



# AN EVALUATION OF STORMBREAK SHINE'S IMPLEMENTATION IN NHS DORSET'S CARE PATHWAYS FOR CHILDREN AND YOUNG PEOPLE.

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## SUCCESS STORY 1

They've [mother and daughter] started having these really open discussions with each other, which is amazing, to go from absolutely kicking and screaming, to the point where mum was physically getting hurt because of it, to, "Actually, I'm okay when my dad goes, I just need to talk about it." And the other night, mum said to me that she'd put her little girl to bed, and her little girl said, "Mummy, I'm really, really sad," and she said, you know, "Why are you sad?" and she said, "I just really miss daddy." And, you know, she said, "Oh well, he's going to be back in this many days and this many nights," and she said, "Okay, that's fine," and then the next day they did some stuff on their Shine pathway, like the videos, and things. And they've got on so well with it, we've actually now released them from our care.

Family Liaison Coordinator



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# EXECUTIVE SUMMARY

## Background

Bournemouth University's (BU) evaluation explored Stormbreak Shine's impact on children and trusted adults by examining how the platform operated and what outcomes it produced. The four agreed aims of this project were for BU to evaluate:

1. Stormbreak's effectiveness as an intervention for children's wellbeing.
2. The effectiveness of Shine as an intervention for mental health literacy in trusted adults.
3. Trusted adults' experiences of the implementation process and effectiveness of Shine.
4. The reflections of Stormbreak staff on the implementation of Shine.

To address the four aims, we analysed (i) survey responses recorded by Stormbreak, (ii) interviews conducted with seven trusted adults on two occasions, and (iii) reflections provided by Stormbreak staff throughout the evaluation period.

## Stormbreak system data

In total, Stormbreak recorded 194 survey responses from participants in their system. Of these responses, only nine trusted adults completed a pre and post survey. This data indicated that trusted adults reported that children's wellbeing increased from pre to post Stormbreak, while their general anxiety and emotional problems reduced.

## Interview data

The first wave of interviews provided insights into trusted adult's experiences of early uses of the platform. Interview participants felt that the platform was intuitive and user-friendly. At first, some trusted adults expressed that getting established with Shine was time consuming; this quickly dissipated as they became more experienced using the system with children. The second wave of interviews occurred six months later and revealed similarly positive insights about Shine. Participants felt that it used technology well to create an engaging platform for trusted adults and children. While the majority of participants provided positive evaluations, some with greater mental health and wellbeing training noted that it might be improved if a person's expertise was factored into the system.



## Stormbreak staff reflections

Stormbreak collated 77 staff reflections over the course of the evaluation. The reflections showed that Stormbreak staff had concerns about pathway length, providing efficient support, and the implementation timeframe for updates. This data helped to provide a more rounded perspective of Shine.

## Conclusions

The findings demonstrate Shine's positive impact on trusted adults and children. Pre and post pathway data showed an improvement in children's wellbeing, with interviews illustrating Stormbreak language and coping strategies being used by children. Despite initial difficulties with the digital build, the evaluation indicates that Shine supports children's wellbeing.

## Recommendations

Based on the evidence we collated through this evaluation we recommend four actions for Stormbreak moving forward:

1. Tailoring the support given, and flexibility of the platform to user experience with children's mental health and wellbeing.
2. Collating more detailed feedback between stages.
3. Creating a feedback loop for trusted adults who do not progress efficiently or complete pathways.
4. Exploring strategies to mitigate digital poverty and ensure equitable access to Shine for all children.

# INTRODUCTION & OBJECTIVES

In September 2022, Stormbreak engaged Bournemouth University (BU) to evaluate Stormbreak Shine (Shine from hereon). Shine is a digital intervention that trusted adults (e.g., parents, carers, teachers) deliver to children identified as needing support in managing their emotions and behaviours. The digital intervention offers seven 'pathways' that each address a specific aspect of children's wellbeing. In this report, we focus on the "Be Calm" pathway, which trusted adults can deliver to children in social, home, health, and education settings to help with the management of general anxiety outside of formal care pathways. The purpose of this evaluation is to understand Shine's impact on children and trusted adults by examining how the platform operates and what outcomes it produces. BU and Stormbreak agreed on three aims for the evaluation, which were to evaluate:

1. Stormbreak's effectiveness as an intervention for wellbeing.
2. The effectiveness of Shine as an intervention for mental health literacy in trusted adults.
3. Trusted adults' experiences of the implementation process and effectiveness of Shine.

In addition to the three aims agreed in the contract, BU added value for Stormbreak by investigating how their staff evaluated the implementation of Shine as well. The fourth aim, in addition to the agreement between Stormbreak and BU was to evaluate:

4. The reflections of Stormbreak staff on the implementation of Shine.



# METHODS

Data were collected in three ways during the evaluation. Figure 1 summarises each method we used, the aim it addressed, and the analysis conducted.

**Figure 1: Overview of data collection in relation to aims**



## Online survey data

BU provided guidance and support to Stormbreak during the creation of their impact surveys. When selecting the measurement scales and items, careful consideration was given to balancing reliability, validity, relevance, and participant burden. Participants were asked to fill

out online surveys before (pre) and after (post) completing the “Be Calm” pathway (see Table 1 for a summary of the measurement scales that were implemented by Stormbreak). After each stage, trusted adults were asked to reflect on whether the child or children they had worked with seemed

- Relaxed
- Engaged with the activity
- Sociable
- Aware of their feelings
- To understand that Shine could help them be resilient
- Confident in their ability to manage feelings

Stormbreak were responsible for the distribution of the survey to participants. De-identified data was then shared with BU on a monthly basis to facilitate our analysis. BU did not have access to any identifying information about participants in the survey to maintain ethical standards for the evaluation.

**Table 1: Summary of measurement scales and survey items**

| Scale name   | Items  | Validated for children aged |
|--|--|-----------------------------|
| The Revised Child Anxiety and Depression Scale (Chorpita et al, 2000). | <b>The child worries...</b> <ol style="list-style-type: none"> <li>1. about things.</li> <li>2. that something awful will happen to someone in the family.</li> <li>3. that bad things will happen to him/her.</li> <li>4. that something bad will happen to him/her.</li> <li>5. about what is going to happen.</li> </ol><br><b>The child thinks...</b> <ol style="list-style-type: none"> <li>6. about death</li> </ol> | 6-18 years old              |
| Very Short Wellbeing Questionnaire for Children (Smees et al, 2020)    | <ol style="list-style-type: none"> <li>1. Have you got on well in class?</li> <li>2. Have you got on well at home?</li> <li>3. Have you got on well with friends?</li> <li>4. Has your body felt well?</li> </ol>  | 6-7 and 9-10 years old      |
| Strengths and Difficulties Questionnaire (Goodman, 2001)               | <b>Does the child or young person...</b> <ol style="list-style-type: none"> <li>1. often complain of headaches?</li> <li>2. seem to worry a lot?</li> <li>3. seem unhappy a lot?</li> <li>4. seem nervous in new situations?</li> <li>5. seem easily fearful or scared</li> </ol>  | 5-15 years old              |





## Semi-structured interviews

BU and Stormbreak promoted interview participation opportunities through various channels, which included in person approaches at the Shine launch event, training days, support workshops, and online via Stormbreak's newsletter. Interested users were invited to complete an online form, which was managed by BU. In this form, participants were asked to tell us their name, contact details, and how they engaged with Shine. Stormbreak did not have access to this data so that all participants retained their anonymity. Individuals who expressed an interest in participating were contacted by the principal investigator. The approach email included an information sheet (i.e., stating what the research was about and its ethical clearance) and an agreement form that was signed by all participants before we conducted the interview. Once completed, a research assistant—-independent from Stormbreak—arranged and conducted the interviews. Following each interview, the recording was professionally transcribed

verbatim. On receipt of the transcripts, the research assistant checked the record for accuracy. The analysis of the interview transcripts was a collaborative process between the research assistant and the principal investigator.

The first round of interviews took place in June 2023. We designed the initial interview to explore users' experiences with Shine training, guidance, and experiences of implementing the digital intervention with children. Follow-up interviews were conducted in January and February 2024 focusing on users' implementation of Shine and its subsequent impact on the mental health literacy of children and trusted adults. In addition to the interview analysis agreed in the evaluation contract, we added value by seeking suggestions from participants about how Shine might be improved in the future. We have compiled participant suggestions in a 'stakeholder wish list' for Stormbreak's consideration in Appendix 1.



## Staff reflections

Members of the Stormbreak team that were involved in the development and implementation of Shine were asked to complete a reflection log during the evaluation period. Including this data, in addition to what was agreed in the evaluation contract, enabled us to provide a more rounded perspective on Shine. Members of Stormbreak's team accessed the reflection log through an online link, which enabled them to provide thoughts, comments and reflections at any point during the evaluation. The log included the following questions:

- What is/are your reflection[s] about Shine?
- Have you encountered any challenges or issues 'and' how were these overcome or solved? (or is the challenge ongoing)?
- What recommendations do you have for the future of Shine or Stormbreak?
- What would you say are the lessons learnt from your reflection?
- Are there any other stakeholders that this reflection related to? (in other words, external to the core Stormbreak team)
- Is there anything else you would like to say about your reflection?





## Survey Insights

This section of the report will outline the characteristics of the trusted adults and children that completed Be Calm and their survey responses before, during, and after the pathway.

## Participant Overview

In total, 194 trusted adults and children completed an initial survey and started using Shine. More than half of the sample were female (58.8%) and reported their ethnicity as white (84%). Importantly, Shine appears to be used by its target population as approximately 59% of participants reported an emerging or undiagnosed mental health condition. Approximately 29% of participants reported that the children they worked with were eligible for free school meals. A full overview of the sample characteristics are provided in Appendix 2.



## Key findings

Table 2 presents descriptive statistics for the entire sample and the analysis sample. The analysis sample includes participants who completed a pre and post pathway questionnaire. The analysis of all variables indicated that Stormbreak had a positive effect from pre to post pathway completion (data visualised in Appendix 3). Of note, wellbeing scores increased by almost one scale point, while emotional problems (0.6 point reduction) and general anxiety (1.7 point reduction) went down in line with the goals of the “Be Calm” pathway. Given the sample size, however, the findings in Table 2 should be interpreted with caution.

**Table 2: Descriptive statistics of key variables**

|   |            | Pre-entire  | Pre-analysis | Post-analysis | Mean change |
|---|------------|-------------|--------------|---------------|-------------|
| <b>Sample</b>                                 | N          | 194         | 9            | 9             |             |
| <b>Wellbeing</b>                              | Mean<br>SD | 10.1<br>2.6 | 10<br>3.7    | 10.9<br>2.5   | 0.9         |
| <b>Emotional Problems</b>                     | Mean<br>SD | 5.2<br>2.2  | 4.7<br>3.2   | 4.1<br>2.3    | -0.6        |
| <b>General Anxiety</b>                        | Mean<br>SD | 7.7<br>4.3  | 6.7<br>4.2   | 5<br>2.1      | -1.7        |
| <b>Ability to talk through problems</b>       | Mean<br>SD | 3.3<br>1.1  | 2.7<br>1.2   | 2.8<br>1.2    | 0.1         |
| <b>Ability to implement coping strategies</b> | Mean<br>SD | 2.8<br>0.9  | 2.4<br>0.8   | 2.7<br>0.8    | 0.3         |
| <b>Ability to solve problems</b>              | Mean<br>SD | 2.8<br>0.8  | 2.3<br>0.8   | 2.6<br>1.1    | 0.3         |

The “Be Calm” pathway consists of six stages. After each, Shine users were asked to rate their agreement with six statements. During the evaluation period, Stormbreak recorded 167 end of stage responses on the “Be Calm” pathway (summary in Figure 1).

**Figure 2: Summary of end of stage agreement statements.**



Figure 2 shows that a majority of trusted adults agreed or strongly agreed that “Be Calm” had a positive impact on children. Notably, respondents who strongly disagreed often selected this response for all six statements, suggesting they may not have evaluated each question independently or may have opted for this response as a means of swiftly progressing to the next stage. However, this cohort may also have valid concerns about “Be Calm”, which cannot currently be recorded in the system.

## Interview Insights

This section of the report will outline the characteristics of trusted adults who completed both an initial and follow up interview, and our analysis of their experiences of using Shine.

### Participant Overview

We interviewed seven trusted adults who had recently incorporated Shine into their workplace environments in healthcare or educational settings. Six months later, we spoke to each trusted adult (with one exception) again to explore their experiences with the platform. Table 6 displays each participant's occupation and experience with Shine.

**Table 3: Characteristics of the interview sample**

| Sector    | Role                       | Delivering Shine | Referring to Shine | Interview one completion | Interview two completion |
|-----------|----------------------------|------------------|--------------------|--------------------------|--------------------------|
| Education | Deputy Head Teacher        | ✓                | ✓                  | ✓                        | ✓                        |
| Education | Assistant Head Teacher*    | ✓                | ✓                  | ✓                        | ✓                        |
| Education | Pastoral Lead              | ✓                | ✓                  | ✓                        | ✓                        |
| Care      | Family Liaison Coordinator | ✓                | ✓                  | ✓                        |                          |
| Health    | Social Prescriber          |                  | ✓                  | ✓                        | ✓                        |
| Education | Pastoral Lead              | ✓                |                    | ✓                        | ✓                        |
| Education | Teaching Assistant         | ✓                |                    | ✓                        | ✓                        |

\*Two teaching assistants participated in the follow-up interview as the assistant head felt they had more experience implementing Shine.



## Pre-interview findings

Trusted adults described how they initially perceived Shine as a valuable tool to support children with managing their emotions and behaviours, and to promote collaborative engagement between children, parents, and practitioners.

**“I would say it’s a brilliant tool for using with children and their trusted adult in helping to prevent mental health issues becoming huge for them in the future. You’re kind of dealing with it at the very early stages, when it’s just starting to emerge, before they need real, serious intervention.”**

**Social Prescriber**

Using Shine involved watching a series of videos that outlined how to complete an activity. Following the video, trusted adults and children followed and completed an activity together. The activities encouraged children to have open discussions about their mental health and wellbeing. Overall, trusted adults initial feedback was positive, which provided evidence that the platform effectively supported children’s wellbeing, reduced workload for coordinators, and fostered a collaborative and engaging way to support children’s health. All participants expressed a desire to continue using Shine in the future.



## SUCCESS STORY 2

**“It’s gone home. It’s not just been here in school. Parents have come up and said, yes, that’s been amazing. One of the parents has recommended this course to another parent outside and then they’ve come in and said, can my child do that?”**

**Primary School Safeguarding and Pastoral Lead**



## Getting Started with Shine

Participants explained that the training sessions provided by Stormbreak were helpful because they clarified what Shine did and provided a space for users to explore the platform before they implemented activities with children. Once trusted adults were comfortable with the content, pathway activities could be adapted to the needs of a class or individual children. Participants acknowledged that there were time-consuming administrative tasks involved in setting up Shine but emphasised that its positive impact on children's wellbeing made it worthwhile.

**“Yes, it's more admin. So, for example, you know, when I'm working it out today, it might be an hour of working out what I'm going to do with these children, which is like, ‘Oh, I'd rather be seeing a child in that hour.’ But from that hour, then eight children are going to get the pathway.”**

**Primary School Safeguarding and Pastoral Lead**

This quote sets out that after learning to use Shine, trusted adults were able to deliver the intervention to other children efficiently, which suggested the administrative burdens were short-lived.

## User Experience of Content

The content was evaluated positively. Participants praised the platform for its simplicity, vibrant presentation, and informative nature. The video content was perceived to be straightforward yet powerful in delivering information about mental health issues to parents and children.

**“I think the content’s stunning. I think it’s absolutely brilliant. The children love the look of it. And you know they’re more than happy with it.”**

**Primary School ELSA and Pastoral Lead**

**“I think the content is bang on. And I think if you are somebody who isn’t confident or comfortable in your own knowledge, then it would be brilliant”**

**Family Liaison Coordinator**

Overall, participants expressed optimism about Shine after it was initially implemented in their workplace. They explained that it was a fun and effective way to support children’s wellbeing. There was a desire to continue using the platform and collaborating with other schools that were implementing Stormbreak. The interview sample also provided suggestions for improvement, which can be found in Appendix 1.



A young boy with curly hair, wearing a blue Superman t-shirt and blue shorts, is running through tall green grass. He is holding a green leafy object. In the background, other children and adults are visible, some wearing green headbands. The scene is outdoors with trees in the background.

## SUCCESS STORY 3

**“The only thing I can say is that I really wish this platform had been around when I was in my very early career of helping children and families, and certainly throughout my school nursing career. And I’m just so glad it’s there now, it’s absolutely brilliant, and just yes, keep up the good work.”**

**Social Prescriber**



## Follow-up interview findings

Follow-up interviews were consistent with trusted adults initial experiences of Shine. The interviews were overwhelmingly positive with trusted adults describing Shine as “an absolute dream” (Social Prescriber). Overall, the intervention was perceived as manageable because it provided a clear structure and communicated information in a language that was easily understood by its intended users. However, some practitioners, particularly those with more experience of working with children and wellbeing, expressed concerns about the flexibility of the platform structure:

**“As a trained person who is very confident and can jump from issue to issue with a child within a session. I found it a little bit restrictive and a bit impersonal. However, I could see how somebody who maybe is a Teaching Assistant and maybe hasn’t had some of the training would be able to pick up a laptop with the child and use that to help them deliver some really useful support for that child.”**

**Primary School ELSA and Pastoral Lead**

Despite these concerns, the digital implementation of the intervention received praise. Some participants commended the appearance and presentation of the resources:

**“I think actually it’s different than what’s out there currently. It’s more modern. It’s using the tech side of things. I’m sure that’s most probably an issue for some schools if you haven’t got the tech. We’re very lucky, we’ve got big screens and access to laptops, etc. It’s just more modern, a more modern approach to a very complicated world out there I would say.”**

**Principal Teaching Assistant**

Since our sample included Shine users, we lack insights into the experiences of those with limited access to digital technology.

### **Mental health literacy: Trusted Adults**

Overall, the interviews illustrated that Shine had empowered trusted adults, particularly those without mental health and wellbeing training, by enhancing their confidence, communication skills and learning. By equipping adults with the necessary knowledge, Shine played a pivotal role in supporting children's mental health and wellbeing. Interviews indicated that there was a significant shift in the trusted adults understanding and approach towards mental health literacy. One aspect was the emphasis on gaining confidence through practical application as the following quote indicated:

**"Generally, I feel quite confident, and I can- like I can see already from- let's say from the first session I can already gauge more or less whether something might work."**

**Teaching Assistant and Pastoral Team**

Through directly engaging and implementing Shine with children, participants reported greater confidence in their abilities to address children's mental health concerns. Furthermore, the trusted adults highlighted the importance of using the right language and techniques when communicating with children about their wellbeing. Shine provided examples of positive language for trusted adults to use as the next quote animates.

**“So, I think it’s using the right language and I’ve learned an awful lot from the programme about using the language to talk to the children and that’s by me watching some of the Stormbreaks and I’ve just picked it up along the way and it’s been absolutely brilliant.”**

**Teaching Assistant and Pastoral Team**

Trusted adults also said that their knowledge had expanded from using Shine, for example:

**“I think it’s mostly that it has broadened my knowledge because you’re picking up on things as you’re working with the families. And its things I might not have noticed before. So, I think the majority of it has been down to Stormbreak.”**

**Primary School Pastoral and Safeguarding Lead**

This highlighted that the format of guided delivery (via Shine) and the practical application of learned concepts enhanced trusted adults’ mental health literacy. Trusted adults acknowledged the impact Shine had on parents. Practitioners observed positive changes in communication and the use of appropriate language by parents who were using Shine at home.

**“I can see the change... in the way they communicate with their children.”**

**Social Prescriber**

This suggested a wider impact, as enhanced mental health literacy among trusted adults supported healthier parent-child relationships.

## SUCCESS STORY 4

“I’ve got one family. They’ve done it as a family. Parents have both come on board with it. It’s really lovely and they’ve got three children and they’re all doing it. And they’re on their second pathway now and they’ve actually asked if there was anything else they could do in that format. So yeah, that’s really good. [...] This is a family that really don’t know how to be with their children. They’re having a Stormbreak. Gives them a focus. It’s something in the home giving them positive experiences that they’ve been built on and it’s sort of helping that all those relationships”

Primary School Safeguarding and Pastoral Lead



## Mental health literacy: Children

Shine also provided support in relation to children's emotional intelligence, communication skills, and coping mechanisms. Participants explained that by equipping children with these skills, Shine played an important role in promoting their wellbeing. In follow-up interviews, participants noted positive changes in children's ability to articulate their emotions, rather than becoming angry. One parent expressed gratitude for their child's newfound ability to express feelings beyond anger.

**"One of the feedbacks from the parents was, I see at home he is starting to tell me how he feels. He's not been able to do that before because he's just been angry. Actually no, he's not angry, he's scared or he's worried. The mum just said, Thank you. Thank you for telling me. Just thank you for that piece of information."**

**Deputy Head Teacher and Safeguarding Lead**

Additionally, the language children used to describe Stormbreak concepts evolved, with terms like "resilience" becoming more commonplace, which indicated a growing understanding of emotional wellbeing. This development provided evidence that Shine had been successful in educating some children about vocabulary to express and understand their feelings.

**"If I think back to when I first joined the school - years ago, we would, kids would not know what the word resilience meant. And now that like, these little kids are telling me it means bounce back, you know? And so it is so vital. If you haven't got the language, you can't tell somebody how you're feeling."**

**Primary School ELSA and Pastoral Lead**

Moreover, trusted adults observed improvements in children's emotional regulation and their willingness to seek help when they needed it. Interview participants described how children demonstrated an increased awareness of their emotions and a growing confidence in expressing their feelings.



**“Although we still have emotional outbursts in the school, of course we do, yes, absolutely, but I think they’re able to understand a little bit more why that’s feeling like that. Or if they don’t understand why, they’re able to come and say, I don’t know why I’m feeling like this, to get that support and that help. Whereas before they might go under the table, they might leave the classroom, they’re a little bit more confident to say, actually, I need a bit of help because I’m feeling like this.”**

**Deputy Head Teacher and Safeguarding Lead**

This highlighted practical benefits of Shine such as children actively using coping strategies that they had learned in Stormbreak sessions. Educators reported instances where children used techniques like giraffe breathing to manage their emotions, indicating the integration of learned skills into daily life.

**“There’s a Stormbreak that’s with a stone and she started off with a massive stone. What she wanted one out of my collection to decorate, and now she carries a small gem with her everywhere. And that’s come from Stormbreak, and that helps her regulate her breathing.”**

**Primary School Safeguarding and Pastoral Lead**

**“I have other children who did not do the Shine pathway and they came to me, and they said can you please teach me the giraffe breathing?”**

**Teaching Assistant and Pastoral Lead**

## SUCCESS STORY 5

“We initially met he wouldn’t even talk to me, let alone engage with me, in the slightest. And by the end of the seven months, he was saying to me, “I can feel I’m getting cross and I can feel I’m getting annoyed so I’m just going to take myself off now.” And that was really significant for me because he hadn’t understood those feelings and he didn’t even recognise those feelings, he’d just blow up and have his outburst, bless him, without understanding why”

Social Prescriber

## SUCCESS STORY 6

“I mean his behaviour in class has been much calmer. He has the confidence now to come up and literally ask for help. So, we’ve gone from almost toddler tantrums to hiding under tables, to pushing chairs over, smashing his telly at home, to actually no, I can do this. Can I have this? I’m feeling like this, and I need a few minutes here, talking to his mum about how he’s feeling.”

Deputy Headteacher and Safeguarding Lead



## Success Stories

Our sample viewed Shine as a valuable aid rather than an obstacle, reducing workload and benefiting numerous children. Furthermore, participants shared stories about positive changes in children's behaviours and wellbeing.

### Stories unpacked

The eight stories included in this report collectively showcase the benefits of using Shine, ranging from individual behavioural changes to broader family and community engagement. This highlights Shine's importance in promoting wellbeing and fostering positive relationships. The report aims to explore how Shine supports children's wellbeing (A1) and trusted adults' mental health literacy (A2). Story one provides anecdotal evidence for both aims, demonstrating a significant shift where a parent and child now openly express their feelings rather than resorting to aggression. Story four highlights a strong desire to continue using Shine at home, indicating high levels of engagement and motivation. Furthermore, story two illustrates how this motivation extends to encouraging others to engage, with parents actively recommending the program to others. Finally, stories five and six highlight Shine's wider impact as children successfully apply lessons learned during the pathways in their school environment, showcasing the program's effectiveness in teaching transferable skills.



## Staff insights

Throughout the evaluation, there were 77 reflections provided by the team. To maintain staff members' anonymity, we present the following data without stating the team member's title or role. The reflection log captured challenges, solutions, and insights across all stages of engaging service users with Shine, as well as feedback on broader health, social care, and education systems, and understanding outcomes and impact. We focus on three key themes that emerged from the reflections: pathway length, support and the digital build.

### Pathway length

Within staff reflections, there were considerations about pathway length and completion. Staff emphasised the potential need for shorter pathways to enhance completion rates. This indicated that success is linked to full pathway completion. Within our interviews with trusted adults, "Be Calm" was not identified as lengthy or too long, but as "perfectly manageable and... not too overloading" (Social Prescriber).

**"We need to make the pathways short and easy to finish. Or at least have a version that does this (Shine light?). Even though the full version has potential for impact, a shorter version can start things moving in the right direction for families."**

However, the low number of respondents completing pre and post pathway surveys may also corroborate this reflection. This raised questions about how success is defined for Shine and whether pathway completion should be used to measure it. Additionally, suggestions from trusted adults regarding improving children's motivation, such as earning badges and tailored messages, are shared in Appendix 1. This could motivate users to complete the whole pathway. Stormbreak should consider that the reasons for incomplete pathways may not necessarily be related to the content or length of pathways.

## Support

Staff reflections revealed careful consideration of the support provided to trusted adults. They covered various aspects, including the duration of support sessions, the method of delivery (online or offline), concerns about overwhelming information, and the financial sustainability of continuous support.

**“Training for parents and carers is becoming a need and something we can address when professionals are (social) prescribing the pathways home. Parents and carers can engage more positively with the pathway then. Yet, overwhelming parents and carers with yet ‘another thing’ is counterproductive if they feel this way.”**

**“I know that we are currently offering additional support to schools and other organisations with regard to successfully implementing and using Shine. It has also been mentioned that this is needed to make Shine a success - if this is the case I am concerned about the financial viability of Shine.”**

Given these considerations, it could be useful for Stormbreak to explore the possibility of offering different support packages tailored to the needs of different organisations. This could range from lighter training for those requiring minimal assistance to more comprehensive training for those needing more support. Interviews with trusted adults indicated satisfaction with the training provided, with some even expressing that other staff within their organisation felt confident implementing Shine without training. A key concern for Stormbreak could relate to ‘quality control’ in instances where minimal or no training is sought.



## Digital build

While the Stormbreak team demonstrated resilience in overcoming challenges encountered during the digital build phase of the Shine program, it is essential to critically assess the speed of implementing necessary improvements and updates.

**“Digital build and launch was hampered by technical difficulties. To overcome this we were patient, realigned expectations and ensured clear and regular communication to stakeholders.”**

It is important to recognise that the pace of addressing issues, and potentially the stakeholder feedback in Appendix 1, can unlock new potential for Shine. Not developing the platform based on this feedback could potentially impede its ability to meet evolving needs and expectations. Therefore, an emphasis on streamlining procedures and accelerating the incorporation of stakeholder suggestions (Appendix 1) will be paramount for ensuring the sustained success and impact of the Shine program in the future.





Overall, this evaluation demonstrated that Shine is having a positive impact on trusted adults and the children who have engaged with it. This report was confined to the available sample and presents evidence that Shine is having a positive impact on its target populations (children and trusted adults). It is important to recognise that there is much more happening beyond the data we had access to in this evaluation project. Therefore, continuous evaluation is important as the digital platform grows.

The first aim of this evaluation was to investigate Stormbreak's effectiveness as an intervention for children's wellbeing. We have provided evidence that Stormbreak had a positive impact on the children that used it. Pre and post pathway data indicated a positive change in children's wellbeing, and a reduction in their general anxiety and emotional problems. The interview data provided rich stories about the tools and techniques children learned through engaging with the Shine platform which, in turn, helped them to speak about and manage their emotions and general anxiety more effectively.

The second aim was to evaluate the effectiveness of Shine as an intervention for mental health literacy in trusted adults. Most interview participants perceived the platform to be a useful tool that enabled them to learn about ways to support children's wellbeing. This said, trusted adults with more mental health and wellbeing training felt that the inflexibility of the system could be improved.

The third aim was to explore trusted adults' experiences of the implementation process and effectiveness of Shine. While initially perceived to be slightly laborious for trusted adults to set up, the platform quickly became an efficient way to support children's mental wellbeing. In particular, we found that the innovative platform and use of technology were perceived in a consistently favourable way by users.

The fourth aim was to evaluate the reflections of Stormbreak staff on the implementation of Shine. The reflections highlighted staff concerns about pathway length, providing efficient support, and the implementation timeframe for updates. Upon considering the entirety of our evaluation data, we have identified that some of these concerns were not shared by the trusted adults implementing Shine. We hope that the insights and recommendations outlined in this report will be valuable for guiding Stormbreak's future actions.

# RECOMMENDATIONS

Based on the evidence we collated through this evaluation we recommend four actions for Stormbreak moving forward:

- 1.** Tailoring the support given, and rigidity of the platform to user experience with children's mental health and wellbeing. Doing so would give space for experienced practitioners to use the system in a way that fits with their expertise, while also providing a structured and intuitive platform for less confident trusted adults to support children's mental health and wellbeing. If Stormbreak introduces less structured support options or flexible pathways, they should consider how to effectively monitor quality.
- 2.** The current system is missing learning opportunities between stages. While an average of 17% of participants strongly agreed that a stage had a positive impact on children, 13% strongly disagreed. The reasons behind users' agreement or disagreement are not currently captured through the reporting system. Implementing an optional pop-up box for users to provide feedback when they report disagreement could provide Stormbreak with a learning tool in relation to what works and what needs improving.
- 3.** There appears to be a disconnect between the experiences reported by our sample and the completion rates of the Shine pathways. This suggests that our investigation may not have captured the perspectives of individuals who faced challenges in implementing Shine. To address this gap, we recommend that a feedback loop for trusted adults who do not progress efficiently, or complete pathways is embedded in pathways. For example, automated emails/notifications could be sent to trusted adults who show little pathway engagement within a certain timeframe (e.g., 1 month). These emails/notifications could encourage completion, offer support, and provide an opportunity for the trusted adult to share feedback on why they have not progressed further with the pathway. Stormbreak might also consider gamifying the completion of pathways by offering badges, points, or other rewards to encourage participants.
- 4.** While acknowledging the NHS Long Term Plan includes a digital shift and the government has made significant efforts to improve children's digital access during the Covid-19 crisis (Baker et al, 2020), it is crucial to recognise that this digital transition exacerbated existing digital poverty, particularly impacting disabled individuals and those from lower socioeconomic backgrounds (Dafoulas et al, 2022). Stormbreak must explore strategies to mitigate digital poverty and ensure equitable access to Shine for all children. Otherwise, Shine risks widening disparities in access to wellbeing resources.

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## Appendix 1. Stakeholder Wish list

1. Having the option to skip a stage or repeat a stage.
2. Having the ability to download some of the videos.
3. Having something that informs the trusted adult whether any equipment is needed for the videos.

**“It would be quite handy to have something that says if you need anything for the videos. So if you need like the rock, or, you know, things like that. [...] sometimes you sort of start the pathway, and then you’re not really quite clear what you’re going to need, and you have to spend quite a lot of time watching it.”**

4. Improving accessibility by being able to click a button and make writing bigger, or change the colour of it.
5. Earning badges or certificates after stages as a way of motivating children to continue engaging in a pathway. One participant mentioned something as simple as a personalised ‘well done’ message.
6. Including more activities or discussions that are away from the screen.
7. Option to change the language.

**“There are lots of families where the child’s first language might be English, but mum and dad’s isn’t. Mum and dad might really struggle, and actually it then becomes more frustrating and anxiety inducing for them, and therefore more frustrating and anxiety inducing for the child.”**

## Appendix 2. Survey sample characteristics

| Role of Trusted Adult          | Frequency | Percentage % |
|--------------------------------|-----------|--------------|
| Education Professional         | 91        | 46.90        |
| Parent or carer                | 81        | 41.80        |
| Health or Medical Professional | 7         | 3.60         |
| Other (Including relatives)    | 8         | 4.10         |
| Social Care Professional       | 4         | 2.10         |
| Family Friend                  | 3         | 1.50         |

| Participant Gender      | Frequency | Percentage % |
|-------------------------|-----------|--------------|
| Female                  | 114       | 58.80        |
| Male                    | 67        | 34.50        |
| Other                   | 8         | 4.10         |
| Prefer to self-describe | 4         | 2.10         |
| Non-binary              | 1         | 0.50         |

| Participant Ethnicity                    | Frequency | Percentage % |
|--|-----------|--------------|
| White                                    | 164       | 84.50        |
| Asian or Asian British                   | 13        | 6.70         |
| Mixed Ethnicity                          | 10        | 5.20         |
| Other ethnicity                          | 5         | 2.60         |
| Black/African/Caribbean or Black British | 2         | 1.00         |



| Year Group | Frequency | Percentage % |
|------------|-----------|--------------|
| YrR        | 20        | 10.30        |
| Yr1        | 27        | 13.90        |
| Yr2        | 23        | 11.90        |
| Yr3        | 23        | 11.90        |
| Yr4        | 31        | 16.00        |
| Yr5        | 31        | 16.00        |
| Yr6        | 33        | 17.00        |
| Other      | 6         | 3.10         |

| Eligibility for Free School Meals | Frequency | Percentage % |
|-----------------------------------|-----------|--------------|
| No                                | 110       | 56.70        |
| Yes                               | 56        | 28.90        |
| Not sure                          | 28        | 14.40        |

| Record of Mental Health Diagnosis             | Frequency | Percentage % |
|---|-----------|--------------|
| Yes, although not diagnosed by a professional | 68        | 35.10        |
| Not sure, maybe                               | 47        | 24.20        |
| No mental health difficulties                 | 32        | 16.50        |
| Yes, diagnosed by a professional              | 25        | 12.90        |
| Don't know                                    | 15        | 7.70         |
| Yes, diagnosed and now resolved               | 5         | 2.60         |
| Other   | 2         | 1.00         |

## Appendix 3. Summary of Key Variables



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