise concerns about identity with staff and are happy in College.
- College has welcomed new members to the LGBTQIA+ groups, although physical meetings have been limited due to students self isolating when required
- The training opened up new avenues of communication and ideas which led to the Question Time session being added to the outcomes of the project.



Figure 4:
Stephanie's artwork "we
can all do well"

10.3 Learner impacts directly reported by learners.

During the evaluation **we had the opportunity to meet 48 learners at six colleges**. Many of those learners were direct participants of project activity. (NB some colleges chose not to tell learners that they were participants of programme activity for mental health – we expect that this was due to concerns around stigma and/or singling-out learners). We now share **comments from learners that know they participated in the project**.

10.3.1 Stephanie's story¹⁰.

Stephanie joined the **arts-based workshop** that we led at HHC for a group of learners that had **participated in transition programme activity and had one-to-one sessions with pastoral staff afforded through the project**. The workshop took place on a Wednesday afternoon. When we arrived in the space, the ten participating learners were enjoying a buffet lunch and were playing team games. There was **a real buzz in the room** – the group had a **high energy** and seemed to be **enjoying being together in this moment**. There was the **air of celebration**.

10 Pseudonyms are used for learners throughout the report.

Stephanie was quiet. As we began to segue from lunch to workshop, each learner was asked to say why they had joined the session and something about art making they had previously done, or particularly enjoy. **Most in the room were very talkative** and there was an excitement as learners added on to each other's comments. When it was Stephanie's turn to speak, **she quietly said her name** and offered a brief description of things she liked. Stephanie remained very quiet throughout the session.

We played **calming music** during the art making and the **room began to still**. During the session we gently **approached learners individually** to ask them about the marks they were making and to offer guidance on material use. Many of the learners were keen to have a chat in these moments, however **Stephanie seemed shy** so we kept interactions brief and less frequent.

At the end of the session, as we were thanking learners Stephanie began to speak to me offering a:

"It's alright this"

Sensing that Stephanie wanted to talk, and after the group had just reminisced about their summer transition programme, I asked Stephanie how she found it. Stephanie described how she was in a very different place during the summer:

"See I was in the wrong crowd. I was with the wrong people and things could have gone very differently."

Stephanie talked about her involvement with gangs and the police and said that the summer project came at the right time:

"It helped me to meet new friends"

She talked about how things could have gone very differently and then went on to say:

"I don't know why ... it's just different here. I don't get kicked out so much"

Stephanie said that in high school she got angry a lot and was often *"kicked out"*. She explained that at college this hasn't happened and **that she feels calmer and gets angry less often**. At the time of the workshop taking place in March 2022, Stephanie had successfully been in college for over 6 months since enrolment in 2021. Stephanie seemed very positive about her future at college.

Stephanie's story speaks to the trauma informed approach that HHC undertake. With a trauma-informed lens, staff seek to identify and address underlying reasons behind presenting behaviours, rather

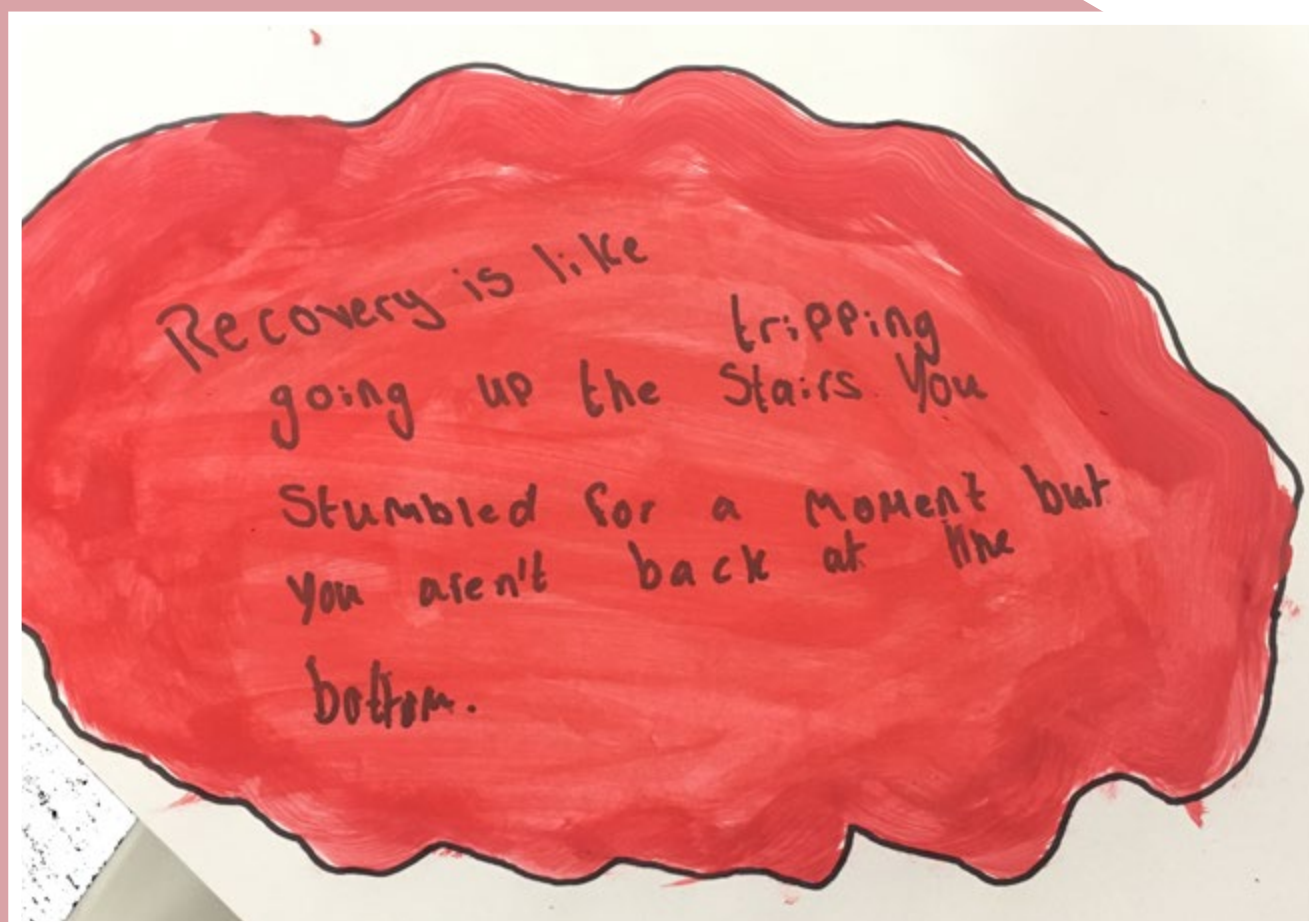
than taking behavior at face value. **This requires listening to learners and taking a strengths-based approach.** Stephanie's reporting of "*I feel calmer*", "*I don't get kicked out so much*" and "*it's different here*" is demonstrative of that (see [section 7.7](#) trauma informed approaches to college ethos and environment) For Stephanie the **GM MH FEP** has been deeply impactful, supporting her to both successfully study at HHC with increased confidence and reduced anger.

10.3.2 Matt's Mantra.

Matt also attended the arts workshop. During the workshop he **reported having obsessive compulsive disorder (OCD)**. He sat at the corner of a table next to another learner who also reported having OCD. They were both very keen to keep their area tidy, and wanted to work from their own pieces of paper rather than the large communal piece that was being used by the rest of the group.

Matt was highly articulate and worked as a supportive peer throughout the session. He was the first in the group to introduce text to his artwork, with the following;

Figure 5:
Matt's mantra - a positive message for recovery



This quote was very important to Matt. **He spoke about it several times during moments for group discussion and reflection. His returning to the quote was almost mantra like.** Other learners also used this quote. From this several other learners offered positive affirmations on the paper, commenting that they had **learned 'coping techniques'** during project activity and that they **felt 'comforted' by them.**

The example of Matt's Mantra, might on the surface seem insignificant. However, **Matt having previously been identified as at risk of becoming NEET, had to leave the workshop early to go to his construction job.** As a construction learner, staff pointed out that Matt was now excelling in work and study.

10.3.3 Quotes from learners across colleges about how the project has impacted them.

For many learners, the **most effective impact was the positive relationships that they had with specific staff.** Staff designated wellbeing roles were particularly important. As learners from SJRC explain:

"Like with the high school example a lot of people who got brought in were just there to do the job, but people like Alice [Student Support and Wellbeing Officer] are there to build the connection and to get to know you and to help you that way, which is way more effective ... actually building that relationship with someone which can really help you when you are struggling" (SJRC learner, 2022).

"She's constantly telling us that she believes in us and although it's subtle it goes a long way, because it goes into your subconscious ... and that's really important – you'll just do better in your studies overall" (SJRC Learner, 2022).

Learners at OSFC agreed that **good relationships between learners and staff were vital** for positive impact on learners' abilities to continue study. They shared insights into this alongside suggestions for ways to support positive and productive relationships:

"getting a good bond requires students opening up and staff responding positively" (OFSC Learner, 2022).



All participating young people agreed with this comment and one added:

*“With Progress Tutors you **only see them once a week** and the one-to-one meetings are only **a quick five minutes** and they are **mainly checking in on your work, rather than asking how you are**. I only have a couple of staff where I have a close bond with them ... and they know my traits and behaviours and on my CEDAR [student performance tracker] they can see what’s gone on so they’ll understand me and I can speak to them more”* (OFSC Learner, 2022).

This learner **spoke about mental health and home challenges** that had impacted their ability to study. **They explained that without that support, they would have left college.** They spoke extremely highly of a few staff members, commenting that *“they know me so well, they pick up on when things are tough without me even having to say”*. Whilst, these **relationships were deeply meaningful** to this learner and attributed to their success at college, this learner and others in the group highlighted that **this is not the case for all staff interactions**. They expressed **feeling cared for personally (rather than grades alone) as the most important thing to their success**. Feeling like staff **had time for them, understood them and genuinely wanted to support them as individuals** – not outcomes for colleges – was emphasized as key by almost all young people that participated in this evaluation.

Alongside positive learner-staff relationships, **access to resources** was the next most significant project impact expressed by learners. Many learners **valued access to wellbeing spaces and mental health training at college**. All young people we spoke to said that having a dedicated space to go to when they are feeling unwell is vital. As this learner explains;

*“Having a place to go when you’re struggling is important... Like if you’re having a panic attack in a lesson – a place to go for a bit and calm down. **Cos you’re not gonna be learning anything in a lesson whilst you’re sat there hyperventilating thinking that you are going to die.** So there’s no point in staying there”* (SJRC Learner 2022).

This learner went on to explain that wellbeing spaces alone are not enough. **Trained personnel are required to support learners that access the space:**

*“Yeah a room with someone there that is trained to help. Someone who is there to help out and is properly trained on how to manage it [a mental health challenge]. **Because if someone doesn’t know what to do they can do more harm**, but if you have someone who is properly specialised, you might actually get some help”* Ibid. (SJRC Learner 2022).

A minority of young people that we spoke to were **not aware that they could access the wellbeing space at their college**. One young person for example remarked, *“What can you just go in there?”*. In response to this another young person said, *“yes anyone can”*. This interaction highlights that further work may be needed to ensure that the mental health provisions colleges do have are clearly signposted and accessible to *all* learners.

As a final point to this section, mental health training was understood to positively impact learner wellbeing by the young people we spoke to. This was in terms of:

- Training raising awareness of mental health
- Staff better understanding mental health challenges and how to support them
- Young people being better equipped to support themselves and their peers

Learners at Loreto College for example, suggested that **MHFA training should be available to learners because peer-disclosure is most likely**; *“because they [learners] find it easier to talk to friends and other young people, not staff”*, and *“we could help each other more if we had some of training like teachers have”*. Some colleges (e.g. OSFC) did offer **MHFA** training to learners in wellbeing ambassador roles. When asked, ‘What do you think of the training you had?’, one learner explained:

“It’s helped me because you can look at yourself and figure out ways that you can help your own mental health, not just other people [...] If you can’t help yourself you can’t help anyone else. I feel like every student should have mental health training so they can recognise signs of themselves struggling” (OFSC Learner, 2022).

10.4 SUMMARY

The AoC project has positively impacted learners in several ways including; **improved attendance and attainment, learners staying in college when they might otherwise have withdrawn, improved learner-staff relationships, improved learner wellbeing and learners successfully transitioning to university**. This has been documented through statistics shared by colleges, staff reports and learner stories. For some learners, their **participation in the project has been deeply impactful with significant positive outcomes**, see for example; [10.2.5 Learners achieving university places](#), [10.3.1 Stephanie’s story](#) and [10.3.3 Quotes from learners across colleges about how the project has impacted them..](#)

10.5 RECOMMENDATIONS

10.5.1 Gathering data.

Now that we are moving back to normal post-COVID-19, **colleges should seek to gather high quality data** to assess the impact of their projects effectiveness in relation to learner retention, behaviour and achievement. This would be hugely valuable for seeking future funding.

10.5.2 The importance of relationships.

Whilst the project has supported many positive impacts for learners, there is still room for improvement. Notably, around relationship building so that all – not some – learner-staff interactions are positive. This, as the young people we spoke to emphasized, should be underscored by **care for the individual as a whole**, not their grades alone. Alongside this, **better signposting of existing provisions** in order that all learners in need can access them.

11. Spotlight on Staff Impacts

Several positive impacts for staff were reported across the project. These include:

- 11.1 Enhanced practice
- 11.2 Professional development
- 11.3 Improved staff wellbeing

However, alongside the positive impacts **increased workload and time implications** ([section 11.4](#)) were reported as negative impacts. The following section offers an outline of each reported impact.

Our staff survey asked about how the **GM MH FEP** impacted on colleges ([Figure 6](#)). Staff indicated believing it had improved working relationships with learners; increased understanding of mental health issues; and that it changed the culture of the college.

Figure 6:
How did the project impact your college?
(Select as many as you wish – staff survey question)

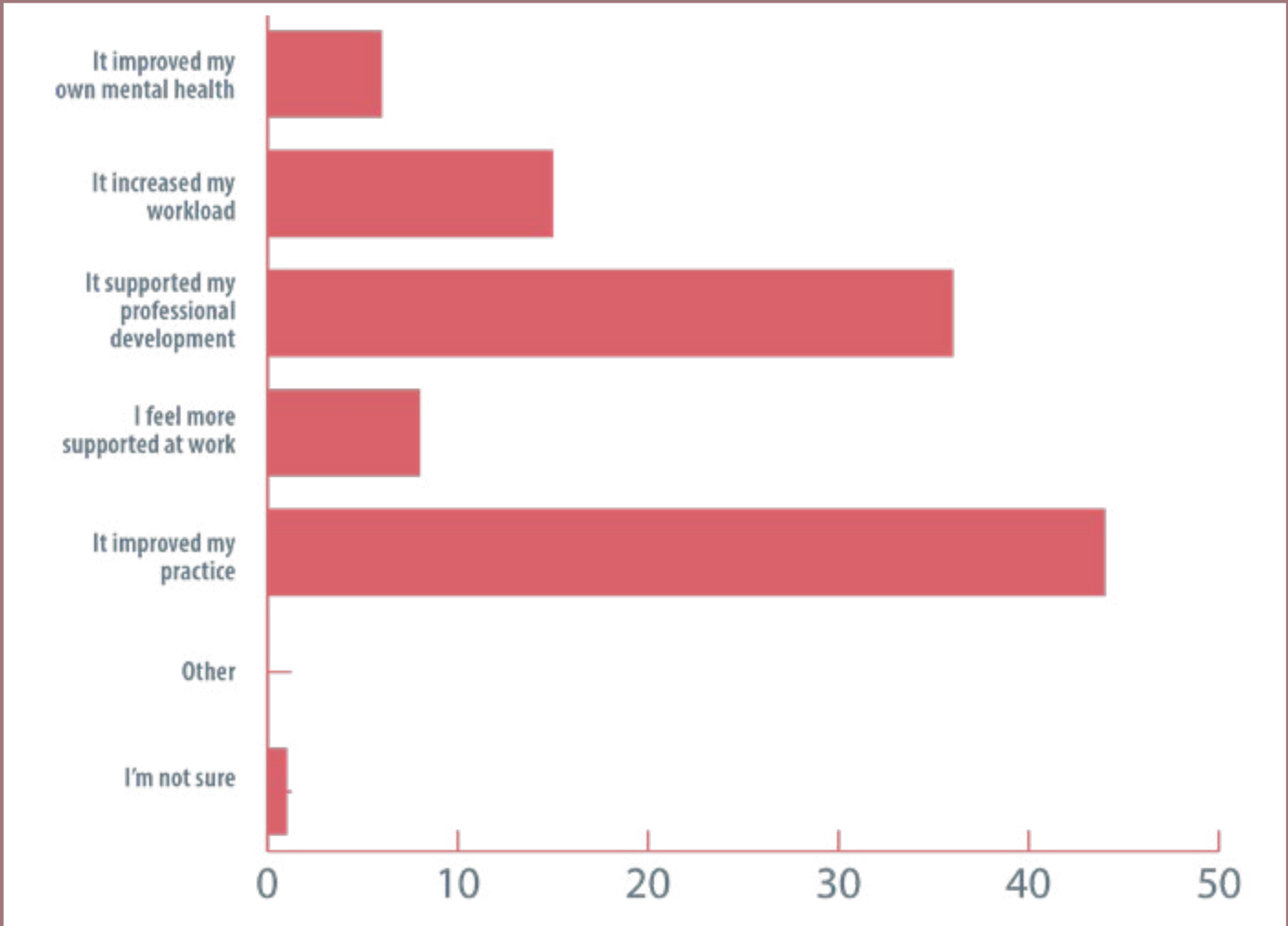
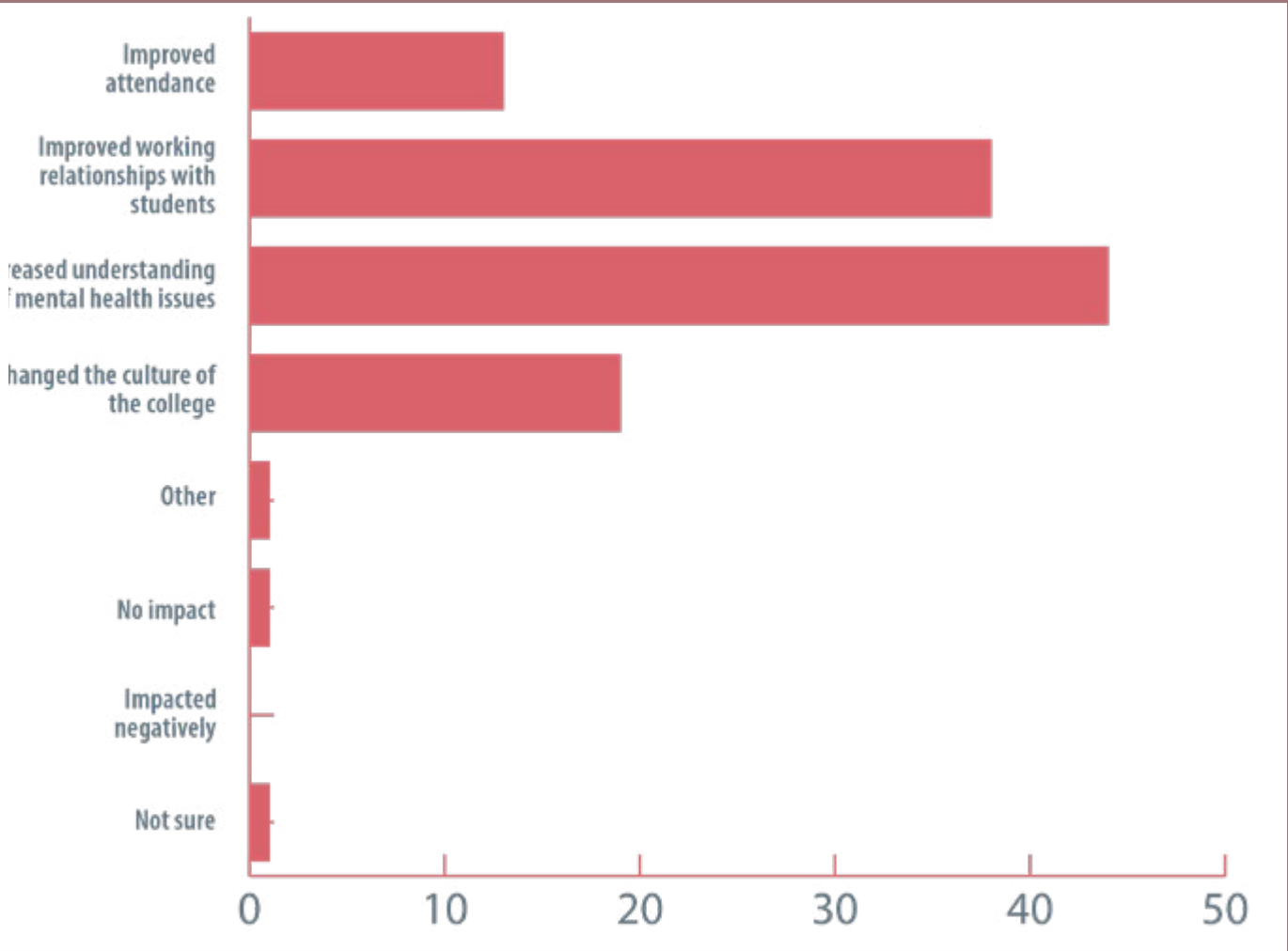


Figure 7:
How did the GM MH FEP impact you? (Select as many as you wish – staff survey question)

11.1 ENHANCED PRACTICE

Enhanced practice was the most prominent positive staff impact reported across the evaluation. In response to the online survey question “How did the project impact you?”, 44/60 respondents said “it improved my practice” (see [Figure 7](#)). As an Aquinas College staff member explained during interview:

“Mentoring students that have mental wellbeing concerns has made me a better, maybe more aware, teacher with all of my students. Having some of the training and doing that role [wellbeing mentor] with a small number of students has given me a greater impact in my everyday lessons in the sense I know what to spot” (Aquinas College, 1, 2022).

For this staff member, the **GM MH FEP** has had a significant impact on their teaching practice. They identify that **this extends beyond their wellbeing-specific work, permeating their practice in its entirety**. This highly reflective staff member, went on to describe the shift in their practice in more detail:

*"In the past [prior to the AoC project] I have **previously seen mental health and academic progress as being two separate things, and doing this role shows you how intertwined those two things can be...** This is why I said I want to carry on those practices in my own classroom teaching with students who aren't necessarily referred through the scheme, but need a chat for reassurance, support and guidance every now and then" (Ibid.) (Aquinas College, 1, 2022).*

11.1.1 Understanding and supporting learners better.

Understanding and supporting learners better, was a key element of enhanced staff practice afforded through the **AoC** project. A different Aquinas College staff member describes the **way in which the project helped them to better connect with learners and to consider their perspectives more deeply**:

"First and foremost I have enjoyed planning the activities. It has made me think about what the students want. It has got me in touch with the students a lot more – to think about them and where they are coming from and what they have been through over the last couple of years. It has made me think more about them" (Aquinas College).

This staff member goes on to explain **how building relationship and trust, is paramount to understanding and supporting learners more effectively**:

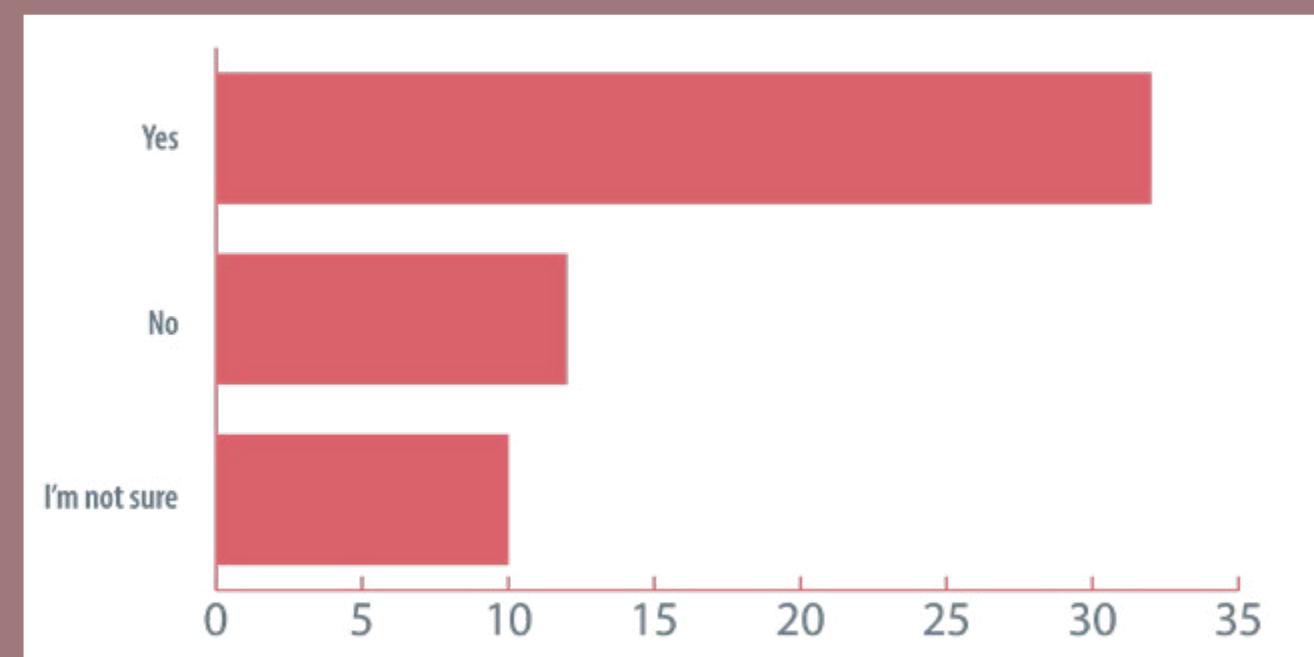
*"It has been nice with the mentoring because you develop trust – **it's a different relationship that you build with the students**. They see you in that role as someone that they can go to" (Ibid.).*

From the online survey, **more than half of the staff who completed it reported that the way they interact with young people had changed as a result of this project (Figure 8)**.

The online survey presented options for staff to offer more detail about their responses. Below are some of the comments that staff gave in our survey in response to the question "Do you think the way you interact with young people has changed as a consequence of this project?"

*"I feel **more confident** asking direct questions."*

Figure 8:
Do you think the way you interact with young people has changed as a result of the GM MH FEP? (Survey question)



*"My role as a wellbeing mentor this academic year, has **opened my eyes** to a number of mental health and wellbeing issues suffered by young people and how these issues can impact their studies. It has allowed me to mentor all students with wellbeing and **to be a more understanding and supportive practitioner**"*

*"I have **a more informed understanding** of how to help transition vulnerable students so they are more likely to attend University. I am more likely to **spend specific time helping to break down barriers** e.g. how to navigate transport / accommodation / DSA by liaising with University disability teams"*

During interviews and our visits to colleges, some staff commented that **there is continued need and further work to be done in terms of developing the awareness and understanding of all staff with regards to mental health challenges** for effective support of young people. Some staff pointed out that different curricular areas can have different cultures. For example, construction was mentioned by several colleges as an area in need of attention since staff in this field can be dismissive of mental health presenting a 'get-on-with-it' attitude.

Some students that we met during the evaluation also highlighted that more work needs to be done in order that all staff can understand and support learners better. For example, one learner described an interaction with a staff member in which they were in tears due

to exam stress and went to seek support. During this interaction, the staff member advised them to study past exam questions. **The learner said that in this instance they felt not listened to.** They also commented that the focus of the staff member's comments were education outcomes, not their wellbeing (which is necessary for education outcomes). This guidance, albeit well-intentioned, could cause further harm to learners, particularly for example those struggling with revision, or those with perfectionism tendencies already devoting significant periods to study/revision. This **highlights the importance of relationship building – knowing the learner – to effectively support them** (also discussed by learners – [section 10.2.3](#) and [section 13](#)). It should be noted that at this college, other students reported excellent interactions with, and support from, staff. The mixed experiences of students at the same college, spotlights further need for developing the awareness and understanding of *all staff* with regards to mental health challenges.

A particularly interesting comment from a student was **how they felt understood** by the teacher of the course and their form tutor, but *“the rest of my teachers don't understand and have a go at me when I fall behind due to me being anxious about asking for help”* so there is some work to be done on how we make staff aware of student involvement in the course and the importance of their support in helping students manage their anxiety.

As a final point to this section, other staff highlighted **the distance travelled at their college through the AoC project, noting that the project has raised the profile of mental health, which has supported senior leadership to take mental health seriously and to keep it on the agenda.** This is a significant step for developing the capabilities of all staff to understand and support young people to thrive at college.

11.1.2 Developing effective teams and partnership working.

The AoC project was said by some to **contribute to effective practice through team development and partnership working.** Bury College for example, highlighted that the project's Test and Learn model supported them to shape teams in ways they hadn't conceived of before, or thought they needed:

*“Personally it's been a **great project** to be involved in. It has given me a lot of confidence. It has also given me the **opportunity to shape the team** into a way that isn't what we thought we needed ... but now we have **changed a few things** it reflects more **what the students need rather than what we thought they needed**”* (Bury College SLT).

Alongside this, several staff commented that **their practice was enhanced by working with external agencies and specialist providers.** This allowed them to **access specialist expertise** be that for training, audit, workshops or other purposes. SLT staff at HHC explain:

“As education staff we are ‘laymen’ [...] in terms of mental health we probably didn't have that language ...”

‘That language’ refers to specialist mental health terminology. HHC SLT reported that partnership working with a mental health practitioner assisted them to make better connections with mental health services, whereby the specialist practitioner offered a point of ‘translation’ between education staff and health services. Developing productive and supportive relationships constitutes a significant impact of the project.



11.1.3 Critical friends – enhancing practice by working together.

Other aspects of partnership working and collaborative working that was reported included, colleges working as critical friends. In the context of colleges competing for learners, working together can seem counter intuitive. However, **college collaboration offers a number of benefits to enhance effective practice**. For example, in their journey to become trauma-informed, Bolton College and HHC worked together to inform and develop their respective offers:

*“We were **absolutely aligned and worked in collaboration to support each other I guess more as critical friends really in terms of our strategy**” (Bolton College SLT with reference to their work with HHC).*

Working as critical friends supports the **sharing of best practice, collective troubleshooting and offers a space to off-load** with others working towards similar goals and with connected experience (see [section 7.6.3](#)).

*“Being with other colleagues in different colleges that have run the same project as you and **bouncing off each other has been really, really healthy as well**. It helps me to know I am on the right lines. That would never happen if it wasn’t for the AoC” (Tameside College, 2022).*

For the purposes of training, SCC and Tameside College also worked collaboratively. They have embarked on a partnership to earn Adult MHFA and Suicide Prevention MHFA accreditation together in Year 3. This approach highlights how the AoC has developed a **knowledge exchange and spirit of cooperation** between two colleges who technically compete for learners, something that may not have happened without ring-fenced funding and support (see [section 5](#) for more about training).

11.2 PROFESSIONAL DEVELOPMENT

The second largest response to the online survey question ‘How did the project impact you?’, was ‘it supported my professional development’ ([Figure 7](#)). This answer was given by 36/60 respondents. **Staff professional development was enriched through training and through opportunities to take on other roles and responsibilities such as mentoring duties and wellbeing support roles**. This was afforded though timetable buy-out or additional remuneration for participating staff. Xaverian College explain that in undertaking a mentor role as part of the project, their **staff members upskilled themselves** in order to successfully carry out the work:

*“Staff did a lot of research and preparation for their support sessions, which meant they informed themselves about relevant practice and knowledge in supporting vulnerable young people. It **enabled the college to widen our support mechanisms for our most vulnerable students**” (Xaverian College, 2021).*

As WaLC explain, whilst the primary focus of the project was supporting young people to continue study, it simultaneously supported staff professional development with external and specialist mental health expertise:

*“The activity has **enabled us to support students, whilst at the same time providing excellent CPD for our staff**, delivered by professionals in the mental health field, to equip them with up to date knowledge and skills which will **empower them to support our students with their mental health and wellbeing**” (WaLC, 2022).*

11.2.1 The impacts of training.

Through the project, **staff training was perhaps the most significant professional development offer**. Training available to staff included Youth and Adult MHFA training, Trauma informed training and bespoke training in which colleges approached external agencies they felt they could benefit from for the specific training needs of their learners or staff (see [section 5](#) for more about training). **Training has broadly been discussed in very positive terms with some colleges commenting that they would not have been able to access training had it not been for the AoC project on account of cost**. Those that had the training said they would recommend it to others, for example:

*“It [training] **has made me become a better practitioner and that’s why I think that all teachers could benefit from a basic level of training, because I think I was always quite a caring and compassionate teacher anyway, but I think that level of care with individual students has then allowed me to deliver that routinely and daily**” (Aquinas College).*

*“There is a **need for all staff to have a basic level of training and understanding because it would allow for more students to get the support they need**” (Survey respondent).*

11.3 IMPROVED STAFF WELLBEING

Alongside student wellbeing, **staff wellbeing is vital**. We highlighted this in the Interim Report drawing on Bridge College’s spotlighting of the relationship between staff and learner wellbeing for sustainably supporting mental health. In short – well staff supports well learners in a virtuous circle.



Activity to support staff wellbeing included supervision, helplines, staff hubs, staff assistance programmes and peer support. In the online survey, when asked “How did the project impact you?” ([Figure 7](#)), **six out of 60** staff members indicated that “**it improved my own mental health**”. This suggests room for improvement and staff wellbeing to be emphasised alongside learners (we expect that in working towards learner wellbeing, staff wellbeing was left on the backburner for some). As Tameside college explain:

“Traditionally staff wellbeing is something we have been very poor with. As we hear a lot more conversation about what a whole college approach looks like, I ask - Well what about the staff? Have the staff got a quite space to be in? It’s up there with health and safety and I think COVID has brought that to the fore.[...] It’s [the importance of wellbeing] no different for students than it is for staff. The AoC agenda has very much helped that along” (Tameside, 2022).

11.4 INCREASED WORKLOAD AND TIME IMPLICATIONS

Whilst the **GM MH FEP** was reported to have several positive impacts on staff, **increased workload and time implications were also reported as project outcomes**. This was identified through the evaluation staff online survey ([Figure 7](#)) and in several staff interviews. [Figure 7](#) shows 15/60 staff indicated that the project increased their workload. Several staff opted to offer additional comment to this question, remarking that limited time was a barrier to successful project implementation. For example:

“Time is a huge barrier”

*“Not having enough time and **switching being wellbeing and teaching** can be quite difficult. Finding the pace of high energy lessons into wellbeing calm and listening mode is challenging”*

“There is not enough time allocated to this”

A particular problem is staff needing to do the mental health training in their free time and on top of all of their existing teaching or pastoral responsibilities.

As the number of young people requiring mental health support is increasing – particularly given the ongoing impacts of the COVID-19 pandemic – and as CAMHS waiting lists and wait times grow, **all colleges that participated in this evaluation reported a rise in learners presenting with mental health needs**. Therefore, it is **unsurprising that staff reported a need for more time to address the needs of their learners**. Whilst the project had positive impacts, as these staff highlight in the survey, more could be done:

“Not enough time to have the desired impact with more students”

*“The main barrier is the time it takes to properly support a student with mental health difficulties. It has been extremely successful and had a positive impact, **but I feel that I would have been able to make a larger impact had there been more time to spend with each student**”*

Staff reporting of more time needed to make a ‘larger impact’ with ‘more students’ echoes what learners told us during this evaluation. For learners, having **positive relationships with staff built on trust and holistic care for them as individuals** (not just their grades), was understood as the most important and effective way to support their study. And, as learners explained, **building positive and productive relationships takes time** – “*not just a quick five minutes*” (OFSC learner, 2022). Therefore, as staff and learners highlight, more time, which we suggest translates to more personnel resource for greater capacity, is required to build on, and to continue with, the project’s positive impacts.

11.5 SUMMARY

The AoC project has positively impacted staff in several ways. It has enhanced their practice through:

- Training for **better understanding and support** of learners
- The **development of effective teams** and partnership working
- Establishing '**critical friendships**' to enhance practice by colleges working together

It has also **supported staff professional development and for some, it has improved staff wellbeing**. This has been documented through college reports, staff interviews and staff responses to the our online survey. Whilst the project has supported many positive impacts for staff, there is still room for improvement.

11.6 RECOMMENDATIONS

11.6.1 Addressing staff workload and time.

Most significantly staff workload and time implications needs to be addressed. To make a 'larger impact' with 'more students' – more time, which we suggest translates to more personnel resource for greater capacity, is required to build on, and to continue with, the project's positive impacts.

12. Spotlight on Strategic Working Impacts

Alongside learner impacts ([section 10](#)), and staff impacts ([section 11](#)), the AoC project also impacted colleges' strategic working. In the following section, we spotlight impacts on:

12.1 Policy and strategy development

12.2 Connections formed between colleges and external services and agencies

12.3 Partnership working in education

12.1 POLICY AND STRATEGY DEVELOPMENT

With growing numbers of college learners in need of mental health support, and since learners need to be well to study, there is increasing need for effective strategies and policies to support positive mental health in colleges. During the project, several colleges developed mental health and wellbeing strategies and revamped their policies (see [section 7.6.8](#) for more details). For some, this was supported by external consultation with specialist mental health providers, which will be discussed under the heading **connections formed between colleges and external services and agencies**.

Examples of strategy development and policy change included:

- **Changes to behaviour policies** often driven by a trauma informed approach. For example, Bolton College's behaviour policy is now called '**Behaviour for Success**', HHC and Bridge College have '**Positive Behaviour Support**' policies and SJRC renamed their '**Fitness to Study**' policy as '**Support to Study**'. Changes to policy titles, reflects change to working practices. This includes new approaches to the ways in which behaviour is understood and addressed with several positive impacts reported for learners. See [7.6.8.1 Disciplinary policies](#) for further discussion.
- **Development of strategies for disclosure of mental health challenges.** For example, through the transition project, several colleges enhanced ways in which learners (and for some, staff) could ask for help. For these colleges, this has become part of their on-going strategy and included things such as: adding a section to disclose mental health experiences on application and enrolment

forms; offering text services for disclosure; staff supervision external phone lines; 'worry' boxes across campus; and asking learners how they are feeling via a self-assessment questionnaire.

- **Development of college-wide training policies to ensure all staff had some level of mental health training** for improved awareness and ability to support learners and staff that present with mental health challenges. Prior to the AoC project, where available, training was predominantly targeted to staff in support roles. The project's **trauma informed strand seems to have been highly impactful**, since many (if not all) of the colleges that undertook this strand, developed college-wide training policies to include all staff i.e. those in teaching, support, facilities and back-office roles. See training [section 5.2](#) and trauma informed [section 7.6.8](#) for further discussion.
- **Changes to recruitment strategies** were reported by some colleges. For example, with a trauma-informed lens, Tameside College developed an interview technique to assess whether candidates' values and approaches to education aligned with those of the college. Furthermore, Bolton College implemented online mental health training as part of new staff member induction.

Across the project, several colleges developed new strategies for mental health. For example, Bolton College's '**Wellbeing for Learning and Life**' strategy, Oldham College's three-year '**emotional wellbeing and mental health**' strategy, and Aquinas College's current development of a '**cross-college strategy for mental health and wellbeing**'. Colleges discussed the impacts of policy and strategy development in positive terms, as a staff member from TMC explains:

"We've had training, we've had investment, we've got Mental Health First Aiders. We've got policies, procedures, we've got strategies developed with external community support. So it [the GM MH FEP] is a real positive for the college and our students" (2021).

We suggest the **impacts of strategies developed through the project will become clearer in the coming years, particularly since many encompass cultural shifts which can take time** (i.e. those connected to trauma informed working). However, it was clear that focus given to policy and strategy development for mental health in colleges supported clarity around processes, and offered evidence of the profile of mental health being raised in colleges:

"The journey that we have been on through this project has pushed this [mental health in colleges] to the forefront. With mental health on the agenda, the support we have got from the Senior Leadership Team has been very good and has supported buy in from the whole organisation" (Bury College SLT).

However, **further work is needed**. For example, when visiting one college, learners with mental health ambassador roles informed us that they were unable to put posters up around campus signposting their mental health activities. This was in part because the college identified an associated health and safety risk with concern about the prospect of triggering or causing harm through the signage. Language was one issue. This example offers one area which might benefit from further policy and strategy development. For instance, **development of policies that address college-wide communication and language for mental health could be supportive of disclosure processes, creating healthy cultures for wellbeing and more**. It was commented that **approval from a professional body** such as the AoC, alongside support from mental health specialists, **would give colleges more confidence to implement such policies**.

12.2 CONNECTIONS FORMED BETWEEN COLLEGES AND EXTERNAL SERVICES AND AGENCIES

An important impact of strategic working has been the **connections formed between colleges and external services and agencies**. Nearly all colleges that participated in the project reported working with external services and agencies to enhance their offer. This included working with schools, educational psychologists, Greater Manchester Police and specialist mental health providers. See [Appendix 5](#) for a directory of services and agencies engaged with, including a description of their work and contact information.

Colleges worked with external services and agencies to develop and implement policies and strategies. ASFC, for example, took up consultation with CWT to 'audit' their wellbeing offer. And TMC reported working closely with CWT to develop their strategies, policies and procedures. Colleges that reported working with external services and agencies to develop strategies said that this was a useful process. However, due to the scope of this evaluation we were unable to examine the impacts of co-strategy development beyond this.

Working with **external services and agencies** to implement projects and policies was described as **highly effective** by several colleges. **Deeper links between organisations supported knowledge exchange, extended resource, greater connectivity and better outcomes for learners**. For example, Bolton College's Gun and Knife project which ran in conjunction with The Violence Reduction Unit, Greater Manchester Police, Youth Referral Service, Streetwise and 84 Youth, was rolled out to 2,500 young people. This resulted in a **38%**

increase in gun and knife crime referrals to safeguarding (from 5 to 9). Whilst this number may seem relatively small, **given the severity of the potential violence, it is promising and could lead to significant impact for the individuals involved.** Oldham College offers another example. They worked with local authority social workers, and Operation Compass; a police and education early information safeguarding partnership that supports schools and colleges to offer immediate support to children experiencing domestic abuse. Staff at Oldham College reported that this better equipped them to support *“an increasing number of young people coming with EHCPs that are based around childhood trauma and violence in the home”* (2021).



Alongside enhancing colleges' work for mental health, **working with external services and agencies can support learners to get specialist help through referrals and signposting.** For example, during the workshops we held with colleges for this evaluation one learner explained:

“You can go to the support hub with staff trained in mental health and counsellors. They work together with MIND. If you're upset your teacher can tell you to go there or they will walk you there and they can help” (OFSC Learner).

This learner went on to talk about their referral:

“My referral took months and people's mental health is not going to be put to a pause during that time for a referral” (OFSC Learner).

This learner highlights that although colleges working together with external specialists can support referral processes, **the referral itself can take a long time.** This example draws attention to the need for college connections to external services and agencies to be part of an ongoing working together. It is not simply the case that accessing help for a learner via external specialists moves them on to the next layer of support, and therefore replaces college support. **For learners to continue to study and to thrive, colleges need to support them throughout their time with them, and working together with external specialists can enhance this.**

In summary, by working together with external services and agencies, **colleges can become embedded in communities in ways that enhance their offer and strengthen outcomes for learners.** Colleges work with thousands of young people each year, as such they are a prime gateway for connecting young people to the services they need. Whilst this report is not evaluating the social prescribing strand of this project, we anticipate that connections with external services and agencies will grow, deepen and develop through this work and suggest those interested in partnership and collaborative working should access the AoC's forthcoming social prescribing report.

12.3 PARTNERSHIP WORKING IN EDUCATION

Offered as a brief note, this section touches on partnership working in education as a strategy for sustainable effective practice. **Across the evaluation, colleges reported partnership and collaborative working in several ways including: critical friendships, data sharing, forming connections with schools and universities to support learners at transition, and joining networks for children and young people's mental health.** Working together in these ways was reported

positively by all colleges. It supported knowledge exchange for enhanced understanding and awareness of mental health, sharing of effective practices, peer support and guidance between staff members and better transition outcomes for learners. Given the richness of the project's test and learn approach, which resulted in a plethora of different methods and resources to support learners to continue study, **we suggest that partnership working across colleges should be embedded as part of a culture of sharing and advancing effective practice with for example, ongoing dissemination and reflection opportunities.**

12.4 SUMMARY

The AoC project has supported colleges' strategic working in several ways. **It supported colleges to; develop and improve policies, review their working practices, connect with external services and agencies and enhance partnership working.** Colleges discussed the impacts of policy and strategy development in positive terms – noting it supported clarity around processes, and offered evidence of the profile of mental health being raised in colleges.

12.5 RECOMMENDATIONS

12.5.1 Research into the impact of the GM MH FEP project on strategic working.

We suggest the impacts of strategies developed through the project will become clearer in the coming years, particularly since many encompass cultural shifts which can take time (i.e. those connected to trauma-informed working). Therefore, **we recommend further research into the project's impact on strategic working.** Notably, this might uncover areas that would benefit from strategic input supported by approval from a professional body such as AoC – for instance, development of policies that address college-wide communication and language which we highlighted earlier in this section.

12.5.2 Long-term and ring-fenced funding.

Finally, we **recommend that ring-fenced long-term funding could enhance strategic working impacts and support long term planning for sustainability.** This is because colleges were required to apply for funding on a yearly basis on account of AoC's budget acquisition, meaning their scope for longer-term strategic planning and visionary work was limited.

13. Key Themes from Phase 1 Interim Report: Developing Relationships, Increasing Capacity & Sustainability and Initiating an Early Help Model

In the [GM MH FEP Phase 1 Interim Report](#), we identified three emerging key themes:

- 13.1 Developing relationships
- 13.2 Increasing capacity and sustainability
- 13.3 Initiating an early help model

The Phase 1 Interim Report offered discussion of each theme, drawing on interviews with college mental health leads and SLT staff, alongside existing project data. In this report, we offer further insight to these themes, including input from learners and staff in a variety of roles. Significantly, we address the potential **that developing relationships, increasing capacity, prioritising sustainability and initiating early help models** can have for learners to continue studying, and for all – learners and staff – to thrive at college. **Care, trust, creating cultures for healthy learning environments, a whole-system approach, a focus on prevention and youth voice** are identified as key elements.

13.1 DEVELOPING RELATIONSHIPS: A CLOSER LOOK

As the interim report showed, relationship building and development was key to many of the project's reported positive impacts. This includes developing relationships between:

- Learner and learner
- Learner and staff
- Colleges and schools
- Colleges and colleges
- Colleges and families
- Colleges and external services

It is evident that the **bond between staff and learner is key** to building better mental health support. Young people stated they wanted to be able to open up and have a staff member respond in a **“proactive, positive and caring way”** (OSFC Learner). This view was mirrored by a learner from SJRC who stated “who wants to open up to someone that won’t appreciate it? ... You need to feel cared about to open up”. Conversely, a learner from OSFC disclosed that they “*wouldn’t trust [their] personal tutor cos I’ve not got a bond with them*”. Another learner stated that “*the important thing is you just want someone to listen to you, but sometimes it just turns into them giving you their input and then you feel even more demotivated and like maybe no one is listening to you.*” These **consistent claims of wanting to feel heard and cared for must be placed at the centre of college mental health provision** to ensure young people receive the support they require.

During conversations with staff and learners across Phase 2 of this evaluation, most responses to our questions concerning relationship were directed to learner – staff relationships. For example, the learners that participated in our workshops explained that **good relationships with staff are vital to their wellbeing** and can positively impact learning. For nearly all learners, the importance of this was palpable:

“You need good relationships with your peers and teachers. It impacts your learning, you need people to trust” (SCC learner, 2021).

“Like with the high school example a lot of people who got brought in were just there to do the job, but people like Alice [Student Support and Wellbeing Officer] are there to build the connection and to get to know you and to help you that way, which is way more effective ... actually building that relationship with someone which can really help you when you are struggling” (SJRC).

13.1.1 The importance of care and trust.

Learners explained that **care and trust were paramount** to their positive relationships with staff:

“You need to feel cared about to open up ... with the last teacher... she wanted to put us in the meat grinder, but didn’t really care what happened. But our new teacher is much better, she wants to make sure we’re not stressed [...] and that’s really important” (SJRC Learner 2, 2022).

This learner went on to explain that **feeling cared for by a staff member** can help to keep the lines of communication open and **enable them to ask for help when needed**. As Young Minds assert, reaching out for help when you are struggling is key; “*the truth is,*

people who care about you will want to help you” (2021-2022). **Being valued and cared for as a whole person**, rather than an education outcome alone, was an important aspect for learners to feel like they could reach out to staff:

“If you feel like they actually care about you and how you’re doing, not just because the college wants success overall, but because they want you to succeed – if you get that feeling – then it’s almost like you have that proper belief that someone believes in you and you can talk more” (SJRC Learner).

“With personal tutors ... it’s usually about your education, not about your mental health. And the 1:1 meetings are only a quick five minutes and they are mainly checking in on your work, rather than asking how you are ... I wouldn’t trust my personal tutor cos I’ve not got a bond with them” (OFSC Learner).

As this learner highlights, learners are less likely to confide in staff and to report difficulties if they do not have a ‘bond’ with them. **Developing a ‘good bond’ can take time** – rushed conversations that **focus on grades and study alone can make learners feel less valued, more disconnected and less likely to seek help** when needed. It is interesting that this learner highlights a divide between mental health and education. This was felt by other learners at different colleges, particularly around ignoring mental health to focus on exams. However, across this evaluation we have seen the interconnectedness between mental health and study. Namely, poor mental health that is not addressed can negatively impact study, and pressures connected to study (particularly exams) can negatively impact mental health. As one learner from SJRC explains a different approach is needed:

“You need to feel, especially within education that you are valued – that’s what’s wrong with the system in this country, it is very much a system and they treat it like that. I sit that exam and I’m a number not a person. In lesson, they teach me things, but they are not teaching me things” (SJRC Learner).

For this learner, a person-centred, rather than system-centred approach, was described as essential to support better outcomes for learners and colleges.

13.1.2 'YOU NEED TRUST AND CARE TO ASK FOR HELP'

Asking for help when needed is the first step towards getting and staying well (Mind, 2022). And getting and staying well is key for positive outcomes in colleges. As we discussed in the introduction to this report, poor mental health is highly detrimental to the ability of a young person to succeed at college, **particularly affecting factors such as attainment and retention** (Buchanan & Warwick, 2020). It can impact students' ability to continue study as factors such as stress, anxiety, low-confidence and low-mood can reduce both motivation for, and capacity to, process, synthesise and recall information. **Many of the learners we spoke to said they would only talk to a staff member about difficulties they were facing if they felt cared for and felt they could trust them.**

For some learners, there can be **additional barriers to asking for help**. As the trauma informed section of this report highlighted, young people that have had ACEs can **find it difficult to articulate their associated feelings and needs**. Instead they can manifest physically (see [section 7.1](#) – why are trauma informed approaches important). During the workshops, one learner spoke about losing their father at age 14 and said that this resulted in their behaviour *"going off the chart [...] It caused me to act out so much and in high school I was kind of misunderstood by it"* (SJRC learner)¹¹ This learner spoke eloquently about the ways in which schools and colleges often only 'notice' that something is wrong when it is 'wrong' for them:

"It's only when it gets to the point when it is disruptive to everyone else that they take it as a problem for them [...] and then they only care about me because I have not done something right" (SJRC learner, 2022).

This young person explained that during this period they felt that care was mostly directed towards how things looked, such as staff members being seen to "not be in control of the class", and subsequently their reputation, rather than care for the learner as a grieving young person. **They expressed disappointment at their treatment at school, and described things being 'much better' in college.** (NB This college had a member of staff in post in a dedicated wellbeing role).

13.1.3 BUILDING AND MAINTAINING TRUST

For many young people that have had ACES and mental health challenges, **their ability to trust can be affected**. This is because *"traumatic events deeply challenge people's sense of safety and security in*

the world" (International Society for Traumatic Stress Studies, 2016). As Learner 2 explains:

"Mental health can start really young – for me it was in primary school. That's why I became a peer leader. I worked with a younger group to support them to catch up and to build a relationship with them. It was good for them to learn to be able to trust someone and learn to open up" (OFSC learner 2, 2022).

Trust was identified as the most important thing for relationships alongside feeling cared for. Mentoring, **learner-staff one-to-ones and staff with dedicated wellbeing roles were reported to positively contribute to building and maintain trust:**

*"It has been nice with the mentoring role [for] developing trust – it's a **different relationship** that you build with the students. They see you in that role as someone that they can go to"* (Aquinas staff member 2, 2022).

However, **developing trust can take time**. As mentioned under [11.1.1](#) in this section, conversations between staff and learners that are *"a quick five minutes"* are often directed at work to be completed, or an upcoming assessment, rather wider and deeper connecting issues. **Unsurprisingly, time was indicated as one of the biggest barriers to the success of the project by staff that completed the online survey** (for further discussion see Spotlight on Staff Impacts [11.4 Increased Workload and Time Implications](#)).



¹¹ NB, we chose not to identify the college that this learner attended for their anonymity.

Alongside time needed to build trust, **work needs to be undertaken to maintain trust**. **Confidentiality** was one of the biggest concerns in this area for learners across the colleges we visited. **Several learners expressed concern that if they ask for help, report being unwell, or disclose other information about personal difficulties, that information may be shared with others**, which may result in stigma, discrimination and/or other negative outcomes. One learner at Loreto College described trust being broken at their previous high school. Whilst this happened at school, not college, they said this incident made them feel unable to report concerns to the college. This example highlights trust as a process, and as stated at the top of this subsection, that **“traumatic events deeply challenge people’s sense of safety and security in the world”** (International Society for Traumatic Stress Studies, 2016). It cannot be assumed that there is a threshold for trust which starts anew when learners transfer to a new setting. Whilst Loreto College did implement new disclosure processes as part of their participation in the transition strand of this project, for some learners, more work is required. We suggest future projects that focus on creating spaces and cultures for care, trust and asking for help, could be highly beneficial to learner wellbeing and study.

13.1.4 Getting the right fit for effective learner-staff relationships.

Whilst learners largely highlighted care and trust as important to effective learner-staff relationships, many staff discussed this in terms of **‘getting the right fit’**. Tameside College staff member explains:

*“We match staff and strategies to who is **the best fit** for working with different types of student”* (Tameside, 2022).

This was discussed by other colleges as **‘personality matching’**. In short, since all staff and learners are different, different learners might gel better with different staff and vice versa. This is significant because recovery and working towards wellbeing is a relational practice between helper and helped. Therefore, **a good relationship between staff and learner, or a good ‘fit’ as this Tameside staff member described, is crucial as they work together**. In a group analysis session for this evaluation, several CERT members discussed this. They explained:

*“I’m sure most of us have had those times when it just isn’t working with your therapist/counsellor/support worker ... and that’s because people get on with different people. It’s important for both of you that the relationship is there. **If it’s not working, it’s better to change to someone else**”* (CERT member.)



13.1.5 Dedicated wellbeing staff roles as a strategy for developing relationship.

Several colleges developed dedicated staff wellbeing roles as part of the project:

- **Buying in or appointing new staff** – for example mental health practitioners or staff to lead in the development of tailored mental health and wellbeing programmes and provision.
- **Remunerating existing staff** (through pay or contract buy-outs) for additional duties such as mentoring, or ‘evolving staff roles’ for greater relevance and effectiveness for mental health.

From the interactions we had with colleges, and the conversations with learners and staff, for many this was an outstanding resource. As we reported in this chapter ([sections 13.1.1, 11.1.2, 11.1.3](#)), **learners repeatedly emphasised the importance of feeling cared for and trusting staff members they work with**. Having staff dedicated to wellbeing, that have undergone mental health training, have significant pastoral experience and expertise, alongside care and empathy, goes a long way to addressing this need.



As one connected example, at the colleges we visited, learners frequently offered thoughtful and sophisticated contributions about mental health and college study from positions of vulnerability, and were supported to do so by accompanying staff in wellbeing roles. We witnessed **touching moments of nuanced support, that included staff picking up on when learners with additional needs might benefit from a short one-to-one chat, or briefly stepping outside the room, and supporting the inclusion of a learner that wanted to participate by writing rather than speaking.** In an online workshop we led, we were particularly struck by a **palpable feeling of care and trust between the learners and attending staff member.** Most learners expressed feeling very supported by staff members with wellbeing responsibilities and as one learner commented:

"It's different here. I don't know why. Miss is nice and I'm still here" (HHC, 2022).

In interviews with college SLTs, most said they wanted to continue with these staff roles, although that is dependent on capacity and resource. Indeed, several colleges mentioned they could **benefit from more staff** in such posts as they frequently have 'queues around the door' for support.

As we mentioned in [section 13.1.5](#) above, it cannot be taken for granted that placing staff in dedicated wellbeing roles will automatically have positive impact. **It is important to 'get the right fit' between staff and learner(s).** Subsequently, we suggest that multiple staff with wellbeing roles can be important to:

1. Scaffold the offer to learners
2. Provide opportunities for staff peer exchange and support
3. Minimise the risk of burnout

Further to this, **multiple staff with wellbeing roles can address problems of staff turnover.** As one learner made clear, having a different "go to person" each time, can be problematic:

"If one's not available, you have to go to someone else and tell them everything all over again and that can be quite overwhelming, cos you don't want to tell everyone everything" (OFSC Learner 2, 2022).

As a final point to this section, the need for dedicated teams in colleges to support wellbeing is reflected in the government's 2018 consultation response to their 2017 'Transforming Children and Young People's Mental Health: A Green Paper'. In this response, they committed to incentivise and support all schools and colleges to have an effective Designated Senior Lead for Mental Health, by offering training free of charge to every school and college by 2025. It is important to note that the roles we are talking about under this subheading are in addition to mental health leads. Most, if not all, of the colleges that participated in the AoC project already have mental health leads. Whilst we acknowledge this government commitment as positive, **we suggest that in addition to senior staff with overarching responsibilities for mental health, staff that can work closely with learners 'on the ground' as it were, is of great benefit to young people.** Subsequently, we understand that a range of posts for wellbeing at colleges, with staff covering a spectrum of roles and responsibilities would benefit both learners and staff.

13.2 INCREASING CAPACITY AND PRIORITISING SUSTAINABILITY: A CLOSER LOOK

In our [Phase 1 Interim Report](#), we highlighted both the **need for increased capacity and prioritising sustainability** given rising numbers of learners presenting with mental health needs, alongside the ways in which the project afforded additional capacity. This included:

- Buying in or **appointing new staff** – for example mental health practitioners or staff to lead in the development of tailored mental health and wellbeing programmes
- **Remunerating existing staff** for additional duties such as mentoring
- Supporting **staff professional development** including Mental Health First Aid train the trainer; supervision; and trauma-informed approaches
- Providing **wellbeing rooms and hubs**
- Developing **mental health policies and strategies**
- Developing **new resources** including online modules, applications and software
- **Purchasing devices** such as iom2 biofeedback devices and a communication robot
- Providing **workshops and events**

In this report, we focus our discussion to three key elements for increasing capacity and prioritising sustainability:

13.2.1 Creating a culture for healthy learning environments.

13.2.2 Some ways in which the project influenced cultural shifts.

13.2.3 Working with and for different communities.

13.2.4 Increasing visibility: Raising the profile of mental health in colleges.

13.2.5 A whole system approach.

13.2.1 Creating a culture for healthy learning environments.

Across the evaluation, we were struck by the potential of trauma informed working for creating cultures that can increase capacity and prioritise sustainability in mental health. A trauma informed approach can be particularly supportive of **creating a culture for healthy learning environments** involves embedding a college's organisational conventions, values, practices and processes into

environments and ways of working whereby learners and staff know their wellbeing is valued holistically and time is allocated to it. **Just as it is recognised that all learners at college (and indeed all staff in optimum environments) are there to learn and grow**, to operate with a trauma-informed lens is to recognise that all learners and staff could have experienced trauma of varying kinds, and might therefore require varying support.

It is important to note that this is not just a procedure to enact – for example, trauma informed working is not a mandate to know and record the details of every learner's experience intimately – rather, as several colleges referred to it, it is 'a lens'; a way of viewing people and situations, with implications for action. Thus, this approach recognises the **relationship between experience and mental health** – and we add to this learning in the college context – which exists within socio-cultural-political contexts and therefore requires ongoing work. Trauma informed working can therefore serve as a **foundation for creating healthy learning environments** and when this is embedded within college culture the results can be generative and sustaining.

13.2.2 Some ways in which the project influenced cultural shifts.

Some colleges shared specific examples of changes to their culture and working practices. Bury College for example, explained that with a trauma-informed lens, they have changed their approach to the start of the college day:

*"I can give you an example of how [Safeguarding Lead and Vulnerable Student Mentor] has been able to **influence the culture** in that way ... previously when entering the college you have **a security guard barking orders at you** – put your lanyard on, hood down! ... And that's not a great welcome... But now that's changed. **Staff are on the gate to meet and greet students**. And the message is 'good morning', 'welcome', 'don't forget to put your ID on'. That's a much better start to the day, shouting cannot be the first interaction" (Bury College Staff Member).*

As this staff member described, this was **"a little thing that has had a big impact"**. This example draws attention to the ways in which all interactions – from the smallest greeting, to those more substantial – can **impact the whole learning environment**. Establishing a supportive and caring environment from the very start of a learner's interaction with college is an important aspect of creating cultures for healthy learning environments.

Bury College and Aquinas College also offered the example of **'Wellbeing Wednesdays'**, where learners can access free fruit and activities as part of their **wellbeing and enrichment offers**. Setting time aside with a wellbeing focus, sends a message that health is prioritised and taken seriously at college. And, given reports of feelings of isolation and social disconnectedness associated with COVID-19, approaches like this were also appreciated because they offered much needed social spaces.



13.2.3 Working with and for different communities.

GM colleges welcome learners from **diverse communities with diverse cultures**. During the workshops we held with learners, several young people of South Asian heritage shared insight into their experiences of mental health and ideas for ways colleges could support them better. Learners at Loreto College for example, described **mental health not being talked about much at home**, and said that it was a 'taboo' subject. Interestingly, when asked what colleges can do to support mental health, this group suggested

"PSHE lessons for mental health' and 'Different sessions where people talk openly about mental health" (Loreto College learner, 2021).¹² Educating for mental health was emphasised as important by this group.

Similarly, learners at OSFC expressed a need for different approaches to include South Asian communities in creating cultures for healthy learning environments.¹³

*"I think you first need to, with South Asian communities, **you first need to make them understand what mental health is**. I think it's stigmatised – like they [people with mental health challenges] are [thought of as] just lazy ... I think we need more representation. I don't think South Asian communities are understood. You can speak to a teacher and it's easy for them to say follow your own steps, but when, from **such a young age you have been told you need to go to university**, it's not easy to do that. We need South Asian figures that can work with the community" (OFSC learner 4, 2022).*

Another young person of South Asian heritage agreed, and added to this comment that it can be especially challenging for children and young people, since **greater stigma** can be attached to them:

*"South Asian communities can **feel embarrassed and try and cover it** [mental health] up – as a shameful thing ... I think there's more stigma around younger people and mental health with South Asian communities than older people" (OFSC learner 5, 2022).*

This person went on to explain that because **"young people don't work or contribute to taxes, we are not listened to"**. Others in the group commented that health conditions which typically effect older populations such as dementia, are more readily accepted with less associated stigma.

We suggest that **further work and research including for example, ways in which mental health training and programmes can better work for diverse communities**, would be fruitful to the ongoing development of cultures for healthy learning environments that take into account the diversity of college populations. Furthermore, this

¹² 3 of the 4 participating learners at Loreto College identified as being of South Asian heritage.

¹³ 4 of the 6 participating learners at Oldham Sixth Form College identified as being of South Asian heritage. All quotes in this section are from learners of South Asian Heritage.

recommendation can be considered all the more pertinent given the UK Trauma Council's Research Round-Up Special Edition on Racism, Mental Health and Trauma which highlights:

*"... experiences of **interpersonal and structural racism** can in themselves represent forms of trauma, as well as act in ways which negatively affect access to, and experience of, treatment and support. Research is one part of **a wider effort that is needed to better understand the ways that racism can impact mental health and mental health care**, and ultimately inform how we could improve the accessibility and efficacy of services to better meet the needs of racially minoritised children and young people"* (2022).

13.2.4 Increasing visibility: Raising the profile of mental health in colleges.

Increased visibility, alongside raising the profile of mental health in colleges in terms of its importance and relevance to education and learning, is a **significant positive impact** of the **GM MH FEP**. A Tameside College staff member summed this up as:

"What this AoC work really has done is:

1. *It's **raised the profile** that we should all be talking about wellbeing all the time;*
2. *It's pushed it to the **top of the agenda** in colleges – again that whole college approach;*
3. *The **breadth of projects** has gone right across every aspect;*
4. *It's **brought colleagues together** in terms of colleges and local health colleagues;*
5. *It's also **encouraged a lot of work** with colleagues in other colleges"* (Tameside, 2022).

Many colleges said that the **GM MH FEP** helped them to **communicate to colleagues that addressing mental health in colleges is vital to support learners to study and to thrive**. This was noted as particularly important with regards to SLTs, with several staff commenting that **the visibility, profile and resource of the project offered an "eye opener" and "brought SLT on board" with stimulus to "take mental health seriously"**. Indeed, the number of colleges that participated in the project, and from that the resulting activity, served as a **catalyst for more colleges to take up project strands**. For example, when talking about signing up to the trauma-informed strand, a Bury College staff member said:

"When we heard about what the other colleges were doing and the opportunity, I was banging the drum quickly to say we need to get on board with this."

Staff across colleges described **increased visibility and raising the profile of mental health in FE as a testament to the work of the AoC**. We add to this, that it is generative. Raising the visibility and profile of mental health in colleges, can **spark greater awareness and understanding**, which calls for greater response and action.

13.2.5 A whole system approach.

Creating cultures for **healthy learning environments requires a whole system approach**. Put plainly, it is about not compartmentalising activities. As staff across colleges pointed out, a whole system approach is multi-layered and concerns making connections. Staff and learners discussed this in terms of:

- Connections between school, FE and HE
- Connections between FE and families and communities
- Learner journeys from school to college and beyond
- The interconnectedness between staff wellbeing and learner wellbeing
- College-wide training
- 'Buy in' from the whole organisation

As we have seen throughout this evaluation, **making connections** – both in the literal sense such as working with external agencies – and in the conceptual sense such as **recognising the relationship between mental health and learning**, can be highly beneficial.

Our visit to Bridge College (a college for learners with learning difficulties, disabilities, complex health needs and autism) offered a particularly clear example of a whole system approach that seemed highly effective. During this visit, learners and staff participated together in an arts-based workshop that we led.¹⁴ Before running the workshop (via an online interview) **SLT staff emphasised the importance of well staff for well students which can lead to a 'virtuous circle' for wellbeing**. We commented on this in our [Phase 1 Interim Report](#). Several months later when we visited Bridge, we saw this in action. This included:

¹⁴ 4 learners and 4 staff participated alongside 3 CERT members.

- **Learners and staff participating together** – everyone in the room took part in the ‘mark making’ alongside talking together and sharing experiences for collaborative understandings of wellbeing
- **Staff working responsively to learners** – going for a short walk outside as needed, checking in that they are ok with the process in **sensitive and nuanced ways**; and including discussion about their families, life outside of college and aims for the future, as appropriate to this Supported Internship group.

This holistic approach appeared highly beneficial to the group. Alongside this they produced some fantastic artwork.

13.3 INITIATING AN EARLY HELP MODEL: A CLOSER LOOK

In the **interim report**, *initiating early help* models was identified as the third key theme emerging from the project. We explained:

*“As a final theme emerging from Phase 1, college staff talked about the project **affording a proactive rather than reactive approach to supporting student mental health for study**. Integral to this was raising staff awareness and understanding of mental health through training, workshops, and for some colleges, through a shift in culture afforded by developing trauma-informed and trauma-responsive working.*

*Mental health leads and senior staff **described feeling better prepared and less on the back foot** in supporting vulnerable young people as a result of the project. It is in this sense that staff professional development and developing a culture of working for positive mental health, is an **enacting of an early help model that feeds effective programme design and delivery**. Action before the point of crisis through an early help model connects to the project’s aim of supporting readiness to learn through prevention, early intervention, and resilience for positive mental health.”*

Our work during Phase 2 confirmed the significance of early help including; helping learners pre-enrolment, alerting learners to available help – and **supporting the necessary conditions for learners to feel able to ask for help** – at the first interaction with staff through trauma-informed approaches, and **offering intervention before crisis**. Stephanie’s Story ([10.3.1](#)); discussion of transition programmes ([section 6.3](#)); and discussion of trauma informed approaches ([section 7](#)) offer examples of this. HHC college described a situation where a tutor noticed a **learner seemed quiet and not their usual self**. When they didn’t attend college the following day, the staff member contacted the safeguarding officer who contacted the young person and visited them at home. They found **the young person was having a mental**

health crisis and was ‘in the process of committing suicide’, and were able to immediately arrange support for them through the CAMHS crisis team. The college told us this story because they felt it offered a **clear example of the benefits of training all staff to be alert to the signs of mental health distress, and to know how to respond to young people in these situations**. Such responses can be life-saving – the safeguarding team had intervened at a critical moment.



13.3.1 When learners arrive at college staff are there to welcome them and to check in that they are ok.

Several colleges discussed the **importance of welcoming learners on entry to college** and the impact that **positive interactions on arrival** can have for learners and the learning environment (for example, [section 13.3.2](#)) and some ways in which the project influenced cultural shifts ([section 13.2.2](#)). During an in-person interview with a staff member at HHC, described the importance of welcoming learners as they arrive at college:

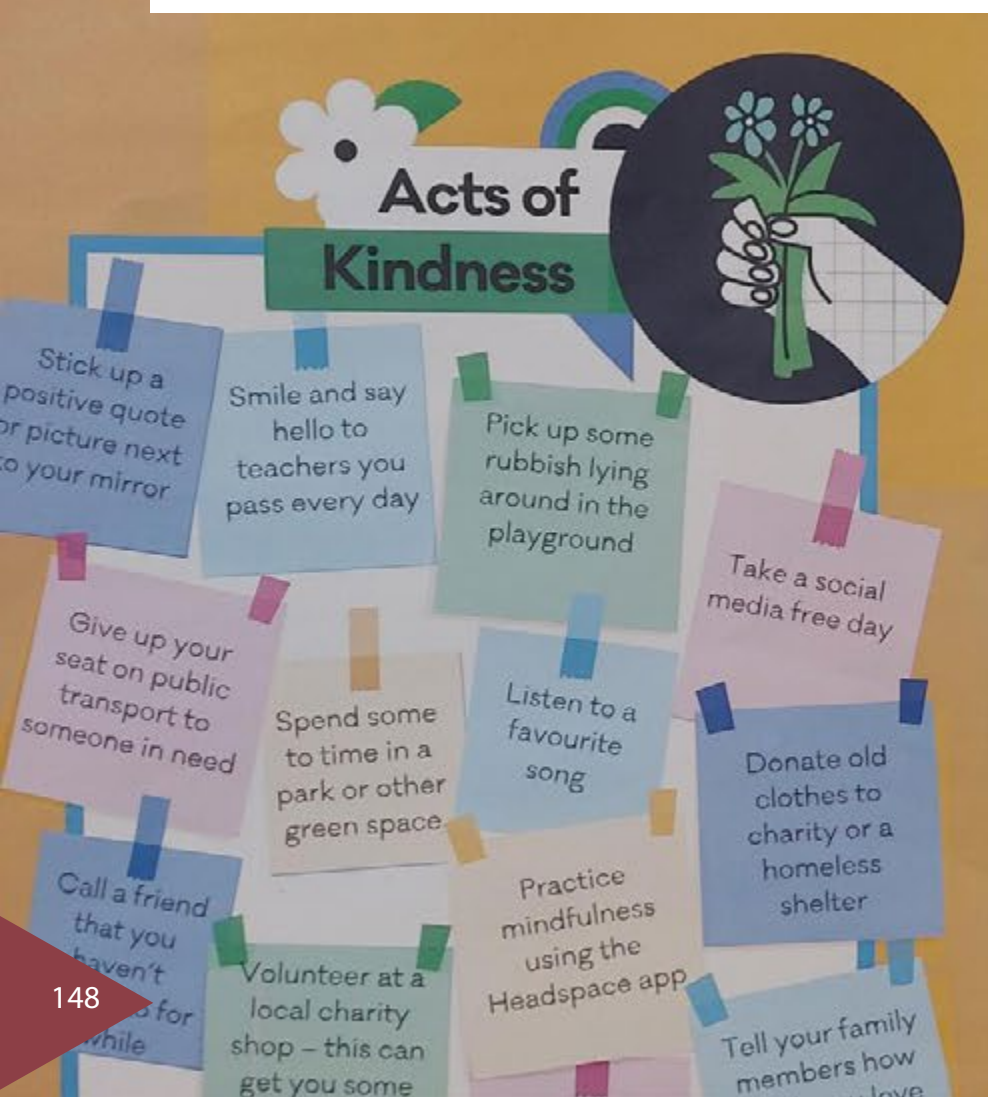
*“On the morning me and my manager **always stand on the door welcoming our learners into tech centre**. We’re checking things like have you got your lanyards, but also welcoming them in, saying things like **‘are you alright?’** You’re looking a bit tired today. Were you up late last night?’ And you get a lot of information from that”.*

This staff member went on to say that *“it’s the same with tutors”,* explaining that **tutors in class can also gain a lot of information about the needs of learners as they enter the room and get settled for learning.** And that care for the wellbeing of young people, not just concern about achieving outcomes, as in the HHC anecdote in [section 13.3](#) can be lifesaving. This example highlights the importance of **having systems and procedures in place** to report concerns, and most importantly to follow up quickly. Beyond policy and procedure, the HHC Staff member explains:

“Staff being aware and picking up on stuff straight away, which comes from social [and mental health] awareness, and from training and the culture [is vital] ... without this, it could have been a different conversation. If the tutor had not recognised that, it could have been potentially fatal.”

As this example highlights, **mental health awareness, training and a trauma-informed culture supported the conditions for a lifesaving intervention.** Whilst in an ideal scenario, this learner should not have reached the point of crisis which resulted in a suicide attempt, for some learners the scale of their challenges can be suppressed. Almost **half of the 48 learners we met as part of this evaluation spoke about ignoring their feelings, and getting on with it, particularly during exam season.** As a SJRC learner explains, *“If you’re not feeling*

well mentally – well just park that to one side because I have to do my exams”. And some learners might find it difficult to spot the signs of being unwell. **A learner at OSFC said that through MHFA they could recognise the signs that they were struggling, indicating that without this raised awareness through training they may not have.** In a culture of *keep calm and carry on*, it is not surprising that for some, challenges do not manifest until their most serious point. In this sense early help, cannot be thought of entirely in chronological terms. Yes systems, policy, procedure and training should be available from earliest point – mental health awareness and training at new staff member induction offers one example – however alongside this, early help is ongoing. It concerns a **continual check in whereby it is not assumed that all is ok.** As the HHC staff member explained, it’s about asking *“are you alright?”*, paying attention to non-verbal communication ‘they didn’t seem themselves on that day’ and acting on concerns. Given that colleges see young people more than health services or any other service, **they are positioned to spot the early signs, to intervene and to support young people.** We suggest college-wide mental health training, including young person MHFA, is crucial to raising understanding and awareness for positive mental health (namely knowing what mental health is, how to spot the signs when someone is unwell, and knowing how to act on that) and should be core to early help models.



13.3.2 What colleges reported.

Colleges also reported positive impacts from the implementation of early help models. For example, **TTCG** reported:

*“At The Trafford College Group we have had a **98% retention rate** for two years running, with **achievement rates of 96%** for our young people attending. The **early interventions we have put in place** meant our young people with mental health challenges were able to **work with pastoral teams** from their introduction to college at transition and had a safe framework of support on entry into college.”*

Bolton College talked about a **proactive approach to early help** through information seeking. In 2021, Bolton College **pro-actively sent a mental health and wellbeing self-assessment to all of its students**. It was completed by 1,800 young people. Where indicated by their answers, this was **followed up with one-to-one learning and development session** with a staff mentor. The intention of this survey was to try and prevent mental health challenges from arising by offering bespoke interventions for young people that required them. The survey led to **300 support interventions and 100 referrals to the counselling service**. Ultimately, at the end of the year, **95% of these students remained on their course**. See trauma informed approaches ([section 7](#)) for further information.

Oldham College describe an ‘early help’ model which is intended to **help staff identify early signs that someone is disengaged and might have something else on their mind** so they can manage it appropriately. Their emphasis is on preventative work and ensuring that all staff are skilled in trauma informed and responsive approaches. See trauma informed approaches [section 7.6.3](#) for further information about trauma informed staff training, development and support.

13.4 RECOMMENDATIONS

13.4.1 A focus on care and trust.

We suggest future projects that focus on **creating spaces and cultures for care**, trust and asking for help, could be highly beneficial to learner wellbeing and study.

13.4.2 Considering diverse communities.

We suggest that further work and research including for example, ways that mental health training and programmes can **better work for diverse communities**, would be fruitful to the ongoing development of cultures for healthy learning environments that take into account the diversity of college populations.

13.4.3 National dissemination.

The success of the mental health related programmes funded by the **GM MH FEP** should be **disseminated nationally to FE colleges**. Learning from colleges should be shared and best-practice adopted.

14. Conclusions

We were tasked with considering the impacts of the **Greater Manchester Mental Health in Further Education Project** on the experience of learners, staff and strategic working including examples of best practice and what could be done better.

We used a **qualitative approach focusing on gathering narratives of the GM MH FEP impact and distance travelled from the perspective of those involved**. We interviewed: SLT/Pastoral leads at 17 colleges; 12 staff directly involved in project delivery; and three staff not directly involved. We carried out workshops with learners at six colleges – reaching a total of 48 young people. A total of 60 staff completed our online survey. We analysed 115 documents

The **GM MH FEP** had five strands of activity: training, transition, trauma informed approaches, apprenticeships and social prescribing. Across all of the strands, the project has funded activity which has benefited the mental health of FE college students, supporting them to remain in college learning and achieving qualifications.

What we learned:

1. Colleges **developed activity bespoke** to their learners and contexts through a Test and Learn approach. This offered a rich array of activities, processes, resources and policies developed by the 18 participating colleges. This also led to some **challenges for this evaluation in terms of how to attribute impact across multiple strands and diverse practice**, which was compounded by the evaluation starting mid-activity, limited access to learners involved and colleges reporting in different ways.
2. In general, **the project is discussed highly positively by those that completed AoC documentation and/or took part in our interviews and survey**. Many positive impacts were reported for learners, staff and strategic working. Typically, **colleges wanted to continue with the activity on account of its success**. However, we acknowledge that lack of negative comments and/or critique could be down to; a **funding bias alongside those that engaged with the evaluation being more likely to have had positive experience** (wrapped in future funding hopes). In addition, we suggest as an area in need of development – as the **AoC** has identified and therefore propelled this project - lack of criticism might also point to a lack of awareness around good practice for mental health in FE.

3. There is **growing need for mental health support in colleges** – particularly as FE falls between the gap in initiatives aimed at schools and HE and COVID-19 has exacerbated inequalities. Furthermore, support is needed for both learners and staff.
4. **Young people need to be listened to, their voices need to be heard and acted upon**. We suggest this could include increased **young person consultation** in mental health programme and support design. Trauma-informed working and relationship development are key to this.
5. The **GM MH FEP** was **deeply impactful for many young people**. This evaluation presents **life changing stories and positive college experiences** for some – e.g. Stephanie's story ([10.3.1](#)), Matt's Mantra ([10.3.2](#)), College to Higher Education Transition ([6.5](#)) and case studies shared by colleges ([Appendix 2](#)) and being on the gate (discussed in [13.2.2 Some ways in which the project influenced cultural shifts.](#)). For staff it **improved practice, raised awareness and supported their professional development**. For strategic working it aided the **development of policies, training and resource**. However, there is further to go with more work needed – notably around **creating cultures for healthy learning in trauma informed approaches** ([section 7](#)).
6. Trauma informed approaches seem to be **particularly successful** at supporting the mental health of both learners and staff. This success is reflected by the **number of colleges already using this approach, and the ambitions of other colleges to adopt it** in the near future.
7. Support to continue study, and working for better mental health in colleges in order that all can thrive, is an ongoing process. For example:
 - a. **Being trauma informed is an approach for effective practice, not a final product**. It requires using the 'trauma informed lens' to analyse everything which a college does. This requires honest and on-going reflection by staff about their interactions with learners and decisions they make.
 - b. **Training needs to be continually updated** and reviewed to maintain relevance and effectiveness.
 - c. **Young people – listen and listen again**. It is important that the voices of young people in relation to mental health should be both heard and acted upon.

15. Recommendations

15.1. TRAINING

15.1.1 Involving learners in mental health training and support.

Learners revealed a desire to be **given mental health training opportunities to support their own mental health and that of their peers**. Training for young people has been shown to be effective in colleges such as OSFC; thus, this should be encouraged in other colleges. Training learners would not replace the need for staff training, but would instead add to a college-wide change in mental health culture.

15.1.2 Funding successful training types into the future.

The **GM MH FEP** funding allowed colleges to experiment with ways of supporting the mental health of their learners. However, the intention always was that successful activities would be funded by the colleges themselves (or elsewhere) rather than the **GM MH FEP** providing on-going resources. Finding such resource at **this time of severe budget pressure** is a problem for colleges. Without the **promise of ring-fenced future funding**, colleges could be left in a challenging situation where they have seen a multitude of benefits from mental health activity funded by the **GM MH FEP**, but do not have sufficient resources to continue it in future.

15.1.3 Need for ongoing training.

It is evident that for the benefits of the **mental health activity to be sustained in the long-term, both on-going and refresher training for staff and new-starter training**, is clearly necessary. Training must be based upon the most recent understandings of **MHFA** to ensure college approaches use the most up-to-date ways to support their learners' mental health. Mental health training should be considered a compulsory training component for staff.

15.1.4 Neurodiversity training.

There are **benefits from training staff members in neurodiversity and/or specific mental health conditions**. For example, SJRC have offered bespoke neurodiversity training and support to increase awareness surrounding their learners with conditions such as ADHD and autism. Such training allows colleges to stay connected with the needs of their learners – enabling the college to support them in the most effective manner.

15.1.5 Diverse communities.

Further work and research, including for example **ways that mental health training and programmes can better work for diverse communities**, would be fruitful to the ongoing development of cultures for healthy learning environments that consider the diversity of college populations.

15.2 TRANSITION

15.2.1 More resource.

More resource is required to enable a range of posts for supporting wellbeing during transition at colleges, with staff covering a spectrum of roles and responsibilities to better support both learners and staff. These staff would be able to **support learners during their transition**. Wellbeing rooms/support hubs seem to be a **successful way of supporting learners manage their mental health**. Therefore, we recommend that they should be developed in all colleges.

15.2.2 Summer programmes.

For colleges that are able to offer them, **summer programmes have been shown to be a successful way of smoothing transition into college**, especially for young people at risk of becoming NEET. Future work should explore which aspects of summer programmes are most successful for their learners.

15.2.3 High achieving learners.

Colleges should explore ways of **supporting learners with high achieving/perfectionist traits** to help them adjust to being in a new environment. This should include supporting them to through the UCAS process to achieve places at universities.

15.3 TRAUMA INFORMED

15.3.1 The potential of trauma informed approaches should be untapped.

This evaluation identified many clear **benefits to colleges from adopting a trauma informed approach**. We recommend that all colleges should seriously consider embarking on this journey. Thus, **resources are needed to support colleges with the considerable training expenses**.

15.3.2 More support is required for learners with additional needs and those from high-risk or marginalized groups.

This report identified that adopting a trauma informed approach had particular benefits to young people in high-risk groups who would traditionally been expected to drop out of college and become NEET. It has also shown effectiveness for young people with mental health problems and members of the LGBTQIA+ community. These benefits lead us to recommend that **specific work with these groups of vulnerable learners should continue.**

15.3.3 Inter-college cooperation.

This report identified **cooperating “critical friends” among colleges** working towards becoming trauma informed via the Network established in Year 2. This networking has been shown to be extremely valuable to colleges involved. Thus, we recommend that this should continue and that **more opportunities are needed for colleges to learn from each other and share effective practice** to enhance working for positive mental health going forward.

15.3.4 Triage and disclosure.

Triage and processes of disclosure was discussed by both staff and learners. **Many colleges acknowledged that this process requires development.** All college staff should be trained in **how to respond competently to a young person who discloses to them.** Colleges also need to have **systems in place to respond appropriately** to this disclosure – support for the young person, but also considering the staff member's need for support.

We recommend that **triage processes should timely**, identifying young people in need of urgent help quickly, but also having the resources to avoid having learners with mild or moderate difficulties waiting months for support.

15.4 APPRENTICESHIPS

It is important that learners outside of traditional college settings have their mental health supported. This support could come from both their independent education provider and their employer – it **is important that they do not attempt to ‘pass the buck’ and the learner fall through the gaps.** Therefore, we recommend that the AoC and other parties should be **proactive** in making sure that there is adequate funding for mental health related with learners outside of traditional college setting going into the future.

15.5 YOUTH VOICE

Colleges should ensure they are **listening to the voices of their young people.** Successful ways of doing this have been used by various colleges in this project including using questionnaires and focus groups. We suggest this could include increased young person consultation in mental health programme and support design. Trauma informed approaches and relationship development are key to this. Efforts should be made to make sure **all voices are heard** – for example, including people who may be forgotten due to cultural issues, disability or mental health status.

Secondly, where possible, colleges should ensure that they **respond in a appropriate and timely manner** to the requests and comments of their learners.

15.6 LEARNER IMPACTS

15.6.1 Gathering data.

Now that we are moving back to normal post-COVID-19, **colleges should seek to gather high quality data to assess the impact of their projects effectiveness in relation to learner retention, behaviour and achievement.** This would be hugely valuable for seeking future funding.

15.6.2 The importance of relationships.

Whilst the project has supported many positive impacts for learners, there is still room for improvement. Notably, around **relationship building so that all – not some – learner-staff interactions are positive.** This, as the young people we spoke to emphasized, should be underscored by **care for the individual as a whole, not their grades alone.** Alongside this, **better signposting of existing provisions** in order that all learners in need can access them.

15.7 STAFF IMPACTS

15.7.1 Addressing staff workload and time.

Most significantly **staff workload and time implications needs to be addressed.** To make a 'larger impact' with 'more students' – more time, which we suggest translates to more personnel resource for greater capacity, is required to build on, and to continue with, the project's positive impacts.

15.8 STRATEGIC WORKING IMPACTS

15.8.1 Research into the impact of the GM MH FEP project on strategic working.

We suggest the impacts of strategies developed through the project will become clearer in the coming years, particularly since **many encompass cultural shifts which can take time** (i.e. those connected to trauma informed approaches). Therefore, **we recommend further research into the project's impact on strategic working**. Notably, this might uncover areas that would benefit from strategic input supported by approval from a professional body such as AoC – for instance, development of policies that address college-wide communication and language which we highlighted earlier in this section.

15.8.2 Long-term and ring-fenced funding.

We recommend that **ring-fenced long-term funding could enhance strategic working impacts and support long term planning for sustainability**. This is because colleges were required to apply for funding on a yearly basis on account of AoC's budget acquisition, meaning their scope for longer-term strategic planning and visionary work was limited.

15.8.3 A focus on care and trust.

We suggest future projects that **focus on creating spaces and cultures for care, trust and asking for help**, could be highly beneficial to learner wellbeing and study.

15.8.4 Considering diverse communities.

We suggest that further work and research including for example, **ways that mental health training and programmes can better work for diverse communities**, would be fruitful to the ongoing development of cultures for healthy learning environments **that take into account the diversity of college populations**.

15.8.5 National dissemination.

The success of the mental health related programmes funded by the **GM MH FEP** should be disseminated nationally to FE colleges. Learning from colleges should be shared and best-practice adopted.

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17. Appendices

Appendix 1: Overview of college activity

Please see over page for table.

KEY AND FOOTNOTES:

-  • We do it already
-  • We used the AoC funding to do it
-  • We used different funding sources to do it
-  • We would like to do it in future
-  • We are not interested in doing it

1 Data sharing about prospective young people with external agencies (*e.g.* schools, Local Authority)

2 *e.g.* no formal classes in the first week

3 Close monitoring of YP identified as at risk of becoming NEET once term begins

4 *e.g.* with Charlie Waller Trust

5 External training for staff about trauma informed/reactive ways of working

6 Looking at college policies, *e.g.* punctuality, disciplinary in relation to being trauma informed/reactive

7 All staff trained in trauma informed/reactive/ACEs (including *e.g.* canteen and security staff)

8 High risk groups (focused work with young people with particular risks – LGBTQ+ community, YP with high needs, YP at risk of involvement in crime, looked after children, YP with autism and ADHD)

College		Aquinas College	Ashton Sixth Form College	Bolton College	Bolton Sixth Form College	Bridge College	Bury College	Connell Academy	Holy Cross Sixth Form College	Hopwood Hall College	Loreto College	Oldham College	Oldham Sixth Form College	Rochdale Sixth Form College	Salford City College	St John Rigby College	Tameside College	The Trafford College Group	The Manchester College	Winstanley College	Wigan and Leigh College	Xaverian College
Transition strand	Early identification of YP at risk of becoming NEET		Did not receive any AoC funding					Year 1 only	Did not participate in the project					Did not participate in the project				No data given			Did not respond to us	
	Data sharing ¹																					
	FE College staff go into schools																					
	Contact with parents																					
	Summer activities, meeting staff, taster sessions																					
	Survey/asking what young people want																					
	Early enrolment for at-risk YP																					
	Soft start to the term ²																					
	Wellbeing room/safe space																					
	Using external training/courses for young people																					
	Using external professional (e.g. counsellor)																					
	Support groups for vulnerable young people																					
	Close monitoring of at risk students ³																					
	Mentors																					
	Strengthened/increased pastoral team																					
	Robot/virtual reality/apps/other technology																					
	Mental Health Champions																					
Looking at college policies and procedures ⁴																						
Mental Health First Aid Training																						
Trauma-Informed / Adverse Childhood Experiences / Trauma-Reactive	External training for staff ⁵																					
	Looking at staff distress/their need for support																					
	Looking at college policies ⁶																					
	Changing staff mindset																					
	All staff trained ⁷																					
	Looking at the whole college ethos																					
	External training for YP with trauma history																					
Supervision	Training in management supervision methods																					
	Training in peer supervision methods																					
High risk YP ⁸																						

Rochdale
Seashell
(out of catchment)
Holy Cross 6th Form

- do it already
- AoC funding to do it
- different funding sources
- like to do it in future
- not interested in doing it

Appendix 2: A selection of case studies

AQUINAS COLLEGE

Learner 1

Learner 1 joined Aquinas' taught mental health and wellbeing course as she had declared that she suffered with anxiety when she enrolled. She said anxiety really impacted her everyday life. Her GAD score indicated severe anxiety. Since the taught mental health and wellbeing course, her attendance in her subjects has been 98%, she attended all the classes provided. From her subject reviews by her teachers is that her overall academic progress is that she is on target for her predicted grades which are all Bs. She is rated as exceeding expectations in her engagement with her courses. When asked about the course, she said "being able to talk Ruth and share with others what I go through" and "the positive affirmations" were useful. In addition, she said, "I think the course was great" and "I have realised that it is good to talk about your feelings and I am going to seek more therapy". She wrote "that she sometimes feels better at understanding her difficulties. She found the sessions useful, and information has allowed her to make positive changes in her life. And she would recommend the classes to a friend and she felt confident in the teacher's skills and techniques." This shows that the course has benefitted the student. At the end of the course, Learner 1 completed the same GAD questionnaire to give it reliability and her score had decreased to 13 which was now moderate. Therefore, the course had had an impact on her anxiety. Although she still had anxiety, she was managing it with the psychological tools that she had developed on the course.

Learner 2

Learner 2 joined Aquinas' taught mental health and wellbeing course as he had declared that he suffered with anxiety in the College system. His GAD score indicated that he was suffering from severe anxiety and depression. Since the course, his attendance is 100%. From his subject reviews his teachers have stated that he is exceeding expectations in his subjects and engagement. He is predicted all As in his A levels. Thus, this course has enabled him to engage in his education despite his severe anxiety and depression. This course has clearly benefitted this student. In response to the evaluation he said, "the booklets and online links to other resources have been really useful." He said, "It's made me think more positively now and has given me techniques that I can use in my life." And he said, "most of the time" the course was helpful. He agreed that he has been able to make positive changes in his life and that he would recommend the course to a friend. He strongly agreed that the teacher had

the skills and techniques on the course. This response the student has given supports the outcomes of the course as I wanted the students to be able to use the psychological tools in their everyday life to enable them to manage their mental health. At the end of the course, Learner 2 repeated the GAD questionnaire and his score had decreased to moderate. He informed me that he was managing his depression. He had clearly benefited from the course. He believed that the wellbeing diary had helped him as he was religiously filling it in daily. This enabled him to not let his thoughts run away with him. It enabled him to focus on his goals, time management and making sure that he looked after his physical wellbeing.

BOLTON 6TH FORM COLLEGE

Learner 1

Learner 1 is with CAMHS for difficulties including anger management and PTSD. They have a history of running away. They attended a two-part workshop: Going with the Flow (Part 1 - Managing Uncertainty and Part 2 - Adapting to Change with final activity of Developing Personal Toolkit). The learner felt "relaxed and comfortable sharing [their] concerns in a safe environment" and found it helpful and reassuring to hear that "other students felt the same way I did". The learner's feedback was that it was a positive and helpful experience overall. They were offered other single part workshop – Find Your Calm and option to try the iom2 Relaxation Technology but declined at the time. They commented: "I think we should share our experiences with next year's students, which I think would be helpful to them." The college felt that this learner was at risk of dropping out, so the course they attended was responsible for them remaining in college.

Learner 2

Learner 2 struggles with anxiety and attended a two-part workshop: Going with the Flow (Part 1 - Managing Uncertainty and Part 2 - Adapting to Change with final activity of Developing Personal Toolkit). This learner had a high level of engagement with mentoring support. They commented that they had a "very positive experience" of the workshop, in particular valuing the small group number: "I know more students were invited but I felt the small group numbers made it easier to share" and that it was good to have the opportunity to talk about concerns with other students in a safe environment, which they had limited options for due to COVID. The college felt that this learner was at risk of dropping out, so the course they attended was responsible for them remaining in college.

Learner 3

Learner 3 struggles with depression and anxiety. They attended the one-part 'Find Your Calm' Workshop themed around relaxation. They liked three of the Apps – Stress/Anxiety Companion, Feeling Good and Evernote: "it was really good to have something practical to use independently after the session." They felt there were good ideas to try what would help with sleep issues. Offered iom2 Relaxation Technology as follow up. The college felt that this learner was at risk of dropping out, so the course they attended was responsible for them remaining in college.

BURY COLLEGE

Learner 1

Learner 1 had a variety of needs, Autism, an EHCP, and was living independently in semi support housing. They enrolled on to L1 Diploma in Carpentry and Joinery, GCSE English and Maths. On enrolling to the college, the student exhibited low self-esteem, was disengaging and had frequent low mood. Through the AoC project, the college has been able to provide support with his engagement with the college, with others and in managing his mood. They were made aware of the drop-in hub (retitled Personalised Learning Centre), which he was encouraged to take advantage of, to access support by specialist staff to help complete his course work on a one to one. This included with his English and maths, and has continued through lockdown (student still attending college in person).

Learner 1 was supported to check in with a Pastoral Manager every day to review his morning and review any concerns he has. During lockdown he also receives weekly welfare calls. In addition, a referral was also made to the Early Help team, who allocated a support who is now also working with students and their mum. Through the AoC project, the college has been able to provide bespoke support to this learner – without intervention, it is considered that this learner would likely have dropped-out / been asked to leave due to disciplinary issues.

The learner has reported that they feel that they have a safe and supportive team of people around them and is able to continue his course. They remain up to date with their course work and has developed a strong support network that he trusts and is willing to talk to. The learner will continue to check in with Pastoral Manager who will arrange for internal progression or information, advice and guidance support.

Learner 2

Learner 2 was working with a multi-agency team on enrolment, with college becoming part of their ongoing support. They enrolled on Level 3 Extended Diploma to the Uniformed Services, plus GCSE Maths. On their enrolment form, Learner 2 had identified emotional well-being / mental health needs. They were accessing external therapy from specialist service and had a diagnosis of acute anxiety and was prescribed medication.

On joining college, Learner 2 experienced challenges such as adapting to new class with new peers; maintaining attendance; keeping up to date with assignments and work set in class. Learner 2 was identified as needing

additional support: one-to-one support with emotional wellbeing advisor was included as part of their induction. This was supported by informal catch ups in person, and by text or phone. A timetable / routine was agreed through communication between Personalised Learning Centre team, Head of Curriculum, Curriculum Team, Student and parent. Learner 2 was introduced to the PLC area and the support staff available to assist students. Learner 2 took advantage of the PLC to complete course content with Pastoral and specialist curriculum support.

Curriculum team and PLC staff continue to work closely to provide ongoing support, including by meeting weekly with student in the PLC. Progress and concerns are shared via Team, PLC, PM, student and parent with emails and pro-monitor updates. The PLC has allowed the student to remain on programme at a challenging time, and to continue to attend the college during the pandemic. Without the PLC this is considered unlikely to have been possible.

HOPWOOD HALL COLLEGE

Learner 1

Learner 1 has mental health problems including tactile and visual hallucinations, panic attacks, self-harm, violent behaviour, suicidal ideation and attempts, and hospital admissions. They had not attended school in the last three years, and has large gaps in their learning. Learner 2 attended the transition project, and was able to meet with other learners prior to starting the course. A support plan was developed to ensure high levels of wrap around support, including things such as sitting by the door in class and being able to leave for five minutes if he needed to manage his stress levels. He sees the mental health team at least three times a week, and they have accompanied him to the hospital in crisis situations, often caused by excessive cannabis use. He aspires to study psychology at university and is working well at college, feeling settled, attending class regularly, achieving a merit on his first piece of work. This is regarded as a huge step forward – his capacity to remain on a course, to develop resilience and feel able to continue to participate in education despite his enduring mental health difficulties.

Learner 2

Learner 2 has ADHD and dyslexia. When staff first made contact with her, she was reluctant to engage and suspicious as to why she had been chosen for the project, and felt that she wasn't going to attend college anyway. Student A eventually agreed to meet with the staff member, and reported feelings of anxiety and panic in certain situations (e.g. times of change, new environments, speaking in front of people). She attended the transition day, and initially isolated herself from the group, however, after encouragement, she began to interact and participate. At the end of the day she shared her contact details with a small number of peers. She reported being shocked that she did not have a panic attack, and couldn't believe what a good day she had had. She enrolled on a food preparation and cooking NVQ, and English and maths GCSE, and worked alongside a staff member to develop positive and safe coping strategies she could use if she becomes distressed. They meet regularly and continue to work on things such as attending regularly, participating in class and building relationships with peers. Despite a challenging period of self-harm in the first term, she now has 100% attendance, regularly attends her counselling sessions, and has overcome her fear of working in the college restaurant.

Learner 3

Sixteen-year-old, previously in prison due to crime and non-compliance with a curfew. He was subject to a 12-month Youth Referral Order and had weekly sessions with the Youth Offending Team. He had been attending a local PRU but his attendance and engagement was poor, and staff there thought he was unlikely to attend and engage college. He had low self-esteem, low confidence, low mood and lack of motivation, alongside substance abuse. He was also subject to a Child in Need Plan. Due to his high-risk behaviours and mental health, he was invited to attend the summer programme. At the first session, he stated that nobody cared about what he did and he wasn't good at anything. He attended the sessions independently without the need for reminders. By the end of the project, he was talking to staff openly and was excited to enrol on a course. He had weekly sessions with his mentor in the first six weeks of term, and a personalised enrolment process. The mentor attended external meetings outside of normal working hours to show support and encouragement. The college initiated mediation with his mother to help rebuild the relationship.

CC reported that the programme gave him a routine and helped him get to know the staff, and that he was able to do something – a second chance to get qualifications. Since the programme, his home relationships are better with less conflict. He has successfully completed the Youth Referral Order, and has higher confidence and self-esteem. They successfully completed their first term at college, and already achieved a qualification. He is able to form and maintain positive relationships with staff. He plans to progress to level 2 Bricklaying and has goals and aspirations.

OLDHAM 6TH FORM COLLEGE

Learner 1

Learner 1 enrolled at college in September 2018 on a 2 year programme studying CamTech Art and Design (equivalent to 3 A Levels). They had not been in mainstream school for three years before starting college. He described previous school experiences as 'traumatic'. Learner 1 was initially enrolled under his female birth name but he identified as male and was known to us as [redacted].

Learner 1 suffered extreme anxiety and lack of confidence, struggled to stay in lessons and his 'safe place' was curled in a ball in the support hub by the wall. He was often tearful and scared. In particular, he avoided new people and situations that were unfamiliar. His GP informed him that there was at least a 2 year wait for a referral to a gender dysphoria clinic which exacerbated his anxiety and frustrations. Learner 1 struggled to make friendships and appeared withdrawn and aloof to other students. Another challenge related to Learner 1's lack of experience on public transport, as his mum was often available to drive him to and from college.

There were multiple barriers relating to university application and transition. As well as mental health challenges, Learner 1 is the first generation in his family to apply to university and was made homeless with his mother whilst in college. Learner 1 is a talented artist and it was clear that he had the ability and desire to gain a place at University. However, he had no comprehension of university life and thought it was a world that he could never belong in and that he wasn't mentally well enough to cope with. The Learning Support Assistant was able to supplement the work of Learner 1's Progress Tutor, to support him through the UCAS process, and give him the bespoke support he needed. Despite this Learner 1 struggled with his UCAS application and actively avoided writing the personal statement. Often it was difficult to encourage him to move out of the Hub space.

To manage this situation, Learner 1 received one-to-one mentoring once a week with a specific focus on preparing for University. This included UCAS application/DSA and finance issues/liaison with Universities. He attended a lunch club (by invitation) which was a relaxing space (board games/craft/computer games etc). The LSA used the time to do virtual University tours with him and other students and to help with personal statements, think about accommodation choices and other aspects of university life. Learner 1 also attended a GM Higher event with the LSA and a small group of students.

It was a whole day event at Manchester Metropolitan University and was aimed at students with mental health needs. Learner 1 was able to meet staff in the student welfare team and talk to student ambassadors and get a feel for what a University campus looked and felt like. Learner 1 took part in mock interview preparation before his actual interview at Salford University (his first choice). The journey to the university was meticulously planned and Learner 1 did a practice run on the tram before the actual day.

In addition, Learner 1 attended a six-week course led by a representative from the Proud Trust (an LGBTQIA+ charity). The course was aimed at helping students make positive social interactions at University and covered issues such as how to navigate Social Media effectively, how to build good connections as well as confidence and resilience building.

Ultimately, Learner 1 experienced very positive outcomes and he began to thrive in college, gaining a place at Salford University, his first choice. Very encouragingly, he returned to college on a visit in his Christmas break. He was unrecognisable from the student who joined us two years earlier: he was confident, happy and loving University, and enjoying living independently in the student hall of residence.

SALFORD CITY COLLEGE

Learner 1

Learner 1 was studying Hospitality and Catering and there were concerns about their attendance. Learner 1 is on a Special Guardianship Order (SGO) with a family member due to removal from parents at a young age. Significant childhood trauma has been experienced. Intended outcome of the intervention is to improve attendance and build rapport with learner to identify any additional needs. There is also a progression concern due to SGO funding being stopped as the student turns 18 this academic year. The student is talented in the catering field and wishes to continue but financially the family cannot afford this if the SGO funding is removed.

Through regular contact, rapport built with Learner 1 and their caregiver improved attendance and engagement, and the relationship built with the caregiver helped them to motivate the student prior to lessons. Caregiver contacted me to set into motion help regarding funding for subsequent studies as due to the age and no fostering only an SGO in place, this was going to impact on the progression of the student. Additional work has been carried out and the council have agreed to continue to fund the caregiver so that the student can progress with his studies onto next academic year rather than have to leave and get a job to fund himself. Learner 1 has improved engagement and high attendance. Caregiver has contacted myself with concerns (funding) to ensure learning will continue to take place and as a team we have improved the students overall commitment to the course. Learner 1's wellbeing has improved and the impact and stress reduction on the family and the home environment has significantly reduced.

Learner 2

Learner 2 was the victim of bullying during her high school years and was quite vulnerable and was previously with Children Services and identified as a Child in Need. There were considerable concerns around excess drinking and binge drinking resulting her not being able to keep herself safe, including abuse allegations and sexual abuse reports. Learner 2 was a Hair & Beauty student. During lockdown, learner 2 began to struggle, due to lack of confidence in ability and feelings of being overwhelmed with increased anxiety – thus, regular contact with this student was made via telephone or Teams throughout the week to build a trusting relationship. This student came to college staff with concerns regarding her ability and lack of confidence. She opened up about excess drinking and meeting with older males, driving around in their cars. Safety planning was done and referrals were submitted to relevant agencies whilst maintaining the relationship with the student and her parent.

This student lacks confidence and requires a lot on encouragement and feedback to feel she is on the right track. I believe having the weekly interactions with pastoral care, she has been able to interact with someone other than curriculum and share her accomplishments during this lockdown period. I believe this has enabled said student to maintain motivation and as a result has turned things around by detaching herself from the negative relationships and reduced the amount of alcohol being consumed and she has really started to thrive during this time. These interactions during lockdown have helped her feel connected to the college. In addition, through the trusting relationship has enabled her to start making positive choices on her behaviour and will hopefully enable a smoother and less anxious transition back to college.

XAVERIAN COLLEGE

Learner 1

Learner 1 is an Upper-Sixth female studying three A-Levels who has recently diagnosed with Autism as well as anxiety and depression. These challenges have led her to struggle with attendance. However, she is on course for top marks academically and her homelife is happy and supportive. In the mentoring sessions they worked hard to remove the learner's unfounded concerns that she was not progressing as well as her recent diagnosis of autism. In addition, they discussed about evidence-based evaluation of academic life and looking at the objective realities of how she was doing rather than subjective worries about her progress.

Learner 1 had considerable worries about moving onto HE later in the year. Again, the mentor used an evidence-based approach with the learner to alleviate her worries. Discussed each one of her concerns in detail and offering alternative perspectives to her worries. Ultimately, Learner 1 felt emotionally prepared for her final assessments in May and June for her A-levels. She accessed support from her mentor during this time too to help keep herself calm and focused.

Learner 2

Learner 2 is an Upper-Sixth female learner studying a Btec. She is a young carer with severe anxiety and social phobia – these mental health challenges mean she struggles to engage with college. However, despite her barriers to learning, she is doing extremely well academically and is a bright and clever young person. Her mentor is a trained counsellor and so methods from counselling, CBT, mindfulness were utilised in their sessions. They covered positive self-image, building self-confidence and self-esteem, coping strategies for her social phobia, and how she could begin to integrate with a peer group. Learner 2 was also taught breathing control techniques to help with her panic. Mentoring sessions also discussed progression options from college, weighing up positives and negatives, and how she could prepare for moving forward on to a couple of them. Learner 2 felt able to weigh up her post-college options more confidently, and felt less overwhelmed about the process of applying. She also gained motivation and enthusiasm for finishing her Btec coursework.

Learner 3

Learner 3 is a Lower-Sixth female learner, studying for Btec. She is a LAC living with a foster carer. She is socially isolated and has anxiety and depression. She has significant challenges around managing her workload and attendance, and is recognised to be underachieving and at high risk of dropping out. Despite the flexibility of the college with her mentor offering her support sessions at different times and days, and the choice between in-person or online sessions, Learner 3 did not engage fully, not attending all of her sessions, cancelling at the last minute or not turning up.

In the sessions which happened, the mentor tried to help the Learner 3 to break down her college workload into smaller, more manageable chunks. The mentor helped her to set targets which were achievable. The mentor also helped the student with developing a positive mindset. They discussed about the student's ambitions and goals in life and how she could achieve them. They discussed her positive attributes and why she should be proud of herself. Since the mentoring started, Learner 3's attendance has remained good, and she is submitting coursework to her teachers, and has worked with them to plan how to meet future deadlines.

Appendix 3: Who was trained in trauma informed approaches?

YEARS 1 AND 2

BOLTON COLLEGE – ROCKPOOL

- 20 members of staff trained to deliver a trauma informed package to their colleagues – a 'Train the Trainer' approach. This strategy makes on-going training sustainable.
- Overall, the majority of staff were trained (442 individuals), including cleaning staff, security staff, and those in back-office roles; not just specialist teachers. The intention is that all staff are trained, from the principal downwards.
- ACEs are included in the 'on-boarding' training which new members of staff receive – emphasising to them how seriously the college takes it.

BRIDGE COLLEGE – BEYOND PSYCHOLOGY

- All staff trained in ACEs and the 4Ds for dealing with distress (distract, dilute, develop, discover), with the aim of them understanding the impact of developmental trauma and the role of shame.
- 40 staff trained in the impact of developmental trauma training.
- Looked at staff distress.

HOPWOOD HALL COLLEGE – BEYOND PSYCHOLOGY

- Managers and pastoral team did trauma sensitive training to develop an understanding of how it would work at the College (3 ½ day training).
- 500 staff across the College (including canteen, cleaning staff) ½ day trauma/attachment training.

OLDHAM COLLEGE – TRAUMA INFORMED SCHOOLS

- Chose to use Trauma Informed Schools as local high schools were using it and they felt a consistent approach would be helpful for their young people.
- 450 of 500 staff did a full day of training on trauma informed approaches.

- A core team of safeguarding and welfare officers did a ten-day diploma in Trauma Mental Health, as they would be the staff doing the most targeted work with young people experiencing trauma.
- Staff always asking for more training.
- Two in-house 'train the trainer' approaches ensured that all new recruits are trained in the college's trauma informed approach, ensuring it is sustainable.
- Part of 'Operation Compass' which is where a notification is sent to the school when a young person has been present in a household of a domestic violence incident, even if they didn't witness it.

ST JOHN RIGBY COLLEGE – ALLIANCE FOR LEARNING

- All staff trained to Level 1 (Trauma AWARE) – a basic awareness and understanding of trauma and attachment (half-day). Delayed by COVID-19.
- 25 staff to level 2 (Trauma INFORMED) mainly pastoral and wellbeing front facing staff
- 7 staff to level 3 (Trauma SKILLED)
- Making pastoral support not only effective but highly impactful.
- 'Speed dating session' with our Learning Mentor and Progress Tutor to help develop relationships with both teams.
- Learning Mentors who work with students on a 1:1 basis are invited to academic reviews and safety plan meetings as required.

YEAR 3

BOLTON SIXTH FORM COLLEGE – TRAUMA INFORMED SCHOOLS UK

- All college staff to complete a 3-hour online training course.
- Training includes:
- Neuroscience/psychology of child and adolescent mental health.
- ACEs and protective factors in schools.
- Jaak Panksepp's mode of mental health and theory of change.
- Key skills in responding and understanding challenging and/or trauma triggered behaviour.

THE TRAFFORD COLLEGE GROUP – ROCKPOOL

- Aims to become a trauma informed centre by June 2023.
- Two key members of staff (Safeguarding Strategic Lead and Teaching, Learning and Innovation Manager: Quality Department) to become Tier 4 Trauma Informed Educators. They will become qualified train the trainers who can go onto train other college staff, and retain a strategic overview. They hope that this will lead to lasting and sustainable trauma informed understanding and practice. This will be presented to the Governors, Leadership team and middle managers to ensure they are aware of the journey.
- 50 key staff and leaders will do Tier 2 training.
- Middle managers will put forward Trauma Informed College Champions to become trainers.
- Trainers will deliver a training programme to include all front-line staff who deal with students face to face. There are 700 staff across the 5 sites, and the target is for people who directly deal with students.

BURY COLLEGE; OSFC; and TMC are at the beginning of the trauma informed process and at the time of writing this report we do not have information about their plans.

Appendix 4: Trauma informed training providers colleges used

Beyond Psychology (formerly Nurture Psychology)	Hopwood Hall College (Y1) Bridge College (Y2) Bury College (Y3) Tameside College (not AoC funded)	www.beyond-psychology.co.uk
Rockpool	Bolton College (Y1) Trafford College Group (Y3)	www.rockpool.life
Trauma Informed Schools UK	Oldham College (Y2) Bolton 6 th Form College (Y3)	traumainformedschools.co.uk/
Alliance for Learning	St John Rigby College (Y2) Oldham 6 th Form College (Y3)	www.allianceforlearning.co.uk
EmBRACE (Emotionally and Brain Resilient to ACEs)	The Manchester College (Y3)	Sue Irwin, Lancaster University

Appendix 5: Directory of services

42nd Street

W: www.42ndstreet.org.uk
E: theteam@42ndstreet.org.uk
T: 01612287321

A: 42nd Street, The Space, 87-91 Great Ancoats Street, Manchester, M4 5AG

Support and advice for young people's emotional wellbeing by offering a choice of creative, young-person-centred, free, and confidential services. There is a strong focus on accessibility for young people who often feel disempowered; thus, the service does all it can to make young people feel listened to, safe and valued.

Achieve

W: thebiglifegroup.com/service/achieve
E: achieve.referrals@gmmh.nhs.uk
T: 01618712623

A: The Zion Centre, 339 Stretford Road, Hulme, Manchester, M15 4ZY

Achieve is a partnership of trusts targeted at anyone in Bolton, Salford or Trafford experiencing problems with drugs, alcohol, or substance misuse.

The ADHD Foundation

W: <https://www.adhdfoundation.org.uk/>
A neurodiversity charity.

Beat Eating Disorders

W: www.beateatingdisorders.org.uk
E: help@beateatingdisorders.org.uk
T: 0300 123 3355
A: Beat, Unit 1 Chalk Hill House, 19 Rosary Road, Norwich, Norfolk, NR1 1SZ

The organisation runs a 365-day national helpline to empower individuals to seek aid

quickly, to aid the better chance of recovery from eating disorders. Family and friends are also supported with skills, advice, and support for their own mental health, to help their loved ones recover.

Beyond Psychology

W: <http://www.beyond-psychology.co.uk/>
E: office@beyond-psychology.co.uk
T: 07715 218 975

A: Suite 5, No.2 Esplanade, Rochdale, OL16 1AQ

A not-for-profit organisation led by Chartered Clinical Psychologists, who use their expertise to improve the mental health of children and families, particularly regarding trauma and attachment.

Charlie Waller Trust

W: <https://charliewaller.org/>
E: training@charliewaller.org
T: +44(0)1635869754
A: First Floor, Rear Office, 32 High Street, Thatcham, Berkshire, RG19 3JD

An organisation aimed to support and educate young people in looking after their mental health through delivering practical tools and strategies to young people, educators, parents, and employers.

Commander Joe's

W: <https://commandojoes.co.uk/>
E: info@commandojoes.co.uk
T: 0844 8003 212 / 01942 409654
A: Unit 5, Meadow Croft Way, Leigh, WN7 3XZ

A training provider who offers early intervention for young people disengaged with their education,

specialising in behaviour management, growth mindset development and life skills intervention

Early Break

W: earlybreak.co.uk
E: info@earlybreak.co.uk
T: 01617233880

A: Annara House, 7-9 Bury Road, Radcliffe, Manchester, M26 2UG

Rooted in person-centred theory, the organisation offers specialist sexual and substance use support to young people. The organisation has also developed its array of services which include providing bereavement counselling and anti-bullying support.

Early Help Practitioner's Zone

W: <https://hsm.manchester.gov.uk/kb5/manchester/directory/directory.page?directorychannel=1-12>
E: earlyhelpnorth@manchester.gov.uk; earlyhelpcentral@manchester.gov.uk; earlyhelpsouth@manchester.gov.uk
T: (North) 0161 234 1973; (Central) 0161 234 1975; (South) 0161 234 1977

The aim of the service is to build up positive communities that prevent crime, support education, and keep children, young people, and their families safe through working with other agencies and people from local communities.

Emotionally Friendly Settings

W: <https://www.emotionallyfriendly.co.uk/>

E: emotionallyfriendlysettings@salford.gov.uk

T: 0161 778 0476

A: Salford Educational Psychology Service, Burrows House, 10 Priestly Road, Worsley, Manchester, M28 2LY

Emotionally Friendly Settings will help you to assess and enhance emotional health and well-being in your individual setting through an established assess, plan, do and review approach that will revolutionise your setting's approach to emotional and mental health.

GM Police Violence Reduction Unit

W: <https://gmvr.uco.uk>

E: GMVRU@greatermanchester-ca.gov.uk

T: 0161 778 7000

A: Tootal / Broadhurst Building, 56 Oxford Street, Manchester, M1 6EU

A team of subject leads and experts from Greater Manchester Police (GMP), Greater Combined Authority (GMC), Greater Manchester National Probation Service, Public Health, NHS, Education, Community Voluntary Sector, Victim's Voice, Youth Justice and Local Authorities, recognising and preventing the underlying causes of violence through working together in the community.

Harbour project

W: www.uk-rehab.com/rehab-locations/manchester/bolton/harbour-project/

T: 0120462274

A: St Lukes Drop-in, Chorley, Old Road, BL1 3BE

A service providing support, information,

practical advice, and encouragement via twice monthly meetings and a 7-day telephone helpline to families and carers of individuals with alcohol and or drug problems.

Kooth – MH strategies

W: <https://hub.gmhsc.org.uk/mental-health/kooth>

E: tboroughs@kooth.com

T: 07538395528

A free, safe, anonymous platform for young people in Manchester aged 11 to 18 years old aimed to provide effective interventions and treatment for those struggling with mental ill health. The platform includes a live chat function to a qualified counsellor, crisis information and topic-focused forums.

Loudspeaker

W: www.loudspeaker.org.uk

E: info@loudspeaker.org.uk

T: (+44)7988189431

Founded based upon the belief that a young person's ability to speak and their confidence to strive for opportunities can be a large factor in social mobility. The service provides workshop activities that encourage team-building and learning about body language, voice, impact and performance mentality.

Positively Mad

W: <https://positivelymad.com/>

E: info@positivelymad.co.uk

T: 01983 294737

A: Osborne Stable Block, York Road, East Cowes, Isle of Wight, PO32 6JU

We are passionate about changing the way the world learns, about providing students with the skills and mindsets to raise aspirations and improve performance, and passionate

about giving schools utmost value and tangible results through our services and products.

Pottery Corner – Mindfulness through Creativity

W: <https://www.potterycorner.co.uk/>

E: potterycorner@hotmail.co.uk

T: 01618820010

A: 34 Beech Road, Chorlton, Manchester, M21 9EL

Pottery corner is a unique creative studio and gallery in the heart of Chorlton providing outreach mindfulness sessions whereby individuals conduct ceramic painting to achieve mindfulness.

Pyramid Training Clubs (University of West London)

W: <https://www.uwl.ac.uk/business/pyramid-clubs-schools>

E: pyramid@uwl.ac.uk

T: 020 8231 2930 or 07810 853561

Pyramid clubs run as a series of 10 sessions that give children a safe space to grow in confidence, friendship and self-belief

The clubs help children and young people to develop strategies for managing their thoughts and feelings in a supportive and fun environment.

They are generally run as an after-school activity, but can also take place during the school day.

Depending on your school's proximity to the University of West London there are varying options for setting up (and managing) a Pyramid Club.

Raid Training

W: <https://www.apr.ac/raid-training.html>

E: office@apr.ac

T: 0116 241 8331

A: Association for Psychological Therapies, The Dower House, Thumby, LE7 9PH

The RAID[®] course is an excitingly positive approach to working with disturbed and challenging behaviour, to eradicate it at source. It is the UK's leading positive approach for working with disturbed and challenging behaviour and over 20,000 professionals have attended it.

Salford Royal Crisis Team

W: www.gmmh.nhs.uk/crisis-care

A 24/7 helpline coordinated by Greater Manchester Mental Health NHS Foundation Trust to provide mental health support and signposting to other relevant crisis care teams.

Samaritans

W: <http://www.samaritans.org/>

E: admin@samaritans.org

T: +44(0)2083948300

A: Samaritans, The Upper Mill, Kingston Road, Ewell, Surrey, KT17 2AF

Providing telephone crisis support for individuals who are struggling to cope or in need of someone to listen without judgement. The service's vision is that fewer people die by suicide.

Trafford Talkshop

W: <https://www.trafforddirectory.co.uk/kb5/trafford/fsd/service.page?id=axGZQC-KNbQ>

E: talkshop@trafford.gov.uk

T: 01619122453

A: Sale Waterside, Ground Floor, Waterside Plaza, Sale, Manchester, M33 7ZF

Talkshop is a confidential information, advice, and support service for young people in Trafford aged 11 to 19. The service involves drop-ins, sexual health support, young parenthood advice and a youth forum.

Youth Justice Team

W: <https://hsm.manchester.gov.uk/kb5/manchester/directory/service.page?id=e1Vmwlu9L5Q>

T: 01612196330

A: (North Team) Commercial Wharf, Ground Floor, 6 Commercial Street, Manchester, M15 4PZ (South & Central Team) 521 Stockport Road, Longsight, M12 4NE

Previously called Manchester Youth Offending Service, the service is a multi-agency organisation targeted at preventing offending and re-offending rates in children and young people through offering tailored intervention plans to address the risks associated with offending.

