University of Roehampton London

Multilingual Emotional Support: The MES Programme

Wellbeing support in native and non-native languages: Equipping and empowering ESOL learners

BRIEF REPORT FOR STAKEHOLDERS

FEWP

SOUTHWARK COLLEGE

Funder

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Innovation Vouchers

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The MES Programme

1 Background, Aim and Research Questions

1.1 Why This Programme

Before embarking on this relatively unfamiliar research journey, by entering the territory of secondary languages education, with open-ended (mine)field-work, I oversaw a project with younger ages that involved mostly testing, and more testing (longitudinal work). However, as engaging stakeholders was a chief objective, halfway in I saw 'tagging' knowledge exchange to research was not ideal. Did practitioners understand our work? Did they find it interesting, or indeed useful? Our 3-part BPS-funded series (Lam & Husain, 2021) confirmed the critical importance of including stakeholders, from the outset, to 'co-create' research agendas that are practice-driven. 'Follow-ons' ensued inviting academics and practitioners before the ideas of 'triadic' exchange (3 parties) and 'problem-focused' (on learners/educators) were discussed. Under-resourcing (general) and underrepresentation (groups or sectors like complementary; Lytra & Martin, 2010) then surfaced. There were enough challenges across sectors to go on.

Cross-sector education exchanges are not entirely new, if rarely done–let alone for languages, or with teachers *and* students. Admirably some researchers first trialled with mainstream and complementary teachers a decade ago (Kenner & Ruby, 2012, 2013). Recognising the under-recognition of complementary schools, hardly known by 'outsiders', mutual visits before the teachers jointly planned topics led to a 'syncretic' curriculum that could lift children's agency. Impactful 'action research' such as this means more cross-sector partnership is desirable.

At the same time, if we aim to give agency to the child/learner as practice recipient, including them in the research and knowledge exchange *process* is a 'must'. When Enhancing Research Cultures seed fund arrived, it gave impetus to try student/teacher/leader 'innovative networks' (Rothgang & Lageman, 2018). These involved mutual visits, focus groups and interviews, for language education experiences, challenges, and creative or useful practices, to be exchanged and documented as co-created 'funds of knowledge' (Brazil, 2022).

1.2 Programme Aim and Rationale

This study aimed at sharing practice and co-creating documentable funds of knowledge about language learners' journey towards 'becoming bilingual' (or multilingual) by improving their target language(s). The learners studied their language(s) in different sectors/settings with the only commonality being that they were in secondary education and invited by their teacher as keen learners; we leveraged on this as engaged learners more likely offer insights. With older, secondary groups being more articulate and reflective, we would also gain more in-depth data from this highly 'process-led' study. The key teacher (some with managerial duties, i.e., more knowledge of institutional protocols, constraints or opportunities) was hence also involved, to gain insight with the breadth from different perspectives: providers and recipients of practice. We are pragmatically interested in: *what's challenging* (in learning/teaching languages); *what works* (as creative or useful practice) from each perspective; and exploring *impact* (what were the key 'takeaways' from the exchange). To this end, we ask three key questions.

1.3 Research Questions

RQ1. What are the language-based mental health or wellbeing needs of adult ESOL learners?
RQ2. What are their actual perceived mental health states over the programme/college term?
RQ3. How do they evaluate the programme in activity effectiveness and personal outcomes?

2 The MES Programme and Research Strategy

2.1 The Fieldwork Design

The fieldwork had originally been designed to provide ten weeks of parallel sessions (Dance Movement Psychotherapy or 1:1 talk therapy/emotional support) interspersed with Wellbeing workshops (planned three in addition to an Introduction). However, due to significant delays through the safeguarding procedures within college, sessions began 6 weeks (mid-November) later than planned. After the introductory workshop when learners' initial linguistic wellbeing needs were collated (Needs Survey; in Appendix A), a workshop was built-in (as an extended break in a 3-hour lesson) to an evening class for two more weeks and a drop-in after an exam week, after negotiations with its teacher. Learners joining through DMP or 1:1 completed the Needs Survey later. In the fifth/final week (last week of term) the ESOL unit invited the team to offer a longer session as part of CPD that more classes attended. As different learners could engage each time, consent, a Mental Health Questionnaire (MHQ; Appendix B) and feedback (Appendix C) were administered (QR-linked online forms) since Introduction (see table 1).

Table 1. Activities, attending learners and data taken during the MES programme

Week beginning/ Sessions	In attendance	Measure completion
18/11/2024 Introductory **Workshop 1** Introducing *FEWP, MES, and mental health and wellbeing*	7 (attend out of class)	Needs 5; MHQ 5
25/11/2024 DMP and 1:1 sessions offered **Workshop 2**: *Emotions and Multilingualism*	15-20; regular class	Needs 2; MHQ 3; feedback 3
2/12/2024 DMP and 1:1 sessions; **Workshop 3:** *Recognising and Communicating Emotions*	15-20; regular class	MHQ 7; feedback 3
9/12/2024 DMP only; **Mini-workshop** drop-in (after end-term exams)	15-20; regular class	Needs 2 MHQ 2; feedback 2 Impromptu 'feeling' notes
16/12/2024 DMP; **Workshop 4:** [Combination] *Communicating Emotions & Support Resources*	>50 multiple classes	Needs 6; MHQ 33; feedback 17

2.2 The Sample

Participant attendance and engagement (completing measures, feedback or group activities with photographed outputs) varied from week to week due to the different contexts in which the team were in contact with them. While 35 learners gave consent, some measures (mental health) had higher completions not explainable by repeat completion across sessions; in fact, few (N<10) completed measures or feedback more than once. For instance, the introductory session was taken by only seven learners, with five completing Needs and MHQ during and after the session. Thereafter, different learners from the class of 15-20 were given measures and feedback, with only two or three taking part more than once.

2.3 Data and Analysis

All of Needs Survey, MHQ and feedback forms contained quantitative (scaled and categoric) and qualitative (typed-in text) responses that were extracted to Excel and SPSS for charting descriptive trends and examining subgroup patterns or coded by content analysis for shared meaning among learners' comments (Hsieh & Shannon, 2005). The Needs Survey and MHQ were given in English and leaners' commonest home languages (Arabic, Portuguese, Russian, Spanish, Turkish), but they were told that more versions could be offered should they request. Feedback form scales were in simple English, and learners were encouraged (in foreign text) to comment in their home language, for which AI was used for translation before analysis.

3 Findings

3.1 Demographics, and Language and Wellbeing Needs

While, after the consent form, learners were never asked for their identity, the Needs Survey was the only form that surveyed for demographics alongside stated needs. In total 15 learners (8 males, 7 females; age 26-56, mean=38.5) completed this form over the five weeks (mostly weeks 1 and 5). The most utilised language version was Turkish (N=7), followed by Spanish (N=4), then Arabic (N=2), with Russian and English each filled in by just one learner. These figures are in line with the stated birthplaces of respondents: 11 from the Middle East or Asia Minor; 4 Latin America (countries not stated to avoid identification of individuals).

In terms of housing, they were evenly split with three living alone, three in house-share, three with a partner/spouse, three with a partner/spouse and child(ren), and three with other family members (e.g., siblings). Employment was also evenly split with one third (N=5) not in work, another third working part-time, and a third working full-time. Their former educational level was relatively high, with seven having completed undergraduate degrees, one higher degrees, one college (post-secondary) qualifications while the rest (N=6) completed secondary school.

Most (N=7) of the learners reported their ESOL level as 'Entry 3' (two of whom were taking other subjects like IT or social care also), followed by 'Level 2' (N=5), then 'Level 1' (N=3). Two thirds (N=10) reported using their first or native language the most while the rest (N=5) reported using English more.

Learners were asked to self-rate their English proficiency in four components, understanding, speaking, reading and writing, on a scale of 1 (very poor) to 5 (very good), and to pick, from a list of ten, the key challenges due to English skills, as well as the problem they experienced the most. Finally, they were asked to pick from a list of eight the reasons they wanted to join the Programme activities and what they hoped to get out of MES the most. Sample responses are summarised in Table 2.

Table 2. Learners' self-rated English proficiency, English language skills-related problems, and motivations for joining MES activities

Question set	Frequency/ percent	Average score
English proficiency component	(3-'OK' or above)	(scale 1-5)
- Understanding	10/ 66.7%	3.18
- **Speaking**	7/ **46.7%**	**2.64**
- Reading	9/ 60%	3.00
- **Writing**	8/ **53.3%**	**2.90**
Commonest English skills-related problem	Proportion (of 15/ %)	
a) Not coping with daily life	2/ 13/3%	
b) Social isolation	3/ 20%	
c) Feeling stressed or tired from using English	5/ 33.3%	
d) Being misunderstood by other people	8/ **53.3%**	
e) Being unable to express feelings fully	8/ **53.3%**	
f) Missing out on good opportunities	7/ **46.7%**	
g) Not being able to study or work well	2/ 13.3%	
h) Not being able to get help or support	3/ 20%	
i) Having low confidence or self-esteem	7/ **46.7%**	
j) Other (for learner to describe)	1/ 6.7%	
Most experienced by each learner	**Confidence** (4) Isolation/Missing out (2)	

Motivation for joining MES activities	
a) Improving wellbeing	**7/ 46.7%**
b) Coping with stress	5/ 33.3%
c) Learning to express feelings	4/ 26.7%
d) Mental health issues (learner to describe)	2/ 13.3%
e) Meeting other people	**6/ 40%**
f) Learning more English	**9/ 60%**
g) Finding out about support	2/ 13.3%
h) Other (for learner to describe)	1/ 6.7%
Most hoped by each learner to 'get out of' the programme/activities	**Mental wellbeing** (5) Meet people (3) English (2)

Both reflected by proportions reporting mid-point ('OK' – score 3 on a 1-5 scale proficiency) or higher and as sample average scores, Speaking was rated as the least proficient component with lower than half of the participants followed by Writing with just over half, both showing averages below the mid-point of 3.

In terms of language-related problems (where participants could choose multiple), the most commonly selected by participants were 'being misunderstood by others' and 'not being able to express themselves fully' (each by over half), followed by 'low confidence of self-esteem' (just under half). Yet the problem each learner expressed as the 'most experienced' concerns confidence, followed by isolation or missing out on opportunities.

The most voted for reason, by 60% of participants, for joining the programme was 'learning more English', followed by 'improving wellbeing' then 'meeting other people' each with just under half voting. However, the most that each hoped 'get out of' MES was mental health or wellbeing related (including by own-word/language descriptions such as 'learning to express myself' or 'being okay with myself'), followed by meeting people and learning English.

Two participants claimed having sought or obtained help (depression; PTSD) previously (also ticked the 'mental health' option) and such help was received in English.

In terms of activity preference from the programme (even though 6 were filling in during/post final week), the commonest preference was to take part in Wellbeing workshops and the DMP (N=7), followed by workshops only (N=5), then workshops and 1:1 support (N=3).

3.2 Mental Health Measures

In total, 50 MHQs (only 3 repeat participations according to participant no.) were completed over the programme (weeks 1 to 5) with the highest completion in week 5 (N=17) and lowest in week 4 (N=2). Sample average scores are listed in Table 2 for each measure (World Health Organisation Quality of Life–brief version; WHOQOL-BREF, WHO, 2004; General Anxiety Disorder brief 7-item measure, GAD-7, Spitzer et al., 2006; the Patient Health Questionnaire 9-item depression measure, PHQ-9, Kroenke & Spitzer, 2002; and a short-version Warwick-Edinburgh Mental Health Wellbeing Scale, (S)WEMWBS, Tennett et al., 2007).

It was not possible to track individual learner's changes overtime (original design), due to the late start of the programme, where learners we were allowed to engage completed forms in an ad hoc manner. Yet, data gathered over five weeks using several language versions meant that group-level differences based on learner engagement during (N=17) and at the end (N=33) of MES (Table 2), and differences between different language-users (Table 3) could be explored.

Table 2. MHQ measures: sample averages and subsamples by during/end of programme

Measures	Sample (N=46-50)	During MES (N=16-17)	End workshop (N=30-33)
WHO Quality of Life areas (scale 1-5)*			
Overall QOL (1 question)	3.50	3.35	3.58
Overall health (1 question)	3.18	3.29	3.12
Physical health (7 questions)	3.46	3.42	3.48
Practical functions (6 questions)	3.34	3.12	3.45
Mental Health/Support (10 questions)	3.64	3.57	3.68
Negative feelings (1 question)	2.78	2.82	2.75
Specific disorder / wellbeing measures**			
General anxiety (0-3 scale; 6 questions)	0.97	0.95	0.99
Depressive symptoms (0-3 scale; 9 questions)	0.82	0.92	0.77
Mental wellbeing (1-5 scale; 7 questions)	3.66	3.54	3.73

*Higher scores higher QOL/health/functions/feelings; **Higher scores higher anxiety/depression/wellbeing

Table 3. MHQ measures: subsample averages by language version completed

Measures	English (N=8-11)	Arabic (N=3)	Portuguese (N=3)	Russian (N=2)	Spanish (N=26)	Turkish (N=2-3)
WHOQOL areas						
Overall QoL	3.73	4.00	3.67	3.50	3.42	2.33
Overall health	3.18	4.00	2.33	3.50	3.12	3.00
Physical health	3.34	3.68	3.52	3.57	3.49	3.19
Practical functions	3.34	3.63	3.89	3.33	3.26	2.94
Mental Health/Support	4.34	3.86	4.00	3.55	3.31	3.93
Negative feelings	3.30	2.80	2.33	2.50	2.62	3.00
Specific disorder/wellbeing						
General anxiety	1.71	0.83	0.90	1.07	1.11	1.86
Depressive symptoms	1.53	0.58	0.93	1.17	0.86	1.78
Mental wellbeing	3.34	3.86	3.33	4.07	3.78	3.00

Table 2 shows that, at the sample level, the reported health, functions and support were above mid-point of the scale (3 on scale 1-5) with negative feelings below that, where mental health was on average slightly more highly rated compared with other sections. For specific disorder symptoms or wellbeing areas, the sample also scored below mid-point for disorders (1.5 on a 0-3 scale) and above mid-point for wellbeing (3 on scale 1-5). The during/end of programme figures do not indicate substantial differences; only very slight ones in overall QOL, practical functions and mental wellbeing, where the end-group scored slightly higher. While they were different participants (with very few overlaps), statistical tests were applied that confirmed no significant differences between the measures taken during and at the end of MES.

Table 3 shows a few tentative between-language group differences, where participants filling in the English version scored higher on mental health and support, but also negative feelings, and was second highest in depressive symptoms, which may be a facet of a relatively diverse group as learners with home languages in MHQ would likely have completed those versions. At the same time, learners filling in the Spanish version as the largest group (26 participants) scored lowest in mental health and support and practical functions. These patterns, however, must be treated with a great deal of caution, not least due to the large variations in group size (that the groups would not be representative), but also the fact that groups can differ in other demographics such as socioeconomics and completed the measures at different times across the programme.

3.3 Programme Activity Evaluations

Within the programme, the Wellbeing workshops clearly had the most engagement. While the same ESOL class was visited over three weeks (weeks 2-5) after a different group of learners was inducted in week 1, a multi-class workshop was given in week 5/final week. Each week different learners (with very few overlaps according to participant no.) gave feedback, thus results here are a set of *generalised* evaluations of each week's workshop content. Similarly while several learners attended Dance Movement Psychotherapy (DMP) sessions, few gave feedback (with some repetition). Therefore, 'broad' comments were collated, particularly as learners were encouraged to write in their home language, which they felt more comfortable using to express their views.

Table 4 (next page) shows a summary of feedback ratings for the key workshops and overall ratings for DMP, and exemplar comments written by participants. As few learners in the pre-final week's workshops completed feedback per week, those were collapsed. Even so, clearly ratings were uniformly high (close to maximum scores), with sessions seen as highly helpful (over 4 in a 1-5 scale). The more modest, but still high (over 7.5 out of 10 across domains), ratings from the final week's workshop may reflect the far larger group's (N>50 attendees) greater diversity of needs and expectations or briefer exposure to MES, compared with the smaller class who were more familiar with us and MES across three weeks.

From both the pre- and end-week feedback, 'relationship' (being attended to during sessions) and 'interpersonal' (wellbeing from relating to those who were close) were scored higher than other areas, which indicate the relevance of focusing on emotions as integral to understanding wellbeing. The (mostly translated) comments bear this out, as many learners wrote how they made sense of emotions, and their acceptance or links to their environments, relationships or personal (mental) health. Indeed, the key feedback on improvement is to make such sessions more accessible—having simpler, more comprehensible materials, which reflect the fact that the session contained multiple ESOL levels (versus the previous weeks that catered to higher-levels) and having smaller groups for more interactions with each other and facilitators.

Feedback for the **DMP** was similarly positive, albeit from few participants (thus caution to be exercised concerning generalisability): all sessional aspects and again interpersonal outcome averaged high ratings. The key focus of comments though pertains to the physical expression of emotions in terms of how 'the body' (through DMP exercises) aided their connection with the emotions. While the small group size was appreciated, the key feedback on improvement concerned time, which the commenters wished to have in a longer series to delve deeper into the body-emotion links, including 'healing' through DMP.

As there were few learners pursuing workshops with **1:1 talk therapy/emotional support**, with only one repeat attendees at actual 1:1 sessions who gave feedback, for ethical reasons (preserving participant privacy) ratings are not presented here, even though their comments were highly positive (listening and helpfulness in understanding the self).

Despite not being able to enact the pre-planned repeated-measures, within-participants design to track individual change due to logistic issues, the feedback strands piecemeal the picture of a programme that was rated positively by learners, for a focus on understanding emotions and their expressions and management. Delivering at the appropriate level, within smaller groups for a more sustained duration, is particularly important for English learners.

Table 4. Wellbeing workshops and Dance Movement Psychotherapy sessions: feedback ratings and participant written comments

Workshop/topic/number	Mean Feedback ratings	Helpful aspects	How to improve
Workshop 2: Emotion and multilingualism	Relationship: 10.00 Goals and topics: 9.86 Method/approach: 10.00 Overall session: 10.00 Helpfulness: 4.25 (1-5) Personal wellbeing: 8.75 Interpersonal: 10.00 Social wellbeing: 8.50 Overall wellbeing: 8.50	'*I understand the difference between emotions and feelings.'* '*Very useful about positive and negative thoughts and emotions and how we can think about everything before we do it.*' [translated]	'*All the session was good.*' '*More people [should] come and share ideas together.*'
Workshop 3: Recognising and communicating emotions [Combined: N=8 discrete feedback; weekly n=2-3]		'*The description of emotions that I had not explored.*' [translated]	'*Everything was fine.*'
Workshop 4: Emotion communications and resources N=17 discrete feedback completed by individuals	Relationship: 8.13 Goals and topics: 7.73 Method/approach: 7.53 Overall session: 7.67 Helpfulness: 4.12 (1-5) Personal wellbeing: 6.63 Interpersonal: 8.48 Social wellbeing: 7.67 Overall wellbeing: 7.79	All translations: '*I learned to understand my environment, work on my health, solve problems and control emotions that I have daily.*' '*It's good, everything they have talked about, the truth is that I need to be together more often to have more affinity with the other groups...thanks to all the people who were there and put together this very entertaining event and I really had a very good time.'* '*It was useful to know about accepting the emotions we feel when we are bad.*'	All translations: *'There were parts we could not understand. It could be made simpler and more understandable.'* '*Let the groups get together more often so we have more confidence.*' *'The only thing I think is that these activities are better in small and not so large groups of people where the interaction with the facilitator is lost.'*
Dance Movement Psychotherapy (DMP) N=5 of 3 learners over two weeks (3 and 4), 2 of whom fed back both weeks	Relationship: 9.80 Goals and topics: 9.20 Method/approach: 9.80 Overall session: 9.80 Helpfulness: 4.20 (1-5) Personal wellbeing: 7.80 Interpersonal: 8.25 Social wellbeing: 7.20 Overall wellbeing: 7.20	All translations: *'It's helpful for me to watch how body movements reflect emotions. In addition, the fact that some physical postures and movements even remind me of memories makes me realize that it is possible to reach emotions by starting from the body. It allows me to give time to myself and my emotions.'* *'I think what helped me the most was being able to identify with the movements and being able to connect with myself.'*	All translations: *Time is limited and an in-depth study on healing with some body postures may not be possible… Perhaps extra studies on focusing can be added to understand the connection between body and emotion more deeply.* *Maybe [we] could do more sessions at different times.*

4 Conclusions and Recommendations

4.1 What do the findings tell us?

The findings show that students shared a set of challenges and their teachers another set while both 'sides' appreciated a common set of good practices and 'take-home' messages from their cross-sector exchange. The students' language-focused challenges inform about the stumbling blocks before *perceived* proficient use and the KS4 curriculum might intensify perceptions of deficiency and demand. The contextual and individual challenges (resourcing, family or peer pressure) observed or felt by some students intersect with language-based ones and can affect attitudes to learning or the language. The highly contextual challenges shared by the teachers show that what they experience 'in' the classroom is heavily affected by what occurs 'outside' through for example, student characteristics, curriculum, time, and can impact practice. Some factors are more 'local' to school (e.g., subject choice, class allocation, timetable) than others (e.g., low starting level, family attitudes/engagement, cultural or political climate); the 'local' issues are also marked by cross-sector variations, which students aptly noticed.

Notwithstanding the challenges, teachers and students vouched for a number of practices they saw as working to creative. Raising participation due to teamwork or interaction, games were seen as conducive to MFLs for the opportunities for higher target language use reinforced by repetition or demands for spontaneous or efficient language processing. Infusing culture into not only lessons, but also the learning 'environment' (e.g., classroom, club), was an effective way to raise interest or reinforce a language, if some schools or levels were more ready to do this than others. Teachers preferred different teaching styles that 'worked for' them, based on level, ability, or behaviour. While both students and teachers commended high MFL use that some students saw as enacted by highly interactive teaching, and exclusive use was enforced in some schools and classes, English had a place for very specific purposes such as feedback, rapport or behaviour management.

Finally, reflecting on the visit to a setting in a sector different from their own and discussing with peers from that setting brought expressions of higher motivation, plans or readiness to continue and enhance one's learning or teaching, face challenges, or seek more involvement or alternatives in practice. These were inspired by observing their counterparts' acumen or performance, practical or creative techniques or how they made use of (sometimes limited) materials, and by 'taking stock' of one's existing and potential opportunities, resources and support networks.

4.2 What do we recommend from the findings?

One could expect that, where teachers self-select to take part and select students (in this case outward-looking teachers and keen students), those challenges identified here are likely even more prevalent, or problematic, among less engaged students or less resourced schools. Thus resourcing and constraints ought to be considered for recommendations to be implementable across contexts. Drawing on common challenges and reported good practices (tables 2-4 and Appendix B) and consultation with our collaborators in ALL and NPCE, several shared ideas may be adapted and embedded in regular classrooms and schools.

Games that may be incorporated into schemes of learning and curriculum planning include paired mutual testing or team/group competition (e.g., word/phrase recognition, spontaneous translation, sentence formation) or where high target MFL use accumulates team/group wins.

Other activities that can stretch cognitive capacity or flexibility (e.g., memory games, word/ phrase-finding or retrievals) may involve use of space across and, if practicable, beyond the classroom, and use of props and physical movements (see **Appendix B** for examples).

Task arrangement by truncating those seen as difficult (e.g., listening, feedback giving) with interspersing or embedding into games or peer interactions seem to help teachers. Illustrating and trialling building of (spoken or written) sentences or conversations/passages shortly after vocabulary learning was appreciated in peer observations. If references to the culture of MFL (e.g., food/drink, cities or landmarks, religions, festivals, music, sport) or student interests or preference (affording choice of domain to explore, if possible) are added, such developmental activities can become attractive or relatable (also see Appendix B).

Many students enjoy **co-creation** activities. These can be projects of varying scales from co-searching/charting wordlists/ idioms/jokes, pair-work to co-author passages/mini-essays that can be orally shared in class, culture-relevant target MFL posters, pair/group recording a role play or conversation (with instructions or guidance), all lending to teacher and peer feedback. Some 'products' may also be shown to (busy) parents to at least inform, if not enthuse, them about their child's language learning journey.

Reflexive practice of teachers has been clearly seen here. Self-awareness (or even criticisms) of low target language use may be practically and reflexively addressed by keeping a practice diary about language use and the context (topic, class level/composition, functions of English vs. MFL), and possibly sharing with peers, for developing strategies (with the activities here) for raising target MFL use. The same can be used to address the issue of 'reluctant speakers', such as trialling incentives and feedback methods (e.g., pair/group preparation before larger class engagement and rewarding high target MFL use per above).

While low starting-level is a structural issue, if any opportunity for **cross-phase (key stages) liaison** can be afforded, the transition may be eased by collaborative use of materials to boost continuity; 'falling back' on English may be leveraged by using English-origin resources with MFL versions (e.g., popular picture books and cartoons). Cross-phase visits, as we have seen, are seen as valuable, particularly by students, for role-modelling or mentoring.

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Appendix A: Language and Wellbeing 'Needs Survey' *Your Participant No*._____

Demographics

Age: _____ Gender (circle one): Male Female Other; please specify if you don't mind:

Country you were born in: _____

Country you lived in before moving to the UK: _____

For how many years have you lived in the UK: _____

Are you working (circle)? No Yes full-time Yes part-time Yes other; please specify

Are you (circle one): living with partner living alone sharing a property Other; specify

Do you have children (circle/fill in)? No Yes; please state how many: _____

What education did you complete (circle)? Did not finish school High/ secondary school

College qualifications University/Bachelors Postgraduates (like masters) Other; specify

Which level of ESOL are you taking (circle one)? Entry 3: Level 1 Level 2 Other:

Language Perceptions and Experience and Mental Health Needs

Which language is your first language? _____

Which language do you use the most now (circle one)? My first language English Other:

How do you rate your English: [please circle one for each]						
	Understanding	Very poor	poor	OK	good	Very good
	Speaking	Very poor	poor	OK	good	Very good
	Reading	Very poor	poor	OK	good	Very good
	Writing	Very poor	poor	OK	good	Very good

We understand that there can be many challenges for English learners in the UK. Can you circle problems you ***are experiencing*** *due to English skills (you* ***can circle more than one****):*

a) Not coping with daily life
b) Social isolation/ feeling lonely
c) Feeling stressed or tired from using English
d) Being misunderstood by other people
e) Being unable to express feelings fully
f) Missing out on good opportunities
g) Not being able to study or work well
h) Not being able to get help or support
i) Having low confidence or self-esteem
j) Any other problem – please describe:

Which of the above problems do you experience ***the most****?* _____

Have you ever tried to get help or have you received help for mental health? Yes No

If Yes, was that help in (circle one or more): English First language Other; specify

Can you circle the reasons for ***why you want to join*** *this programme (****can pick more than one****):*

a) Improving wellbeing
b) Coping with stress
c) Learning to express my feelings
d) Mental health issues; please describe:
e) Meeting other people
f) Learning more English
g) Finding out about support
h) Any other reason – please describe:

What do you hope to get out of this programme ***the most****?* _____

Which activities do you want to take part in from this programme? (**please circle ONE**)

The 3 workshops Workshops + Drama & Movement therapy Workshops + 1-to-1 talk

Appendix B: the Mental Health Questionnaire (MHQ)

Quality of Life Participant No. _____

Instructions

This assessment asks how you feel about your quality of life, health, or other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response.
Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last two weeks. For example, a question might ask:

	Not at all	Not much	Mode-rately	A great deal	Com-pletely
Do you get the kind of support from others that you need?	1	2	3	4	5

You should circle the number that best fits how much support you got from others over the last two weeks. So you would **circle 'A great deal' if you got a great deal of support** from others as follows. You would **circle 'Not at all' if you did not get any of the support that you needed** from others in the last two weeks. Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you.

Your Quality of Life - Questionnaire starts HERE

		Very poor	Poor	Neither poor nor good	good	Very good
1	How would you rate your quality of life?	1	2	3	4	5

		Very dis-satisfied	Dissatis-fied	Neither dissatisfied nor satisfied	Satisfied	Very satisifed
2	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about how much you have experienced certain things in the **last week**.

		Not at all	A little	A moderate amount	Very much	Extremely
3	To what extend do you feel that (physical) pain prevents you from doing what you need to do?	1	2	3	4	5
4	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5	How much do you enjoy life?	1	2	3	4	5
6	To what extent do you feel your life to be meaningful?	1	2	3	4	5
7	How well are you able to concentrate?	1	2	3	4	5
8	How safe do you feel in your daily life?	1	2	3	4	5
9	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about **how completely** you were able to do certain things in **the last week**.

		Not at all	A little	Moderately	Mostly	Completely
10	Do you have enough energy for everyday life?	1	2	3	4	5
11	Are you able to accept your bodily appearance?	1	2	3	4	5
12	Have you enough money to meet your needs?	1	2	3	4	5
13	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
15	How well can you get around (movement)?	1	2	3	4	5

The following questions ask you to say **how good or satisfied** you have felt about various aspects of your life over **the last week**.

		Very dissatis-fied	Dissatis-fied	Neither dissatified nor satisfied	Satisfied	Very satisfied
16	How satisfied are you with your sleep?	1	2	3	4	5
17	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18	How satisfied are you with your capacity for work?	1	2	3	4	5
19	How satisfied are you with yourself?	1	2	3	4	5
20	How satisfied are you with your personal relationships?	1	2	3	4	5
21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	How satisfied are you with your transport?	1	2	3	4	5

The last question asks how often you have experienced certain feelings in the **last week**.

		Never	Seldom	Quite often	Very often	Always
26	How often do you have negative feelings such as blue/ low mood, despair, anxiety, depression?	1	2	3	4	5

General Anxiety

Over the **last week**, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Depressive symptoms

Over the **last week**, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could notice, OR so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Mental Wellbeing

Please tick the box for each statement that best describes your experience **last week**	Not of the time	Rarely	Some of the time	Often	All of the time
1. I've been feeling optimistic about the future	1	2	3	4	5
2. I've been feeling useful	1	2	3	4	5
3. I've been feeling relaxed	1	2	3	4	5
4. I've been dealing with problems well	1	2	3	4	5
5. I've been thinking clearly	1	2	3	4	5
6. I've been feeling close to other people	1	2	3	4	5
7. I've been able to make up my own mind about things	1	2	3	4	5

Appendix C: Session Feedback Form

Session: [preset by team]

We would be grateful if you could complete this short form; your views are very welcome.

Please first fill in your participant number:

[Session Rating Scale SRS V.3.0]

1. Please rate today's session by clicking on the lines below that reflects your experience:

Relationship

I did not feel heard, understood, and respected. |----------| I felt heard, understood, and Respected.

Goals and Topics

We did not work on or talk about what I wanted to work on and talk about. |----------| We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The facilitator's approach is not a good fit for me. |----------| The facilitator's approach is a good git for me.

Overall

There was something missing in the session for me today. |----------| Overall, today's session was right for me.

2. Overall, how helpful has this session been?

Not helpful At all	Unhelpful	Neither helpful nor unhelpful	Helpful	Very helpful

3. If helpful overall, what you have found the **most helpful**?

4. <u>If not helpful overall</u>, what have you found the most unhelpful?

5. Can you key/type in ideas for how the session could be improved?

6. After today, help us understand how you're feeling by rating the following areas of your life. Marks to the left represent low levels. Marks to the right indicate high levels.

[Outcome Rating Scale]

INDIVIDUALLY (Personal wellbeing)

Worst |----------| Best

INTERPERSONALLY (Family, Close Relationships)

Worst |----------| Best

SOCIALLY (Work, School, Friendships)

Worst |----------| Best

OVERALL

Worst |----------| Best