

# Health Inequalities: Call for Evidence



**Public Policy Projects** (PPP) is pleased to announce that it is working on a major *State of the Nation* report entitled **Addressing the National Syndemic: Closing the Gap in UK Health Inequality** which is set to be launched in October 2021.

Chaired by Professor Sir Michael Marmot, the UK's leading expert on health inequality, this project will research the ways local and regional governments are approaching the problem of equity and facilitate the means by which these solutions can be shared. Existing literature demonstrates that place-based solutions are an effective means of tackling health inequalities. The problem is that these examples of best practise are not shared more broadly.

To do this, PPP would like to hear you/your organisation's experiences. In particular, PPP would like to examine the issue of what particular sectors outside of health are doing to address inequalities that have significant impact on health.

Below there are four questions, and we would be grateful if you could share your personal and/or organisational experience. You do not have to answer all the questions, and both qualitative and quantitative evidence are welcomed. Please also attach any other relevant case study documentation.

**Please note that the deadline for case study submission is Monday 2 August 2021.**

<b>Organisation name</b>	<p>The Resilience Revolution (RR) partnership:</p> <p>HeadStart Blackpool Blackpool Council, Whitegate Manor 261 Whitegate Drive Blackpool, FY3 9JL Website: <a href="https://www.blackpool.gov.uk/Residents/Health-and-social-care/HeadStart-Blackpool/HeadStart-Blackpool.aspx">https://www.blackpool.gov.uk/Residents/Health-and-social-care/HeadStart-Blackpool/HeadStart-Blackpool.aspx</a></p> <p>Centre of Resilience for Social Justice University of Brighton, School of Health Sciences Westlain House, Village Way, Brighton BN1 9PH Website: <a href="https://www.brighton.ac.uk/crsj/index.aspx">https://www.brighton.ac.uk/crsj/index.aspx</a></p> <p><a href="https://www.boingboing.org.uk/reflections-big-resilience-together-blackpool/">Boingboing Resilience Community Interest Company</a> Care of: University of Brighton, School of Health Sciences Westlain House, Village Way, Brighton BN1 9PH Website: <a href="https://www.boingboing.org.uk/reflections-big-resilience-together-blackpool/">https://www.boingboing.org.uk/reflections-big-resilience-together-blackpool/</a></p>
<b>Key Contact (name, email, phone)</b>	<p>This submission has been co-authored by co-leaders of the Resilience Revolution:</p> <p>Rochelle Morris- Evaluation and Research Practitioner HeadStart Resilience Revolution Blackpool Council Barbara Mezes- Senior Research Fellow, University of Brighton Debbie Hatfield Postdoctoral Research Fellow, University of Brighton Vicki Dunham, Senior Practice Development Lead, Boingboing CiC Rachael Slater, Partnership Officer, HeadStart Resilience Blackpool Council</p>

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<p><b>Sector</b> (i.e. public/commercial/charity)</p>	<p>Public &amp; Third Sector</p>
<p><b>Organisation Description</b> <i>Please provide a brief description of your organisation in 300 words or less</i></p>	<p>The <a href="#">Resilience Revolution</a> (RR) is a novel approach piloted in Blackpool, UK with support of the National Lottery Community Fund. It aims for sustainable, whole-systems change in the town, locating young people and their families at the heart of collaborative working. Seven principles guide Resilience Revolution’s work: asset-based; brave and innovative, research, co-production, social justice, whole town approach, and system change.</p> <p>The RR invites anyone who lives, works or volunteers locally to get involved and make Blackpool a more resilient town for everyone to live in. It represents a complex and passionate partnership between <a href="#">HeadStart Blackpool</a> (led by Blackpool Council), the <a href="#">Centre of Resilience for Social Justice</a> at the University of Brighton, and <a href="#">Boingboing Resilience Community Interest Company</a>. Taking a similar approach to the NHS’s ‘<a href="#">Health as a Social Movement</a>’ programme, the RR seeks to orient systems more strongly towards the prevention of mental ill health, promotion of well-being and resilience, building resilience promoting environments, and the reduction of wider adversity contexts linked to health inequalities. It does so through cross-sector co-production, aligning with principles associated with integrated care (<a href="#">The Kings Fund, July 2021</a>).</p> <p>The RR acts as a population health intervention with a focus on community resilience development. Here, it considers how young people’s mental wellbeing is linked to their experiences at school, their ability to access the community services they need, their home life and relationships family and friends, and their interaction with digital technology (see: how has your initiative addressed this). Early evaluations show positive impacts at the individual and group level, with detrimental aspects of wider adversity contexts beginning to shift (see: evidence of success). Co-production enables the RR to be adapted to local contexts (see: is your case study scalable), and a number of resources enable a national roll-out (see: additional resources).</p>
<p><b>What was the issue/opportunity area you sought to address?</b></p>	<p>RR was designed and developed in response to the wide scale of adversity in Blackpool necessitating a whole town approach.</p>

	<p>Using terminology from the 2020 report, <a href="#">‘Health Equity in England: The Marmot Review 10 Years On’</a>, Blackpool could be classed as an “ignored community” due to the wide-scale of deprivation community members experienced (p. 94). Local change makers mobilised via the Resilience Revolution (RR) in 2016. At that time, Blackpool was, and remains, one of the most deprived local areas in England. It was the very bottom of league tables for income, employment, skills, educational attainment, mental and physical health (<a href="#">HeadStart Blackpool, 2016</a>). The rates of self-harm amongst 12-16 year olds were almost triple the national average for example, and admissions to hospital for alcohol and drug use were double the national average for youth ages 15-24 (<a href="#">HeadStart Blackpool, 2016</a>). Youth offending rates were the highest in the North West and rates of young people not in employment or education was amongst the highest in the country (<a href="#">Public Health Annual Report 2015</a>) Rates of looked after children were also the highest in the country (Children in Need <a href="#">2015/16</a>) and 23% (5093 out of 21780) young people were on Free School Meals (<a href="#">HeadStart Blackpool, 2016</a>). Young people from the town who were engaging with the youth justice services were not regularly referred for health support (<a href="#">Youth Offending Health Support in Blackpool 2014</a>) and school exclusion rates were amongst the highest in England. (<a href="#">School Exclusions Rates in England 2014/15</a>). This sits within a broader context where young people across the country continue to experience high rates of mental ill health (Deighton et al., 2018; Green et al., 2004).</p> <p>We recommend you learn about the story of Blackpool by watching a video young people co-produced called <a href="#">‘Once Upon a Time in Blackpool’</a>. Despite the wider context of adversity experienced in Blackpool, the community was committed to working together. It had a history of inclusive practice and diversifying leadership and the RR builds on these inherent strengths of the town.</p>
<p><b>How has your initiative addressed this?</b></p> <p><i>Please detail the case study you wish to be considered for inclusion in State of the Nation: Addressing the National Syndemic – Closing the Gap in UK Health Inequality</i></p>	<p>Sometimes preventative practice is too focussed on individual resilience building, ignoring the causal relationship between structural inequalities and resilience. The RR centres young people and their parents/carers as co-leaders and creative partners. With their involvement, the RR developed new and exciting ways to solve the most difficult challenges and prevent future difficulties; aligning with recommendations outlined in the 2020 report, <a href="#">‘Health Equity in England: The Marmot Review 10 Years On’</a> (Section 4A, Box 4.2/4.3, p. 132).</p> <p>The RR began in 2017 with the implementation and development of resilience approaches for young people ages 10-16 across Blackpool, across different levels of the system around them, and at individual, organisation and town levels. These include targeted and universal support to young people, families and communities; workforce development and support; enabling youth voice and activism; and strategic delivery and system change. The RR works in further partnership with all 44 Schools in Blackpool, Higher and Further Education Institutions and early years providers such as <a href="#">Better Start Blackpool</a>, as well as across-council and third-sector provisions relating to children and families.</p> <p>With <a href="#">Resilient Therapy</a> as the overarching theoretical background, the RR sought <a href="#">‘Local action on health inequalities’</a> across all areas outlined in 2014 by Public Health England (i.e. early intervention, education, employment, ensuring a healthy</p>

living standard for all, and creating a healthy environment). All these strands of the RR are underpinned by **Resilient Therapy (RT)** an approach designed specifically for children and young people suffering persistent disadvantage (Hart et al., 2007). RT is a set of evidence-informed practices to promote resilience building at the individual, group and systems level. These have been made accessible for a wide range of individuals including young people and their families and schools via the [Resilience Framework](#). This framework promotes a broad system approach to “overcome adversity, whilst also potentially changing, or even dramatically transforming, (aspects of) that adversity” (Hart, et.al., 2016).

The RR adapted and adopted the motto, “Beating the Odds Whilst Changing the Odds”, with RT (Hart et al., 2007) as the guiding set of principles for research, practice, and practice development. Young people themselves support the use of this approach. For example, young people within the town fundraised to have paving stones including all principles laid out in the Resilience Framework embedded in the centre of the town (see [The Blackpool Gazette, 2019](#)).

**Below we illustrate different ways RR addressed Blackpool’s challenges.**

The **Academic Resilience Approach (ARA)** (Hart and Williams, 2014), is a strategic approach where the whole school community is actively involved in building pupil resilience (Hart et al, 2018, Kourkoutas et al., 2015). The ARA embeds co-production with school staff and students. It offers resilience training for all school staff, which has been delivered in Blackpool schools for the last three years. Four different audits are used in schools to capture perspectives of pupils, parents, staff and Senior Leadership Team. Audits are taken to highlight the school’s assets and understand more about the resilience-building capacity. All 45 schools in Blackpool have participated in the ARA. In 2019, 11 innovative grants informed by these audits were provided to schools. Young people themselves later developed the [Blackpool Beating Bullying](#) Charter Mark and resource packs. This award has been promoted by senior members of Blackpool Council and is open and accessible to every school in Blackpool (i.e. primary, secondary, SEND and Educational Diversity).

The **Friend for Life (FFL)** project also builds on [Resilient Therapy](#). Friend for Life matches Our Children (i.e. children looked after) with adult volunteers to foster supportive, lifelong friendships. Building on relational permanency (see for e.g. Beek & Schofield, 2017), FFL is the first known intervention where a volunteer adult makes a permanent commitment to be a young person’s ‘forever friend’. The idea for FFL was put forward by Professor Angie Hart in [2011](#) with around 100 opportunities for young people to take part in designing the FFL pilot in Blackpool. The involvement of young people resulted in innovative features embedded in the design of FFL such as: adult volunteers not routinely being reimbursed, and using vlogs made by volunteer adults to enable young people to pick their friends.

Since its inception, not one FFL relationship has broken down; inspiring changes within the local [Independent Visitor Service](#) (i.e. a mentoring/befriending statutory provision). Young people participating in FFL have spoken about wanting to see the service expanded, with one saying,

*“I know young people in care who are going through worse times than me. So, I feel like this helping me would also help them young people who are struggling more. So, I feel like if I get more volunteers then the bigger it will get around Blackpool and hopefully further.” (Young Person)*

Recently, the FFL model has inspired similar projects such as Friend for School and Digital Friends. The RR’s experience in providing digital services designed to support mental wellbeing may be of particular interest to support the digitalisation of mental health provisions, a key objective of the [NHS Mental Health Implementation Plan 2019/2020-2023/2024](#).

As the FFL project exemplars, all aspects of the RR were refined and repositioned to a local context via **Co-production**. Co-production practices inspired commitment from within the town to develop novel approaches to youth employment.

These include:

- Embedding Youth [Apprenticeships](#) & [Youth Sessional Workers](#) in all projects (including requiring contractual partners to do the same)
- [Same Pay for Same Day](#) (i.e. commitment to the national living wage, age-equity remuneration)
- The inclusion of young people on all interview panels
- The inclusion of young people as co-presenters and co-authors of reports (e.g. [here](#))
- The inclusion of young people in the co-development and delivery of training and educational activities aimed at those that support them (e.g. clinical and social care practitioners, school staff, youth workers, council employees, etc.) (e.g. FFL ‘What makes a good Friend’ training, The FFL Game). Training young people to be co-commissioners, co-developing service specifications, co-leading complex procurement exercises and co-leading the quality monitoring of contracts.

The RR is committed to the employment of youth apprentices experiencing characteristics linked to social inequalities (e.g. intergenerational poverty, long term health conditions, learning differences and/or disability, members of the LGBTQ++ community, young carers, those speaking English as a second language, etc.; [HeadStart Blackpool, 2016](#)). However, we found some young people are excluded from accessing apprenticeships. For example, ‘Our Children’ (young people looked after) in Blackpool are disproportionately excluded. The RR promptly responded to local needs through the creation of developmental roles (i.e. [Youth Sessional Workers](#)). [Parent/Carer Sessional Roles](#) were also created, responding to local needs for training and development opportunities for primary carers.

To guide collective working practices, ‘Resilience Fundamentals’ were produced ([HeadStart, 2020](#) p3-5). Clear guidance is especially important when involving young people as co-leaders. A number of openly accessible trainings around resilience were offered to all those working to support young people (e.g. apprentices, youth workers, school staff, parents/caregivers, volunteers). These were enabled via partnership working with Higher Education Institutions and third-sector groups (e.g. [The Centre of Resilience for Social Justice](#), [Boingboing](#), etc.).



Additional initiatives and projects were created specific to the needs of the town. For example, **Resilience Coaches** were introduced across schools to support young people identified as needing additional support (e.g. young people at risk of school exclusion, young people at risk of self-harm, at risk youth transitioning from primary to secondary). Resilience Coaches provide 1:1 and group support, which has been highly evaluated, with one parent/caregiver highlighting:

*“ Your service is truly amazing and very much needed in Blackpool as a lot of children even those that don’t have immediate issues struggle with the transition to high school and your service truly does make that integration and transition into high school so much easier, happier and positive for our children!” (Parent)*

**Bounce Forward** (Kara et al., 2021) is a 10-week resilience course based on Resilient Therapy (Hart et al., 2007) for all young people in Year 5, co-developed with and delivered by Lancashire Mind and young people from the RR. For example, the RR’s Young Person’s Executive Group helped shape and adapt course content. The programme aims to build young people’s knowledge and skills about mental health and resilience – not only for themselves, but also their friends, family and school community, so that they felt more equipped to cope when times are tough. It is currently being delivered by school’s staff, upskilled via training provided through the Academic Resilience Approach. This examples how systems and structures are interconnected across projects via the RR and enabled through co-production.

This innovative way of working enabled to the town to respond quickly when the COVID-19 Pandemic forced school closures. In response, the **Resilience Revolution Education Voices** co-production group was formed. Here, 23 co-leaders of the Revolution, including young people, parents / carers, teachers, academics, and workers, met online weekly throughout lockdown. As well as a debate and discussion exercise, literature review, and taking polls, the group pooled their expertise to co-produce a set of principles that schools could refer to guide supportive work with pupils. This is the TRUST document, which can be accessed [HERE](#). School staff reported this document to be a helpful guide to support pupils in their return to school with one saying,

*“The TRUST document is something we can ask our staff to revisit as we encourage them to maintain an open positive mind to children’s behaviour during this unprecedented time. Our recovery curriculum is heavily PSHE lead encompassing the main messages of the TRUST document” (School Nurture Lead)*

During national lockdowns in 2020-2021, the RR was able to respond quickly as a focus on digital innovation and accessibility had been embedded within its practice. For example, the FFL project had experience facilitating friendships via vlogs made by adult friends. Soon after the first lockdown, they were able to adapt this to a Digital Friends project that matched young people in isolation with a supportive adult. The work of the parent and carer team provides another example. Parent and carers were provided with technical support, including devices, email accounts and training to enable an inclusive group space they could access from their own home- reducing isolation and increasing engagement. As in these examples, young people and their supporters continued to connect with the RR throughout national lockdowns. Collectively, these groups produced a number

of submissions to calls for evidence around the response to the COVID-19 pandemic (see [here](#)).

Taken together, the practices associated with the RR offer a template for addressing social determinates of health inequalities locally and nationally. However, the RR goes further to see the evaluation of services as a community development opportunity. It promotes ‘test and learn’ via continuous evaluation practices involving young people and those that support them (i.e. youth workers, school staff, council staff, practitioners, researchers). For instance The Blackpool Families Rock initiative is a co-production group is formed by parents, carers, young people, community members, social work practitioners, and the Head of Service. The group co-produced the new approach to working with children and families in Blackpool, the Blackpool Families Rock model. This model is now embedded across the whole partnership with the support of this group. The group also aims to constructively challenge and shape practice and procedures for work with children and families in Children’s Social Care with clear impacts on their health and well-being.

Since inception, novel approaches to research practices that enable social change have evolved building on the Communities of Practice (CoP) approach (Wenger 1998). These include the development of a collaborative research methodology via the Value Creation Framework (Wenger et al., 2017; 2020), and considerations around community-university partnership working (Hart et al., 2013; 2016). All approaches centre young people as co-researchers. We have found the Value Creation Framework to be highly accessible with young people able to co-lead presentations that show how we have used it to both learn from and identify the impacts we are making.

Involving young people in RR research incorporates:

- Involving them in research design and bid-writing;
- Involving young people as co-researchers in the collection and analysis of data (e.g. as peer interviewers)
- Involving young people in the reporting of data (e.g. in the design of visual representations of findings, as co-presenters at academic conferences, etc.)
- Empowering young people as leading researchers of youth-designed projects, supported by adult researchers in HEI and/or local Council (e.g. Revolution Researchers Group).

In addition to taking part in the evaluation of the RR, young people have been taking part in co-produced research around links between climate change and mental health (see [Climate Change and Mental Health: Taking Part](#)). They have also produced a video about the inequalities that they feel most urgently need to be addressed (i.e. social determinates linking to place/locality, ethnicity, disability and gender. These are just some examples of how young people are empowered to engage in research processes via the RR.

The RR has developed innovative ways to provide feedback in accessible ways (e.g. visual reports, animations, creative writing and performance arts). For example, young people recently co-produced an [animated video](#) around involving young

	<p>people with additional learning needs and/or differences in research practices. Young people (including those with additional learning and/or communication needs) are involved in all communications strategies, with young people leading the production of <a href="#">RR videos and films</a>. Learning is also shared widely via bi-monthly <a href="#">Resilience Forums</a> designed to be accessible to a diverse audience. A yearly <a href="#">Big Resilience Get Together</a> shares best practice across the RR and beyond. Involving young people in designing how information is communicated to their peers (both in-person and digitally) has prompted innovative practice. The RR has developed a range of exemplars of sharing information in accessible ways. This is especially relevant following failures around accessible communications in relation to COVID 19 (<a href="#">House of Commons, April 2021</a>).</p>
<p><b>Is your case study scalable?</b></p> <p><i>Please detail how your service/initiative might be scalable across different regions/demographics within the UK.</i></p> <p><i>What enablers or constraints will impact the ability to scale and fidduse your service/initiative across the UK?</i></p>	<p>The Resilience Revolutions (RR) is currently having its first pilot in Blackpool, UK with promising emerging results(see evidence). However, embedding of a co-production ethos across the RR ensures its approach can be tailored to local communities across the country. For example, any individual and/or combination of the RR initiatives (e.g. ARA, FFL, Resilience Coaches, Bounce Forward, Blackpool Beating Bullying Charter Mark, etc.) may be adopted more widely and resources have been created to enable this (see additional information). Regardless of the collection of interventions provided, the RR requires commitment to a strategic set of principles.</p> <p>These are:</p> <ul style="list-style-type: none"> <li>• Cross-systems application of principles and approaches outlined in <b>Resilient Therapy (RT; Hart et al., 2007)</b> and the use of the <a href="#">Resilience Framework</a>;</li> <li>• An orientation towards wider systems improvements in the aim of preventing ill health and minimising adversity (i.e. the adoption of the motto “Beating the Odds Whilst Changing the Odds”);</li> <li>• The thoughtful consideration of the Resilience Fundamentals across all aspects of service development, delivery and evaluation;</li> <li>• A commitment to a co-production ethos that centres young people and parents/carers as leaders and co-researchers (and where appropriate, provides financial remuneration, recognition and accreditation for their contributions);</li> <li>• A commitment to equal partnership working across all sectors aiming to support children and families;</li> <li>• An interdisciplinary and intergenerational team of change makers that can inspire, coach and facilitate collective working practice (this requires young people to be embedded as paid members of staff across partner institutions);</li> <li>• A central partner organisation (and or group of organisations) with ability to make change within the system (e.g. anchor institutions);</li> </ul> <p>Early findings suggest the RR may build resilience in communities facing the greatest disadvantage (Resilience Revolution, 2021). However, embedding these principles takes time and resources. Blackpool like many other communities across the UK is what the 2020 report, <a href="#">‘Health Equity in England: The Marmot Review 10 Years On’</a>, would refer to as an “ignored community”. As this report suggests, early investment in these areas demonstrates fiscal responsibility (p. 94).</p>



Thus, the scaling up the RR at the universal level (i.e. across the whole town) may initially begin with the implementation of the RR in struggling localities with support to do so.

Funding for a national roll-out of the RR may potentially draw from the [UK Community Renewal Fund](#), the [Leveling Up Fund](#) and the [UK Shared Prosperity Fund](#) as described in the [Building Back Better: Our Plan for Growth](#) 2021 report. Additional resourcing and support may be provided via existing public health networks (e.g. [Integrated Care Partnerships](#)) as well as from the business sector (e.g. Responsible Business Community Networks, groups such as the [Valuable 500](#)). Resourcing sharing with proposed Local Digital Skills Partnerships may also facilitate the initiation of the RR in other localities due the RR's focus on digital innovation around service design and delivery and linking to the [NHS Mental Health Implementation Plan](#).

Resourcing does not always have to be monetary support. For example, [Merlin Entertainment](#) have supported the RR by releasing staff to give their time through the Friend for School programme. Many Higher Education Institutions offer opportunities for staff members to volunteer within the community. Inclusive Economy Partnerships are currently being explored in regards to hastening citizen access to digital resources (see [Beyond Digital: The Governments Response](#)). Similar cross-sector partnership approaches through the RR may enable young people and their families to access supports around their mental health and wellbeing. Young people themselves may also be supported to access funding for a specific project via [Youth Opportunity Funding](#). Thus, resourcing for the RR may draw from multiple funding streams.

However, the implementation of the RR does require ring-fenced resources to enable additional supervision and training for youth staff and volunteers. A focus on skills development aligns with the [Skills and Post-16 Education Bill](#) released in 2021. Existing streams exist to support youth employment (e.g. [KickStart](#)). However, the RR goes further to consider the upskilling of those that contribute to the welfare of children in roles that may not be associated with paid employment (e.g. parents/carers, volunteers, young carers, youth leaders, etc.). Furthermore, it focuses on empowering employment for those that face the greatest disadvantages (e.g. young people without Level 2 qualifications, young single parents, young people with disabilities, etc.). This takes time, creativity, resourcing and co-ordinated support. For example, working with [Boingboing Resilience Community Interest Company](#), the RR offers employment opportunities for youth that do not yet have the education requirements required to access roles within Blackpool Council. Additional resourcing in future may draw from various sources such as the Adult Education Budget and the Digital Lifetime Fund as described in '[Beyond Digital: The Governments Response](#)', 2021.

From our learning, we suggest government departments and other organisations may need support around employing and training young workers. RR associated trainings have been positively evaluated by those that have attended them and are associated with high uptake and completion rates (see evidence of success). Thus, a number of resources exist to support the wider implementation of the RR (see additional information). Other strategies around youth employment have been identified by young people with the RR (see for e.g. '[the Economic Impact of](#)

	<p><a href="#">COVID-19 on Young People</a>’ 2020 submission to the Youth Affairs APPG’s Economic Inquiry Open Call for Evidence). Thus, training and guidance around the development and delivery around the RR pre-exists, improving the functionality of a successful national roll-out.</p>
<p><b>Evidence of Success</b></p> <p><i>How has your service/initiative delivered important change in terms of health inequities?</i></p> <p><i>Please provide qualitative or quantitative proof.</i></p>	<p><b>Research Approach:</b></p> <p>A mixed-methods longitudinal study employing complex intervention evaluation framework is central to the RR’s research and evaluation. The RR’s research and evaluation co-led by the Centre of Resilience for Social Justice through a collaborative research partnership and includes co-leaders of the RR as co-researchers. In addition to interviews, focus groups, and innovative creative methods, all initiatives and projects associated with the RR are evaluated via standard local council practices with support from the Centre of Resilience for Social Justice.</p> <p>These include:</p> <ul style="list-style-type: none"> <li>• A review of educational – absence, attainment and exclusion data.</li> <li>• A review of indices of Multiple Deprivation as it affects Children.</li> <li>• A review of social worker change rate for ‘Our Children’ (Children Looked After)</li> </ul> <p>As a member of the wider HeadStart partnership areas, measures evaluating the RR also include:</p> <ul style="list-style-type: none"> <li>• The Wellbeing Measurement Framework (i.e. a survey that ask young people about their general wellbeing, their resilience and their mental health).</li> <li>• Goal Based Outcomes (i.e. a longitudinal approach where goals are set at baseline and follow-ups are measured via a Likert scale).</li> <li>• A youth co-production survey (i.e. a collection of standard scales measuring community engagement, sense of self and belonging).</li> </ul> <p>Adding to the evidence base, a number of PhD studies and fellowships are currently focused on aspects of the RR such as the FFL project, the ARA, the involvement of young people in local climate solutions, parent and carer supports and various projects considering co-production and disability inclusion.</p> <p>The evaluation of the RR has also included purpose-built surveys associated with specific projects. Often the development of these surveys also provides a developmental opportunity for young people to learn more about research. They also aim to address a specific need. For example, a survey co-designed with young people to measure the anti-bullying work in their school received 421 responses and informed the development of the <a href="#">Blackpool Beating Bullying</a> Charter Mark.</p> <p>Across the RR, feedback is consistently shared with collaborators and key stakeholders to improve design and delivery and guide policy and practice (e.g. Ofsted reports and plans).</p> <p><b>Findings:</b></p> <p>The RR pilot in Blackpool, UK suggests that a whole town approach is an acceptable and helpful way to build resilience especially within communities facing the</p>

greatest disadvantages (HeadStart Resilience Revolution, 2021). Collaborative practices appear to improve the acceptability of the RR approach. Evidence also suggests the impact and functionality of the RR is improved through the involvement of a diverse group of stakeholders (e.g. young people, young people with additional needs, parents/caregivers, school staff, council staff, third-sector workers, academic researchers, etc.)

Evidence suggests the RR (and its associated initiatives) is a valued approach, leading to improved health outcomes at the individual, group and whole town level. According to recent Reach Figures, collectively, the RR has provided 76,783 opportunities for young people to participate in resilience building activities since its inception. This includes participation in ARA and FFL activities, meeting 1:1 with a Resilience Coach, taking part in co-production activities, volunteering around climate change and other areas, and a range of group activities such as trainings and celebrations. An additional 6,328 opportunities have been created for those that play a supportive role in child development (e.g. school staff, parents/carers). Activities are provided across a range of locations, within school and during out of school time.

The high levels of sustained engagement with RR activities, suggests the approach is acceptable to young people and those that support them. Widespread uptake of many aspects of the RR supports this.

For example:

- Academic Resilience Approach (N=16,079 young people attended a school where ARA is provided)
- Blackpool Beating Bullying Charter (N=26 schools have signed up)
- High levels of engagement with training and workforce activities (a total of 6,408 participants taking part in 570 activities)
- Sustained high attendance rates within co-production activities (93.27%)

The RR has found that young people who are engaged in activities fair better than expected. For example, targeted interventions (e.g. FFL, Resilience Coaches) support young people facing complex disadvantages. Since inception 99.5% of young people receiving a targeted RR intervention have not been permanently excluded from school. Moreover, 82% of young people have not returned to A&E with self-harm injuries or risks since receiving self-harm support from the Resilience Coaches. Further to this, no young person involved in RR co-production activities or with FFL have been excluded from school. However, for young people not regularly engaged in the RR school exclusion rates across the community have remained high. Other school improvements include new outdoor spaces to embed walking and talking therapies and many schools have used funding from the RR to invest in school therapy dog. Schools participating in the ARA report,

“I can now help the children which I work with deal with their difficulties and develop solutions.”- Teaching Assistant

Improvements overtime related to Ofsted inspections, include references to schools placing greater emphasis on wellbeing and resilience. ([OFSTED School 2020 - resilience](#)). This examples how individual and systems improvements within the RR are implicitly linked.

	<p>WMF data overtime suggests young people across Blackpool have seen improvements with their levels of school support. However, a cross comparison of WMF data from 2019-2020 suggest local young people still experience greater challenges relative to young people living in other HeadStart areas. For example, it found young people in Blackpool report receiving less support at home than young people in other areas. Moreover, there has been a decline in the last couple of years in the number young people admitted to hospital in Blackpool due to self-harm, with 234 admissions in 2017/18, which is still twice the national average rate (Dempsey &amp; Graham, 2019). However, young people from Blackpool also reported higher than average levels of support from schools. Feelings of being connected to schools have increased overtime.</p> <p>Furthermore, learning from the RR has instigated wider improvements to health and social care practices. For example,</p> <ul style="list-style-type: none"> <li>• Contacting young people who self harm within 24 hours of presenting at A&amp;E;</li> <li>• Including local parents in all interviews for new social workers in the town;</li> <li>• Offering every one of Our Children in Blackpool a Resilience Coach and Friend for Life to help with coping between moving from year 6 (primary) into year 7 (secondary);</li> </ul> <p>Information around the delivery of the RR approach and the functionality of specific to projects has been provided in the section: how has your initiative addressed this. This suggested initial investment into struggling communities may enable their engagement with the RR and address geographical inequalities. Reiterating the voices of young people, additional seed funding may better enable those facing additional disadvantages (e.g. disability) to take part too.</p>
<p><b>Additional Information</b></p> <p><i>Any other information that you would like this report to consider?</i></p>	<p>This section includes information about the RR and resources co-produced with young people and those that support them.</p> <p><b>Overarching guidance and principles:</b></p> <ul style="list-style-type: none"> <li>• Resilience Therapy (Hart et al., 2007)</li> <li>• <a href="#">The Resilience Framework</a></li> <li>• The Resilience Fundamentals</li> <li>• An explicit commitment to co-production across design, development, delivery and evaluation and involving those most often excluded like young people with additional needs (see <a href="#">The Revolution Researchers Guide to Co-Producing Research, Co-Production in Promoting Resilience- What does this mean for schools</a>).</li> <li>• An explicit commitment to <a href="#">minimise the use of jargon</a> and a sensitivity around the use of language.</li> </ul> <p><b>Fundamental Training (see <a href="#">here</a> for more information)</b></p> <ul style="list-style-type: none"> <li>• Resilience Get Together! Introduction to resilience – 2 Hour Workshop – Level 0</li> <li>• Introduction to Resilient Therapy &amp; putting it into practice – 1/2 Day (CPD) – Level 1</li> </ul>

- Understanding the Academic Resilience Approach & putting it into practice – 1 Day Workshop (CPD) – Level 1/2
- Practitioner resilience – 1 Day Workshop (CPD) – Level 1/2
- Parents and carers resilience – 2 Day Workshop – Level 1

In addition, the RR is currently piloting internal trainings such as ‘Co-Production for Managers’ and ‘Co-Production for Practitioners’. Additional trainings and resources also include the ‘What Makes a Good Friend’ training and the Friend for Life Game. The RR additionally is exploring a range of tools and approaches to promote accessible communication, digital inclusion and disability inclusion. Please contact us for more information about these trainings.

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