

# EDUCATION THROUGH ENGAGEMENT – A PILOT PROJECT AIMED AT IMPROVING THE MENTAL HEALTH AND EMOTIONAL WELLBEING OF YOUNG PEOPLE WITH LEARNING DISABILITIES AND AUTISM

A Contextual Evaluation



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## 1. Context

In January (2022), the Local Government Association published a study confirming that at least one in six children and young people have a diagnosable mental health condition. A recent study by the Mental Health Charity Young Minds revealed that only 1% of the total NHS Budget is spent on young people's mental health, (Young Minds, 2023, p. 2). Moreover, the study asserted that despite greater public awareness and Government investment between 2015 and 2020, there are still too many barriers for young people and families to access the support they need in a timely manner. It was also noted that, 'young people with emerging mental health problems, who do not meet the threshold for clinical services, are often left with no help at all' (Young Minds, 2023, p. 3). A contextual survey of 2000 parents revealed that 76% noted a deterioration in their child's mental health whilst waiting for a Child and Adolescent Mental Health Services appointment. This was exacerbated by the length of wait, with 85% of families who waited over six months confirming the problems worsened and 64% reporting that the deterioration was considerable, (Young Minds, 2023, pp. 3-4). Young Minds (2023) claim that three-quarters of young people awaiting mental health treatment deteriorate due to delays. Although there are a wide range of local Voluntary, Community, Faith, and Social Enterprise (VCFSE) services available, young people and their families, '... are not signposted to (these) other forms of support'. Emma Thomas, CEO of Young Minds (2023) stated that, "Parents who call our helpline frequently describe what this means in practice – while waiting for help, young people may start to self-harm, become suicidal, or drop out of school, which can have a huge impact, not only on their education but on their families too". One representative young person<sup>1</sup> explained their personal experience of waiting for CAMHS support to the Local Government Association (2022):

"I was 14 when my mum took me to the GP for the first time. She was worried as I was self-harming, but the doctor assured her the cuts were just superficial and that I wasn't distressed enough to need help.

"**Two months** later I was back. This time my mum managed to persuade the doctor that I needed to go on the waiting list for a child and adolescent mental health service (CAMHS) assessment. **I had to wait six months for my initial appointment**, so in the meantime **we paid** for a private counsellor to help me, but it was **too expensive**, and we had to stop. After my assessment I had to wait **another year** for any sort of therapy."

"I ended up in A&E several times, having taken an overdose. With no specialist mental health support on the children's wards, it could take up to two days for CAMHS to visit me in hospital to decide it was safe enough for me to go home."

"School could not help me much either. I would be isolated when I was self-harming – it felt like I was being punished, but I needed help. Eventually, I was moved to a special needs school, which was great, but I don't have special educational needs...." LGA (2022)

<sup>1</sup> ('Hannah', waited 4 years for a life changing diagnosis and is now a Citizen Researcher with **MH:2K** (2022), who engage young people in conversations about mental health in their local area.)

The Education through Engagement delivery team is a pilot collaboration between Blackburn and Darwen Health Watch, Care Network, Carers Service, and Wot Wud U Do. They agree with Young Minds' findings on the lack of signposting to other sources of support, and the failure to consider all available pathways to community support means that, "These young people often don't engage in services or organisations that can help before their situation deteriorates..." (WotWudUDo, 2023). The Education through Engagement Team, (represented here by Wot Wud U Do), went onto suggest that in their experience, delays in accessing support have a long-term impact on life chances, as young people who have reached crisis point can subsequently, "lack the motivation, resilience, and confidence to take up opportunities to develop on a personal or professional level. This may lead to poorer mental health long term if not addressed" (WotWudUDo, 2023)

### 1.1. The Problem of Young People's Mental Health in Lancashire Area – 12 & 14

The Education through Engagement Team's point about the long-term impact on mental health and life choices is pertinent and is particularly so if the young people come from disadvantaged backgrounds. There are approximately 32,871 young people in Lancashire and South Cumbria with a diagnosed mental health condition (NHS, 2019). Since Covid 19, nationally young people's mental Health has deteriorated, increasing from 1 in 9 to 1 in 6 young people with a diagnoseable condition, (Local Government Association, 2022). The LGA study also confirms Emerson and Hatton's (2007) findings that young people with SENDs are 4.5 times more likely to develop a mental health condition than others. In Lancashire young people's mental health is a health equalities problem (NHS 2019), with long term impacts on choices, education, attainment/employment, and standard of living (Greenberg & Jennings, 2009).

#### Local Factors linked to a Person's Mental Health

"Deprivation and inequality are particularly important risk factors: both individual and neighbourhood deprivation can increase the risk of poor general and mental health. Evidence shows that people from the most deprived areas (Lancashire 12 & 14) are at higher risk of poor mental health and developing mental health problems, as are their children. They are twice as likely to consult their GP for help with mental health issues, and they are also more likely to die from suicide, especially when they are young."

"Poor educational attainment is also associated with many negative health outcomes, as noted above, including lower wellbeing. Although educational attainment across Lancashire-12 is similar to England, there is a strong social gradient across the districts in the county in the percentage of pupils achieving five A\*-C grade GCSEs (including English and maths)."

(Lancashire County Council, 2022)

Lancashire Area - 12 and 14 present a diverse demographic picture, with areas of affluence juxtaposed to areas of significant deprivation. According to Lancashire Insight (2022), although 58.6% of households are considered as not deprived in any dimension, at 19.7% Blackpool was ranked third highest in England and Wales for households deprived in two domains and is still ranked in 6<sup>th</sup> highest place for households being deprived in four dimensions. For households deprived in three domains, Blackpool was ranked 5<sup>th</sup>, Blackburn with Darwen 6<sup>th</sup> and Burnley 9<sup>th</sup> highest (Lancashire County Council, 2022).

### 1.2 The Specific Problem to be Addressed

Studies have also shown that disadvantaged young people with poor emotional health are more likely to get involved in risky behaviours. For example, taking drugs, drinking too much, getting into trouble with the police and ending up in the criminal justice system, (Little Lives Children's Charity, 2023).

- Children and young people are more likely to have poor mental health if they experience some form of adversity, such as living in poverty, parental separation, or financial crisis, where there is a problem with the way their family functions or whose parents already have poor mental health.
- Young people who identify as LGBTQ are also more likely to suffer from a mental health condition.
- Looked after children are four times more likely to experience mental health issues than their peers.
- A third of people in the youth justice system are estimated to have a mental health problem.
- Nearly three quarters of children with a mental health condition also have a physical health condition or developmental problem.

Like most illness, mental health does not directly discriminate between the rich and the poor. However, there is strong evidence that young people from disadvantaged backgrounds are more likely to have poor emotional health. There is also a higher number of young people with Special Educational Needs and (dis)Abilities (SENDs) in disadvantaged communities, (Youth Health Data, 2023). The reasons for this are complicated, but it is another example of the health inequality affecting our communities. A national study by the Local Government Association further confirmed the relationship between disadvantage and young people's vulnerability to poor mental health:

Through the Young Minds Transformation Plan, Lancashire County Council is investing in improving young people's mental health services, (Lancashire and South Cumbria NHS, 2019). The reason for this is because the long term social and economic cost of mental illness is high. For example, figures from the National Health Service (NHS) 2021, show the average cost of Children's Mental Health Services for young people admitted to hospital young people is £938 per contact. In 2020, the cost for supporting a young person in the community through a continuous intervention is £252 per contact. A course of 12 counselling sessions for a young person costs an average of £1165. Families of young people with SENDs who need extra support with behaviour and sleeping are offered intensive courses with health professionals at an average cost of £4468 per person. The average cost for a child with mental health issues is between £14 - £191, (Burns, 2021). However, the direct

economic cost is low compared to the long term social, educational, emotional, and wellbeing burden on young people and their families. Despite the investment, waiting times for support and diagnosis are still too long, leading to deterioration with immediate and long-term consequences. A review of young people’s mental health care by the Care Quality Commission (2018) found that, ‘...many children and young people experiencing mental health problems don’t get the kind of care they deserve. The system is complicated, with no easy or clear way to get help or support.’ the Education through Engagement Team believes that with a more proactive approach and better collaborations between the statutory and VCFSE sector will help reduce school refusal or exclusions, young people being referred to CAMHS, and help prevent those stuck on long waiting lists from going into crisis.

## 2. Developing Solutions: Education through Engagement– a Case Study

The Education through Engagement pilot is based on the work by Wot Do U Do. Developed as an undergraduate placement activity in 2011. Wot Wud U Do are aware of the parallel universe occupied between the statutory and VCFSE sector regarding young people’s mental health support. As students observing from the outside, Wot Do U Do recalls that “We wanted to do more and felt our impact was minimal and at the end of every workshop, we left the young people behind who needed more support, more conversations and more openness and confidence to challenge societal norms.” To address this disconnection between support and need, Wot Do U Do developed a conceptual framework which integrates across sectors, supporting statutory services and communities to adopt novel approaches to collaboration for the benefit of young people aged between 11 and 18 in the Lancashire area.

“Wot Wud U Do set out to focus on creativity to engage and educate young people to make better life choices. We secured a small pot of money in the early days to prototype the creation of a core engagement tool. . . Our interactive videos that let you, the player, choose ‘Wot Wud U Do’ in several scenarios.” (WotWudUdo, 2023)

The students wanted to target services that engage with young people, including, educational, social and care services, and develop collaboration through co-producing games, new interactive resources, and technologies that focus on health and wellbeing. This vision manifested as Wot Do U Do an interactive and thought-provoking resource, designed to make professionals life easier, when it comes to educating the younger generation on topics that impact them daily; namely, mental health, relationships, and sex.

“The prototype showed the potential. We used this to try to secure funding but found many doors for a creative approach to education were locked. So, we applied for a loan to build a bigger and better version of the prototype. A team of student actors, film makers and creatives got together to coproduce the full set of interactive videos based on our knowledge and experience of life as a student, soon to be adults in the wider world, and what we wished we had known when we were younger.”

(WotWudUdo, 2023)

Equipping young people with the skills to make better life decisions and continue their personal and professional development is an important element in proactively addressing some of the determinants of poor mental health. By improving young people’s ability to manage their own emotional well-being holistically through increasing

self-awareness may reduce the number of young people accessing mental health services. Second, by encouraging young people from disadvantaged backgrounds to have higher expectations of themselves and others, it is possible to change the accepted narrative on life outcomes.

### 2.1. Case Study: Education through Engagement – A pilot project aimed at improving the mental health and emotional wellbeing of young people with Learning Disabilities and Autism.

Education through Engagement is a collaborative cross-sector partnership pilot between Wot Wud U Do, Blackburn and Darwen Health Watch, Care Network, Carers Service about engaging young people with SpLDs and autism as knowledge Citizens. This was achieved through a partnership with the Care Network Champions, a group of young peer educators who facilitated the delivery of the programme. A recent (2021) literature review of studies demonstrated, there was little evidence of co-production or credit for young people as knowledge holders. Information was collected from parents, caregivers, government officials, or others, (Nuttall, 2022). Very few studies directly involved young people’s epistemologies and voices. Taylor (2018, p. 1), noted that there is a (hidden) perception that young people with cognitive impairments in, are ‘... incapable of the reasoning or lack the deliberative capacities necessary to participate in research or policy-influencing decision making.’ Fricker (2009) demonstrated clearly in her seminal work that that epistemic injustice is a form of discrimination against those who are disadvantaged, a key determinant of Health Inequality. Referring to Taylor’s (2018) concept, young people must be valued as ‘knowledge citizens’ in the co-production of initiatives that will challenge such health inequalities.

It is also notable that there is little evidence of research around School and Community Partnerships in addressing health inequalities through activity interventions. This is a significant gap in knowledge, Professor Katherine Weare (2015, p. 9), wrote a report for the National Children’s Bureau about young people’s mental health and the role of schools. We are concluded that “The school has an important part to play in supporting the kind of parenting and family life that boosts wellbeing”. The determinants of health inequality impacting mental health, are more likely to have a greater impact on young people with Special Educational Needs and Disabilities and their families. These include poverty, ethnicity, culture, social networks, and where they live, (NICE, 2021).

The aim of Education through Engagement was to co-produce an educational programme that focused on transitions from secondary school to work or college, building independence and resilience, healthy relationships, and mental health. The Champions Peer Educators then delivered 4 sessions to 10 pupils at Cross Hill Special School in Darwen. The immediate term impact is building key skills in presentation, teamwork, and resilience through a series of skills builder workshops, designed to equip the young people with the life skills needed to manage their own emotional health and wellbeing and improve their employability. Intermediate term impacts will include young people coproducing their own community project, bringing their lived experience together and transfer their knowledge through peer leadership and mentoring of young people across the Lancashire area. Long term Education through Engagement will engage young people from all different backgrounds and experiences, break down barriers, and bring them together to learn from each other.

The contribution of young people as knowledge citizens will be mobilised by embedding into local policy and practice.

#### 2.1.1. Evaluation of Education through Engagement.

A short spot evaluation of Education through Engagement was carried out by Blackburn with Darwen Health Watch (Blackburn with Darwen Health Watch, 2023) involving n=10 pupils and n=7 Champions peer education facilitators. The responses were coded by the life skills developed. Responses showed that young people overcame challenges posed by the project and developed resilience and teamwork skills in the process. They also felt more confident through enhanced communication skills and working with others from different backgrounds helped both the pupils and peer leaders to better value diversity. In terms of developing skills for employability, the pupils developed ICT knowledge through making and presenting PowerPoint presentations, as well as interview techniques.

There were several learning points raised in terms of accessibility, namely the importance of integrating Microsoft accessibility tools into the PowerPoints to help those with dyslexia. This point was actioned, and the PowerPoint resources were made easily accessible. The evaluation noted that some of the pupils were ‘terrified’ of being filmed and this would have been better managed if more preparation had gone into introducing the idea. The school suggested an ice breaker or introductory session would have been useful, so the Champions Peer Educators could meet the pupils and build relationships in advance. However, the time constraints on delivery were an impediment to a phased introduction to the project. Phasing in concepts and introducing people that are new to the participant group is best done in managed stages, proving time to adjust and absorb change. The lack of a phased and managed introduction was evident as participants struggled to gather ideas for presentations in the initial stages and the process lacked structure. These issues were compounded by the fact some peer educators facilitating the process had little experience in delivery or of working with young people who have complex needs. However, considering these points in the context of the time frame, the fact that the project met its core objective of producing a series of presentations within the time frame is a core indicator that the participants developed life skills in resilience, communication, and teamwork.

“They all went on a journey together and actually did something, most groups just meet up and talk, so to have something they took part in and worked towards something, an end goal, (presentation) is something they really enjoyed and felt valued, but also adding value to others.” (Blackburn with Darwen Health Watch, 2023)



### 2.2.2. Sustainability

Key long-term sustainability outputs from the 4-session programme are first, the development of working partnerships between Wot Wud U Do, Blackburn and Darwen Health Watch, Care Network, Carers Service, young people, ELCAS and the school. Second, the mobilisation of co-produced knowledge through the development of a tool kit that can be flexibly adapted for use in other schools. Both are challenged by barriers to knowledge sustainability in terms of funding to develop co-produced concepts and resulting cross VCFSE partnerships further. Funding for innovative projects delivered by small VCFSE sector organisations is limited and finite, generally linked to a single small group of participants over a short timeframe. This approach, despite initial indications of value, makes the knowledge outputs challenging to monitor over a longer-term time span. The small population size, lack of comparator group, and limited demographical spread, makes it untenable to collate the data evidence necessary to mobilise at policy level and embed within the statutory sector. Local funders need to transparently mitigate the challenges of sustainability presented by short term funding approaches. At least by undertaking a systematic review of all small and short terms projects by category, to identify salient evaluation points and how they can be embedded within local provision and inform national policy. The outputs of this suggested review and how they are mobilised must be available for public scrutiny.

### 3. Conclusion and Recommendations

Education through Engagement is a prime example of the ‘hit and run’ funding approach common to small local VCFSE organisations. Although rich in local knowledge and fresh, co-produced concepts, small local VCFSE often lack the capital, infrastructure, and track record to apply for larger long-term grants from national funding bodies. Like innovative tech start-ups, rarely do they meet the criteria necessary for NHS service procurement, (McPherson, 2022). Lack of funding for capacity building inhibits skill and infrastructure development. The often-competitive nature of funding schemes frequently creates a silo mentality that is neither conducive to building social capital, nor to developing relationships enabling small initiatives to draw on the resources of larger institutions. Madden (2023) acknowledges that ‘the bidding process for these contracts is intricate and multifaceted, often leading to common mistakes that hinder the prospects of SMEs’; inadequate relationships being one of them. However, the Education through Engagement Team’s work *per se*, does embody national priorities for delivering initiatives relating to improving the mental health and life skills of our most vulnerable young people. Co-production, partnership, and peer education for example, is at the centre of NHS delivery policy. Local and national government is aware that knowledge gleaned at grass roots level is imperative in developing policy and practice that works.

“We won’t achieve truly integrated health and care without the voluntary sector - it’s that simple. We must use this opportunity to strengthen work with people and communities, build on their thriving local relationships and create services that really improve the health of all our populations”.

**Lord Victor Adebowale is chair of the NHS Confederation, (2022)**

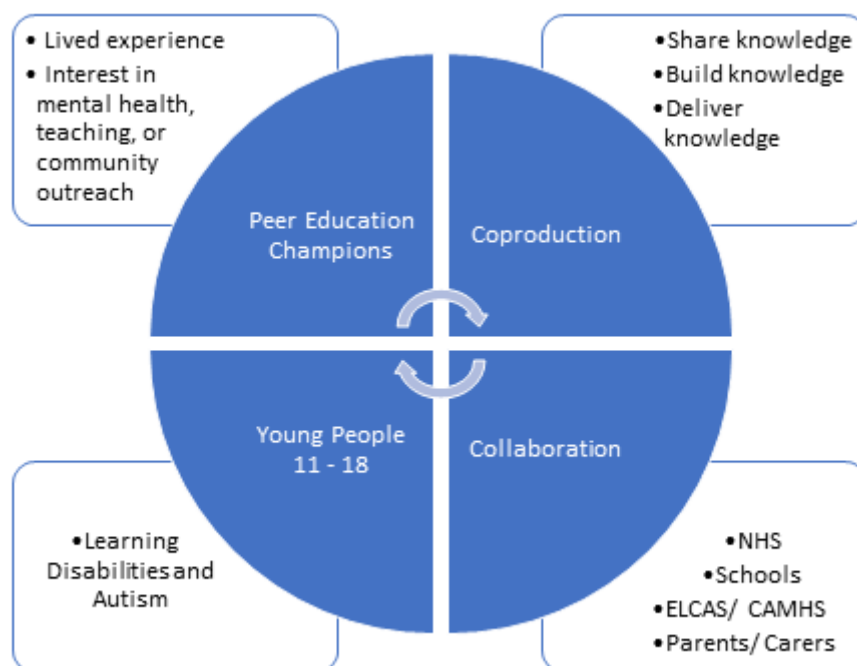
#### 3.1. Preparing for Procurement

It is recommended that the Education through Engagement Team seeks the support of national VCFSE infrastructure organisations such as [NCVO](#), who build capacity of small initiatives with the skills and knowledge to develop networks and influence within the statutory sector. Local interest groups, such as [Selnet](#) (Social Enterprise Lancashire Network) provide support and advice. However, [Lancashire’s Shout!](#) Business network, will provide introductions to a wider range of business’, offering alternative perspectives to the traditional VCFSE networks on marketing a product and operating successfully in what is a competitive business environment. Building social capital within stakeholder communities at local and national level is important in mobilising knowledge outputs from projects. Knowledge mobilisation is necessary to both generate and evidence impact from funded activities.

### 3.2. Outward Facing: Mission and Public Profile

A funding driven problem which has faced VCFSE organisations is mission slide. The need to be flexible and relevant is imperative in accessing funding, but the downside is that this can contribute to mission slide. Whereby, the original charitable objects become so distorted by trying to meet tender aims and objectives, they become weak and meaningless. It is important therefore to identify a clear and solid purpose that does not change according to whatever opportunities are available. This can seem hard when accessing funding is necessary for survival. However, without this it is difficult to identify the Unique Selling Point (USP) or establish a track record of expertise. The mission here is peer education for improved mental health, and the USP is using local lived experience people and give them the opportunity to do things their way. The context in which the mission and USP are applied may change, but the mission and USP will not.

The purpose of the VCFSE is offering solutions to problems.



### 3.3. Knowledge Mobilisation

The challenge to knowledge mobilisation and output impacts from small, short-term projects has already been discussed. What must be considered now are ways the Education through Engagement Team may address these challenges within the constraints of current procurement and funding streams. Despite advisory reports from influential charitable bodies, and funding injections at local and national level, the situation regarding young people's mental health is conceptually static and thus continues to deteriorate. From the context of mobilising community for change, Margaret Ledwith (2015), Professor of Community Development, stated the need for 'reclaiming the radical'. Ledwith's approach includes: 1. Voicing values, 2. Making critical connections, 3. Critiquing and dissenting, 4. Imagining alternatives, 5. Creating counter-narratives, 6. Connecting and acting, and 7. Cooperating for a common good, (Ledwith, 2020). Small projects and VCFSE organisation alone do not carry the weight necessary to turn the national situation around. However, adapting a local radical approach by combining themed outputs from comparable small projects across the local VCFSE sector would provide an antidote to the size matters paradigm. This would necessitate a committed network of small projects who were willing to share their success and learning points outputs. Moreover, it would require careful monitoring and safeguarding and an interactive secure encrypted and professionally managed digital infrastructure to comply with data protection and GDPR. Collective outputs would, over time, generate a significant body of measurable impact evidence.

### 3.3. Going forward

To reiterate, around 32,871 young people in Lancashire and South Cumbria have a diagnosed mental health condition (NHS, 2019). Since Covid 19, nationally young people's mental Health has deteriorated, increasing from 1 in 9 to 1 in 6, (Local Government Association, 2022). Young people with SENDs are 4.5 times more likely to develop a mental health condition than others. In Lancashire young people's mental health is a health equalities problem (NHS 2019), with long term impacts on choices, education, attainment/employment, and standard of living (Greenberg & Jennings, 2009). The Care Quality Commission (2018) found a complicated system, with no easy or clear way to get help or support. the Education through Engagement Team's idea that a more proactive approach and better collaborations between sectors can provide a better more flexible and holistic service is compelling, as the VCFSE are well placed for filling care gaps and helping prevent those stuck on long waiting lists from going into crisis. Moreover, working collaboratively, they can provide evidenced intelligence and impact outputs that work. Thus, moving approaches to young people's mental health from a static to more dynamic state.

### Alethea Melling

**University of Central Lancashire, (July 2023).**

See page 13 for thoughts and feedback

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...helped us grow our confidence to speak in front of a class, was scary/nervous at first but learnt to push past it (step out of comfort zone) and just do it. (Shows resilience and determination)

Helped her be more professional as she had to be conscious of her speaking, her language, what words to say due to being watched by others. (Presentation skills and professional development)

Had a fear of being discriminated but realised that these young people were the same as them.

... They all went on a journey together and actually did something, most groups just meet up and talk, so to have something they took part in and worked towards something, an end goal, (presentation) is something they really enjoyed and felt valued, but also adding value to others.

Most Education for Engagement champions had never experienced this before, delivering to young people, talking about their life experience, educating others.

Relief after first session and the 2<sup>nd</sup> session was easier (confidence building)

## Thoughts and Feedback on Education for Engagement

Skills gained - communication, how to communicate with others, and all Education for Engagement learnt from each other as they offered different perspectives, experiences, backgrounds, and insights into these subjects. (Peer education amongst the Education for Engagement)

**NOTES**