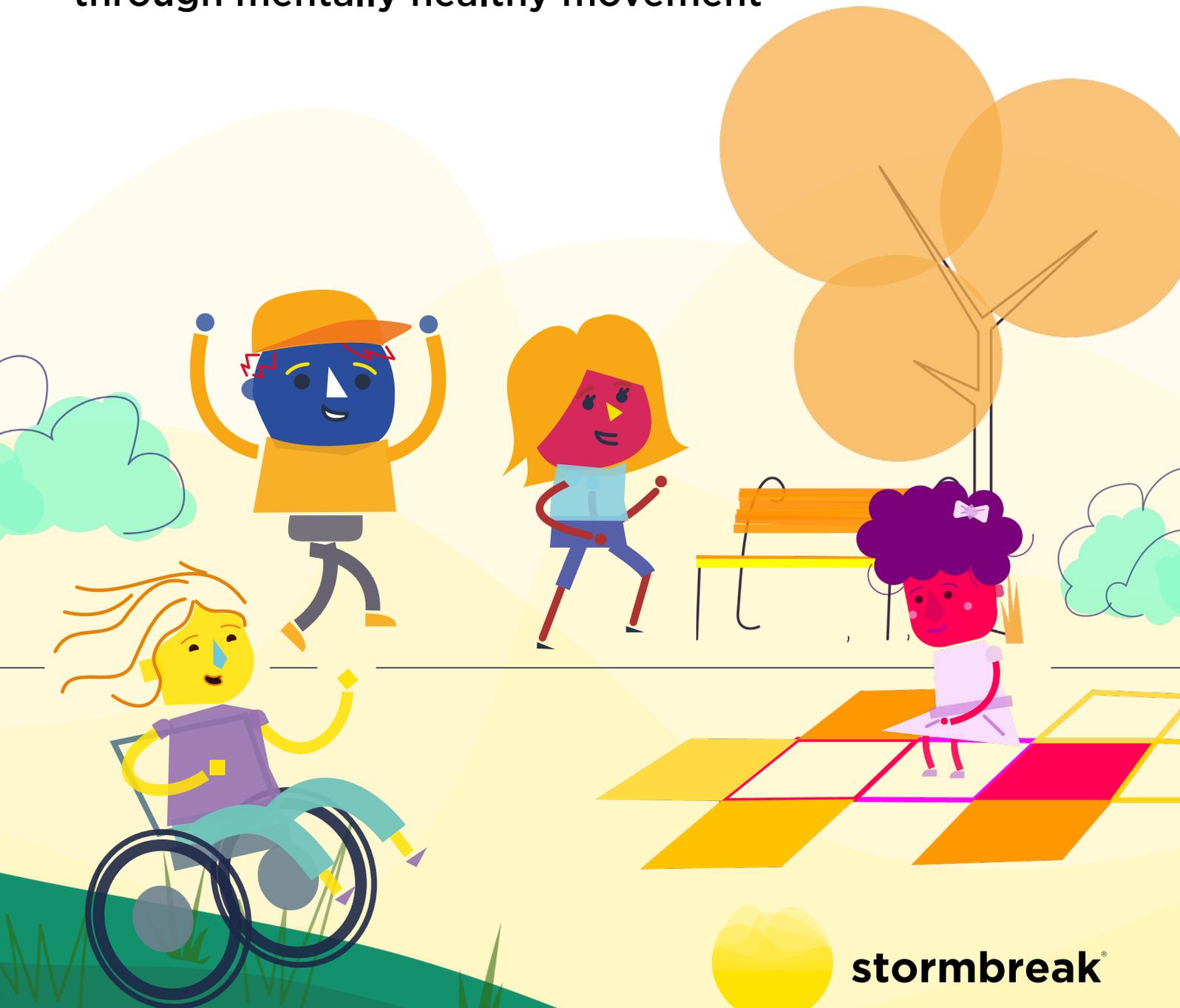




Stormbreak Shine Emerging Outcomes

A targeted programme that supports children's socio-emotional development through mentally healthy movement



stormbreak[®]

Stormbreak's Shine approach

Stormbreak Shine has been developed to support the needs of children who are beginning to experience difficulties with their emotional wellbeing, specifically;

- the child who doesn't meet specialist thresholds,
- the child whose carers and surrounding trusted adults need more help, and,
- the child who, if doesn't get help now, may need more specialist support in the future

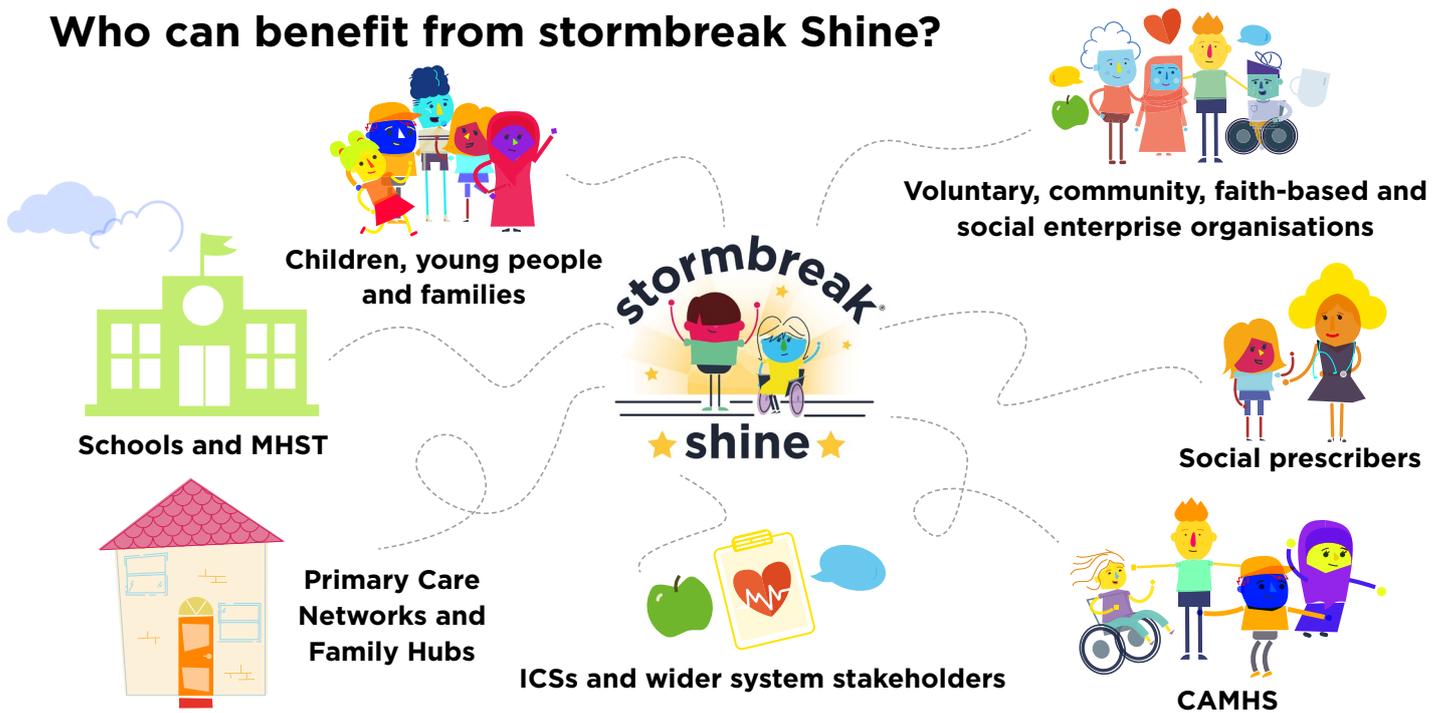
Shine offers a targeted programme approach to support children's socio-emotional development through mentally healthy movement.

Shine can be used as a digital referral tool for trusted adults to use with young children who may need extra help managing emotions and behaviours.

Digital pathways are assigned to a child and their trusted adult to complete together at home, in school or other spaces.

A pathway mobilises mentally healthy movement and activities (or tasks) to help children **recognise** their emotions, **respond** to their feelings, and develop self-**regulation** strategies, that can support their socio-emotional development.

Who can benefit from stormbreak Shine?



Stormbreak Shine support pathways

- **Be Calm;** Supporting early emerging anxiety
- **Be Connected;** Building positive relationships
- **Be Focussed;** Supporting attention needs
- **Be Strengthened;** Developing helpful coping skills
- **Be Understood;** Supporting communication
- **Be Enough;** Improving self worth
- **Be Present;** Promoting self care
- **Be Hopeful;** Developing optimism
- **Be Resilient;** Building better resilience

Main Outcomes

Children showed...



Improved wellbeing

65% of children showed an improvement in wellbeing
18% maintained their wellbeing



Improved emotional regulation skills

48% of children showed improved reappraisal skills
59% improved suppression skills



A reduction in emotional problems

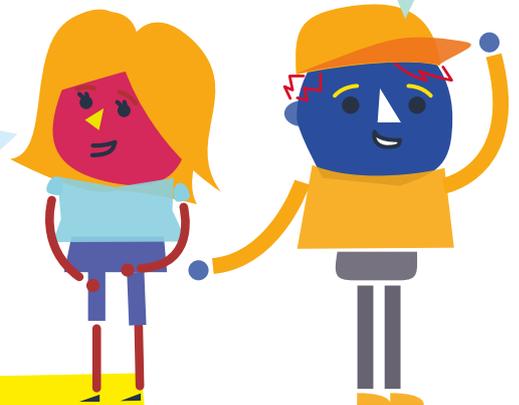
59% of children had a reduction in emotional problems

Improved prosocial skills

70% of children experienced an improvement in their prosocial skills.
11% of children maintained their preexisting prosocial skills

A reduction in symptoms that are associated with ADHD

42% of children reduced inattention symptoms and
39% reduced hyperactivity and impulsivity symptoms



A reduction in symptoms that are associated with anxiety

57% of children showed a reduction in anxiety. Leading to a total of
94% of children with normalised anxiety



There were statistically significant differences in children's socio-emotional outcomes between the start and end of their engagement in the Shine pathways.

Summary Findings

In March 2025, an analysis was conducted to explore children’s emerging outcomes, following their participation in the Shine pathways. This report offers a summary of those findings which provide encouraging insights into a consistently emerging pattern of positive socio-emotional outcomes for children who engage in targeted Shine pathways, using mentally healthy movement.

Data was collected from children (n=176) who participated in the Shine pathways and where a trusted adult completed surveys at the start and end of the pathway.

Trusted adults were parents and carers (n=9), social care professionals (n=5) and education professionals (n=162) who supported children to engage with the pathways.

The majority of organisations who engaged with the Shine pathways were schools (n=50). Two primary care settings also engaged with the pathways (n=2).

Reliable and valid outcome measures were administered at the start and end of the Shine pathways, to enable the analysis of change over time and to identify whether children maintained positive outcomes (when present at the start of a pathway) and/or improved (or deteriorated) in their outcomes at the end of the Shine pathways.

Children’s demographics (N=176)

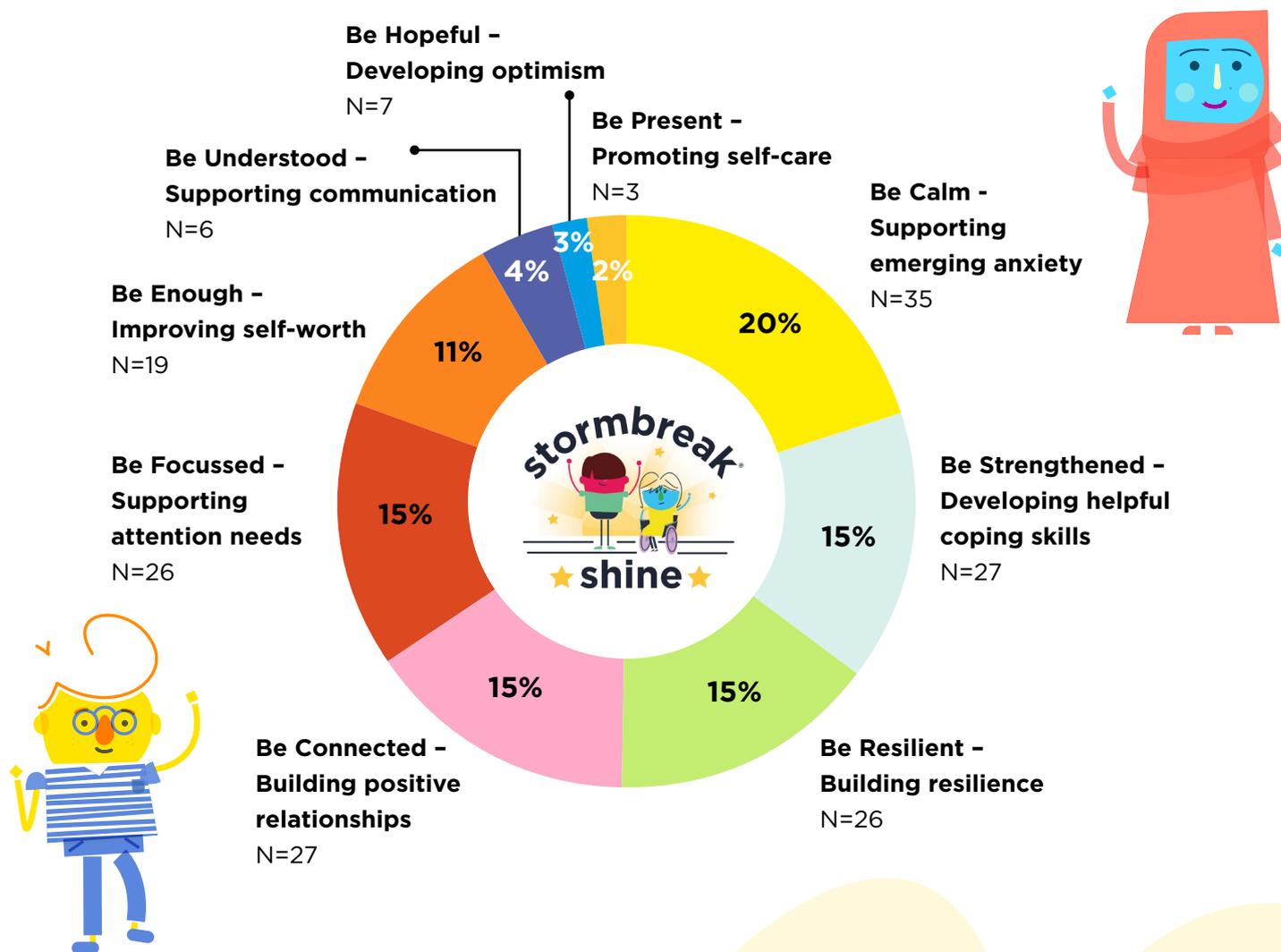
Demographic		Frequency (N)	Percentage (%)
Gender	Female	77	44
	Male	87	49
	Prefers to self describe	3	2
	Prefers not to say	9	5
Age (Year Group) *Missing date n=11	Year R (4-5 yrs)	3	1.7
	Year 1 (5-6 yrs)	5	2.8
	Year 2 (6-7 yrs)	18	10.2
	Year 3 (7-8 yrs)	24	13.6
	Year 4 (8-9 yrs)	27	15.3
	Year 5 (9-10 yrs)	38	21.6
	Year 6 (10-11 yrs)	50	28.4
Ethnicity	Asian or Asian British	3	2
	Black, African, Caribbean or Black British	9	5
	White	151	86
	Mixed ethnicity	5	3
	Other ethnicity	8	4

Children’s socio-emotional needs

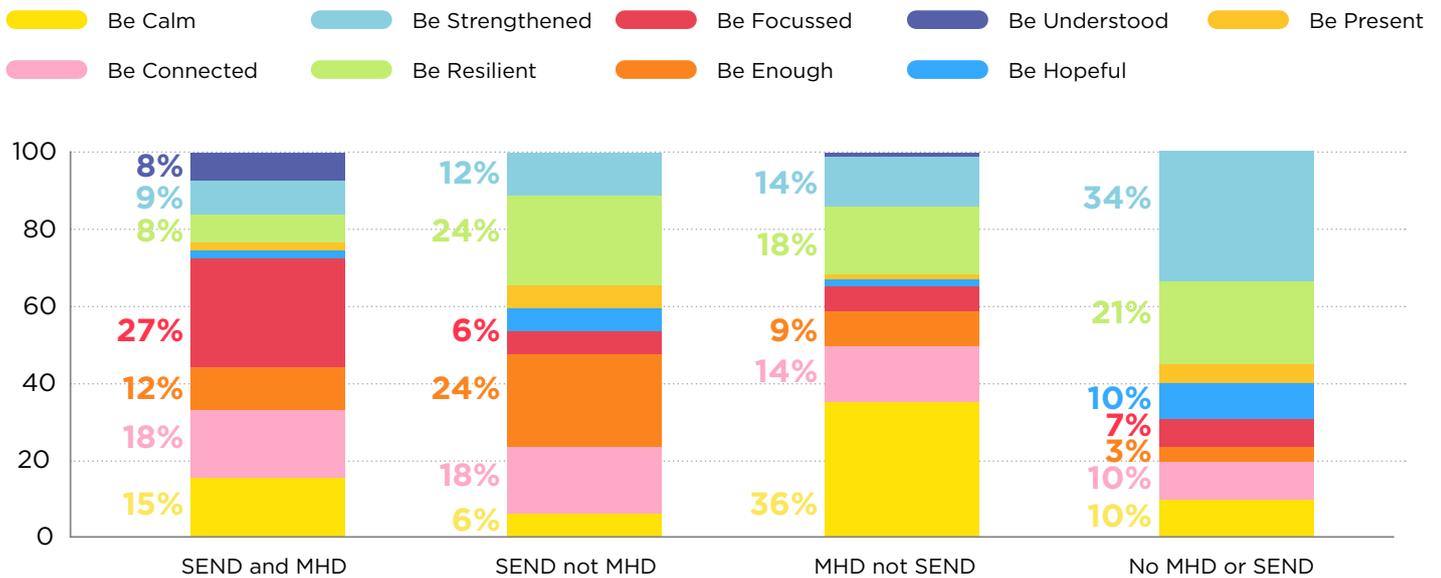
Information	Frequency (N)	Percentage (%)	
Free school meals	Child has free school meals	41	23
	Child does not have free school meals	96	55
	Not known	39	22
Children with Special Educational Needs and Disabilities (SEND) And Children with Mental Health Difficulties (MHD) (At risk or in risk of SEND and MHD)	Child with SEND and MHD	72	41
	Child with MHD, not with SEND	56	32
	Child with SEND, not with MHD	18	10
	Child does not have SEND and does not have MHD	30	17

Engagement with the Shine pathways (N=176 Children)

Based on children’s emerging needs, trusted adults were able to use the Shine digital platform to participate in a needs-led pathway, typically over a six-session duration.



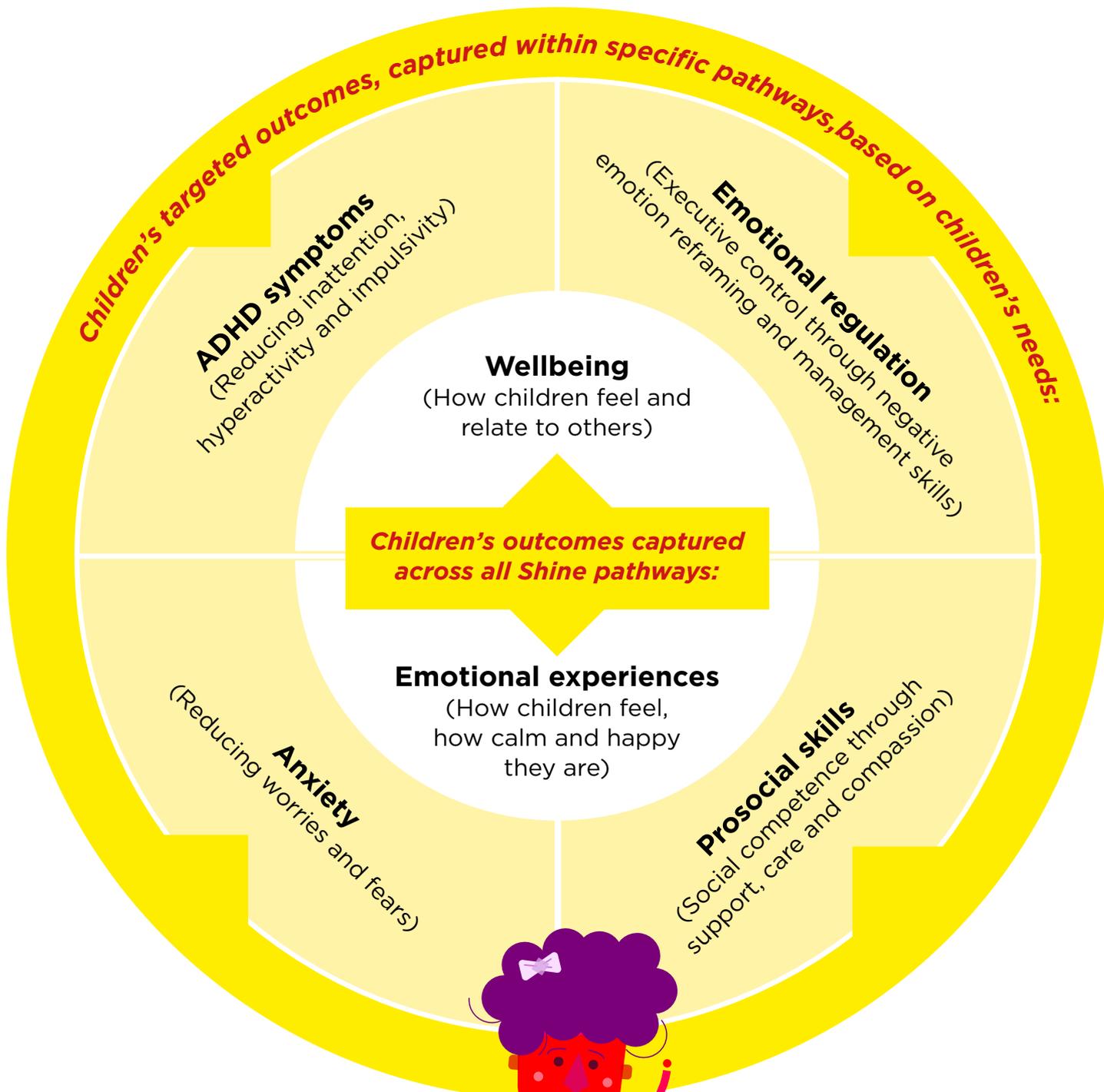
Pathway engagement distribution in accordance with Special Educational Needs and Disabilities (SEND) and Mental Health Difficulties (MHD)



- For children with complex needs who were identified as experiencing Special Educational Needs and Disabilities (SEND) and Mental Health Difficulties (MHD), the most engaged with pathways included supporting children’s attention needs (Be Focussed), building positive relationships (Be Connected) and managing emerging anxiety (Be Calm).
- Where children experienced SEND (and not MHD), the most engaged with pathways were supporting children with the ability to bounce back and build resilience (Be Resilient), improve self-worth (Be Enough) and build positive relationships (Be Connected).
- Where children experienced MHD (and not SEND), the most engaged with pathways were to manage emerging anxiety (Be Calm), and to bounce back and build resilience (Be Resilient).
- For children who had no identified SEND or MHD, the most engaged with pathways were supporting children to develop helpful coping strategies (Be Strengthened) and to bounce back and build resilience (Be Resilient). This contrasts with children who were either at risk of, or already experiencing, SEND or MHD, where pathways were being delivered according to the children’s emerging socio-emotional needs, such as anxiety, attention needs, and relationship support.

Emerging outcomes overview

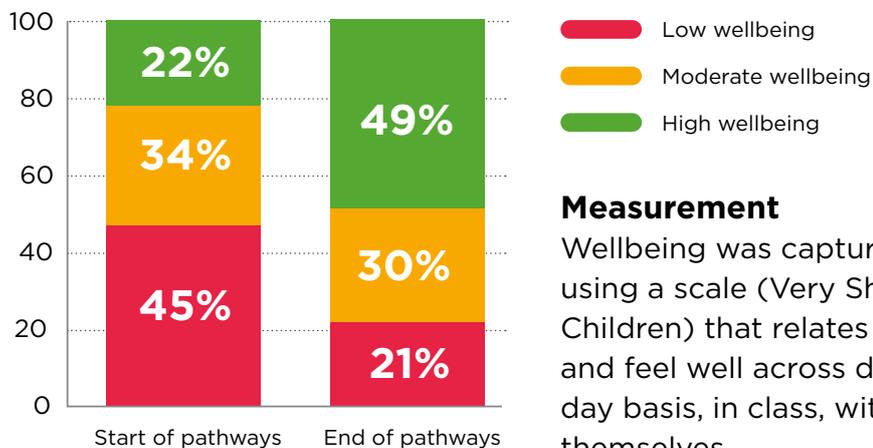
In this analysis, the following outcomes were focused upon.



Emerging outcomes

Children's wellbeing outcomes

Impact of Shine engagement on children's wellbeing: N=176 Children



Measurement

Wellbeing was captured across all Shine pathways, using a scale (Very Short Well-being Questionnaire for Children) that relates to children's abilities to function and feel well across different situations on a day-to-day basis, in class, with friends, at home and within themselves.

Results

Overall, statistically significant differences were found between children's wellbeing at the start and end of their engagement in the Shine pathways. In total, 18% of children maintained either moderate or high wellbeing throughout their engagement and 65% of children experienced an improvement in their wellbeing.

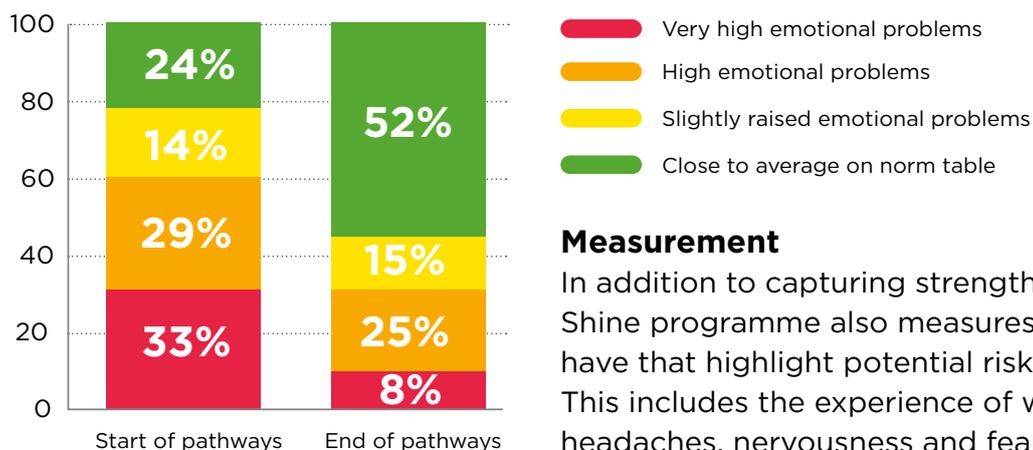
Conclusion

Improving wellbeing in childhood prevents difficulties becoming entrenched, protecting emotional health and wellbeing later in life. It also enables them to tend to the normal developmental tasks of childhood unencumbered from emotional difficulties.



Children's emotional experiences outcomes

Impact of Shine engagement on children's emotional experiences: N=143 Children



Measurement

In addition to capturing strength-based outcomes, the Shine programme also measures the experiences children have that highlight potential risk to emotional issues. This includes the experience of worries, unhappiness, headaches, nervousness and fear.

Results

Overall, statistically significant differences were found in the reduction of children's emotional problems between the start and end of their engagement in the Shine pathways. In total, 11% of children did not experience problems and were close to the UK average on the norm table throughout their engagement (e.g. not experiencing 'clinical' or 'diagnosable' problems). In total, 59% children experienced a reduction in their emotional problems after engaging in the Shine pathways.

Conclusion

Shine has been developed with the non-clinical population in mind. However, our data tells us that the majority of children who use Shine are experiencing difficulties to such a degree that specialist services may be indicated. Several inferences can be made from what our data shows. First, Shine is effective in maintaining children's emotional wellbeing, even when emotional difficulties are within normal, or non-clinical, levels. Second, when a child is experiencing significant difficulties, Shine is effective in reducing these difficulties in most cases. Of the children who did not experience any benefits, it may be argued that their needs warrant specialist services. Given that, for the majority of children, Shine either maintains or reduces emotional difficulties, if no positive shift is observed following a pathway, Shine may be useful as evidence of duration and need.



Children’s emotional regulation outcomes

About emotional regulation

Our ‘executive functioning’ is connected to the way that we regulate our emotions effectively. To do this, we need to be able to:

- **Guide our emotional responses** towards a productive outcome, for example, to stay calm under stress.
- **Enhance inhibitory control** to manage or **suppress** outbursts.
- **Implement adaptive strategies**, such as **reappraisal** which is about changing how we think about a situation, so that we have a more positive, productive and adaptive frame of mind.

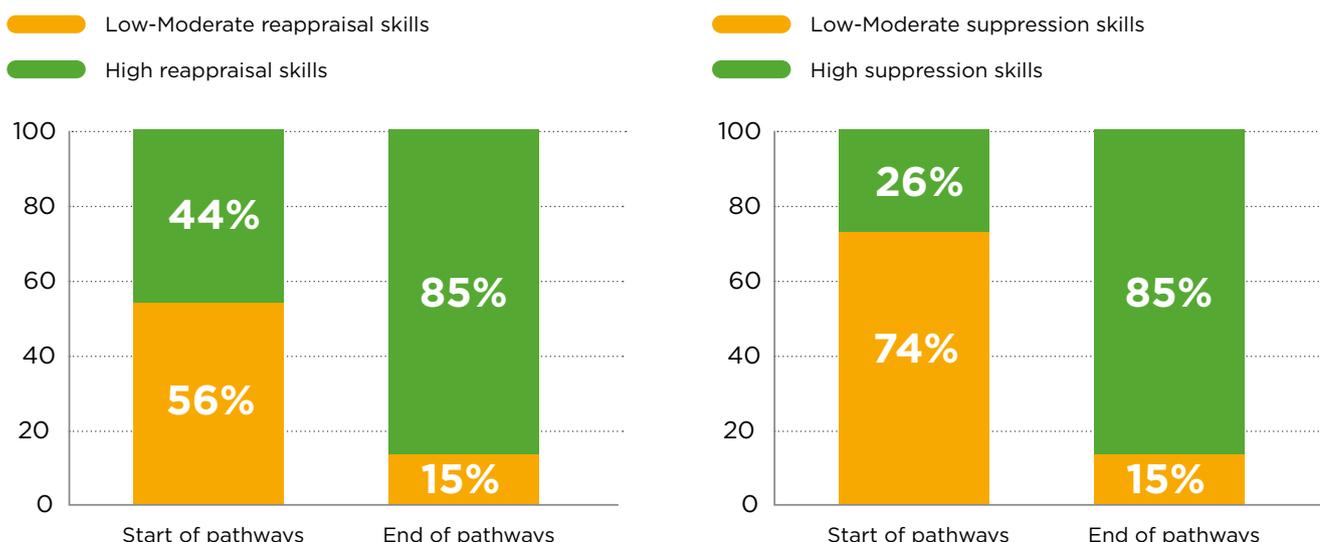
Measurement

Emotional regulation was captured through the ‘Be Strengthened’ pathway which aims to support children to develop effective emotional coping skills.

The outcome measure was used to analyse whether:

- Children experienced an increase in **reappraisal skills** (regulation through reframing emotional experiences).
- **Suppression skills** (consciously ‘managing’ expression of emotions, so reducing impulsiveness).

Impact of Shine engagement on children’s emotional regulation: N=27 Children



Results

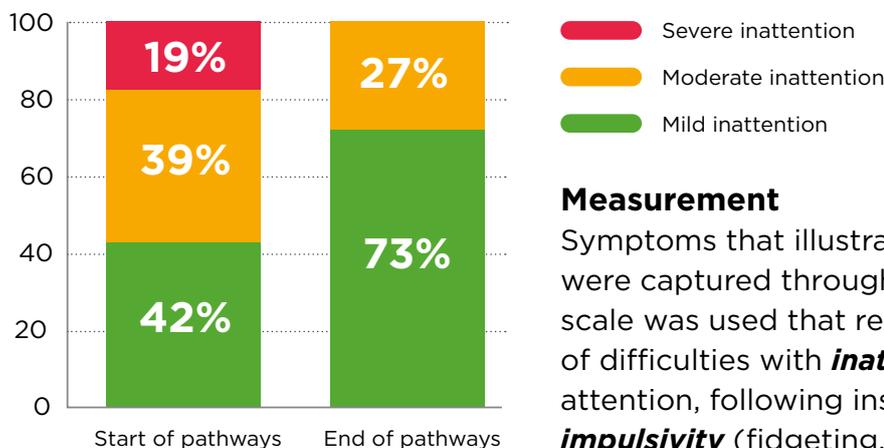
Overall, statistically significant differences were found in the increase of children’s emotional regulation skills, between the start and end of their engagement in the Be Strengthened pathway. In total, 38% of children maintained high reappraisal skills and 26% children maintained high suppression skills that they experienced consistently at the start and end of their engagement with the pathway. At the end of the Be Strengthened pathway, 48% of children experienced an improvement in their reappraisal skills and 59% of children experienced an improvement in their suppression skills.

Conclusion

Be Strengthened is intended to help children shape helpful, and not harmful, coping strategies; shaping behavioural responses. However, what we have seen is that this pathway has far greater benefits. Children are not learning to just redirect behaviours but they are increasing their capacity to respond, rather than react. They are also able to make sense of their emotions. Children have not just learned distress tolerance, they have also improved emotional literacy.

Children’s risk symptoms for Attention Deficit Hyperactivity Disorder (ADHD) outcomes

Impact of Shine engagement on children’s experiences of ADHD Inattention symptoms: N=26 Children



Measurement

Symptoms that illustrate emerging risk for ADHD were captured through the ‘Be Focussed’ pathway. A scale was used that relates to children’s experience of difficulties with **inattention** (listening, paying attention, following instructions) and **hyperactivity/impulsivity** (fidgeting, interrupting and staying focused when distracted).

Results

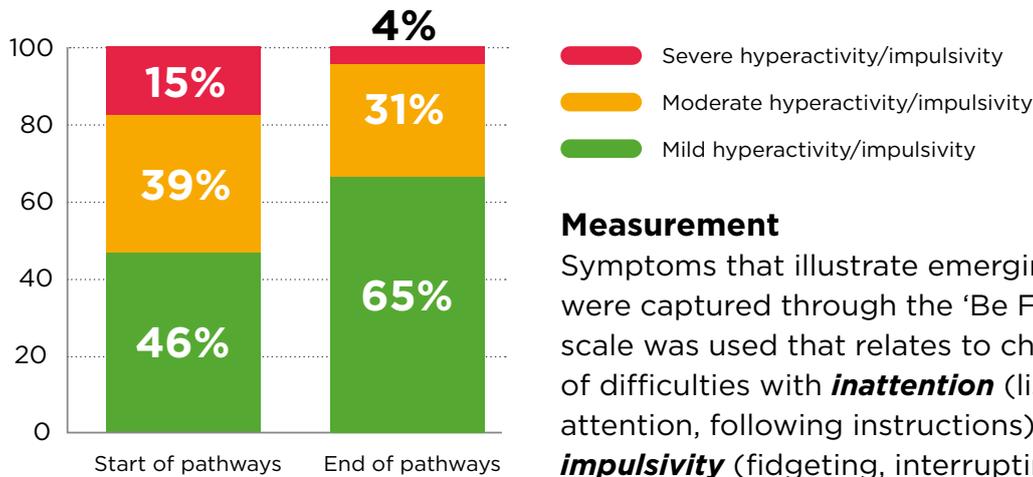
Overall, statistically significant differences were found in children’s risk symptoms for ADHD outcomes in relation to ‘inattention’, between the start and end of their engagement in the ‘Be Focussed’ pathway. In total, 30% of children maintained mild inattention symptoms throughout their engagement in the pathway and 42% of children experienced an improvement (or reduction) in their symptoms. The following page outlines a similar pattern in children’s experiences of symptom change in relation to hyperactivity and impulsivity.

Conclusion

Children with a neurodevelopmental difference need skills that enable them to effectively manage the challenges that they face. As such, inattention and hyperactivity are indicative of difficulties in common with ADHD. The Be Focussed pathway teaches children skills that manage such challenges. All children with symptoms of severe inattention were supported to improve their attention skills. The children whose level of mild inattention was maintained is important to note, as the Shine pathway may contribute to preventing children’s attention from deteriorating. Overall, this is an option for supporting children before a neurodevelopmental assessment.



Impact of Shine engagement on children’s experiences of ADHD Hyperactivity/Impulsivity Symptoms: N=26 Children



Measurement

Symptoms that illustrate emerging risk for ADHD were captured through the ‘Be Focussed’ pathway. A scale was used that relates to children’s experience of difficulties with *inattention* (listening, paying attention, following instructions) and *hyperactivity/impulsivity* (fidgeting, interrupting and staying focused when distracted).

Results

Overall, statistically significant differences were found in children’s risks symptoms for ADHD outcomes in relation to ‘hyperactivity and impulsivity’, between the start and end of their engagement in the ‘Be Focussed’ pathway. In total, 31% of children maintained mild hyperactivity/impulsivity symptoms throughout their engagement in the pathway and 39% of children experienced an improvement (or reduction) in these symptoms. In conclusion, mild inattention and hyperactivity/impulsivity symptoms were experienced by the majority of this cohort at the end of the Be Focussed pathway.

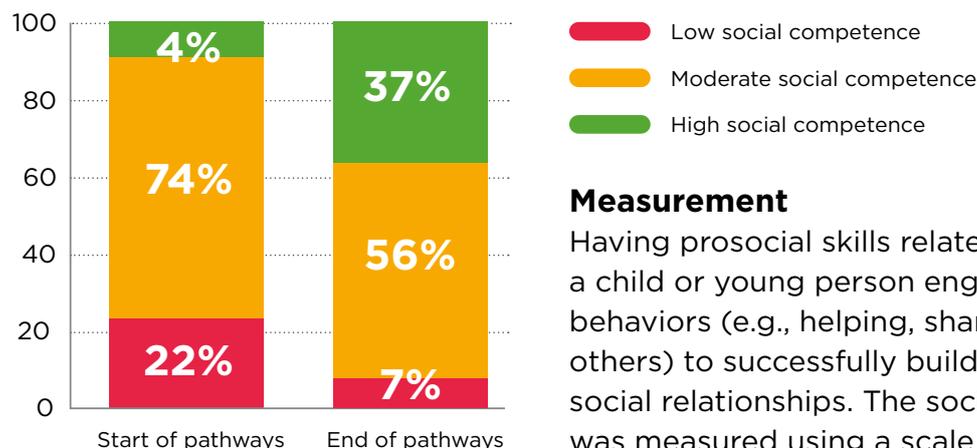
Conclusion

Impulsivity is a risk that is associated with ADHD, therefore supporting children to manage their impulsivity is crucial. Reducing severity of hyperactivity is significant in supporting and safeguarding children. Maintaining mild hyperactive symptoms is as important as reducing it, as this may prevent escalation of high risk behaviours as the child gets older; thereby may prevent injury through misadventure.



Children’s prosocial skills outcomes

Impact of Shine engagement on children’s prosocial skills: N=27 Children



Measurement

Having prosocial skills relates to the degree to which a child or young person engages in positive social behaviors (e.g., helping, sharing, showing concern for others) to successfully build and maintain positive social relationships. The social competence of children was measured using a scale which was embedded into the ‘Be Connected’ pathway. This pathway was developed to support children in developing the skills to build positive relationships.

Results

Overall, statistically significant differences were found between children’s prosocial skills at the start and end of their engagement in the ‘Be Connected’ pathway. In total, 11% of children maintained either moderate or high prosocial skills throughout their engagement and 70% of children experienced an improvement in their prosocial skills by the end of their completion of the pathway.

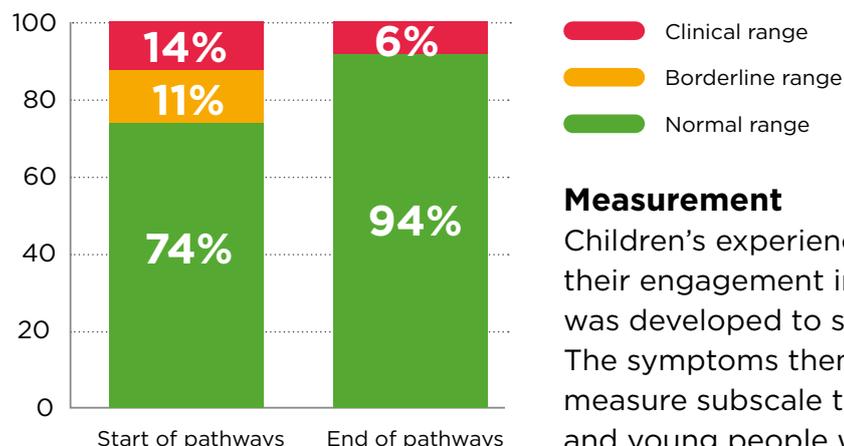
Conclusion

As one of the basic psychological needs, connecting with others is supportive for satisfaction in life, wellbeing and mental health. Possessing skills that support connecting with others is a fundamental building block to supporting wellbeing and mental health.



Children's anxiety outcomes

Impact of Shine engagement on children's anxiety symptoms: N=27 Children



Measurement

Children's experiences of anxiety were captured through their engagement in the 'Be Calm' pathway. This pathway was developed to support children with emerging anxiety. The symptoms themselves are mapped onto the outcome measure subscale that is useful for identifying children and young people who may need further assessment for generalized anxiety. This include symptoms of excessive anxiety and worry about situations that impact on the child themselves and/or on others too.

Results

Overall, statistically significant differences were found between children's reported symptoms of anxiety at the start and end of their engagement in the 'Be Calm' pathway. In total, 26% of children maintained "normal" anxiety symptoms throughout their engagement and 57% of children experienced a reduction (or improvement) in their anxiety symptoms by the end of their completion of the pathway.

Conclusion

Stormbreak's Shine has been developed with the aim of supporting children before issues such as worrying, becomes a problem. Our data indicates that children who could benefit from clinical support accessed the Be Calm pathway. Therefore, we anticipated that children who completed a pathway may have symptoms that suggest a borderline or clinical need for support. These are children who, without support, are likely to need specialist intervention at some point in the future. The changes that some children experienced from borderline or clinical need for support to not needing clinical support is promising. Stormbreak Shine has the potential to be an active referral and early support tool, which can also identify children who need specialist support before and/or following completion of a pathway.



List of reliable, valid and peer reviewed outcome measures:

Swanson, Nolan, and Pelham (SNAP) Questionnaire for symptom risk for ADHD

Swanson J, Nolan W, Pelham WE. The SNAP rating scale for the diagnosis of attention deficit disorder. Paper presented at the meeting of the *American Psychological Association*; Los Angeles. 1981. Aug.

Strengths and Difficulties Questionnaire

Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 1337-1345.

Emotion Regulation Questionnaire for Children and Adolescents

Gullone E. & Taffe, J. (2012). The Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA): a psychometric evaluation. *Psychol Assess*, 24(2), 409-17.

Perceived Social Competence Scale

Anderson-Butcher, D., Amorose, A. J., Lower, L. M., Riley, A., Gibson, A., & Ruch, D. (2014). The Case for the Perceived Social Competence Scale II. *Research on Social Work Practice*, 26(4), 419-428.

The Revised Child Anxiety and Depression Scale

Chorpita, B.F., Yim, L.M., Moffitt, C., Umemoto, L.A. & Francis, S.E. (2000). Assessment of symptoms of DSM-IV anxiety and depression in children: *A Revised Child Anxiety and Depression Scale*. *Behaviour Research and Therapy*, 38, 835-855.

Very Short Well-being Questionnaire for Children

Smees, Rebecca, Rinaldi, Louisa J and Simner, Julia (2020) Well-being measures for younger children. *Psychological Assessment*, 32 (2), 154-169.

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