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Mental Health in Schools

Subtitle

**Minds
Ahead**

EDITORIAL

The papers that are presented in this volume offer a diverse range of perspectives on different topics that will be of interest to education practitioners. I would like to thank all the authors who have worked so hard to write these papers. We are teaching in challenging times. The government are seemingly committed to addressing the mental health crisis in children and young people. One in ten children experience a mental health need. Yet, at the same time the government is committed to statutory testing in primary schools and terminal examinations in secondary schools. At the time of publishing this edition, the examination season will be well underway. Exams can have a detrimental affect on young people's mental health and test memory rather than other essential skills which are essential in the world of work. These include team working, oral communication, negotiating conflict, organisation, creative thinking and time management. Those with good memories will thrive whilst others will fail and develop a poor sense of self. How much of what is tested will young people remember 5, 10 or 20 years later? Whilst the papers in this volume do not address this topic, it is timely to raise this topic and to reflect on the impact of examinations on young people's mental health. I hope you enjoy reading these papers as much as I did.

Jonathan Glazzard

**Don't Forget the Teachers - Developing a Mental Health Strategy for Middle East
British Curriculum Schools.**

Dwight Weir

There has been increased focus on the care for individuals with mental health and the provision for individuals who battle with mental illnesses in schools and workplaces in the UK. On the 4th December 2017 the UK government in its Green Paper 'Transforming Children and Young People's Mental Health Provision outlined its proposal for improving mental health. This focus arose out of reports that there is the need for more to be done to support students who are at risk due to mental illness (Young Minds, 2017). Recent research shows that mental health issues are not only found in adults and teens but there are signs in primary school children as well (Goodsell and Lawrence 2017). Signs of mental health issues could be seen in children from as early as Year 1. According to the World Health Organisation (2003) mental health difficulties in childhood and adolescence are common. Up to 20% of this group across the world experience disabling mental disorders. Lack of attention to this age group may lead to lifelong consequences, which we should seek to halt.

There are catalogues of initiatives to help students and staff manage mental health in schools

(Williams, Boyle, White and Sinko 2010). However, we should better understand what leads to mental health and try to prepare staff and students to manage their own mental health. Some people were born with mental health conditions such as bipolar mood disorder and there are some illnesses that are developed due to stress, bereavement and relationships breakdown. With an increasing number of teachers leaving the profession in the UK and students being placed under more stress we should do what we can to help staff and students manage workload and other activities which cause undue stress.

There is increased pressure on students as they progress through the education system from primary through to tertiary education. Goodsell and Lawrence (2017) supports this view and point out that the signs of mental health is more prevalent for females as they progress through secondary schools. The reason for the increased pressure

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mainly in primary and secondary is linked to terminal exams and over-testing of pupils. Stone (2015) suggests that schools operate like exam factories and have contributed to increased mental health issues. Pressure placed on students by their parents may also be a contributing factor to high stress levels along with competitions among peers to out-perform each other in assessments.

UK trained teachers are leaving the profession for destinations overseas with the hope to find less stressful jobs, career promotion and an opportunity to travel whilst they teach. The number of teachers leaving the profession for non-retirement reasons increased from 22,260, or 6%, in 2011 to 34,910, or 8.1%, in 2016 (Rayner 2018). It must be noted that migrating overseas isn't necessarily stress free as there are demands being placed on teachers to ensure pupils make progress, ensure targets are being met and the needs of students and parents are addressed, all factors suggested as contributory to high levels of stress. It could be argued that within British curriculum schools in the middle east the same curriculum is being delivered and demanding assessments are administered as in the UK, therefore the similar levels of stress for students and staff are likely.

Qatar in 2013 launched its mental health 5-year plan with the intention to achieve the following in 2018; people will seek help without fear of stigma, there will be a range of information resources and supports available, an increased service utilization, high quality, well-resourced workforce, services in a range of locations and comprehensive standards and guidelines. Whilst we are only one third of the way into 2018 it is not appropriate to draw conclusions, but it is reasonable to offer suggestions for further development in schools particularly linked to supporting teaching staff.

One of the barriers which mitigates against recovering from mental health issues in the Middle East and other countries is the stigma and negative attitudes of other people. With this stigma there are a number of people who then deny having a mental illness and as a result suffer. With increasing attempts to deal with and provide opportunities for citizens to deal with their illnesses, there is still more to be done with children in schools and more so staff. With staff being placed in care of students who may struggle with mental illness, staff must be cared for. I concur with Briner and Dewberry (2007) who explain that if we want to improve school performance, we also need to start paying attention to teacher wellbeing. Our wellbeing affects how we feel about ourselves and as a result impact how we treat others, in this case other teaching colleagues, parents and students. Wellbeing is the intersection of mental health physical health and social wellbeing. Therefore, the well-being of staff should be paramount for school leaders, governors and school owners.



According to the Qatar Mental Health Strategy (2013), in 2012 60 participants from key organizations in Qatar provided their views on the current level of mental health awareness. Findings show that more than two thirds of participants believed that the people of Qatar had a negative view of mental illness. 93% of participants felt that people were not happy to talk about ^(LSEPP) mental illness and nearly all participants agreed the public needed more education about mental health. This change in attitude will first need to start with educating and changing the perceptions of people and in this case parents who sometimes don't believe that mental health is real and can affect anyone. Open and frank conversations among groups of people affected along with professionals could open people's perceptions of mental illness. In addition to opening dialogues about mental illness we should also provide support and specialist training for staff who will come across pupils who exhibit mental health issues, so they can easily identify pupils and put the right support in place. It is rational to suggest that staff who work with children without specialist knowledge of mental health issues could struggle and may feel inept when dealing with cases of mental health in schools.

The levels of stress in middle east British curriculum schools are not entirely dissimilar to that of staff in British schools due to internal and external exams pressures, target setting, appraisals and observations, lesson planning and differentiation to list some of the tasks to be carried out, it is prudent that staff are supported accordingly. Overworked and stressed teachers could lead to an exodus out of school outside of the UK like we have seen in recent years in the UK. It is encouraging that Qatar's National Mental Health Strategy explains that workplace awareness programs will address workplace risk factors such as stress as a prevention strategy, to reduce the likelihood of mental illness developing. There are also growing avenues through which pupils with mental illness can now be referred.

In order to help teachers and students manage stress levels which could lead to mental health issues, schools should evenly break long school terms so staff can get a break at appropriate times in the school year. It is fair to say that staff in the middle east work fewer day than their counterparts in the UK however, equal distribution is one factor to be considered. It is clear that religious holidays, climate and the context may not easily lend itself to an evenly divided school calendar. School calendars need to be developed strategically to ensure that crunch periods are manageable and menial tasks are not expected unless totally necessary. Schools should attempt to manage parents' expectations placed on staff and more importantly on their children as these lead to stress and potentially mental illnesses.

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Williams et al (2010) explains that self-esteem, self-acceptance, resiliency, and effective coping skills contribute to mental health and good behaviour in students. Consequently, opportunities should be created to enable pupils to improve their self-esteem. One way we

can help to manage pupils' self-esteem is to explore the use of comment-only marking (Black and William 1998) so pupils don't always see grades as an expression of their worth. Lowbridge-Ellis (2018) list of 46 things done for staff wellbeing has a number of ideas schools can explore and add to through staff consultation. Activities such as wellbeing week, CPDs on managing stress, use of peer-to-peer praise, surveying staff to get feedback on how to improve and tailored CPD. Strides are being made concerning support for young people who exhibit mental health issues, however we must be mindful of staff so they too can access services and manage their own wellbeing. When developing any policy staff voice is very crucial. Teachers are the engine rooms of schools, they are the ones bringing pupils on so many different journeys for so many different children. They not only take on the role of teacher but they are also counsellors, mentors, parents, coaches, mediators and the one who still has to give account for the progress of every single pupil in their class. A multiplicity of roles that could lead to stressful periods – don't forget the teacher.

References

Black, P. and William, D. (1998) *Inside the Black Box: Raising Standards Through Classroom Assessment*, London: GL Assessment.

Briner, R., & Dewberry, C. (2007). *Staff wellbeing is key to school success*. London: Worklife Support Ltd/Hamilton House. Retrieved from:
<http://www.worklifesupport.com/sites/default/files/uploaddocuments/5902BirkbeckWBPerfSummaryFinal.pdf>

Changing Minds, Changing Lives 2013-2018

Goodsell, B. and Lawrence, D. (2017) *Mental disorders linked to poor NAPLAN performance in Australian school*. The Conversation. Retrieved from:

<https://theconversation.com/mental-disorders-linked-to-poor-naplan-performance-in-australian-schools-89360>

Longbridge, D. (2018) 46* things that we do for staff well-being (* and counting), pages 3-7, Mental Health in Schools whole school approaches, Carnegie School of Education, Leeds Beckett University.
<http://leedsbeckett.ac.uk/-/media/files/research/mental-health-in-schools--issue-2.pdf?la=en>

Qatar National Mental Health Strategy - Changing Minds Changing Lives 2013-2018

<https://www.google.com/search?client=safari&rls=en&q=related:nhsq.info/app/media/1166+qatar+mental+health+strategy&tbo=1&sa=X&ved=0ahUKEwidxfz2h43aAhXI1hQKHRR5D8sQHwgwMAA&biw=1440&bih=736>

Rayner, A. (2018) Teacher shortage leaves English schools in crisis. The Guardian.

Retrieved from: <https://www.theguardian.com/education/2018/jan/31/teacher-shortage-leaves-englishschools-in-crisis-watchdog-says>

Stone J. (2015) Over-focus on exams causing mental health problems and self-harm among pupils. Independent. Retrieved from:

<https://www.independent.co.uk/news/uk/politics/over-focus-on-exams-causing-mentalhealth-problems-and-self-harm-among-pupils-study-finds-10368815.html>

Williams, B., Boyle, K., White J., Sinko, A. (2010) Children's Mental Health Promotion and Support: Strategies for Educators, National Association of School Psychologists.

World Health Organization (2003) Caring for children and adolescents for mental disorders; Setting WHO directions, Geneva: WHO.

Young Minds (2017) <https://youngminds.org.uk/media/1579/young-minds-trust-ar-march2017.pdf>

A day in the life of Alternative Provision

Natasha Hargrove – Head of Education and Training and Designated Safeguarding Lead

We are a performing arts education that offers Alternative Provision as well as wide range of other services including afterschool clubs, professional performances and in school workshops. Our staff are teacher and performing arts trained, most still work in the industry as Directors, Actors, Singers and Comedians. We have been delivering Alternative education for 8 years.

All the names have been changed. This not an average day but a challenging one that is occurring increasingly regular.

8.30 – Daily Safeguarding meeting. Last night was a late one. We have ‘Shows’ on with our Afterschool clubs so we all worked till about 10. I explain to the team that we should have all four students in today but that all of them have support service/education provider visits.

- Laura 16 has her Corner House worker coming out to see her to discuss her drug usage.
- Sarah 15 has a Social Worker visit with an aim to try to get her into temporary foster care as her home life is at crisis point.
- Dale 14 has a school visit. She goes to school the rest of the time and comes here once a week for some nurture but he is refusing to write at school and he writes here so they are coming out to see what we do.
- Jennifer 16 has the Taking Stock (the sexual exploitation team) coming out to discuss an up and coming court case. They are all coming at different times in the day

This is ‘Shakespeare’ half term and today is ‘Macbeth’ day.

9.00 – They have been in 5 min and already I have a disclosure of self-harm from Laura, after I check for any first aid needed we discuss what triggered this and we continue to discuss an ongoing situation after about 5 min I send her back into class because she loves Macbeth and doesn’t want to miss the anything as they are creating a performance. In alternative provision the protocol is to straight away contact the school, so I

contact the safeguarding and together we contact the social worker and family. This isn't the first time its happened and she is on the waiting list for CAMHS.

9.30 – All students are in; they are not happy about being taken out of sessions later for their meetings, but I explain to them its important.

10 – Sarah's Social Worker arrives she meets with me first as she is new to the case. Sarah has ADHD and depression we discuss how that is affecting her education, considering her home life crisis her attendance is 96% and her attitude towards work is impressive. However, she struggles with her anger and when things are out of her control she can take her anger to an unsafe level and we have had to call the police in the past. Me and Social Worker discuss some techniques that we could suggest to support her such have having Sarah's script in the meeting so she can be learning her lines and allowing her play her own music on low. Nothing really is resolved in the meeting, but Sarah goes back to class, she is clearly distressed but adamant she won't miss anymore of the session. Sarah's Social Worker leaves after setting another meeting for next week.

11.30 – Laura's Corner House worker arrives. Usually Laura is happy to come out of session to talk to her but when I go to get her she says no very politely, this time I promise her I won't make her see the worker, but we need to discuss the options outside and not disturb the class, she looks at me for a long time then picks up her bag and leaves the class, slamming the door as she goes. When we are outside she comes into the office and we have a chat about why she doesn't want to see the worker, she says she doesn't want to let her down and that because she self-harmed everyone is disappointed in her. I explain that isn't the truth at all and all we want to do is help, eventually she goes into the session with the worker.

12.30 - All the class go into the drama studio they are going to put a performance together using lines they learnt at home last night or over lunch and show me at 2.30.

1.30 – Jennifer's sexual exploitation worker arrives; this is where it really kicks off. Jennifer is currently in preparation with the team to be in court to give evidence meaning they have to go over the incident every time they meet. When the worker arrives, Jennifer said she's had enough she grabs her bag and goes to leave site, I chase her asking her to wait. Eventually she stops, and we talk and she comes back in we agree with the worker that it will only be 15 mins rather than 30. The worker leaves after booking in another meeting for next week. Jennifer goes straight back into session after and gets stuck in.

2.00 – Where are the school for Dale?

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2.30 - The school arrive I tell them instead of looking at his writing could they watch his performance instead? Fortunately, they agree so all the staff sit down to watch the performance. A full version of the 'Witches' scene with lines learnt and a movement and sound piece using a drum. After we clap and praise, the school saying they can't believe Dale learnt all of that text.

3.00 – After the show Jennifer became upset again so me and two other members of staff walked her and Laura to the bus stop to make sure she got on it and called mum to make sure she let us know when she got home. The teacher's feedback is that all of them worked hard in session they were focussed and insightful on the topic they worked together and pushed each other.

This was not an average day for us, but it was for them despite their often chaotic lives they work hard, they have ambition, they learn, they grow in confidence and gain self-esteem every day.

4.00 - All is written up, reports are sent, Social Workers/Parents/Schools/Carers are called and now it's time for another show. This time it's 90 children performing Matilda.



Improving mental health and promoting resilience in schools through evidence based programmes: Zippy's Friends & Apple's Friends

Hannah Craig, Programme Officer, Partnership for Children

A Year 2 class in Dudley is sitting in a circle on the floor. The children have been talking about world events they see on the news which makes them sad. They decide to write letters to the families of the victims in the Grenfell Tower disaster to let them know the class is thinking of them.

One pupil's letter says: 'Don't feel so sad because they will be kept safe in heaven. In our Zippy's Friends lesson we learn ways to help ourselves feel better. Zippy taught us to think about happy times and look at photos, that is what I did when my grandad died'.

Zippy's Friends and its follow on programme, *Apple's Friends*, are school-based programmes that help five to nine year-olds develop resilience by practising appropriate coping strategies for difficult situations. The programmes are taught by class teachers, who are specially trained to run them. They know their children well and, being with them throughout the

school day, are able to reinforce the learning in real life situations. For instance, after a playground fight at break time, a teacher can refer to what the children have just learned about coping with conflict.

Twenty-four weekly sessions are built around a set of stories about a group of children and their pets. The stories show the friends dealing with issues that are familiar to young children – friendship, communication, feeling lonely, bullying, dealing with change and loss, and making a new start. Class activities build on the stories with drawing, role-play, discussions and games.

"The structure, lesson plans and resources make delivering the programme straightforward". Teacher, London

Zippy's Friends and *Apple's Friends* help children to develop coping strategies in order to be resilient,



Jo McShane
education

Jo McShane, Senior Education Consultant at jo mcshane

It was 1995 when I nervously trotted through the school gates and ventured into the oaklined foyer of a secondary school on my first ever pre-interview visit. I'd been advised it was a good idea to show your face before the big day. To dress up smart and wear shiny shoes, which I certainly had done for this knuckle-biting foray into the world of NQT employment. Having been received warmly by the gregarious female Deputy Headteacher for Pastoral, I trotted along the corridor behind her, soaking up her wisdom like a pedagogical sponge. She was softly spoken, evidently senior and professional in every aspect of her demeanour and consistently in receipt of pleasant greetings from the occasional 'out-of-lesson' errand pupil (most of whom were decorated with shiny prefect badges) we passed on the waxed parquet of the corridor. It was a picture of educational heaven, and I desperately wanted in. Seasoned professionals had told me I'd 'know' as soon as I crossed the threshold of a school. They reckoned a school's ethos was 'tangible' and to trust my gut as a steer to my likelihood of fitting in.

As we proceeded past the quadrangle of the former grammar school building, the peace was shattered by a booming war-cry from my chaperone, who had spotted 'Daniel' sharpening his pencil while making faces at one of the windows of the corridor facing classrooms. The boy immediately tried to duck out of sight like a petrified vole, but she had already lunged towards the door to snatch up her prey. My mentors had been quite correct. You can absorb so much by osmosis and instinct during an intelligence gathering exercise, but the events that followed yielded sobering objectivity. As the classroom door burst open, five rows of pupils in their immaculate blazers sprung to their feet, so rapidly that Daniel was concealed as he covered by the bin. The teacher had literally dropped his chalk and assumed a shaded position while his senior strutted up the silent aisle in search of target. Looking back, I'd swear the pupils in this upper ability set were trembling. The boy was rapidly secured and paraded to the front for a public humiliation. I can summarise the lambasting with the following: 'If you don't like our rules, FIND YOURSELF ANOTHER SCHOOL! Get your parents here and I'll fill the forms in for them!'

We left in silence before the gentle conversation about curriculum resumed. The incident wasn't even acknowledged. I didn't attend the interview.

I recall talking to my dad about my decision to withdraw, and him reminding me that in my first year of teaching I needed to be in a place that had high standards. His

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thinly-veiled disappointment was rooted in fear, that his daughter would be swallowed up in a riotous

'Comp' like the one I'd sprung from, clutching a set of hard-won if rather average GCSE grades. I've often wondered what stirred such discomfort in my soul about the situation that day and am drawn back to one striking observation; The slow-motion of the slaying had allowed me to notice that Daniel was wearing a wrinkled blazer, scuffed shoes and that the rumpled collar of his shirt was filthy. The fact that only one blazer button was missing, leaving a trail of ragged thread indicated a lack of care versus a rebellious zeal to modify his apparel.

I've been in teaching for 22 years now and spent all my school-based career in areas of high deprivation. Perhaps it is the (too) often-used example I've pulled out to comfort hopeless pupils of the childhood years I spent living in a 'designated slum in a house wired to a lamppost for free electricity' that triggers my absolute revulsion of any form of social exclusion. One thing is clear to me though, and that is that my schooling and literacy alongside a Dad who nurtured a sense of aspiration were the levers that elevated me from the street with strewn with broken glass and dog mess. Had I been hauled out of Mr. Parling's Chemistry class for larking around with the Bunsen burners or pulling faces at Paul Dawson, I would never have gained the educational traction required to climb out of deprivation, and I have openly dedicated the rest of my career to sharing this ladder with children and young people. Which brings me at last to the thorny subject of 'off-rolling' which has been labelled by commentators as the most frequently referenced ethical concern of 2017-18.

Described by General Secretary of the Association of School and College Leaders(ASCL), Geoff Barton as 'beyond repugnant' ([TES, 2017](#)), off-rolling is the removal of pupils from the school roll via various, unofficial means. Techniques such as putting pressure on parents and carers to home educate (also known as 'B-coding'), to remove their child or face permanent exclusion, and the widespread use of temporary removal from school via managed moves are among the most common form of 'ghosting' a pupil so that they do not appear on-roll. Despite frequent reference to this practice in the media from 2016 onwards, facts and figures are, like the phenomenon itself hard to pin down. However, in her [annual report launch speech](#) of December 2017, Amanda Spielman referenced findings from [education datalab](#) as evidence that 'a long overdue spotlight has been shed on the issue.'. Whilst acknowledging an explicit relationship between SEND pupils, unofficial exclusions and schools seeking to boost performance, Spielman branded the trend as 'a more extreme and invidious example of where some schools have lost sight of the purpose of education, which should always be to give children the support that they



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deserve.’ (2017) and committed to ensuring inspectors interrogate and expose potential evidence of such gaming.

Though the frequency of this practice in Twitter feeds indicates its presence, one cannot help but wonder about the reality of patterns, direct links to pupil groups and other demographic indicators in the absence of explicit data. Is unofficial exclusion increasing with the expansion of Multi-Academy Trusts who can squirrel pupils away across their network of schools? Has the change in accountabilities, combined ramped-up GCSE specifications triggered off-rolling as a ‘necessary evil’ for Schools faced with the complexity of outcomes and an increase in pupil numbers with Social, Emotional and Mental Health (SEMH) needs? Reflecting on my own early career, I also wondered if this practice has increased at all, or merely surfaced in our shared dialogue relating to social inclusion. Despite knowing that my small-scale investigation could not answer such behemoth questions, I decided to dig deeper and attempt to make some connections.

Practitioner narratives

I initially presented surveys on Twitter to gain a sense of national coverage. Though response rates were too low to establish valid claims, they represented a mixture of maintained secondary schools and academies. HLTAs, teachers and other inclusion workers returned data indicating that 90% had experienced off-rolling, that the predominant reasons were linked to SEND and the school’s inability to provide an appropriate curriculum to meet their needs. Only three respondents provided comments to indicate their willingness to participate in a semi-structured interview by telephone.

All three interviewees stipulated that their geographical location must not be used and expressed a fear that their comments may be in some way be recognised by others. One went as far as to say that she would love to have the courage to ‘whistle blow’, but that such action would be a ‘career-wrecker’ because ‘you just don’t report these things. You don’t pass them on. You don’t talk about them at all, really.’ One striking commonality emerging was the emotional nature of responses. Discussion about ‘off-rolling’ was evidently provocative and, in the case of each of my respondents, touched upon raw nerves and revealed manifest conflict within professional identities.

Case Study 1: ‘They move them round the MAT’. Female, SLT member, South East England

‘Helen’ readily disclosed that she witnesses ‘unofficial exclusion’ on a weekly basis within her school and across the wider Trust. ‘We have quite a lot of schools and they move them as soon as they become too much of an irritation in the system.’



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When asked what she meant by 'moved', she indicated that cross-school transfers took place regularly which usually resulted in the student ending up in the school where they will do the 'least damage' to Progress and Attainment 8. 'By moving pupils from the roll for a time, they aren't registered anywhere which has the added benefit of improving data.'. We talked about reasons for 'off-rolling for some time and she identified behaviour, attainment and poor attendance as the key triggers, adding that 'I know it isn't right, but we have a school to lead, other pupils to manage and the constant pressure to improve. These are kids who have failed to respond to numerous interventions and whose parents have chosen not to support the school in our efforts to resolve issues.'. During the conversation, Helen expressed mixed feelings about the issue, indicating that she sometimes felt the school were 'failing the pupils' but that 'other agencies can't come up with the answers.'. To conclude, she told me that the pressure on schools to retain their Ofsted Outstanding status is driving them to make decisions they would otherwise never consider.

Case Study 2: 'They can't deal with them, so they go.', Female, HLTA (SEND), North West England

'Michelle' has been employed at her school for twelve years and specialises in SEND and inclusion. 'Our kids are from very mixed backgrounds and you would never see this kind of thing happening to middle class families because they fight it. It's the poorer children with needs who are affected time and time again.'. When asked about the regularity of 'off-rolling' she confirmed that around six children per year mysteriously vanish from the school roll in addition to those formally and permanently excluded. 'When parents are faced with fines and constant fixed term exclusions they tend to cave in and home educate. I've been sent out with work and to provide tuition in the early stages, but this always fizzles out. No-one asks any questions, which just seems unfair.'. We talked about trends and patterns and she readily confirmed that 'It's always the same. Pupils on the SEND register, especially those with ADHD or mental health issues will go first. We can help with dyslexia and ASD, but repeated bad behaviour only leads one way. The school PEX'd (Permanently Excluded) six pupils last term, so we can't have any more on the books.'. Michelle spoke in detail about individual cases and claimed senior members of staff use 'police-like tactics to manage behaviour. If I was screamed at and given only 'yes' or 'no' as answers to questions, I think I'd cave in and take the wrap too. It's aggressive and borderline abusive.....The worst thing I've seen was a child been seated in front of the local authority website and told to fill in their own transfer form. It's unbearable.' Michelle concluded her interview by expressing her disappointment in education, telling me 'I did my Masters in Special Education and intended to train to be a teacher. It's the same everywhere and I really do think I'd be better getting out of mainstream.'

Case Study 3: 'Quite simply, such practices are abhorrent', Female, Headteacher, Primary School, North-East England

'Liz' has been headteacher of a large urban primary school for more than a decade, and I was pleasantly surprised to receive her offer of an interview. She stressed the importance of maintaining inclusion throughout a child's education and that she felt disappointed to hear that so many of her former pupils end up going through a series of failed 'managed moves' before ending their education in alternative provision. 'The shame of it is that we have fantastic transition arrangements with our secondaries and we are all happy with the passage of information and support for moving up. Our secondaries allocate time and resources to giving students the best start, which is why it is so disappointing to hear, through families that their children didn't make it through their mainstream schooling.' Liz illustrated frequent conversations about the pressure secondary colleagues experience which she said 'affects their professional judgment.' She did add that she is angry with a system that claims to measure standards while allowing schools to 'gamble with lifechances.' Although Liz did not share her perceptions on predominate pupil groups affected, she did mention that the complexity of secondary schooling is challenging for 'needy families' and that 'covert exclusion' adds to the strain. When I asked Liz if she had discussed any individual cases with secondary headteachers she responded 'I'm not the person who should be holding them to account. This is a wider issue and someone needs to start challenging what we all know is bare-faced exclusion. Secondaries need support to meet needs and to contextualise the impact of individual needs on data.' At the close of our conversation she made a point of referencing a local secondary school who 'go to great lengths to meet the needs of their pupils. Their results take a dent, but they are relentless in providing for individual needs. I hope there is some way of recognising this, because their exclusion rates remain low despite the fact they take on unwanted pupils from their neighbours.'

Although rich in their illustrations, these snippets from practitioners cannot be used to generalise or inform any firm conclusions about the nature or prevalence of 'off-rolling', and I have not established an increase in line with recent changes to accountability measures. Although each respondent indicated what they perceived to be an increase in the frequency of this murky practice, the essentially covert nature of the matter has prevented me from presenting any valid data. Practitioners appear reluctant to acknowledge off-rolling, perhaps because it does serve the purpose of increasing inclusion for students who work hard, conform and become safe bets on their progress flightpaths. It appears that some schools use the 'vanished' students for the purposes of behaviour demarcation and rule reinforcement, by warning the rest of the cohort about what happens to

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persistent nonconformists. This leaves unresolved questions about the moral character of secondary schooling today, because some learners are confronted by a polarised fear system of attainment and exclusion. Those who do not benefit from their entitlement to an adequately enriching curriculum have no 'soft place' to hide from the sword of Damocles. By educating through police-style rule enforcement and a readiness to fling errands down the 'off-rolling' trap door, we are confirming the deepest fears of a generation of children and young people; that they are not good enough, that they don't belong and that their needs simply do not matter.

As difficult to nail as this practice is, it must be challenged by every single body who has a duty to hold schools to account. 'Every Child Matters' was born of the urgent need to safeguard children in education because of the appalling failure of a child who vanished from sight. How can children still be allowed to go missing within the cogs of our education system in plain sight of so many agencies, departments and external evaluators?

We must remember that, as educators we bear a collective responsibility to fight relentlessly for the highest standards in educational inclusion. To bring an immediate end to off-rolling, we must make space in our schools for the difficult inter-professional conversations that must and should accompany the exit of any pupil from any school for any reason. As Geoff Barton (2018) emphasises, 'At a time of too many stories of unethical practice, too much language linked to inappropriate conduct, this focus on ethical leadership has never mattered more – to us and to the young and often vulnerable young people for whom we are the educational guardians.'

References:

Barton, G. (2018). 'Off-rolling is unethical, inappropriate and beyond repugnant – the consequences are devastating'. Times Educational Supplement

<https://www.tes.com/news/rolling-unethical-inappropriate-and-beyond-repugnantconsequences-are-devastating>

Spielman, A. (2017). Speech on the launch of Ofsted's annual report. Gov.uk

<https://www.gov.uk/government/speeches/amanda-spielman-on-the-launch-of-ofsted-annual-report-201617>

Exclusion, mental health and a new way of working with children



For the last twenty years I have been working with children who struggle in school and who test school systems to their limit. Back in 1998 schools used carrots and sticks to get children moving in the right direction. If and when they failed to do so, schools got out their bigger sticks. For most of that time I worked as a specialist behaviour support teacher and for a while I followed the established path, doing the same and getting the same. I came in at the end of the school-based stepped process of consequence; loss of social or play time, detention, isolation and fixed term exclusion leading to the final sanction of permanent exclusion. My role was either to enable the school to show everything had been, including bringing me in as the behaviour expert from Children's Services under the shadow of exclusion. Or do something that no-one else had been able to do, to reshape the child in the school's image, just like that.

But I had no idea what the magic wand might look like or where to find it

What I was doing was not good enough in terms of providing children in need with a properly thought out response, but what was the alternative? Stress balls and anger management? Over the course of an Open University M.A. and the first years of my Ph.D. I got a better understanding of what was and what might be and in 2001 it came into clear view. Harvey Ratner, from the BRIEF Solution Focused Brief Therapy practice in London, handed me a gift. He delivered a one-day introduction to the solutions focused approach to the Educational Psychology and Specialist Support team of which I was a part.

Solutions Focused Coaching in a nutshell

Solutions Focused Brief Therapy (SFBT) was an innovative approach to psychotherapy developed by Insoo Kim Berg, Steve de Shazar and their colleagues at their Family Therapy Centre in Milwaukee, USA. (de Shazar S. 1994)

Solutions Focused Coaching in schools has an identical structure to SFBT, adapted to the specific context of work with children schools.

Solutions Focused Coaching has a clear structure based on seven elements of practice. It is a form of inquiry learning as developed by Carl Rogers (Rogers C. 1969 & 1983) with the child in the coaching relationship positioned as an active change-maker with the coach/teacher facilitating their learning.

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I have written about the practice and theory of Solutions Focused Coaching in schools in my recent book. (James 2016)

As with any new form of practice, while the Solutions Focused approach soon proved its worth to me in my work with children, it has to find its place in the existing systems in operation in schools and that means understanding the context of the work.

Connecting exclusion and mental health

It has become clear that school exclusion selectively affects children with a wide range of additional needs. Children experiencing social, educational and mental health stresses appear frequently on the 'bad behaviour' records of schools. The recording of behaviour 'incidents' builds a subjective case record that can be used as evidence in making the decision to exclude a child from school.

There are now many online recording systems competing for business that reinforce that streamline the old carrot and stick method I experienced twenty years ago. For example, in one system's advice;

- The Behaviour Manager can express the school's Behaviour Policy in terms of the positive and negative events (rewards/sanctions) that need recording and the actions that staff should perform in response to those events.
- Staff no longer have to refer to policy documents, they simply choose a type of event to record and the Behaviour module indicates the appropriate immediate and followup actions they should perform. (un-named source)

The intention is to construct a data-driven method of getting children to follow the rules in school and be successful in class, itself driven by reward and punishment as laid down in the school Behaviour Policy. However, in practice this approach focusing on exhibited behaviour is failing children who are most in need of individual support and it facilitates their exclusion when it fails.

The charity mindsahead.org.uk illustrates the complexity of the problem; 20% of children with mental health needs have at least one exclusion and 76% leave primary school without having achieved required levels in reading, writing and maths. Overall, 250,000 children have an identified mental health need and an unknown number have low level needs which are not formally identified.



A recent study by the Institute for Public Policy Research for charity set up to train school managers in mental health issues found that 50% of children permanently excluded from school are suffering from a recognised mental health problem.

(<https://www.thedifference.com>)

Other linked factors to take into account are:

Pupils with identified special educational needs

“Special Educational Needs (SEN) accounted for just over half of all permanent exclusions and fixed-period exclusions.

Pupils with SEN support had the highest permanent exclusion rate and were more than seven times more likely to receive a permanent exclusion than pupils with no SEN. Pupils with an education, health and care (EHC) plan or with a statement of SEN had the highest fixed-period exclusion rate and were almost seven times more likely to receive a fixed-period exclusion than pupils with no SEN. “

(<https://www.theguardian.com/teacher-network/2016/oct/27/why-are-so-many-sen-pupils-excluded-from-school-because-we-are-failing-them>)

Behaviour

Both generalised aspects of difficult behaviour and specific diagnoses such as conduct disorders and ADHD can be related to later mental illness. But they have themselves causal factors and processes and cannot readily be separated from other factors either conceptually or operationally. In some cases, behavioural disturbance is related to neurological defects or incipient schizoid traits. Certain observed behaviours, especially inattention and hyperactivity, withdrawn, deviant, aggressive, anti-social and disruptive behaviour, consistently show associations with later depression and anxiety, as well as delinquent and criminal behaviour.

School performance

Poor school performance and low levels of educational achievement by the end of formal schooling are known to be associated with adult anxiety and depression, with an increased risk of probably two or three times, and this is confirmed by cohort studies. Difficult and deviant behaviour, and neurological deficits of any type in childhood are likely to have an impact on school performance and achievements, and these may mediate a higher risk. This is likely to explain associations with schizophrenia.

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It is unlikely to represent a primary causal factor, representing more often a late- childhood manifestation of a pre-existing relatively high risk, but it may well be a contributory cause of later mental health problems (as with delinquent and criminal behaviour, especially illiteracy) and it does provide a relatively easily identifiable group of high risk adolescents for preventive intervention.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3606947/>

This is the context in which school behaviour policy and practice operates, the context for my work since the mid-nineties and the context for my writing here. It is one where children with a range of needs, often related to their mental health and wellbeing are usually met with a one-size-fits-all reward and punishment response. Of course schools need to teach children the rules of the community and do so very well, using common sense and consequences with the result that most children respond by behaving well. As indicated above poor school performance identifies risk and the need for positive intervention. This is a positive gain arising from the consistent use of a traditional Behaviour Management and Special Educational Needs and Disabilities programme set up to deal with low-level issues, in that it identifies children who are in need of a different approach, not more of what has been already shown to fail them in setting their needs. Importantly, schools need an educational approach which matches their educational remit.

It is against this background that I have taken up of the Solutions Focused approach, where children are positioned as experts in themselves and partners in the process of finding their place in the world rather than subjects for conditioning by carrots and sticks. In educational terms, this is inquiry pedagogy.

When I started using this approach, it was so radically different to the usual routine of looking at school incident records, asking the child what happened when things went wrong, trying to figure what caused the problem in the first place and suggesting strategies that might stop it happening again. This puts the responsibility for success on the teacher being an expert in everything and mostly it works, because issues around errors in behaviour are not too complex and teachers know their students well.

But what do you do when the carrots and sticks are all used up and still the child is insecure in school? The link between mental health and exclusion shows that many children who exceed the capacity of schools to include them using their established Behaviour Management routines are experiencing stress or distress in some way.



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At school level there needs to be a response which both achieves better behaviour on the part of the child, however an individual school defines it, and supports the mental health and wellbeing of the child in the process.

Why make this claim?

Evidence shows that:

“early adverse circumstances (tend) to be associated with diminished cognitive ability (verbal ability, memory, speed and concentration) not only in childhood and adolescence, but even to the age of 53, and related to poor school achievement and low adult social class.

Diminished cognitive ability and poor school achievement are independently associated with higher risks of later mental illness.”

While this supports the adoption of practice shown to support children with additional needs;

“The strongest argument is in terms of human rights. However, the issues are not generally given a high priority and people may think them exaggerated or assume that these things are just part of human life and children get over them anyway. But we should not be willing to accept these as inevitably part of human life, but fight for a better life for our children – and hope thereby for a better life for adults and the whole community.”

[://www.ncbi.nlm.nih.gov/pmc/articles/PMC3606947/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3606947/)

The boy, the coaches and the power of hope

Jim was five the first time we met. He was hurting other children in playtime, the school had used up all the consequences written on the Behaviour Policy with no success. Staff at school were worried about Joe because he seemed very unhappy, he cried a lot and didn't have any friends. He wasn't allowed out to play any more to keep other children safe. His head teacher had sent me a referral because he'd heard about the work I did and felt I might be able to help.

I met Jim and his mum at school a few days after I received the referral.

I told the people in the room who I was, that I was called in to schools when people felt stuck and needed some new ideas.

I asked Jim “What would you like me to call you?”

“Jim” he said, “and I'll call you Geoff”.

“OK. We're going to be doing some work together. It's got to be useful to you Joe, so I wonder what do you hope that would it be about..... that'd be useful to you?”

“My behaviour?”



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“So if we do some work about ‘my behaviour’ that’d be useful to you. Let’s do that then. Now I want to ask you a different question. What do you like doing? What’s your best thing?” And Jim started taking about the vehicles in the city coach station where he often went to look at them. He told me their names, their colours, how many seats they had. Every now and again I’d ask him “What else?” and he’d tell me more about the coaches. He had a lot to say about coaches.

After a while, I told him we were going to offer compliments. I complimented him on his bus knowledge and on how he’s done his part in our meeting, answering loads of questions, keeping going. I asked him to compliment himself and his mum to compliment him. I told him I was going to give him a job to do, a noticing job.

“Joe, I’d like you to notice something over the next few days and I’m going to ask you about it when we meet next week. I’d like you to notice what’s going well for you. OK? So, what’s your job?”

“Noticing what’s going well?”

“That’s it. And maybe Mrs. Smith (the Assistant working with Joe in school) will talk to you about that and next week I’ll ask you what you’ve noticed. See you next week then Joe.”

“See you next week Geoff.”

Within a couple of weeks Joe was on the playground again. He stopped hurting other children. The staff in school said he was much happier and his mum said he was happier at home too.

On the initial referral it said Joe had a multiple diagnosis of high anxiety, Asperger syndrome, attention deficit disorder and OCD. We didn’t talk about that.

We talked about buses and he stayed on in his school.

Now Jim is twelve. We meet on FaceTime now and again.

At Infant school he kept on with his job of noticing what was going well, he used the scale as I taught him, to get a measure of how things were going for him.

He moved from Infant school to mainstream Juniors. I met him again a few times over the years, at transition and at a time when things were tough at home.

He moved on to mainstream high school, made a great start there but when he whacked someone with his bag the school, who prided itself on their work with children with additional needs, excluded him because physical contact was categorised as ‘violence’ on the behaviour policy menu and said he had to be excluded. That hurt him deeply. But he recovered, even though now he thought they didn’t like him and when he

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made another mistake they excluded him again. He and his mum lost faith in the school. He has moved to a small specialist school now and tells me he's happy there, "battling his fears" as he says.

Strict and stricter

When children misbehave the automatic response in most schools is to press the 'On' button of the Behaviour Management Machine. Start small, reminders and consequences, setting the boundaries so children can learn where they are and where they should be.

But if they don't, refocus on the bad behaviour, try to put a stop to it with stricter reminders, more serious consequences.

If it works, everyone can settle down to the more engaging task of finding out about the world and how it works.

But what if it doesn't work?

There is no disagreement that schools are complex communities, that there have to be agreed ways of living and learning, otherwise there would be a kind of chatty, hopeless chaos, like a game of tag with no rules. And by agreed we mean chosen by the adults as guidelines for children to follow, along the corridors and pathways of becoming themselves and growing to be full members of their communities. So we teach children to follow the rules, give them a gentle nudge when they cross a boundary, help them to know that we know they're on the right side, happy and healthy.

But there's a weakness in the system; the Behaviour Management Machine doesn't have an 'Off' button. The only response the Machine can make when behaviour doesn't change is to re-run the cycle with more energy, more serious punishment.

And if that doesn't work? Back to me in the old days, without a clue what to do.

Rats

The old-fashioned Behaviour Management Machine needs updating. It was designed in the days when cars had scary self-steering cross-ply tyres, when drivers saw new-fangled seat belts as a limit to their freedom rather than as a simple way of avoiding serious brain injury. In the days when separating a child as a person from their behaviour, "I like you but I don't like what you're doing", seemed a reasonable thing to do.

At heart I am a biologist and spent the first part of my professional in biological research.

Looking through this lens it seems to me that behaviour policy handed down to schools by Government, guided by their close advisers, is built on the



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assumption that children can be treated as units of production. They rely on evidence generated by 19th and early 20th century investigators attempting to make psychology into an objective, empirical science. These behaviourists, conditioning rats with carrots and sticks to change their behaviour, treated their rodents not as sentient beings but as mechanical devices scooting around their cages and pressing levers for food or getting zapped by electricity. They measured the effects of their experiments by looking for changes in observable behaviour and completely discounted any internal behaviour, like ratty love of sugar or fear of unexpected shocks. My biological self is unsettled by this.

A leader in the field was the psychologist, behaviourist, author, inventor, and social philosopher B. F. Skinner (1904-1990). Around the time of publication of his 1938 book "The behaviour of organisms" he is quoted to have said;

"Give me a child and I'll shape him into anything."

"Behavior is determined by its consequences."

"That's all teaching is; arranging contingencies which bring changes in behavior."

In his 1972 book "Beyond freedom and dignity" Skinner wrote;

"...Aristotle argues that a falling body accelerated because it grew more jubilant as it found itself near home and later authorities supposed that a projectile was carried forward by an impetus, sometimes called impetuosity. All this was eventually abandoned and to good effect but the behavioural sciences still appeal to comparable internal states. No-one is surprised to hear it said that a person carrying good news walks more rapidly because he feels jubilant or acts carelessly because of his impetuosity, or hold stubbornly to a course of action though sheer force of will. Careless references are still to be found in both physics and biology but good practice has no place for them; yet almost everyone attributes human behaviour to intentions, purposes, aims and goals. "

A reviewer of his book, George W. Rogers, noted:

"In B. F. Skinner's "Beyond Freedom and Dignity," he states that people can achieve a better society and greater well-being if we destroy our pretensions concerning the freedom and dignity of man. He explains that man must now take total control of his evolution by consciously designing his entire culture so that it will shape the behavior needed for survival, but that this is hindered by the pervasive belief in autonomous man. Skinner states that we must get out from under this prescientific view of man, the myth nurtured by freedom-oriented literature and other fields of study, and create a behavioral technology.

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.... *The book is commended for its analysis of cultural inadequacies, but it is observed that the author makes his claims with too much finality. The wisdom of following Skinner's total program is questioned.*"

And as for Skinner himself?

He said;

"No one asks how to motivate a baby. A baby naturally explores everything it can get at, unless restraining forces have already been at work. And this tendency doesn't die out, it's wiped out."

But maybe he too could see something in the mist;

"We are only just beginning to understand the power of love because we are just beginning to understand the weakness of force and aggression."

When you do what you did, you get what you got

It is important to bear in mind that this was written over forty years ago and Skinner's exhortation to "get out from under this prescientific view of man, the myth nurtured by freedom-oriented literature and other fields of study, and create a behavioral technology" was made in the absence of scientific evidence available to us now in 2018.

School policies based on reward and punishment rely on operant conditioning to get children to toe the line, sticking solely to the theory that an individual child changes their behaviour in response to the consequences that result from their behaviour.

This is very straightforward. Consequences are common currency in school Behaviour Management language, based on the idea of reward making a behaviour more likely, punishment stopping or reducing a behaviour or extinction, when no consequence happens and a behaviour dies off.

The current Government adviser on behaviour, Mr. Bennett, an ex-secondary school teacher, produced a report last year in which he laid out his scrupulous adherence to Skinner's principles.

([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/602487/Tom Bennett Independent Review of Behaviour in Schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/602487/Tom_Bennett_Independent_Review_of_Behaviour_in_Schools.pdf))

- 1) 'Behaviour is any action performed by any member of the school community in classrooms and all public areas'
- 2) 'Behaviour' includes all exhibited good and bad behaviour which must be reinforced by reward and punishment.

Reward and punishment, the twin pearls of consequence

Dr. Bill Rogers (Bill Rogers 2015 (4th edn) "Classroom behaviour" SAGE), a respected behaviour expert and psychologist, has been writing about the value of consequences for many years, as a natural part of the learning process. He talks in detail about how to make beneficial use of small scale consequences in school. When a child gets something right, a minor reward might help them to get it right again, when they get it wrong a minor punishment might encourage them to stop doing it and strategic ignoring might have the same effect.

Bennett (2017) goes further down the consequence path advocating that if a minor adverse consequence fails to stop an unwanted behaviour, increasingly more severe punishment should be applied, in the form of social isolation, detention, temporary exclusion and ultimately permanent exclusion.

In agreement with this others have adopted punishments defined and developed in their Behaviour Policy in exhaustive detail and affecting children and their parents and carers, for example, (taken from a web-published Behaviour Policy);

PREEMPTION

All Year 7 pupils are explicitly taught, and deliberately practice our silence, entrance, exit and toilet routines and rules in their first week (.....)

All teachers pre-empt any off- task behaviour in lessons, so that 100% of pupils are on task for every task in every lesson.

Teachers insist on one voice in the classroom for instructions, explanations and discussions, and silence for reading, writing and practice.

As soon as any slouching, daydreaming, non-tracking or distracting occurs, teachers swiftly use these preemptive reminders

ISOLATION

Internal Isolation from 7.30am-4.45pm is for at least 1 day. The amount of days spent in Internal Isolation is at the Headmistress' discretion:

1. Failing to attend lunch time or after school detention
2. Failing to complete Senior detention
3. Serious misconduct
4. Severe refusal to follow instructions
5. Arriving in incorrect uniform / with an inappropriate hair style



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6. Major corridor misbehaviour (e.g. pushing, tripping, shouting, kicking)
7. Failing to attend or complete Saturday detention
8. Discrimination to another pupil
9. Major incident, or damaging the school's reputation
10. Possession of forbidden items
11. Kissing teeth or tutting
12. Disrespectful behaviour towards a member of staff
13. Play fighting
14. Absconding from after school detention (II extended to 6.00pm)
15. Receiving 6 or more detentions in one day
16. Multiple oncalls in one day
17. Failing to attend compulsory Hegarty or Reading Club
18. Extremely Bad reactions
19. Swearing- verbal or in writing

Governors' Hearing & Permanent Exclusion is for:

1. Persistent refusal to follow school rules of school rules
2. Persistent disruptive behaviour
3. Persistent attitudes or behaviour which are inconsistent with the ethos of the school
4. Extreme defiance
5. Extreme rudeness
6. Possession or use of weapons
7. Malicious accusations against a member of staff
8. Supply, possession or use of certain drugs and solvents or their paraphernalia or substances intended to resemble them and alcohol and tobacco

9. Other serious misconduct toward a member of the school community or which brings the school into disrepute (single or repeated episodes), on or off the school premises

Exclusion can also be used where one of the following is evident:

1. Parental breach of contract with the school
2. Parents causing serious or repeated nuisance on the school premises, acting aggressively towards staff (including via social media or electronic communication) or bringing the school into disrepute
3. Serious disagreement (on the part of the parents or the pupil) with, or contravention of, the school's policies on social inclusion, diversity or equality" (unattributed)

This refers directly back to Skinner's ideas;

““Behaviour is determined by its consequences.”

“Give me a child and I'll shape him into anything.”

“That's all teaching is; arranging contingencies which bring changes in behavior.”

Bennett helps to make things clear us (Twitter March 29 2018);

“ I think the aspiration to lower rates of exclusion is noble, but it has to be achieved naturally - by reducing the need to exclude - rather than artificially simply “not excluding”. People who campaign for that reveal an unfamiliarity for how school consequences work. If you close the pipe at one end, it backs up, dissolving the capacity to hold the line on behaviour. In other words, it's a terminal destination consequence in a consequence system. It's (sic) loss affects every part of the machine.”

Mechanical consequence systems as Bennet and others advocate are easy to understand, even by people campaigning for an end to exclusion like myself, given the strong metaphor of the blocked pipe. Exclusion, as “terminal destination consequence” is positioned as being the necessary end point in a system built entirely on behaviourist theory as the only available and effective approach. If punishment fails to reform a child, operant conditioning has nothing else to offer and exclusion is proven to be necessary. Throughout the process the child as an emotionally sensitive being, easily hurt, potentially damaged by fear, segregation and isolation, is sidelined. This approach ignores the evidence that strong rewards and punishments cause unwanted side-effects, (Kohn, A. 1990) but it is seen as logical for a ‘consequence system’ to step up the punishment as a child moves along the pipeline towards exclusion. In some schools, as we have seen, punishment is being

promoted as the silver bullet without regard for the child as a person and how coercion and unregulated control affects their mental health and wellbeing.

(Kulz C. in press)

“That's all teaching is; arranging contingencies which bring changes in behavior.”

Skinner

The evidence is piling up in favour of returning the child to the equation and re-engaging them with their own future through the forging of relationship. My own work (James 2016) in Lincolnshire, Norfolk and Yorkshire, training school staff and support workers as Solutions Focused Coaches to actively promote inclusion, is an expression of a change in perspective, a paradigm jump. No more rats.

Children's mental health and wellbeing is too important for that and too important to be left to systems which depend for their effectiveness on the intentional doing of harm. We have a much greater understanding of how coercive control, conditioned fear and the resulting loss of agency and the safe space that all children need in which to grow and be healthy puts children's mental health at risk. The most significant factor is the context, overwhelmingly more important than genetics and expressed in relationships. Explaining behaviour requires interdisciplinary collaboration, involving neurobiology, anthropology, molecular biology, psychology and physiology, making the appeal to last century psychology only, look weak. (Sapolsky 2017)

Does this push for change feel like the loss of control and triggering chaos in the absence of tight discipline as its proponents claim? It certainly would do if all that was on offer by myself and others who've made the leap, were naive ideas about the innate niceness of children and their drive to be good being all we need in the post-punishment world. It would be understandable, if that were the case, why some folk might cling to the old Behaviour Management Machine and tell us that all we must make it work better by making it more powerful.

But reassurance is there by this new thinking being backed up by a clear structure of its own, thought out and systematic.

And the intended outcome? No more getting stuck, less anxiety, more happiness, more health. For children the adults who care.

References:

de Shazar S. (1994) "Words were originally magic" Norton New York and London

James G (2016) "Transforming behaviour in the classroom; a solution focused guide for new teachers" SAGE London and New York

Kohn, A. (1990) "Punished by Rewards: The Trouble with Gold Stars, Incentive Plans, A's, Praise, and Other Bribes" Mariner Books

Kulz C. (in press) "Factories for Learning: producing raced and classed inequality in the neoliberal academy school" Research Monograph, Manchester University Press) Rogers,

Carl (1983) "Freedom to learn for the 80s" Merrill Columbus, Ohio

Rogers Bill (2015) (4th edn) "Classroom behaviour" SAGE London and New York

Sapolsky, R. (2017) "Behave: The biology of humans at our best and worst" Penguin Press New York

Evaluating Changes: 'Bamboo' - a framework for measuring Social Emotional Mental Health in Schools

Larissa Sherman, Head of Therapy, London South East Academies Trust (Bromley Hub)

The Growing Network approach

The government, NHS and education sector have increasingly advocated the importance of educational services prioritising mental health¹ as “over a quarter of young people referred to specialist mental health services are not accepted for treatment”².

We know that mental health influences a child’s ability to learn, their relationships, communication and interaction, sense of self-worth, hope for the future and resilience. Each of these areas has a symbiotic relationship.

Increasingly, in the field of psychiatry, there is a network approach to considering mental health conditions. A useful analogy is of a grouping of bamboo shoots and roots³. This plant system is an intricate network that grows and reinforces itself. Similarly, mental health symptoms can impact, create and reinforce other co-morbid symptoms. Therefore, we increasingly treat mental health difficulties with a symptom network approach. Similarly, we can approach our goal of creating mentally healthy schools and communities by thinking about holistic interaction.

¹ Department of Health & Department of Education, *Transforming Children and Young People’s Mental Health Provision: A Green Paper* (UK Parliament, 2017).

² Emily Frith, *Access and Waiting Times in Children’s and Young People’s Mental Health Service* (Education Policy Institute, 2017), 6.

³ Nick Haslam, ‘All tip, no iceberg: a new way to think about mental illness’ (The Conversation, 2017) <<http://theconversation.com/all-tip-no-iceberg-a-new-way-to-think-about-mental-illness-80756>>.



<https://www.bambooaustralia.com.au/bamboo-running-species/>

The National Institute of Care Excellence guidelines⁴ point to an evidence base for schools supporting mental health of students through a network approach of curriculum, school policy, parental engagement, staff training and student interventions.

The context of our bamboo plot

We are a group of schools that provide specialist provision - both Pupil Referral Units and Social Emotional Mental Health Special Schools for those with EHC Plans that indicate Social Emotional Mental Health as their primary need.

Students arrive at our schools with complex vulnerabilities - their wellbeing and mental health is often compromised and many face additional economic, SEN and social/environmental risks alongside a high percentage who are looked after or have experienced developmental trauma. Many of the families we work with have been

⁴ National Institute of Care Excellence Guidance, 'Social and emotional wellbeing in primary and secondary education'. (NICE, 2008) <<https://www.nice.org.uk/guidance/ph12>> .

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unemployed for 3 generations. Disenfranchisement with services and multi-generational resistance to the education is often a wider context. Mental health and wellbeing is a very clear direction of focus for us. However, due to the network impact of mental health and the fluctuation of wellbeing throughout our lives, prioritising robust frameworks of support is essential in any organisation.

The Roots

Over the past two years our trust-wide therapy and wellbeing team have become integrated into the schools' policy, structure and practice. Leadership has enabled enhancement of therapeutic provision and support for all stakeholders, a staff training program, creation of new policies and an enriched SEMH curriculum.

Positive outcomes to organisational culture are reflected in an average reduction of fixed term exclusion incidents by 40%, reduction of positive handling by 35% and an increase in attendance and academic achievement. We also had student, staff and parent voice expressing the valuable impact of therapeutic interventions. However, there was no tool to routinely capture subtle and nuanced SEMH changes for individuals over time.

Our therapy team of HCPC accredited Dramatherapists created content to assess formative, qualitative observations and changes in SEMH. This has been integrated into a customised framework (www.sstracker.co.uk) with the support of an IT company *Mime Consulting* who have delivered the style and functionality of the software. As we have trialled its use, data capabilities have been amended with feedback from professionals across all levels of leadership and from other alternative provisions. The tracker has fed into new SEN processes in the borough as well being recognised as having potential to move the school towards 'outstanding' by external reviewers. 'Bamboo' as we have coined our framework, has been built on a philosophy that takes into account these foundational beliefs:



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-Social emotional mental health affects every aspect of a person's life. It is an interlinked network.

-Hope and positive regard is central to the assessment framework. Every individual has the capacity to develop stronger SEMH.

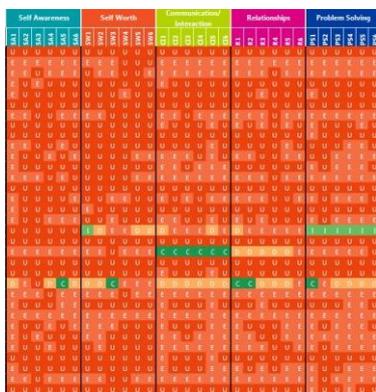
-SEMH is a continuum throughout our life; it is always changing and shifting.

-As a school, we have a responsibility to be assessing, planning and delivering appropriate interventions and responses to meet changing SEMH symptoms/needs.

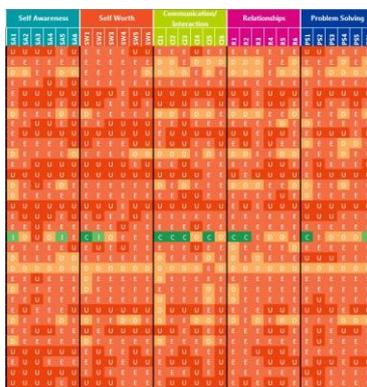
-SEMH data is incorporated into regular reporting as it is a foundation to learning, education and understanding the whole child.

The 5 development strands are Self- Awareness, Self-worth/Self-Respect, Relationships, Communication /Interaction and Problem Solving/Resilience. These strands have been chosen as they are key interpersonal traits¹ that recognise the internal and external world of the student as central to SEMH. Each development strand has statements assessed within the social school environment by a consistent, diverse group of professionals on a quarterly basis. The software generates visual representations of those changes over time or captures information at a particular point in time (both strengths and struggles).

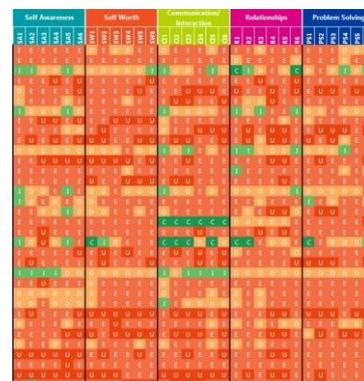
Baseline 1.0



Autumn Term 1.1



Spring Term

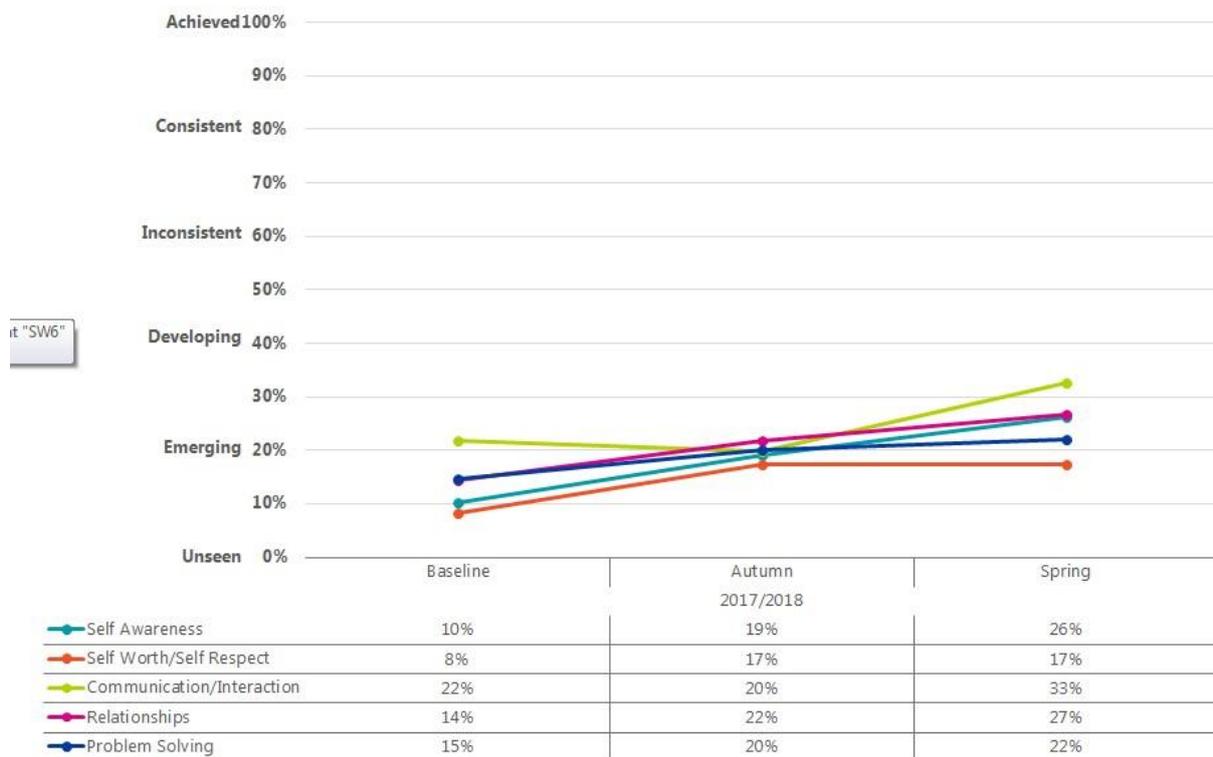


Heat graph of a student cohort at baseline (1.0), Autumn Term (1.1), Spring Term (1.2). The more green an area becomes, the more it has developed. Across the cohort, on average, there has been progress at each assessment point.

New Shoots: Examples in Practice

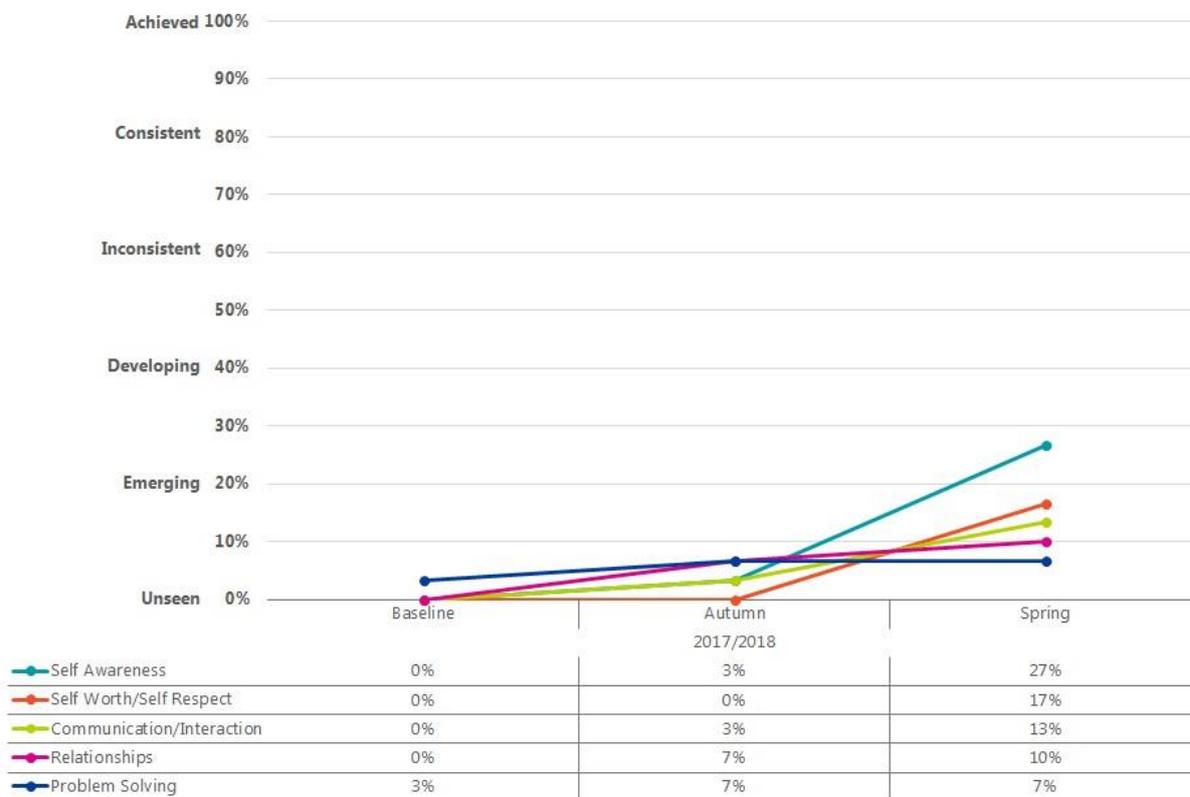
The data allows us to identify gaps and patterns, which in turn, inform us of school wide or specific interventions to initiate. In Autumn 2017, at one school, we noticed that girls had decreased since initial baseline in areas of communication/interaction. Those girls were offered a social music therapy and art therapy intervention. Since putting the interventions in place, this development area has improved.

A complete history of assessments for the 5 competency strands and overall assessment for the selected group.



Girls SEMH changes from September 2017-Spring 2018. In autumn term there was a noticeable decrease in Communication/Interaction. Social group music therapy & art therapy was put in place.

For an individual student, who had a significant family trauma that occurred at the end of the autumn term, he often presented as destructive to property, disassociated from consequences and unwilling to identify his feelings. Staff members liaised with his CAMHS psychiatrists and care team, put in place 1:1 dramatherapy, staff members also did psychoeducational work around identifying feelings, added sensory exploratory engagement to his routine and continued to engage family in attachment work. At the end of spring term, his capacity to express self-awareness in the school context increased and this could also be seen reflected in the SEMH Tracker system alongside improvements in areas of relationships, communication & interaction, self-worth/self-respect.



SEMH changes Baseline-Spring Term 2018 for an individual child. Interventions were engaged with after the autumn term.

Future Growth

By acknowledging that mental health symptoms, lived experiences, communities and organisations exist with interdependence – as a network – there is a scope for research and analysis offered by this tool. The framework creates a shared language between professionals and stakeholders. It also prioritises SEMH changes alongside academic ones. The framework can be used to celebrate progress and change with staff, students, parents/carers and external agencies to reinforce the team network approach. This tool will support clarity in assessment of individual/group needs, enhance staff confidence to understand and support the link between symptoms of SEMH and review intervention efficacy.

We are interested in sharing this 'Bamboo' framework and philosophy for SEMH and its capabilities to celebrate the impact that schools, services and staff teams working collaboratively can have. It has potential to shape how we integrate, conceptualise and value SEMH as central within education sectors.

The Impact of Social Media on Mental Health

Jonathan Glazzard

Introduction

This report considers the impact of social media on young people's mental health. It addresses both the positive and negative impacts of social media on young people's lives. In addition, it considers the responsibilities of social media companies, schools and parents in promoting the skills of digital literacy, digital citizenship, digital resilience and minimising exposure to harmful content.

The current context

According to the Office for National Statistics [ONS] (2016) the proportion of people using the internet daily rose from 35% in 2006 to 82% in 2016 and the use of social media has risen broadly in line with internet use. Social media has revolutionised the way in which we interact, and it has become an integral part of young people's lives (Royal Society for Public Health [RSPH], 2017). Many young people are digital natives; they have never known a world without instant access to the internet. Whilst this presents exciting opportunities for academic, social and identity development, nevertheless, it is a concern that social media has been described as more addictive than cigarettes and alcohol (Hofmann et al., 2012) and it is also worrying that an increasing number of young people experience anxiety and nervousness when they are offline (Frith, 2017).

The 16-24 age group are the most active social media users with 91% using the internet for social media (ONS, 2016). Facebook is the most common platform, followed by Google+, LinkedIn, Pinterest, Instagram and Snapchat (RSPH, 2017). More than a third (37.3 per cent) of young people aged 15 in the UK are classified as 'extreme internet users'. This is defined by the OECD as a young person who uses the internet for more than six hours outside of school on a typical weekend day (cited in Frith, 2017). Evidence suggests that an overwhelming majority (94.8%) of young people aged 15 in the UK used social media before and after school in 2015 (OECD, 2016).

Research indicates that young people's online activity is becoming increasingly private (Frith, 2017). It is conducted in their own bedrooms or via a personal smart phone, thus making it more difficult for parents to monitor their children's online activity. Instant messaging via

social media platforms has grown in popularity amongst young people (Frith, 2017) and this has also made it increasingly difficult for parents to monitor online activity.

Whilst this may be a cause for concern, consideration should be given to the benefits of social media use for young people.

The benefits of social media and internet use

Young people use social media and the internet for a variety of purposes including forming social connections, seeking support with homework and seeking advice (Frith, 2017). Evidence suggests that young people with mental health problems often turn to social media and the internet for support and advice (Frith, 2017). Whilst the negative impacts are well documented (Frith, 2017; RSPH, 2017) it is important to remember the power of the internet and social media to enrich people's lives. Through various platforms young people can access a wealth of resources and communication opportunities which would otherwise be restricted due to financial, geographical, social and cultural constraints. Young people who withdraw themselves from the online world due to negative experiences limit themselves from enriching opportunities which can support their academic, social, cultural, political and identity development. Social media can act as an effective platform for positive self-expression, allowing young people to project a positive identity (RSPH, 2017). In addition, social media allows minority groups such as young people who identify as LGBTQ+ to connect with each other and build a sense of community, despite geographical separation (Russel and Fish, 2016). There is also evidence to suggest that strong friendships can be enhanced through social media interaction (Lenhart, 2015).

The negative impacts of social media

Research suggests that excessive internet use can have a detrimental impact on life satisfaction (OECD, 2016). The Office for National Statistics has also found an association between longer time spent on social media and mental health problems; 27 % of young people who engage with social networking sites for three or more hours per day experience symptoms of mental ill health compared to 12% of children who spend no time on social networking sites (ONS, 2015). Research suggests that young people who are heavy users of social media are more likely to report poor mental health, including psychological distress (cited in RSPH, 2017). Seeing other people online leading idealised lives can result in unhelpful comparisons which can result in feelings of inadequacy, anxiety, self-consciousness, low self-esteem and the pursuit of perfectionism (RSPH, 2017). There is

an association between sleep and mental health. Poor mental health can lead to poor sleep quality and poor sleep quality can lead to poor mental health (cited in RSPH, 2017). Several studies have shown that increased social media use is significantly associated with poor sleep quality in young people (Scott et al., 2016). Using social media on phones, laptops and tablets at night before going to sleep is also linked with poor sleep quality (Woods and Scott, 2016; Xanidid and Brignell, 2016).

There is a paucity of research on the impact of social media on young people's body esteem. Research has shown that when young females in their teens and early twenties view Facebook for only a short period of time, body image concerns are higher compared to non-users (Tiggeman and Slater, 2013). The popularity of selfies, the abundance of photoshopped images of celebrities and the prevalence of beautiful bodies can result in lower body esteem and body surveillance (Frith, 2017).

The growth of websites which normalise self-harm and eating disorders promotes unhealthy behaviour. Additionally, the popularity of websites which live stream distressing content, including the live streaming of suicide, is particularly worrying. Online gaming sites which expose young people to violent and sexualised content is also a concern.

Cyberbullying is a serious problem which takes a variety of forms. Evidence suggests that it is increasing and that it has a negative impact on young people's confidence and self-esteem (Frith, 2017). Victims respond in a variety of ways; younger children are more likely to talk to their parents, whilst older children may talk to their friends. Young people need to develop the digital skills to protect themselves, such as blocking users or updating their privacy settings.

Fear of Missing Out (FoMO) is linked to higher levels of social media engagement, thus the more an individual uses social media, the more likely they are to experience FoMO.

Research suggests that FoMO is associated with lower mood and lower life satisfaction (Pryzbylski et al., 2013).

Recommendations

The Internet Safety Strategy (HM Government, 2017) emphasises the importance of developing the following in young people:

- Digital literacy: the ability to be able to critically evaluate content and learn key skills to stay safe online;

- Digital citizenship: knowledge of acceptable and unacceptable online behaviours and the impact of their online behaviour on others;
- Digital resilience: knowing how to seek help, learning from and recovering from experience.

Schools should provide an age-appropriate curriculum to young people which focuses on developing these skills. All schools should have appropriate filters and monitoring systems to keep children safe online. Schools should respond to all forms of bullying (online and offline) which take place outside of school in addition to responding to bullying which takes place in school. Schools should also consider the positive impact that peer-peer support can have by developing anti-bullying digital ambassador schemes.

Parents also play a critical role in establishing rules (such as setting time limits), monitoring their child's online activity, talking to their child about online safety and installing filters.

Restricting access to social media may not be an appropriate solution because this restricts the development of digital skills which children will need to stay safe online. Schools can play an important role in developing parents' knowledge and skills in internet safety so that they are able to provide appropriate support to their child.

The digital industry also plays a critical role in promptly reporting abuse, removing inappropriate content and suspending the social media accounts of perpetrators. App store providers should build in safety features from the outset to prevent children's exposure to harmful content. Interrupting the user's experience in response to inappropriate searches is also one way in which the digital industry can respond.

What is clear is that the way in which young people interact with technology is continuing to change (Frith, 2017). Everyone has a right to be online and to experience the numerous benefits that this brings. It is everyone's responsibility to ensure that children and young people are protected from harm by reporting and challenging abuse. Whilst it might not be possible to eradicate harmful content, educating children and young people about their responsibilities as digital citizens and providing them with the skills to enable them to critically evaluate content are appropriate ways of responding to some of the challenges outlined in this report. Additionally, developing children's digital resilience will help them to bounce back from negative experiences. Schools and parents play an equal role in supporting the development of these skills. The digital industry also plays a significant role in protecting children from harm. Behaviour which is not tolerated offline should also not be

tolerated online. Thus, the right of individuals to lead a digital life must be balanced against the extent to which they fulfil their responsibilities as digital citizens to the digital community.

References

Frith, E. (2017), *Social Media and Children's Mental Health: A Review of the Evidence*, Education Policy Institute.

Hofmann, W. Vohs, D. Baumeister, R. (2012). *What people desire, feel conflicted about, and try to resist in everyday life*. [Accessed April 18] Available from: <http://journals.sagepub.com/doi/full/10.1177/0956797612437426>

HM Government (2017), *Internet Safety Strategy – Green Paper*, HM Government.

Lenhart, A. (2015). Chapter 4: Social media and friendships. [Accessed Apr 17] Available from: <http://www.pewinternet.org/2015/08/06/chapter-4-social-media-and-friendships/>

Office for National Statistics (ONS) (2015), *Measuring National Well-being: Insights into children's mental health and well-being*. [Accessed April 18] <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-10-20>

OECD (2016), PISA 2015 Results *Students' Well-being, Volume 111* <http://www.oecd.org/edu/pisa-2015-results-volume-iii9789264273856-en.htm>

Office for National Statistics (ONS). (2016). *Internet access – households and individuals: 2016*. [Accessed April 18] Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2016>

Pryzbylski, A. Murayama, K. DeHaan, C. Gladwell, V. 2013. Motivational, emotional and behavioural correlates of fear of missing out. *Computers in Human Behaviour*. Volume 29, Issue 4, July 2013, Pages 1841–1848. <http://doi.org/10.1016/j.chb.2013.02.014>

Royal Society for Public Health (RSPH) (2017), *#StatusOfMind Social media and young people's mental health and wellbeing*, Royal Society for Public Health.

Russel, S. and Fish, J. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annu Rev Clin Psychol.* 2016 Mar 28; 12: 465–487. Published online 2016 Jan 14. doi:10.1146/annurev-clinpsy-021815-093153

Scott, H. Gardani, M. Biello, S. Woods, H. (2016). Social media use, fear of missing out and sleep outcomes in adolescents. [Accessed Apr 18] Available from:
https://www.researchgate.net/publication/308903222_Social_media_use_fear_of_missing_out_and_sleep_outcomes_in_adolescence 31.

Tiggeman, M. Slater, A. (2013). The internet and body image concerns in preteenage girls. *The Journal of Early Adolescents*, Vol 34, Issue 5, pp. 606-620.
10.1177/0272431613501083 39

Woods, H. Scott, H. (2016). #sleepyteens: Social media use in adolescence is associated with poor sleep quality, anxiety, depression and low self-esteem. *Journal of Adolescence* · August 2016 DOI: 10.1016/j.adolescence.2016.05.008 32.

Xanidid, N. Brignell, C. (2016). The association between the use of social network sites, sleep and cognitive function during the day. [Accessed Apr 18] Available from:
<http://www.sciencedirect.com/science/article/pii/S0747563215301357>

Child Mental Health: A Whole-School Approach

Jonathan Glazzard

Introduction

This paper considers the role of schools in supporting children and young people's mental health. Whilst it must be acknowledged that education professionals are not experts in health matters, schools can play an important role in promoting positive mental health. A whole school approach to mental health should reduce the numbers of young people requiring specialist provision from the health sector. Schools already play a critical role in identifying needs and providing young people with appropriate support. There are examples of best practice across the sector which need to be disseminated more widely. However, supporting children and young people in need is only part of the solution. Effective whole school approaches to mental health promote positive well-being and develop mental health literacy in all members of the school community. This paper addresses the eight principles of the whole school approach identified by Public Health England (PHE, 2015).

Leadership and management

Mental health provision in schools is more likely to be effective when the mental health of all children, young people and staff is given high priority by the school leadership team. The recent Green Paper *Transforming Children and Young People's Mental Health Provision* (DoH/DfE, 2017) highlights the importance of the leadership and management of mental health provision in schools through the recommendation that all schools should have Designated Senior Leaders for Mental Health. This is a specialist role which should have parity to the role of the Special Educational Needs Coordinator (SENCo). Thus, the role should be given to individuals who have undertaken specialist training in mental health which is accredited at level 7 of the National Qualifications Framework. In addition, the Department of Health and Department for Education should consult the sector to develop a set of standards to be associated with the role. Like health professionals, such as counsellors, who benefit from mandatory professional supervision, the school mental health lead should be provided with regular supervision from an appropriately qualified supervisor who is external to the school. These policy recommendations help to signify the importance of the role and ensure that a minimum standard of service is provided across the school sector.

The Senior Leader for Mental Health would be responsible for developing universal provision for mental health, not just for children and young people in need, but for the whole school community. They would be responsible for developing policies and improvement plans to

support the implementation of all elements of the whole school approach outlined in this report.

All schools should demonstrate their strategic commitment to mental health by appointing a named Governor who would hold responsibility for monitoring the quality of the mental health provision across the school. The Mental Health Governor would be responsible for holding Designated Senior Leaders of Mental Health to account.

School ethos and environment

Research demonstrates that the physical, social and emotional environment in the school impacts on young people's physical, emotional and mental health and wellbeing as well as impacting on academic attainment (Jamal et al., 2013). In addition, research suggests that relationships between staff and students, and between students, are critical in promoting student wellbeing and in helping to engender a sense of belonging to the school (Cemalcilar, 2010).

Key to this strand of the whole school approach is the need for schools to promote a safe environment for all members of the school community. School leaders should promote an environment which facilitates mutual respect. Policies and practices should be developed for supporting behaviour for learning and all forms of bullying should be challenged and addressed in accordance with school policies. In addition to ensuring the safety of all members of the school community, schools should develop proactive responses by educating children and young people about bullying, discrimination and diversity to prepare young people for their responsibilities as citizens to the diverse communities in which they live. Schools should develop policies and practices which promote student voice and all adults should adopt the principle of unconditional positive regard to all children and young people.

Curriculum, teaching and learning

The personal, social and emotional (PSE) curriculum in the school can impact positively on young people's health and wellbeing as well as providing them with the skills they need (Durlak et al., 2014; Goodman et al., 2015). A comprehensive PSE curriculum should educate young people about how to recognise and manage their feelings, how to cope with conflict and how to support others who might be in need. Schools should provide a curriculum which develops children's mental health literacy skills. This should cover a range

of mental health needs including managing anxiety, stress and depression as well as more serious needs such as eating disorders. In addition, all young people should be taught to develop their resilience to adverse situations.

Schools should ensure that all young people are taught about online safety. A digital curriculum should address themes such as cyberbullying and the risks associated with sharing personal information online. The digital curriculum for older children should address themes such as online dating, grooming, sexting and pornography and revenge pornography. All schools should develop a digital curriculum which addresses the development of digital literacy skills, digital resilience and digital citizenship.

As well as addressing mental health content discretely schools should embed mental health throughout the curriculum. Subjects such as art, drama, music and English provide rich opportunities for learning about mental health. Providing children and young people with a broad, rich and relevant curriculum (including extra-curricular activities) which meets their needs is essential for promoting motivation and wellbeing.

The physical education curriculum should provide children and young people with opportunities to participate in team sports or individual sports (such as boxing or climbing). These activities will allow young people to develop their resilience as well as having a positive impact on their physical, social and mental health.

Student voice

According to Public Health England (2015) 'Involving students in decisions that impact on them can benefit their emotional health and wellbeing by helping them to feel part of the school and wider community and to have some control over their lives' (p.14). Schools should ensure that children and young people have appropriate channels for expressing their views. They should be consulted about curriculum, learning and teaching, behaviour and assessment policies so that they are able to influence developments which may impact on their wellbeing. Schools should also provide opportunities for children and young people to form social networks, for example networks for minority groups and monitor the impact of these networks on their wellbeing, attendance and academic achievements.

Staff development, health and wellbeing

All staff in school should be provided with training on how to identify and support pupils with mental health needs. The Designated Senior Lead for mental health should be trained in all

aspects of the whole school approach. The nominated school governor for mental health should be provided with mental health training to develop their knowledge, skills and understanding of a complex area. Some schools are developing innovative peer mentoring schemes where older peers support younger students with mental health needs after they have undertaken a programme of training. These schemes can develop both leadership skills and mental health literacy in peer mentors and young people with specific needs can be supported by another young person who can offer informal support and advice.

Identifying need and monitoring impact

Identification of needs in schools is often unsystematic and relies on children and young people demonstrating symptoms. Once these have been identified, the need is then targeted through intervention programmes to address the need. However, many children who have mental health needs do not demonstrate visible symptoms. This means that needs may not be identified and go unaddressed.

There are validated assessment tools which schools can adopt. These include the Stirling Children's Well-being Scale and the Warwick-Edinburgh Mental Well-being Scale. These assessment tools can be given to all children and young people to provide senior leaders with a more accurate perspective on children's well-being. Whilst these tools are primarily self-assessment tools i.e. they are completed by young people, they do provide an indication of how young people are feeling at a fixed point in time. This provides leaders with schoollevel data which can then be interrogated by demographic information such as gender, ethnicity, disability, sexuality and age. Leaders are then able to identify trends (such as differences in well-being between groups of students and whether well-being is declining, increasing or static over time. Standardised resilience scales are also available, and these can be analysed in a similar way to well-being. Standardised tools for measuring attributes such as self-esteem and motivation can also be adopted to enable leaders to gather a global perspective and to identify children and young people who require specific intervention. The impact of interventions should be systematically monitored using pre-and post-tests. Schools should adopt evidence-based interventions to address the areas of need which have been identified.

Working with parents/carers

Parents, carers and the wider family play an important role in influencing children and young people's emotional health and wellbeing (Stewart-Brown, 2006; NICE, 2013). A wholeschool approach to mental health considers the various ways in which a school has the capacity to support parents through information sharing and small group support. Schools can develop mental health literacy in parents so that they are able to identify mental health needs in their children and provide targeted support where necessary. In addition, schools can also signpost parents with mental health needs to appropriate services so that they get the help they need more quickly. Schools can also provide workshops to parents on a range of topics including anger management, behaviour management and domestic violence. Effective schools have always worked in partnership with parents to secure the best possible outcomes for children and young people. Involving parents in setting targets for the young person, reviewing progress and providing support at home will foster greater parental participation.

Targeted support

Delays in identifying and meeting emotional and mental health needs can have detrimental effects on all aspects of children and young people's lives, including their chances of reaching their potential and leading happy and healthy lives as adults (Children & Young People's Mental Health Coalition, 2012). Schools should work collaboratively with other professionals to ensure that children and young people get the support they need. The school nurse can play an important role in the identification of needs and they can support the referral process where this is deemed necessary.

The proposal to introduce Mental Health Support Teams in the Mental Health Green Paper (DoH / DfE, 2017) is a positive step because it will enable more young people to get the specialist support they need in school (such as counselling or therapy) and it will minimise the number of children who will require specialist support from the Child and Adolescent Support Services. However, it is critical that these roles are filled by professionals who have experience of working with children in school settings and it is essential that these professionals have undertaken a specialist programme of training within specific interventions.

Conclusions

This paper has outlined the way forward for schools in relation to supporting children and young people's mental health. Schools now need to become as skilled in tracking and monitoring children's mental health a similar way to how schools currently track and monitor academic attainment. Providing specialist input for young people with identified needs is necessary but not sufficient. Adopting a whole-school approach will ensure that schools can foster positive mental health for every child and young person.

References

Cemalcilar Z (2010) Schools as Socialisation Contexts: Understanding the Impact of School Climate Factors on Students' Sense of School Belonging, *Applied Psychology*, 59(2), 243272.

Children & Young People's Mental Health Coalition (2012) *Resilience and results: how to improve the emotional and mental wellbeing of children and young people in your school*.

London: Children and Young People's Mental Health Coalition.

Department of Health & Department for Education (2017), *Transforming Children and Young People's Mental Health Provision: a Green Paper*, DoH/DfE.

Durlak J.A., Weissberg R., Dymnicki A., Taylor R., Schellinger K. (2014) The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions. *Child Development*. 82(1), 405-432.

Goodman A., Joshi H., Nasim B., Tyler C. (2015) *Social and emotional skills in childhood and their long term effects on adult life*. London: UCL.

Jamal F., Fletcher A., Harden A., Wells H., Thomas J., Bonell C. (2013) The school environment and student health: a systematic review and meta-ethnography of qualitative research. *BMC Public Health*, 13 (798), 1-11.

NICE (2013) *Social and emotional wellbeing for children and young people*. London: National Institute for Health and Care Excellence.

Public Health England (2015), *Promoting children and young people's emotional health and wellbeing: A whole school and college approach*, PHE.

Stewart-Brown S. (2006) *What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach?* Copenhagen: WHO Regional Office for Europe.

