A secondary prevention programme that seeks to prevent parents from further DV victimisation, and reduce or prevent children’s consequent psychosocial difficulties.

Uses life and leadership coaching as a behaviour change model with group-based delivery.

The coaching cycle allows parents to develop critical thinking skills, build networks and develop their growth mindset to effect change in their family.

11 weekly two-hour group sessions with parents

Key research questions

A feasibility study to examine the acceptability and potential impact of the Family Vision intervention

- Is the programme acceptable to parents, facilitators and senior managers hosting the programme?
- Is it feasible to deliver, including recruiting/retaining participants, in settings that families access?
- Is it likely to improve parent well-being and empowerment in the short-term, and in the longer term reduce child psychosocial difficulties?

The Family Vision programme

Methodology

- Delivered in a Primary School and a Children’s Centre.
- Places offered to 24 parents.
- Interviews/focus groups with 13 parents, 3 facilitators and 2 managers
- Weekly session feedback.
- Pre- and post-programme outcome questionnaires completed by parents.

Attendance & Retention

- 24 parents offered places: 20 accepted; 17 completed
- Mean age of parents = 32.3 yrs (21-43)
- Factors that supported retention: crèche, refreshments, suitable time/place & bonding with other parents.

Findings and Conclusions

Interviews: Acceptability & Impact

- Parents found the course positive and empowering.
- Identified need for interventions like Family Vision to help parents move forward after DV.
- Co-facilitators and senior managers highly rated the programme and the training.

Measures: Potential Impact

Compared to baseline, post-measures showed improvements in all domains:

- Improved parent empowerment and self-efficacy (PEEM) and improved parent mental wellbeing (WEMWBS)
- Less conflict & more closeness in parent-child relationship (CPRS)
- Improved ratings of child psychosocial functioning (SDQ)

Further information: v.berry@exeter.ac.uk

"You are in control and you can change things..." (Parent)
Preparedness of secondary schools to adopt and integrate an intervention to improve teachers’ and students’ mental health and wellbeing (WISE Study)

Grey, J., Kidger, J., Evans, R., Tilling, K., Hollingworth, W., Campbell, R., Ford, T., Murphy, S., Araya, R., Morris, R., Kadir, B., Moure Fernandez, A., Bell, S., Harding, S., Brockman, R., Gunnell, D. (Cardiff University, University of Bristol, University of Exeter, LSHTM)

INTRODUCTION

- Secondary school teachers are consistently reported to be at risk of mental health problems compared to other professions.[1,2]
- Failure to address heightened levels of stress can result in longer term mental health problems, poor performance at work (presenteeism, sickness absence and health-related retirement in teachers).[3,4,5]
- Teachers occupy a key position in which to identify and support students’ mental health problems.[6] However, their own poor mental health and a reported lack of training can be a barrier to them doing this effectively.[7]
- Difficult teacher-student relationships are associated with psychiatric disorders and school exclusions of students.[8]

Aim: To explore what barrier and facilitators exist in secondary school systems which may prevent or support the success of an intervention aimed at improving wellbeing in schools in England and Wales.

METHODS

- The Wellbeing In Secondary Education study is a cluster randomised control trial with an integrated process and economic evaluation.
- 25 schools in England and Wales were randomly allocated to the intervention or control arm of the RCT.
- 8% of staff at intervention schools received training in standard school systems which may prevent or support the success of an intervention aimed at improving wellbeing in schools in England and Wales.

The majority of head teachers conceptualised the origins of mental health problem as external to the school. These factors, however, impact daily functioning of schools and the school population. Accountability to external organisations, exam results, staff turnover, decreasing school budgets and a lack of training for teachers in how to support student wellbeing were offered as explanatory factors negatively impacting school wellbeing. Students’ home lives were also thought to negatively impact wellbeing, especially where parental substance misuse and family breakdown were present.

In accordance with previous research, pressure upon teachers combined with a lack of knowledge in how to support student wellbeing were thought to have a reciprocal negative impact on both student and teacher relationships in and turn wellbeing.

System level change is required to support schools’ preparedness to adopt and implement interventions addressing the mental health and wellbeing of teachers and students. Further research is required to identify further system-level barriers and facilitators.

ACKNOWLEDGEMENTS

Many thanks to all our WISE study schools and participants and to our funders. Thanks to the rest of the WISE study team: Amy Bond, Amy Edwards and Camilla Swappworth.

REFERENCES


This is a summary of independent research funded by the National Institute for Health Research (NIHR). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.
What are the challenges surrounding youth mentoring programmes in the United Kingdom?
A qualitative study with mentoring managers and experts
Busse H, Campbell R and Kipping R
Bristol Medical School, University of Bristol

Background
- Mentoring programmes are commonplace in various settings and contexts
- Evidence about UK programmes is weak
- Important to understand the context in which programmes are provided to assess transferability and to inform future evaluations

Methodology
- Telephone interviews with 23 programme providers and 5 experts
- Thematic analysis

Findings
- Mentoring programmes operate within a complex context
- The development, delivery and maintenance of programmes each comes with own challenges
- Differences between internal and externally-funded programmes

Conclusions
- Many challenges are present that impact on programme’s overall sustainability
- Need to recognize the challenges to ensure that programmes are delivered as intended, sustained long-term and evaluated appropriately

Further information:
Heide.Busse@bristol.ac.uk
@HeideBusse

Managing risks
“Putting everything into place for safeguarding young people, and our mentors, that’s a massive challenge.” (M10)

Change of programme model
“We like to change that [mentoring programme] every year because we feel the community changes every year” (M16)

Insecure funding
“Insecure funding is, it really does affect everything.” (M10)
Examining subgroup effects by socioeconomic status of public health interventions focusing on adolescent multiple risk behaviour

Laura Tinner, Deborah Caldwell, Matthew Hickman, Georgina MacArthur, Rona Campbell
Population Health Sciences, University of Bristol

Background
It is unknown whether adolescent multiple risk behaviour interventions are equally effective for young people of low and high socioeconomic status (SES).

Aim
To examine subgroup effects by socioeconomic status (SES) of universal public health interventions targeting adolescent multiple risk behaviour.

Findings
Figure 1: Forest plot of alcohol use by SES group

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Risk Ratio</th>
<th>Risk Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M-H, Random, 95% CI</td>
<td>M-H, Random, 95% CI</td>
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<tr>
<td>1.1.2 High SES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gottfredson et al 2010</td>
<td>11.1%</td>
<td>1.55 (0.73, 3.29)</td>
</tr>
<tr>
<td>Lane et al 2013</td>
<td>5.7%</td>
<td>4.14 (1.36, 12.69)</td>
</tr>
<tr>
<td>Piper et al 2000</td>
<td>36.5%</td>
<td>1.18 (0.88, 1.58)</td>
</tr>
<tr>
<td>Wolfe et al 2000</td>
<td>46.8%</td>
<td>1.14 (0.94, 1.38)</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>100.0%</td>
<td>1.28 (0.97, 1.69)</td>
</tr>
<tr>
<td>Total events</td>
<td></td>
<td></td>
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<tr>
<td>Heterogeneity: Tau² = 0.03; CH² = 5.54, df = 3 (P = 0.14); I² = 46%</td>
<td></td>
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</tr>
<tr>
<td>Test for overall effect: Z = 1.75 (P = 0.08)</td>
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</tr>
</tbody>
</table>

| 1.1.3 Low SES      |            |            |
| Gottfredson et al 2010 | 4.9% | 0.81 (0.39, 1.68) |
| Lane et al 2013    | 0.6%       | 0.22 (0.03, 1.85) |
| Piper et al 2000   | 50.0%      | 1.15 (0.95, 1.40) |
| Wolfe et al 2000   | 44.6%      | 1.19 (0.96, 1.47) |
| Subtotal (95% CI)  | 100.0%     | 1.14 (0.97, 1.34) |
| Total events       |            |            |
| Heterogeneity: Tau² = 0.00; CH² = 3.37, df = 3 (P = 0.34); I² = 11% |
| Test for overall effect: Z = 1.56 (P = 0.12) |

Further information:
laura.tinner@bristol.ac.uk

Conclusions
- Few studies of public health interventions addressing adolescent multiple risk behaviour report measuring SES.
- There is potential for a differential effective of interventions by SES group.
- There is a need for routine reporting of demographic information so that health inequalities can be investigated further.
Moving with the times – online sexually transmitted infection testing services.
A qualitative study exploring the views of 18-24 year olds in Plymouth

Laura Juett, Public Health Specialist, Plymouth City Council.

Introduction

- Improving sexual health is a public health priority with local authorities mandated to provide services
- Rates of sexually transmitted infections (STI) are high among 18-24 year olds
- Evidence suggests there are a number of barriers to accessing clinic based STI testing services
- Can online testing services overcome barriers and increase uptake of testing and subsequent management of infections?

Methodology

- Qualitative approach used to generate insight into subjective experiences and meanings
- Purposive sampling strategy using professional contacts in further/higher education
- 12 semi structured interviews with 18-24 year olds. Audio recorded interviews transcribed
- Data analysed using six phased recursive thematic analysis (Braun and Clarke, 2006, 2013)

Results

- High levels of acceptability and preference for online testing - online services seen as complimentary to clinic based services
- Preference for clinic based services if specific symptoms of STI
- Convenience, privacy and anonymity key benefits and motivators to using online services
- Design and functionality aspects of online services critical factors in generating trust and credibility

Conclusions

- Online STI testing is acceptable to a high risk group
- Anonymity, convenience and avoidance of embarrassment may help normalise STI testing and address stigma associated with STIs
- Online services could direct an increase in the overall uptake of STI testing
- Overall benefits of improved detection, earlier treatment and reduced onward transmission

I mean going to a clinic is kind of inconvenient ...everything is done online anyway...it's kind of moving with the times
(Male, age 19).

The anonymity and the fact you can just do it from home make it a really good service
(Female, age 23).

I think that is brilliant because it takes away the chance of people getting embarrassed ...they just go straight through the site
(Female, age 21).

This study was undertaken as part of an MSc Public Health at UWE. Further information
Laura.Juett@plymouth.gov.uk