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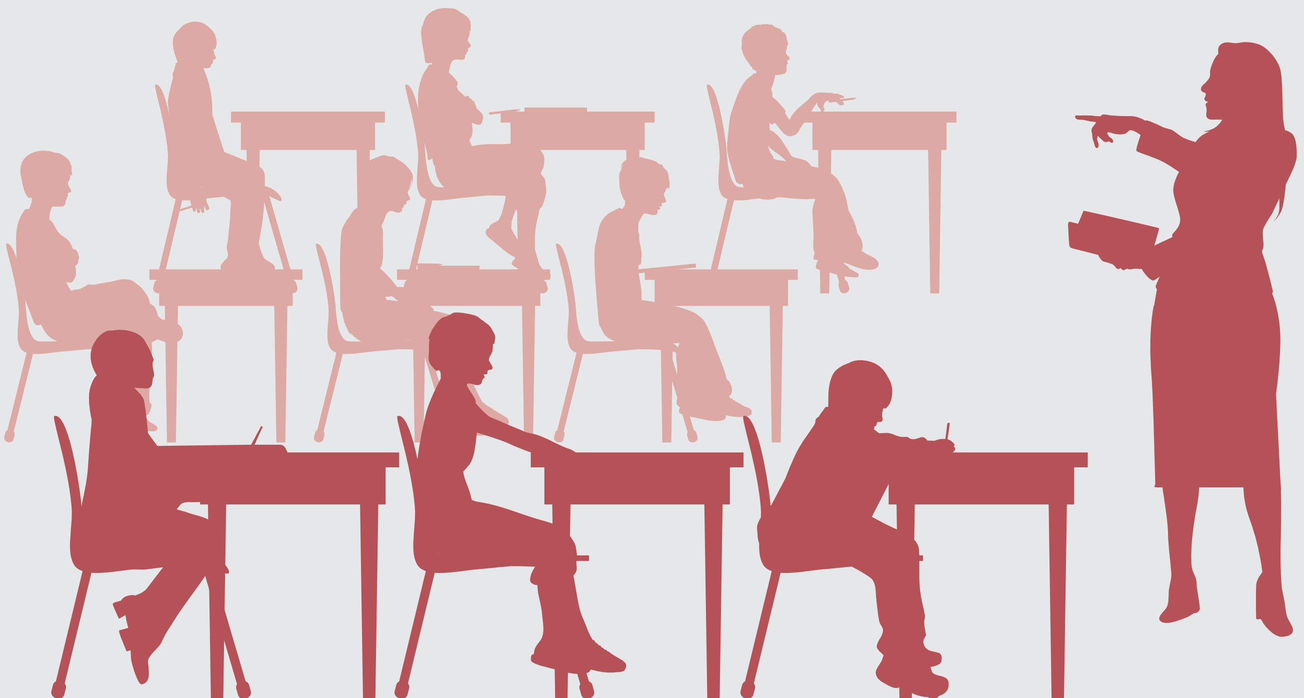
UCL Institute of Health Equity

Local action on health inequalities:

Building children and young people's resilience in schools



Health equity briefing 2: September 2014

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About the UCL Institute of Health Equity

The Institute is led by Professor Sir Michael Marmot and seeks to increase health equity through action on the social determinants of health, specifically in four areas: influencing global, national and local policies; advising on and learning from practice; building the evidence base; and capacity building. The Institute builds on previous work to tackle inequalities in health led by Professor Sir Michael Marmot and his team, including the 'Commission on Social Determinants of Health', 'Fair Society Healthy Lives' (The Marmot Review) and the 'Review of Social Determinants of Health and the Health Divide for the WHO European Region'. www.instituteofhealthequity.org

About this briefing

This briefing was commissioned by PHE and written by the Institute of Health Equity (IHE). It is a summary of a more detailed evidence review on the same topic and is intended primarily for directors of public health, public health teams and local authorities. This briefing and accompanying evidence reviews are part of a series commissioned by PHE to describe and demonstrate effective, practical local action on a range of social determinants of health.

Matilda Allen wrote this briefing for IHE.

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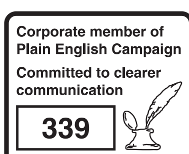

Building children and young people's resilience in schools

Summary

1. Resilience is the capacity to bounce back from adversity. Protective factors increase resilience, whereas risk factors increase vulnerability. Resilient individuals, families and communities are more able to deal with difficulties and adversities than those with less resilience.
2. Those who are resilient do well despite adversity, although it does not imply that those who are resilient are unharmed – they often have poorer outcomes than those who have low-risk background but less resilience. This applies to health outcomes and affects success in a range of areas of life across the life course. Evidence shows that resilience could contribute to healthy behaviours, higher qualifications and skills, better employment, better mental well-being, and a quicker or more successful recovery from illness.
3. Resilience is not an innate feature of some people's personalities. Resilience and adversity are distributed unequally across the population, and are related to broader socio-economic inequalities which have common causes – the inequities in power, money and resources that shape the conditions in which people live and their opportunities, experiences and relationships.
4. Those who face the most adversity are least likely to have the resources necessary to build resilience. This 'double burden' means that inequalities in resilience are likely to contribute to health inequalities.
5. Schools have a key opportunity to build resilience among children and young people, and there is a range of ways in which local authorities can support and encourage schools to take action.
6. Actions to increase resilience can be targeted at different levels - they can aim to increase achievements of pupils; to support them through transitions and encourage healthy behaviours; to promote better interpersonal relationships between people – particularly parents or carers and children; and to create more supportive, cohesive schools that support both pupils and the wider community.

Introduction

As universal services that play a significant role in the development of children and young people for at least 11 years, schools have an important opportunity to promote and increase the resilience of the pupils they teach, their families, and the wider community.

This briefing is based on a longer evidence review on this topic, which provides more detailed analysis, references and case studies. The summary presented here is intended to support directors of public health and their teams within local authorities, health and wellbeing boards, councillors, school staff, and others with an interest in health inequalities, education and wellbeing in their local area.

The links between resilience and health inequalities

Resilient individuals, families and communities are more able to deal with difficulties and adversities, and are therefore more likely to experience conditions which are positive for health. In the face of adversity, resilient individuals, families and communities may show better outcomes than those who are more vulnerable, including:

- lower incidence of unhealthy or risky behaviours[1-3]
- higher attainment at school, qualifications, and skill levels[1,4,5]
- better employment prospects[6]
- higher mental wellbeing and flourishing[7]
- improved recovery from illness[1,8-11]

However, the positive effects of resilience on health are not distributed equally across society. There are inequalities in the chances of people experiencing adversity, and inequalities in the resources and protective factors that are necessary to build resilience and reduce vulnerability. Inequalities in both adversity and resilience have common causes – the inequities in power, money and resources that shape the conditions in which people live. This means that there is likely to be a 'double burden', as those who face the most adversity, and therefore need resilience most, are least likely to have the resources needed to build resilience. This 'double burden' contributes to health inequalities.

While there is a lack of data on resilience itself, there is a socio-economic gradient in anxiety, aggression, confidence, emotional and cognitive development, concentration, readiness for school, social and emotional adjustment and mental wellbeing among children and young people.[1,12,13] This suggests that it is likely that children and young people who are in more disadvantaged socio-economic positions, or live in areas of higher deprivation, will have lower levels of resilience.

What works to improve resilience?

It can be difficult to measure resilience, but we can also measure success by looking at changes in the factors that tend to affect levels of resilience. The Marmot Review recognised the important role of schools in building resilience, and recommended a policy objective that 'schools, families and communities work in partnership to reduce the gradient in health, wellbeing and resilience of children and young people'.[14] Successful approaches for building resilience in schools tend to increase protective factors, decrease risk factors or both, in individuals, families, or communities.

Improving achievements

Research suggests that positive achievements help to build resilience. This applies not only to academic performance, but also to the number of years spent in school, and positive school experiences including engagement, enjoyment and success in sports, arts and music.[15-19] Schools can help to increase resilience by recognising a range of achievements and promoting engagement and confidence in children.

Promoting healthy behaviours

Engaging in unhealthy or risky behaviour such as drinking alcohol, smoking, taking drugs, engaging in risky sexual behaviour, eating unhealthily or not exercising can increase vulnerability and reduce resilience.[2] There is good evidence that schools can affect behaviour, and that successful approaches have worked across boundaries and tackled the root causes of behaviour.[2,20] Furthermore, there is some evidence of the economic benefit of such approaches. [21,22]

Ensuring smooth transitions

The moves from home to school, between schools, or from school into further education or work are times of opportunity and challenge.[23,24] By supporting children and families at these times of transition, schools and local authorities can ensure that these changes do not increase vulnerability, and that children remain resilient.

A pilot approach taken to build resilience and support the transition between primary and secondary school is described in box A.

BOX A

Building emotional resilience in schools in Denny, Scotland[25]

This pilot ran from 2007 to 2008, with the aim of developing an integrated, holistic approach to building emotional resilience and wellbeing. The programme had a specific focus on supporting the transition from primary to secondary schools, including through training teachers and working with parents.

The pilot was funded by the Scottish Government, Falkirk Council and HeadsUpScotland, and was delivered by YoungMinds and a group of eight schools in Denny.

The programme included four initiatives:

- building confidence and self-esteem among pupils, including through peer support, use of the Creating Confident Kids programme, and the Aiming for High programme, which is specifically designed to increase resilience in young people during times of transition
- promoting confidence and understanding among teachers and other staff, including through training on resilience and emotional wellbeing
- raising awareness of resilience and wellbeing among parents through workshops designed to increase support across the transition between schools
- enhancing the leadership skills of head teachers in the areas of resilience and wellbeing

An evaluation revealed the following key findings:

- pupils' self-esteem and resilient attitudes were enhanced, and worries about transition were reduced
- staff's own confidence in their ability to promote and facilitate discussion about resilience and emotional wellbeing increased
- parents felt more confident in their ability to support their child, and there were improvements in the parent-child relationship
- schools reported a greater focus on, and prioritisation of, resilience and emotional wellbeing

Supporting parents and carers

Support, love and positive relationships with others are essential for building resilience in children.[16,26] This is most important between children and their parents or carers, and schools can play a role here by building strong links between home and school that support families, increasing parental (or carer) confidence and engagement, and promoting good parenting practices.[18,26-30]

The approach outlined in box B shows how working with families can improve involvement in education and have a range of good results.

BOX B

Families and Schools Together[31]

Families and Schools Together (FAST) is an early intervention programme run and funded by Save the Children in partnership with Middlesex University and delivered in a school setting in areas of high deprivation. The trial was predominantly engaged with low-income families – 77% had annual incomes of under £20,000.

The programme works with families, supporting them to improve their children's skills in reading, writing and maths, and encouraging their good behaviour and positive attitude; facilitating parents to be involved in their children's education, including by supporting learning at home; and encouraging stronger bonds between parents and their children, the school, other parents, and the local community.

Results from the UK FAST programme:

- reduced family conflict (-16%), increased total family relationships (+15%), and improved parent-child relationships (+14%)
- reduced emotional symptoms (-25%), conduct problems (-24%), hyperactivity (-19%), peer problems (-16%) and total difficulties (-20%)
- increased parental social relationships with community (+8%) and involvement in education (+3%)
- increased parental support to others (+25%) and received from others (+33%)
- 84% of parents reported that the FAST programme had empowered them, and 90% agreed they had more information and knowledge about their children's education
- teachers reported an increase in child academic competence, in parental involvement with school, and a reduction in impact of child difficulties (-29%)
- 18% of parents had made more visits to the GP or hospital, 27% reduced their alcohol and 24% reduced their tobacco consumption, 21% reduced their use of drugs
- fewer FAST students needed special education services than those in a control group, suggesting that there may be cost-saving benefits to the programme

Supportive teachers and other staff

Schools can support pupils through positive relationships with teachers and other staff, who can offer support and guidance.[15,26,32,33] This can be particularly important for those who lack supportive family relationships.[16,34]

Promoting good relationships with peers

By promoting and facilitating supportive friendships between peers, schools can build protective factors for children and young people.[15,35] For instance, mentoring schemes have been shown to be successful in improving social, emotional and academic development in mentors and mentees.[36]

Adopting a 'whole-school' approach

The whole-school approach is characterised by a concern for the entirety of school life, and the health and wellbeing of students, staff, parents, and the community.[37] The principles of this approach have been shown to be successful in supporting mental health and resilience.[38] Health-promoting schools take a whole school approach, and have been shown to have a promising positive effect on resilience.[39,40]

The school as a community hub

The physical and social places in which children live are essential to their mental wellbeing. Schools can contribute to individual and community resilience by acting as a community hub, working with the local population and reinforcing community networks, as well as operating as a base for a range of services and all-age community activities.[41-43]

Working closely with the community by providing a hub for local services and agencies that have relevance for the wellbeing of children was at the centre of the Full Service Extended Schools initiative (box C).

BOX C

Full Service Extended Schools initiative[43]

The Full Service Extended Schools (FSES) initiative was a three-year project launched by the Department for Education and Skills (DfES) in 2003, with the aim of developing one or more FSES in each local authority (focussing particularly on areas of high deprivation). 'Extended' schools provided a range of services, including, health, adult learning, community activities, study support, and childcare from 8am-6pm. The programmes focussed on overcoming barriers to learning by acting on family and community problems.

In total, 138 schools were involved in the initiative, and results included:

- a positive impact on pupils' attainment, particularly for those facing difficulties
- increased engagement with learning, family stability and enhanced life chances
- more stable home environment
- improvements in the qualifications and employability of the local community
- reduction in unhealthy behaviour and increase in positive health-related outcomes
- reduction in youth crime and disorder
- increased self-confidence and social skills

Although resilience was not specifically measured, the positive outcomes suggest an increase in resilience may have been a result, due to the increase in protective factors among those most in need, such as pupil attainment, family involvement, and community development.

A cost-benefit analysis showed high costs, but equal or higher benefits, resulting in FSES being considered a 'good investment', particularly as benefits accrued disproportionately to children, families and sections of the community facing the greatest difficulties. The evaluation stated that this resulted in a redistributive element of the FSES.

Following the three-year initiative, the DfES set out an intention to roll out a (more limited) extended schools approach on a national level, with the aim of all children having access to extended provision in their schools by 2010. This was renamed as an extended services approach, and has also shown positive results.[44]

Principles for implementation

In order to reduce inequalities, it is important that actions should be universal, but targeted with greater intensity and scale at those children experiencing poverty or disadvantage. Dedicated resources, opportunities, and positive experiences are more important for those most in need, but should also be available to all. Prevention and early intervention are also important, as resilience built in the early years could help people if they are exposed to adversity later on in life.[2]

Conclusion

Evidence of the link between resilience, social inequalities and health outcomes gives local authorities strong reasons to work with schools to develop resilience among students, families, and the wider community. Resilience and vulnerability are not individual personality characteristics, but are closely related to socio-economic factors. Schools have an opportunity to build resilience, and research literature, alongside established programmes and interventions, can suggest possible strategies and provide information on what works. Where local authorities and schools work together to build resilience, this could help areas to tackle health inequalities and reduce the social gradient in health.

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