Growing2gether Evaluation Report

September 2017 – February 2026

By Kirsty Humphrey, Research Health Psychologist

Introduction

Growing2gether is a Scottish charity that offers trauma-informed training, enabling vulnerable young people to mentor nursery children who need extra emotional support. Grounded in positive and transpersonal psychology, the programme combines evidence-based strategies to build resilience and well-being (positive psychology; Seligman & Csikszentmihalyi, 2000) with a holistic approach that helps young people realise their potential and develop a deeper sense of identity and purpose (transpersonal psychology; Carrier & Mitchell, 2011). The programme aims to enhance emotional well-being, self-worth, and relational intelligence for both mentors and children.

This targeted intervention works with young people from disadvantaged backgrounds who are at risk of worsening psychosocial, behavioural, and educational challenges. It is unique in addressing two vulnerable groups simultaneously, raising aspirations among young people while supporting early years children. Mentors also gain an accredited personal development qualification.

Since 2017, Growing2gether has reached **2,992** children and young people across the Highlands, Aberdeen, Dundee, and Moray, improving mental health, educational engagement, and community participation. Underpinned by transpersonal psychology, the programme adopts a holistic approach that empowers young people with life skills, work experience, and a stronger sense of identity. Evidence supports the effectiveness of positive psychology-based interventions in improving well-being and long-term outcomes, aligning with Scottish Government priorities such as Closing the Attainment Gap, Getting it Right for Every Child, Curriculum for Excellence, and Developing Scotland's Young Workforce.

Growing2gether, Mental Well-being and Connectedness

Connectedness is a well-established protective factor in youth development, associated with reduced risk-taking behaviours and improved academic outcomes (Visser, 2017; Raniti et al., 2022; Villodas et al., 2023). Evidence suggests that early life experiences significantly influence long-term mental health, relationships, educational attainment, and employment prospects (Brännlund et al., 2017; Sadler et al., 2018). Consequently, early interventions that address mental health needs can mitigate lifelong challenges (Colizzi et al., 2020; Appleton et al., 2025). UK policy emphasises the role of schools in promoting mental health, yet there remains limited clarity on which school-based factors most effectively support well-being (Ford et al., 2021; Schools Well-being Partnership, 2025). Mental health programmes embedded in educational settings may therefore offer a practical solution to meet these needs.

Growing2gether seeks to reduce mental health inequalities by engaging "at-risk" adolescents in a structured mentoring role, enabling them to build confidence and positive connections. The programme is multifaceted, incorporating principles of positive psychology**,** which focuses on strengths and well-being (Seligman & Csikszentmihalyi, 2000) and transpersonal psychology, which promotes holistic growth and self-actualisation (Carrier & Mitchell, 2011). Experiential learning further enhances outcomes by fostering empathy, prosocial behaviour, and well-being (Chan et al., 2021). Recent research highlights the effectiveness of such approaches in promoting resilience and long-term life chances (Horikoshi, 2023; Qi et al., 2025).

Child and Teenager Interaction

The child–teenager dyad is central to the success of the intervention. This mentoring model represents a distinctive form of cross-age peer mentoring, pairing an older youth mentor with a younger child to promote positive mental health outcomes. Evidence suggests that cross-age peer mentoring can have a significant positive effect on youth well-being and resilience (Burton, Raposa, Stams, & Rhodes, 2021). Growing2gether is a distinctive early intervention programme targeting two vulnerable groups simultaneously (disadvantaged adolescents and nursery or primary school children requiring additional support). Facilitators collaborate closely with schools and nurseries to ensure effective mentor–mentee matching and guide reflective processes that help young people apply insights from their mentee's behaviour to their own lives. This approach is supported by structured training and supervision, which research identifies as key determinants of mentoring success.

Growing2gether and Growth Mindset

Individuals with a growth mindset, who believe intelligence is malleable, are better able to recover from setbacks compared to those who view intelligence as fixed (Dweck, 1986). In contrast, people with a fixed mindset often feel helpless after failure, which can negatively affect learning, skill acquisition, relationships, and professional success. Beyond educational outcomes, recent research suggests that a growth mindset also confers mental health benefits. For example, the effects of stressful life events, depression, substance use, and motivations for non-suicidal self-injury were significantly weaker among individuals with a

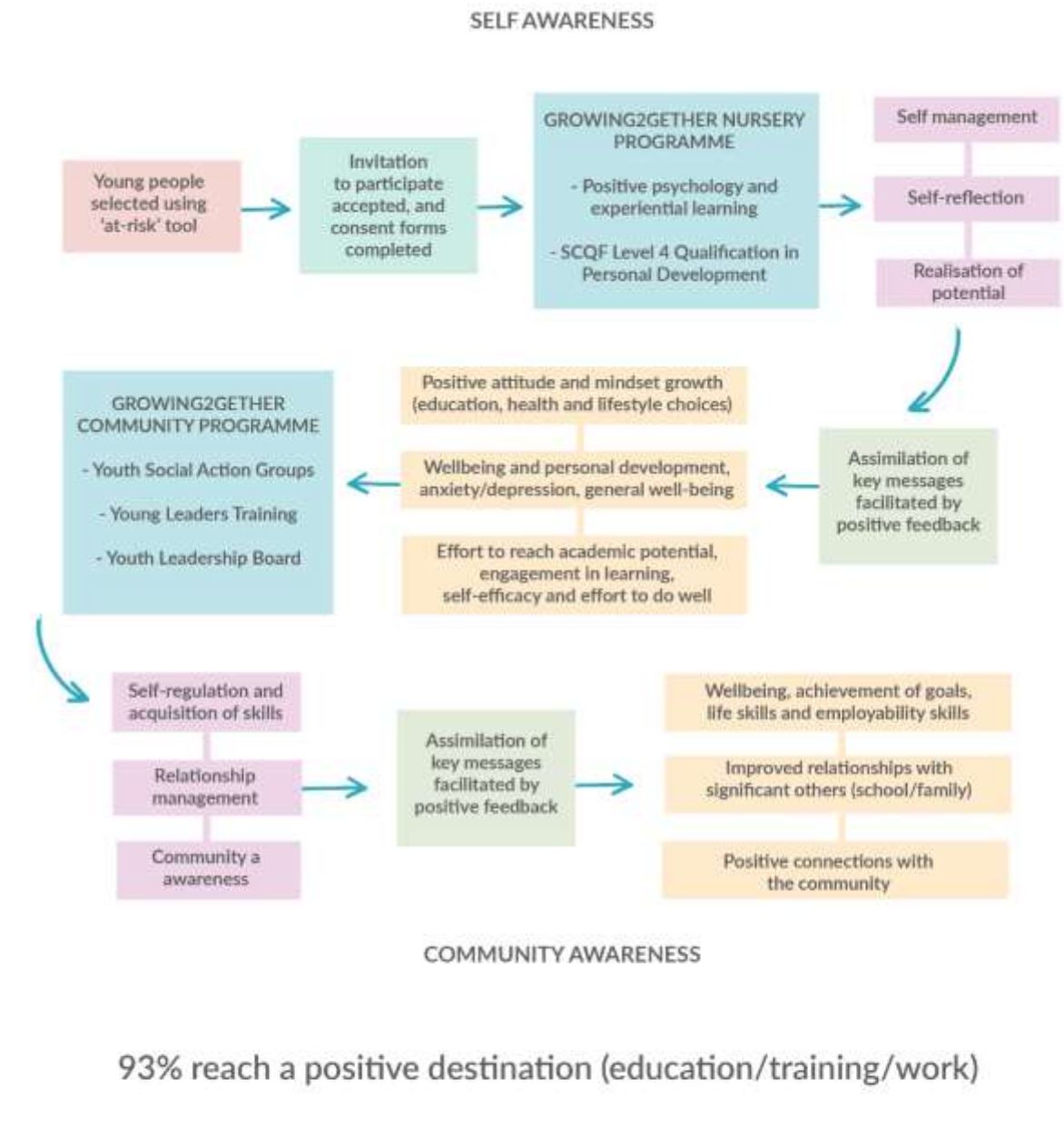
growth mindset than among those with a fixed mindset (Schroder et al., 2017). These findings indicate that mindsets about anxiety may operate similarly to intelligence mindsets in promoting resilience. Throughout the curriculum, Growing2gether reinforces the growth mindset, encouraging young people to view abilities as malleable and to recognize their potential to achieve personal and academic goals.

Theory of Change

Our primary outcomes include positive mental health (reduced anxiety and depression), well-being**,** growth mindset, and academic potential**.** Emotional well-being is strongly associated with academic attainment (Jirdehi et al., 2018). Through experiential learning and a curriculum grounded in positive psychology, young people develop self-reflection, self-management, and self-regulation skills while strengthening relationships with others.

Growing2gether works in partnership with Highland Council to support young people in achieving positive post-school destinations such as higher education, further education, employment, training, personal skills development, and voluntary work. The charity also delivers Youth Social Action, a follow-on programme that forms part of the Growing2gether Community, which is a supportive peer network that amplifies young people's voices through a Youth Leadership Board of 12 members with lived experience. The Community offers Young Leader training for project co-delivery and hosts regular events at Findhorn eco-village, the organisation's base. *See Figure 1 for a summary of the programmes.*

Figure 1 Theory of Change Process Model for Growing2gether Programmes

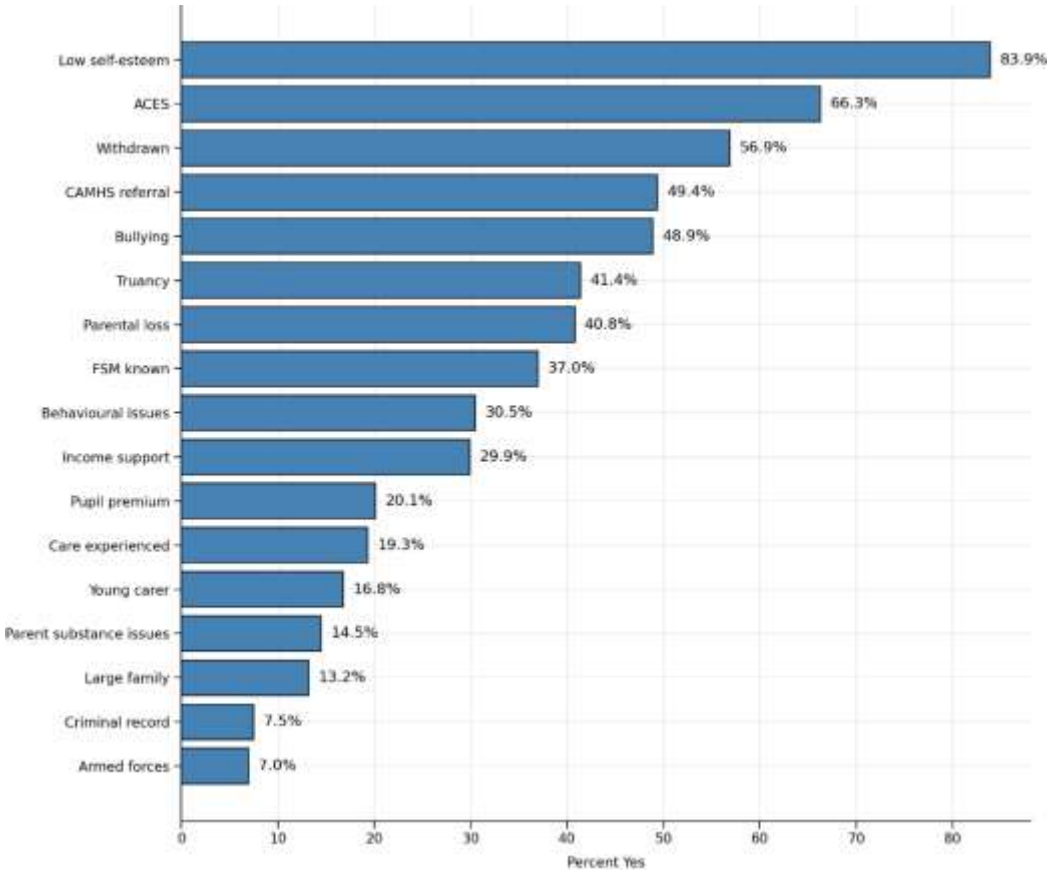


Method

Participants

Participants were identified based on psychosocial disadvantage (including socioeconomic deprivation) and behavioural risk factors, using a standardised eligibility assessment tool completed by school teachers. Eligibility required the presence of at least three specified criteria. Cases with missing data or responses marked as “unknown” were excluded from subsequent analyses to maintain data quality. The questionnaires include indicators for poor mental health, low self-efficacy, socioeconomic hardship, and exposure to adverse childhood experiences (ACEs), such as parental separation, bereavement, substance misuse within the household, and parental incarceration. See **Graph 1** for details regarding eligibility criteria.

Graph 1: Eligibility Profile of Participants reflected as a percentage



The following data is based on starting figures. The programme has reached 1496 participants. The sample was predominantly female, (74**%**) the remainder were male (26**%).** The age range was 12-17 years old, (Mean = 13.6, SD = .54).

Figure 2: Participating Schools

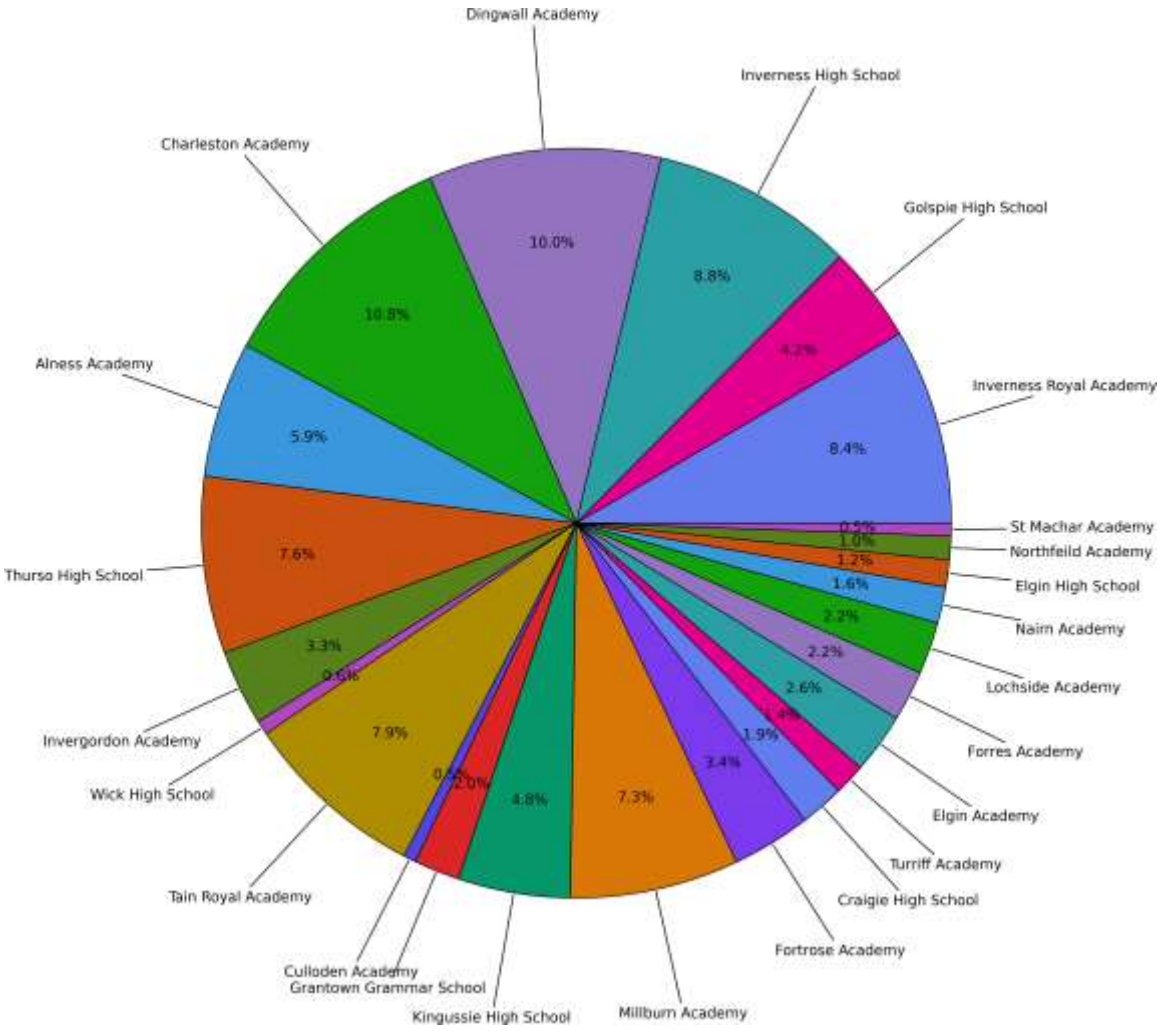
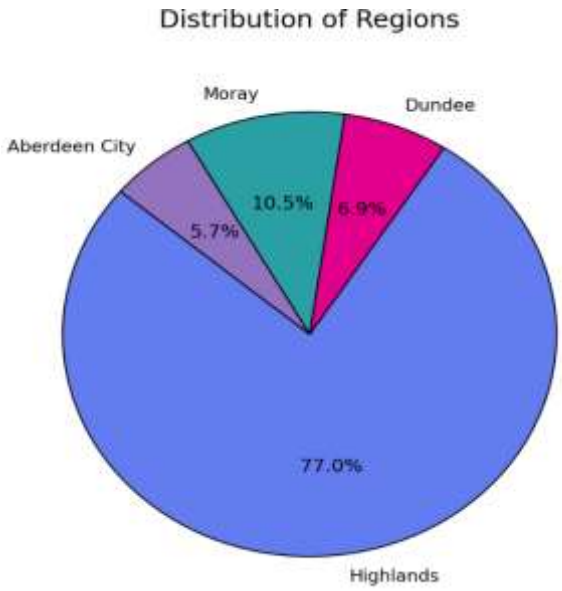


Figure 3: Regions where Growing2gether took place



Intervention

Growing2gether Programme

The programmes run for 16-18 weeks and each session is divided into 1.5 hours of mentoring, whereby the young person mentors their assigned toddler, and 1.5 hours of classroom time, where young people work towards gaining a Level 4 SCQF Qualification in “Personal Development: Self in Community" and “Self-Awareness” units.

Measures

Observational notes from the lead facilitator
Facilitators routinely make systematic observational field notes across the duration of the programme and ask participating young people and staff questions relating to the programme.

Teachers’ checklist eligibility questionnaire
Teachers were asked to complete a questionnaire prior to the programme's commencement in order to obtain basic information to assess eligibility.

Teachers’ pre and post - questionnaire
Teachers were asked to complete a questionnaire on the student's behaviours and attitudes prior to the programme's commencement and at the end of the programme. Pre and post - test scores were then analysed to measure impact.

Programme impact on well-being
The Short Warwick–Edinburgh Mental Well-being Scale (SWEMWBS) is a shortened, validated version of the original 14-item WEMWBS designed to measure mental well-being. It includes 7 positively worded statements that reflect aspects of positive mental health such as optimism, clear thinking, energy, and feeling close to others. Participants rate each item on a 5-point Likert scale, from 1 (“None of the time”) to 5 (“All of the time”). The total raw scores range from 7 to 35, with higher scores indicating better mental well-being. Low mental well-being: scores below 20 may suggest risk of poor mental health and could indicate a need for support or intervention.

Programme impact on mental health (Depression and Anxiety) The Revised Children’s Anxiety and Depression Scale (RCADS) is a 47-item self-report measure and consists of questions relating to emotional well-being such as "I feel worried when someone is angry with me" and "I feel sad or empty". Each question is scored on a 4-point scale (0=never, 1=sometimes, 2=often and 3=always). This measure is intended to assess children's symptoms corresponding to selected *DSM-IV* anxiety and major depressive disorders and is considered to be a suitable instrument to assess anxiety levels across adolescence (Mathyssek et al, 2013). Global scores were calculated before and after the programme. Low scores correlate to better mental health (i.e., lower depression and anxiety).

Programme's impact on growth mindset is evaluated using one measured before and after the programme. The question is scored on a 1 (Strongly Disagree) -10 (Strongly Agree) scale. Higher scores represent greater growth mindset.

Programme's impact on health This section asks young people to rate on a scale of 1-5 the extent to which the programme has helped them view their mental and physical well-being, for example encouraging them to think about the consequences of their actions and encouraging them to look after their health. Each question is scored on a 5-point scale (1=Not at all, 2=Not much, 3=Unsure, 4=A little, 5= A lot). These questions are measured at the end of the programme only.

Programme's impact on attitude relating to their community. This section consists of questions relating to the young people's attitudes regarding school, confidence and community. Each question is scored on a 5-point scale (1=Strongly Agree, 2=Agree, 3=Unsure, 4=Disagree, 5=Strongly Disagree). These questions are measured at the end of the programme only.

Satisfaction and feedback. This section asks for feedback on young people's experiences on the programme. (e.g., enjoyment, relationships, community, engagement with school, confidence in abilities). This section also allows for young people's comments. Each question is scored on a 5-point scale (1=Strongly Agree, 2=Agree, 3=Unsure, 4=Disagree, 5=Strongly Disagree).

Analysis

Standard descriptive analyses were performed to report the respondents' ratings on feedback questions using SPSS version 29. T-tests. Repeated Measures ANOVA's and Bivariate correlations were conducted to detect any differences in respondents' answers. Significance levels for all tests were 2-tailed.

Findings

Facilitator Observations and Qualitative Data from Questionnaire

Facilitators routinely make systematic observational field notes across the duration of the programme and ask participating young people and staff questions relating to the programme. Furthermore, questionnaires allow for the young people and parents to make comments regarding their experiences on the programme. All qualitative data were subjected to thematic analysis following established procedures (e.g., Braun & Clarke, 2006), enabling the identification of recurring patterns and salient themes pertaining to participants' confidence, skill development, engagement, and relational change.

Growth Mindset and Personal Development

A key theme emerging from the feedback was the development of a growth mindset, with participants demonstrating increased self-belief, willingness to try new things, and recognition of their personal strengths. The mentoring aspect of the intervention appeared to encourage young people to step outside their comfort zones and reflect positively on their abilities and potential.

Participants commented on their growing confidence and willingness to challenge themselves:

"I have been really brave. I have pushed myself out of my comfort zone and improved my confidence."

“I have big dreams that I want to achieve, and I have good skills.”

“I learned that I’m a patient and gentle person with kids.”

This was echoed by teachers who observed students becoming more willing to try new things and recognising their abilities:

“She has tried new things and is more confident now. I think she has enjoyed challenging herself.”

This was further supported by parents who noted increased motivation and engagement:

“I see a more positive attitude towards school and activities.”

Emotional Well-being

Participation in the programme appeared to support emotional well-being, with many young people describing feelings of happiness, enjoyment and purpose through their interactions with younger children. The opportunity to support and play with children seemed to provide a meaningful and rewarding experience.

Participants frequently described the positive emotional impact of the programme:

“Coming here makes me happy and I enjoy making the children happy and seeing their smiles.”

“Taking part in Growing2gether made me happier and more excited to come to school.”

“I enjoy seeing the kids and spending time with them. I love getting to know their personalities.”

This was echoed by teachers who observed improvements in students’ mood and well-being:

“She seems happier in herself, less stressed, happier and smiley.”

Parents similarly recognised the positive emotional impact of the programme:

“I feel proud. B has enjoyed her time with Growing2gether.”

Connectedness and Relationships

Another prominent theme was the development of meaningful relationships and a sense of connectedness. Participants described forming bonds with the younger children and valued the opportunity to build positive relationships in the nursery environment.

Participants commented on the connections they developed with the children:

“One girl who was very shy at first came over and stayed with me the most which was awesome.”

“Helping kids fills me with joy and I learnt new things about myself.”

“I made lots of small friends.”

This was echoed by staff observations highlighting the strong relationships that developed between mentors and children:

“The bond that you made the first day in Nursery clearly made a deep impact on the child, who sought you out each week.”

Parents also reflected the importance of these relationships:

“He felt really pleased that the children had built up a relationship with him and spoke of the delight at seeing them every week.”

Confidence and Communication Skills

The programme also supported the development of confidence and communication skills, particularly when interacting with unfamiliar people and working collaboratively with peers and staff. Participants reported feeling more comfortable speaking with others and engaging socially.

Participants described improvements in their social confidence:

“It has given me more confidence and social skills.”

“I feel like I can speak to people I don’t know well easier now.”

“I felt so confident and can use my voice and no one will judge you.”

This was echoed by teachers who observed increased confidence and communication within the school environment:

“She has definitely gained confidence during time spent with G2g.”

Parents also recognised these changes in confidence:

“More confident, happy to be out of school and doing something she enjoyed.”

Leadership, Responsibility and Empathy

Finally, the mentoring role supported the development of leadership, responsibility and empathy. Through guiding and supporting younger children, participants had opportunities to practise patience, encourage others and take responsibility.

Participants reflected on the personal qualities they developed while working with the children:

“Attending this has helped me learn to be more patient and how to explain things better.”

“When I’m around the kids, I need to put my parent hat on.”

“I was letting him take the lead in the game.”

This was echoed by teachers who observed the development of empathy and responsibility:

"M has learnt new skills from this experience, especially around communication and looking out for others."

Teachers' Questionnaire Findings

Table 1 displays Mean, sample, Standard deviation, t- value, significance and percentage change. Size effects were calculated for the sample. Cohen classified effect sizes as small (d = 0.2), medium (d = 0.5), and large (d ≥ 0.8). In this sample, a large effect (size d ≥ 0.8) was found for each outcome. The table below reveals significant improvement in, engagement and interest in learning, grades they are capable of achieving, effort to reach their potential, effort to do well, likelihood of achieving the grades they need to further their education, and self-efficacy.

Table 1: Teacher Questionnaire Outcomes

Overall, the student is…	Mean 1	Mean 2	N	SD 1	SD 2	% Change	t-value	Sig
engaged and interested	12.63	16.37	772	4.23	3.98	30%	-20.49	p < .001
achieving grades they are capable of	12.37	16.05	780	5.35	4.3	30%	-17.18	p < .001
making effort to achieve potential	12.44	16.82	778	4.42	6.53	35%	-17.38	p < .001
confident in attempting new tasks (self-efficacy)	10.13	16.26	723	4.19	5.02	61%	-27.85	p < .001
making a conscious effort to do as well as they can	12.99	16.82	770	4.75	4.45	30%	-18.99	p < .001
trying hard to achieve grades to progress to further education	12.09	16.34	771	4.11	3.96	35%	-24.86	p < .001

Graph 2: Teachers' perception of the young peoples' efforts and attitudes regarding education

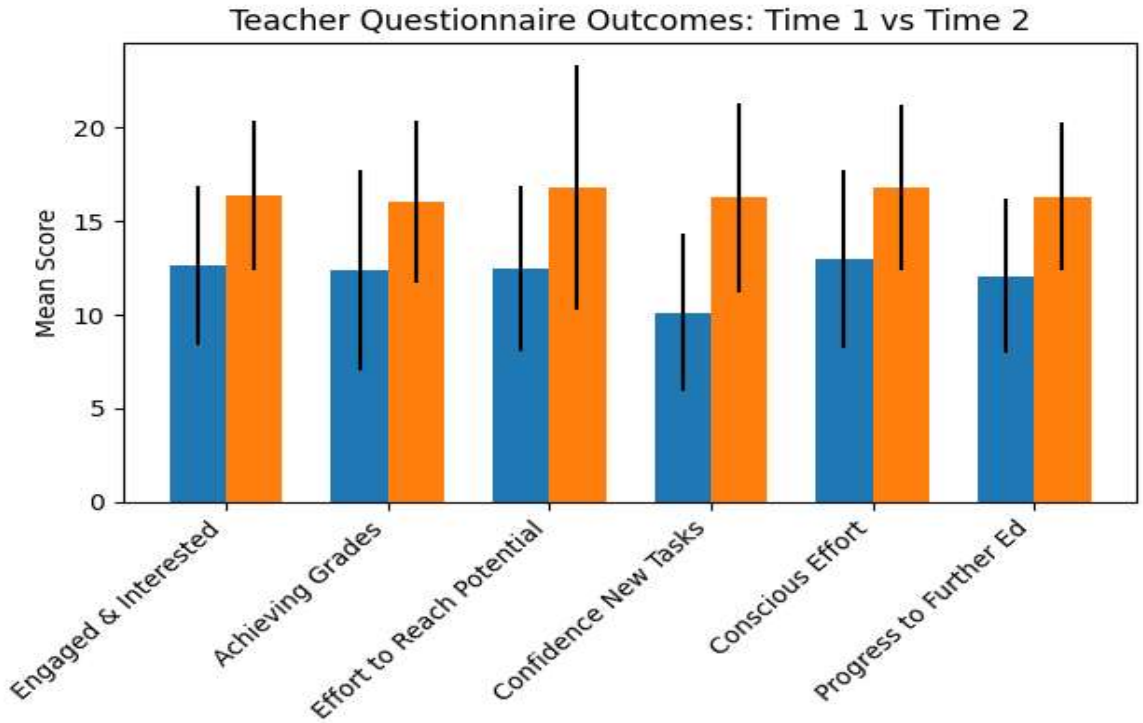


Table 2: Teachers' questionnaire		
Since completing the programme…	**N**	**% Agreement**
the student appears to be more confident	844	**89**
the student appears to be happier	844	**90**
the experience has helped them emotionally	844	**90**

The high percentages for teachers' perception of their student's confidence, happiness and emotional well-being were encouraging. At the end of the questionnaire, teachers were asked to make comments regarding the young person's behaviour.

Participant questionnaire Findings

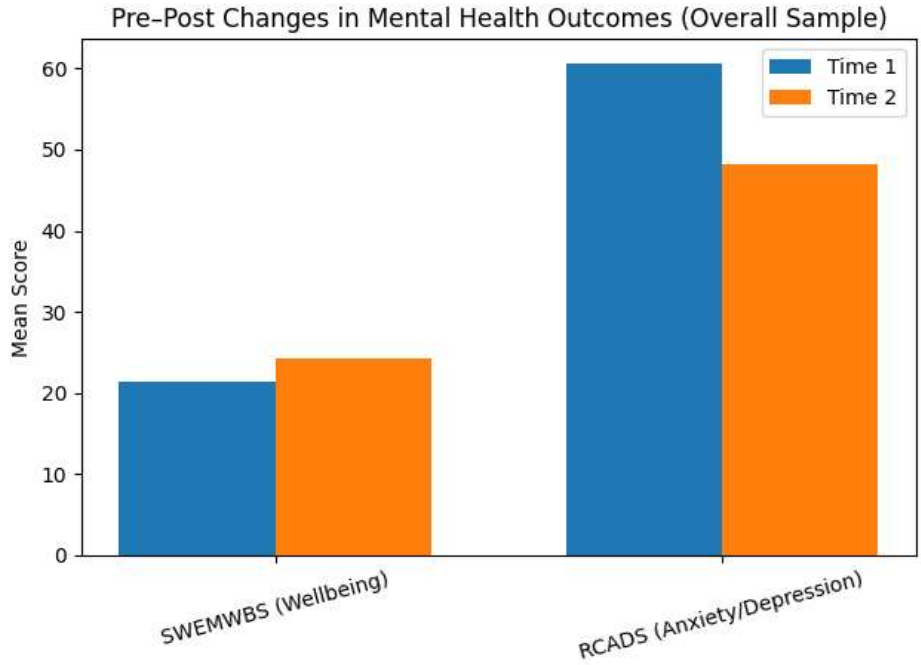
Impact on mental health and connectedness

Global scores were calculated before and after the programme. Shapiro–Wilk tests indicated that RCADS scores at Time 1 and Time 2 did not significantly deviate from normality ($p > .01$). Although Shapiro–Wilk tests indicated slight deviations from normality ($p < .01$), inspection of skewness and Q–Q plots suggested only mild positive skew. Given the sample size and the robustness of the paired-samples t-test to moderate deviations from normality, parametric analyses were retained.

Mental well-being improved significantly between baseline and post-programme. Among 180 participants who completed SWEMWBS at both time points, mean scores increased from 21.31 (SD = 6.01) at baseline to 24.24 (SD = 4.84) at the end of the programme. This represents a **14%** improvement in well-being. A paired samples t-test indicated that this increase was statistically significant, $t (179) = −6.58$, $p < .001$. The magnitude of change represented a moderate effect size (Cohen's $d = 0.49$).

Symptoms of anxiety and depression also decreased significantly. Among 992 participants who completed RCADS at both time points, mean scores decreased from 60.59 (SD = 28.47) at baseline to 48.12 (SD = 25.99) at post-programme. This represents a reduction of a **21%** decrease in symptoms. This reduction was statistically significant, $t (991) = 15.29$, $p < .001$, with a moderate effect size (Cohen's $d = 0.49$).

Graph 3: Pre and post changes in Mental health outcomes

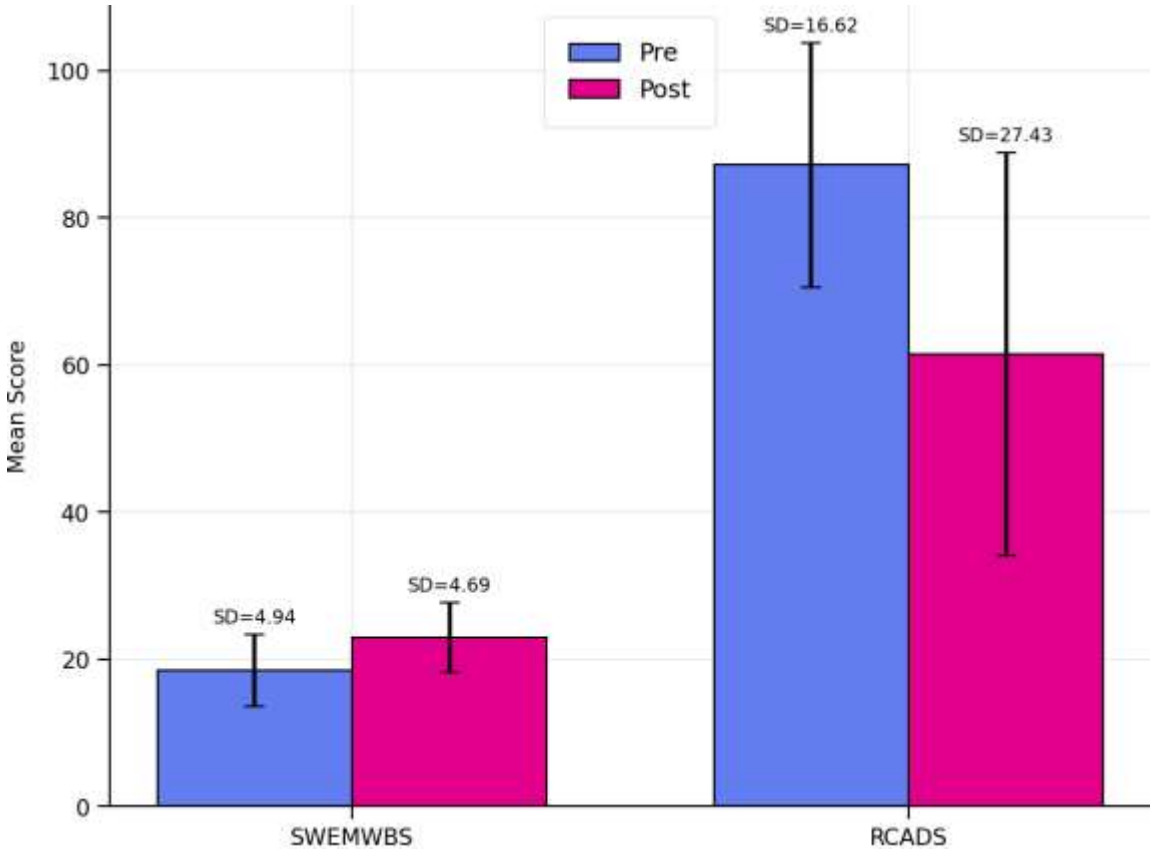


A subgroup analysis was conducted among participants whose RCADS scores were above the clinical threshold at baseline. Within this group, improvements were particularly pronounced.

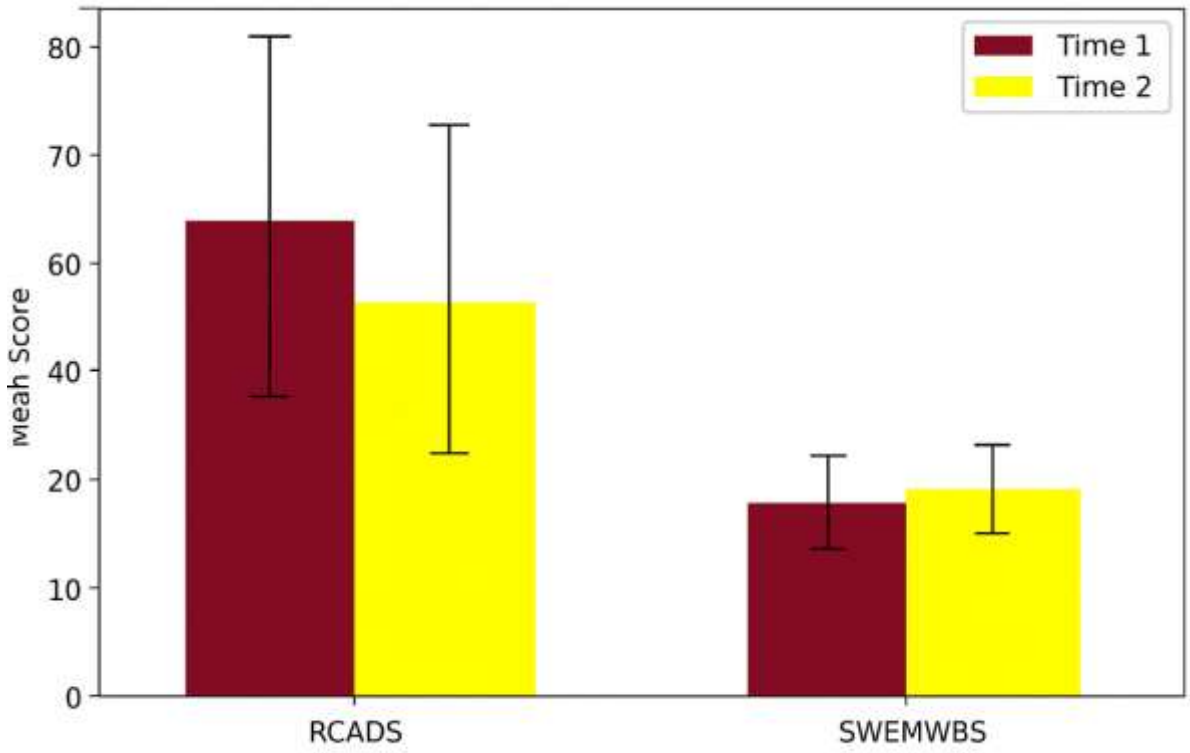
Among 75 participants with clinically elevated symptoms who completed SWEMWBS at both time points, mean well-being scores increased from 18.47 (SD = 4.94) at baseline to 22.95 (SD = 4.69) at post-programme. This represents a **24%** improvement in well-being. The change was statistically significant, $t(74) = -9.15$, $p < .001$.

Among 440 participants with clinically elevated RCADS scores at baseline, mean symptom scores decreased from 87.14 (SD = 16.62) to 61.44 (SD = 27.43) at post-programme. This represents a **30%** decrease in anxiety and depression symptoms. The reduction was statistically significant, $t(439) = 18.98$, $p < .001$. Notably, the average post-programme score fell below the clinical threshold, suggesting that many participants moved from the clinical range towards more typical levels of emotional functioning.

Graph 4: Pre- Post Changes in Mental Health Outcomes (Subsample)



Graph 5: Mental Health Outcomes with Standard Deviations (Time 1 and Time 2)



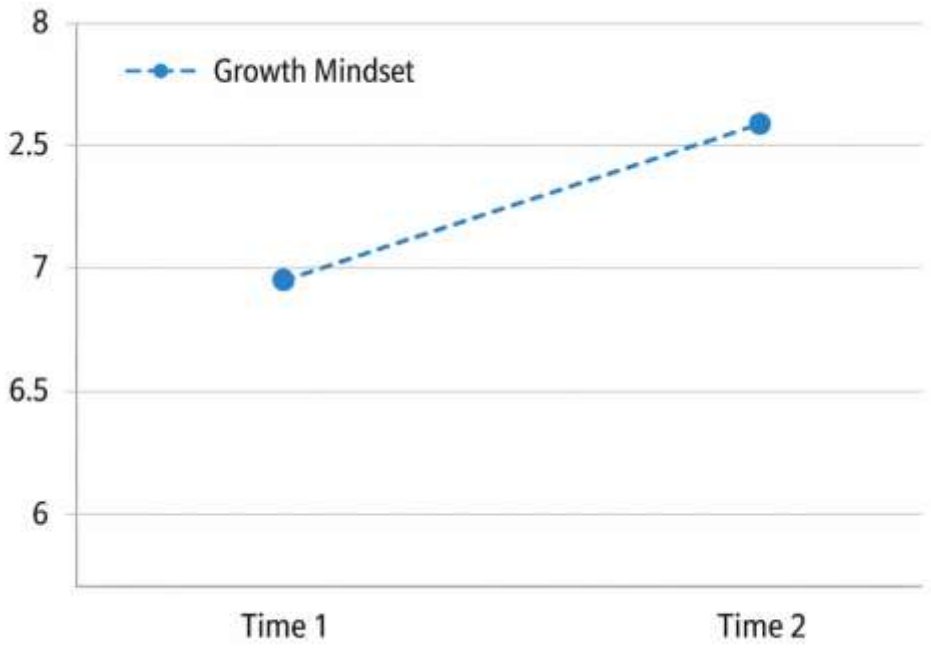
Most young people felt that the programme was influential in relation to valuing the support received on the programme, reflecting on what is good in their lives and helping them to feel connected to others (n =1063).

- **80%** of young people agreed that the programme helped them to reflect on what they are good at and what is important in their lives
- **75%** of young people agreed that the programme is influential in helping young people make the right decisions (for example staying away from toxic substances, such as alcohol and drugs)
- **93%** of young people agreed that they valued the support they received on the sessions
- **91%** agreed that the programme made them more aware of themselves and the consequences of their actions
- **81%** felt that the experience has made them feel more connected to others
- **82%** agreed that the programme helped them to understand others better
- **79%** agreed that the programme helped them gain confidence in their abilities
- **69%** of young people agreed that the programme has encouraged them to want to become more involved in their community and help others

Growth Mindset and Attitude to Education

The analysis of Growth Mindset scores showed that participants had a mean score of 6.51 at Time 1 and 7.65 at Time 2. This represents an average increase of **18%** improvement. The paired samples correlation between Time 1 and Time 2 scores was moderate and positive ($r = 0.306$, $p < 0.001$), indicating consistent individual differences across time. A paired t-test confirmed that the increase was statistically significant, $t(664) = -13.18$, $p < 0.001$. This suggests that participants' Growth Mindset significantly improved over the course of the proggramme.

Graph 6: Mean scores for Growth Mindset and SWEMWBS at Time 1 and Time 2.



Most young people felt that the programme was influential in relation to teaching them about the importance of education and having a positive mindset.

- **92%** agreed that education provides them with more opportunities in the future.

Satisfaction and feedback

Young people were asked to indicate the extent to which they agreed or disagreed with statements about the programme.

- **91%** found the sessions valuable and informative
- **93%** enjoyed building a relationship with their toddler
- **93%** enjoyed working with others
- **95%** would recommend the programme to other young people

Case Study: Young Person's Journey

Facilitators were asked to provide a brief narrative of a young person's journey. Names were removed to protect the identity of the young person.

Sarah was offered a place on the programme due to concerns about her school attendance, inconsistent engagement with learning, and recent challenges in her home life. At the time she was living with her mother in supported accommodation and was preparing to move into temporary housing.

She spoke about feeling judged by her classmates due to difficulties within her family and described struggling with peer relationships. She was keen to take part in the programme and, in her own words, initially saw it as a chance to get out of class and gain work experience.

When Sarah started the programme she was polite but shy. Although she spoke with two friends, she did not engage with others in the group. She did not speak in front of the group and sometimes appeared distracted and tired. Sarah often talked about feeling exhausted and drained by the children and said she did not like having so little energy when working with them.

Despite this, Sarah loved her first visit to the nursery and primary school. She said, "I was a little bit nervous to meet them as I did not know who to go and play with or talk to, but once I saw all the kids and said hi it was really enjoyable."

As she grew in confidence, Sarah stood out in the nursery because of her patience and her ability to support children who were upset. Due to difficulties within her peer group, she missed some sessions, but she soon recognised the benefits of regular attendance. In her own words, "I noticed that the more you go the more comfortable the children and yourself can get." She attended every subsequent session.

There was a noticeable shift in her mindset as she began to recognise that she could overcome obstacles and manage challenges, both in the nursery and within the group. Towards the end of the programme, she reflected that she could "try my best in school and focus on my future" and "work hard now and get a good education." She also shared, "At first I did not think I could do it, but now it is finished I have realised it was such a pleasure to be there."

One of her teachers observed this change, saying:

"Sarah has a renewed focus on her learning, and she has discovered skills and qualities through working with the children that she did not recognise before. She has grown in confidence and shown that she can work with different people and overcome her anxieties."

Towards the end of the programme Sarah spoke openly about her future aspirations. From previously feeling disengaged from learning and having low school attendance, she now says she is "dedicated to being successful and achieving what I have been dreaming of doing, which is to become a marine biologist."

As her relationships with the facilitators strengthened, Sarah felt able to share more about her background and her worries with trusted adults. Weekly contact with the other girls in the group led to new friendships, and through sharing experiences she realised that others faced similar challenges and that she was not alone. This helped her feel more connected and supported and allowed her to develop trust in the people around her. Sarah also built a positive relationship with the school facilitator, which will continue beyond the programme.

Discussion and Conclusion

Overall, the findings indicate meaningful improvements across all primary outcome domains, providing encouraging evidence for the programme's effectiveness in supporting vulnerable young people.

Qualitative feedback from participants, teachers and parents highlighted several key areas of personal development associated with the programme. A prominent theme was the development of a growth mindset, with young people demonstrating increased self-belief, willingness to challenge themselves and greater awareness of their personal strengths. Participants described stepping outside their comfort zones and recognising their abilities, which was supported by teachers' observations of students becoming more confident and motivated to try new things. The programme also appeared to have a positive impact on emotional well-being, with many young people reporting feelings of happiness, enjoyment and purpose through their interactions with younger children. Teachers and parents similarly observed improvements in mood and enthusiasm for school activities. Another important theme was connectedness and relationships, as young people described forming meaningful bonds with the nursery children and valuing the opportunity to build supportive relationships. These relationships were recognised by staff and parents as particularly rewarding for the young people involved. The programme also supported the development of confidence and communication skills, with participants reporting increased comfort when interacting with unfamiliar people and greater social confidence. Finally, the mentoring role provided opportunities to develop leadership, responsibility and empathy, as young people practised patience, supported younger children and reflected on their role in guiding and encouraging others. Overall, the qualitative findings suggest the programme contributed to a range of positive developmental outcomes, including increased confidence, well-being, interpersonal skills and personal responsibility.

Anxiety and depression, assessed using the Revised Child Anxiety and Depression Scale (RCADS), demonstrated a statistically significant reduction from baseline to programme completion, with scores decreasing by **21%**. This finding suggests that participation in the Growing2gether programme was associated with a clinically meaningful improvement in emotional symptoms. The programme specifically targets mental health inequalities by engaging adolescents identified as vulnerable and providing structured opportunities to build confidence, strengthen social connections, and engage in purposeful, prosocial activities. The observed reduction in RCADS scores is therefore consistent with the programme's theoretical framework and intended mechanisms of change.

Well-being, measured using the Short Warwick–Edinburgh Mental Well-being Scale (SWEMWBS), showed a significant increase of **14**% from pre- to post-intervention as well as moderate size effects. Higher SWEMWBS scores are associated with lower levels of anxiety, stress, and depression, as well as greater life satisfaction, stronger interpersonal relationships, and more adaptive coping strategies. In this context, the concurrent improvement in well-being alongside reductions in RCADS scores supports the internal coherence of the findings. The observed relationship between well-being and anxiety/depression outcomes aligns with established theoretical and empirical literature. Among participants with clinically elevated symptoms at baseline, improvements were even greater, with well-being rising by 24% and anxiety and depression symptoms falling by **30%.**

Growth mindset showed a statistically significant and substantial improvement following programme participation, increasing by approximately **18%**, though with a small effect size. Growth mindset is closely linked to resilience, persistence, and adaptive responses to challenge, particularly in educational contexts. Emerging evidence further suggests that a stronger growth mindset is associated with reduced vulnerability to stress, depression,

substance use, and maladaptive coping behaviours, including non-suicidal self-injury (Schroder et al., 2017). The Growing2gether curriculum explicitly reinforces the malleability of abilities and personal development, encouraging participants to reframe setbacks as opportunities for learning and growth. Qualitative feedback from participants strongly reflected this cognitive and emotional shift, providing convergent support for the quantitative findings.

To enhance the reliability and ecological validity of the evaluation, multi-informant reporting was incorporated, with teachers completing standardised assessments of student progress. Teachers are widely recognised as reliable informants of adolescent behaviour and functioning within educational settings. Teacher-reported outcomes indicated improvements in confidence, emotional well-being, and engagement, alongside significant gains across academic-related domains, including engagement in learning, effort toward achieving potential, attainment of grades necessary for progression, and self-efficacy. Effect size analyses demonstrated moderate-to-large effects across these domains (Cohen's $d \geq 0.8$), underscoring the practical and educational significance of the observed changes.

Taken together, the convergence of statistically significant findings, meaningful effect sizes, multi-informant reports, and consistent qualitative feedback. provides robust evidence that the Growing2gether programme supports improvements in mental health, well-being, and psychological resilience among adolescents at risk.

Acknowledgements

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References

Brännlund, A., Strandh, M., & Nilsson, K. (2017). Mental health and educational achievement: The link between poor mental health and upper secondary school completion and grades. *Journal of Mental Health, 26*(4), 318–325. https://doi.org/10.1080/09638237.2017.1294739

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Burton, S., Raposa, E. B., Stams, G. J. J. M., & Rhodes, J. (2021). Cross-age peer mentoring for youth: A meta-analysis. *American Journal of Community Psychology, 69*(1–2), 45–62. https://doi.org/10.1002/ajcp.12579

Carrier, J. W., & Mitchell, N. G. (2011). Transpersonal theory. In D. Capuzzi & D. R. Gross (Eds.), *Counseling and psychotherapy* (5th ed., pp. 335–353). American Counseling Association.

Chan, C., Au, W., & Leung, M. (2021). Experiential learning and its impact on empathy and wellbeing: A meta-analysis. *Educational Psychology Review, 33*(2), 567–590. https://doi.org/10.1007/s10648-020-09543-4

Colizzi, M., Lasalvia, A., & Ruggeri, M. (2020). Prevention and early intervention in youth mental health: Is it time for a multidisciplinary and transdiagnostic model for care? *International Journal of Mental Health Systems, 14*, Article 23. https://doi.org/10.1186/s13033-020-00356-9

Dallas-Childs, R. (2023). *"It was a thing about belonging and identity. I just felt, this is who I am": Residential care experienced children and young people actively (re)creating identity, family and community* (Doctoral thesis). University of Edinburgh.

Ford, T., Degli Esposti, M., Crane, C., Taylor, L., Montero-Marín, J., Blakemore, S.-J., … Kuyken, W. (2021). The role of schools in early adolescents' mental health: Findings from the MYRIAD study. *Journal of the American Academy of Child & Adolescent Psychiatry, 60*(6), 635–646. https://doi.org/10.1016/j.jaac.2020.11.012

Horikoshi, M. (2023). Positive psychology interventions for adolescents: A systematic review. *The Journal of Positive Psychology, 18*(4), 512–528. https://doi.org/10.1080/17439760.2022.2036794

Jirdehi, M., Asgari, F., Tabari, F., & Leyli, K. (2018). The relationship between self-esteem and academic achievement among medical sciences students at Guilan University of Medical Sciences. *Journal of Education and Health Promotion, 7*, Article 52. https://doi.org/10.4103/jehp.jehp_55_17

Kim-Cohen, J., Caspi, A., Moffitt, T. E., Harrington, H., Milne, B. J., & Poulton, R. (2003). Prior juvenile diagnoses in adults with mental disorder: Developmental follow-back of a prospective-longitudinal cohort. *Archives of General Psychiatry, 60*(7), 709–717. https://doi.org/10.1001/archpsyc.60.7.709

Mathyssek, C. M., Olino, T. M., Hartman, C. A., Ormel, J., Verhulst, F. C., & van Oort, F. V. A. (2013). Does the Revised Child Anxiety and Depression Scale measure anxiety symptoms consistently across adolescence? The TRAILS study. *International Journal of Methods in Psychiatric Research, 22*(1), 27–37. https://doi.org/10.1002/mpr.1378

Qi, X., Zhang, L., & Wang, Y. (2025). Positive psychology-based interventions and adolescent wellbeing: A meta-analysis. *Child and Adolescent Mental Health, 30*(1), 45–59. https://doi.org/10.1111/camh.12567

Raniti, M., Rakesh, D., Patton, G. C., & Sawyer, S. M. (2022). The role of school connectedness in the prevention of youth depression and anxiety: A systematic review with youth consultation. *BMC Public Health, 22*, Article 2152. https://doi.org/10.1186/s12889-022-14364-6

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.

Rosenberg, M., Schooler, C., Schoenbach, C., & Rosenberg, F. (1995). Global self-esteem and specific self-esteem: Different concepts, different outcomes. *American Sociological Review, 60*(1), 141–156. https://doi.org/10.2307/2096350

Sadler, K., Vizard, T., Ford, T., Goodman, A., Goodman, R., & McManus, S. (2018). *Mental health of children and young people in England, 2017: Summary of key findings*. NHS Digital. https://digital.nhs.uk

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*(1), 5–14. https://doi.org/10.1037/0003-066X.55.1.5

Stickl Haugen, J., Frawley, C., & Bledsoe, K. G. (2025). The development of the Student Belonging Scale: A measure of school belonging. *Professional School Counseling, 29*(1), 1–12. https://doi.org/10.1177/2156759X251340045

Villodas, M. T., McCabe, S. E., Cranford, J. A., & Boyd, C. J. (2023). Youth connectedness and risk behaviors: Findings from the Youth Risk Behavior Surveillance System. *Journal of Adolescent Health, 72*(3), 345–354. https://doi.org/10.1016/j.jadohealth.2022.11.003

Winarsunu, T., Azizaha, B. S. I., Fasikha, S. S., & Anwar, Z. (2023). *Life skills training: Can it increase self-esteem and reduce student anxiety?* Heliyon, 9(4), e15232. https://doi.org/10.1016/j.heliyon.2023.e15232