

Title

To improve young people's health and wellbeing by developing their resilience through the use of targeted evidence based interventions, professional development opportunities and teacher coaching and mentoring (i.e. Video Enhanced Reflective Practice).

What did we ask?

Research Questions:

1. Does the Resilience Planning Toolkit combined with professional development opportunities in the area of resilience enable school staff to better identify barriers and supports for children with emotional and mental health needs?
2. Does Video Enhanced Reflective Practice (VERP) help staff to implement resilience theory in practice?

What is the evidence base?

Resilience

Getting it Right for Every Child (GIRFEC) is the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people by offering a variety of supports via partnership working. The Resilience Planning Toolkit (RPT) is a planning tool, developed within North Lanarkshire to help staff, in conjunction with children and young people, to assess, plan for and support a wide range of additional support needs using a single framework based on resilience. The Resilience Toolkit has been created to help professionals make sense of the assessment information gathered through GIRFEC processes. It takes well known resilience factors identified from research and maps these onto the GIRFEC wellbeing indicators in order to link evidence based interventions, strategies and resources to GIRFEC assessment processes.

Resilience is a key feature of GIRFEC and underpins health and wellbeing. The cornerstone of addressing the emotional wellbeing and resilience of children would seem to be effective models of training and support and development for staff within establishments to allow them to plan for and support children's mental wellbeing. The concept of resilience and how to integrate this into assessment has been highlighted as difficult for practitioners (Scottish Government, 2012).

VERP

Video Enhanced Reflective Practice (VERP) supports practitioners to reflect on and develop their communication skills within their typical daily work. The process of VERP aims to allow practitioners to discover how important they are in any interaction and their impact on the other person in their interaction (Kennedy and Landor, 2015). An aim of VERP is to develop more effective interaction and communication through which a practitioner can establish a greater sense of safety and security for pupils and build strong, nurturing relationships.

There is a rapidly growing evidence base to support the benefits of video interventions in many different contexts to support children with a range of needs: social, emotional, behavioural and

cognitive (Fukkink, 2008). Evidence also supports the professional benefits of an approach such as VERP for practitioners in many different roles and capacities. Video Interaction Guidance (VIG) and VERP in schools has been shown to lead to cognitive and emotional gains for pupils (Gavine and Forsythe, 2011).

What did we do?

We selected nine primary schools (5 experimental and 4 controls) that were identified to have high percentages of pupils within SIMD decile 1-3. The experimental schools were provided with two sessions of whole staff training on theories of resilience and use of the Resilience Planning Toolkit. In addition, two teachers from each of the experimental schools were offered training in VERP; consisting of one full day of training and four follow up workshops. All teachers (control and experimental) were asked to identify one pupil in their class in SIMD decile 1 or 2 who required support in relation to their health and wellbeing needs. This pupil would be the focus of planning, intervention and VERP (if applicable).

Evaluation was carried out and consisted of:

- Staff Questionnaire (investigating understanding of pupils' needs and confidence in planning for them) across all schools, pre (39 returned from experimental schools and 35 from control schools) and post intervention (26 returned from experimental schools, 28 from control schools).
- Resilience Planning Toolkit (RPT) evaluation for those participants within the experimental schools. VERP evaluation questionnaire (for those participating in the VERP training) Video analysis of raw footage from 1st and last VERP sessions.

Finally, existing planning documentation for identified children across all schools was requested, as was any further documents developed following the training and over the course of the session August 2016 – June 2017.

What have we found so far?

Research Question 1:

There was a significant increase in teachers' confidence in their knowledge of the Resilience Toolkit post intervention. At pre-test no teachers rated themselves above 6, whereas 75% of teachers rated themselves between 7 and 10 at post-test, suggesting the training was effective.

The Staff questionnaire was completed by all teachers (in experimental and control schools) at both time points (pre- and post- intervention). Staff confidence in assessing children's difficulties and implementing appropriate strategies across the areas of learning and health and wellbeing was recorded using a seven point rating scale ranging from 1 (not confident at all) to 7 (very confident). Staff in the experimental schools demonstrated statistically increased confidence in their ability to both assess difficulties and implement appropriate intervention strategies for children with learning difficulties. This was also the case for children with health and wellbeing difficulties. Furthermore, a statistically significant increase in staff knowledge and understanding of resilience was found following training in the use of the Resilience Planning Toolkit

In the control schools, staff confidence in their ability to assess and implement appropriate strategies for children with learning difficulties decreased. No statistically significant difference was found in staff confidence in assessing and implementing appropriate strategies for children with health and wellbeing difficulties or in their knowledge and understanding of resilience.

Analysis of planning revealed that out of the 37 children in the experimental schools, only one had any type of pre-existing planning prior to the project. Following the intervention, 35 of the pupils had planning in place:

- 25 of which were the joint summary plan and/or resilience assessment developed directly from the RPT. Such plans were based on assessment of the child's resiliency factors, and highlighted target areas with a range of evidence based interventions to support the child.
- 9 pupils had a formal Additional Support Plan in place which included health and wellbeing targets that were assessed and identified through the RPT and included evidence based interventions to support the pupil.

The evidence suggest that the RPT and opportunities for professional development in the area of resilience does enable school staff to better identify barriers and supports for children with emotional and mental health needs.

Research Question 2:

A total of nine out of 10 participants from experimental schools completed the RPT plus VERP training programme. Due to technical issues, raw footage from first and last VERP sessions was gathered from three participants for analysis. Two minutes of each video was coded following the Principles of Attuned Interaction and Guidance (teacher behaviour) and taking initiative (pupil behaviour). Video analysis highlights the positive impact of VERP plus RPT training. Specifically, improvements were identified in teacher behaviour in all but one of the Principles of Attuned Interaction and Guidance. Although these findings were not statistically significant, the greatest increase was observed in the teacher's ability to develop attuned interactions. In terms of pupil behaviour, despite results not being statistically significant, there was an increase in overall number of initiatives taken by the child during the analysed interactions.

VERP evaluations showed that 86% of staff members reported they had made changes to their practice as a result of VERP and all staff members involved reported that the training had an impact on the children with which they work..

It can therefore be argued that VERP plus RPT training has brought about positive changes for the individual child and teacher.

What do we plan to do next?

The RPT and the associated training will now be provided as a universal offer to schools in North Lanarkshire by the educational psychological service. Future improvements may include:

- Ensure a greater time period between pre- and post-test evaluations to increase validity of findings.
- Commence pre-testing at a later date as staff members did not feel that they knew the children very well at pre-test stage.
- Ensure all VERP videos are recorded using allocated iPads to enable a greater number of videos to be returned for analysis

References

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Further information and materials

[North Lanarkshire Council - Research and Development](#)

Email: CruickshankC@northlan.gcsx.gov.uk
Telephone: 01698 262840