UNIVERSITY OF ABERDEEN

Investigating the links between mental health and behaviour in schools

Janet Shucksmith * Kate Philip
Jennifer Spratt * Cate Watson

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Executive summary

Chapter 1 Introduction
This study was commissioned in April 2004 by the Pupil Support and Inclusion Division of the Scottish Executive Education Department. The work was undertaken by a group of researchers in the Rowan Group at the University of Aberdeen over a period of approximately 11 months.

Better Behaviour Better Learning (SEED 2001) provides a context for the establishment of the study:

> *2.13 Whether a child 'acts out' (demonstrates bad behaviour openly) or 'acts in' (is withdrawn), they may have barriers to learning which require to be addressed. Children 'acting out' may be aggressive, threatening, disruptive and demanding of attention – they can also prevent other children learning. Children 'acting in' may have emotional difficulties which can result in unresponsive or even self-damaging behaviour. They can appear to be depressed, withdrawn, passive or unmotivated; and their apparent irrational refusal to respond and co-operate may cause frustration for teachers and other children.*

Beyond the association of mental health problems with indiscipline there are other reasons for considering children's and young people's mental well-being. According to Weare (2004a) there has been a paradigmatic shift in thinking about mental health in recent years from a 'deficit to a strength perspective'. The emphasis is now on providing 'mental health promotion for all, family-centred care, early identification and intervention, moving care to natural settings such as schools, and interdisciplinary approaches based on evidence of effectiveness and permeated by a philosophy of continuous quality improvement.' (Weist 2003).

For schools to take on this role of promotion of mental health requires a change in the way schools understand and respond to issues surrounding 'mental health'. However, Weare (2004a) argues that concepts of 'mental health' are not well understood in school, having belonged until recently within a medical discourse. Moreover, she suggests that 'schools often find it hard to see the relevance of mental health to their central concern with learning.' This may in part be related to the unfamiliarity of the language and the tendency for the term 'mental health' to be conflated with 'mental illness' since schools are more familiar with the language of social and personal development and the importance of self-esteem in learning - both important components of mental health and well-being.

Putting schools at the centre of the drive for promotion of mental health among children and young people forms part of the Health Promoting Schools Project of the European Region of the World Health Organisation. The health promoting school's framework is used here to structure the format of this report, by focusing on the three essential elements to a school's operation: ethos and environment; curriculum; partnerships.

This chapter also sketches the policy enactments that support this new approach in both health and social care fields as well as in education.

The research aims which drove the project were to:

1) Review existing literature **exploring the link** between mental and emotional wellbeing and behaviour in schools

2) Identify (from literature review or empirical work) **any particular circumstances or experiences associated with, or leading to, mental and emotional health problems,** that can manifest as behaviour problems in schools

3) Examine the **role of education authorities and their partners** (other statutory and voluntary agencies) **in developing structures, policies or resources** which enable staff to identify links between mental and emotional problems and behaviour and develop appropriate responses

4) Examine whether **any links** between mental and emotional wellbeing and behaviour are **mis-assessed or under-addressed** in schools

5) Conduct research to identify **how schools perceive links** between behaviour and mental and emotional health difficulties

6) Identify what **schools** perceive as **successful responses** to behaviour they believe to be caused by mental and emotional health problems

7) Conduct research to identify **how parents and children perceive links** between behaviour and mental and emotional health difficulties

8) Identify what **parents and children** perceive as **successful responses** to behaviour they believe to be caused by mental and emotional health problems.

Three principal research methods were used in this study: literature review to establish what pre-existing work had to say about the issues highlighted above; telephone surveys undertaken as a scoping exercise with key informants in local authorities, health boards and voluntary agencies with an interest in work on mental wellbeing; and six intensive case studies of a number of interventions aiming to tackle issues of mental wellbeing and discipline.

The case studies selected were:

- **ASSIST** (Aberdeenshire Staged Intervention Supporting Teaching) - an initiative to support classroom teachers dealing with low-level disruption
- **The Place2Be** - a UK charity providing therapeutic and emotional support to children in primary schools
- **Newbattle Integrated Community School Team** -This had developed from the New Community School pilot initiated in 1997 and was based in an area of Mid-Lothian which included areas of poverty and social exclusion. An integrated team headed up by a manager and including a range of professionals was based near a large secondary and worked closely in the school and feeder primaries.

- **East Renfewshire Multi-disciplinary Support Team** - a well established Integrated Community School team which included a youth counsellor and a social worker, and demonstrated a commitment to individual and community well being
- **Clydebank High School Support Services Team** -an extended team in which pastoral care, learning support and behaviour support staff had been amalgamated, together with a group of pupil and family support workers
- **The North Glasgow Youth Stress Centre** - a voluntary organisation working directly on mental and emotional wellbeing and behaviour with young people in three secondary schools and community settings.

Chapter 2 Promoting mental health and emotional well-being through school ethos and environment
This chapter focuses on the effects of the school's culture and environment in determining or transforming attitudes to emotional wellbeing and discipline. This encompasses issues such as relations with parents and carers, relations between teachers and pupils, and the tensions between delivering education in the mass and responding to the needs of individual children.

From the literature review an analysis is derived of how school environments might themselves create or exacerbate problems of wellbeing and indiscipline, together with a look at how the school environment might be theoretically engineered to produce better results. In part B the empirical evidence is used to explore how well Scottish schools appear to be responding to issues of ethos and environment, at least in the eyes of the stakeholders, teachers, parents and children who were interviewed.

In answer to the question, 'How might the environment of the school itself create problems of mental wellbeing and indiscipline?' the literature review reveals a number of important answers. Schools that are poorly embedded in their communities and in which individual teachers have little understanding of the sorts of daily problems being experienced by pupils and their families create a poor basis for establishing a health promoting school. Poor levels of understanding in turn affect the ability of the school to communicate with the parent group. Low levels of interaction between parents and school do not support rapid identification and remediation of problems.

The literature also tells us a lot about how attempts have been made to engineer school ethos to produce better results in terms of wellbeing and discipline. These can range from overarching frameworks like the establishment of tiered response frameworks for classroom incidents of indiscipline, clear models of support for both teachers and pupils, and the importation of additional posts with different professional expertise to more specific schemes hoping to promote peer mediation, pupil participation and so on.

Within the school, the nature of relations between teachers and pupils will become a critical factor in the way in which problems of wellbeing related to discipline are construed. Who is to blame when children misbehave? If the answer is always that the problem is conceptualised as one where the child has deliberately chosen to flout rules or be non-compliant, then discipline structures will be invoked. A recognition that external stressors or aspects of the school's operation itself may have contributed

to, or exacerbated an incident may be used to invoke a more supportive response. Where pastoral and discipline systems are not highly convergent this can lead to huge variability in the treatment of similar incidents, depending on factors like teacher knowledge of pupil and family circumstances, as well as the levels of pressure prevailing in the situation in which an incident occurs.

Schools must have a capacity to identify both general points of vulnerability for individuals or cohorts (like transition between primary and secondary), but also the specific vulnerabilities of groups like looked-after children. Any school in which bullying or racism is tolerated or even implicitly condoned cannot hope to avoid creating its own discipline problems.

The empirical evidence presented here supports the broader findings in the literature review. Knowledge of the catchment and the sorts of social problems that might be encompassed within it was seen as crucial, with commentators making a contrast between urban and rural areas, the latter benefiting from small school sizes and more stable community structures. Links were made from this directly to the ability of parents to be participative in aspects of education. Some commentators felt that the perceptions of schools (and authority structures generally) by some of the most disadvantaged parents meant that some form of mediating service like link workers was very beneficial, giving parents less daunting routes through which to make contact with schools or address school issues in respect of their children's behaviour.

Within schools the same issues of teacher relations with pupils emerged as paramount, but respondents from all quarters acknowledged the very real tensions between meeting the needs of the most vulnerable within a mainstream system largely geared towards the academic requirements of the majority. With schools focusing strongly on attainment, the need to flex the system to make time and space for individual children who were troubled or troubling often proved difficult. Whilst acknowledging that it was not essentially incompatible for a school to aim for academic excellence whilst also operating a strong pastoral system, even critics acknowledged how little 'wriggle room' schools had in the way of teaching resources to take on both roles.

Buying in or attracting additional resource to access support from professionals specifically skilled up to deal with these sorts of issues provided one solution, but only worked at very simple levels if outside help was simply used to mop up problems schools felt too harassed or unskilled to deal with themselves. We return in chapter 4 to these issues of 'ownership' of the problem.

The ethos of the school was also critical in determining casual day-to-day relations between young people and adults. Informal rather than programmed interactions often gave young people an opportunity or window to raise issues which they would not have brought forward in more formal settings. Extra curricular clubs, school trips and outings often allowed teachers to see children in a different way and observe problems that they would not have noticed otherwise. In many instances non-professional support staff in schools can become the first port of call for distressed children, and schools need to be clear about both the value of approachable adults, but also the ways in which they need to be supported to seek out further help for children if necessary.

Finally, there are relatively few examples where young people (or their parents) have much autonomy in terms of seeking help or accessing service. Sometimes protocols of referral are daunting in themselves. Experimental schemes which allow pupils and their parents to self refer have, where managed properly, proved their worth.

In a variety of complex ways school environments are thus a critical element in the development of a school which promotes mental wellbeing and helps deliver some solutions to discipline problems.

Chapter 3 Promoting mental health and emotional well-being through the inclusive curriculum
The curriculum is characterised here as consisting of both process features (related to pedagogy or ways of teaching and learning) and products (specific curricula designed to 'transmit' skills or knowledge).

With regard to process, primary schools may be more prepared to accept the necessity for looking at the ways in which embedded pedagogical approaches can build competences and encourage active learning and good mental health. Teaching approaches like circle time are widely used in a primary setting, but there is also evidence for the effectiveness of very targeted schemes for the most vulnerable, such as nurture groups. Secondary schools are often resistant to reviewing the pedagogical process and even the advent of new community schools has not appeared to shift the entrenched position of many, where a transmission metaphor underpins the dominant mode of teaching and learning.

Curriculum products designed to produce better mental health tend to be invested in the Personal and Social Development silo of secondary teaching. Here, marginalised by its status as a non-examinable subject and not always commanding the loyalty of those drafted into teaching in this area, they often fail to impress. Properly managed and effectively run, they can be seen to achieve more, but it is notable that young people, when asked, seem to value most those curricular offerings in this area that emphasise young people's own role in setting the agenda and which encourage active learning and a more holistic approach.

In relation to the transmission of explicit knowledge and skills about mental health, opinion divides around whether the appropriate focus is prevention (of ill-health) or promotion (of mental wellbeing). Experts also disagree about the virtues of universal versus targeted programmes. The former are non-stigmatising, inclusive and so on, but the 'dosage' is so low and so diffuse that it is relatively impossible to show 'effect' in research terms. Targeted programmes find it easier, if well engineered, to demonstrate gains for troubled young people, but at the cost of labelling and segmenting the youth cohort.

Some curriculum designers have attempted to produce materials that will combine process and product, thus focusing strongly not just on what is taught but how it is taught. The MindMatters programme is examined as a specific example of this approach. Early evaluation of the effectiveness of this programme is encouraging, but inevitably, the devil is in the detail. The level of commitment with which the programme is implemented clearly impacts on the level of success achieved. There is

no simple 'magic bullet' set of curriculum materials that will improve mental wellbeing for all or even a few without the school having some real commitment to the task.

Empirical evidence is limited in this chapter to what emerged from the scoping surveys and from documentation provided by various agencies. None of the case studies explored curricular interventions. In practice little was heard of universalist curriculum interventions focused on changing ways of teaching and learning. There was however, a considerable array of interventions targeted at specific and vulnerable groups which sought to use different ways of teaching and learning. We speculate that smaller numbers make this possible, but also that the profound difficulties evident in some groups of children clearly demand a different approach of themselves. If traditional pedagogy is failing to engage young people then something else must be tried. In the cases cited in the report drama, storytelling and other forms of active learning were used to engage children and work actively towards the promotion of their mental health. Some of these were designed to explore with children how they might accept their inappropriate behaviour and 'normalise' it.

For the most part curriculum endeavours are focused on product, and most are carried within the school PSD curriculum. External agencies play a large part in delivering more innovative messages and materials on some of the difficult topics related to mental health issues, and interventions were offered both on and off school sites.

Chapter 4 Promoting mental health and emotional well-being through partnership
This chapter has looked at the models of partnership that schools have adopted as part of the response to new policy pressures to deliver more inclusive education and stronger integration with other welfare services.

The review of the literature alerts us to the terminological quagmire surrounding the descriptions of a variety of approaches to multi-disciplinary working in practice. Some inexactitude is probably permissible and even advisable, however, in light of the fact that in most cases agencies are feeling their way towards workable relationships at strategic and practice levels, rather than being required to work to a template.

Literature also alerts us to the tensions of inter-professional working with children – different conceptualizations of the child and his/her competence, different patterns of relationships between child and adult, different protocols for sharing information and maintaining confidentiality. In addition there will always be a tension between what is appropriate pride in having learned to do a skilled and professional job, and an inappropriate and stubborn defence of single ways of working and specific styles of expertise against competing frames of reference from other professional groups.

In this chapter we have used a very simple typology to describe forms of partnership working at practice level as a way of structuring our thinking and the presentation of results:

- **Export problems** off-site by referring troubled or poorly behaved children off for expert services delivered elsewhere or into containment schemes

- **Import skills** into schools to solve problems of mental wellbeing/indiscipline, but devolve authority to another agency or professional group
- **Retain ownership** of 'problem' in school, importing skills and personnel, but using these in integrated service teams to develop new approaches that are embedded in school life.

In practice there is considerable overlap between these categories. In addition, the tendency to see the categories as transitional (with a gradual move towards greater ownership of mental health/discipline issues by schools) may be misleading. Essentially, however, the typology is useful in forcing consideration of the extent to which schools are prepared to locate mental wellbeing/discipline issues in the school environment as well as in the child and his/her family background and to put in place structures which support young people, remediate problems and which operate preventatively. In reviewing the empirical findings from this study we have therefore continued to use this rough typology.

It was interestingly rare to find 'export' models of dealing with mental wellbeing/discipline issues in our data. At strategic level both education and health authority spokespeople noted the need to patrol the actions of schools in referring problems onwards and outwards, and this may still be the first recourse for a school not prepared to review and revise its ways of operating and still resistant to inclusion agendas. At practice level in the case study settings, schools were much more inventive and determined to see what they could do to solve the problems they encountered themselves, whilst acknowledging that for some young people there would always be a need for expert services provided off-site.

Some forms of provision we looked at fell somewhere between a simple export model and that of importing skills, in that teams of skilled professionals from health, social care, youth work and so on had been established to work in tandem with the school population but off-site, on the basis that the school environment itself imposed too many agendas about the use of space, the types of relationships, the assumptions of outcomes etc that would be appropriate within the intervention. Both the North Glasgow Youth Stress Centre case study and that of the drop-in elements of the Newbattle intervention display some of these characteristics.

The modal form of working in partnership within our empirical study was clearly that of importing a mix of skills to address some newly defined and recognised problems. This might involve 'buying in' a complete service, as in The Place2Be example, or establishing a multi-agency team working in parallel with school guidance staff as in the East Renfrewshire example. Such models potentially offered the opportunity to build capacity amongst school staff as well as directly providing new services for young people. In practice, however, some such interventions could be relatively impermeable. They were on-site, but still represented an 'export' model, with little potential for exchange of learning between teachers and other professionals. Even where multi-agency teams operated more openly within schools, their main point of contact was with guidance, discipline or learning support staff, and many class teachers remained at a distance from the interventions. However, this may simply represent the stage to which integrated multi-agency teams have developed thus far, and clearly does not preclude a more gradual drawing in of a wider group of staff nor the intervention having a more profound effect on the life of the school than it might

have hitherto. In the interim – if that is indeed where we are – such imported skill mixes are bringing additional resources to bear and allowing schools to offer a varied and innovative range of interventions that they clearly would not be able to provide otherwise.

Our final category looked at the case where schools eschew imported help and look to find solutions to wellbeing/discipline problems within the school community itself. Only one of our case studies exemplified a form of this, with Clydebank using an integrated team within the school to address many of the problematic issues it faced, although the ASSIST intervention which was also one of our case studies represents a strategic level intervention to support and mentor teachers with respect to classroom discipline issues. The virtues of such an approach are clearly that it represents a statement of ownership of the issue and a commitment to resolving it by reviewing the school and the way it operates in its entirety, rather than looking for quick fixes to solve problems or provide services. The noted resistance of teachers to learn from others, when those others are usually dealing with cases on an individual basis rather than in the group settings which confront teachers might best be countered by learning which takes place within the community of practice.

However, in both the cases cited above, there was no compulsion to participate or be part of the intervention, and the divide between those who wished to buy into the scheme and those who didn't was as marked as in the schools where other professional groups had been brought on site.

Chapter 5 Concluding points

In this final chapter we pick out for comment some of the starker points that arise from the findings from both literature review and empirical work. Generally we have refrained from making recommendations based on these observations

Strategic implementation
- Scoping studies showed huge variation across the country in terms of implementation of new policy imperatives at both strategic and practice levels
- Responsibility for issues related to mental health in schools is spread across different sectors and shared between many disparate posts within sectors. This makes postholders less likely to come together to share information between authorities and also complicates arrangements for joint working with health and social care agencies
- Unfamiliarity or reluctance to engage with the language of mental well being results in a failure to explicitly address the issue in some cases
- How this is interpreted really depends on a political viewpoint as much as anything else. Does it represent a form of chaos which allows some authorities and schools to pay lip service to current rhetoric whilst making only imperceptible progress towards changing fundamental ways of working? Or does it represent an enviable ability of the Scottish government to allow 'local strokes for different folks'?
- We simply observe that what currently exists at both regional and local levels is a form of random experimentation which is not being evaluated in any way that would allow us to decide what is best practice or what is effective. However, we

recognise the importance of local mental health and behaviour support groups and networks as a beginning to this process.

- A national shortage of educational psychologists and CAMHS workers (most acute in areas of greatest deprivation) is putting pressure on schools to develop improved internal mechanisms for supporting pupils, and is altering the relationship with these agencies to one of consultation and partnership, rather than export. In some cases the shortage of specialist staff has given rise to increased capacity of staff as more creative approaches are adopted within schools. However, there remains a tension between the view that "experts" can and should provide magic solutions for troubled children, and the more holistic approach based on whole school responsibility for the welfare of each child.

- Experiments in joint working or service delivery are often initiated using short-term funding streams. This exacerbates the fragmented and chaotic feel of the field and raises major issues about sustainability.

What works?
- It is a natural desire on the part of policy makers to want to know which measures are 'effective', and the pressure for education to develop more evidence based or evidence informed practice exacerbates this trend. However, it is a question which is next to impossible to answer in respect of the issues with which this project deals

- Few interventions in this field are designed to be evaluated. The random collection of 'data' which we observed in many settings is misleading and unhelpful. The complexity of school communities makes it very difficult to establish causal relationships (for example between implementation of intervention and improvement in attendance figures)

- The self evaluations undertaken by commercial organisations funded to deliver service look workmanlike but need to be regarded with a degree of scepticism

- Engagement with practitioner research or action research was limited, yet this could provide a fruitful means of evaluating small-scale local interventions, with minimal disruption to vulnerable participants.

- Complex social interventions are difficult to evaluate without complex (and costly) external evaluation, and their findings are very often overtaken by policy priorities and undermined by political timetables

- However, we cannot demand that the research tail wag the practice and policy dog. There is no point in advocating simpler interventions because they give clearer research outcomes when it is complex interventions that are clearly required

- Evidence points to the synergy that develops when problems are tackled in multiple ways and through a variety of strategies

'Ownership'
- 'Ownership' of mental health/discipline problems came up as an important underlying theme, but after consideration of a three layered model of export, import and ownership, it is clear that this invokes false dichotomies and an unhelpful sense of schools needing to move towards some gold standard model of good practice

- If we remove 'ownership' from its protective punctuation, we can say that for us, it implies:

  - a sense of the school and the individuals that work within it accepting professional responsibility for children's mental wellbeing as part of a general welfare responsibility
  - accepting that some discipline problems may be associated with children experiencing poor levels of mental wellbeing, and not just being bad or naughty
  - acknowledging that there may be ways in which schools themselves contribute to poor levels of mental wellbeing in young people
  - undertaking to review all aspects of the school's ethos and functioning in an attempt to minimise negative impact and improve the positive and supportive things that schools can do.

- This model of ownership chimes with the staged intervention approach introduced by a number of education authorities, whereby schools are encouraged to support low level mental health difficulties themselves, consulting other professionals for support. Import of skilled personnel to work with children and young people is reserved for higher level difficulties, with export of pupils to other facilities is limited the most severe and intractable difficulties, requiring highly specialised, intensive interventions

- It seems clear that no one model of organising a school has a monopoly of virtue in this regard

- Shipping the problems off-site and washing one's hands metaphorically of them is clearly a sign that a school has not accepted ownership of the issue, but – that said – there are occasions when off-site solutions may be attractive and appropriate

- Managing the problem within the school and trying to deal with it only within the standard professional group did not always seem a healthy way of demonstrating ownership. Ownership does not imply sole responsibility for children's troubles, and it seems irresponsible and unhelpful not to attempt close levels of co-operation with parents and with other supportive professionals

- Issues of vocabulary and language impede ownership of this issue in the case of individual teachers. The language of mental health is not one to which teachers readily subscribe, both because it implies a different professional expertise, but also because mental health is often couched in a medicalised way which locates problems in the child rather than examining the socially constructed aspects of mental wellbeing and indiscipline problems

- Successful implementation of the ownership model has considerable implications for the training and support of school staff to develop new approaches to pedagogy, ethos and behaviour management which address the mental health needs of all the children in their charge.

The school environment; external and internal ethos
- A sense of the school and its relation to its catchment seems a critical element where the welfare of children is at the heart of the enterprise. This is an 'upstream' level of intervention if wanting to improve discipline and promote mental well-being, but its importance is fundamental

- Despite the advent of the integrated community school, the community element of the project is often one of the most underdeveloped aspects, particularly in

secondary schools. Some important exceptions to this (as in our East Renfrewshire case study) need to be examined to develop good practice guidelines

- Some of the best examples looked at in the case studies were indeed offering integrated service packages, but the tendency is for these to operate to professional-led agendas, rather than to be community responsive

- Schools continue to face real difficulties in building bridges to communities and particularly to the parents of the most vulnerable children. We are still at the very early stages of understanding how to involve children and parents more meaningfully, or how professionals can interact with each other to deliver support to families and communities

- The use of workers, who are employed outside the traditional professional roles, such as pupil and parent support workers, or family learning co-ordinators, seems to be one of the more successful ventures in being able to provide very disempowered parents with more legitimate voices and routes of access into the school system

- Despite the constraints referred to in this report it is clear that some teachers were skilled at creating good relationships with young people, although externally based professionals and pupil support workers based in schools were generally described as more likely to embody the qualities and to have the remit to foster these and to support young people to develop their own supportive social networks. Fewer opportunities exist within schools for teachers to develop supportive relationships with individual pupils

- In important respects educationalists continue to operate in a very different way from other professional groups, discussing children's cases and deciding their 'treatment' without feeling under any obligation to allow the presence or the voice of child or parent. It is quite difficult to see the justification for professional practices like these which are so out of kilter with best practice in health and social care. These practices often take place at the joint support team meetings which are a multi-agency forum, so within the educational setting the other professionals collude with this

- Ethos issues also operate in respect of the nature and the level of interactions between individuals studying and working in schools. The importance of the teacher-pupil relationship is paramount in promoting well-being. Recent policy changes which place the responsibility for children's happiness and safety in school on tutor group teachers, offering continuity throughout their secondary school career and linking pastoral care with PSD, should begin to address this issue (SEED 2005a)

- Children and young people want to be recognised and responded to as individuals but there is a tension between this and the structure of schools, particularly secondary schools, in which pupils are organised in terms of classes and subjects and everyone is subordinate to the needs of the timetable

- In addition, teachers frequently see their role in terms of the need to 'control' and this creates a tension between the desire to understand a pupil's problems and the need to punish unacceptable behaviour - a tension which may also be present in the pastoral system of guidance and behaviour support

- The emphasis on control means that the problems that come to the attention of the school tend to be those which disrupt learning. Withdrawn behaviours may be overlooked when they do not interfere with teaching.

Ambitious, excellent schools?

- Are attainment agendas and the pursuit of academic curricula incompatible with schools having a strong welfare role? Opinion was divided on this question in the field

- In theory, as some of our respondents pointed out, these are two sides of the same coin. We know that happy well-adjusted pupils learn better, so the pursuit of good mental health need not necessarily be at the expense of good academic outcomes. Similarly, firm but supportive discipline and guidance regimes create the right environment in which children can prosper

- In practice, however, the constraints of the curriculum as it is now largely established in schools, and the regimes of inspection, audit and accounting of school effectiveness make the troubled or non-compliant child a very awkward fit in a system of mass education

- Many commentators spoke of a desire for more flexibility to meet the needs of individuals or groups of children. A 'one size fits all' model is at odds with the need to shift education into a new paradigm where service follows need, rather than the other way around. It was widely held that, such a radical challenge to traditional notions of education would take considerable time to be truly embedded in practice

- There was little evidence of authorities or schools able or prepared to undertake the radical review of curriculum or pedagogic method that might be required to deliver the truly health promoting school

- There is also little evidence of reluctant teachers or head teachers being challenged and called to account for the mental well being of pupils in their charge

- In the interim we have a lot of peripheral changes – usually with respect to the PSD curriculum. Here the involvement of other professional groups seems to offer real benefit, particularly in young people's eyes, but the whole process needs to be carefully managed to deliver most benefit.

Professional partnership

- Inclusion is about schools adapting to meet the needs of a wide range of diverse learners. The change in terminology from 'special educational needs' to 'additional support needs' is intended to accompany a shift in the meaning of participation from a notion of 'readiness to be integrated' to one of 'right to be included'. For this to succeed requires a concomitant shift in attitudes

- Many more pupils are now included in mainstream schools who would formerly not have been there. But this increases expectations of classroom teachers to be able to respond appropriately to diversity and need – including the needs of challenging pupils - and this requires adequate staff development in order to build the capacity of schools.

- Building teachers' morale and confidence has clear knock-on benefits for children's welfare

- The drawing into schools of other professional groups offers the chance both for building capacity on this issue within the teaching group and, of course, providing for young people additional and different services from those which teachers can offer

- An overview would indicate that we have the latter but not the former in most instances. Additionality has been achieved, but it may take time to build capacity in this way
- Some resistance was noted on the part of some teachers to believe that other workers could contribute to their own professional development. Issues of status, professional respect and understanding were widely in evidence, and were exacerbated by geographical and temporal segregation of the different groups
- However it may be important to ensure that interventions are given time to become embedded and evaluated using appropriate methodologies with the target populations as young people move towards adulthood
- At present parallel working is the norm rather than true integration, and there is an argument for saying that more intervention is actually required now in and around schools to lever proper integration before parallel working becomes the new norm and equally difficult to shake
- The development of trust and confidence in one another's competence, the establishment of shared protocols, the drawing in of a wider circle of involved teachers will all take time and must be given time to develop. The political commitment to produce services that follow service users' need rather than professional convenience is a paradigm shift that will take some time to bed down in education
- Attention needs to be paid to the ways in which teachers learn. Mere exposure to the skills of other who interact with children in a very different way will not of itself develop capacity
- Systems of teacher-to-teacher mentoring and support look promising as ways forward, but not all teachers feel able to engage with such scheme
- A management lead in terms of championing the issue and establishing expectations about the role of the competent teacher are necessary prerequisites for engaging staff across the school. Successful joint working is also enhanced by an integrated approach to service management as observed in established ICSs, where a single high profile enthusiast can facilitate firm relationships between professional groups.

1 Introducing the study

Introduction
This study was commissioned in April 2004 by the Pupil Support and Inclusion Division of the Scottish Executive Education Department. The work was undertaken by a group of researchers in the Rowan Group at the University of Aberdeen over a period of approximately 11 months. The research team were advised over this period by the group listed in appendix 1, to whom grateful thanks are due.

In this introductory chapter we sketch out briefly some of the policy background that lay behind the commissioning of this piece of work, before listing the research aims and examining the methods used to conduct the research. Finally we elaborate on the way in which the report is structured.

General background and policy context

Mental ill-health: the extent of the problem
Mental health problems affect us all to a greater or lesser extent. As we go through life it is inevitable that we will suffer stressful experiences that impact on our mental and emotional well-being and may cause us to behave in ways injurious to self or others, whether hitting the gin bottle or the cat. However, while recognising this fundamental aspect of what it means to be human (and thereby avoiding pathologising what are essentially normal experiences), we need to recognise the importance of support in enabling individuals to cope with adverse circumstances. Furthermore, we need to understand that emotional disturbances of childhood 'may not simply reflect a difficult developmental stage, but rather can signal persistent, recurring and ongoing distress' and are linked to adult mental health problems. Evidence suggests this is true even of 'sub-clinical emotional difficulties' (Bayer and Sanson 2003:8).

Recognition of the extent of children's needs in this area is beginning to emerge,

> *'It has only recently become clear that mental ill health among children and adolescents is not confined to only a small proportion of young people, but is surprisingly common. Although mental disorders may not constitute catastrophes that disrupt young people's lives and futures, they cause much suffering, worry and disturbance and they can be precursors of severe disorders in adults.' (World Health Organisation 2004a)*

Worldwide, measures of child and adolescent mental health vary and are influenced by social and cultural factors. There is also a lack of consensus or shared understandings as to meanings (Rowling 2002). However, the World Health Organisation reported recently that 'in many countries 25% of adolescents show symptoms of mental disorder. Different indicators show that as stress increases this leads to depression, behavioural disturbance and suicide.' The Mental Health Foundation estimates that 20% of children and adolescents are experiencing psychological problems at any one time (Target and Fonagy 1996, cited by MHF website). Bayer and Sanson (2003) within the Australian context discuss the difficulties of estimating the prevalence of childhood emotional problems but suggest

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that 'up to one young person in five from the general population has an emotional disorder at some time in their childhood'. They suggest that this may be an underestimate and that evidence suggests that prevalence may be greater among those born more recently, so the problem may increase in the future.

In the UK research indicates a decline in the mental health of children and adolescents over the last 25 years (MHF 1999). However, as West and Sweeting (2003) point out 'conclusive evidence on the issue is actually in very short supply.' One of the reasons for this lies in the methodological difficulties associated with researching this area. Recent research by Collishaw *et al* (2004) draws on data from three large scale national longitudinal surveys over a period of 25 years between 1974 and 1999. Findings indicated increases in conduct problems across all social groups and family types for both boys and girls, more especially for what they termed 'non-aggressive' (stealing, lying, disobedience) than for 'aggressive' conduct problems (fighting, bullying). Their findings indicate that emotional problems ('misery, worries, fearful of new situations') remained stable between 1974 and 1986 but have increased in the period 1986 to 1999, again for both boys and girls. The authors also suggested a link between conduct problems in adolescence and 'multiple poor outcomes' in adulthood. While the research has attempted to overcome some of the limitations of previous studies in this area, for example using comparable measures of mental health over the period of investigation, the findings should still be interpreted with caution.

One difficulty in comparing research findings lies in the way in which mental health constructs are operationalised. Thus, research by West and Sweeting (2003) which measured 'psychological distress' among adolescents in two longitudinal surveys indicated that while such distress has increased significantly for females between 1987 and 1999, and particularly for females from 'non-manual' and 'skilled manual' backgrounds, this has not been the case for males. The authors suggest that this increase is due to cumulative stressors associated with personal factors such as weight and looks combined with increased stress caused by school performance worries.

Suicide rates (for young men in particular) are also on the increase. Coleman (2000) cites figures that indicate a jump in UK rates from 4 young men aged 16-24 per 100,000 in the 1970s to 17 per 100,000 in the 1990s. Figures are worse for Scotland where in 1994 they reached a level of 31 young men per 100,000 of population. Coleman (2000) also reports that attempted suicides or cases of deliberate self harm appear to be increasing. Statistics are unreliable for a number of reasons but the Young People and Self Harm Inquiry (2004) reports that 'more than 24,000 teenagers are admitted to hospital in the UK each year after deliberately harming themselves. Most have taken overdoses or cut themselves.' While completed suicides are higher among young men, deliberate self-harm requiring hospital treatment is estimated to be three or four times higher among young women.

Some groups appear to be particularly vulnerable to mental health problems and there is a clearly demonstrated link between social exclusion and mental ill-health which compounds associations between mental health and other factors such as gender and race. Thus while disorders such as schizophrenia affect more young men than women, the reverse is true for depression, and in each case prevalence is higher among disadvantaged groups (Sheppard 2002). Questions of race and mental health are sensitive issues. Figures indicating higher rates of mental health problems

(particularly schizophrenia) among African Caribbean males, for example, are perhaps subject to cultural biases and again are likely to be exacerbated by disadvantage. A widely quoted report suggests that young Asian women may be particularly vulnerable to self-harm perhaps related to cultural factors including pressure from 'izzat' (honour) and 'sharam' (shame) (Newham Asian Women's Project 1998).

Agencies such as the Mental Health Foundation, Stonewall and LGBT (Lesbian, Gay, Bisexual and Transgender) Youth Scotland have found levels of suicide among young gay men to be higher than among the male population generally. Equally, homophobic bullying has been recognised as a major issue within schools but little systematic work has taken place on this. Levels of understanding about the experiences of young lesbians in schools remains poorly understood. Particular fears about disclosure are likely to influence the ways in which research with these groups takes place.

Socially excluded young people, such as looked-after children and those suffering neglect and abuse, are particularly vulnerable to mental health problems (Meltzer *et al* 2004; Scottish Executive 2002a) but many pupils experience adverse psychological events in their lives that have the potential to impact on their mental health. How this manifests itself in school will depend on a number of factors, including the way in which the school recognises and responds to these events. This in turn is dependent on the way in which pupils and their needs are conceptualised.

Responding to the issue: a new paradigm?
While the term 'mental health' and 'mental health problem' are terms used within health services, schools have, since the Warnock Report (DES 1978), tended to use the term 'emotional and behavioural difficulties' (EBD) or 'social emotional and behavioural difficulties' (SEBD) to refer to a range of difficulties that can create barriers to children's learning.

The definition is, however, problematic. SEBD is a non-normative construct, and as a label can be arbitrarily bestowed (Daniels *et al* 1999). SEBD covers a continuum of behaviour and 'there is often considerable uncertainty about the boundaries between "normal" misbehaviour, emotional and behavioural difficulties, and mental illness.' (Atkinson and Hornby 2002: 4). Conflation of constructs such as SEBD, disaffection and disruption highlights the value laden-ness of terms used to describe difficulties that impact on behaviour.

Better Behaviour Better Learning (SEED 2001a) recognises that there is no agreement on the meaning of the term 'SEBD' and adopts an inclusive definition:

> *2.13 'Whether a child 'acts out' (demonstrates bad behaviour openly) or 'acts in' (is withdrawn), they may have barriers to learning which require to be addressed. Children 'acting out' may be aggressive, threatening, disruptive and demanding of attention – they can also prevent other children learning. Children 'acting in' may have emotional difficulties which can result in unresponsive or even self-damaging behaviour. They can appear to be, depressed, withdrawn, passive or unmotivated; and their apparent irrational*

refusal to respond and co-operate may cause frustration for teachers and other children.

Atkinson and Hornby (2002) suggest that a distinction needs to be drawn between 'occasional withdrawn or disruptive behaviour on the one hand and a continuum comprising EBD, mental health problems and disorders on the other' otherwise the child's problems may be dealt with inappropriately.

Criteria for determining the distinction between 'occasional withdrawn or disruptive behaviour', EBD, mental health problems and mental health disorders depend on such factors as the severity and the persistence of the problem, its complexity, the child's developmental stage, and the presence or absence of protective/risk factors and presence or absence of stressful social and cultural factors.

However, in all these cases the mental and emotional well-being of the child is likely to be compromised. It is necessary to recognise that this may occur either as the result of some long-standing diagnosed mental health problem such as conduct disorder, ADHD, anxiety or depression or it may arise as the result of, or be complicated by, adverse psychological events. Events such as bereavement or divorce, or life situations that give rise to stress (for example, being homeless, subject to racial or sexual harassment, being bullied) may in themselves be part of the warp and weft of growing up but, coming on top of each other or of other life events, may trigger more deep seated difficulties.

Alexander (2002) groups mental health problems under the following headings, together with examples of how these might manifest in educational settings:

- Emotional (withdrawal, phobias, anxiety, depression, self-harm)
- Conduct (stealing, aggression, defiance etc)
- Hyper-kinetic (attentional problems)
- Developmental (e.g. language disorder, autism)
- Eating (obesity, anorexia, bulimia)
- Self-care (soiling, wetting)
- Post-traumatic stress (following trauma such as rape, violent attack)
- Somatic difficulty (physical manifestation of psychological problem)
- Psychotic difficulty (eg schizophrenia indicated by cutting, over-dosing, hearing voices, extreme withdrawal).

While useful, a potential danger of such typologies is that they may focus the problem on the child and ignore the contexts in which the behaviour is occurring. In recent years there has been a drive in educational thinking to move from a 'child-deficit model' to a 'contextual model'. Concern has been expressed that the introduction of discourses originating within the health service may result in a resurgence of an individual oriented 'medical model'. For example Gott (2003:9) argues that

the concept of "depression"…[does] not sit easily, at the moment with contextual descriptions, leaving a feeling of powerlessness and inertia when faced with how to deal with the problem in school.

In these cases a reflexive understanding of how the school, through its organisation and structures, contributes to or ameliorates such feelings is crucial in order to avoid a focus on within-child factors. The educational policy context is relevant here. As the Mental Health Foundation says,

> *Schools have a critical role to play in aspects such as the early identification and referral of children with mental health problems. Pressures on schools, most particularly the demands of the National Curriculum, are contributing to the increase in mental health problems. (MHF website)*

This points perhaps to an inherent tension in policies surrounding social exclusion. Research indicates that educational test scores are one of the strongest predictors of future earnings (Hobcraft 2000). Already disadvantaged groups such as looked after children and young carers leave school with levels of qualification far lower than the national average with concomitant effects on outcomes in later life (Allard and McNamara 2004). Yet, too narrow a focus on attainment and testing may come at the expense of pupils' emotional well-being (Allan *et al* 2004). It is therefore incumbent on the educational system as a whole to encourage higher educational achievement among disadvantaged youth while at the same time fostering mental health. The importance of this balance in the aims of education is recognised in recent educational policy shifts in Scotland which have moved away from an emphasis on testing and target setting (SEED 2004c).

Mental health has been defined as:

> *...self-confidence, assertiveness, empathy, the capacity to develop emotionally, creatively and spiritually, the capacity to initiate and sustain mutually satisfying personal relationships, and the capacity to face problems, resolve and learn from them, to use and enjoy solitude, to play and have fun, to laugh at oneself and at the world. (Mental Health Foundation 2001)*

This affirming definition reminds us that mental health is not merely 'absence of mental illness' but encompasses 'emotional health and well-being and emotional competence' (Wells *et al* 2003). According to Weare (2004a) there has been a paradigmatic shift in thinking about mental health in recent years from a 'deficit to a strength perspective'. The emphasis is now on providing 'mental health promotion for all, family-centred care, early identification and intervention, moving care to natural settings such as schools, and interdisciplinary approaches based on evidence of effectiveness and permeated by a philosophy of continuous quality improvement.' (Weist 2003).

For schools to take on this role of promotion of mental health requires a change in the way schools understand and respond to issues surrounding 'mental health'. However, Weare (2004a) argues that concepts of 'mental health' are not well understood in school, having belonged until recently within a medical discourse. Moreover, she suggests that 'schools often find it hard to see the relevance of mental health to their central concern with learning.' This may in part be related to the unfamiliarity of the language and the tendency for the term 'mental health' to be conflated with 'mental illness' since schools *are* familiar with the language of social and personal

development and the importance of self-esteem in learning - both important components of mental health and well-being.

Putting schools at the centre of the drive for promotion of mental health among children and young people forms part of the Health Promoting Schools Project of the European Region of the World Health Organisation which says that,

> *Every child and young person in Europe has the right, and should have the opportunity, to be educated in a health promoting school. (ENHPS 1997).*

The health promoting school is a holistic concept which focuses on the structure and organisation of the school as well as the individual. 'At the heart of the model is the young person, who is viewed as a whole individual within a dynamic environment.' (Bruun Jensen and Simovska 2002). In this model school organisation and structures are viewed as contributing to mental health and emotional wellbeing in three key areas: school ethos and environment, the curriculum and partnerships.

The Scottish policy context for the promotion of mental health and well-being articulates with the international rights perspective that sees health as key in promoting equality and social justice. Within this, schools are viewed as playing a central role. In Scotland, all schools are to be health promoting schools by 2007 (*Being Well - Doing Well. A framework for health promoting schools in Scotland*, Scottish Health Promoting Schools Unit, SEED, 2004a). Policy aimed at realising this encompasses a number of areas including education, health and social care. We look briefly at each of these in turn.

Education policy responses
The *Standards in Scotland's Schools Act* (2000) set out for the first time children's right to education and, following on from this, the five National Priorities for education were announced. The third of these priorities is Inclusion and Equality which arguably underpins the other four priorities.

Recent legislation on supporting children in schools broadens the previous definition of 'special needs' and shifts to a more inclusive focus of 'additional support needs' (*Education (Additional Support for Learning (Scotland) Act 2004*). This comes into force on November 14th 2005 and will encompass any issue which could create a barrier to learning, whether long or short term, and arising from any cause.

The report of the Discipline Task Force (*Better Behaviour – Better Learning*, SEED 2001a) and the recently published update (*Better behaviour better learning*. Policy update, SEED 2004b) make a clear link between learning and behaviour and recognise that promoting better behaviour in schools requires the engagement of pupils and parents. The reports also acknowledge that both pupils and staff require adequate support in order to make schools safe and well-managed learning environments.

The report of the Curriculum Review Group (*A Curriculum for Excellence*, SEED 2004c) continues this theme, recognising that the curriculum provided in schools must engage pupils and give them responsibility for their learning in order to meet their needs as children and young people and as a preparation for adulthood.

Recommendations for the development of support for pupils is contained within the National Review of Guidance 2004 (*Happy, safe and achieving their potential. A standard of support for children and young people in Scottish schools*. SEED 2005a). This report emphasises the importance of partnerships in developing pupil support and is particularly relevant to the programme for all of Scotland's schools to be Integrated Community Schools by 2007.

The *Review of Provision of Educational Psychology Services in Scotland* (Scottish Executive 2002b) addressed concerns about the recruitment, training and role of Educational Psychologists. The report recommended that Educational Psychologists develop a greater role in the provision of integrated services for children and families; and in working in a consultative capacity with schools.

Ambitious, Excellent Schools (SEED 2005b) sets out the government's broad vision for education 'built on our belief in the potential of all young people and our commitment to help each of them realise that'.

Health and social care policy responses
The report *For Scotland's Children. Better Integrated Children's Services* (Scottish Executive 2001) sets out the inequalities faced by Scotland's children and sets the agenda for the development of integrated service provision to ensure the best start in life for every child. 'If every child does matter, there is much to do and both the targeted and universal services that children and their families come into contact with must address better the picture presented here'.

The *National Programme for Improving Mental Health and Well-being Action Plan 2003-2006* (Scottish Executive 2003) identifies the development of mental, emotional and social health and well-being in schools as a priority area and builds on the recommendations of the 'SNAP' report (*Needs Assessment Report on Child and Adolescent Mental Health*, Public Health Institute of Scotland, 2003). This report emphasises the right of children and young people to be heard and their capacity to be engaged in the process of developing effective ways of promoting mental and emotional health; the importance of removing the stigma associated with mental ill-health; and the need to integrate promotion, prevention and care. As part of this programme, a draft consultation has been issued which will be completed by 25th March 2005 (Children and Young People's Mental Health. Scottish Executive 2004).

It's everyone's job to make sure I'm alright was produced as a report by the Child Protection Audit and Review (Scottish Executive 2002a). The review gives a comprehensive overview of services involved in child protection and emphasises the role of schools and other agencies and the need for 'joined up' responses to ensure children's protection. The report makes the link between child abuse/neglect and mental health problems which may manifest themselves as behavioural problems in school.

Taken together, these key reports and policy guidelines constitute a commitment on the part of government to develop 'joined up' responses to social injustice and exclusion. The role of the school within the community, providing a range of integrated services is central to this vision. However, it is apparent that different

agencies and professionals have different perspectives about what 'joined-up' means. The development of integrated assessment frameworks is an essential step in developing 'joined-up' approaches (Gibson *et al* 2005).

Aims of the research
To the aims of the research as specified in the original tender document were added other aims that seemed to be implicit in initial tender details about the scope and design of the work. The list below gives the full set of aims, with key features of these aims highlighted.

1) Review existing literature **exploring the link** between mental and emotional wellbeing and behaviour in schools

2) Identify (from literature review or empirical work) any **particular circumstances or experiences associated with, or leading to, mental and emotional health problems,** that can manifest as behaviour problems in schools

3) Examine the **role of education authorities and their partners** (other statutory and voluntary agencies) **in developing structures, policies or resources** which enable staff to identify links between mental and emotional problems and behaviour and develop appropriate responses

4) Examine whether **any links** between mental and emotional wellbeing and behaviour are **mis-assessed or under-addressed** in schools

5) Conduct research to identify **how schools perceive links** between behaviour and mental and emotional health difficulties

6) Identify what **schools** perceive as **successful responses** to behaviour they believe to be caused by mental and emotional health problems

7) Conduct research to identify **how parents and children perceive links** between behaviour and mental and emotional health difficulties

8) Identify what **parents and children** perceive as **successful responses** to behaviour they believe to be caused by mental and emotional health problems.

Aims 1 and 2 were accomplished largely (but not solely) through the literature review. Aims 3 and 4 were accomplished through a telephone survey and series of face-to-face interviews with key stakeholders at local authority, health board and national levels. Aims 5 to 8 were addressed through a set of six case studies.

Research methods
Three principal research methods were used in this study: literature review to establish what pre-existing work had to say about the issues highlighted above; telephone surveys undertaken as a scoping exercise with key informants in local authorities, health boards and voluntary agencies with an interest in work on mental wellbeing; and six intensive case studies of a number of interventions aiming to tackle issues of mental wellbeing and discipline.

Literature review

The literature review draws on key research in a number of areas. However, the field of potentially relevant literature is vast and this review is therefore necessarily selective. A number of databases (e.g. British Education Index, Australian Education Index, ERIC, Educational Research Abstracts, PsychInfo) have been searched systematically with generic terms such as 'pupil mental health', 'emotional well-being', 'social and emotional literacy', 'emotional competence' etc. Other more specific terms such as PSD (personal and social development), SEBD (social, emotional and behavioural difficulties), guidance, pastoral care, divorce, bereavement, refugee etc have also been used. In addition to databases, sites such as DfES, Joseph Rowntree Foundation etc and the websites of charities working in related areas have been accessed. 'Thumb searching' has also been used where the bibliographies of relevant papers are examined for further promising literature. In addition to accessing relevant literature about UK contexts, writings in English that reflect on the experience of other countries on this topic (e.g. USA/Canada, Australia/NZ and a range of European countries) have been located.

Weare (2004b) argues that it is best not to be too 'precious' about the language used in speaking about mental health, emotional well-being and other related terms such as emotional literacy. She points out that different fields have different preferences for particular terms and that we need to 'speak to people in the range of contexts in which we find ourselves.' (*ibid*: 7). In the literature review the terms 'mental health' and 'emotional well-being' are used in largely interchangeable ways though it is recognised that they have different antecedents and connotations. Used together, Weare (2004b) suggests, these terms help the notion of 'mental health' to lose some of its medicalised connotation and its association with mental ill-health. In addition, the literature review also draws on literature that refers to emotional and behavioural difficulties (EBD). The rationale for this is that being deemed to have 'EBD' is taken to imply a compromise of mental health and emotional well-being. Using the terms mental health/emotional well-being and EBD together is a reminder that EBD is not just about 'acting out', though it is this aspect that most impinges on the teacher and the school.

Stakeholder telephone survey

A series of telephone interviews was undertaken with the following representatives in all local authority and health board areas in Scotland:

- local authority personnel, particularly educational psychologists and those with responsibility for pupil support. (respondents were identified by making initial approaches to local authority members of the Health Promoting School network, who referred us to appropriate colleagues)
- local health board personnel.

Interviews were structured, using a framework similar to that developed in the DfES report on CAMHS work in schools (Pettitt 2003). A total of 67 interviews were carried out.

Additional stakeholder interviews included representatives from:

- statutory organisations outwith the school system who work to promote mental health and well being in young people or would have this as part of a general social care remit, eg social work, community development and youth workers in specialist settings (for example, alternatives to school projects), community psychiatric nurses, school nurses, early years workers
- representatives of children's voluntary organisations and charities concerned specifically with mental health or who have expertise with key groups of 'vulnerable' children
- representatives of mental health support groups and parent organisations
- those working in national level agencies on mental health and/or behaviour issues, e.g. NHS Scotland, Health Promoting Schools unit.

These interviews, undertaken throughout Scotland, were semi-structured, recorded and transcribed. Most were undertaken over the telephone for reasons of economy and time, but where possible, face to face interviews were conducted.

Case studies
Case studies of the experience of individual schools/interventions form an integral part of the field work for this project. Undertaking such work involves an in-depth approach to data collection that gathered the views of all stakeholders in a setting, including teachers, managers, parents, pupils and extramural staff concerned with mental health or behaviour issues. Case study involves the compilation of data from a variety of sources and in a variety of formats, allowing – from the triangulation of perspectives – a view to emerge of the features of the setting, along with an analysis of those responses to problems which may hold promise for sustainable good practice in the field and which may be transferable to other practice situations.

Six case studies were undertaken. Case studies were selected from a total sampling frame derived from the stakeholder survey and interviews, and using theoretical parameters or typologies derived from the literature review. These were derived in discussion with SEED in order to ensure that the work was as focused as possible on the issue of interest.

The case studies selected were:

- **ASSIST** (Aberdeenshire Staged Intervention Supporting Teaching) - an initiative to support classroom teachers dealing with low-level disruption
- **The Place2Be** - a UK charity providing therapeutic and emotional support to children in primary schools in Edinburgh
- **Newbattle Integrated Community School Team** -This had developed from the New Community School pilot initiated in 1997 and was based in an area of Mid-Lothian which included areas of poverty and social exclusion. An integrated team headed up by a manager and including a range of professionals was based near a large secondary and worked closely in the school and feeder primaries.
- **East Renfewshire Multi-disciplinary Support Team** - a well established Integrated Community School team which included a youth counsellor and a social worker, and demonstrated a commitment to individual and community well being

- **Clydebank High School Support Services Team** -an extended team in which pastoral care, learning support and behaviour support staff had been amalgamated, together with a group of pupil and family support workers
- **The North Glasgow Youth Stress Centre** - a voluntary organisation working directly on mental and emotional wellbeing and behaviour with young people in three secondary schools and community settings.

Field work consisted of a concentrated site visit over a period of one week, with some follow up interviews by telephone to confirm detail. The following types of data were collected:

- documentary material relating to the intervention (funding plans, minutes of meetings, letters to parents etc)
- ethnographic observation data collected on site and recorded as field notes
- semi-structured interviews at individual and group level with those delivering and managing the intervention, collaborating partners in other services, children and young people in receipt of the intervention, parents and carers, ancillary staff (classroom auxiliaries, guidance staff)

Interviews with professionals were conducted as one to one or, where the school timetable allowed, as paired or group interviews. The format was semi-structured, allowing for freedom of response from the participants, and also enabling the interviewer to probe more deeply into areas of interest or concern to the participants.

Parents were offered the choice of group interviews or one to one, to enable those who felt the issue too sensitive for wider discussion to express their views in confidence. However, the inclusion of some group interviews allowed for collection of data from a larger number of participants.

Group interviews were conducted with children. The emphasis was on the use of child-friendly methods, which focussed discussion on vignettes which presented scenarios featuring fictional children. In this way pupils were invited to discuss issues relating to emotional and mental well being in the abstract, only disclosing personal information if and when they chose to do so. This avoids drawing children into any discussions which might cause distress.

Data from the case studies were synthesised to produce richly textured accounts of action in practice. These case studies are included as appendices at the end of this report.

Access and ethical issues

We recognise that such work imposes an onus on us as researchers to think carefully about the access and ethical issues involved. We worked closely with SEED to identify those personnel most likely to be of assistance in relation to the telephone survey. They and the stakeholders involved in the interview were assumed to be able to give permission for their own involvement. A letter outlining the aims and intentions of the project was sent to all those involved, giving assurances about the use of all material.

In relation to the case studies, permission was sought from local education authorities for work in schools, and from headteachers themselves. We tend to demur at HTs

being automatic gatekeepers and surrogate consent-givers for all staff and pupils under their authority. Protocols for securing informed consent from all interested parties and at all stages of the work were therefore developed.

Using an experienced research team with a strong record of engagement with children and young people and of research with vulnerable young people, as well as a thorough understanding and familiarity with school context was seen as a major strength in ensuring appropriate ethical conduct. Rowan Group staff operate at all times within the ethical guidelines issued by the British Educational Research Association and the British Sociological Association.

Structure of the report
The framework for the report presented here is provided by the notion of the 'health promoting school' which contributes to mental health and emotional well-being in three key areas: **school ethos and environment**; the **inclusive curriculum**; and **partnerships with the wider community**. In structuring the report in this way it should be emphasised that these three areas should not be thought of as discrete entities but as synergistic elements.

The report concludes by drawing together the key themes emerging from the research and sets out the challenges underlying the changing nature of service delivery in schools, emphasising the importance of capacity building in this area.

2 Promoting mental health and emotional well-being through school ethos and environment

Introduction
The school environment, its structure and ethos constitute the first axis of the health promoting school, around which we organise the material of this chapter. The international context for mental health promotion in schools is provided by the World Health Organisation that supports the development of 'child-friendly schools'.

> *A child-friendly school encourages tolerance and equality between boys and girls and different ethnic, religious and social groups. It promotes active involvement and cooperation, avoids the use of physical punishment and does not tolerate bullying. It is also a supportive and nurturing environment; providing education which responds to the reality of the children's lives. Finally it helps to establish connections between school and family life, encourages creativity as well as academic abilities, and promotes the self-esteem and self-confidence of children. (World Health Organisation 2001)*

The 'child-friendly school' promotes development of a 'positive psychosocial environment'.

In this chapter we examine in section A what existing studies tell us about ethos/environment issues. We do this in a layered way. Firstly we examine the school's relationship to the community in which it is embedded (and particularly to parents); secondly, we explore the school's internal structures and their potential impact; and finally we discuss the relationships (between pupils and teachers and between pupils themselves) that are symptomatic of the deepest values espoused within the school. We then move on in section B to look at empirical findings from our own work undertaken for this study. The chapter concludes with a brief summary.

Section A: Evidence from literature
A wide range of factors both within and outside school impact on the mental health and emotional well-being of all those who form part of the school community. The issue is a complex one in which schools need to recognise and respond to mental health problems whether these are understood as being created (or exacerbated) by school structures and culture, or by other social factors (including long-term disadvantage or shorter-term adverse psychological events) experienced by members of the school community outwith the school. Within this review we start first by looking at the environment or catchment within which the school is situated and the way in which the school interacts with that catchment. This may be key in defining relations of the school with parents, and, in turn, may affect the ability of parents to support children. The review then turns to look at aspects of the whole school's operation as manifested in structures and operating policies, before telescoping down to the minutiae of teacher-pupil interactions in the classroom and around the school.

The school in its catchment: partnership with parents
How well do school staff understand the problems that children and young people may bring on site each day? In the past when mobility was lower teachers might well

have lived and worked in the same area in which their pupils were growing up. Indeed they may have grown up there themselves in many cases. That situation is now much less likely – cities in particular have become socially more disaggregated and, in areas of social disadvantage in particular, teachers may be quite unfamiliar with the area and the sorts of problems it contains. As Lupton (2004: 9) reports, neighbourhoods have a strong impact on schools. Schools in disadvantaged areas are presented with particular challenges in the form of material poverty, a high number of pupils who are 'anxious, traumatised, unhappy, jealous, angry or vulnerable' and poor attendance, together adding up to 'an unpredictable working environment' for school staff.

New social issues like widespread drug misuse, the influx of asylum seekers, the greater proportion of broken homes and reconstituted families all create complex landscapes through which children must navigate their way to adulthood. Some commentators have seen schools as a refuge from such social pressures and from the chaotic conditions which sometimes prevail in young people's lives - a safe zone - but this can only be the case where the problems encountered by children are acknowledged and understood by the school. Allard and McNamara (2004:8) report that a 'common theme' emerging from their study of NCH service users was 'a lack of understanding from teachers about the difficulties they might be experiencing at home and the impact these might have on them in school'. In some cases this amounted to 'extreme insensitivity' on the part of teachers. The study concludes, 'Unfortunately, some NCH service users' experiences of school tend to confirm their own feelings of inadequacy, rather than helping them to feel more positive about themselves and optimistic for the future.' [NCH was formerly known as National Children's Homes and focuses its work on the needs of looked after children].

Schools must tread a difficult path through this. They may recognise that children's problems in respect of mental wellbeing and discipline may stem in some measure from the family situations in which they are reared. However, they need not to undermine these fragile families even further but rather to enlist the support and maintain the confidence of parents who, in all likelihood, have only negative memories of their own school experience.

A great deal of research has emphasised the importance of schools working with families of children with emotional and behavioural difficulties in order to effect change. Working with families enhances the likelihood of positive outcomes through increasing the involvement of parents with their child's education, sharing expectations of appropriate behaviour across home and school, enhancing parenting skills and increasing likelihood of transfer of social skills from home to school (Durlak and Wells 1997). Of the 25 programmes found to be 'effective' in Catalano *et al's* (2002) study of programmes for 'positive youth development' 15 included a 'family component.'

Whilst the majority of parents also recognise the importance of close home-school links there are barriers to their involvement. The majority of partnership initiatives are led and dominated by professionals, and are thus controlling rather than enabling or liberating (Vincent and Tomlinson 1997).

The effect of this has undoubtedly been to push the boundary between school and family closer to the home, with a strong normalised expectation now that parents will prepare their children for formal schooling and will support the school's methods and goals through further practice and surveillance of homework activity. It is also clear that the extension of homework (often in considerable amounts) even into primary schools is intended at least in part to harness parents into a form of partnership, whether they are willing or not, and that this 'partnership' is more correctly construed as a form of tutelage - with parents being expected to learn an appropriate set of norms (Martin and Vincent 1999).

The extension of schooling into the home has some profound consequences for relations between children and parents, given that the 'teacherly' role demanded of parents can be emotionally demanding for both parties. Moreover we know too little about the impact of these new demands on the micro-conduct of family life in respect of men's and women's labour market roles.

> *The demands of homework provide a way of the school monitoring the running of the household, as well as dictating its schedule. It breaks down the public-private divide by bringing the work of the school into the home, with little acknowledgement of its impact on the household. (Standing 1999: 489)*

What is clear, however, is that those families under the most stress in economic terms will find it hardest to comply with the new demands made on them by the shifting of this boundary (Shucksmith *et al* 2005). In single parent families, but also in those homes where men and women work complex and alternating shift patterns in order to maximise income and minimise childcare costs, the strain is felt most clearly. Most debates about school–home partnerships take insufficient account of the divergence of home contexts and familial 'capacity'. The resources families can draw down are hugely diverse and as well as economic constraints there are many families where families are fractured, fathers absent or disengaged; wider kin not available; illness and care burdens. Families are neither equally resourced nor underpinned by similar infrastructures of support. The participation agenda could be one pressure too many, and another source of guilt and perceived failure.

In a survey of parental involvement in their child's education the main barriers cited for non involvement were practical: lack of time due to work commitments and childcare difficulties (Moon and Ivins 2004). While these practical difficulties are real and pressing, research indicates that other barriers are also evident. Thus, Andis *et al* (2002) in the US cite 'parent blaming' on the part of professionals as a significant barrier to the development of partnerships. In the UK too social policy under New Labour has been accused of being based on 'individualistic strategies that fail to take into account deep-rooted structural inequalities that impact on available choices and values in excluded communities' (Broadhurst *et al* 2005:106).

Although the boundary has clearly shifted in respect of the school's power to dictate aspects of child rearing, domestic timetables and parenting practices, parents still reserve a space around the boundary, however, where they feel free to demand appropriate standards of care and concern for their child. Issues around bullying or

general care for children's health and wellbeing fire even the most reticent parents into action to challenge the school. This may take the form of polite but determined enquiry, but - in parents otherwise disempowered - may result in the sorts of 'storming' behaviour described by Ranson *et al* (2004), where people feel that the school has intruded too far into the parental domain and yet failed to fulfil its duty 'in loco parentis'.

Ouellette *et al* (2004) report that parents often feel they are not listened to or that 'schools are condescending'. Parents may also feel that 'communication between parents and schools are for problems regarding their children' (Ouellette *et al* 2004:304). Thus the school's notion of partnership can be one-sided, with a lack of recognition that parents may hold different educational values or have different goals for their child's education (Hoover-Dempsey *et al* 2002). Tett (2001:194) argues that,

> *If parents are to be genuine partners in their children's education then they must be able to share power, responsibility and ownership in ways which show a high degree of mutuality. This becomes problematic if parental knowledge about schools and schools' knowledge about parents is characterised by lack of understanding.*

This requires movement away from a perspective of parents as 'problems' to recognising the important contribution that parents can make to the home-school relationship.

The school as a system: structures and culture as constitutive of stress
School systems, comprising structure, organisation and culture operate in complex ways but clearly have the capacity to impact on pupil mental health and emotional well-being – including the construction of the very problems to which they are seeking solutions (Watson 2005). Certainly, symptomatic responses to adverse impact of school structure and culture on pupil well-being can be discerned.

School structure and culture can be considered to be constitutive of stress in pupils (and teachers) in a number of ways. Education has always faced a tension between the delivery of a mass system of education with the specific needs of individual children or small groups. State schools have never been resourced at the levels which allow them the freedom to offer service in ways which are individually tailored for all pupils. Many commentators have noted a decline in the flexibility of the British education system as a key factor in creating structures which induce stress. Target setting, increased levels of testing, prescriptive curricular frameworks and so on are felt to have gradually eroded the freedom of the individual teacher to flex the curriculum to suit the needs of pupils or to even take advantage of serendipitous learning opportunities whose impact might be more immediate. However, in Scotland, policy is shifting to recognise the importance of pupil well-being in a holistic sense. The 'McCrone agreement' places a duty of care on all teachers in 'promoting and safeguarding the health, welfare and safety of pupils' (SEED 2001b, Annex B).

Thus Connor (2003) discusses the impact on children as 'unwitting victims of current target-setting pressures upon teachers and schools'. In a small-scale study he observed 'tearfulness, attention-seeking behaviour and constant search for reassurance' among

16

7-year olds sitting standard assessment tasks in Surrey. A survey commissioned by the Professional Association of Teachers, the Secondary Heads Association and the Children's Society (Professional Association of Teachers 2000) indicated that exam pressures caused symptoms of stress in some pupils including panic attacks, problems with sleep and eating disorders. West and Sweeting (2003) also report rising levels of stress among young women related to school work and exams. Homework too (as noted in the previous section) can be a cause of stress. Solomon *et al* (2002) examined homework policy in England. They concluded that constructs underpinning such policies failed to recognise the impact of homework on the child-parent relationship which for a significant minority of parents 'was dominated by conflict and anxiety.'

The differentiated nature of the school system poses stark contrasts. From primary schools, where children's daily lives are spent in stable groups with single teachers young people are catapulted into secondary schools, vast in size and housed on complex sites, where they must move like nomads from space to space every hour, trailing with them all their clothing and belongings because lockers don't work and cloakrooms are unsafe. Such transitions can be problematic for pupils. Fenzel (2000:94), reviewing literature on transitions, suggests factors contributing to this stress include 'increased academic demands and social comparisons, exposure to unfamiliar peers and teachers, and practices that fail to meet early adolescents' developmental needs for autonomy and self-management.' Such stress impacts negatively on self-worth. Transitions are especially problematic for children who are already at risk in other ways or who are deemed to have emotional and behavioural difficulties.

Lack of flexibility in responding to the needs of certain groups can also lead to problems. This is particularly evident in the case of Gypsy/Traveller children. Jordan (2001) discusses the clash of cultures between Travellers and school that frequently results in Traveller children dropping out of schooling. In particular, she notes that while Travellers expect their children to become independent at an early age, this is not necessarily recognised, valued, or indeed tolerated by schools. She writes, 'Schools verbalised an understanding of the very different Gypsy/Traveller aspirations, of independence, early marriage and family responsibility, of observance of Traveller traditions, yet showed little accommodation to support those.' (Jordan 2001:66). Similarly, Davies and Webb (2000) report on services to support refugee/asylum seeker children in Wales. Cultural differences relating to child-rearing practices created conflict particularly among the boys who had been used to being given greater responsibility in their home country than is usual in the UK. This 'transcultural trauma' resulted in aggressive behaviour at school and inability to conform.

Attempts to offer an education service which did not segregate by social class led from the mid 1960s onwards to the introduction of comprehensive schooling and the development of examination systems that all were to undertake, abolishing the old commercial, technical and vocational streams which prepared a blue collar workforce for the future. Subsequent years have seen the pendulum swing back to a place where policymakers now exercise themselves over how to reintroduce 'vocational' education but in such a manner that it cannot be construed as a second class option. Whilst the solution to this is being sought, many young people still feel intensely frustrated at being made to endure an advisory range of academic subjects to the age

of 16 in which they have little interest. Thus in a study for children's charity NCH (Allard and McNamara 2004), the three biggest issues for pupils were respectively: bullying, teachers and particular subjects. With regard to the last of these, many pupils in the survey 'felt they had been forced to study subjects in which they had no interest and to which they could see no point.' (*ibid*:4). In some instances the way that the subject was taught, rather than the subject itself, was seen as being the cause of the difficulty. Pupils identified lack of opportunity to be involved actively in learning as at the root of the problem. Such disaffection from school is a widely recognised problem which constitutes a barrier to educational achievement and may be regarded as impacting on well-being in school.

Formal systems and structures within the school can also provide a framework in which mental wellbeing is fostered or jeopardised. In particular we look here at support systems, in respect of learning, discipline and pastoral care.

Support for Learning systems have developed out of the old system of 'remedial' teaching (traces of which still linger in perceptions of the role) and Behaviour Support which has developed more recently. Continued separation of these roles perhaps reduces the extent to which behaviour and learning are understood to be connected. However, the SEED report *Better Behaviour Better Learning* (SEED 2001a: 5.1) called for schools to 'consider how existing in-school services can be integrated to support children and young people's learning and pastoral needs…this may include staff who have been given responsibility for learning support, behaviour support and guidance working much more closely under a collective framework of pupil support.' The follow-up report *Better Behaviour in Scottish Schools* (SEED 2004b:31) suggests that this is starting to happen. An integrated model of support articulates with the recent move away from the concept of 'special educational needs' in favour of the more inclusive concept of 'additional support needs' (SEED 2003).

Kane *et al* (2004) discuss different models of behaviour support operating in 'an authority' in Scotland. They identify three broad models: Type 1 models view Behaviour Support as permeating, involving all teachers and 'embedded in curriculum and wider support schemes'. Schools operating this system 'believed reduction in exclusions would be a by-product of very broad approaches to supporting pupils' learning' (*ibid*: 70). They also believed this approach was consistent with the development of inclusive practice and fostered each teacher's competence and confidence in dealing with challenges. 'Type 2' and 'Type 3' models saw behaviour support as a discrete entity. Type 2 models tended to remove pupils to designated areas. Type 3 models tended to use behaviour support staff to work alongside classroom teachers and were 'characterised by their effort to strike a balance, encompassing factors from the other two models'. The three models each have strengths and weaknesses, however all shared an ambivalence as to function, namely 'Is it intended to serve a disciplinary function? Is it primarily to promote the welfare of vulnerable pupils or is it just an uneasy compromise between these two functions?' (Kane *et al* 2004:73). Their research also suggests that pupils share this doubt, appreciating the help of behaviour support but still perceiving it to be part of the overall system of discipline.

It might be expected that similar ambivalence exists within the guidance role. Howieson and Semple (2000:382) suggest that:

Although guidance staff in Scotland historically had a punitive role in discipline, more recently, virtually all schools have tried to separate the issuing of discipline sanctions from the supportive role that guidance staff should play when behavioural difficulties arise. The guidance teachers in the project schools strongly supported a non-punitive role in discipline cases and felt that they took a neutral and supportive stance with pupils.

Pupils themselves, however, were divided on this and the authors conclude that, 'overall, guidance teachers' view of themselves as being in a supportive role was not generally shared by pupils.' This points to the importance of schools examining and acknowledging the perceptions of pupils. It also suggests a need for the reformulation of the concept of 'care' together with recognition of the role that all teachers have in relation to this in line with HMIe's (2004a:4) observation that 'the principle that pastoral care was a core part of all teachers' duties' is 'not well established in secondary schools.'

The restorative justice model of school discipline (Watchel 1999) seeks to combine discipline with care, rather than to separate the two. Just as effective parenting is often described as authoritative, rather than either permissive or authoritarian, so effective school behaviour management is seen to confront and disapprove of wrongdoing, whilst at the same time supporting the and valuing the wrongdoer. This approach advocates responses in which the child or young person is active, (for example by discussing with the victim and repairing the harm), in preference to the traditional responses in which the child or young person is passive, (for example shouting at them, or subjecting them to detention). This approach is currently being piloted in three Scottish authorities and is undergoing evaluation.

Many authorities have now adopted a new set of structures via the adoption of a staged approach to responding to behaviour difficulties. The HMI document *Alternatives to Exclusion* (HMI 2000) sets out four levels. Level one needs are considered to be able to be met in the ordinary mainstream classroom, while level four needs require 'a highly specialised environment'. (While the emphasis in this document is on pupils presenting challenging behaviour, there are parallels with tiered responses to mental health needs, with schools seen as an appropriate site for tier 1 interventions (Gowers *et al* 2004). This perhaps points to an area in which school/medical discourses could become more closely articulated).

A staged approach to behaviour support is Birmingham City Council's 'Framework for Intervention'. In this case the focus of attention at level one is not the child but the classroom environment and the creation of a classroom climate that promotes learning and emotional well-being (Daniels and Williams 2000; Williams and Daniels 2000). Modified versions of Framework for Intervention have been applied in a number of Scottish authorities including East Ayrshire and in Aberdeenshire where it is known by the acronym ASSIST. Framework for Intervention is a 'no-blame' approach which highlights the contextual nature of behaviour. Any teacher who considers that he/she has a problem in their classroom consults with another designated member of staff (a Behaviour Coordinator or 'BeCo') and, using 'solution focused' techniques, develops a plan for changing some aspect of the classroom environment in order to improve

behaviour. This plan runs for six weeks after which it is evaluated. Moves to levels 2 and 3 of the scheme, in which the focus changes to individual children may then follow. The authors state that the scheme offers 'a comprehensive approach to all behaviour problems whether 'disciplinary', 'EBD' or 'psychiatric'. (Daniels and Williams 2000). Although the scheme has been enthusiastically taken up by a number of authorities little formal external evaluation of the approach has been published to date, though a small-scale evaluation by Birmingham University was carried out in 1999 which found 'widespread support' for the scheme. It was viewed as compatible with inclusion and led to reductions in low-level disruption. Key factors in success were given as: support from senior management; support and training for BeCos; and a receptive staff (Framework for Intervention website). During the trial for the project it was noted from questionnaires that a shift in teacher attitude was apparent. Teachers 'were more inclined to believe that teacher behaviour markedly affected the conduct of children in school' (Daniels and Williams 2002). East Ayrshire have incorporated Framework for Intervention into their overall inclusion strategy, evaluated internally in 2004 (East Ayrshire Council 2004). A case study of the ASSIST initiative forms part of this report.

Obviously vulnerable groups often appear well cared for in terms of the establishment of structures within schools, though experience on the ground may fall short of the ideal. *Better Behaviour in Scottish Schools* (SEED 2004b) notes good progress towards the appointment of designated supporters for looked after children, for instance. Fletcher-Campbell *et al* (2003) examined this role in a number of schools in England. Their research indicates that where schools already had 'highly developed structures' to meet the needs of a wide range of pupils they had 'little additional to do to meet the specific needs of children in public care.' The role of designated teacher was seen to be that of a keyworker, having an overview of the child's progress, being an advocate for the child, and ensuring effective liaison with other agencies.

Other vulnerable groups include refugees/asylum seekers. As a result of the UK government's dispersal policy Glasgow has some 1400 young asylum seekers in its schools (Walker 2002). Clearly, schools need to develop inclusive systems which meet the diverse needs of these learners whose education has been inevitably disrupted and for whom English is in all probability an additional language. Walker (2002) discusses Glasgow's model of provision which is based on 'attendance at a Bilingual Base followed by gradual integration into mainstream at the time most appropriate for each individual child.' Ingleby and Watters (2002) outline the Pharos project aimed at developing school-based programmes to support the transition of refugee children into their new country and school. Part of this programme is aimed at supporting teachers for which a need is clearly evident: in Stead *et al's* (1999: 74) research into Scottish schools the authors found that, 'for many teachers interviewed, experience and knowledge of refugee pupils was either limited or non-existent.'

Alongside these factors are the social and psychological problems associated with refugee status. The role of schools as the primary site for support of refugee children is emphasised by Hodes (2002) and by O'Shea *et al* (2000) who suggest that 'by working collaboratively with teachers much can be achieved with a population that does not readily access mental health services.'

The school as intersecting relationships

If the inclusive school promotes the mental health and emotional well-being of all members of the school community then an important aspect of this is the development of a positive ethos within the school. The HMI report 'Alternatives to Exclusion' (HMI 2000) identifies the presence of 'a positive, inclusive school ethos in which all pupils are respected and valued' as a key factor in schools with low levels of exclusion. Ethos is, however, a rather elusive notion. Eisner (1995) defines it as 'a term that refers to the deep structure of a culture, the values that maintain it, that collectively constitute its way of life.' This is important. Too often, initiatives to promote a positive ethos, valuable though these might be, fail to acknowledge or surface the deeply held assumptions about the underlying culture that constitute ethos - the normalising practices which serve to construct gender, race, deviance etc within the school. This may go someway to explaining why efforts to promote a positive ethos often meet only with partial success. Deep level and sustained change requires an understanding of the school as a holistic system. However, Weare and Gray (2003:44) suggest that 'there is still a lack of agreement about what this means in practice. Many examples of so-called 'whole school' approaches are in fact only partial accounts.' They suggest that key factors in a whole school approach that promotes emotional well-being are: 'the fostering of relationships; the encouragement of participation; the development of appropriate levels of autonomy in pupils and teachers; and the pursuit of clarity about rules, boundaries and positive expectations.' (*ibid*: 56).

In this section we look at the ways in which the deeper values of the school are transmitted through the relationships within the school at a day to day level, between teachers and pupils and between one set of pupils and another.

Healey (2002) surveyed 400 pupils from 41 London schools about what makes a school healthy. With respect to mental health the issue of most concern was stress, with bullying and racism being seen as the major stressors. Other sources of stress cited were peer pressure, homework overload and exam pressures. Respondents also saw the school environment as contributing significantly to emotional well-being. 'Many highlighted the link between school environment and ability to learn' and 'there were widespread concerns about litter and a lack of basic facilities, such as lockers and clean toilets' (*ibid*: 6). Teachers' attitudes and friendliness were also important factors as was pupil involvement in decision-making.

Many studies have shown that the quality of the pupil-teacher relationship lies at the heart of children's experience of schooling and as such is of key importance both to educational achievement and to each individual's sense of worth. This finding is echoed in reports like that from Bancroft *et al* (2004) who investigated the experiences of children of parents misusing drugs and alcohol. They highlight the importance of teachers offering support – even of noticing that something is wrong with the pupil. Some of these youngsters 'could identify particular teachers who stood out as helpful or concerned for them, for example teachers who would not single them out if they were too sleepy to study, or who would defuse their aggression by inviting them to go outside for a cigarette. (*ibid*: 23)'

However, they also note some ambivalence in pupil attitude, 'On the one hand [one young woman] was annoyed with teachers for not noticing her problems, even during

a short period when she was drunk at school. On the other, she did not trust teachers to be discreet and feared being treated differently to other students.' (Bancroft *et al* 2004:22).

Similarly, Wade and Smart (2002) in their report on children of divorced parents say that while schools are often viewed as a 'safe place' providing much needed continuity and stability for children in transition, children themselves were ambivalent about the support available from schools and teachers. The authors suggest that where children did tell their teacher it was 'not so much to enable them to offer support but more so they could take account of any changes in the child's behaviour.' Much of this ambivalence relates to the inherent risk of public disclosure of private information at school or as Wade and Smart (2002) report the 'daunting' aspect for – especially younger- children of approaching a teacher, 'many of them saw their teachers as being too busy, or too impatient to listen to them' (*ibid*:32). However, Wade and Smart (2002:32) note 'some exceptions' to this 'notably where there was considerable warmth in the teacher's relationship with their pupils' and where pupils felt they mattered.

The importance of the teacher-pupil relationship is a factor that emerges frequently in the literature on children and young people excluded from school (see, for example Pomeroy 2000 and literature cited therein). Pomeroy's (1999) research with young people excluded from school shows that 'repeatedly interviewees mention certain teachers who knew them, who would talk to and explain things to them, and who would listen. Knowing students in this way implies that the teachers have an ability to assume the student's perspective.' (Pomeroy 1999:477). Ennis and McCaulay (2002) make a similar point in their work on 'hard-to-teach' students in which students valued teachers who 'took the time' to get to know them. Conversely, teachers who shout, ridicule, respond sarcastically etc are seen to be antagonistic by pupils (Pomeroy 2000). The difficulties caused by these teachers is highlighted in research on teachers' perceptions of discipline in Scottish schools, 'a small number of teachers cause a disproportionate number of difficulties. They are small in number but a serious problem.' (Head teacher quoted in Munn *et al* 2004:4). Head *et al* (2003) suggest that differential exclusion rates between schools may be explained, in part at least, by the extent to which teachers understand and empathise with their pupils and their 'fundamental values in relation to exclusion.'

While overall classroom climate is clearly of importance in determining pupil experiences of learning, individual responses to pupils mean that every child's experience of school is different. Differential responses to individual children may, to a certain extent, centre on the extent to which the teacher perceives the child as being 'naughty' or 'needy'. The 'disturbed' child is seen as not being in control of their own behaviour and as such may be more deserving of compassion than the 'naughty' child. However, the distinction between the naughty and the needy may be more arbitrary than is commonly assumed. Visser and Stokes (2003) discuss research which indicates that children displaying similar behaviour are excluded from some schools while in others they are referred for assessment. Even within the same school judgements about the behaviour on which such distinctions are made vary:

The available repertoires for being "a good school student" differ between

classrooms and from one situation to another within classrooms. They differ between the classroom and the playground. And further they differ from one child to another. Repertoires are highly situation specific.(Laws and Davies 2000:110)

However, in addition to this rather idiosyncratic variation in the nature of relationships between pupils and teachers, more structured differences may also exist, related to factors such as gender and ethnicity.

Boys are over-represented in exclusion figures in Scotland by a factor of 4:1 in primary school and 9:1 in secondary (Munn *et al* 2001) and socio-economic status is a key factor in this. Research into gender effects also indicates that boys' and girls' experience of classroom life is different. There is a body of research that indicates that patterns of classroom interactions are gendered and that gender is a significant factor in the construction of behaviour difficulties by teachers. Thus, while teachers believe they apply the same rules to boys and girls equally, pupils report things differently:

Pupil groups believed that boys got harsher punishments than girls for the same misdemeanours and that girls were expected to behave better than boys by teachers. (Tinklin et al 2001:9)

The school is a key site for the construction of gendered identities. Haywood and Mac an Ghaill (2003:65) suggest that, 'the curriculum alongside disciplinary procedures, normalising judgements and the examination represents an institutionalised gendered regime or a patterning of gender relations i.e. schools create, through their practices, norms for gender which are then performed by pupils.' Thus schools and teachers, through their gender strategies may contribute to the construction of boys as 'problems'.

Institutional racism is clearly an aspect of school culture that can impact on the emotional well-being of pupils. MacPherson (Home Office 1999: 6.34) defined institutional racism as 'The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin.' As such, institutional racism can be seen to operate in the 'construction of black children as a problem for the education system' resulting in black (male) children being over-represented in provision for children with EBD (Cole 2004:44). While the figures in Scotland are not comparable to those in England (perhaps due to smaller numbers of children of African Caribbean ethnicity in this country) the issues are nevertheless relevant. Jordan (2001) also argues that institutional racism creates barriers to Traveller children's learning and 'undoubtedly contributed to some Gypsy/Travellers' self-exclusion from schools.'

The reasons for the relative failure of African and African Caribbean children in our school system are complex. However differential treatment and the low expectation of teachers are crucial factors. As Tennant (2004:199) remarks, 'It is certainly the case that studies have found that African Caribbean children arrive in school at the age of 5 performing at a very similar level to all other children, only to leave at the age of 16 performing rather worse than most other groups of children, particularly boys.' Pomeroy's (2000) research with excluded youth also highlights perceptions of racial

discrimination. She writes, 'teachers' behaviour towards students sends implicit messages to the students about their value in the classroom. Racist teacher behaviour, actual or perceived, will unquestionably have a negative impact on young people's sense of self and self-value. The effect of these tacit messages on young people's esteem should not be underestimated.' (Pomeroy 2000:45).

A major shift in the way in which relationships can be seen to reflect the underlying ethos of the school is in the extent to which there is a focus on building competence, autonomy and self confidence. This is an agenda that affects teachers tasked to take on new roles as much as it affects children. Stressed teachers are less likely to be able to promote the emotional well-being of their pupils, and as Kyriacou (2001:33) notes,

> *Teacher stress can sometimes undermine teachers' feelings of goodwill towards pupils and lead teachers to direct their hostility towards pupils when pupils produce poor work or misbehave.*

Kyriacou suggests that further research is needed to explore the interactions between pupil and teacher stress. A survey of teacher stress in Scotland suggested that the two key issues are workload and pupil behaviour (Johnstone 1993). For teachers who view the pupil-teacher relationship in terms of the need to 'control' pupils, the inability to do this strikes at the sense of self and they may feel unable to admit to a problem. This, combined with lack of confidence in responding to the needs of children with emotional and behavioural difficulties creates stress. There is thus a clear need for management support of staff development in this area.

Pupils themselves can be encouraged to support one another's wellbeing in a school in which the underlying ethos values their competence.

The involvement of pupils in schools is a key theme in the development of inclusive and 'child-friendly' schools. Many schools have developed systems which seek to involve pupils more fully, and especially in the area of peer support. Mentoring and mediation schemes are becoming widely seen as strategies for supporting young people's social and emotional needs not just within the school but in meeting the needs of excluded youth in the wider community too (Philip *et al* 2004). In schools peer support is seen as being a potentially effective strategy in tackling bullying (Cowie *et al* 2002) and in promoting race equality (Sumil Puri no date). Such strategies are consistent with the recognition of the importance of involving students more fully in decision-making processes within the school (SEED 2001a). Case studies produced by the Mental Health Foundation suggest benefits to the peer supporters, to students and to staff.

> *A peer support scheme as part of a whole school approach helps schools to meet the demands of the citizenship curriculum, to work towards the National Healthy School Standard and to demonstrate their commitment to the social and emotional development of pupils... Peer support projects can play a major role in tackling bullying and can contribute to creating a caring and safe school community that promotes the mental health of all its members.' (MHF 2002b:5).*

In evaluating the case studies MHF drew up a series of recommendations for setting up peer support schemes. Central to this was the notion that peer support schemes form part of a whole school approach to pastoral care that requires commitment from the whole school community. Peer supporters themselves need to be trained carefully and supported to carry out their role. MHF also highlighted the need for peer supporters to be representative of the whole school population, not just the high achievers and the well-behaved. Cowie *et al* (2002) highlight the continuing difficulty of recruiting and retaining boys as peer supporters as this was seen as conflicting with peer pressure to be "macho".

An evaluation of 14 peer support schemes by Baginsky (2004) highlights issues of sustainability. In this study, the 14 schools had worked closely with the NSPCC in setting up schemes. After 12 months it was found that four were still 'relatively strong', another four were 'limping along' while six had ceased altogether. The 'most positive' schemes were operating in two primary schools and in both of these the commitment of staff time was particularly high. Take up in secondary schools was found to be low and was characterised by a move away from the playground and into more formal counselling settings. This contrasts with findings by Cowie *et al* (2002) of a move away from such settings, which perhaps has contributed to the relative success of these schemes in the schools reported on by those researchers. Another factor associated with success of peer support schemes was the presence of a school counsellor who was able to offer advice and support to the peer supporters. This highlights the need for schools to work closely with other agencies to develop sustainable programmes with realistic expectations (a key finding of Smith and Watson (2004) in their evaluation of the ChildLine partnership with schools programme). Baginsky (2004: 9) concludes, 'To understand what makes peer-support work more time is needed to observe and interact with all the members of the school communities and the evaluations conducted need to be more rigorous.' Smith (2004) also argues that more evaluation research is needed. Peer support, he suggests, clearly benefits the peer supporters, but 'specific benefits for victims of bullying remains to be proven.' This view is also endorsed by pupils. In a survey of 400 pupils from over 40 London schools Healey (2002) found some ambivalence towards peer support schemes. While many pupils thought peer support was a good idea, some expressed reservations about confidentiality and bias among peer supporters. Healey suggests that in evaluating the effectiveness of such schemes the views of young people should be sought in order to identify barriers preventing pupils from accessing support.

Section B: Evidence from empirical work

> *Youngsters do have emotional difficulties, but I think by attaching that label sometimes you see them as the ones that have to change. Rather than seeing the actual environmental factors as being equally important and having to be modified as well. (Educational Psychologist)*

In this section we explore the complex relationship between the school environment, behaviour and the mental wellbeing of pupils, as it was understood and enacted by the various participants of our surveys and case studies. The links between the school environment and pupil wellbeing were universally acknowledged, but the ways in which this relationship was interpreted and the methods employed by schools to

support mental wellbeing were varied. The broader environment of the school as characterised in its catchment and its parent body, the macro structures created by value systems, policies and procedures within the school, and the micro-environment, created by personal interpretations and relationships at a day to day level all had implications for the mental well being of pupils.

The school in its catchment: partnership with parents
In all of the case studies considerable concern was expressed by school staff and their partners in other agencies about the problems which some families in the schools' catchment were facing in terms of, for example, poverty, health, substance abuse and family breakdown and the effect that these circumstances have on the mental and emotional well being of children.

> *I see the difficulties our families have through poverty, through substance and alcohol misuse, through lack of literacy. And I find it very frustrating that in many schools they don't take account of the background of the children. I just saw the pilot of being a community school as being the way forward, so perhaps I embraced this with open arms in the way that maybe other head teachers may or may not do. (Headteacher, case study school)*

There was a reported difference between the types of responses that would operate in more rural areas, where, it was felt, schools could often offer services that were better tailored to their circumstances:

> *Schools are flexible in how they manage children with high level needs. You can do that with small classrooms and the direct relationships with families and home. (Public health consultant)*

In rural areas, the advantages of relatively small numbers of pupils and stronger links within catchment communities were seen as key to early identification of issues, and teacher expertise was central to this:

> *Teachers tend to have a great deal of knowledge about kids, families and communities – the vast majority have long term relationships with services like the GP, health visitors and the education services, so things get picked up early as someone notices. Families too are likely to see these people as there to help. It allows the network to pick up on things if they see something looming and they can stop things escalating where that can be done. So prevention is really built into it. It isn't all rosy but I think there is something there about the stability of the population. (Public health consultant)*

Schools were usually keen that parents should feel able to come forward to discuss the difficulties in their children's lives, and, in some cases, there were structures in place to offer family support through the school. However, the main difficulty faced in achieving this relationship was to break down the barriers that inhibit parents from making that type of contact. One school manager commented on how difficult she found it to build relationships with vulnerable parents:

> *When it comes to secondary school, particularly in this area our parents are reluctant. I think they feel inhibited or whatever and we've tried a variety of*

things over the years. It's very, very difficult to get parents involved, by and large. It's a shame, but that's the way of it. (Deputy Head, Glasgow)

Often the response to this was to employ additional workers such as home-school link workers, or family learning co-ordinators, who offered a non threatening point of contact and whom parents were able to contact directly. For example, the team of pupil and family support workers in Clydebank High School was reported by parents to be very approachable and helpful.

A very proactive approach to family involvement in school life was seen in East Renfrewshire, where a family learning co-ordinator ran a community wellbeing programme based largely in the primary school. Family involvement was encouraged through a wide range of inclusive activities, usually run in the school holidays including activity days in school and family outings:

And it involves the whole notion that the family come together to do something so its building....building the family unit. Hopefully it's a resilient unit which can do things for itself but also building a larger unit ... sort of community groups. Community in the sense of the community of the school rather than a geographical community. (ICS integration manager)

The objective of the scheme was to develop the capacity of families to support their children, within the wider context of community wellbeing. But the extensive contact made with parents through this scheme also improved general relationships with the school, making it easier for parents to approach the family learning co-ordinator with respect to children's difficulties. He was seen as extremely accessible and supportive, by parents:

You can always talk to H and get support there. They were very good about my husband. He had a heart bypass two years ago. They were always asking how things were. 'Do you need any help?' And H was going to come by my house and pick my son up and bring him to school. He's always ready to help. And that goes for anybody.

Involvement of pupils and parents, however goes beyond simple accessibility to services, and is also related to the involvement in, and control over the subsequent course of action. Very often children and parents were not included in discussions about the most appropriate response to their difficulties. Typically, Joint Support Team (JST) meetings would not include parents or children. In some cases parental permission was required before holding a meeting to discuss a child's problems but parents were not invited to the meeting. The outcome of the meeting, in these cases was reported to the parents by a representative of the Joint Support Team. Parental control was limited to the power of initial veto.

In some places consultation with parents had been initiated and considerable effort expended on drawing them into discussion about the health services which should be available to young people. At Newbattle High School, two rounds of consultation had taken place and parents had broadly supported the developments. This gave staff confidence in taking the work forward. At another level a parents support group

initiated and supported by the integration team met on a weekly basis in a local community centre. The parents who took part in the group had experienced considerable difficulties in dealing with problems that their children had at school. They viewed the group as a valuable forum for seeking and giving support and this was strongly linked to the work of the integration team.

The school as a system: structures and culture
Whilst recent policy changes in Scottish education have moved away from a narrow focus on attainment to a wider and more inclusive view of the function of schools (eg SEED 2001b, SEED 2005a), placing a responsibility for care on all teachers, current practice in schools does not always reflect these changes. Schools' and teachers" perceptions of national policy, particularly in regard to educational outcomes were not always in line with current Scottish Executive thinking, and this is evident in some of the attitudes and practices described below. Schools, as indicated above, are highly organised, busy places, with little flexibility in terms of time, staffing or curriculum. In this section we look at the ways in which school structures appeared to be operating to promote or impede wellbeing agendas or respond to discipline issues. This allows us to look at the ways in which schools coped with the dual demands of catering for the needs of the majority whilst also responding to individual need. To achieve this schools have sought to reorganise their pastoral provision in new ways, and/or have brought in new and different skill mixes to give additional support to children. Does the degree and pattern of the integration of such support affect the success of the scheme? What tensions are created by grafting on to the school's ethos and culture additional services operating with very different understandings and premises? The drive for integration and inclusion imposes on schools the need to develop staged systems of response to problems with children's behaviour. We look at some of the ways in which schools are adapting structures to keep children in the classroom.

Teachers, unlike any other group working with children or young people, deal with large numbers simultaneously, and need to juggle sometimes competing agendas. Even when teachers were aware of pupils whose wellbeing was compromised by, for example an inappropriate curriculum, they sometimes expressed significant frustration at not feeling able to respond in a way which met the their needs. This comment refers to an identified group of pupils, who were disruptive in classes, due to, it was felt, the unsuitability of the learning environment:

> *If you took that group and were able to effectively amend the curriculum to suit them, then teaching through the whole school would improve. But quite often simply because resources..because classes are full, because we are so tight staff-wise and time-wise, and even accommodation-wise….. (Secondary teacher)*

Much the same sentiment was expressed by another interviewee at strategic level:

> *That poses the usual professional dilemma about how flexible you should expect a regular mainstream to be. Getting the balance right between significant customisation around a minority of pupils when the majority might be going along very well thank you. That's a tension that has always been about. (Head*

of service)

Education authority representatives were well aware of these type of issues faced by classroom teachers, and made frequent reference to the difficulties in reconciling an individualised approach with the structures and expectations of a typical secondary school environment. This was linked to the notion that the main business of the school was about delivering the academic goods to the majority, and that this somehow was in conflict with the notion of prioritising welfare and focusing on individuals and their problems. However, some also challenged the notion that there was conflict:

> *There are some schools, secondaries who go along the attainment line, focus very much on attainment and don't recognise that there is more than one way of achieving that. If young people feel good about themselves, particularly at times when they are feeling vulnerable, they are more likely to come through unscathed and take advantage of what the curriculum has to offer. It's very much about the awareness of staff. Some are very, very aware, others see it as more challenging. (Education authority, development officer)*

Schools found it difficult to put in place additional supporting structures within their existing staffing and budget, although Clydebank High school had interlinked their pastoral care staff, learning support and behaviour support to form an extended support team. The team reported being able to detect problems more easily and to be able to respond more quickly. As a result of this new structure they felt that vulnerable pupils were less likely to slip unnoticed through the pastoral care net.

In the other case studies additional structures had been created within or in connection with the school as a result of collaboration with other agencies. Such partnerships brought considerable benefit by being able to offer flexible individualised support to pupils that was much less restricted by the sorts of constraints of time and curriculum, which were reported by the teaching staff.

However, tensions appear in any system where the support for vulnerable children is seen as separate from the main business of the school. If the objectives of class teachers are seen as different from those who offer pastoral care and support to pupils, then inconsistencies arise for those pupils as they move between the different silos of the school. Paradoxically, these inconsistencies can be most acute in schools where the support system is most highly developed, as there can be a wider gulf between the approaches used in the classroom and the targeted approaches employed by the support workers.

Thus targeted support of children and young people is very much associated with empowerment of the individual to cope with the difficulties they face. Such interventions are very child-centred and based on developing a good understanding of the individual pupil and his or her particular circumstances. In comparison the whole school environment may be at pains to stress the need to conform to norms and standards of behaviour, with curricular pressures and the maintenance of discipline as important drivers. So the tension for the pupils lies between the contrasting approaches they experience as they move around the school. As the intervention to

maintain pupils in mainstream school becomes more successful there are inevitably larger numbers of pupils experiencing this disjointed school existence.

At the heart of this complex subject is the question of how to respond to pupils whose behaviour in the school challenges the order and discipline that is required in the classroom for learning to take place. If a pupil disrupts the progress of others, yet that behaviour is triggered by poor mental health what is the appropriate response? Is it a disciplinary matter, it is a matter for pastoral care, or both? What are the consequences of each course of action for the pupil, the teacher and the other pupils in the class? To what extent should a universal system of regulations be modified to accommodate the needs of individuals? Some of the answers to this lie in how the discipline and pastoral care systems operate in the school. In many Scottish secondary schools discipline and guidance systems have been deliberately separated, so that pastoral care can be delivered through supportive, non-punitive methods, while a member of senior management holds the responsibility for dealing with indiscipline and administering sanctions. However, where a divide exists the practice is questionable if we accept that challenging behaviour may be underpinned by emotional problems. For the types of indiscipline that are the focus of this study, the interlinks between these systems are vital to ensure appropriate diagnosis and response to the situation.

Educational psychologists contacted as part of the stakeholder survey were particularly concerned that a misdiagnosis in the classroom would result in the pupils being inappropriately channelled through the discipline system, as was this head of behaviour support:

> *It's still very difficult for the [teachers] to actually say.....once a kid manifests on a difficult morning...difficult behaviour, for the teacher to stand back and say, 'Ah that's **that** difficult behaviour.' They often end up in a situation where you know it's....discipline. (Head of behaviour support)*

Links between pastoral care and discipline systems at a strategic and operational level could make a significant difference to the outcome for pupils. Such a system was in place in Clydebank High School (see case study) where by discipline referrals and "guidance alerts" pupil problems were cross referenced as they were received. Similarly Woodfarm High School (part of the East Renfrewshire case study) described their systems as interlinked rather than divergent. The schools were keen to point out that they didn't necessarily let children "off the hook", and that sanctions and support may be simultaneously appropriate:

> *They might still need to go to deal with certain discipline issues in a disciplinary way, and follow certain procedures, but at the same time offer the support. It shouldn't be seen as an either/or situation. (ICS Integration Manager)*

One teacher suggested that pupils experiencing difficulties might be more in need of strong discipline than other pupils, as their home life could be very disordered, with few clear boundaries.

Many authorities had introduced the sort of system of staged intervention into schools described in the literature section above, which provided a multi-agency framework for responding to all types of challenging behaviour, including withdrawn behaviour which could be the manifestation of poor mental health. If operated sensitively it also provided a means of interlinking issues of mental well being with those of behaviour. Where such systems operated the school was required to manage stage one and stage two internally, though advice and consultation could be sought at these early stages from other agencies, and these could sometimes illuminate difficult issues. Once the difficulty was deemed to reach stage three, a multi-agency meeting would discuss the individual pupils, and at this point differing professional perspectives would certainly be brought to bear, as an appropriate course of action for dealing with the young person was determined.

Tensions could sometimes be seen between the teachers' perceptions of appropriate action and the decisions of those in more strategic positions in the management and pastoral care systems. Teachers' responses to pupils not only took into account the needs of the individual pupil, but also the effect it might have on the behaviour of the wider population of the class, and how it would affect a teacher's own standing in the eyes of the pupils and teachers. Consequently, a punitive response to a miscreant carries a symbolism beyond the incident itself. If the result of a discipline referral is a more compassionate response by senior management, this can be interpreted by teachers as a failure by management to offer staff appropriate support, or even as undermining their individual position, an issue which causes some resentment:

> *Everybody is complaining that, you know, there are a whole hard core of third year [pupils] who are basically getting away with murder and not being taken to task because they are not being referred up that [discipline] route, so something is going to have to be done about it. (Secondary teacher)*

Equally teachers also identified the ambivalence they felt when altering a universal system of rules and regulations to accommodate the needs of an individual pupil, and expressed concerns as to how this might affect the wider population of pupils. This highlights the paradox between offering a service based on mass provision which is held together by a commonly accepted system of rules (even if sometimes flouted), and the need to respond sensitively to individual circumstances. The issue is highlighted by this teacher's feelings about school uniform:

> *There is one child who is here, and it's like you have got him here but he doesn't wear school uniform. He doesn't just not wear the uniform, he makes a public issue of not wearing the uniform…a very public non school uniform wearer….and you wonder, do other youngsters see that and think "Well he gets away with it, why shouldn't I get away with it?". But then, I don't know, do you just have to say, 'Well uniform is not that important. The boy is here, he's not walking the streets. He's not heading to some kind of oblivion.' I don't know. (Secondary teacher)*

At local authority level, there was significant tension in the balance between models of export whereby children and young people were supported by removing them from school, and models of ownership, where schools were supported to work with the

young people in their own environment. Whilst education authorities all maintained some facilities outside of the mainstream school system, often in partnership with voluntary sector organisations, there was a nation-wide imperative to minimise these types of intervention. This was driven by the desire to give children better access to opportunities but also by financial considerations and staff shortages. However, there was a marked difference reported in schools' commitment to taking ownership of these difficulties.

This could be seen very strongly in the attitude of a primary school head teacher in one of the case studies, speaking here about three particular pupils:

> *I don't see exclusion as a place to go. It doesn't improve the situation at all and in fact exclusion for any one of those three would be a recognition of their success in getting the badge of honour of having been excluded so I am not going down that road, and I am not going to give in.*

As with other disciplinary issues, there was some conflicting opinion amongst teaching staff who had to work with such pupils on a daily basis, and didn't feel equipped to cope.

> *And really, I mean, I'm all for inclusion but it's definitely not working on some of these children that are just so disruptive because it's just not fair on the rest of the class. It's having such a detrimental effect on their learning that I think it's completely wrong. ...We do have a few children in this school that are just affecting the lives and the learning of so many others and the teachers, that I think they ... they really should be removed, and that really is the last option and doesn't seem to be happening. (Primary teacher)*

Similar tensions existed between exclusion of pupils from particular lessons, with staff sometimes feeling unwilling or unable to maintain a child in the room, as a result of their behaviour.

Clydebank High school responded to this issue by using their team of pupil and family support workers to create a safe-haven for pupils who were experiencing difficulties managing to cope in mainstream school. Based in "room 43" they worked with a range of pupils including those whose poor mental health might otherwise have led to their exclusion from the school, or the classroom, and also those who might otherwise have excluded themselves. Room 43 was emphatically not a "sin bin", as class teachers did not have the power to send pupils directly; access was governed by senior management and the pastoral care team. The emphasis was very much on providing a supportive environment, with structured targets for those who used the room regularly. Importantly, it allowed difficult situations to be managed with dignity; providing a "cooling off" opportunity for pupils and staff.

> *What we feel that [Room43] and that whole corridor with the staff ... it allows dignity for pupils, and the member of staff is allowed to continue to do the learning and teaching, and the member of staff has not lost face or dignity either. And that is important, and that has been an important thing to begin to try to get over to staff. You know if the child loses [...] in your class, goes to the*

next class, it's virtually impossible that they will have calmed down. So they are better out of the system for an hour or two and then slotted back in. That is not seen as being weak and giving in. That is a very practical thing. (Depute head teacher)

A novel feature of this system was that some pupils who were experiencing particular difficulties were allowed to leave their classroom at any time and elect to go instead to the care of the pupil and family support workers. This allowed the pupils themselves to take ownership of the management of their difficulties, by identifying those situations with which they could not cope, and enabled them to manage their own exit in a non-confrontational manner.

The school as intersecting relationships
The link between a school's value system and its ability to respond to mental health issues was evident throughout the project, as was the variability between schools in this respect. These links were explicitly and repeatedly alluded to by educational psychologists during interview, as in the example below:

Often you find it is two sides of the same coin, in many ways. On the one side is ethos and the other side is the ability to make these connections between behaviour and emotional health. The better one side of the coin, the better the other side. (Educational psychologist)

Another educational psychologist identified the need for an overarching philosophy in the school, to which staff are fully signed up:

Part of the sense of 'who we are as a school' should include responsibility for wellbeing. (Educational psychologist)

The value systems to which these interviewees alluded were built around taking a responsibility for the needs of children as individuals. The same interviewee went on to say that these values should be built into policy and practice in ways which made teachers accountable for their behaviour towards pupils. Just as a positive ethos could be seen to promote well being and support young people with mental health difficulties, some interviewees also acknowledged that a poor school environment could, in some cases be damaging to the mental health of pupils.

The role of the head teacher and senior management was seen to be absolutely critical in determining the attitudes within a school towards the wellbeing of pupils. A commitment at the top of the school could raise the issue on the agenda and drive forward change within the school. This was widely recognised by local authority staff, by teachers and other professionals and by parents, and many comparisons were made between those head teachers who put mental wellbeing at the centre of school ethos (albeit possibly using different terminology), and those whose interests lay elsewhere. This kind of leadership was demonstrated by one of the headteachers in a case study school:

I do firmly believe it is a philosophy and it's an approach. And I think its not going to work if a head teacher is one of these kind of autocratic people where

the school is theirs and what goes on during the day is theirs and the best person to educate the children is the teachers. Then you have got a problem I think. If you have got someone who is saying [to other professionals] "come" then things are much easier.

The type of head teacher who was successful in this respect was often described as being welcoming to a wide range of workers coming into the school to support the pupils. Conversely the effect on a school of a less enlightened head teacher was to restrict the responses available when dealing with young people's mental health problems as described in this scenario:

Some schools have a very strong, hierarchical structure, and management [of behaviour] is, if you like, an authoritarian route for discipline, leading ultimately to exclusion. A lot of staff at lower levels can see they [should] have a more pastoral style role. (Pupil support manager)

Many younger teachers will have experienced a different type of training; others will have taken advantage of opportunities available through training courses for specialist teachers (for example guidance, learning and behaviour support) to develop a wider range of responses to their pupils.

The achievements of the head teachers and senior managers who take on a proactive community centred approach are undeniable, but the very fact that they are exceptional is potentially problematic. Firstly, they are more likely to welcome new ideas and initiatives, to pilot new schemes and to attract new funding. So, in effect the schools which already have a commitment to wellbeing are more likely to have the opportunity to further develop that, whilst the head teachers who are uninterested remain unchanged, leading to very uneven provision. And secondly, if the success of an initiative depends on the enthusiasm of one person, it may not be sustainable in the longer term, unless the champion has been successful in winning over the hearts and minds of other staff.

The ability and willingness of teachers to enter into supportive relationships that went beyond the narrow definitions of education was also somewhat variable, both within and between schools. It was generally felt that most primary school teachers saw pastoral care as an integral part of their remit, and were concerned about the wellbeing of pupils in their charge. This was reflected in the way primary children spoke of their teachers in interviews. Very often they described their teachers in very trusting terms, seeing them as the natural person to talk to in the case of difficulty, although some pupils recognised that their teachers were often very busy and not always able to listen fully.

In secondary schools, the structure of the pastoral care system places the responsibility for supporting pupils with identified difficulties in the hands of pastoral care, or guidance staff. The role of the classroom teacher in supporting the general wellbeing of all pupils, or of responding to the needs of particular pupils in the classroom setting, is usually less clearly defined, and there was a marked difference between teachers; a situation which was repeatedly referred to by local authority interviewees. Thus whilst all secondary staff interviewed would have seen it as their role to identify challenging behaviour and refer the pupil onwards to guidance (and

some were better than others at making the identification), it was a minority who felt they would get involved in any more direct way with pupils who experienced difficulties.

It appeared that some subjects provided greater opportunities for identifying difficulties and offering support. Both art and PE were identified as subjects in which the pedagogy would allow for expressions of emotions, allowing teachers to view pupils in different ways and giving them greater insights into the difficulties that some young people faced. An art teacher commented:

> *Sometimes it can be very disturbing to see some of the images that a few of our pupils produce. Some of them are very, very violent. Some of them are very, very dark.....Because I'm a pretty nosy individual who doesn't like to mind his own business, I would tend to say to the youngster, you know, "Can you tell me about this, what's this about?".*

A teacher of PE at the same school described how he was able to identify pupils with emotional difficulties:

> *Well, immediately, you can look at the time it would take them to get down to the PE department from their last class. You can analyse that any way you like. If they're quick, if they're slow, if they're with a group of pals, if they're on their own ... they can all be indicators of different things, you know. If someone's wanting to be the last in the PE department, if they've got a problem coming down here, if they've got a problem changing between classes and are anxious about that. If they've got a reason for not wanting to change with other children, or be in before or after the other children, is that reason because they're uncomfortable with their body image, or simply uncomfortable exposing themselves in front of their peers or are they trying to hide something? And obviously all the child protection issues are involved there.*

Both teachers whose comments are quoted above had developed strategies to support those pupils through discussion, and appropriate activities, but also stressed the importance of referring issues onwards to draw in appropriate specialist support. Whilst they could see a role for themselves in working to support and promote mental wellbeing they were also quite clear about the boundaries of their expertise.

Young people held clear views about the ways in which they might seek support from teachers if they were experiencing difficulties. Universally, secondary pupils mentioned their guidance teachers, although older pupils expressed much greater reluctance to approach guidance staff than did younger secondary pupils. Older pupils felt they would be more likely to confide primarily in friends, and that guidance staff were there mainly for issues affecting academic performance. Pupils were also rather pessimistic about the ability of guidance staff to help them with issues that originated outside school.

In most cases secondary pupils did not feel it was appropriate to talk to other teachers about personal issues, and in some cases felt that their teachers would not be interested. However, the role of extra-curricular activities in building firm relationships through which pupils could talk more easily to staff was very strongly

evident in one of the case study schools. Woodfarm High School (part of East Renfrewshire case study) had an extensive programme of clubs, to which the pupils referred repeatedly. These appeared to offer a range of ways to promote mental wellbeing, one of which was a strong belief generated amongst the pupils that the staff were interested in them beyond the confines of the classroom. Pupils identified the teachers who ran the clubs as possible confidantes in cases of difficulties, as they felt they knew them in different way from other class teachers.

Because you know them slightly better and you like them better. (S2 pupil)

A teacher at this school described how he felt extra curricular activities affected his relationships with children:

I guess I came into teaching because I like people. I like youngsters, you know…. Normally I would be taking a badminton club after school this evening. I like to meet kids socially. I like to play badminton with them, and to cycle and to hear their chat. And yes, I do see my role as being more than a subject, though the subject is very, very important to me, but I like to think of it as more than that.

The slightly less formal relationships that are generated through sharing activities are clearly seen as very beneficial by both teachers and pupils, so it is perhaps not surprising that another type of trusting relationship is very often built up between pupils and the non teaching staff such as auxiliaries and classroom assistants, who have more opportunity to respond to individual need. These types of roles allow closer observation of the behaviour of individual children both in the classroom and in the playground, and these workers are often approached by children who are experiencing problems. Some schools are very aware of this role of their support staff, and encourage them to listen carefully to the issues children raise, valuing their input. However, those who hold these support roles in school would take little responsibility for remediating any problems; they would refer matters immediately to the teaching staff:

Children will quite often come up to us in the playground and tell us things that they haven't told anybody else. Like they'll come up and say, 'Can I talk to you?' And that will be something we will share. We'll go straight to [the headteacher]. (Classroom assistant)

Within those schools in the case studies, a wide range of other professionals could be seen working with children and their families, such as social workers, counsellors, pupil and family support workers, therapists, family learning co-ordinators and school nurses. Whilst all these people had a slightly different remit and professional background, they were more likely to share a person-centred, individualised way of working with pupils or parents (or both). They offered a different kind of relationship based on trust, and in some cases professional 'befriending'.

Critical to the performance of this type of role is the need to build a reputation within the target community of being approachable, non-threatening, responsive, supportive and caring. In multi agency settings workers can bring a range of skills to schools,

and have the time to work with the most vulnerable pupils that teachers simply do not have. But is there is a danger in bringing a team of caring professionals into a school, and expecting them to take over the business of pupil welfare if it is seen to relieve other school staff from a responsibility for developing a caring approach to pupils in their charge?

How well do the sorts of relationships that exist in schools allow teachers to identify (and respond to) the link between mental wellbeing and behaviour? Findings from interviews with education, health service and voluntary sector staff suggest that schools are generally becoming more aware of the links between mental wellbeing and behaviour than previously. Health service and local authority representatives argued that in primary schools teachers are more sensitised to these connections, since their initial training includes elements of child development and a holistic approach to their work. Importantly, since most are generalists attached to a single class unit, they also spend more time with a smaller number of pupils over the school year than class teachers in secondary schools where contact with any one pupil in a given week may be more fleeting.

Within secondary schools, the 'medicalisation' of some behavioural problems and their naming as 'conditions' such as ADHD has heightened awareness of the links between mental health and discipline, as have changes in systems of guidance and pastoral care. A degree of consensus was evident that those young people who were disruptive were most likely to be identified and, conversely, that those whose behaviour was withdrawn or passive would be more likely to be overlooked since they posed no immediate threat to classroom order. Within secondary schools there would be gradations in the understanding of the link however. Thus the need to maintain classroom behaviour and deliver the curriculum was clearly uppermost in the minds of many teaching staff. In contrast, guidance staff, some senior staff and those non teaching staff who worked with targeted groups or in behaviour support were more likely to see links between behaviour and mental health as part of their remit, not least because they were dealing regularly with external agencies who specialised in working with schools on these topics.

> *I don't think they are very good at recognising youngsters with emotional behavioural difficulties at the moment. And I am afraid it's still…a lot of it is still rhetoric, and you know we don't do that very well at all. I mean I am quite categoric on that, we really don't. And I think part of that is actually because they don't know what to look for you know. (education authority representative)*

A number of those interviewed were more convinced that teachers were sensitive to the climate but that they lacked the capacity to identify what underpinned this:

> *I think often what schools do is they recognise that there is an underlying problem but they can't identify it. I think that is what causes teachers concern because they like to know the answers. They know there is something but they don't know the cause of it and that can worry them, or they don't know what it is. (Quality Improvement officer)*

An educational psychologist gave a more optimistic perspective on schools with regard to their ability to make the links, but acknowledged teachers' difficulties in building this into any pattern of sustained action:

I think all schools are some way down the road to this. Quite often they'll make the connection. But some of the youngsters that are more challenging, although schools see the connection they don't always acknowledge it. It becomes harder for them to always bear in mind that connection and continue working with that young person if the challenge becomes so great that they feel they are being disrupted. I think our schools are getting much better at being inclusive and that would include children with emotional health difficulties but they are not by any means all the way there. (Educational psychologist)

A health worker with a remit to work in a school cluster felt that the pressures on teaching staff prohibited them standing back and looking at children as individuals:

I don't think teachers can identify the link very well. I have gone to a principal teacher and said, 'Look I don't know him but I think that wee boy has problems. Is there anything going on at home?' Maybe, just maybe, that has alerted them to speak to him or try to find out. I come from a nursing and social work background so that is important to me…Perhaps if they stood back and looked … but they are so fraught with the amount of stuff they have to do and have to get through that all they see is bad behaviour and they don't look at the underlying reasons…I have found that a real struggle… (Health development worker)

There was strong evidence throughout the telephone survey data that respondents felt schools were more likely to identify mental health difficulties in those pupils whose resulting behaviour was disruptive. These pupils were highly visible within the school and the smooth running of the school was compromised by their behaviour. Consequently, their needs were more readily identified and addressed than pupils whose response to difficulties was more covert. This imbalance could be seen in the types of issues which were referred to other agencies. For example The Place2Be staff reported the majority of referrals being related to unmanageable behaviour.

A youth counsellor felt that this was a consequence of the ways in which schools operate:

Um…I think…I think…I think there is something to be said to the argument that the brightest will receive attention, and the most difficult will receive attention, and the ones in the middle might be missed. I perfectly understand why there might be some level of truth to that argument in simply looking at what teachers are expected to do in a classroom. And I have come across young people who perhaps have been sitting in the middle.

For some teachers, withdrawn children were more difficult to identify in class:

Yes, these are the ones that are much, much harder to deal with because in some ways these children are behaving as you would ask them to behave. If you know.. [laughs]… they are being quiet and they are being good and they are appearing to get on with it… These are the ones who the danger is that they

may very well slip through the net, that they won't be noticed until again someone asks for a report on a particular child, and you say, 'He's doing fine.' (Secondary teacher)

The gender difference between how boys and girls respond to their difficulties is well documented in the literature, with boys typically "acting out" and girls "acting in", or withdrawing. Consequently, if schools have greater difficulty identifying the needs of very quiet pupils, this may operate to the disadvantage of girls experiencing problems in their lives.

It was clear that divisions existed within schools about work on these topics. For the following speaker this picture was one of awareness and expertise in some quarters which was not being cascaded or shared with the classroom teachers and one where senior management in schools could provide more appropriate forms of support, not least in enabling more contact with other professionals and in communicating more clearly about the needs for sustained work on these issues:

> *The key people for me are those who have to make decisions about the appropriateness of responses, supports ... So I am looking there at probably the senior managers in the primary schools, the guidance staff, and senior managers in the secondary schools. Uh...I mean I have a lot of...a lot of contact with our social work colleagues and the key people [in schools] I would say - on a scale of 1 to 10 - the key people they probably operate around about...I would say about an 8 or 9. I think there is a much higher level of awareness. [But] if you go into the classrooms, you sometimes think, ' It's just not happening here.' (Inclusion and support manager)*

As noted in the literature review, the wellbeing of teachers themselves (not least connected to their sense of competence) has implications for the ways in which they respond to the children and young people in their charge, and has an effect upon the overall ethos of the school. A collegial and supportive climate for teachers is essential for ensuring improvement in services for young people. One speaker, for instance, commented on the fact that a great deal of what teachers were being asked to do in respect of mental wellbeing and discipline represented new and relatively uncharted territory for some teachers:

> *I think ...there are a whole range of reasons ...I mean for younger teachers I think our teacher training is not yet up to scratch. I think that for older teachers, it's the...it can be simply because they've never really had to consider emotional well being. Although its now embedded in law, it's a requirement that they must consider the whole needs of the child effectively, they are in their classroom to teach a subject or to impart learning, so there are barriers...*

> *Interviewer: They haven't changed their view of what they are there for?*

> *No, they haven't changed their view and they don't intend to change their view. And you have got the vast majority who are I think in the middle. And they are the ones who are still open, but because of the nature of the work they do, they are not really encouraged to think holistically, because by and large kids are compliant. Most youngsters are compliant, they come into the school, they will sit down on their seat, they will have a bit of a laugh, and they will get on with*

their work and get up and go home and have their tea. And that is the
experience of most teachers, so…their attention therefore is not really drawn to
the fact that oh Johnny looks a wee bit withdrawn today, he's a bit white, is
there something going on? (Inclusion and support manager)

It is precisely this fact (the novelty of the responsibility) that was identified by teachers in the case study interviews as a cause of stress. They noted that many colleagues were feeling ill-equipped to deal with challenging behaviour in the classroom, and worried about the wellbeing of pupils whom they felt unable to help. Interestingly, therefore, any intervention that supported the wellbeing of pupils, also therefore had a knock-on effect on the wellbeing of teachers. Participants in the case studies frequently mentioned the positive effect of additional pupil support on themselves. For example, in a school which hosted The Place2Be service, a teacher spoke of a pupil who was having difficulties:

It's just reassuring to know that somebody else knows and you are not carrying
the weight of it yourself.

Similarly in East Renfrewshire a teacher compared the situation in which she now worked, in a well established Integrated Community School to how she had felt in the past in a situation where the support for pupils was not so easily available:

Staff are much more aware of the fact that children have input from different
agencies, whereas if you are not .....you assume nobody is bothering to deal
with them and that affects morale. In a negative way, people feel they are
bashing their heads against a brick wall.

The ASSIST scheme, in which teachers were supported by designated colleagues to develop solution-focussed, environmental responses to challenging behaviour was seen by some as primarily a mechanism for reducing the stress of teachers:

There will always be kids causing "dripping problems" and before ASSIST that
was not being dealt with. That is where ASSIST is important because it [low
level disruption] can be soul destroying for teachers. (Class teacher)

ASSIST is necessary for teachers' wellbeing. Obviously pupils' wellbeing is
important, but to keep teachers in teaching is important. It is these things that
wear people down. (Class teacher)

As part of a staged intervention approach the programme encourages teachers to think about low level disruptive behaviour in the context of the school environment and thereby implicitly addresses the link between behaviour and mental and emotional well being. The environmental approach has implications for whole school or whole class ethos, rather than being an individualised response to a naughty child. ASSIST offers teachers a confidential peer support service to develop a self-evaluative, solution-focussed route to managing difficult behaviour, without prejudice.

The strengths of ASSIST lie not only in its challenge to traditional individualised, punitive approaches to indiscipline. It is also designed to take into account the ways in which teachers develop their practice. Teachers develop their classroom practice

partly through their own experience, and partly through discussions with other teachers (although some report difficulty in admitting to problems). Training approaches such as verbal presentations are often not very effective in altering practice, and the case studies have demonstrated the suspicion with which teachers can view advice from other professionals. The ASSIST scheme trains an unpromoted colleague to act as confidante and mentor, thereby giving credibility to the support offered (at least in the eyes of some teachers). It offers confidentiality, so will be acceptable to those teachers who do not feel confident to admit difficulties to other colleagues. And it takes a self-evaluative approach, so the teachers are able to build on their own experience. So whilst the delivery of ASSIST scheme is not without some challenges, it offers an interesting way forward in developing teachers' responses to challenging classroom behaviour, and in the wider issue of developing a school culture which values emotional well being.

Clearly, the links between pupil wellbeing, teacher wellbeing and school ethos are interrelated in a complex fashion. If teachers feel pupils are supported by specialists, this impacts on their own wellbeing which will in turn affect the ways in which they feel able to respond to pupils. And if teachers themselves are up-skilled to offer an environment which is more conducive to wellbeing and improved behaviour, this also reduces their stress levels and allows them to develop better relationships with pupils. There appears to be an upward spiral relationship, which can be accessed in various ways.

The focus on these new relationships in schools and the growth of support for pupils and their families to help them to deal with the difficulties that they faced was critical to many of the interventions which were subjects of this study. Was there any danger of troubled or troubling pupils being cast as passive subjects to whom help was administered – people who were 'done unto'? This issue had been addressed in some areas, to see how pupils and parents could be actively helped to develop their own coping strategies. However this was not a straightforward matter for schools, parents or young people.

One of the main issues for both pupil and parental involvement was the accessibility of the service. If schools acted as gatekeepers to the supporting agencies, then access to services was dependent on teachers' identification and interpretations of difficulties. And as already described, teachers can sometimes mis-identify issues, for example by focussing on disciplinary responses, or by failing to spot withdrawn pupils. If the school's systems are designed so that access to services is through senior management, then worried parents or pupils are required to present first to the school, which then determines the course of action. One parent in the interview sample had been denied access to services by a school for her daughter who subsequently ran away from home. This case demonstrates the need for multiple entry points to support services, allowing both parents and pupils to identify difficulties.

The Place2Be offered a support service which was highly accessible to children. By physically placing itself in a central position in the school, by maintaining a high profile, by operating a straightforward system of pupil self referral, and making itself universally available for any pupil wanting to talk, it provided a service with which children felt very comfortable. At The Place2Be there was no threshold below which issues were not accepted; the counselling service was open to any pupil who

identified an issue which caused them concern. Consequently the pupils were confident that they would always be taken seriously and The Place2Be staff were in a position to identify those who required more intensive support.

Whilst The Place2Be offered the most accessible self referral service in the study, other services also offered pupils opportunities to self refer. School nurses, for example, operated drop-in clinics in some areas, and Newbattle High School operated the "Ozone" drop in at lunch times and youth counsellors also took a proportion of self referrals. Whilst it is vitally important that children and young people are given opportunities to present emotional difficulties, and this does increase the likelihood of identifying mental health difficulties, it does not result in all vulnerable pupils coming forward. It takes a certain level of confidence to approach a professional about personal difficulties, and those pupils who are very withdrawn are unlikely to take advantage of these service, as described by this youth counsellor:

> *Well the age group…for this age group self referral is not expected to be high. I think at the moment we are running with about 10%. And that actually is a pretty good figure for self referral for this age group so we can't expect that those young people who are pretty isolated … are going to refer anyway.*

Consequently, to increase the accessibility of services to pupils there needs to be a range of different ways in which professionals interact with pupils, allowing other opportunities for young people to voice their concerns, and allowing the other professionals to observe behaviour of pupils and identify issues that might be overlooked in a busy classroom. An example of this approach could be seen in the services operated by the North Glasgow Youth Stress Centre where the delivery by Stress Centre workers of parts of the PSE curriculum to small groups of pupils allowed for these type of relationship to develop.

In the case studies, there were also some examples of interventions which gave pupils considerable control over their own support. For those pupils at Clydebank High School who had been identified as experiencing difficulties coping with being in class, there was an option to remove themselves to the designated supported environment of "room 43", at any time of their own choosing. This, it was felt was an inclusive strategy, as those pupils would possibly truant if they were not able to take refuge in this safe haven. And The Place2Be offered a child-centred therapeutic approach to a small number of pupils who were identified as experiencing significant mental health difficulties. Within the safe environment of The Place2Be room, they could choose any available activity (such as painting, playing in sand, puppetry), or no activity and it would be through this activity that the trained therapists would explore the issues which were troubling the children.

Summary
In this chapter we have looked at that aspect of the health promoting school which focuses on the effectiveness of the school's culture and environment in determining or transforming attitudes to emotional wellbeing and discipline. This has encompassed issues such as relations with the parent community, relations between teachers and pupils, and the tensions between delivering education in the mass and responding to the needs of individual children.

From the literature review we derive an analysis of how school environments might themselves create or exacerbate problems of wellbeing and indiscipline, together with a look at how we might theoretically engineer the school environment to produce better results. In part B the empirical evidence is used to explore how well Scottish schools appear to be responding to issues of ethos and environment, at least in the eyes of the stakeholders, teachers, parents and children who were interviewed.

In answer to the question, 'How might the environment of the school itself create problems of mental wellbeing and indiscipline?' the literature review reveals a number of important answers. Schools that are poorly embedded in their communities and in which individual teachers have little understanding of the sorts of daily problems being experienced by pupils and their families create a poor basis for establishing a health promoting school. Poor levels of understanding in turn affect the ability of the school to communicate with the parent group. Low levels of interaction between parents and school do not support rapid identification and remediation of problems.

The literature also informs us about how attempts have been made to engineer school ethos to produce better results in terms of wellbeing and discipline. These can range from overarching frameworks like the establishment of tiered response frameworks for classroom incidents of indiscipline, clear models of support for both teachers and pupils, and the importation of additional posts with different professional expertise, to more specific schemes hoping to promote peer mediation, pupil participation and so on.

Within the school, the nature of relations between teachers and pupils will become a critical factor in the way in which problems of wellbeing related to discipline are construed. Who is to blame when children misbehave? If the answer is always that the problem is conceptualised as one where the child has deliberately chosen to flout rules or be non-compliant, then discipline structures will be invoked. A recognition that external stressors or aspects of the school's operation itself may have contributed to or exacerbated an incident may be used to invoke a more supportive response. Where pastoral and discipline systems are not highly convergent this can lead to huge variability in the treatment of similar incidents, depending on factors like teacher knowledge of pupil and family circumstances, as well as the levels of pressure prevailing in the situation in which an incident occurs.

Schools must have a capacity to identify both general points of vulnerability for individuals or cohorts (like transition between primary and secondary), but also the specific vulnerabilities of groups like looked-after children. Any school in which bullying or racism is tolerated or even implicitly condoned cannot hope to avoid creating its own discipline problems.

The empirical evidence presented here supports the broader findings in the literature review. Knowledge of the catchment and the sorts of social problems that might be encompassed within it was seen as crucial, with commentators making a contrast between urban and rural areas, the latter benefiting from small school sizes and more stable community structures. Links were made from this directly to the ability of parents to be participative in aspects of education. Some commentators felt that the perceptions of schools (and authority structures generally) held by some of the most

disadvantaged parents meant that some form of mediating service like link workers was very beneficial, giving parents less daunting routes through which to make contact with schools or address school issues in respect of their children's behaviour.

Within schools the same issues of teacher relations with pupils emerged as paramount, but respondents from all quarters acknowledged the very real tensions between delivering a mass education system to the many. With schools focusing strongly on attainment, the need to flex the system to make time and space for individual children who were troubled or troubling often proved difficult. Whilst acknowledging that it was not essentially incompatible for a school to aim for academic excellence whilst also operating a strong pastoral system, even critics acknowledged how little 'wriggle room' schools had in the way of teaching resources to take on both roles.

Buying in or attracting additional resource to access support from professionals specifically skilled up to deal with these sorts of issues provided one solution, but only worked at very simple levels if outside help was simply used to mop up problems schools felt too harassed or unskilled to deal with themselves. We return in chapter 4 to these issues of 'ownership' of the problem.

The ethos of the school was also critical in determining casual day-to-day relations between young people and adults. Informal rather than programmed interactions often gave young people an opportunity or window to raise issues which they would not have brought forward in more formal settings. In a reciprocal way, extra curricular clubs, school trips and outings often allowed teachers to see children in a different way and observe problems that they would not have noticed otherwise. In many instances non-professional support staff in schools can become the first port of call for distressed children, and schools need to be clear about both the value of approachable adults, but also the ways in which they need to be supported to seek out further help for children if necessary.

Finally, there are relatively few examples where young people (or their parents) have much autonomy in terms of seeking help or accessing service. Sometimes protocols of referral are daunting in themselves. Experimental schemes which allow pupils and their parents to self refer have, where managed properly, proved their worth.

In a variety of complex ways the school environments is thus a critical element in the development of a school and one which promotes mental wellbeing and helps deliver some solutions to discipline problems.

3 Promoting mental health and emotional well-being through the inclusive curriculum

Introduction
In this chapter we examine the second element said to be necessary in the creation of the health promoting school, namely a curriculum which serves all and aims to promote inclusion. Weare and Gray (2003) examine at some length the terminology surrounding concepts of 'emotional' and 'social' learning. While terms such as 'emotional intelligence' and 'emotional learning' are relatively new, though increasing in popularity, they exist alongside older established terms in school such as 'personal and social education' and 'personal and social development'. The authors discuss the advantages and disadvantages of the various terms. While accepting that a range of terms exists, will continue to exist, and should be freely drawn on, they also suggest that work towards some commonality of understanding across fields would be beneficial. They propose the use of two cluster terms that together cover environmental and pedagogic aspects: 'emotional and social well-being' and 'emotional and social competence'. The former focuses on the 'environment and underlying determinants that enable the competences to be developed', the latter is about 'the learning and teaching of knowledge, attitudes and skills.'

This section examines the curriculum considered both as process and product and focuses both on the literature and on examples from the findings from case studies and the interview survey.

	Universal	Targeted
Process i.e. about pedagogy, ways of learning and teaching styles. **HOW**	This is about **how** material is taught across all subject areas e.g. how you teach maths, geography etc., but also more specifically in the context of this project how children are taught *en masse* across all groups	A learning / teaching styles approach but only working with specific target group e.g. nurture groups
Product i.e. about things children can be taught i.e. subjects, information, frameworks. **WHAT**	This is about teaching skills, knowledge and understanding etc. relating to social competence e.g.PATHS - but also about universal risks, so includes drug awareness, bereavement education etc.	This is about skills or content orientated teaching interventions aimed at selected high risk or vulnerable groups

Specifically, it examines pedagogic approaches which increase pupils' participation in their own learning and so enhance well-being and aim to increase pupil learning; 'PSD' and other aspects of the curriculum as discrete subject areas which aim to develop social competence; and targeted approaches which respond to the needs of specific groups. It thus conceptualises emotional and social learning in both holistic and individual terms. The chapter finishes with a short summary.

Curriculum as process: pedagogic approaches which enhance pupil well-being
There is considerable evidence to suggest that social/emotional competences can be taught (see, for example, Weare and Gray 2003; Weissberg and O'Brien 2004), but that this might be best achieved through a process approach rather than through the teaching of specific skills or bits of knowledge. An embedded whole school approach to emotional and social learning offers opportunities for students to both acquire and practice the skills, knowledge and affective aspects that underpin the notion of competence.

The notion that individuals construct their own knowledge is long established through the work of theorists such as Piaget (1896-1980) and Vygotsky (1896-1934). While Piaget emphasised the active nature of learning through exploration, Vygotsky's focus was on the social dimension. However, the implications of these widely accepted ideas have not been universally translated into practice. Much teaching still draws on a transmission metaphor which views knowledge as being transferred passively from the teacher to the learner. Piagetian principles pertain in the nursery but curriculum demands are often viewed as precluding a more exploratory approach as pupils progress through primary and into secondary school. Despite this, primary schools remain more likely to be prepared to undertake the wholesale review of teaching methods and approaches that is involved in moving towards a more health promoting approach, and this is partly because of the somewhat looser structural constraints on the curriculum, but also because of the widely accepted view that the early years are so critical in establishing the foundations of children's learning and wellbeing. Weare and Gray (2003:53) cite research which indicates that, 'programmes which start early, with the youngest children and which are developmentally sensitive to the age and stage of the pupils were best able to promote improvements in emotional and social behaviour, for all pupils.'

Desbiens and Royer (2003:123) cite work by Bowen *et al* (2000) which suggests that 'teaching methods that enable children to organise learning at their own pace, manage problem-solving processes and learn from interaction with other students generate encouraging results from social and educational standpoints'. Recognition of the social constructivist notion of learning is implicit in relatively long-established practices such as collaborative work and peer tutoring. Frey and George-Nichol's (2003) meta-analysis of interventions for children with emotional and behavioural difficulties suggests that peer tutoring and cross-age tutoring are effective in this regard. McKinstery and Topping (2003) report that peer tutoring in a paired reading scheme can produce gains in self-esteem for both tutors and tutees.

Recently, however, there has been growth of interest in 'brain compatible' learning which draws on research in the neurosciences. At the same time attention is being paid to factors such as learning style and to 'meta-learning' i.e. pupils learning about their learning. This is particularly evident in the widespread uptake of ideas emerging from the 'Assessment is for Learning Group' (Black and Wiliam 2002). Application of ideas associated with 'brain compatible' learning is seen in 'accelerated learning' (Smith 1998) and 'brain gym' (Brain gym website) an approach which is being enthusiastically taken up in some schools, though little formal evaluation appears to

have been carried out. The recognition of a range of learning styles and the idea of a 'preferred learning style' together with Gardner's (1993) theory of multiple intelligences (MI) is also gaining ground in schools. While there are critics of Gardner's MI theory and constructs surrounding learning styles (see, for example, Klein, 2003) this approach does challenge the bias in the curriculum against visual and kinaesthetic approaches. As Smith (2002:69) remarks, 'concern with equity and inclusion in the UK today gives teachers and curriculum planners the opportunity to use learning styles to make learning more accessible to a greater range and number of students.'

A widespread feature, certainly of primary schools, is 'circle time', popularised through the work of Jenny Mosley (1996). Despite claims for the benefits of circle time there has been rather little formal published evaluation of this approach. A recent report (Taylor 2003) suggests that many schools claim improvement in ethos, raised self-esteem of pupils and enhanced listening and group skills through use of circle time. Pupils too were largely enthusiastic, 'they liked talking, gaining attention, and learning about themselves and others and having fun.' However, Taylor notes that many classroom teachers have not received specific training for implementing circle time, a fact that she regards as potentially problematic, especially with respect to ethical issues such as disclosure and confidentiality. Taylor concludes that 'to reach its potential it requires preparation, planning and review and to mesh with other personal and social teaching and learning strategies and opportunities in the whole curriculum'. As a response to specific individual needs, however, circle time may have more limited application. In work by Wade and Smart (2002) children of divorce/separation spoke positively about circle time but indicated they would not use it as a forum to discuss personal issues.

Circle time is an example of a pedagogical approach which is likely to be used universally in the primary school setting for example. Some pedagogical approaches are designed, however, because of their very intensive nature, for use only with targeted groups. As an example of this we look at what has been written about 'nurture groups', an alternative curricular approach to meeting the needs of young children having difficulty coping with the demands of classroom life. Nurture groups aim to provide early and sustained intervention for children with emotional and behavioural difficulties.

Although nurture groups were first developed in the 1970s they are perhaps only now becoming widespread, finding a ready place in schools with the current emphasis on the development of inclusive practice. The theoretical underpinning of the nurture group is derived from Bowlby's attachment theory that proposes that, in order to thrive, infants need to be securely attached to a parent or other significant adult carer. When these needs are met, the child is able to engage in 'the exploratory behaviours that are so important to normal child development' (Cooper and Lovey 1999: 123). Without this early attachment to an adult who can nurture their development, providing a range of necessary experiences, children's emotional development is impaired, causing them to become 'stuck' at a particular developmental stage or to regress to an earlier stage. As a result of this, children arrive at school without the necessary maturity to cope with the exacting demands of school life.

The aim of the nurture group is to make good this perceived underlying nurturing deficit. Typically, a nurture group is a room in the mainstream school accommodating around 10-12 infant children and staffed by two adults, one of them a teacher. The room has a number of different areas reflecting home and school. Within this comfortable and secure environment the adults respond to the children's developmental needs.

Bennathan and Boxall (2000) emphasise that the nurture group should be seen as central to the functioning of the school – metaphorically and, preferably, literally. It is viewed as an inclusive intervention in that children remain within the mainstream setting and they start and finish each day in their mainstream classroom. In addition, parental involvement is considered to be a fundamental part of the nurture group.

A body of research evidence is developing about the effectiveness of nurture groups. Most of this evidence comes in the form of small-scale case studies. However, a larger project was undertaken by Cooper, Arnold and Boyd (2001). Teachers were almost unanimously positive, both with respect to children's educational progress within the nurture group and in terms of the impact of the nurture group on the life of the school as a whole. In particular, teachers highlighted:

- The development of more nurturing attitudes and practices throughout the school
- Changes in the ways in which teachers think and talk about children
- Contribution of nurturing principles to whole school policies
- Increased sense of empowerment with 'difficult' students
- Evidence of increased awareness of developmental issues and the relationship between social-emotional factors and learning.
    (Cooper, Arnold and Boyd 2001:164).

Parental views about the value of the nurture group were less clear cut. The majority felt that behaviour, educational progress and enjoyment of school had all increased, but some parents expressed negative views.

Children's perceptions of the benefits centred on:

- Quality of relationships with teachers
- Opportunities for play
- Quietness and calmness in the nurture group
- Pleasant environment
- Engaging activities (including preparation of snacks)
- Predictability and structure

The authors conclude:

The evidence from this study suggests that such a holistic approach has the potential to produce positive outcomes across a wide range of variables, including social, emotional and behavioural and educational functioning of children; parents' attitudes towards their own children and the school; and the positive functioning of whole schools. (Cooper, Arnold and Boyd 2001:165).

O'Connor and Colwell (2002) assessed children entering and leaving a nurture group. The study showed that while the short term effects are quite clear, with children's emotional and behavioural difficulties reduced to a level enabling them to participate in the mainstream classroom, over the longer term this is not necessarily so:

> *It may be the case that some of these children still need a degree of nurturing in the normal classroom, if they are to maintain the changes and continue to flourish. (O'Connor and Colwell 2002:98).*

Understandably, there has been considerable interest in 'transferring' nurture group principles into mainstream classrooms. Colwell and O'Connor (2003) undertook a small-scale study in four schools using quantitative observational techniques aimed at establishing the factors underpinning the success of nurture groups in comparison with mainstream classes. They found that within the nurture group teachers used more supportive language – conveying acceptance of pupil ideas and feelings, using fewer deprecatory remarks, less bland praise, calmer responses to inappropriate behaviour and encouraging more independence than did their mainstream colleagues. In addition, nurture group teachers used more 'positive non-verbal behaviour' which 'conveys feelings of acceptance and warmth.' The authors conclude that 'a climate in which a child feels safe and valued may allow for the rejuvenation of self-esteem.'

However, work by Doyle (2003, 2004) points to successful application of nurture group principles and practice to mainstream classes. In effect, she argues, the Nurturing School is the paradigm of the inclusive school. Doyle (2004) discusses the implementation of a curriculum for social development as a key element in ensuring that nurturing principles are grounded throughout the school. This curriculum describes clear learning outcomes focusing on:

- Social skills
- Self-awareness and confidence
- Skills for learning
- Self-control and management of behaviour

Doyle (2004) argues that this curriculum benefits all children, not just those with emotional and behavioural difficulties.

While most evaluations of the work of nurture groups are positive, Bishop and Swain (2000a, b) discuss some issues that question aspects of this. In particular, they question the philosophical underpinning of nurture groups which, in their view, seems to be based upon a 'pathological view' of children and their families. In a case study they suggest that the model of parental partnership held among staff was one of 'transplant' i.e. 'experts' (the teachers) pass on their skills and expertise to parents to be used at home. This, they argue, is a limited approach: 'the teacher retains control and thus this is not a full partnership.'

Although developed with young children in mind, some interest has been expressed in developing similar groups for older children and adolescents. However, there appears to be little published work on this aspect of nurture groups.

Pedagogical approaches are clearly linked to social and emotional learning and competence, and so the failure to pay attention to this at secondary level is the more obvious. Whitty and Campbell (2004:18) suggest that a disappointing feature emerging from the evaluation of New Community Schools is the extent to which curriculum reform (including approaches to learning and teaching) was minimal, 'integrated services will not achieve a significant impact if they do not involve an educational component, ideally linked to curriculum and classroom practice.'

Curriculum as product: approaches to promoting emotional competence
In the previous section we looked at claims that pedagogical approaches (the process of teaching and learning) could be used to create active learning and encourage emotional competencies. In this section we turn to what has been written about curriculum as product and focus inevitably on the ways in which much of the relevant curriculum is invested in that part of the school's weekly offering known as Personal and Social Development.

Programmes aimed at supporting pupils' personal and social development have the dual aims of enhancing pupils' social competence and teaching about specific topics such as resilience, bullying, bereavement, substance abuse etc. Anecdotal evidence suggests that PSD does not enjoy the high profile it arguably should, either in the eyes of school staff or of pupils, particularly in secondary schools. Its low status may be due, in part at least, to lack of ownership by teachers whose identity is bound up with loyalty to subject, and by the fact that it is not examined. HMIe (2004:14) reports that 'few mainstream schools had well-planned comprehensive programmes which took full account of pupils' prior learning and ensured challenge for them.'

One factor associated with effective implementation of published PSD programmes is fidelity to the curriculum. In a study of teacher implementation of a programme on substance abuse Ringwalt *et al* (2003) found that only 15% of teachers followed the guidance closely. Among the variables associated with programme fidelity were: how much teachers enjoyed teaching the programme; how effective they believed it to be; and how confident they felt teaching it. Recent training in programme delivery also enhanced fidelity. This suggests that ineffective PSD teaching may be bound up with lack of interest in teaching it, lack of appropriate training, and lack of belief that such programmes can make a difference. However, there is a tension between fidelity in implementation of published programmes and need to contextualise programmes for local circumstances. Greenberg (2004:9) suggests that 'the polarising debate regarding fidelity versus adaptation can be more effectively recast as focusing on the quality and nature of adaptations.'

However, while PSD is widely viewed as a Cinderella subject in schools, youth and community groups supporting excluded youth are more positive about its benefits. The Young Adult Learners Partnership (YALP 2003) regard PSD as a means to develop social capital among disaffected youth, based on an understanding and development of resilience as a response to risk. In their research YALP consulted users of the Connexions service about PSD programmes they had participated in. Service users clearly valued opportunities to develop social skills within a group learning and sharing environment. In particular, they valued activities that included: performances; outdoor education; youth forums and councils; volunteering, mentoring

and 'buddy' schemes; and planning and organising an event. Characteristics of effective programmes included:

- Well-structured but flexible programmes responsive to young people's needs
- Direct involvement of young people in planning, delivery and evaluating PSD programmes.
- A holistic approach 'rather than a focus on a narrow set of specific skills'.
- Well-trained and highly motivated staff.

An important aspect was the 'incremental transfer of power' from adults to young people within the programme.

Clearly there are lessons to be learned by schools from the experience of youth/community workers. Initiatives such as joint planning and delivery of programmes may be a means to provide more effective PSD in schools. Weissberg and O'Brien (2004:92) state that, 'one curious finding is that programs implemented by mental-health clinicians and peers have more positive effects than those provided by teachers.' Currently, opportunities for pupils in school to be engaged in the kinds of programmes outlined by YALP tend to be available only in the form of 'alternative curriculums' for disaffected pupils or those deemed to have emotional and behavioural difficulties. Head *et al* (2003:41) argue in their research on behaviour support that:

> *...the flexible approach to supporting some pupils did not necessarily result in a loosening of the tight structures within which most children received their education. There may be a contradiction in responding to some in highly responsive ways whilst maintaining the majority in rigid curricular systems.*

The role of activities beyond the classroom in developing social competence may be particularly important. For example, breakfast clubs have been cited as one of the most successful initiatives in New/Integrated Community Schools (Sammons *et al* 2003). Watson and Marr (2003) discuss the setting up of a breakfast club in a special school for children with emotional and behavioural difficulties. A key finding from this study was that the club provided opportunities for pupils to develop and practice social skills in a real yet supported context. Whitty and Campbell (2004:18) also point to Breakfast Clubs as 'increasing engagement and improving social outcomes such as addressing issues of bullying'.

Beyond the PSD curriculum some efforts have been made to incorporate new curricula elements that will promote wellbeing. One such example is Aberdeen City's 'Chess Development Project' (Aberdeen City Council website), which has involved pupils in some primary schools in an area of deprivation being taught how to play chess within the curriculum. Findings from a study of the project suggest that pupils' social skills are developed, that active learning is encouraged and concentration in class is enhanced (Forrest *et al*, 2005). It is clear in talking to teachers that such initiatives are not uncommon, yet dissemination of practice appears to be limited. The 'Social Competence' initiative (SOEID 1998) was an attempt to raise awareness of the importance of social/emotional learning in schools. While this initiative gave rise

to a number of interesting projects and an extensive database little evaluation or follow-up of these appears to have been undertaken.

In addition to these rather generalised attempts to develop social and emotional competence within the PSD curriculum and beyond, there are a number of curricular offerings which set out very specifically to teach young people about mental health. If we accept that this is an appropriate component of the curriculum, how should it best be done? This question generates some debate over whether programmes should focus on prevention of mental ill-health or promotion of mental wellbeing. Weissberg *et al* (2003) present two views. In the first, prevention and promotion are seen as separate activities. The argument is that 'health promotion should not be driven from the standpoint of illness'. Others argue that prevention and promotion should be combined since prevention programmes are too narrowly based, focusing on a specific area of risk. This argument suggests that problem-prevention efforts should be linked explicitly to programmes to enhance competence. Programmes based on this notion therefore have a dual function 'as protective factors that decrease problem behaviours and as foundations that support healthy development and success in life'. This leads to another 'major issue' in the prevention field i.e. whether programmes should be 'universal' or 'targeted' at specific groups at risk.

Weissberg *et al* (2003) argue that universal programmes are 'generally not of sufficient dosage or targeted enough to have a discernible impact on higher-risk children'. For this reason they advocate the use of 'comprehensive' programmes 'combining universal, selective and indicated approaches in multi-component, multi-year projects.' Weare and Gray (2003:43) also present a strong rationale for whole school approaches: it is less stigmatising to work with everyone; it produces a kind of 'herd immunity'; it is inappropriate to target in cases where the distribution of cases is continuous (where do you set the cut-off point?); emotional, social and behavioural difficulties are within the population etc. However, they agree that these universal approaches should be combined with work with individuals. They suggest that a lack of understanding about the complementarity of the two approaches exists:

> *...we should indeed target carefully, but against a backdrop of overall provision where it is much more likely to be effective than targeting alone.*

Whole-school approaches do not preclude the use of approaches that target individuals. Targeted interventions include programmes for anger management, counselling and alternative curricula. Nation *et al* (2003) conducted an extensive 'review of review' of prevention programmes in order to arrive at the principles underpinning effectiveness. Their research suggests the following characteristics for effective targeted interventions:

- Comprehensiveness – providing 'an array of interventions to address the salient precursors or mediators of the target problem.' Comprehensiveness also includes the concept of having 'multiple settings' i.e. they should include two or more of, schools, family and community, peer group
- Utilise varied teaching methods i.e. they should include active, skills-based components

- Be delivered in sufficient dosage – measured in quantity and quality of contact hours
- Theory driven i.e. have some 'scientific justification'
- Provide opportunities for children to develop strong relationships with 'significant others'
- Be appropriately timed
- Be socio-culturally relevant
- Be implemented by well-trained individuals.

In addition, Nation *et al* (2003) and other workers advocate the need for rigorous evaluation as part of 'evidence-based' practice. The notion of what constitutes appropriate 'evidence' is, however, contested. In the US this tends to mean quantitative research conducted within a positivist paradigm. On this basis a number of meta-analyses of programmes have been published in recent times (e.g. Catalano *et al* 2002; Greenberg *et al* 2001; Wells *et al* 2003). Catalano *et al* (2002:4) looked at the efficacy of 77 programmes meeting the study's evaluation criteria ('research designs employing control or at least very strong comparison groups' and which 'attempted to measure behavioral outcomes') as part of the 'Positive Youth Development' project in the US. Of these 25 were deemed to be 'effective' by the criteria set. Weissberg and O'Brien (2004:94) emphasise that for these programmes to be translated into effective practice requires that they are embedded within broader systemic approaches, 'uncoordinated programs ignore the fact that problems such as youth drug use, violence, bullying, sexual promiscuity, and alienation are closely interrelated, complex and develop over time within the broader context of the school, family and community.'

Combining process and product
'Multi-component' programmes are defined by the World Health Organisation as those which 'focus simultaneously on different levels such as changing the school environment as well as improving individual skills.' (WHO 2004). A particularly well-developed and evaluated 'multi-component' programme is the MindMatters, and latterly MindMatters+, initiative in Australia (Broomhall *et al* 2004; MindMatters website).

The MindMatters resource has been available to all schools in Australia since 2000. The resource provides: guidance for developing a whole school approach; curriculum materials focusing on resilience, bullying, loss and grief, and understanding mental illness; a professional development programme (supported by a two-day programme for school teams); and a web-site for ongoing support (Hazell *et al* 2002). In addition, it supports collaborative work with other agencies. MindMatters is not a prescriptive 'intervention'. It is described thus:

> *MindMatters is perhaps better viewed as a set of resources for schools rather than a defined program which has clear goals and objectives…[it offers] a menu of choices for schools in terms of both the health issues addressed…and the strategies to be used. (Hazell et al 2002:23).*

The programme is aimed at achieving more than just the insertion of curriculum materials into schools but at promoting systemic and systematic change in schools in

order to develop practices which foster inclusion. It is explicitly based on the model of the health-promoting school as an interaction of organisation, ethos and environment; curriculum, teaching and learning; and partnership and services (Wyn *et al* 2000).

The project has been extensively evaluated (Most recent evaluations are MindMatters Evaluation Consortium 2004a, b). A significant finding was that many teachers and students expressed the view that they felt more comfortable about discussing mental health issues, suggesting that, 'MindMatters had encouraged the development of a culture in which there was recognition of emotional needs and wellbeing.' (MEC 2004a:27). In addition, some schools reported 'an increase in students' attachment to school'. Thus disaffection was reduced and with it came falls in truancy and exclusion rates. Students also welcomed greater opportunities to develop 'leadership skills' through peer support schemes and appreciated the opportunity to 'engage with real issues such as harassment, bullying and drug use'. A key outcome of the programme was in enabling change:

> *MindMatters contributed to a culture of innovation where people were open to school change, partnerships and other programs. (MEC 2004a:32).*

Factors which affected outcomes of the implementation included:

- 'Readiness' of schools and teachers to change
- Extent of senior management involvement
- Resources allocated to implementation
- The nature of MindMatters resources
- Nature and amount of professional development training provided to staff
- Value attached to health and wellbeing as a focus within the school
- Value attached to health and personal development as a focus within the curriculum
- Commitment to the adoption of MindMatters
- Communication within the school.

Barriers to implementation included staff attitudes and reactions. In some schools staff resistance was evident. This arose from a number of factors including discomfort in discussing issues; concern about workload; questioning whether this is an appropriate remit for schools. Staff turnover was also found to be a barrier to effective implementation as was the effects of other change processes going on in schools at the same time. Overall, however, independent evaluations of the MindMatters programme are positive.

Section B: Evidence from empirical work

Introduction
The short timescale of this project did not seem appropriate for assessing fundamental curriculum innovation, so none of the case studies focus on interventions primarily delivered through the curriculum. Evidence presented in this section is, therefore, mainly gleaned from the telephone scoping surveys and from supporting

documentation supplied by some agencies. As such, any information on effectiveness consists of self reports.

The scoping surveys reveal a bewildering range and number of approaches in this vein, many of which were imaginative and creative. However the depth of work on this varied considerably within and across areas with some intensive pieces of sustained activity in pockets of local authority areas and even within schools themselves and by contrast, other areas with very sporadic activity which was *ad hoc* and clearly dependent on the presence of individual champions.

Many of the initiatives took the form of pilot projects but frequently appeared to exist in a theoretical vacuum with little reference either to the previous work or ideas they might have been based on or to how the intervention would be sustained in the future. Many were staffed by highly dedicated, enthusiastic and skilled staff and volunteers who often worked hard to integrate their work and to give it credence with other professionals. This diversity is unsurprising given the variety of agendas, interests, lack of accountability, professional capacities and resources including expertise that exist. Many of those interviewed pointed out that work in their area was under review, in the early stages, or about to be reviewed.

Curriculum as process?
Survey findings indicate that the health promoting school and integrated schools model provided both a backdrop and a rationale for the development of work on emotional and mental wellbeing by health and voluntary sector staff. Importantly it also provided a gateway for health workers to extend their work in schools and to develop more coherent approaches with colleagues from school nursing and teaching. Key personnel such as health promotion staff were thus active in supporting schools to develop their work in this arena through the offer of training, materials in the form of packs and courses, working with other agencies and in making connections with related work in the area. Many of the small scale initiatives which were discussed in interviews demanded a high level of input of staff time in securing funding and were mainly short term or pilot initiatives.

However, almost by definition, innovations coming forward from other professional groups would have little chance of penetrating the educational ramparts in respect of pedagogical approaches. It was difficult to locate **universal** or non targeted examples where schools had really undertaken a fundamental shift in respect of teaching/learning methods.

Under the health promoting school banner Lothian Health had used a variety of methods with teachers, pupils and parents in 8 schools to explore their priorities for the health promoting school. There were 3 stages to the pilot which aimed to discover how 'happy, comfortable, safe you feel in school'. In the sense that this was encouraging active learning and participation by children it might be construed as an attempt at least to carrying out the scoping work necessary for any more fundamental review.

It was easier to find examples of work with **targeted** groups which examined pedagogical approaches. Examining ways of teaching, learning and working is perhaps easier when working with small groups, and /or dealing with children whose

behaviour is so bizarre or whose circumstances so extreme that they will never be compliant within the normal classroom situation unless their needs are addressed in an intensive or different way first. Many of these programmes thus have at their root a desire to normalise 'abnormal' children into more acceptable patterns of behaviour.

An intensive targeted approach has been adopted by Glasgow City Council, through the introduction of nurture groups, run very closely according to the principles of the Boxall model described in the literature review. Pupils who have been identified by class teachers or educational psychologists are assessed using the "Boxall profile", a psychological tool which identifies "strands" to be addressed in the child's development, and from this a series of structured targets are defined before the child joins the group. The group is run by a qualified teacher who has been trained in the principles of nurture groups, and the progress of individual children is monitored in collaboration with the corresponding class teachers. Within the nurture group pupils follow the mainstream curriculum, where possible and appropriate, as well as undertaking activities which address their specific needs. Nurture groups are designed to be an integral part of the main body of the school with pupils maintaining contact with their peers and their class teachers, and being re-integrated as quickly as is possible.

The authority holds a very favourable view of the success of this intervention, reporting measurable success in improving children's social and emotional competence. Parental responses are held to be entirely positive. And benefits for schools are felt to go beyond the individual pupils to also improve and enhance the whole school awareness of mental health issues, leading to them becoming "nurturing schools". From an original pilot of four schools Glasgow has approved the roll out to 58 primary schools.

Another example of such a project was a joint piece of work between Interact and schools in Forth Valley focused on behaviour. Interact takes a whole person approach using the arts as a medium for exploring social and emotional issues. A pilot project is being run in two primary schools with high numbers of referrals to educational psychology. An advisory group of Education Development Officer, The Principal, Education Psychologist and two Head Teachers and a professional worker and some of the secondary school support work with the health promotion officer. The project works with six or seven young people in a class who appear to be unable to concentrate and who are very disruptive, helping them to develop better communication skills. At the end of the session the whole class meets up again. The worker was clear that no stigma was attached to involvement in the group and that in addition to offering additional support to the group, it provided respite for the teacher.

In Tayside a drama and dance initiative was developed by health promotion workers and staff and students at a drama college with 6 schools. This set out to engage with young people and to convey health advice and information in ways which could be followed up in schools or by young people using the contact details. Through the use of diaries and anonymous suggestion boxes, it allowed young people to voice their views and experiences. The programme was based on the findings from a questionnaire on health and wellbeing which had been completed by young people in Tayside and which had revealed anxieties about a range of mental and emotional issues. The initiative aimed to provide information about health services for young

people in a useable form and to provide an opportunity to explore some of the issues. The dance performance focused on key themes and formed the basis for meetings between school staff and health workers. Workshops for parents and staff were also organised but were poorly taken up. Teachers were offered a day of training on promoting emotional wellbeing in schools and provided with a pack to follow up the work in lessons. Performances were undertaken in secondary schools across Angus and were also followed up by workshops with young people. Because the actors were drama students and close in age to some of the pupils, the initiative included elements of peer education which the health promotion worker felt were very useful in both airing issues and discussing the implications. This work built on several years of small scale collaborations and targeted both staff and young people with a view to embedding it in further work in schools. Importantly it enabled working relationships between different groups of staff, such as school nurses and teachers to be built up and sustained. It was very well received by staff and young people across the area. However this was a short term piece of work that was funded out of the Health Improvement Fund and it is unclear as to how this will be taken forward in future.

Video Interactive Guidance is a therapeutic intervention, used on an individual basis with young people to look at positive approaches to their difficulties and trying to generalise it to other aspects of their behaviour. While this is in the initial stages, it offers a means of using media in an imaginative way but it is highly demanding of staff in relation to dealing with sensitive issues and confidentiality. Originally developed in Holland as a an alternative to young people being drawn into the judicial system it targets and works with individual young people who are already involved with services. In West Lothian teachers, social workers and health professionals have been trained to use the technique with young people. It can also be adapted as a tool to work with teachers who are experiencing difficulties with their interactions with challenging young people, to examine their own responses to situations.

Greater Glasgow was piloting the SELF (Social and Emotional Learning Framework) for primary 6 pupils in 8 primary schools in Glasgow. The aim of this framework is to identify children who are likely to struggle in the transition from primary school to secondary school so the focus is on P7 to S1. This assessment tool was designed to ensure a more consistent approach and to provide an evidence base for the allocation of resources across schools. An Educational psychologist had been seconded to work over two years on how this could be developed, how it could respond flexibly, for example to take account of local situations and needs.

Some highly imaginative work developed on a small scale in Fife and brought together work on classroom skills and attempts to raise self esteem. Creative writing was the main mechanism for this pilot which targeted young people in one primary school who were truanting, displaying challenging behaviour and difficulties in dealing with class work. Health promotion staff, a cultural co-ordinator and a local poet set the course up to work with a group of children referred by the head teacher using funding from the *Quality of Life* stream. The aims were, 'to help the kids to express their own emotions about what was going on for them as well as to raise self esteem and emotional health'. The group ran for 12 weeks and captured the enthusiasm and creative energy of the participants. Feedback from teachers suggested that some of the participants coped better in class, that reading and writing has

improved overall and that generally participants have been calmer and less angry in class. As a result of this a year long project for 4 groups will be undertaken in a larger school and will work with mixed ages and backgrounds. In this roll out attention will be paid to the ripple out effect of the intervention on the wider class.

At one end of the spectrum Fairbridge and Right Track transported children out of the school for specific activities. Fairbridge is a national charity which sets out to work in partnership with schools by providing specifically tailored programmes to tackle disruptive behaviour and poor attendance and to re-engage disaffected young people in formal education. Programmes using informal education techniques are devised for work with young people defined as at risk of exclusion in areas of poverty. Activities include outdoor and sporting challenges alongside motivational work and participants are taken out of school for one or two days a week and for residential work. Similarly Right Track works with schools to develop personal and social development courses and takes a personal development approach, focusing on employability with school refusers. Young people remain on the school roll but are based at the Right Track premises not the school campus and agree not to sit standard grades. This is an 'exporting' model in which young people from school work with the agency in non school settings prior to moving back into the school at some stage. In some schools teachers were critical of this model for appearing to reward 'bad behaviour' through 'treats' and some difficulties were noted in reintegrating children into the unchanged situation which they had left:

> ..*Because when they are out and they've missed all their work and they're out of rhythm of school and uniform - all those kinds of things - it's like children who go into hospital and come back. It's the same kind of problems. You're back to your mental health again. (Guidance teacher)*

The provision of alternative educational opportunities for children who could not cope with or who were excluded from school was a feature of a number of authorities. This included a range of interventions ranging from home tutoring to more structured learning. In Moray this came at the end of a process whereby a voluntary sector agency, Moray Youth Action worked with schools and social workers to try to retain young people in mainstream education. Support staff undertook a mix of group work and individual work focusing on anger management and in some cases sitting alongside young people in class with the aim of retaining them within mainstream education. A person centred approach was adopted with training offered on this to all staff. A purpose built centre for senior pupils excluded from school was staffed by teachers and development workers with a flexible curriculum and a mix of one to one and group work. Young people were positive about the benefits of this but were very rarely reintegrated into mainstream school.

The Greater Glasgow Health Board offered a relatively long term level of support through their mental health promotion strategy. Ten projects were funded over three years to develop a range of work aiming to improve the mental wellbeing of young people with a strong emphasis on working with schools. Projects included youth mentoring, peer education, stress centre work, work with runaways, looked after children, counselling and drop in services. The employment of health development officers by the local education authority with funding from health promotion in

Glasgow further aimed to promote the wellbeing of young people in a co-ordinated approach to whole school and targeted work within school clusters.

Curriculum as product

In this section we review what sort of curriculum products were on offer which might be said to be acting towards the improvement of mental health or the addressing of discipline issues through attending to mental wellbeing.

Inevitably much of this sort of provision, as pointed out in the literature review, was vested in the PSD element of the curriculum. The role of PSD was repeatedly referred to by interviewees as a means by which the emotional needs of children and young people could be addressed, but there was little optimism about the quality of existing provision. PSD was referred to by both educationalists and health professionals as a 'Cinderella' subject, particularly in secondary schools. It was thought to be undervalued by pupils who have been encouraged over the years to pay most attention to curriculum areas which involve assessment, and given low priority by some staff who often teach the subject with reluctance. However, there was innovative work being undertaken in some areas as part of the PSD programme.

For example, a curricular programme to promote resilience, PATHS (Promoting Alternative Thinking Strategies) was being used in West Lothian and in Orkney. Although it was still early days to comment on long term effectiveness this approach was described as having been well received by teachers and pupils. However, it was appreciated that such a programme was unlikely to reach the most vulnerable pupils who may either have poor attendance records at school, or who may not readily engage in classroom activities, and for whom such a generalised curriculum may be insufficient to meet their needs. It was felt that more targeted approaches would be needed to supplement the whole class work.

PSD time was used to explore the topic of mental health and well being by exploring feelings and language associated with those feelings in a particularly striking example of work undertaken in Renfrewshire. Here PSD lessons were delivered throughout the authority by workers from the voluntary organisation, Renfrewshire Association for Mental Health. Domestic abuse was also on the PSD curriculum in some areas, with West Dunbartonshire employing a domestic abuse worker with a specific remit to develop and deliver materials for this purpose. In South Ayrshire a domestic abuse worker from Womens Aid was involved in organizing and running training for staff.

The examples above indicate how common it was for external agencies to undertake work at a range of levels focusing on mental health and wellbeing and behaviour. Much of this took place in schools as part of PSD programmes and could be delivered both on-site and off-site. Some work that was based on drama or dance involved moving out of the school for a conference or day workshop to mix with others in the area. Some specialist work on behavioural issues was based on the exporting of young people to specialist settings for either workshops or longer periods of time.

In North Glasgow, the Youth Stress Centre ran courses in Springburn Academy which aimed to develop emotional intelligence. These courses ran for 12 and 15 weeks, were integrated into the broader PSD curriculum and were developed in collaboration with pastoral care staff. This integrated work offered the potential for progression as the courses originally ran in S1, S2 and S3. This work had been in

operation for over seven years and was well supported by school staff who sought to increase the level of provision and to strengthen their links with the agency. However funding issues had threatened expansion in recent years.

This school overall worked with a variety of voluntary sector agencies and had a confident and well developed PSD strategy supported by an energetic and highly competent team of staff in pastoral care. The work with the North Glasgow Youth Stress Centre was also carried through into work with the learning support base which offered some continuity.

In addition to this universal provision, the YSC ran similar courses with targeted groups of young people in two other schools. In these settings, young people were selected by guidance staff and moved out of their class for the duration of the weekly session. Staff at the YSC were less satisfied with this approach since it did not allow for progression, was confined to a smaller group of pupils and those selected had to be withdrawn from their class. However staff in the school felt it offered an opportunity to bring together children from asylum seekers' families to work with indigenous children who were themselves facing difficulties in their lives and that this mix was valuable in building relationships. Specific courses on behavioural issues such as anger management were also developed and run within all these schools usually as a result of requests from school staff. Additionally, staff from the youth stress centre undertook one-to-one counselling sessions with pupils at all three schools in which they worked.

In addition to what went on under the guise of PSD there were also attempts at mounting single events to raise the profile of mental health issues. Thus we were told of conferences or whole school meetings with a focus on mental health, of drama work and the provision of packs and worksheets for use in the school on mental health. In Renfrew a booklet was produced under the community safety partnership banner and was distributed to all Primary Six children who were then brought to an annual event. At this, short bursts of information on the key topics which included confidence, self esteem, bullying etc. were imaginatively presented. A short drama presentation with an interactive question and answer session was based around related issues such as drugs and alcohol and the day was aimed to provide a catalyst for further work on the topic. However as with the packs it was unclear how this was translated into work in the classroom and how well equipped teachers felt about delivering the programme.

Summary
The curriculum is characterised here as consisting of both process features (related to pedagogy or ways of teaching and learning) and products (specific curricula designed to 'transmit' skills or knowledge).

With regard to process, primary schools have always been more prepared to accept the necessity for looking at the ways in which embedded pedagogical approaches can build competences and encourage active learning and good mental health. Teaching approaches like circle time may be used universally in a primary setting, but there is also evidence for the effectiveness of very targeted schemes for the most vulnerable, such as nurture groups. Secondary schools are notably resistant to reviewing the pedagogical process and even the advent of new community schools has not shifted

the entrenched position of most, where transmission of knowledge and skills is the dominant mode of teaching and learning.

Curriculum products designed to produce better mental health tend to be invested in the Personal and Social Development silo of secondary teaching. Here, marginalised by its status as a non-examinable subject and not always commanding the loyalty of those drafted into teaching in this area, they often fail to impress. Properly managed and effectively run they can be seen to achieve more, but it is notable that young people, when asked, seem to value most those curricular offerings in this area that emphasise young people's own role in setting the agenda and which encourage active learning and a more holistic approach.

In relation to the transmission of explicit knowledge and skills about mental health, opinion divides around whether the appropriate focus is prevention (of ill-health) or promotion (of mental wellbeing). Experts also disagree about the virtues of universal versus targeted programmes. The former are non-stigmatising, inclusive and so on, but the 'dosage' is so low and so diffuse that it is relatively impossible to show 'effect' in research terms. Targeted programmes find it easier, if well engineered, to demonstrate gains for troubled young people, but at the cost of labelling and segmenting the youth cohort.

Some curriculum designers have attempted to produce materials that will combine process and product, thus focusing strongly not just on what is taught but how it is taught. The MindMatters programme is examined as a specific example of this approach. Early evaluation of the effectiveness of this programme is encouraging, but inevitably, the devil is in the detail. The level of commitment with which the programme is implemented clearly impacts on the level of success achieved. There is no simple 'magic bullet' set of curriculum materials that will improve mental wellbeing for all or even a few without the school having some real commitment to the task.

Empirical evidence is limited in this chapter to what emerged from the scoping surveys and from documentation provided by various agencies. None of the case studies explored curricular interventions. In practice little was heard of universalist curriculum interventions focused on changing ways of teaching and learning. There was however, a considerable array of interventions targeted at specific and vulnerable groups which sought to use different ways of teaching and learning. We speculate that smaller numbers make this possible, but also that the profound difficulties evident in some groups of children clearly demand a different approach of themselves. If traditional pedagogy is failing to engage young people then something else must be tried. In the cases cited in the report drama, storytelling and other forms of active learning were used to engage children and work actively towards the promotion of their mental health. Some of these were designed to explore with children how they might accept their inappropriate behaviour and 'normalise' it.

For the most part curriculum endeavours are focused on product, and most are carried within the school PSD curriculum. External agencies play a large part in delivering more innovative messages and materials on some of the difficult topics related to mental health issues, and interventions were offered both on and off school sites.

4 Promoting mental health and emotional well-being through professional partnership

Introduction

The third element in the promotion of mental health and emotional well-being in schools is partnership. The 'health promoting school' concept views schools as the primary site for intervention, placed as it is at the centre of the community. As such, schools must work together with families, communities and other professionals and agencies. This section of the report examines aspects of partnership with other professional groups within a whole school approach, again using both evidence from the literature followed by reports from the empirical fieldwork from scoping surveys and case studies.

Section A: Evidence from literature

Developing 'joined-up' approaches

The importance of 'joined-up service delivery' across different agencies and professionals is emphasised in government social policy. However, it is clear that this level of collaboration poses many challenges - strategic, practical and cultural. The issue is fundamental to many initiatives set up to promote mental health and emotional well-being of children. In Scotland inter-agency/professional working is central to the development of Integrated Community Schools, the roll out of which is due to be complete by 2007.

Lloyd *et al* 2001 refer to a 'terminological quagmire' with respect to different professionals and agencies working together. Thus the literature makes reference variously to 'inter-agency', 'multi-agency', 'multi-professional', 'multi-disciplinary' work etc, often without distinction or clarification. Tisdall (2004) suggests that the prefix 'inter' suggests a closer relationship than 'multi'. 'In other words, multi-agency or multi-professional working involves agencies and professionals working alongside each other, with common goals. Inter-agency or inter-professional working involves developing a common agenda and/or understanding, as well as common goals.' (Tisdall 2004:34)

As Tisdall (2004) points out, language shapes understandings and impacts on how professionals 'do' working together. Thus inter-agency/professional work suggests a blurring of professional boundaries which has significant implications for joint strategic planning and implementation of policy where professional practice in different areas is characterised by different underpinning philosophies and values. Multi-professional working raises questions about co-terminosity and the dangers of children and young people falling through 'gaps' in provision. However, the 'multi-' dimension of joined up working also needs to be emphasised, since 'effective support for young people with SEBD involves utilising the full range of professional skills' in which professionals 'recognise that no one group has all the answers' (Hamill and Boyd 2001:141).

Warmington *et al* (2004:4) suggest that within the UK a form of working practice that they refer to as 'co-configuration' is emerging, 'oriented towards the production of intelligent, adaptive services, wherein ongoing customisation of services is achieved through dynamic, reciprocal relationships between providers and clients'.

Significantly, 'co-configuration' is a participatory model that includes clients as well as professionals. They argue that this form of working is characterised by distributed expertise and the development of 'knotworking' i.e. 'rapidly changing, partially improvised collaborations of performance between otherwise loosely connected professionals.' The authors suggest that in many parts of the UK many agencies are operating 'on the cusp' between these newer practices and older established forms of working, creating tensions within services that may give rise to barriers to effective working.

General and strategic issues in working together
McCulloch *et al* (2004) discuss 'benefits, barriers and rivalries' in the development of effective 'inter professional collaboration'. Such collaboration, while widely recognised to be necessary in order to prevent the 'underlapping' of services (NECF 2004) may be seen as problematic and even threatening to professional competence. Different services, due to different histories, language and aims will perceive their clients in different ways. Differential status of professionals may also constitute a barrier.

The structure and culture of schools may present particular challenges to the development of collaborative practices. NECF (2004:45) quotes a Children's Fund worker saying that,

> *I can talk with a child and make suggestions about his anger, but then another professional, a teacher, can actually ruin all that work with just a look.*

In this case 'the priorities and historical practices of the school took precedence over the way that the Children's Fund worker wanted to engage with children.' Thus, the aims of different professionals may come into conflict and this may cause particular tensions where the school is the location for services. Different attitudes towards children's behaviour may also emerge, with therapeutic workers focusing on the need to understand a child's behaviour rather than control it. This can create conflict with schools since teachers (in particular secondary teachers) may see maintaining challenging children in class as detrimental to their professional role. However, as Hamill and Boyd (2001:142) point out, 'Out of all the professionals supporting young people only teachers have to provide support in the context of a mixed ability classroom where the needs of a large group of young people are all equally valid and have to be addressed.'

Tensions may also arise where outside agencies are seen to be straying into the 'core' areas of expertise in schools. McCulloch *et al* (2004) suggest that schools are most accepting of professionals whose work clearly lies beyond the remit of the school and which is not seen as impacting negatively on the work of the school, for example, health workers. In their research, in areas seen as 'core', for example the teaching of specific subjects, teachers placed greater emphasis on additional funding for extra resources. However, the authors noted a difference in attitude between primary and secondary teachers with primary teachers more positive about the benefits of working with other agencies. They suggest that greater loyalty to subject among secondary teachers means, '[t]hey are less likely to feel that they have much to gain from the expertise of others , or from being part of broader networks of other professions, nor see the value of benefiting the wider community.' (*ibid*: 140).

Difficulties may also arise with respect to confidentiality. There is a clear tension between the need to share information about young people in order that their circumstances may be understood by the wide range of people with whom they come into contact, and the right of young people to confidentiality. Pettit (2003:58) suggests that confidentiality 'may not be a high priority' for schools and that schools are 'frustrated when they are not informed of outcomes'. She suggests there is a need for greater trust between workers, schools and parents and an increased understanding of the different policies and practices of professionals. According to the report '*Support in school. The views of harder to reach groups*' (SEED 2004d:5.4) confidentiality was an issue of acute concern to young people themselves, who felt that 'workers shared information without permission, and in some instances carelessly and with little respect'.

Pettit (2003) discusses a number of factors promoting effective 'joint working' between Child and Adolescent Mental Health Services (CAMHS) and schools. Many of these factors relate to strategic level support of the 'blurring' of professional boundaries such as enabling secondments between different organisations, being based in the same location, flexible recruitment across professional boundaries etc. However, personal commitment to joint working was also key, as was the development of shared goals. Joint training may be part of the response to breaking down professional barriers, both in initial training and in continuing professional development (Riddell and Tett, 2001). However, research suggests that providing shared courses does not, on its own, necessarily promote effective inter-professional working. The evaluation of sexual health education intervention in Grampian and Lothian (Tucker *et al* 2005) reported that where interagency training was successfully implemented the participants described a positive effect on their commitment to joint working, but this was not translated into practice in schools due to obstacles encountered in the workplace.

Models of partnership in schools
A range of initiatives involving both statutory and voluntary bodies can be found in the literature embodying different models of partnership. Some focus on different elements or actors, e.g. working with teachers to build capacity and mentor; working directly with children to support, counsel and change behaviour. Another way, however, of framing the huge variety of school responses to mental health and behaviour problems is to look at the level of ownership and responsibility that schools retain over schemes designed to provide solutions. We can attempt to frame these within the following typology:

- **Export problems** off-site by referring troubled or poorly behaved children off for expert services delivered elsewhere or into containment schemes
- **Import skills** into schools to solve problems of mental wellbeing/indiscipline, but devolve authority to another agency or professional group
- **Retain ownership** of 'problem' in school, importing skills and personnel, but using these in integrated service teams to develop new approaches that are embedded in school life.

All of these clearly tackle the issues and utilise professional partners in very different ways.

In some senses the elements of this typology may represent stages of transition in the development of integrated, inclusive schooling, since it is not hard to see that the first of these options probably represents the model of school management many of us would be familiar with from twenty years ago. Then, mental wellbeing would not have been seen as the professional responsibility of teachers, and other professional groups would have been seen as more expert in dealing with psychological issues of adjustment. Similarly problems identified with bad behaviour were often dealt with by isolating the individuals concerned, at least in part to maintain order elsewhere.

Growing acceptance of the notion that schools do indeed share responsibility for the wellbeing of pupils, and that discipline issues may be closely bound up with more general issues of adjustment, stress and mental health may lead schools and authorities as a first response to move closer to the second model and to import expertise from elsewhere and then give that imported expertise some considerable freedom to operate in the school but not as part of the school.

The most recent policy agendas, however, on inclusion, the development of integrated community schools and the development of the health promoting school concept all position the whole problem of children's and young people's wellbeing firmly in the lap of those who manage the very complex environment of the modern school. Solutions to problems of indiscipline, and the need to monitor and maintain the health of young people at transition stages or in traumatic circumstances are likely to be found in complex interventions which are threaded through the heart of the schools' operation. They will take in issues of school structure and ethos, of curriculum and delivery, of capacity-building in staff and partnership with other agencies.

It would be wrong, however, to see these only as stages towards the development of a gold standard 'right' way of doing things in school. It will always be the case, for instance, that for children with acute or severe problems, there is no alternative but to seek expert help outwith what any school could reasonably offer.

Similarly it is clear from both the review of published literature and from the variety of survey and empirical work undertaken as part of this study that there is massive variety within these categories, and that it was not unusual for several elements of this framework to be running concurrently in some of the settings we explored.

We use the literature to examine the first of these models, that in which services to pupils/families are offered off-site. This model raises questions about the extent to which such initiatives locate problems within the child and his/her family (rather than looking at the broader issues, including the school environment, which may have induced or exacerbated the problem). It is also arguably less likely that this model of operation will promote and support change within schools. However, where school may itself be seen as contributing to the pupil's difficulty, or where the pupils is excluded from school, being off-site can be a positive factor. For example, the Notschool.net (Literacy Trust website) initiative provides young people excluded from school and other non-attenders with a range of new technology and supports them to produce webpages, graphics, music, poetry and prose etc. The young people

are referred to as 'researchers' and their tutors as 'mentors'. Evaluations suggest that these can effectively engage young people – and spark interest among their families too - but do not work for all youngsters, for example those who are completely disengaged from learning or who live in very chaotic and dysfunctional families.

Connexions (Connexions website) provides support to young people aged 13 to 19 in England in making the transition to adulthood and working life. The Connexions Service provides support to, or works collaboratively with, groups engaged in a variety of projects. The focus of these projects is on the personal and social development of individuals enabling them to take more control over their lives (YALP 2003). Many of these individuals are disenchanted with education and many of the projects thus aim at 'reconnecting' disengaged young people.

Evaluations of the Connexions service (Britton *et al* 2002; Crimmens *et al* 2004) suggest that such initiatives can be effective but that there are substantial challenges to be overcome. For example, maintaining contact with individuals, even over the short term can be problematic; overcoming suspicion or hostility of some young people to professional help; and tension between a 'fire-fighting' role and the slow sometimes 'tortuous' process of re-engaging youngsters (Crimmens *et al* 2004).

The second element of our typology describes schools importing skills (in the form of individuals or agencies) to deal with problems in their midst. A scan of the literature reveals that this happens both at the level of importing skilled personnel to work with teachers to develop their capacity to deal with discipline issues which may be related to mental wellbeing, but also the importation of individuals or agencies who will deal directly with children in school time and on school premises, albeit not as part of the school's general operation

We look first at the literature on initiatives aimed specifically at building the capacity of schools to deal with issues related to mental health by developing the skills of staff/pupils. For example, the 'Chips' programme (ChildLine in Partnership with Schools) provides training for schools to set up peer support schemes to tackle bullying. The scheme trains children and an in-school co-ordinator. Recent evaluation of this initiative is largely positive (Smith and Watson 2004) and the authors conclude that, while it does not stop bullying 'in a broader sense it helps children with conflict resolution and creates a school climate in which bullying should be less likely' (*ibid*:37). The involvement of an 'outside' trainer was seen as an important aspect of the scheme, making it seem 'important and special'.

Another example of this model of support is provided by Southampton LEA's development of 'Emotional Literacy Support Assistants' (ELSA) (Nelig website). ELSAs are part of the Educational Psychology service and work peripatetically. Their aim is to encourage schools to recognise the importance of emotional learning and to develop greater acceptance and inclusion of children with emotional and behavioural difficulties. ELSAs work with Learning Support Assistants in schools who then carry out aspects of the work, thus building capacity within schools. However, another important aspect of the initiative is that the ELSA is independent and free from the ambiguity associated with the roles of behaviour support and guidance systems within schools.

Drawing on the work of CAMHS, the Department for Education and Science in England has set up BESTs (Behaviour and Education Support Teams). The aim of BESTs is to 'promote emotional well-being, positive behaviour and school attendance' (DfES website). BESTs are drawn from a range of professional services and offer support at school level (including development of whole school strategies as well as support to individual teachers); to groups of children and parents; and intensive support to individuals.

The aim of the capacity building model is to support the school in developing practice that promotes pupil welfare. However, such models raise questions about the embedding and sustainability of services within schools. Thus, in initiatives such as the 'Chips' project outlined above, research shows that continued support and input is needed from the external agency in order for initiatives to thrive (Baginsky 2004). In the case of ELSAs it might be questioned whether the presence of a trained Learning Support Assistant is sufficient to bring about a sustained change in culture.

An alternative model is one in which the school is a site for a service operated by an 'outside' agency, e.g. the counselling services offered by the charity The Place2Be.

> *Trained counsellors help children deal with their emotional reactions to the difficulties they encounter during their school years – divorce, deprivation, abandonment, long-term family illness and death, domestic violence, homelessness, eating disorders, physical or sexual abuse and the trauma of war zone refugees. (The Place2Be website).*

The Place2Be offers a range of services including: group/individual work with referred children and a 'drop in' service to which children can self-refer. The Place2Be has recently extended its services to 10 schools in Edinburgh following a 'successful pilot' in two schools. While little formal independent evaluation appears to have been undertaken, The Place2Be carries out its own evaluations and they point to favourable mentions in Ofsted reports as an indication of their success. However, using the school as a site for such activity creates potential tensions that need to be examined. A case study of The Place2Be forms part of this report.

'Young People Speak Out' (YPSO) is a voluntary body that works with disruptive young people in schools. 'YPSO use video work as a tool to help young people develop their confidence, self-awareness and interpersonal skills so they can deal more effectively with their lives' (McCluskey *et al* 2004:35). Evaluation of the initiative points up the positive nature of the intervention for disadvantaged young people, but highlights some issues for the voluntary sector working in schools. In particular, such initiatives can seen as merely 'a useful way to occupy some problematic pupils'. Projects can thus become marginalised

> *'which reduces their power in terms of requiring good practice from the schools and means that sometimes they collude with a model of individual difficulty that locates all difficulties within the young person, rather than acknowledging the dynamics of the interaction with the relationships and structures of school.' (ibid:39).*

The third element of our typology concerns a situation where schools retain ownership of the problem, and, whilst involving other professionals or external agencies, draw them more fundamentally into the operation of the school. Such ways of working are relatively new, dating from the pilot new community schools established since 1997. The data from them and their successors, the integrated service or integrated community schools, is still coming in. Most involvement between NCS/ICS schools and other agencies is in the form of additional services to individuals. Sammons *et al* (2003) suggest that, in terms of the curriculum, involvement of external agencies is most notable in the areas of health education and the provision of alternative curricula for young people in secondary schools which were 'generally viewed as successful in sustaining involvement in education' (*ibid*:5). The HMI report, The Sum of its Parts? The Development of Integrated Community Schools in Scotland (HMI 2004b) points to several initiatives aimed at improving the achievements and wellbeing of young people through the curriculum in conjunction with other agencies.

Wilson and Pirrie (2000) query the evidence of the efficacy of 'multidisciplinary teamworking in educational settings'. Recent research, however, points to the positive impact of initiatives involving joint working. Thus, Pettit (2003) reports on the impact of CAMHS/schools initiatives in a range of settings in terms of children's increased happiness, their improved behaviour, academic achievement and exclusion/attendance. In addition, in Pettit's study, health professionals spoke of being able to access children and families who needed support but who would not otherwise have been reached.

Evidently there are challenges to the development of joint working practices. Allan *et al* (2004) highlight the need for support for professionals to enable them to develop new conceptualisations of practice. But the authors suggest this will require radical changes in school culture and structure. Sammons *et al's* (2003:9) evaluation of New Community Schools suggests that at present schools are offering 'significant additionality in terms of extending what they refer to as multi-agency involvement in service provision and targeting services to identified individuals rather than offering, as yet, radical or innovative new services to modernise schools.' In this sense 'the jury is still out' on whether the third model of partnership working will deliver better results and solutions for both troubled young people and their teachers

Section B: Evidence from empirical work
In this section we mirror the findings discussed above by looking at the extent to which schools and education authorities were already engaging with other professional groups in partnerships to promote young people's mental health. How well was this working at strategic level and also at the grass roots? What models of partnership are identifiable in practice and how effective and sustainable do they appear to be?

Partnership working with other agencies at strategic level
The linking of mental and emotional wellbeing to wider themes of social inclusion, regeneration, health and welfare has underpinned the policy rhetoric and the drive for partnership and multi-agency working. Alongside this lies further recognition that

children and young people do not exist in a vacuum but that their welfare is inextricably knitted into the context of family, community and school. This encompasses a holistic approach to issues of mental and emotional wellbeing and behaviour in schools.

As part of this process, health services have engaged more systematically with local authorities and the voluntary sector with the aim of enhancing preventative work through mechanisms such as Community Planning and *Changing Children's Services* planning. The need to ease pressure on overstretched specialist services has accelerated this process and highlighted the importance of co-operation between frontline professionals, parents and young people themselves. However it is important to note that currently some of these groups remain outside these strategic planning processes and many of the localised assessment teams, while, for others, involvement can be tokenistic or uneven.

Much strategic work at local levels has been channelled through *Changing Children's Services* units and funding streams. This has already had significant impact in some authorities, for example Stirling, East Renfrewshire, and Midlothian. In these areas a deliberate attempt has been made to build teams which include representatives from health, social services, and the voluntary sector, thus giving schools a much greater flexibility in seeking support for pupils with mental health difficulties. Such co-operative relationships allow a move away from the medical model of seeking a 'cure' for the child with mental health problems and encourage a more holistic view of the problem and enable support to be targeted at the child or at the family, or both. Very often through these more accessible and responsive working relationships pupils can be supported to remain in mainstream school who otherwise would be at risk of exclusion or self exclusion through truancy or other activities.

One clear example of this is *Bright New Futures: a strategy for children and young people*. This strategy document was developed by NHS Borders, local authority social work and education services, the police service, the Children's Reporter service and representatives from the voluntary sector under the leadership of the Changing Children's' Services Unit. Within this strategy five locality integration teams are expected to ensure a joined up approach to planning and service provision in the catchment areas of the 9 high schools in the area, and will build on the work of the integrated community schools to implement service provision for all 0-18 year olds (www.scotborders.gov.uk/news/5700.html).

The teams include headteachers from secondary and primary schools and the strategy was viewed as a means of underpinning work that had previously taken place within discrete areas but often in the absence of a coherent strategy or overall co-ordination. These new plans therefore represent a major change in the way services for children and young people are designed, consulted on and reviewed. It also encompasses the need for general population-wide approaches and more targeted work with so called high risk or vulnerable groups. All of this has major implications for work on mental health and wellbeing in schools and for the role of teachers.
How well do those involved in multi-agency working at strategic levels feel that the energy expended so far has delivered worthwhile results?

Some interviewees in the scoping survey of health services expressed optimism about how strategic plans in principle could foster interagency working by legitimising it, broadening ownership and linking it into overarching plans:

> *I think because they have been given the opportunity to be brought in at the beginning of it and to influence it from the start it has sort of got everybody's enthusiasm and commitment as well. (Health Promotion worker)*

Others in the health services felt that specific programmes such as the new community schools (hereafter integrated community schools) initiative had provided a basis on which to extend multi-agency working in and around schools. A number mentioned the national adoption of the health promoting school concept as having strengthened the case for multi-agency work on mental and emotional wellbeing.

> *With the emergence of the new community schools we certainly found that there was a much more collaborative approach and that was built on and built on. What has been particularly useful has been the health promoting schools agenda and, say, setting standards for 2007. That's been a kind of wake-up call, and mental health is right up in there... it's certainly focused attention. (Health Manager)*

However this enthusiasm was matched by more cautious observation about how information and direction would, in reality, filter through to practitioners. It was clear that where communication channels were known and understood, multi-agency working had a stronger impetus. However mechanisms for sharing information across and within health and local authorities were often unclear and did not transcend sectional boundaries. Within health services, a wide range of personnel had some remit for mental health but these were not always 'joined up'. Similarly within education authorities aspects of mental health were dispersed within different departments (e.g. inclusion, educational psychology, guidance, behaviour support, anti-bullying), so strategic work sometimes failed to engage with internal working arrangements.

A further issue was that health board and local authority boundaries were not always coterminous. Health boards were working with different numbers of local authorities which could each have different kinds of administration and which each required health service staff as representatives on strategic and other planning groups. In some areas representation from local authorities on strategic planning groups was sporadic and drawn from different sections within the authority. While many of these teething problems were being remedied, commitment to the joint planning process appeared to raise more intractable problems. For some commentators, the lead agency was inevitably the fund holder and this coloured a number of participants' views on the extent to which joint working was embedded across agencies. One education authority representative made the following blunt comment about the relationship with the health board:

> *It's my feeling, my personal view, that until we have some joint budgeting it will be very difficult to work together. Agencies can be very precious about resources. Until we are sharing resources, if ever, I think it will be very difficult. (Education authority representative)*

Such questions about allocation of resources were continually raised in survey responses, but an additional problem also raised by many in both education and health sectors concerned the very different conceptual framing of young people by different professional groups. Issues around the extent to which agencies adopted 'child friendly' approaches, and/or acknowledged the competence or the agency of young people were frequently raised.

Similarly, different professional groups notoriously had different practices with respect to the handling of confidential information. Within one local authority, a group had been meeting for five years to establish confidentiality guidelines that could be applied across the local authority but, at time of writing, these are still being debated.

Partnership working has also emphasised the need to draw in voluntary organisations as well as joining up the work of statutory authorities. Voluntary groups potentially offer flexibility, innovative working, an issue specific focus and methods of working which often reach those parts of the populace traditional services do not reach.

For those in the voluntary sector, power differentials between partners often made joint working difficult, with some voluntary agencies sitting at the table with local authority officials who were responsible for making decisions about the continued funding of their agency, thus placing them in a very subordinate role. In addition small organisations were often loath to allocate time and resource to preparation and attendance at meetings and work on strategic plans when this detracted from their core activity. This resulted in having to make some hard decisions about whether this should be traded off against potential long term gains. Larger agencies could absorb such costs while the penalties for small organisations for dropping out of networks could lead to lost funding opportunities:

> *…We just don't have the capacity you know…That's another thing that we find difficult as well. We're very much, you know, out there doing the job and there's regular commitments with the school whereas people want us to come to meetings…I need to keep my hand on the pulse in terms of what's going on, and I could be out at meetings just all the time …it's really, really difficult. (Voluntary sector representative)*

Despite these practical problems of participating at strategic level whilst also trying to mount delivery in the field, the voluntary sector was usually clear in our scoping survey responses about the benefits of multi-agency working as a means of building synergy between different participants. This synergy was often helped by the sheer range of initiatives at national and local levels which some viewed as creating a more favourable climate for work on mental health and emotional wellbeing.

Voluntary agency respondents were clearer than most about the impossibility of providing 'one size fits all' solutions to social problems, and clearly saw their role as one of filling niches or working with difficult to access groups. It also offered the possibility of dealing with issues that were unlikely to be solved by one agency or approach:

We need to look at not only what services we offer but how they can interact with the other organisations in the consortium, we'll be looking at how we can cover the cold spots where we don't have a branch and what sorts of communication is easiest for children, 'cos certainly for teenagers you know, we're looking at developing systems for texting and emailing and so on, to offer support. (voluntary sector representative)

Partnership working with other agencies at practice level

It is clear that there is huge variation across Scotland in the extent to which these strategic policies of joined up working on mental health issues have filtered down to practice level. What we have is a patchwork of initiatives which take a variety of forms. We look in the next section at the variety of ways in which partnerships are operating on the ground, and refer again to the three models of partnership working identifiable in the literature, namely:

- **Export problems** off-site by referring troubled or poorly behaved children off for expert services delivered elsewhere or into containment schemes
- **Import skills** into schools to solve problems of mental wellbeing/indiscipline, but devolve authority to another agency or professional group
- **Retain ownership** of 'problem' in school, importing skills and personnel, but using these in integrated service teams to develop new approaches that are embedded in school life.

We noted in an earlier section that this typology may represent the process of transition between traditional 'solutions' to dealing with troubled or troubling children towards more integrated and inclusive solutions which identify the 'problem' in different ways and seek the solutions also in a more broad-based way. The staged intervention approach, which has been introduced in many authorities, emphasises the importance of school staff retaining ownership of problems wherever possible, using other professionals in the first instance for advice and consultancy. If direct support beyond this is necessary for a particular child or young person, this should be delivered in the school environment by importing the professional expertise. Only where there is no alternative should schools export pupils to be supported elsewhere.

However our understanding of ownership goes beyond responding effectively to problems, it would describe a proactive whole school approach to mental wellbeing, which permeated all aspects of school life. Clearly many schools have not traditionally seen the promotion of mental wellbeing as a specific operational priority, and the process of transition, as one respondent noted, may be akin that of stopping a loaded oil tanker in mid stream and turning it through 180 degrees. One commentator from a sector outwith education comments on this difficulty sympathetically:

It's a matter of capacity – how can you focus on things like that when your main work that you are dealing with is curriculum-based and you know there are quality standards to be met? All of these issues are uppermost in the school culture you know. Having to focus on the whole person - in particular on their mental health - is something that you think, 'Well if I've got the time…' The

will is there, but I don't think they've got the time and I don't think the resources to save them the time, as it were. (Health Manager)

On a cautionary note it is clear that most of the interventions we describe do not fall neatly into boxes. An intervention can be off-site and distinct, but still offer services back to the school which help build capacity. A service offered on-site in the middle of the school day might operate in so impervious a manner that there is little contact with the rest of the school staff. Even schools with a strong emphasis on integration of service delivery may find that only a fraction of the staff get drawn into such ways of working. The typology is therefore offered as a device through which to explore different forms of service provision and their implications for professional working and effective service provision, but they should not be read as simple stereotypes.

Models of partnership in practice: exporting problems
This category of the typology is capable of being construed in a variety of ways. It is true that schools in the past would possibly have exported their problems off the school site, and that this export may have resulted as much from a school's need to metaphorically 'wash its hands' of the problem. Children with mental illness or conditions which led to inappropriate behaviour would be seen as problematic in and of themselves, and the responsibility for containing or treating them seen to lie within the purview of more specialist services.

At local authority level, there was significant tension in the balance between models of export whereby children and young people were supported by removing them from school, and models of ownership, where schools were supported to work with the young people in their own environment. Whilst education authorities all maintained some facilities outside of the mainstream school system, often in partnership with voluntary sector organisations, there was a nation-wide imperative to minimise these types of intervention, driven by the inclusion agenda, but also by financial considerations and staff shortages. In many instances schools did not currently pay for these interventions in any case (e.g. North Glasgow Youth Stress Centre / drama in schools) and voluntary sector or health services subsidised or applied for specialist funding. For some schools and authorities the expertise of outsiders was a continuing necessity in some respects (e.g. school nurses) but what was uncertain was their remit to stray beyond traditional roles into 'educational' work in the classroom.

However, there was a marked difference reported in schools' commitment to taking ownership of these difficulties, as described here:

Sometimes the view that is coming to me across the table is that the school perceives an amputation of the problem rather than some kind of internal solution to it. (Head of service)

External services often described setting up rigorous referral procedures to act as barriers to schools exporting pupils unnecessarily, …..

Because otherwise what happens is that schools will just fire referrals into external agencies without having tried to sort it themselves. (Mental health development worker).

The differences between schools that took greater ownership and those which sought to export problems was often said by interviewees in the health and education sectors to relate to the personal management style of the head teacher.

Less pejoratively, however, it is equally clear that some young people's problems are indeed so severe that they require levels of specialist help that can only be accessed in other settings.

Then too a modern construction of the problem that looked at the environment which created the problem (rather than the child as a problem child') might also conclude that since schools themselves can represent very stressful or challenging environments for some children, there will always be a minority of cases where the school setting is the least appropriate place to intervene and support a young person on the road to recovery, rehabilitation and reintegration.

Services offered outwith schools can offer 'time out' for some young people and enable them to work with adults with whom they can develop very different relationships from the relatively non reciprocal teacher/student relationship. Fairbridge offers this opportunity for young people in Glasgow and Edinburgh who are being considered for exclusion. They work with staff in schools and provide an alternative curriculum with the aim of reintegration at the end of the programme. Similarly, the Roc Project run by Aberlour Childcare Trust works with runaways both in school and via their refuge, offering support and guidance to young people who have been forced to live away from home or who have run away.

One voluntary sector representative felt strongly that removing young people from the school should be balanced with other efforts to retain them in the mainstream but with additional support or a more imaginative syllabus. She believed that the exploration of different options was hampered by a 'tramline' approach:

> *In my experience, pupils are either off site or they are doing no fewer than five standard grades. Now I'd like to see a degree more flexibility. I mean young people don't necessarily have to be off site…. I'd like to see them taken care of within school and particularly looking at their specific needs rather than having to go to other provision just because there's a traditional curriculum to stick to and it's the only way they[schools] can operate. (Voluntary sector)*

Clearly instances where children are shipped off site for remedial interventions are able to do little to develop the capacity of schools to deal better with such difficulties in the future, unless sensitive feedback is given by the specialist agency. Problems will, at a conceptual level, remain located in the child or young person, as far as the school is concerned.

Models of partnership in practice: importing skills
In this section we look at evidence about the ways in which schools were gearing up towards their new responsibilities through the importation of skills and capacities into the school. We focus on two aspects:

- the drawing in of those with additional or different skills and their utilisation in **developing the capacity** of teachers and school staff to take on new roles, and secondly,
- the importation of skilled professionals to take on **direct service delivery** to young people on school premises.

Recent policy developments clearly mean that schools are now required to meet the needs of young people with a wider range of difficulties, than would have been the case in the recent past. Consequently it is essential that schools are supported to develop their own capacity to respond appropriately to the behavioural manifestations of these difficulties.

Yet our scoping surveys revealed that local authority representatives were not always confident of schools' abilities to meet these new responsibilities, particularly secondary schools. Primary schools were generally seen as having a stronger focus on pastoral care, which permeated the whole school. In secondary schools, by contrast, it was recognised that many staff simply were not skilled in working with vulnerable children, as suggested in these two comments, which were typical of the responses:

Probably there is still, the way I would see it, too much emphasis on, I suppose what I would call the techniques of teaching in comparison with what I would call the relationships of teaching (local authority representative).

I think a sort of theme that will run through a lot of what I have to say to you this morning is that the class teachers' awareness of mental health problems, emotional problems, I think, is the route to dealing with it [developing better responses], and that requires much more training (local authority representative).

Given this position there is a sort of inevitability to the way in which many solutions have focused around the buying in of skills from other quarters, either on an ad hoc or on a more systematic basis. In this section we look at the ways in which capacity building issues were approached through importing skills from other professional groups, as evidenced in the scoping surveys and case studies. Three principal routes are identified in this section:

- traditional in-service sessions, offered in schools, using visitors from external agencies
- newer attempts to develop, support and mentor staff within the teaching community using mentors from external agencies
- parallel working in integration teams with professional staff from other agencies.

Other ways of capacity building (through mentoring staff using existing teachers and also parallel working with staff from other professional groups within an integrated school setting) are discussed in the following section on 'ownership' patterns of partnership.

The scoping study shows that, in their attempts to address the mental health issue, local authorities commonly offered courses related to mental health issues to teaching staff, but almost always as one of many possible in-service options. The focus of the courses was usually very well defined and targeted specific aspects of the mental health landscape such as bereavement, self harm, or ADHD. Those who enrolled on the courses would be a small minority of the total teaching force, mainly those with responsibilities for pastoral care. The appeal of these courses to subject teachers was somewhat limited as demonstrated by this comment:

> *We just ignore that side… leave that to the pastoral people… "that's your job, you can go and do all that". Probably we're so flaming busy delivering a curriculum that it's not the kind of thing that I would seek out on the CPD catalogue, you know (Principal teacher).*

Highland Council was in the process of developing a one-day course on mental health to be delivered by a range of partners. If sufficient funding was secured this course would be made available to all primary schools in the authority. However, some of the attempts at training elsewhere were less well developed.

Trainers from other agencies frequently referred to the cursory way in which training courses were planned and the frustrations of trying to work on complex issues in school settings:

> *In-service days are usually planned like years in advance and you'll get phone calls, 'We'd like you to come along and do an input on mental health'. 'Very good and how long would you like this session to last?' 'Oh, we're thinking about 45 minutes.' 'Right… ok'. So that is one of the challenges and one of the barriers. We do appreciate that time is precious for them but there is no way that you can do it justice [in that time] at all. (Voluntary sector representative)*

Many authority representatives were of the opinion that the traditional style of in-service training was not very effective in changing attitudes, and took a more proactive role in staff development.

> *You can talk professional development all you like, but if it is done in an intellectual way people find it hard to take it on board in terms of their own practice. You would always hope that children and young people wouldn't suffer a significant emotional and mental health issue, but it's difficult for staff to understand these issues if they haven't experienced it. I think staff develop a better understanding if they have seen a case and experienced the interagency working. (Head of service)*

In Glasgow a team of peripatetic teachers had been trained to work with schools, both directly with pupils experiencing mental health difficulties but also working with teachers to develop their understanding of the issues, a system not dissimilar to the ELSA and BEST systems developed in England and discussed in the earlier part of this chapter.

Also within Glasgow a number of health development workers had been assigned to school clusters with a remit which included capacity building. One such worker believed that teachers in her area were generally receptive but that becoming part of the fabric of the schools was a long term aim:

> *It's early stages and you have to have the same person in post to actually become ingrained into the education system. And for them to begin to value what you put in ... it doesn't happen overnight. They still do see people like me as an add-on, not part of the bigger picture. And for schools it is a huge issue. It would be great if we were an integrated community school all under the same roof. (Health development officer)*

In some cases the presence of imported staff with specialist skills delivering service direct to children could actually result in a loss of capacity amongst teaching staff, particularly in primary schools where the pastoral role is seen as a more intrinsic aspect of what it is it be a teacher. Prior to the introduction of alternative sources of support the class teacher would have been likely to be aware of difficulties in the child's life, and may have been a confidante for pupils and their families, although possibly unable to offer much constructive support. With the introduction of new models of supporting pupils, rigorous codes of confidentiality often came into play which excluded the classroom teacher from learning information about the child. Several teachers expressed some frustration at being aware of the existence of a difficulty being experienced by a child, but, in the absence of any specific information being passed on, worrying about failing to react in the most helpful manner.

Various respondents in the scoping survey and in the case studies pointed to the learning that can take place through contact with workers in different professional groups. Learning can range from different ways of looking at and responding to children, through substantive learning on mental health topics, to knowledge of agencies available to offer additional support and services.

The case studies give an opportunity to explore in depth the sort of capacity building that took place through effective interagency working on the ground. Where there was an imported skill mix into integration teams in new community schools for instance, some key education personnel, usually pastoral care staff and senior management were drawn into parallel working. These staff had most contact with the other agencies, they shared responsibility for the welfare of children beyond their formal education, and sometimes took the opportunity to work with young people alongside the other professionals. Consequently the capacity of these key teachers could be developed through their work with professionals who brought other ways of working with children to the discussion table. Amongst these staff there was a clear understanding of the difficulties faced by many pupils and the consequent effects that these might have on behaviour.

Classroom teachers, however, (as opposed to staff with pastoral responsibilities), often appeared to work in a different community, having little direct contact with the interagency staff and viewing their own role as quite separate. Whilst teachers would be aware of and appreciative of the work done with vulnerable children, they did not usually recognise the implications of the new ways of working for their own practice,

nor did they see other professionals as a useful resource for their own development. Teachers developed their own practice through personal experience combined with observations of and discussions with other teachers. Interviewees cited their teaching colleagues as being the most likely people from whom they would seek advice about challenging behaviour of pupils (although some staff reported reluctance to discuss their difficulties with anybody). It was apparent that the teaching staff were driven by very different agendas from the other workers, and that the philosophy of the classroom was not always in tune with the work of the interagency team. Consequently there was an inconsistency of approaches amongst teaching staff to issues relating to well being of pupils, with some highly attuned to such issues, and others who felt it lay outside their remit. It appeared to be a matter of personal choice, particularly in secondary schools, as to how far any teacher subscribed to the pastoral care aspects of their role.

There was some evidence that teaching staff could be highly resistant to efforts by other professionals to raise awareness of mental health issues, even where integrated community school teams were working effectively. Demands on teachers are quite different from other professional groups, in that they are required to work with large numbers simultaneously, and to meet the demands of an overcrowded curriculum, and for this reason teachers appeared to be somewhat resentful of advice offered by people with no experience of these pressures:

> *Teachers don't like it when experts come in and tell them what to do but don't get their hands dirty with the pupils (Education authority representative)*

An example of these difficulties was cited by one worker who had offered some whole staff training. She had opened her discussion group by describing some confrontational incidents observed around the school and went on to say:

> *All I asked was that we ask ourselves why are we doing all this, and - rather than see a student - to see a human being. And if we meet a human being we might be met as a human being and it caused uproar, it really did, because of some of the examples I used.*

Other workers sometimes found themselves subject to trials or rites of passage, before they were taken seriously, particularly in demonstrating their capability with respect to teaching and classroom management capabilities.

Commonly, non teaching staff in school communities were aware of these issues and would draw back from offering any advice to teachers, because they did not want to be seen to be challenging teachers' professionalism. This was particularly acute in cases where the workers were not graduates, for example home-school link workers. Hence there was a wealth of expertise on children and young people's mental health and well being in school that was not readily transferable to those who spend most time with the pupils. So whilst the presence of other workers in the school would contribute to an enhanced capacity of the school to support pupils, it did not necessarily translate into an enhanced capacity of classroom teachers to work effectively with these pupils.

We have then, elaborated three different ways in which authorities and schools are trying to build the capacity of education staff to respond to the sorts of mental health issues experienced by young people by importing skills. They are, of course, not alternatives but perhaps can often be used in tandem to support and develop teachers and their managers.

Throughout the interview sample, in all sectors, repeated reference was made to the variability of schools and teachers in respect of their recognition of their responsibilities to support young people with mental health difficulties, and also to the difficulties in challenging those individuals whose interests in children and young people were too sharply focussed on curriculum and attainment.

The process of change through staff development and capacity building was largely expected to be slow, allowing more reluctant and unconvinced colleagues to come on board gradually. There were a small number of more radical suggestions, however, one being that teachers should be given more direct responsibility for the pastoral care of pupils, in the belief that this might give greater insight into some of the difficulties those in their classes were facing. Coupled with responsibility, it was suggested, should be accountability. Currently teachers are highly accountable for some aspects of their performance including attainment and discipline. But they are less accountable for the means by which those goals are achieved. An explicit expectation that all professionals working with children and young people prioritise the proactive support of mental well being and respond sensitively to those behaviours which indicate underlying mental health problems, coupled with appropriate methods of development, would raise the profile of the issue, and, it was felt, place an obligation on all staff to reconsider their pedagogy.

We turn now to look at the case where skills are imported and used to provide services directly to young people.

> *You know education staff don't need to deal with this themselves, there are other people out there who are experienced and well versed in such problems. I guess for me the main issue is getting collaborative working more embedded in schools, instead of this arms length approach…'Well we'll have you, but only under these criteria or with these caveats…' (Health Promotion manager)*

Schools are clearly key sites for early intervention in respect of young people's mental wellbeing and most external agencies and voluntary organisations were keen to penetrate schools in order to enhance the effectiveness of their own working. What came through very strongly in the scoping survey undertaken at strategic level in health and education authorities as well as with voluntary agencies, however, as the quotation above illustrates, was a very strong sense that schools were often holding the rest of the world at arm's length or were preparing to participate in multi-agency work on school sites only on their own terms.

This is a broad category and probably the most popular mode of working (and interpreting the policy imperative for integrated multi-professional working) at the moment within schools. As well as a range of examples discovered during our scoping surveys, this category would encompass, for instance, at least three of our

case study interventions, albeit that they represent very different ways of working. What characterises all of them, however, despite surface dissimilarities, is that in all cases we are looking at a model where other professionals are invited into the school to be part of the framework for diagnosing and remediating problems or offering support to young people, but where the ownership of the issues is still not necessarily rested with the school. The school is a vehicle or a site for offering service, but, for instance, at a pragmatic level, management of the initiative may lie outwith the usual governance of the school. The sorts of services provided may offer additionality but not be integral to the culture of the school or its operation.

How did such schemes using imported mixes of skills work on the ground? Where projects or schemes were underway, the experience was often mixed. On the negative side external agencies often complained about a lack of flexibility within school environments and lack of understanding of their own approaches. Again this was often played out through the allocation of inadequate space for groupwork activities or lack of communication over changes in previously agreed plans. For both sides lack of understanding and respect for the different approaches to work on these issues undermined some attempts at interagency working.

However, we were also able through several of our case studies to explore more sustained experiences of interagency working on school sites. In all of these instances it was clear that the possibility of supporting and remediating mental health difficulties was enhanced, as these workers had the time and the skills to devote intensive support to the children and young people in question, and in some cases their families as well.

Interagency workers in these teams developed synergistic relationships whereby their relations with the school and with each other enabled them each to be more effective than they could be in isolation, as described here:

> *We are in no doubt of the value of working in teams. We value teams for the synergy they create. We rely on other team members for mutual support, help with planning and refining ideas, sharing resources, developing our professional understanding and offering practical backing to our work. (Discussion paper arising from seminar: Team working and the future of ICS, East Renfrewshire council)*

The external agencies that were offering support in schools also experienced tensions in their role. On one hand they were trying to operate as fully embedded facets of the school structure, and on the other hand they needed a degree of separation in order to fulfil their remits. This was particularly the case in services where confidentiality was seen as paramount, such as counselling or therapeutic services. These services benefited greatly from their position in the school through their accessibility to pupils, their reduction of stigma, and from the information that was passed to them from the school staff. Outgoing information was much more guarded, as they protected the rights of the child to complete confidentiality (except in cases of child protection). Although the agencies were keen to offer support to schools in working with pupils this did not extend to passing on personal information disclosed by the children. This

required careful negotiation at the boundary if the relationship was to be seen as successful.

This led to tensions in terms of how such services were viewed by other staff. If information about pupils was treated as completely confidential, the judgements made of the services were based on observations of behavioural change seen in the pupils. Yet, none of the services would have seen themselves as primarily concerned with behaviour modification, and disruptive behaviour was not always improved as a result of the interventions. This conflict of interests was highlighted by a school counsellor:

> *That was almost the test, you know, fix these kids, because there is in some ways, at some time an expectation that we will fix them. And that is an interesting thing that we are looking at, in terms of evaluation, is people's perception of significant change. What the person may deem as being significant to them may not in fact affect their classroom behaviour, so therefore the teacher sees a different change, or no change at all. So therefore, has the counselling in fact failed?*

Within integrated community school settings a range of resources were on offer, as in some of our case studies. Thus at Newbattle this led to young people having a choice of means of support with a drop-in service where young people could simply eat lunch, read the information, chat to friends or seek more specialised support from a range of workers. In addition the school nurse could provide one-to-one support, health development workers could act as a referral, and 'friendship groups' could provide support for withdrawn children. Short life groups run by the guidance team provided a safe haven at lunch times and breaks. One-to-one counseling support was also available with self referral or through referral by staff. One young person interviewed felt that he had benefited from this and as a result was more confident and was actively promoting the need for buddying on the school council. Others interviewed were aware of the services and would use them if they felt they required help.

Such deliberately rich and complex service environments answer the calls that have been made in other places for the variety in the environment that ensures that there is something for everyone, rather than a 'one size fits all' type of service. However, the very complex nature of the interventions makes it very difficult to ascertain, in a systematic way, which elements are apparently effective in either making young people feel supported or in improving behaviour.

Clearly the confidence and enthusiasm of staff in the different sectors was central to the success of multi-agency work. Where good links already existed, more potential existed to extend joint working to bring in new partners or to expand joint activity. There was some variation in this with some schools and health services working to an overall plan with a clear contract while in others relationships were more *ad hoc*. In both kinds of settings however, the partnerships appeared to be based on the school inviting the agency to work in the setting.

The importance of 'champions' at strategic and local levels was stressed by a number of interviewees. Within schools, senior guidance staff were often cast into this role

and seen as a key point of access for those based in schools and for external agencies seeking to gain access. Some key individuals from external agencies were also identified as important contacts who had credibility and standing within the school. Integrated school managers based with school clusters were often a key link in this process and where these were well established, good lines of communication and operational work flourished with these individuals acting as a bridge between health and local authorities and even parents.

A major difficulty identified by teachers was that of finding appropriate services which could respond quickly to needs that they identified. Thus where specialist services were based in schools they were identified as an important asset:

> *In secondary schools guidance ... often get frustrated by the fact that they don't have the support services for instance, like counselling services. That's one of the strengths in (the school) where the counsellor is working, that you are able to get some help fairly easily for kids you know. (Education authority representative)*

Some agencies identified distinctive roles for teachers and health workers or youth specialists which they felt should be recognised and incorporated into multi-agency working relationships.

> *...the programs can bring up some emotional stuff for young people, so you know you've got to have people that are able to notice that, pick it up and deal with it and again, in a school, teachers in the main wouldn't want to be involved in that. And young people (again, from our discussions with them) wouldn't feel able to talk to teachers, just because of the different roles, you know ... (Voluntary sector representative)*

Much of the innovative work that did take place within school settings was within clusters of schools. Cluster-based work has a number of benefits, not least in fostering links between primary and secondary schools. A number of initiatives around transition work were supported by integrated school teams and offered the opportunity to help ease the move for vulnerable young people. In addition these often provided an opportunity for joint working between different groups of staff.

In all these examples the incorporation of new skill mixes had allowed a whole range of innovative services to be offered to young people on or near school sites. Whilst this must be seen as beneficial in many ways, most interventions are not properly evaluated, and so we can have little certainty in pointing to which aspects of multi-professional working were most successful or how this synergy played out in terms of delivering more effective services for young people. What is also clear is that all these methods of importing skills onto school sites had only limited capacity to change the overall culture within which schools delivered the educational experience to pupils. Many teachers remained remote from the integrated service teams which bore the brunt of delivering these new initiatives. In the next section we return to examine a different model where – rather than look at importing skills to address new (or newly defined) problems – schools have chosen to retain control and claim ownership of the problem and the solutions.

Models of partnership in practice: ownership through integrated working
In this section we are choosing to characterise an approach in which schools accept responsibility for addressing the mental wellbeing of students and the discipline issues that may flow from it, feel that the solution should be generated within school, and encourage teachers themselves to tackle this through staff training, mentoring and professional support, and advocate the adoption of interventions led and managed within school by existing school staff working collaboratively. This is not a common model, but is one demonstrated in one of our case study examples (Clydebank) and picked up in small part elsewhere in the scoping surveys. We again look first at capacity building issues before moving on to look at service delivery issues.

We have noted in the previous section the impermeability (if not downright hostility) of much of the teaching profession to learning from other professional groups. Would teachers then be prepared to learn new skills, to develop a new language for naming and describing problems and new skills for handling them from their own kind?

A small number of authorities had interventions in place designed to offer advice from within education circles to staff experiencing difficulties with pupils. East Lothian's mental health worker operated a confidential drop-in for staff to discuss pupils about whom they had concerns, and to discuss their own handling of classroom situations. Clackmannanshire support service not only worked with pupils experiencing difficulties but tried to build the capacity of the school to support the pupils themselves. They operated their support at a range of levels as their head of learning support described:

> *The main aim of our service is to support the schools to support the children in whatever form that might take. We offer consultancy basis support to the schools. We would offer direct support to the schools, direct support to individuals, support to families acting as a bridge between school and family.*

In the ASSIST scheme (see case study), staff were able to seek confidential counselling style support from a designated colleague who had been trained in the principles of solution-focussed responses. This provided opportunities for individual self-selecting teachers to develop their capacity to respond to low level disruption. For some this was a very powerful tool for their professional development, and it provided a model for filtering new ideas into the teaching profession. However, given the self-selecting nature of this intervention, it did not have a universal impact upon the staff of the school, and, like other interventions, was viewed with scepticism by some of the staff.

A second model which used teachers to train other teachers was in evidence in Newbattle High School (see case study), in which departmental representatives were trained by the head of pupil support on such topics as learning difficulties, the framework for intervention, challenging behaviour and dealing with tricky situations. The departmental representatives were then charged with cascading these approaches to their colleagues. This approach was seen by the head of learning support to lead to more proactive identification of young people in difficulty, and to teachers seeking arrangement for targeted support. This school cluster also used team teaching as a

method of enhancing skills and awareness, as a health worker worked alongside primary school teachers to deliver a course on bereavement and loss.

To some extent the conflict between embeddedness and separation noted in the previous section, where people with other professional skills were imported onto the school site, was less of an issue of an issue in the Clydebank High School model where the existing pastoral care and other support staff had been amalgamated into a single team together with the pupil and family support workers. The team was managed by the school, and more emphasis in this team lay with sharing information in order to enable teachers to respond appropriately to individual pupils by sharing relevant information.

Similarly, the nurture groups in Glasgow primary schools were able to embed very quickly into the school because the nurture teachers were selected from the existing staff team. Both the nurture teacher and the head teacher in a participating school underwent specialist training, so the principles of the intervention were understood at management and practice level in the school. Interventions for pupils were planned and discussed jointly by the class teacher and the nurture teacher, thereby allowing the class teacher to develop her own capacity to understand and respond to issues relating to mental well being, and to be fully involved with and informed of the progress of the children.

The Prince's Trust Excel scheme was a national initiative which targeted disaffected young people for a two year course aiming to help build personal and social skills which would help in future employment and training. A mix of students was seen as vital for the success of the course rather than simply taking the most disruptive but this needed to be clearly worked through with school staff. The course was based within the school with participants taking part for one module which replaced one standard grade. The course was nationally planned and a quality assurance framework was in place to ensure conformity to the agreed programme. Local co-ordinators supported teachers and youth workers to work jointly to deliver a curriculum within the school setting with an emphasis on building confidence and skills. Training was provided to the teachers and youth workers by the Prince's Trust on 'creating a positive environment' and developing emotional intelligence.

Summary
This chapter has looked at the models of partnership that schools have adopted as part of the response to new policy pressures to deliver more inclusive education and stronger integration with other welfare services.

The review of the literature alerts us to the terminological quagmire surrounding the descriptions of the ways that have developed of different agencies working together. Some inexactitude is probably permissible and even advisable, however, in light of the fact that in most cases agencies are feeling their way towards workable relationships at strategic and practice levels, rather than being required to work to a template.

Literature also alerts us to the tensions of inter-professional working with children – different conceptualisations of the child and his/her competence, different patterns of relationships between child and adult, different protocols for sharing information and

maintaining confidentiality. In addition there will always be a tension between what is appropriate pride in having learned to do a skilled and professional job, and an inappropriate and stubborn defence of single ways of working and specific styles of expertise against competing frames of reference from other professional groups.

In this chapter we have used a very simple typology to describe forms of partnership working at practice level as a way of structuring our thinking and the presentation of results:

- **Export problems** off-site by referring troubled or poorly behaved children off for expert services delivered elsewhere or into containment schemes
- **Import skills** into schools to solve problems of mental wellbeing/indiscipline, but devolve authority to another agency or professional group
- **Retain ownership** of 'problem' in school, importing skills and personnel, but using these in integrated service teams to develop new approaches that are embedded in school life.

In practice there is considerable overlap between these categories. In addition, the tendency to see the categories as transitional (with a gradual move towards greater ownership of mental health/discipline issues by schools) may be misleading. Essentially, however, the typology is useful in forcing consideration of the extent to which schools are prepared to locate mental wellbeing/discipline issues in the school environment as well as in the child and his/her family background and to put in place structures which support young people, remediate problems and which operate preventatively.

In reviewing the empirical findings from this study we have therefore continued to use this rough typology.
It was interestingly rare to find 'export' models of dealing with mental wellbeing/discipline issues in our data. This may be because authorities no longer see these as innovative, and may not have thought to include them in their telephone responses, or respondents may well have perceived these types of responses by schools in a pejorative light. At strategic level both education and health authority spokespeople noted the need to patrol the actions of schools in referring problems onwards and outwards, and this may still be the first recourse for a school not prepared to review and revise its ways of operating and still resistant to inclusion agendas. At practice level in the case study settings, schools were much more inventive and determined to see what they could do to solve the problems they encountered themselves, whilst acknowledging that for some young people there would always be a need for expert services provided off-site.

Some forms of provision we looked at fell somewhere between a simple export model and that of importing skills, in that teams of skilled professionals from health, social care, youth work and so on had been established to work in tandem with the school population but off-site, on the basis that the school environment itself imposed too many agendas about the use of space, the types of relationships, the assumptions of outcomes etc that would be appropriate within the intervention. Both the Stress Centre case study and that of the drop-in elements of the Newbattle intervention display some of these characteristics.

The modal form of working in partnership within our empirical study was clearly that of importing a mix of skills to address some newly defined and recognised problems. This might involve 'buying in' a complete service, as in The Place2Be example, or establishing a multi-agency team working in parallel with school guidance staff as in the East Renfrewshire example. Such models potentially offered the opportunity to build capacity amongst school staff as well as directly providing new services for young people. In practice, however, some such interventions could be relatively impermeable. They were on-site, but still represented an 'export' model, with little potential for exchange of learning between teachers and other professionals. Even where multi-agency teams operated more openly within schools, their main point of contact was with guidance, discipline or learning support staff, and many class teachers remained at a distance from the interventions. However, this may simply represent the stage to which integrated multi-agency teams have developed thus far, and clearly does not preclude a more gradual drawing in of a wider group of staff nor the intervention having a more profound effect on the life of the school than it might have hitherto. In the interim – if that is indeed where we are – such imported skill mixes are bringing additional resources to bear and allowing schools to offer a varied and innovative range of interventions that they clearly would not be able to provide otherwise.

Our final category looked at the case where schools eschew imported help and look to find solutions to wellbeing/discipline problems within the school community itself. Only one of our case studies exemplified a form of this, with Clydebank using an integrated team within the school to address many of the problematic issues it faced, though the ASSIST intervention which was also one of our case studies represents a strategic level intervention to support and mentor teachers with respect to classroom discipline issues. The virtues of such an approach are clearly that it represents a statement of ownership of the issue and a commitment to resolving it by reviewing the school and the way it operates in its entirety, rather than looking for quick fixes to solve problems or provide services. The noted resistance of teachers to learn from others outside their own profession might best be countered by learning which takes place within the community of practice.

However, in both the cases cited above, there was no compulsion to participate or be part of the intervention, and the divide between those who wished to buy into the scheme and those who didn't was as marked as in the schools where other professional groups had been brought on site.

5 Concluding points

In this final chapter we pick out for comment some of the starker points that arise from the findings from both literature review and empirical work. Generally we have refrained from making recommendations based on these observations

Strategic implementation
- Scoping studies showed huge variation across the country in terms of implementation of new policy imperatives at both strategic and practice levels
- Responsibility for issues related to mental health in schools is spread across different sectors and shared between many disparate posts within sectors. This makes postholders less likely to come together to share information between authorities and also complicates arrangements for joint working with health and social care agencies
- Unfamiliarity or reluctance to engage with the language of mental well being results in a failure to explicitly address the issue in some cases
- How this is interpreted really depends on a political viewpoint as much as anything else. Does it represent a form of chaos which allows some authorities and schools to pay lip service to current rhetoric whilst making only imperceptible progress towards changing fundamental ways of working? Or does it represent an enviable ability of the Scottish government to allow 'local strokes for different folks'?
- We simply observe that what currently exists at both regional and local levels is a form of random experimentation which is not being evaluated in any way that would allow us to decide what is best practice or what is effective. However, we recognise the importance of local mental health and behaviour support groups and networks as a beginning to this process
- A national shortage of educational psychologists and CAMHS workers (most acute in areas of greatest deprivation) is putting pressure on schools to develop improved internal mechanisms for supporting pupils, and is altering the relationship with these agencies to one of consultation and partnership, rather than export. In some cases the shortage of specialist staff has given rise to increased capacity of staff as more creative approaches are adopted within schools. However, there remains a tension between the view that "experts" can and should provide magic solutions for troubled children, and the more holistic approach based on whole school responsibility for the welfare of each child
- Experiments in joint working or service delivery are often initiated using short-term funding streams. This exacerbates the fragmented and chaotic feel of the field and raises major issues about sustainability.

What works?
- It is a natural desire on the part of policy makers to want to know which measures are 'effective', and the pressure for education to develop more evidence based or evidence informed practice exacerbates this trend. However, it is a question which is next to impossible to answer in respect of the issues with which this project deals
- Few interventions in this field are designed to be evaluated. The random collection of 'data' which we observed in many settings is misleading and unhelpful. The complexity of school communities makes it very difficult to

establish causal relationships (for example between implementation of intervention and improvement in attendance figures)

- The self evaluations undertaken by commercial organisations funded to deliver service look workmanlike but need to be regarded with a degree of scepticism
- Engagement with practitioner research or action research was limited, yet this could provide a fruitful means of evaluating small scale local interventions, with minimal disruption to vulnerable participants
- Complex social interventions are difficult to evaluate without complex (and costly) external evaluation, and their findings are very often overtaken by policy priorities and undermined by political timetables
- However, we cannot demand that the research tail wag the practice and policy dog. There is no point in advocating simpler interventions because they give clearer research outcomes when it is complex interventions that are clearly required
- Evidence points to the synergy that develops when problems are tackled in multiple ways and through a variety of strategies.

'Ownership'
- 'Ownership' of mental health/discipline problems came up as an important underlying theme, but after consideration of a three layered model of export, import and ownership, it is clear that this invokes false dichotomies and an unhelpful sense of schools needing to move towards some gold standard model of good practice
- If we remove 'ownership' from its protective punctuation, we can say that for us, it implies:

  - a sense of the school and the individuals that work within it accepting professional responsibility for children's mental wellbeing as part of a general welfare responsibility
  - accepting that some discipline problems may be associated with children experiencing poor levels of mental wellbeing, and not just being bad or naughty
  - acknowledging that there may be ways in which schools themselves contribute to poor levels of mental wellbeing in young people
  - undertaking to review all aspects of the school's ethos and functioning in an attempt to minimise negative impact and improve the positive and supportive things that schools can do.

- This model of ownership forms the basis of the staged intervention approach introduced by a number of education authorities, whereby schools are encouraged to support low level mental health difficulties themselves, consulting other professionals for support. Import of skilled personnel to work with children and young people is reserved for higher level difficulties, with export of pupils to other facilities is limited the most severe and intractable difficulites, requiring highly specialised, intensive interventions
- It seems clear that no one model of organising a school has a monopoly of virtue in this regard

- Shipping the problems off-site and washing one's hands metaphorically of them is clearly a sign that a school has not accepted ownership of the issue, but – that said – there are occasions when off-site solutions may be attractive and appropriate

- Managing the problem within the school and trying to deal with it only within the standard professional group did not always seem a healthy way of demonstrating ownership. Ownership does not imply sole responsibility for children's troubles, and it seems irresponsible and unhelpful not to attempt close levels of co-operation with parents and with other supportive professionals

- Issues of vocabulary and language impede ownership of this issue in the case of individual teachers. The language of mental health is not one to which teachers readily subscribe, both because it implies a different professional expertise, but also because mental health is often couched in a medicalised way which locates problems in the child rather than examining the socially constructed aspects of mental wellbeing and indiscipline problems

- Successful implementation of the ownership model has considerable implications for the training and support of school staff to develop new approaches to pedagogy, ethos and behaviour management which address the mental health needs of all the children in their charge.

The school environment; external and internal ethos
- A sense of the school and its relation to its catchment seems a critical element where the welfare of children is at the heart of the enterprise. This is an 'upstream' level of intervention if wanting to improve discipline and promote mental well-being, but its importance is fundamental

- Despite the advent of the integrated community school, the community element of the project is often one of the most underdeveloped aspects, particularly in secondary schools. Some important exceptions to this (as in our East Renfrewshire case study) need to be examined to develop good practice guidelines

- Some of the best examples looked at in the case studies were indeed offering integrated service packages, but the tendency is for these to operate to professional-led agendas, rather than to be community responsive

- Schools continue to face real difficulties in building bridges to communities and particularly to the parents of the most vulnerable children. We are still at the very early stages of understanding how to involve children and parents more meaningfully, or how professionals can interact with each other to deliver support to families and communities

- The use of workers who are employed outside the traditional professional roles, such as pupil and parent support workers, or family learning co-ordinators, seems to be one of the more successful ventures in being able to provide very disempowered parents with more legitimate voices and routes of access into the school system

- Despite the constraints referred to in this report it is clear that some teachers were skilled at creating good relationships with young people, although externally based professionals and pupil support workers based in schools were generally described as more likely to embody the qualities and to have the remit to foster these and to support young people to develop their own supportive

social networks. Fewer opportunities exist within schools for teachers to develop supportive relationships with individual pupils

- In important respects educationalists continue to operate in a very different way from other professional groups, discussing children's cases and deciding their 'treatment' without feeling under any obligation to allow the presence or the voice of child or parent. It is quite difficult to see the justification for professional practices like these which are so out of kilter with best practice in health and social care. These practices often take place at the joint support team meetings which are a multi-agency forum, so within the educational setting the other professionals collude with this

- Ethos issues also operate in respect of the nature and the level of interactions between individuals studying and working in schools. The importance of the teacher-pupil relationship is paramount in promoting well-being. Recent policy changes which place the responsibility for children's happiness and safety in school on tutor group teachers, offering continuity throughout their secondary school career and linking pastoral care with PSD, should begin to address this issue (SEED 2005a)

- Children and young people want to be recognised and responded to as individuals but there is a tension between this and the structure of schools, particularly secondary schools, in which pupils are organised in terms of classes and subjects and everyone is subordinate to the needs of the timetable

- In addition, teachers frequently see their role in terms of the need to 'control' and this creates a tension between the desire to understand a pupil's problems and the need to punish unacceptable behaviour - a tension which may also be present in the pastoral system of guidance and behaviour support

- The emphasis on control means that the problems that come to the attention of the school tend to be those which disrupt learning. Withdrawn behaviours may be overlooked when they do not interfere with teaching.

Ambitious, excellent schools?
- Are attainment agendas and the pursuit of academic curricula incompatible with schools having a strong welfare role? Opinion was divided on this question in the field

- In theory, as some of our respondents pointed out, these are two sides of the same coin. We know that happy well-adjusted pupils learn better, so the pursuit of good mental health need not necessarily be at the expense of good academic outcomes. Similarly, firm but supportive discipline and guidance regimes create the right environment in which children can prosper

- In practice, however, the constraints of the curriculum as it is now largely established in schools, and the regimes of inspection, audit and accounting of school effectiveness make the troubled or non-compliant child a very awkward fit in a system of mass education

- Many commentators spoke of a desire for more flexibility to meet the needs of individuals or groups of children. A 'one size fits all' model is at odds with the need to shift education into a new paradigm where service follows need, rather than the other way around. It was widely held that, such a radical challenge to traditional notions of education would take considerable time to be truly embedded in practice.

- There was little evidence of authorities or schools able or prepared to undertake the radical review of curriculum or pedagogic method that might be required to deliver the truly health promoting school
- There is also little evidence of reluctant teachers or head teachers being challenged and called to account for the mental well being of pupils in their charge
- In the interim we have a lot of peripheral changes – usually with respect to the PSD curriculum. Here the involvement of other professional groups seems to offer real benefit, particularly in young people's eyes, but the whole process needs to be carefully managed to deliver most benefit.

Professional partnership
- Inclusion is about schools adapting to meet the needs of a wide range of diverse learners. The change in terminology from 'special educational needs' to 'additional support needs' is intended to accompany a shift in the meaning of participation from a notion of 'readiness to be integrated' to one of 'right to be included'. For this to succeed requires a concomitant shift in attitudes
- Many more pupils are now included in mainstream schools who would formerly not have been there. But this increases expectations of classroom teachers to be able to respond appropriately to diversity and need – including the needs of challenging pupils - and this requires adequate staff development in order to build the capacity of schools
- Building teachers' morale and confidence has clear knock-on benefits for children's welfare
- The drawing into schools of other professional groups offers the chance both for building capacity on this issue within the teaching group and, of course, providing for young people additional and different services from those which teachers can offer
- An overview would indicate that we have the latter but not the former in most instances. Additionality has been achieved, but it may take time to build capacity in this way
- Some resistance was noted on the part of some teachers to believe that other workers could contribute to their own professional development. Issues of status, professional respect and understanding were widely in evidence, and were exacerbated by geographical and temporal segregation of the different groups.
- However it may be important to ensure that interventions are given time to become embedded and evaluated using appropriate methodologies with the target populations as young people move towards adulthood
- At present parallel working is the norm rather than true integration, and there is an argument for saying that more intervention is actually required now in and around schools to lever proper integration before parallel working becomes the new norm and equally difficult to shake
- The development of trust and confidence in one another's competence, the establishment of shared protocols, the drawing in of a wider circle of involved teachers will all take time and must be given time to develop. The political commitment to produce services that follow service users' need rather than professional convenience is a paradigm shift that will take some time to bed down in education

- Attention needs to be paid to the ways in which teachers learn. Mere exposure to the skills of other who interact with children in a very different way will not of itself develop capacity
- Systems of teacher-to-teacher mentoring and support look promising as ways forward, but not all teachers feel able to engage with such scheme
- A management lead in terms of championing the issue and establishing expectations about the role of the competent teacher are necessary prerequisites for engaging staff across the school. Successful joint working is also enhanced by an integrated approach to service management as observed in established ICSs, where a single high profile enthusiast can facilitate firm relationships between professional groups.

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Appendix 1 Advisory Group

Name	Position	Organisation
Ruth Campbell	Policy Manager	Pupil Support Division SEED
Mona McCulloch	Quality Improvement Officer (Additional Support for Learning) (seconded)	South Ayrshire Council
David Mackay	Manager, Support Service (SEBD)	East Dunbartonshire Council
Anne-Marie Graham	Behaviour Support Service Co-ordinator	South Lanarkshire Council

Appendix 2 Stakeholder telephone interviews - respondents

Education authority interviewees

Authority	Interviewee
Aberdeen City Council	Guidance adviser
Aberdeenshire Council	Principal educational psychologist
Angus Council	Health Staff Tutor
Angus Council	Aspire co-ordinator
Argyll and Bute Council	Quality Improvement Officer
Clackmannanshire Council	Head Teacher of Support Service
Dumfries and Galloway Council	Head of Behaviour Support
Dumfries and Galloway Council	Operations Manager, psychological services
Dundee City Council	Head of home - school support
East Ayrshire Council	Quality Improvement Officer
East Dunbartonshire Council	Quality Improvement Officer
East Lothian Council	Mental Health Development Officer
East Renfrewshire Council	Quality Improvement Officer
Edinburgh City Council	New Community Schools Development Officer
Falkirk Council	Curriculum Support Officer
Fife Council	Educational Psychologist
Glasgow City Council	Head of Service
Glasgow City Council	Principal Officer SEN
Highland Council	Quality Development Officer
Midlothian Council	ICS Integration Manager
Moray Council	Inclusion Support Manager
North Ayrshire Council	Acting Head of Service

North Lanarkshire Council	Principal Educational Psychologist
Orkney Islands Council	Principal Educational Psychologist
Perth and Kinross Council	Pupil Support Co-ordinator
Scottish Borders Council	Pupil Support Manager
Shetland Islands Council	Education Development Officer
South Ayrshire Council	Quality Improvement Officer
South Lanarkshire Council	School Support Officer (electronic response)
Stirling Council	Principal Educational Psychologist
West Dunbarton Council	Quality Improvement Officer
West Lothian Council	Principal Educational Psychologist
Western Isles	Integration Manager

Additionally researchers attended meetings of the Children's Health Commissioners and School Nurse Managers.

Health service interviewees

Board/Service	Position
Scottish Executive	Director – National Project for Children and Young people's mental health
NHS Highland	CHC: Public Health Specialist
NHS Grampian Community Health Partnership	Integrated Schools Co-ordinator
NHS Grampian	Mental health promotion adviser
NHS Ayrshire and Arran	School Nurse Manager
NHS Forth Valley	Senior Health Promotion Officer
Western Isles	CHC Community Care Development
Fife	Development officer—mental health and schools Nursing Manager
NHS Greater Glasgow	Manager Health Promotion Planning Officer
NHS Lanarkshire HB	Consultant in PH (CHC)
NHS Orkney	Depute Director of AHP and Nursing
NHS Lothian	Development Officer Researcher
NHS Borders	Consultant Child Psychiatrist
NHS Argyll and Clyde	Consultant in PH Medicine (CHC) Health Promotion
NHS Shetland	Director of Public Health (CHC)
NHS Dumfries and Galloway	Principal Health Improvement Officer
Mental Health and HP School	National Development Officer
NHS Tayside	Senr. Health Promotion Officer

Voluntary Sector Interviews

Agency	Position
(Roc Project project)runaways	Manager
Dialogue Youth	Development Officer
East End Mentoring Project	Manager
Barnardo's Scotland	Chair ref group
CRUSE	Director (Scotland)
Childline	Development Officer
Penumbra	Development Officer
Mental Health Foundation	Director (Scotland)
Save the Children	Development Officer
Young Minds	Senior Policy Officer
Highland 'Listen to Me' Package	Creators/workers
Womens' Aid	Domestic Abuse worker
Renfrew Association for Mental Health	Service manager Schools Programme
STEP Travellers project	Co-ordinator
Prince's Trust	Excel Co-ordinator
Choose Life	Development Officer
Voluntary Service Aberdeen	Service Manager (Counselling in Schools)
Befriending Project	Development worker

Appendix 3 Case Study Interviewees

Case Study	Managers (Single interviews)	Teachers (Single unless otherwise stated)	Pupils (Group interviews)	Parents (Group interviews)	Other workers (Single interviews unless otherwise stated)
1. ASSIST	Educational psychologist Development Officer	5 primary (including co-ordinator) 6 secondary	12 primary 9 secondary	3 primary 4 secondary	Primary auxillary Counsellor (also secondary coordinator)
2. East Renfrewshire	Primary head teacher Secondary depute ICS Integration Manager	2 primary (paired int) 4 secondary + 1 guidance	12 secondary 10 primary	5 primary 2 secondary (telephone interviews)	Youth counsellor Social worker Family Learning co-ordinator Ethnic minority family learning co-ordinator Careers officer Health worker Active schools co-ordinator 2 classroom assistants (paired int)
3. The Place2Be	National, regional, hub and school managers of The Place2Be 2 primary deputes	6 primary teachers	16 primary	13 parents (9 in groups, 2 paired, 1 single, 1 telephone)	4 volunteer counsellors
4. Newbattle High School		4 secondary teachers	1 paired S2 1 group S4 2 mixed age group (12)	8 parents (group)	School nurse Social worker Health development worker (with ICS manager) Youth worker Ozone team meeting

Case Study	Managers (Single interviews)	Teachers (Single unless otherwise stated)	Pupils (Group interviews)	Parents (Group interviews)	Other workers (Single interviews, unless otherwise stated)
5. Royston Youth Stress Centre	2 Deputy Heads Manager (Youth Stress Centre)	6 teachers (pastoral care, learning support, guidance, subject)	1 group S2 1 group S4 (16 in total)	6 parents (group) 2 parents (individual)	1 Asylum Seekers schools liaison officer 1 pupil support worker 1 volunteer 3 group workers 1 counsellor 1 Asylum seekers support worker 2 Stress Centre Board members Group meeting with board Group meeting with YSC team
6.Clydebank High School	Depute head teacher	1 Pastoral care + 1 learning support + 1 behaviour support (group int) 3 class teachers (group int)	12 secondary	5 secondary	4 pupil and family support workers (group)

Appendix 4   Case Studies

Case Study 1: Aberdeenshire Staged Intervention Supporting Teaching (ASSIST).

This case study was selected as an innovative approach to developing the capacity of classroom teachers, and other school staff, to respond appropriately to low level disruptive behaviour. Two schools were involved in the study: one large comprehensive in a rural market town and one small primary school located in an isolated settlement. This account will begin by describing the approach of the ASSIST scheme, then will consider the two schools separately, as they operated their scheme in quite distinct ways. Finally, the implications of the findings will be discussed.

The ASSIST approach
The ASSIST (Aberdeenshire Staged Intervention Supporting Teaching) scheme was introduced by Aberdeenshire Council to support teachers to develop solution focussed environmental responses to low level disruptive behaviour (level 1) which may not be covered by the school's formal discipline policy. It is based on the Birmingham Framework for Staged Intervention, modified to meet local requirements. The first phase of its roll out took place in 2002, to twenty-three schools, and it is currently being introduced to all schools in the authority. ASSIST is managed by the principal educational psychologist, who employs a development officer (on secondment) to implement the scheme in schools. It can be seen to be driven by the more proactive approach taken by psychological services, in recent years, to promote deeper understanding and better practice in schools, in relation to mental health.

The programme emphasises the relationship between the school environment and the behaviour of pupils, and thereby implicitly addresses the impact of the school environment on mental and emotional well being. The environmental approach carries wider benefits for the well being of all pupils, and is not solely focussed on the disruptive individuals.

ASSIST offers a confidential peer support service for teachers. A volunteer ASSIST co-ordinator is trained in each school, to offer a counselling type approach to colleagues who seek support. Participants are self-selecting. The co-ordinator is usually a classroom teacher, but could hold another unpromoted position in the school (e.g. school counsellor). The co-ordinator should not be a member of senior management (but sometimes is). A supported self-evaluation approach is taken. Co-ordinators are trained to facilitate reflection by the member of staff seeking support, who is the lead person in suggesting potential solutions and evaluating their effectiveness. It is not the role of the co-ordinator to offer advice.

The ASSIST model encourages the evaluation of the situation without prejudice. Neither the teacher nor the pupil is blamed for the situation. Instead discussions should take a solution-focussed approach, concentrating on the changes in behaviour that the teacher would like to see and the strategies that might effect those changes. The focus is deflected from the individual child, to consideration of the unwelcome behaviour, and how that can best be tackled.

By using an environmental model the teacher is encouraged to devise ways of modifying his or her own approaches to class management and organisation, to reflect on delivery of the curriculum and interactions with the pupils. Positive rather than punitive approaches to discipline are encouraged. Any changes that are introduced are applied to the whole class, they are not aimed at a particular pupil. Consequently the approach can be seen to benefit the whole class rather than certain children.

Teachers, or other staff who approach the co-ordinator are asked to evaluate their own classroom environment against an extensive "environmental check list" which forms the basis for more detailed discussions about potential solutions. The teacher is encouraged to identify the unwelcome behaviour in terms of readily observable phenomena (for example "leaving seat" or "flicking rubber") rather than general terms (such as "off task"). These quantifiable behaviours are base-lined before introducing changes, and success can be measured against alterations in frequency.

Follow up meetings judge whether the intervention has alleviated the situation, whether further strategies are required or whether the behaviour merits referral to levels 2 or beyond (at which point the focus returns to the individual child).

The secondary school setting
The ASSIST co-ordinator in this school was, atypically, the school counsellor, rather than a member of the teaching staff, although she was also a trained teacher with a background in behaviour support. This carried a number of advantages. She was well respected, by staff, as having appropriate credentials to act as ASSIST co-ordinator. She was very comfortable with the counselling style approach of ASSIST. And as she was not restricted to a teaching timetable she could offer time more freely and flexibly than a teacher in her position would have been able.

There was perceived, by interviewees to be a great need for this service, as low level indiscipline was viewed as a significant problem for teachers, which fell outside the more formal mechanisms of the whole school referral system. Repeatedly interviewees referred to the stresses created by consistent low level disruption, and role of ASSIST in helping teachers to cope. For example:

> *There will always be kids causing "dripping problems" and before ASSIST that was not being dealt with. That is where ASSIST is important because it [low level disruption] can be soul destroying for teachers. (Teacher female)*

Linked to the stresses of these unwanted behaviours were feelings of inadequacy, as staff felt that they should be able to cope, that they were failing to meet the required standard of control in their classrooms. This in turn, in some cases could make it more difficult for staff to admit to problems and seek help. The ASSIST scheme offered a support to teachers who found themselves in this position. The ASSIST co-ordinator began her interview in this way:

> *Interviewer: What do you think the focus of this scheme is, what do you think are the objectives behind it?*

Co-ordinator: To support staff, especially new members of staff, probationers or staff who have been landed with difficult classes. And their stress levels are rising very highly and I think it is easy for members of staff to become very isolated feeling there is nobody to turn to. They think it is a sign of weakness, not coping, and I think ASSIST is really useful in filling that gap and reassuring that it is not a weakness.

Consequently, the confidentiality of the service was seen by staff and by the co-ordinator as critical to its success. Whilst not all interviewees felt that they personally were reluctant to admit to difficulties with behaviour management, it was widely acknowledged that many staff did view such problems as a sign of failure which they were not comfortable discussing with colleagues. The links between self esteem and classroom management were abundantly evident in the interview data. For example, this teacher, who had used ASSIST described his reluctance to talk openly about his difficulties in coping.

But it [indiscipline] is not something teachers talk about among themselves-it is almost a taboo subject- you know, "how do you cope with that?" Obviously the classes I have, other teachers have but.....

Interviewer: Why do you think that is the case?

It seems as if the discipline, or the behaviour management aspect is how you are judged as a good teacher. And you almost sense that people have a fear of others talking about you as, you know, "His classes, they all run wild with him". As soon as you admit that, for example, 4B were a nightmare today, it is "Oh look at him, he is not a good teacher". (Teacher male)

Additionally the confidentiality guaranteed by ASSIST was seen by many as a means of addressing issues without compromising their reputation with their superiors. A number of respondents were mindful of the importance of maintaining the appearance of being able to operate independently, and they felt that admitting to problems could affect future career prospects. Although the scheme guaranteed confidentiality, anonymity was impossible, since staff could be seen entering and leaving the room. This could possibly act as a disincentive to some teachers to seek help when they needed to.

The teachers who had used ASSIST could identify a range of benefits of the scheme. It was generally felt that the co-ordinator had been effective in supporting them to re-evaluate their own practice and develop new approaches. One teacher who had been struggling with a "difficult" class described her changed strategy:

So it maybe made me look at myself and the way I speak to pupils, you know. Maybe it made me less confrontational and I kept reminding them that this is the expectation, this is your choice and if you want to behave in this way you will have to think about what is going to happen as a result of that behaviour. (Teacher, female)

There was a strong sense of appreciation of the counselling style approach which was used during the sessions. Having access to a non-judgmental confidante was an extremely valuable resource for these teachers, as many would be having strong feelings of self-doubt as they approached the ASSIST scheme.

> *She never once said" You are doing this wrong"...so you never feel you are being accused   (Teacher female).*

Another teacher referred to it as a "non threatening environment" and went on to say:

> *I like that fact that I can be open and say, "Look I am really not coping with this and I am at my wits end with this particular group of pupils"*

For some the function of ASSIST had become seen as a general staff counselling service rather than one which was specifically geared towards issues of low level disruption. A number of staff had sought support with other issues for example, departmental policies and relationships with other teachers. Given her professional background, the ASSIST co-ordinator was able and willing to meet these needs when they arose, and did not feel obliged to draw strict boundaries around her role.

Within the teaching staff there was reported to be a level of indifference, or even active resistance to the ASSIST scheme, and to other innovative behaviour management strategies, similar to some attitudes reported in other case studies. Whilst all those staff who participated in the study were supportive of the scheme, there were repeated references to a small, but notable group of teachers who did not welcome any new approaches, as suggested here:

> *I would say there is a stigma amongst the teachers, especially those older more cynical teachers who have been through the system without the support and maybe they don't understand why it should be there now because they "coped" (Teacher, female)*

These people, were not amongst the volunteer interviewees for our project either as users or non users of the scheme, so we cannot directly represent their views, but none the less, the existence of a significant group of people who were readily identifiable by other staff, highlights one of the barriers to introducing innovative practice into schools.

It was the intention of the Development Officer that individual schools would adapt the ASSIST scheme to suit their circumstances, as indeed has been the case. If we re-visit the original intentions of the scheme we can see that in this school the confidential, self-evaluative approach, supported by non-judgmental counselling, was in place, and deemed to be effective by users. Teachers were less aware of solution focused thinking, and similarly did not readily take the focus of their thinking off the child. Consequently the scheme appeared to be interpreted by its users in ways which were helpful to them in their classroom situation, but may have lost some of its original intent.

The primary setting

The ASSIST co-ordinator in this school was an experienced teacher, who had held a senior teacher post prior to the reorganisation of school management structures, and who saw behaviour as part of her remit. She had been approached by the head teacher as the most suitable candidate and had readily accepted the role. Most of the staff in the school were very well established; with the exception of a newly qualified teacher, and a new head teacher, who had been in post for just over a year. Consequently they were an experienced and stable staff, yet undergoing a period of change.

The school was a small rural primary, with just seven classes, and the staff described themselves as a close knit group, who discussed problems openly with each other. The sentiments of the P7 teacher below were representative of most of the interview sample.

> *We are a small and close staff and we do a lot of working together, if you like counseling each other, just as friends, you know. In that respect this school is very good……We do spend a lot of time talking about the children and discussing our own emotions and feelings and problems.*

The isolation experienced by secondary teachers was not greatly in evidence in this primary school. It was widely acknowledged that some pupils caused a great deal of concern to staff, but staff appeared to respond by forming a cohesive and mutually supportive team, which fulfilled many of the intended functions of ASSIST. Consequently there was not the same need for a confidential service. Although staff cited the ASSIST co-ordinator as somebody with whom they would readily discuss behaviour issues, and whose advice they respected, discussions would take place openly within the staffroom, often with a wider group of colleagues. Generally, whilst staff were aware of the confidential service, and happy to know that they could seek out more personal support, in practice, only one member of staff had ever requested a confidential meeting, and the issue in question was not related to pupils' behaviour or wellbeing.

Given that most behaviour issues were not addressed in a one to one counselling session, it was rather more difficult for the co-ordinator to impress some of the other aspects of ASSIST on the teachers. In particular, there was little evidence of any structured solution-focussed approaches, and some teachers were not comfortable with the concept of removing their focus from the individual child, even though this would be seen by the development officer as being central to the approach.

The aspect of ASSIST that the primary staff were most familiar with was the environmental checklist, that had clearly been circulated for general use. The staff found it to be a useful reminder, when planning or evaluating their lessons, and appeared to refer to it quite regularly, although the items on the list were seen as a normal part of good practice. As the ASSIST co-ordinator commented:

> *Things on the checklist are things that teachers would do normally anyway, but having said that I think it is good to have the checklist because you do forget some very basic things that you could try.*

The checklist was thus used proactively by staff on an individual basis, rather than being part of the toolkit used by the co-ordinator to support teachers who were reacting to problems. In this way ASSIST principles linking environmental management to behaviour were being embedded, or perhaps reinforced, in the daily structure of classroom. The links between ethos and behaviour were clearly understood, although without explicit mention of mental well being.

There seemed to be little conflict between the ASSIST approach and the wider school policies on tackling behaviour. Parallels were drawn between the challenges ASSIST poses to teachers to examine their own behaviour, and similar challenges that teachers pose to pupils:

> *I think it is part and parcel of the same thing. You ask the children to look at their behaviour, but you have to look at your own that might be causing the problem. So it is a two way process that goes hand in hand. The children are asked to look at why they have behaved like that, and then you have to look at if there is something in the class that made them behave like that, or something we could change, seating wise or whatever. (Teacher, female)*

Essentially ASSIST was seen to complement or reinforce existing good practice in the school for dealing with low level disruption.

Discussion

Capacity building
The main purpose of the ASSIST scheme is to build the capacity of teaching staff to be able to respond competently and confidently to low level disruptive behaviour, through a reflective, solution focussed approach. By operating as a peer support system it engages teachers who may have had difficulties in addressing their problems through other mechanisms. But the self-selecting nature of referrals means that the scheme is only taken up by a proportion of the staff, and does not by any means reach all teaching staff. Some staff have demonstrated an active resistance to new ideas.

However, this is not necessarily a less efficient method of inculcating innovative thinking than the more traditional "top down" methods often used. Evidence from local authority interview data in this study, points to some of the limitations of using traditional "in service training" approaches to introduce new approaches. By using peer support in this way, communities of practice can be strengthened through targeted discussion and longer term intervention.

Whilst teachers were broadly in favour of the ASSIST scheme, and many could identify ways in which it had improved their confidence in their own classroom practice, they did not always appear to be cognisant of blame-free solution-focussed concepts. However they did feel up-skilled and more able to cope effectively with challenging behaviour, and, felt that the scheme was important for their own mental well being in terms of stress reduction.

Links between mental well being and behaviour

Implications in terms of pupil mental health were less well recognised by participants. Focus on the environment encouraged teachers to address school based issues which may have be damaging to mental well being, such as appropriate pedagogy, positive relationships and classroom management, but simultaneously discouraged consideration of any individual circumstances which might affect behaviour. It is important also to bear in mind the personal circumstances of children, which may have a bearing on behaviour, and to employ targeted strategies (stage 2 and above) where appropriate.

Additionally, the use of the checklist can encourage consideration of very mechanistic issues such as classroom routines, the physical comfort of the children, and does not encourage consideration of deeper issues such as relationships with the pupils, or empathy for vulnerable groups. Overemphasis on the check-list could reduce the ASSIST discussions to a technical exercise. Similarly the types of behaviours that are base-lined for the purposes of evaluation may be superficial manifestations of deeper issues. By concentrating on the frequency of quantifiable behaviours there is a danger that the teacher might overlook the more meaningful interpretation, for example the pupil appears to be bored, upset or socially isolated.

The ASSIST scheme is designed only to be used for low level disruption, and is not used to address withdrawn behaviour. Yet the school environment may in some cases be the cause of such behaviours, and a solution focussed approach may be very helpful in working with these young people. There is no reason why the ASSIST approach could not be used in these cases, but it would need to be rebranded. In general withdrawn pupils are not breaking any rules, and consequently, the association of ASSIST exclusively with discipline issues would need to be challenged, and its relevance broadened.

Evidence of effectiveness

Effectiveness of the ASSIST scheme could be analysed in several ways. Qualitative accounts of the users of the service certainly demonstrate that ASSIST can be effective in developing their capacity to address classroom indiscipline using environmental modification. For some teachers it has been a very effective support at a difficult time in their career. Aberdeenshire Council's own internal evaluation reports that 100% of staff who had used the service and filled in the questionnaire had found it useful. HMIe report "Inspection of the Education Functions of Local Authorities, Aberdeenshire Council (Jan 2005) states that "Staff involved with the programme reported that it was very effective" (p42).

Other indicators of change in schools where the programme is introduced, must be treated with caution. Schools are complex organisations that are constantly evolving, and any changes cannot be directly ascribed to the ASSIST programme alone. That said, Aberdeenshire Council report a consistent fall in exclusion rates in schools which have implemented ASSIST, and a significant improvement in ethos indicators.

The point at which ASSIST might be expected to have the most impact is the point of referral of pupils from level 1 to higher discipline levels in the school. If the ASSIST programme is increasing the capacity of teachers to respond effectively to low level behaviour issues, then this should be reflected in a reduction in the number of

incidents that the teachers feel unable to cope with alone. As this is a confidential scheme, it is not possible to analyse this at the level of individual teachers, although a member of senior management reported he felt it was effective at individual level. The school was able to provide partial figures for discipline referrals (they were available for one house) showing a 26% fall in referral to senior management in the period August to January when comparing 2003 /2004 with 2004 / 2005. Whilst there could be a wide range of factors impacting on this improvement, not least of which would be the recent revamping of the schools discipline policy, it can be seen that ASSIST is part of a system in which discipline referrals are falling.

Sustainability
The ASSIST scheme is still relatively new in Aberdeenshire, and much work is still needed by the development officer before it is fully embedded within the structure of all schools. The current development officer is on a twenty three month secondment, and the sustainability certainly requires funding to be extended beyond this period. Once the roll out is complete, the scheme will require a level of central input to maintain the service, for example to train replacement co-ordinators when staff change, to support and update existing co-ordinators and to evaluate and develop practice.

Within schools the sustainability depends heavily upon the time management of the co-ordinator. Effective co-ordinators require time during the week to make themselves available to their colleagues. The local authority funds the initial setting up period, allowing supply cover to be bought in to cover the training period, but after the first year any time allocated to the scheme must be funded by the school. Consequently the success of the scheme depends partly on the priorities of the senior management team, in terms of budgeting for the school timetable, and also managing collegiate time. The development officer is currently in negotiations with head teachers regarding flexible time management for ASSIST.

Additionally the sustainability of the scheme depends upon the impact that the school co-ordinator can make upon the thinking of the staff. The personality and commitment of individual co-ordinators will have a significant role to play in ensuring the maintenance and development of the service. The philosophy of ASSIST involves a paradigm shift for some teachers, and may be seen as a threat by others, or may in some cases be met with disinterest. How the co-ordinator is able to meet those challenges in a school setting will impact heavily on the sustainability within the school. Changes of co-ordinator as staff move on could also threaten the sustainability, as trust gained and professional respect will need to be re-established by the new comer. There is clearly an ongoing role for the development officer to support the continuation of ASSIST within the schools.

Summary: strengths and challenges
- The ASSIST scheme develops the capacity of teaching staff, and therefore the capacity of the school as a whole to respond effectively to low level disruption. It introduces solution-focussed, blame-free methods of dealing with issues, that may in some cases act as early intervention, deflecting situations away from more serious disciplinary incidents. It focuses on the links between the school environment and behaviour; an approach which implicitly acknowledges the effect of the school environment on mental well being.

- It is based on a clear understanding of the sensitivity that teachers can feel about admitting to discipline problems, which is by addressed by offering a confidential service, which allows teachers to tackle their difficulties without compromising their standing with colleagues or managers.

- ASSIST also recognises the tendency of teachers to develop their practice through personal experience coupled with informal learning from their peers. By positing the ASSIST co-ordinator as a respected colleague, with whom teachers can discuss their own classroom tactics the scheme encourages this type of community learning, for those who are feeling isolated by their problems. In this study, it appeared that this type of mutual support was already very much in existence for the whole staff, in the primary school and there was not the same need for a formal mechanism of accessing peer support.

- The sustainability of the scheme depends upon the time available to the development officer and to the school co-ordinators. Currently both are in short supply, and if a new way of working with pupils is to be widely introduced into schools it may require greater commitment of resources. Additionally the solution focussed environmental approach is currently being offered only to those experiencing difficulties, and if it is to be embedded in the school system it would require wider dissemination, coupled with a commitment from staff to engage with the approach.

- Currently ASSIST is viewed by staff largely as a means of addressing their own mental well being, which is in itself very important. The environmental methodology could be linked much more explicitly to the mental well being of pupils, and could also be developed to include consideration of pupils whose behaviour causes concern for matters other than indiscipline, notably those who are very withdrawn or isolated.

Case Study 2: East Renfrewshire, multi-disciplinary support team, based at Woodfarm High cluster.

This case study focused on a multi-agency Integrated Community School team based within one of the school clusters in East Renfrewshire. (Field work was conducted in the Woodfarm High and one of its feeder primaries, Thornliebank School) This structure was selected for case study as it was a well-established team, and it particularly focused on mental well being by the inclusion of a youth counsellor, employed by Renfrewshire Association for Mental Health (RAMH). Additionally issues of emotional well being in the school and the community were addressed by a social worker and two family learning co-ordinators, one of whom worked exclusively with the black and ethnic minority community. Other workers such as the active primary schools co-ordinator, the health co-ordinator and the careers officer had roles which impacted upon mental well being to some extent. A range of proactive and reactive strategies were employed by members of the team.

Funding sources of the posts were varied. The team was managed by a single integration manager with individual workers also jointly supervised by their respective services. Head teachers had no direct managerial control over the team, so consequently the team provided a locus for collaboration between a range of services.

This school cluster was the East Renfrewshire flagship of the integrated community school roll-out, having been the original pilot, and having developed, what was widely perceived to be, a successful model of working. Although this school was not in the most deprived area of the authority, it had been selected as the pilot due to the high levels of deprivation amongst its families (many of whom lived in a very poor area of a neighbouring authority), its ethnic mix and its ineligibility for additional resources from SIP funding. (Although it was an area of deprivation, it had not benefited from SIP funding and had not had the opportunity to develop the associated social inclusion initiatives). The project began in August 1999 with the appointment of the integration manager. The commitment of the local authority to ICS working was evident both in the prompt implementation and in the methods of funding. Those staff who were employed by East Renfrewshire Council were on permanent contracts (the exceptions being the youth counsellor and the active schools co-ordinator).

Thornliebank Primary School was highly committed to supporting the wellbeing of pupils and their families. Interviewees, including parents, classroom assistants and ICS team members attributed much of the caring culture of the school to the attitude of the head teacher, who summed up her feelings about the ICS in the following way:

> *I see the difficulties our families have through poverty, through substance and alcohol misuse, through lack of literacy. And I find it very frustrating that in many schools they don't take account of the background of the children and I just saw the pilot of being a community school as being the way forward, so perhaps I embraced this with open arms in a way that maybe other head teachers may or may not do.*

She saw her remit as extending beyond education into the wider community and supported a wide range of activities to enable this, as exemplified by the following comments:

I don't see this school as a centre for education, I see [the school] as a centre of the community.

The children are at the heart of every thing, but I don't see my job exclusively as children and I do not see my job exclusively as education.

The primary school was involved in a project entitled "Community Well Being" funded for two years by the National Programme for Improving Mental Health and Well Being. The family Learning Co-ordinator was seconded to fill this post. The ICS Integration manager described the aims of the project:

It's about sustainability, but its also about changing attitudes and dispositions towards the whole notion of mental health and well being, and also towards the integrated community school being more than the teaching processes and what happens in the classroom, but also about how the school responds to the needs of its community on a 52 week basis...... And it involves the whole notion that the family come together to do something so its building....building the family unit, hopefully its resilient unit which can do things for itself but also building a larger unit, sort of community groups.

Prior to being awarded this funding, the school had already begun to develop firm links with the community, but had not identified the implications of this type of work for mental health, as described here:

One of the reasons that they funded us to do this was because they had done some research on community well being, again it was the Scottish Development Centre for Mental Health, that had done that for the national programme and they had come and looked at what we were doing here. And then they set about funding these what they call National Exemplar programmes because they reckoned that we had good practice here. And they reckoned that we had good practice in mental health which was something that we hadn't actually identified as being mental health.

The secondary school with its roll of 718 pupils was also proactive in its to support of the well being of pupils, in a number of ways, and this was particularly evident in its' extra curricular provision. The HMIe report (2002) commented on the strong identification that pupils had with the school, and this was confirmed by our interviews with pupils. The opportunities available through the very extensive extra-curricular programme featured very largely in the pupils' accounts of school. Not only did they provide fun and interest, they also were vehicles for forming and maintaining friendships, they enhanced relationships with staff, and in some cases they provided a refuge from more difficult lives outside school.

You can make loads of friends in certain clubs. The dance club, almost every girl in second year goes to the dance club. So it's a great social place because we have a laugh as well. (S2 girl)

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The pastoral system was well developed in the school; the young people were confident in the support they could access from the pupils support team (previously guidance), and this aspect of the school had also been commented upon by the HMIe. The integration manager of the ICS (who was not an employee of the school) made the following comment about the pastoral care in the school:

> *I think [the secondary school] is quite outstanding in the way it has reduced its exclusion. And it's dealing very well in a pastoral way with its youngsters and working very well with other agencies. But the interesting thing is it's holding that, and at the same time its attainments are going up……So [the school] among its sort of national peers is very high and they know that. Yet they can do that at the same time do all the social inclusion things.*

These two schools in which the ICS team was based both, in different ways, offered a culture of concern for the well being of pupils which the ICS team was able to enhance.

Targeted support for vulnerable pupils was provided, individually and for groups, by the social worker, the counsellor and the careers officer, with a self referral service offered by the school counsellor. Additionally a strong emphasis was placed on community and family support, including universal provision in the form of activities organised by the family learning co-ordinator, and targeted interventions by the social worker, and the family learning co-ordinators (including the black and ethnic minority family learning co-ordinator).

Multi-agency working
The success of the team depended upon effective multi-agency working in both policy and practice. There was ample evidence of effective working between the different agencies of the support team. Co-operation through the Joint Support Team meetings, joint working with groups of pupils, formal and informal discussions were all examples of co-operative working. Team members described the synergism of this type of working, with each being able to enhance their effectiveness by collaboration. The youth counsellor expounded the value of joint working in the following way

> *My experience has been how hugely beneficial it is for example to have a social worker in the school, massively beneficial but it helps my job tremendously because you have instant access to that knowledge, to that experience, instead of going down the route of "oh let's go to the panel". Again careers, exactly the same. Some of the issues that young people bring are around "what am I going to do? I have no direction, where am I going?". I don't know how to do this, so having access to the careers worker is again vital. And [the attendance officer], …… you know co-working with [her]in relation to some of the kids who have difficulties who aren't attending is again hugely beneficial.*

It was also felt that a joint approach necessarily led to a more open and visible way of working.

New members joining the team, for example the Active Schools Co-ordinator were able to build on the ground work done by the family learning co-ordinators in identifying and approaching target families.

The teams also demonstrated effective collaborative work with school staff particularly at managerial level, and with the pastoral staff. Their input at JST meetings was considered essential, and their role in implementing the support identified at the meetings was also crucial. Whilst this work was largely supporting pupils and families the teams also had some input on the curriculum, particularly PSE in the secondary school, and a reading scheme in the primary school.

Whilst the team had close links with key educationalists, they had much less impact on the school staff as a whole, in either school. Generally staff concerns about pupils would be referred to senior management or support staff, who would, in turn, liase with the interagency team. Relations between the team and the remainder of the teaching staff were minimal. The staff saw the role of the support team as separate from their own role; they were pleased that the school now had mechanisms to support vulnerable pupils, but in general they did not interact directly with the team over individual pupils, nor did they feel that they as classroom teachers were also members of an inter-agency team.

Access to services
A critical aspect of the service provision is the procedures by which pupils are identified and gain access to the support system. In both primary and secondary schools referral was largely made by the teaching staff, through the formal procedures of pupils support and discipline, and in some cases also through the JST system. The majority of cases were reported as being those pupils who were "acting out", causing the type of disruption that impedes successful delivery of the curriculum. The system was less sensitive to pupils whose behaviour was quiet and withdrawn, for the reasons described by this teacher:

> *Yes, these [withdrawn pupils] are the ones that are much, much harder to deal with; in some ways these children are behaving as you would ask them to behave. They are being quiet and they are being good and they are appearing to get on with it. And these are the ones who, the danger is, they may very well slip through the net, that they won't be noticed. (secondary male teacher)*

An option of self referral was available in the secondary school through the youth counsellor, which could potentially draw in young people whose issues went unnoticed by the adults in the school, but only 10% of pupils using the service were self referred and the counsellor herself expressed doubts that socially isolated and vulnerable pupils would feel able to come forward of their own accord. So there remained potential for a more sophisticated system of identification in the school.

Parental access to services tended to be mediated by school staff. In the first instance their concerns would usually be articulated to the head teacher in the primary school, or to guidance staff in the secondary school, who could make referrals to specialist staff. If the case was deemed sufficiently serious to merit a JST meeting, parents'

permission was sought before such a discussion was held, but in most cases the meeting was conducted in the absence of the parents who were informed afterwards of the appropriate course of action that had been chosen.

So it can be seen that the system remains very much in the control of the professionals, who act as gatekeepers to the services, and that the main stakeholders, the pupils and the parents, are less active in the process of referral and choice of action. Their main control of the process is the option of veto.

Capacity building
The team had undoubtedly enhanced the capacity of the schools to support pupils with mental health issues through a variety of targeted and universal approaches. Many issues were readily identified and responses could be rapid, and flexible, meeting needs as they arose.

One of the main successes of the team was perceived to be the maintaining of some pupils in school who might otherwise not have been able to cope. Paradoxically, in some ways the successful inclusion strategies of the team had increased the challenges faced by classroom teachers as they were required to meet the needs of a wider range of pupils. One senior manager described the dilemma the school faced:

> *It's hard when you are a classroom teacher, then you may well think "Why are we having to put up with people with such obvious difficulties?" And maybe they don't see their support is being particularly effective. Whereas the fact that we have actually got her in school and staying is a success, but that doesn't necessarily transfer to the person in the classroom. And I don't know the way round that one. It's a very difficult one.*

The teams had not yet exploited their potential for building the capacity of the wider teaching staff to understand and respond appropriately to issues of mental well being in their classrooms. The expertise held by these workers was not readily transmitted to the teaching staff through either formal or informal means. Generally they were seen as quite separate from the teaching staff, providing a valuable supporting role that allowed teachers to concentrate on the curriculum, but they were not widely recognised as a resource to enhance capability.

The youth counsellor, in particular had a remit for training of staff in mental health awareness, but there were various structural barriers to this occurring widely on either a formal or an informal basis. The lack of daily contact with many of the staff, partly due to different location, and different break times, were an obstacle to collegiate relationships between the multi-agency team and the professionals and teachers. Also the support framework that teachers chose to access tended to be other teachers; interviewees were most likely to refer to teaching colleagues about strategies for working with pupils.

Early attempts to deliver short whole school in-service training sessions were not viewed as very successful, and some staff had expressed doubts about the validity of advice from someone without the practical experience of classroom management. Given the concerns stated by staff that they were increasingly expected to work with

children whose behaviour they found challenging, there seemed to be very good reason to consolidate the training and support links between the interagency team and the teachers, but this area of work was still in its infancy.

Sustainability
The interagency team had over the past five years not only sustained its original form and functions, it had extended to take on more workers and wider remits. The sustainability can be seen to be due to two major factors. Firstly, East Renfrewshire Council's policy to employ all workers on permanent contracts enabled the team to work with confidence and commitment to the schools. Whilst permanent contracts do not guarantee the future of the ICS team, as workers could be redeployed to other posts in the authority, it does mean that the workers are financially secure, and hence are less likely to be attracted to other longer term positions. Consequently the schools have had the benefit of the full attention of a fairly stable team throughout its existence.

Secondly the sustainability of the scheme is a measure of the success of the team. Both schools had developed very firm relationships with the teams and the work of the team was by now firmly embedded in the framework of the schools. Once in place the team provided a structure through which new workers could be introduced to the schools. The existing knowledge and relationships provided a platform from which new initiatives could be launched. So the team was not only sustainable, it provided for growth and development.

The Home / School interface
As the Integrated Community School moves towards providing interagency support for the child, within the wider context of the family and the community, the boundaries of responsibility are inevitably shifting, with the school moving into areas that were traditionally seem as the domain of the family. This also implicitly and explicitly has implications for parents as they are guided towards what the school perceives to be better parenting practice.

The social worker's loosely defined role, as a "non statutory worker", where there was no legal obligation on the part of the users or the providers of the service, offered an interesting new interface between school and family. The social worker's self defined role, to be helpful wherever she could, was open to a range of interpretations, which were not clearly bounded by any guidelines. It did however, offer a very flexible approach, to meeting needs that had been identified by the school, the family or the pupils themselves. The non-statutory nature of the work allowed families to opt out if they did feel her intervention was inappropriate. Although this type of relationship was novel, there was no indication that it was seen as problematic by any of the parties involved, and it appeared that her support had been offered in ways which were welcomed and deemed appropriate by the families involved.

The role of the family learning co-ordinators similarly broke new ground with respect to the home / school relationship. The main aim of this post was to encourage parents to become more involved with their children's education and well being. Inclusion of minority groups in this initiative was prioritised by the appointment of a black and ethnic minorities family learning co-ordinator, whose personal background and

experience allowed her to act as an effective intermediary between the school and home.

An important aspect of the development of home school partnership took place under the banner of the "Community Well Being" initiative. Having acknowledged the ineffectiveness of traditional "parenting workshops" or "literacy workshops" the family learning co-ordinator drew the family into the school community by running a wide range of holiday time activities, which were heavily staffed and offered activities for both children and their parents. Parents spoke very warmly of the impact this had on their own well being, of forming friendships, of reducing isolation and of providing a forum for discussion their children with other parents, as illustrated in the comments below:

You get talking to all the other parents and you find out how they are feeling about their children and it gets you understanding more.

You are mixing with other people you wouldn't normally see, its great fun.

You don't see parents arguing you see them laughing and joking and getting on. And if the parents can do that it's a good role model for the children as well.

The schemes were very well used, although the school acknowledged that there were still parents in the community who maintained minimal contact with the school. The activities benefited the school as they forged closer links with the participating parents, and generally built mutual feelings of goodwill and trust.

Another significant strand of this worker's role was to organise a very active home reading scheme, whereby books went home nightly, from nursery school age. Relationships with parents were maintained through this scheme as notes were exchanged continually between the worker and the parents.

The family learning co-ordinator also responded reactively to families experiencing difficulties and provided a flexible and practical support ranging from transport to school to befriending. This individualised, responsive service was highly appreciated by parents.

You can always talk to H and get support there. They were very good about my husband. He had a heart bypass two years ago. They were always asking how things were, do you need any help and H was going to come by my house and pick my son up and bring him to school. He's always ready to help. And that goes for anybody.

At the heart of this scheme is a belief in the value of expanding the remit of the school to include community responsibility, to build the capacity of families and the whole community, through participation and targeted support. That the integrated community school staff feel a sense of frustration at failing to engage with some parents, is an indication of the reach that the school feels it should have into the wider community.   To some extent this highlights the tensions between the public duties of schools and the private sphere of the family, and how the boundaries are drawn between the two.

Summary: Strengths and challenges

- This model of working has imported a varied team of workers to develop the capacity of the school to address issues of well being at individual, family and community levels. There is a well-established team of workers who collaborate effectively with each other and with the managers and pastoral care staff in the schools. The model has demonstrated its sustainability and has acted as a foundation for later expansions of role. Mental well being is supported proactively and reactively through a range of universal and targeted activities and interventions.

- Particularly in the primary school, efforts are made to involve families in a wide range of community activities, through the family learning co-ordinator. However, parents are not fully involved in the identification of difficulties or the determination of the best course of action, in the case of targeted interventions.

- Whilst the presence of the team has undoubtedly enhanced the capacity of the schools to respond to issues relating to mental and emotional well being, leading to more successful inclusion of some pupils, this has led, in some cases to class teachers being required to work with pupils whose behaviour they find very challenging. The links between the interagency teams and the classroom teachers are limited, and the capacity of the teachers to understand and respond to these issues has not necessarily benefited from the presence of these workers in the school.

- Those pupils most likely to come to the attention of the interagency team are those whose presence is most noticeable in the school setting, through their disruptive behaviour. It was widely acknowledged that pupils whose mental health difficulties caused them to become withdrawn were more likely to be overlooked. Sensitive mechanisms of detection, coupled with highly accessible self referral services need to be developed.

Case Study 3: The Place2Be

The Place2Be is a UK based charity dedicated to providing therapeutic and emotional support to children in primary schools. The first two schools in Scotland to host The Place2Be services were the subjects of this case study. Both are Edinburgh based schools, located in areas of deprivation.

The Place2Be is a voluntary sector organisation offering a health related service within an educational setting, so sits strategically between these three sectors. Funding for these pilot schemes was provided jointly from four sources, reflecting these different interests: Scottish Executive, Edinburgh City Council, Lothian Health Board and the schools themselves.

Within the schools The Place2Be offers two main services to children: The Place2Talk and The Place2Be. The Place2Talk is a universal self-referral counselling service, offering pupils the opportunity to discuss anything which causes them concern. The Place2Be is a targeted therapeutic service offering one-to-one and group work sessions to pupils who have been referred to the service, usually by the school. Additionally there is the possibility of offering a capacity building service for teachers called The Place2Think, although this service is currently less well developed in the schools under study

Nationally, The Place2Be is a rapidly growing organisation, which was founded in England in 1994, and in 2004 was working in 92 schools throughout the UK. It is a highly structured organisation, managed as "hubs" within specific locations. Currently there are five hubs in the UK, one of which is Edinburgh. Each school is the responsibility of a school project manager, who reports to the hub manager. Regular contact with the regional manager keeps the schools and the hubs in close contact with the national managers. Consequently the The Place2Be offers a consistency of approach across the country. Internal evaluations in the form of annual analysis of strength and difficulties questionnaires are used as a measure of quality control.

Within the schools The Place2Be operates within its own space; a designated room is provided by the school to be used exclusively by the team. Only the schools project manager is a paid employee, the rest of the service is provided by trained volunteers. Mainly volunteers are students of therapeutic disciplines, and their work with Place2Be forms a placement as part of their course. As a result Place2Be operates on an annual cycle and this impacts on the patterns of support offered to pupils.

Stakeholder involvement

A significant feature of The Place2Be was its accessibility to the main users, the children. The service placed itself, very successfully, at the heart of the school, in the eyes of the children. As expressed by the chief executive of The Place2Be, this was a key aspect of their strategy:

> *People say "what's the success due to?" I think its because we are there and we are accessible and we are familiar and we are consistent, and they see us there at the same times and the same places….so it's a known factor so it doesn't feel like something strange and external to their daily lives.*

The Place2Talk was very popular with the children and drew in a large number of pupils for a wide range of reasons, many of which would be seemingly trivial to a busy adult. The designated room was described by the children as being a comfortable, friendly and fun space in the school. By taking all children's concerns seriously and treating them confidentially, The Place2Talk developed an important relationship with the pupil population of the school, which was highly valued by the children who were confident they would be listened to by a friendly, non judgmental adult. They frequently contrasted the responses of The Place2Be staff with those of other adults:

> *Sometimes the teacher mentions it to the whole class, [the schools project manager] only keeps it to herself. She keeps it as a little secret between her and the person*

> *If teachers are really annoyed they start shouting at you, in here they are patient with you*

> *Teachers don't really have time sit and listen, and they [The Place2Be staff] have time for you*

Pupils reported no barriers to approaching The Place2Talk for anything they deemed to be important. As the service was readily used for both low level and more difficult problems, there was no stigma attached to going; by electing to visit Place2Talk, a pupil was not identifying themselves publicly as having any particularly serious issue. So, it provided a very accessible service, which had the time to support pupils with minor issues but also provided an important avenue through which more serious issues such as playground conflict, family disharmony, bereavement, or problems in relationships with teachers could be identified.

Pupils were not only valued in the identification process, they were also the key players in determining the response. Matters were only taken out of the child's control in cases where child protection was thought to be an issue. Targeted therapeutic sessions were child led; the counsellor' thinking and approach were informed by what the child brought to the session. A range options of expressive activities were on offer for therapeutic work, including art, drama (through puppets), and writing. Pupils were free to choose which activity, if any, they wished to take part in, and it is through these media that the workers explored issues with the children. One child described his experience of attending The Place2Be therapy:

> *I went to Place2Be and I thought it was brilliant and it was fun because I could play. It takes your mind off things for a wee while.*

Whilst another commented:

> *You can step in and you're all sad and you step out and you're all happy. It's like the magic room.*

Parental involvement in The Place2Be depended upon the level of service which the child was accessing. For The Place2Talk, the parents were annually informed of the

presence of the services in the school and given the option of "negative consent", in other words their permission for their child to self refer was taken for granted unless they actively refused. It was very unusual for parents to refuse to allow their children to take part.

For the more intensive therapeutic sessions, parental involvement was valued by The Place2Be. Their permission was sought at the outset and they were required to fill in a "strengths and difficulties questionnaire", as a minimum involvement. There were also opportunities to meet with The Place2Be staff during the intervention and to be involved in the final assessment. The content of the sessions remained confidential, unless the child agreed that parents were informed of issues. Whilst The Place2Be encouraged parental involvement, there were a minority of cases where parents never responded to requests to work with pupils due, it was felt to the parents own difficulties and chaotic lifestyles. In these cases The Place2Be was unable to support the children involved.

Parents expressed mixed feelings about their children accessing the service, particularly The Place2Talk as identified by this mother whose son had confided in a worker:

> *In a way I was a wee bit disappointed because he never came to me, but in another way I was happy that there was somewhere like that where children can go.*

Whilst some identified their own shortage of time to listen carefully to their children, and valued the alternative support, there was also a sense that one of their functions as parents had been appropriated, that their children might now communicate with them less about important issues. Some parents also felt uneasy at the prospect of family issues being discussed without their knowledge.

> *Things like marriage breaking up, these are big things that can really affect the child. If I was in the middle of breaking up with my wife I don't think I'd want [my daughter] coming in here.*

But overall the value of The Place2Be was recognised by the parents we interviewed, who were pleased that there was an additional level of support available for their children, and understood the importance of The Place2Be for the most vulnerable children in their community.

Interagency working and capacity building
The success of The Place2Be within any school depended heavily on successful interagency working between the school staff and The Place2Be staff. Schools which entered into partnership with The Place2Be were initially self selecting; in the case of the two Edinburgh schools the head teachers had expressed their interest in the scheme after attending a presentation. Additionally, The Place2Be carries out an initial assessment of suitability, which includes some account of existing school attitudes. So The Place2Be sets up in schools which are already predisposed to

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concerns about mental well being of pupils, and which identify themselves as being able to benefit from such a service. Care is taken during the induction into schools which is a gradual process, taking up to a term to introduce the service to staff, parents and pupils before the service is fully operational. Teachers within the schools were supportive of the project, often being able to cite examples of pupils for whom there had evidently been marked improvements in their mental well being. They also spoke of feelings of relief that there was some other support for pupils about whom they had serious concerns but neither the time nor the expertise to deal with fully themselves. As with other case studies, there was an indirect link to teacher well being, as The Place2Be removed some stresses from the class teachers.

The relationship between the school and The Place2Be was very much defined by the latter party, who laid down very clear working practices and relationships before any partnership agreement was reached. The Place2Be depends heavily on schools to make referrals for targeted therapy, and draws as much information as possible about individual children during the referral process and during the ongoing intervention. However the flow of information is very much one way; The Place2Be impose very strict boundaries around the confidentiality of their work, whilst drawing on the observations and insights of those around them. Both teachers and volunteers were acutely aware of the limitations to conversations that they could hold about pupils, with teachers feeling inhibited to ask detailed questions and volunteers practised in non-specific responses. One teacher described her impression of a recent conversation with a The Place2Be counsellor about a child:

> *There was a lot of talking in metaphors, shall we say, and vague references to things that were said. And I didn't get a clear picture.*

This was a significant point of concern for some teachers who felt that they would like to be better informed about the difficulties faced by pupils in their charge. The Place2Be subsumes some of the role which was traditionally the domain of the teacher, that of listening to pupil's problems. Whilst The Place2Be has the capacity do perform this role for the pupils in a highly focussed and effective way (which is the reason in was introduced to the school), it deprives the teacher of some of the knowledge she might otherwise have held about the pupil. Concerns were expressed about the impact that the lack of information could have on the teachers' relationships with certain children:

> *You sometimes feel very left out because you could be handling a child completely wrongly if you don't know what is going on*

Teachers' concerns over this related to their ability to respond appropriately to the needs of vulnerable pupils. So a tension was identified between protecting the privacy of pupils and sharing information in a way that would enable teachers to work effectively with the children.

One of the aims of Place2Be, which was not yet fully realised in the Scottish schools was described in the Place2Be information pack: "Can provide training to build

increased capability amongst the school workforce to identify and address emotional issues". One way in which this operated was through Circle time. By invitation, the schools project manager would jointly run a circle time session with a class, focussing on a significant issue for the group, possibly relating to friendship or bullying. This level of involvement acted as an informal method of training teachers in the circle time methodology and gave them brief insight into some emotional issues. No formal training had yet been offered, in the case study schools but there was a service for staff called The Place2Think, whereby staff were invited to work with the schools project manager, formally or informally, to discuss matters, of concern to them, which related to mental health of pupils. Staff interviewed seemed largely unaware of this service, and only in one case had an interviewee approached The Place2Be on her own behalf. The Place2Be staff recognised this as an area for development in these schools, and saw their current situation as a natural stage in the embedding process.

Lying at the very heart of The Place2Be philosophy was a paradox between the need to be embedded within the structure of the school, and the need to maintain an independent existence as a confidential service, as outlined below:

> *We never forget that we are hosted by the school and in a sense we have guest status, no matter how integrated we are. Because of the therapeutic confidentiality we always have to have enough separateness to be separate, but enough integration to be working closely with the staff team (Hub manager)*

Whilst The Place2Be was certainly seen by pupils as a completely integral part of the school structure, its slightly contradictory position gave rise to some ambivalence in relationships with the professional school population.

Links between behaviour and mental well being

Mental and emotional well being were very explicitly the main purpose of the work of The Place2Be. Whilst the stated aims of the organisation were not specifically associated with behaviour, in reality, those pupils who were referred to the targeted therapeutic interventions were mainly identified by some aspect of their behaviour which was deemed to be a cause for concern, whether it was withdrawn or disruptive. The Place2Be staff were quite clear that they did not offer a behaviour management service. Although they were quite willing to work with disruptive pupils to address the underlying issues, they were not prepared to focus on the behaviour itself, seeing this solely as an indicator.

Places for one-to-one therapeutic support were limited by the available volunteers, and the time spent in each school (the two schools studied shared a single manager, so The Place2Be operated only half a week in each), there being eleven places in each school. Pupils who were allocated these places were carefully selected against a range of criteria, including whether they would benefit from one-to-one or group work. Pupils themselves were not part of the referral process, (although their disclosures at The Place2Talk may have given rise to concern) and were sometimes surprised to be given a place, and unaware of reasons for referral. Reasons for referral to the intensive therapy were varied but in both schools it was reported that the pupils who were allocated places were predominantly boys whose behaviour was unmanageable

in class. However, the teachers' observation of these cases was that The Place2Be was least successful when working with disruptive pupils. The best results, in the eyes of the teachers, were with the more withdrawn types of pupils, as described here by a depute headteacher:

> *The biggest impact I think has been on the sad kids, the lonely kids, the kids who don't have any friends, the ones who get picked on, bullied, the ones whose home life is a wee bit sad really. ..And part of what it does is it gives those children someone to talk to and it makes them feel special because they do get to be withdrawn [from class], and they get to do lovely art or drama, whatever it is. And they have their portfolio and they do feel quite special, and when you are somebody who has never been made to feel special, in fact when quite a lot of the time you have been made to feel fairly crap and worthless that impact is huge.*

However, it should be borne in mind this is the school's view based on behavioural observations, and that the pupils, parents and The Place2Be staff may take another view of the differences that The Place2Be has made for those disruptive children.

Evidence of effectiveness
Whilst the management of both schools were strongly in favour of The Place2Be and keen to maintain its presence within the school, they found it difficult to provide any concrete indicators of effectiveness. Uptake of the service was mentioned, but this in itself is not an indicator of successful outcomes. Evidence was provided in terms of individual cases in which the interventions had created a marked effect on the pupils behaviour, usually in terms of self esteem and emotional literacy, or where support had been available at a critical moment for example during a bereavement. These are intangible effects from which it is difficult to draw firm conclusions. Even those pupils whose attendance had improved markedly as a result of The Place2Be were such a small proportion of the total school population that they would not significantly affect the overall figures. ThePlace2Be themselves conduct an internal audit, based on strengths and difficulties as perceived by pupils, teachers and parents, and from this would identify an improvement in the emotional health of their clients, as a group. However, even this data cannot conclusively point to the cause of such improvements being The Place2Be.

As with other case studies, whilst The Place2Be was very widely viewed as an effective service, the complexity of the issues with which they deal makes it difficult to identify meaningful indicators. Some of the most compelling evidence for the value of the service came from teachers who described the pleasure which their vulnerable pupils gained from their weekly sessions, how keenly they looked forward to their hour of being special, which for some, it was felt was their only experience of such attention.

Summary: Strengths and challenges
- The Place2Be offers a child-centred therapeutic service to support the mental health of pupils in primary schools. It appears to be most effective in supporting pupils whose difficulties are expressed as withdrawn, socially isolated behaviour,

and is not seen as an effective service for correcting disruptive or aggressive behaviour (nor is it intended to be).

- It offers a service which is very accessible to its main users, the children. Pupils see The Place2Be as an integral part of the school.

- Whilst parents largely supported the presence of The Place2Be in the school, and particularly identified its importance to the more vulnerable members of the school community, some expressed ambivalence as they could see an encroachment upon their parental role.

- Teachers and school managers were highly appreciative of the support available for the pupils, and identified an associated reduction in their own stress. The Place2Be had not yet developed effective strategies in the Edinburgh schools for increasing teachers' own capacity to respond effectively to pupils mental issues, but were hoping to expand their training and consultation roles in the future.

- At the very heart of The Place2Be lies a tension between the need to integrate fully with the school, and the need to maintain its independent operations, bounded by strict codes of confidentiality.

Case Study 4 – Newbattle New Community School Team

Introduction

This case study explores the work of the Newbattle New Community School Team. (This was later renamed the Newbattle Integrated Community School and we refer to it as the ICS team). The team originated as a new community school in the Scottish pilot in 1998 and continued to receive funding from this source for the duration of the programme. A feature of this initiative was a capacity to weave in additional sources of funding and expertise to enhance the work on mental and emotional wellbeing. Thus the *Changing Childrens Services* budget contributed to mainstreaming of the posts and the model was subsequently adopted for four integrated teams working with all schools in Mid-Lothian. A health drop-in centre for young people (the Ozone) was initiated in NCS in 2002 with additional funding from *Healthy Respect,* a four year demonstration project on sexual health funded by the Scottish Executive Health Department. In addition the team took part in the national *Communities that Care* initiative which was supported by the Joseph Rowntree Foundation. This programme derived from a US experiment and sought to engage communities themselves in firstly identifying risks that they faced and secondly in exploring ways that plans could be developed to tackle these risks. Although this did not have a specific health focus, the mental and emotional wellbeing of parents and young people assumed a high profile.

This project was selected as a case study for five reasons:

- partnership was a key element of the approach
- the promotion of health and emotional wellbeing was central to the initiative
- the work had taken place over a seven year period with a relatively stable staff team.
- the ICS appeared to be well embedded not just in the ethos of the school but with professionals, young people and parents in the area.
- the work took place at strategic, group and individual levels

The new community school team

> *The Newbattle High School cluster catchment includes recognised areas of substantial material deprivation and educational disadvantage. The cluster includes the areas of Mayfield, Newtongrange, Gorebridge Temple and Borthwick. One denominational primary and one secondary are also sited in the area but fall into a separate catchment area but some work on emotional and mental wellbeing is undertaken with these schools. Key concerns around mental and emotional wellbeing that were identified by parents in a consultation exercise included bullying, teenage pregnancy, bereavement, drug and alcohol misuse (Macaskill, 2001).*

> *The aim of the new community school team is 'to provide integrated service provision for children and families at risk and who experience difficulties in school' and to build a team of professionals around a group of schools (Midlothian Council, NCS Phase 2 application, 2002).*

The integration manager oversees the work of the core team and manages two family support workers, a social worker, a community education worker and a health worker and a team of part time staff. In addition she works with an extended team which includes a behaviour support teacher, an educational psychologist, community police representative, and education welfare officer. The integration manager is accountable to the Director of Education and is a member of the senior management group of the high school. A school nurse is heavily involved in the drop in service and in developing programmes alongside the health worker, external agencies and teaching staff. Midlothian Young People's Advisory Service (hereafter MYPAS) a voluntary youth counselling service took over management responsibility for the drop-in in 2004 in addition to their counselling work with young people. Other voluntary organisations are also involved in the work of the ICS. The head teacher is highly supportive of the work of the integrated team and the work is strongly linked with the guidance team. A deliberate decision was made to base the core team in premises away from the school campus.

The approach
A wide range of initiatives and interventions characterise the work of the integration team and these operate at whole school, year group, small group and individual levels. The ICS manager believed that many of the risk indicators for poor mental health were a feature of the area and that these were linked to high levels of material deprivation and poor emotional wellbeing. She felt that the work of the team took a holistic approach,

> *..it was also a recognition that emotional wellbeing in its widest sense affects all sorts of things in people's lives – so there are the low level mental health issues which we come across all the time .....But it was rather an idea that promoting emotional wellbeing was going to have a much greater effect than just dealing with mental illness (ICS Interview)*

Within the NCS recognition of the role of support staff was made by the head of guidance and the approach attempted to build on this,

> *The other thing in here and I don't know if this is common to other schools ..I mean it is not just the teachers – the office staff are all very good. There is a whole band of classroom assistants around that have very good relationships with young people and as [the health worker] says there is the Ozone (drop in centre) so there is a range of people that they can build relationships with. There is a lot of afterschool activity as well so youngsters are relating to staff in a different way and all of that just builds up general strength of support if you like (Deputy Head, Guidance)*

Although there was general enthusiasm about the approach, some uncertainty had been expressed at the outset about the development. However those interviewed in general felt that there was now more acceptance of the benefits of the additional resources brought in by the various initiatives based in Newbattle.

Capacity Building

Training and capacity building were an important feature of the work and this took place at a range of levels and with different groups of stakeholders. Thus professionals, parents, young people and school staff were included in the capacity building work in significant ways.

The health promoting school group was targeted at all schools in the Newbattle Cluster and was viewed as a key mechanism for drawing professionals into partnership work on health generally. This was an early initiative based on the WHO definition of the health promoting school and although the concept was viewed as vague and poorly worked out, it offered a means of 'galvanising' the schools involved and linking them with the new community school pilot. Professionals were enthusiastic about this group which included school nurses, teaching staff, health visitors, school catering service and sports workers. A survey of health education across the area took place at an early stage and set out to assess what was being taught in schools, where common areas existed, where gaps lay and where duplication was taking place. A review which took place two years into the work identified emotional wellbeing to be a priority issue.

> *We have tried to do as much training as we can around mental and emotional wellbeing so that we can build capacity to deal with that. We were very excited last year though nothing has come of it – there was to be a cluster identified to look at emotional intelligence across the cluster and we had said that we would be very keen to do that (Manager).*

Communication about the work was undertaken through a variety of means including meetings at a strategic level. This was felt to be important in signalling the high priority of this work,

> *There is a monthly cluster meeting of all the heads …so there is discussion of all these issues on a monthly basis (Depute)*

An annual conference is organised for staff to get together from all the sectors to explore a particular issue and efforts are made to include a wellbeing element for participants. The annual conference attempts to act as a springboard for work that continues throughout the year.

Staff training was organised by the health worker on topics such as mental health and young people, self harming and eating disorders. These courses were based on the twin aims of raising awareness of the issues and offering the opportunity for interagency working and networking. She believed that the latter was particularly important for teachers. Although teachers took up about 50% of the places, she felt that timing of the courses was critical to avoid expensive staff cover costs and to take account of the pressures on their time. A course on mental health and young people which focused on the needs of primary and secondary children was fully subscribed. The timing of this course was carefully planned to ensure that teachers would feel able to attend and was run as a 'twilight' course.

In addition the head of pupil support organises training on learning difficulties, the framework for intervention and challenging behaviour, classroom management and dealing with tricky situations for the departmental representatives who are then charged with sharing this within their own department. Training is also undertaken with classroom assistants in dealing with learning difficulties and related problems and this is linked into the work of the integration team. The head of learning support felt that this work had led staff to be more proactive in identifying young people having difficulties and in seeking special arrangements for additional support.

Courses were also run for young people themselves on promoting their own mental health. The 'Mind your Heed' course was well received by young people and had stimulated interest in a range of related topics. Within the drop in service, events and activities were also designed to help young people to develop strategies for promoting their own mental health.

Much of this capacity building work tapped into and linked with other initiatives such as the Sexual Health and Relationships (SHARE) training supported by Healthy Respect. This course targeted teachers and other professionals with the aim of fostering joint working in the delivery of SHARE to pupils. Similarly the School Council was a mechanism that was heavily promoted by the school to young people and was used by some young people to raise issues such as bullying with staff working with young people.

The Home School Interface
Consultations with parents and young people about proposed programmes and developments were an important element of the approach at Newbattle. The clearest example of this was the preparation for the opening of the drop in service (the Ozone) which provides health advice and information with an emphasis on sexual health. Surveys and meetings were held to explore the key issues and to ensure support for the initiative at a number of points in the development of the service. This approach was adopted for other aspects of the work, for example in the piloting of courses and planned activities. This was welcomed by parents interviewed for the case studies and established a climate in which some parents felt able to participate in the school.

Work with parents also took place at individual and group levels. It included support to initiatives such as an ADHD group for parents. Steps to Excellence courses were run successfully by the health workers and health visitors with 3 groups of parents over 3 years. This motivational goal setting course aims to help participants to identify changes they would like to make in their lives and to devise ways of working towards their goals. Emphasis is placed on confidence building, self esteem and taking control.

The CLICK programme was devised and run by the health worker in collaboration with teachers and school nursing staff and targeted primary school children on a whole class basis. This six week course dealt with issues surrounding loss, change and bereavement and was designed in response to perceptions that this was a significant problem in the area. Consultation with parents and professionals further identified issues for children in relating to step-parents and absentee parents. As a result of this the course focused on change and loss, helping children to deal with anger and to

devise coping strategies. Parents were encouraged to attend a final evening session with discussion and practical work on ways of helping children deal with loss. From this a number of referrals for additional support were made which included parents who were trying to deal with their own feelings of loss. The health worker noted that the programme worked best where class teachers themselves engaged with it. In the early stages this initiative was poorly received by teachers but since the pilot it met with more with enthusiasm and plans were being devised to take the course into 10 schools in the area. One head teacher who was interviewed by the research team confirmed that it had been of benefit to staff, parents and children and that it had helped focus further work on related topics.

A parent support group has met weekly since early 2004 under the auspices of the ICS. At the time of the fieldwork, the group was on the verge of becoming an independent voluntary organisation but planned to continue working with the ICS team. All members are single parents who have experienced difficulties with their children in school and some at home. The group was initiated by the family support worker who was already working on an individual basis with parents and who recognised the potential for a group to offer and receive support. The majority of the participants were women and all had experienced stress in dealing with the emotional and social development of their children. Most of their children had been bullied and some were bullies, some had been diagnosed with learning difficulties and some simply found school a difficult environment. Parents were convinced of the value of the support that they had received from the worker and from the group in helping them to negotiate with the school and to persuade school staff of the need for help. In an interview with the research team, a member of the group explained how things had changed for her in dealing with the school about her son who had mild learning difficulties,

> ..Now I think it is more of a partnership between myself and the integration team because there was a time with my son that I was getting letters, letters, letters and I couldn't cope with this. And was when the integration team stepped in and they said, look this has to stop...the integration team approached me I think..and I must say that (mentions two teachers) have been a good help – they were very understanding.

She made a distinction between what the ICS could do in terms of making the system more flexible for children having difficulties,

> ...he wouldn't ask for help and it was 'well he sat there for a whole hour and he did no work. And we were saying, but why, there must be a problem here, can you not see that but because they are so busy ...that is the difference and that is when their input (ICS) is so important because they know the system – H knew the system and I don't know the system

She went on to say that she felt the support from herself, the team and teachers had prevented her son getting into serious trouble at school,

They gave him a lot of individual attention – they did sit down and listen to his concerns and they did try a lot of things with him. You know then had him down in the base and changed his timetable about. You know they did a lot to help him individually (Parents group discussion)

While this was a small group, the benefits were highlighted by both parents and staff as helping the participants to deal with stressful situations, develop strategies for approaching school staff and other agencies for support when required, building up ways of relating to their own children, addressing aggression and preventing the escalation of some initially small scale problems into major crises. The value of the weekly meeting was not lost on these parents who recognised the need to build up trust with the worker and with each other.

Multi agency working
This was a major element of the work of the team and there appeared to be a high commitment to drawing different people into this area of work. The team itself was made up of individuals with a range of professional backgrounds and the benefits of this skill mix were well recognised both by the team members and by school staff. The inclusion of the ICS in the Senior Management Group undoubtedly set the tone of partnership working between school and ICS staff. Joint work on the Student Support Group (see section on access to services) between different professionals, parents and sometimes children, created a climate of problem solving for those facing difficulties

At another level, agencies such as Midlothian Young People's Advisory Service (MYPAS) were active in working with pupils both on the school campus and from their own base in a neighbouring town. The sharing of skills and techniques between different groups of staff was encouraged through team teaching on, for example, the CLICK bereavement programme, SHARE work and joint health programmes. The majority of interviewees were highly positive about this approach but there was some dissent among teaching staff as the following quotation notes in relation to teacher views of the capacity of external agencies and their staff,

think the animosity if that is the right word to use, is more towards the external agents as there is one or two of us that feel, and I would include myself in this based on my experience so far, that they don't really want to be in the school to help – they are volunteering but they are volunteering under duress I think. So there is one or two who are not really competent to be working with a class full of kids even with a teacher in. (Guidance teacher)

Access to Services
A home room system is operated where pupils meet as a group with a homeroom teacher at the start of each day and this group remains together up to S4. A guidance teacher is also allocated to a young person up to S4 and is responsible for teaching for social and health education and for linking with parents.

The Learning Support and Special Needs department has a remit to work with pupils who may be having difficulties in learning or in the classroom. A pupil support base offers mixed provision so children may be referred for behaviour or emotional or psychological reasons. The length of time young people spend in the base is flexible.

The ICS links with the base are strong with day to day contact with the manager, social worker and education welfare officer.

The main mechanism for dealing with young people experiencing problems at school was the house meeting which links into the school wide student support group. Children may be referred by their guidance teacher as a result of their own observations or after discussion with home room teachers who may alert them to difficulties with a particular child. A database (Discipline of Learning) enables staff to identify changing patters of behaviour with particular children. The house meeting minutes are circulated to staff in school and occasionally to the staff at the Ozone.

The Student Support Group meets on a fortnightly basis to examine and to decide on action to be taken regarding individual cases. As a result of this a large number of school and integrated community school staff are present as are the educational psychologist, education welfare officer, social worker and representatives of the CAMHs teams and voluntary sector agencies such as MYPAS, all of whom are expected to contribute to the decisions and possible future action. The meeting is chaired by the ICS manager and parents may attend. In some cases members of the ICS team will transport parents to and from the meetings. Protocols have been created for communicating with parents, dealing with confidentiality issues and reviewing progress. Guidance teachers might refer pupils who have been having problems in class or that are experiencing difficulties more generally. If there are problems with a particular subject, young people might be moved out to get special help or an opportunity to reflect on what is going on. Those who may have been out of school for some time will be slowly reintegrated and may spend some time at the support base before rejoining classes.

Guidance wouldn't be part of the discipline process but they would monitor the discipline process and the child's behaviour. They do give detentions for truancy but in the main they are seen very much by the children as their supporters and it is a totally different system and I think it is a good way for it to be as the children can go with their grievances and they feel they will be listened to. So it is quite important for them to be separate but that they do come together and the guidance teacher is involved in that they would monitor somebody's behaviour and say now look you have got all these reports which you never had before what is the problem?

One teacher who had recently joined the school was initially dubious about how the large number of participants could manage this process,

..it is a large group of people and you do wonder how effective it is going to be and it was supposed to be child centred and you wondered just how child centred it was going to be but it is very child centred and this is because the kids themselves are aware that all these people are involved and I think the fact they are in and out of the base so much and they will come in and they will maybe talk to the kids or work with the kids in the base. Today for example some of the IT brought the mum to the meetings and so on. They are part of the whole network and the kids are aware of all that and that is a strength I think of the system ..with the best will in the world, children being children they will try to

play people off against each other but I think when they see that everybody is communicating, that everybody has a share and that they are all using that – it is a strength (Interview with behaviour support)

The overall impression given was that the student support group provided a forum where 'people feel that they can speak quite readily and you know, give their opinion and everybody is certainly made to feel very involved' (Social worker). There was a shared view that the synergy of this approach enabled more options to be considered for more complex cases and situations and that this saved time and effort in the long term. Although this was a large group it was unclear how well the approach developed here filtered through to the broader staff group within the school. One teacher noted in an interview that it was unlikely that many would be aware of the work other of the integrated team in general unless they were already involved in some way.

Some difficulties had been experienced in managing the number and weight of cases but this had been resolved to some extent by adding in an alternating meeting of fewer people which dealt with more straightforward cases.

The CAMHS team had recently reviewed their work and one result of this was more locally based workers accessible for advice from professionals and for consultations. This was seen as an important shift that would have positive implications for the work of the team. Support from the CAMHS team had been patchy until this point. Educational psychologists participated in the SSG meetings but their role had changed,

> *I would say that you do have to plan ahead in terms of using the ed psychs – you can no longer say to them look I need you to come in and see me as obviously they have to buy in their time so you do have to plan ahead in making referrals as well – I wouldn't say it is a problem (Head of pupil support base)*

Although parents were encouraged to take part in these meetings, this was clearly at the problematic or remedial end of the spectrum and therefore likely to be a difficult setting for parents to engage. However considerable attention was paid to ensuring parents could attend and in support to them in their efforts to find solutions for their children.

A number of facilities and clubs were supported by the ICS and were viewed as part of the resource for supporting vulnerable young people and their families. A 'breakfast bus' was used to transport young people to a breakfast club at the Ozone drop in centre. The club was open to all pupils and offered breakfast and a chance to start the school day in a welcoming atmosphere. Teaching staff, drop in staff and all workers are charged with identifying young people who may be missing breakfast or who may have little support for getting to school,

> *If we have kids that we are worried about …that could be about non attendance or social reasons lets say. We actually have a minibus that drives around and will pick kids up and then bring them to school and then get them into the Ozone for breakfast and that is quite a good link as it is again about the integration team being there and if we want to ensure someone comes to school. Because it*

is another contact we can have with the parents as well (Head of pupil support).

The club sets out to be non stigmatising and to act as a point where young people can seek further help if required and to provide another means of building up relationships with both children and parents. However it is unclear the extent to which this targeting influenced the take up of the services on offer by 'vulnerable' groups.

Activities also took place throughout the year to try to minimise difficulties for young people in the move to secondary school. This transition work included courses, visits, parent sessions and summer activities and particular attention was focused on young people who appeared to be experiencing difficulties in order to ensure that these would not 'slip through the net' and go undetected in the move.

Friendship club
This group met weekly with a support worker and targeted young people who were referred by staff or by parents as the worker explained,

> *I suppose (it is) for kids that for one reason or another find it hard to make or keep friends. So it fits a lot of kids that are getting bullied in school. There is about 12 in a group and ages from 10-14.*

Participants in this group were not specifically selected for interview but one parent of a successful 'graduate' of the group commented that it had been beneficial for her son in helping him build up confidence and skills in dealing with his peers,

> *I think B was in the first group and it helped him with his social skills – he didn't have any and he played with his sister and with younger kids – he couldn't communicate with his own age group and I would hear him trying to speak to others his own age and he would just go off on one – they just got fed up with him. But now…he is jack the lad.. (Parent group discussion)*

A small group run by a guidance teacher was also viewed as beneficial and as an additional support for children who were isolated. The group felt that this guidance teacher went 'the extra mile' to help the children and that the parents appreciated this. Interestingly they described this as exceptional,

> *I know that his guidance teacher runs a wee lunchtime club just off her own bat and not really much to do with the school – twice a week she takes, I suppose the vulnerable kids, just takes them into her classroom and they play games. I think that makes a big difference for (those two) (Parent group discussion)*

A health drop named the Ozone was an initiative supported by Healthy Respect and the ICS. It opens daily and offers a range of health related activities, discussions or just space to eat lunch. Advice and information are available on a range of topics as is the C:Card service for contraception and this mix is viewed as a springboard to working with young people on related emotional and mental health issues. Quizzes and activities are designed to both glean information about young people's worries

and interests and to plan further work, some of which is then incorporated into social and health education alongside guidance staff. The drop in is staffed by the school nurse, youth workers and support workers on a rota basis and the team meets after each session to discuss and review the session and to make further plans. Young people and staff were positive about this resource which was sited at a short distance from the main school building and which was viewed as offering separate provision. While it was clear that not all young people used the Ozone, it was well known as a source of advice and support and the staff were deemed to be reliable by those interviewed.

The drop in had experienced a high level of staff turnover. Some interviewees attributed this to the short term nature of the contracts on offer to development workers while others felt that there had been some conflict with the service being sited on school premises. As a result of this, a local youth agency was now managing the centre with staffing from the ICS working alongside the school nurse.

Sustainability
The core posts in the integrated team have been made permanent by the Midlothian Council which represents a major investment in this approach. As a result of this the approach will be rolled out to remaining schools in the area. Considerable skill has been used in securing short term funding to develop aspects of the work and the aim will be to consolidate this through the work of the mainstream posts. In this way the approach has an opportunity to become more embedded across the authority but may face some challenges in working in 'new' territories with staff who may be more sceptical about the benefits of this way of working.

Drop in and preventative work and links with more specialised support were made principally through the work of the student support group which could refer young people to a variety of options. A range of mechanisms were in place to enable young people to seek support on their own behalf or to be referred by key personnel. The provision of the drop in centre in particular offered a means for young people to 'check out' potential sources of help in school through the guidance system or the ICS workers or out of school in community based services such as MYPAS which offered drop in and counselling. The strong links between MYPAS and the school could offer a seamless service.

The ICS offered a synergistic approach that appeared to be well integrated with guidance teams and non-teaching professional workers. However it was less clear about how well this was integrated with general school staff. Nevertheless the existence of this approach over time could provide a conduit for staff and young people to seek support and to view the school as a safe setting in which to do this.

Despite the existence of the parents group and the opportunities for parents to participate in the school support group, clear gaps were evident in the work with parents. The parent group initiative was small scale and involved a particular group who had highly specific needs that were based around their children's difficulties at school. This is not to decry what was clearly a well organised and supported initiative which met complex needs and which actively involved the participants. However there is clearly a need for more parent groups that can engage parents at an earlier stage to support them in dealing with their children and in working with schools.

Parents who were interviewed for this study were generally happy with the help given by guidance and by ICS staff but these opportunities to engage with school staff were uneven.

Strengths
- Many of the advantages of an external agency but linked into the school structure and networks
- Capacity to develop embedded relationships between partners over time
- Synergy between different professionals able to work together flexibly
- Potential to influence curricular approaches and effect climate change
- A menu of approaches for young people to seek help
- Base in the community enabled some distance from the school
- Strong team and links into management

Challenges
- Unclear the extent to which the intervention was diffused beyond those already involved
- Small scale nature of work with parents made it difficult to generalise
- Demanded a high level of co-ordination and interaction between the different partners – highly dependent on skills of the integration manager.

Case Study 5: North Glasgow Youth Stress Centre

Introduction

The North Glasgow Youth Stress Centre (hereafter YSC) is a voluntary organisation which works directly with young people in three secondary schools and community settings in North Glasgow. The work is underpinned by a framework of 'emotional literacy' and encompasses group work and individual counselling in schools and community based initiatives. It has been selected as a case study since if offers an example of a voluntary sector based initiative that has developed over seven years and which works on a partnership basis with teachers, pupils and to some extent parents.

North Glasgow includes some of the poorest areas in the UK. Compared to the Scottish averages, substantial areas of disadvantage exist and are characterised by high unemployment, poor educational outcomes and poor material conditions. (Glasgow Springburn Health and Wellbeing Profile quoted in Meager, 2004). Poor mental health is amply demonstrated in statistical data, in assessments undertaken by health professionals in the area and in anecdotal evidence from participants in this case study. Themes such as alcohol and drug misuse, family disruption, poor self image and self esteem, lack of confidence and low expectations were repeatedly highlighted as issues affecting young people and their families in this area. As in other areas psychological services are limited and overstretched. On the positive side, a number of participants pointed to strong community attachments within the area.

The North Glasgow Youth Stress Centre operates under the umbrella of Royston Stress Centre (RSC) which opened in 1992 and which provides a range of therapeutic stress management services to individuals and groups living in the area. In 1996 the RSC supported the development of a stress centre in the neighbouring Possil area and has been involved in advising on the development of services in a range of settings. The aims of the RSC are to empower local people to manage stress more effectively, lessen reliance on 'illness services' and enable residents to develop to their full potential and improve their quality of life (Meager, 2004).

The RSC set up the North Glasgow Youth Stress Centre (YSC) in 2000 in recognition of the unmet and growing needs of young people and in response to requests from schools for support for pupils in dealing with stress. The YSC is currently based in an industrial unit which is connected to, but separate from the adult stress centre on an industrial estate which lies at the intersection between a number of different neighbourhoods. It is thus accessible to a range of people but sited on relatively 'neutral' territory. Nevertheless some young people who were interviewed stated that young men living in some surrounding areas would be reluctant to attend the centre as they felt that it was sited on hostile territory where they might be attacked. Although the centre in this case study acts primarily as an office base and is rarely used by young people, such comments highlight a recurring theme among young people in the overall study about where help would be sought within localities.

As with many voluntary sector initiatives, funding is drawn from a patchwork of sources including the Greater Glasgow Child and Mental Health Fund (GGMHF), North Glasgow Social Inclusion Partnership (SIP), Glasgow Local Health Care Co-operative (LHCC) and Glasgow Council Social Work Services. Each of these funding

bodies supports one or more aspects of the work with the core work focusing on emotional literacy work with pilots of new approaches or work with emerging groups being undertaken of necessity, on a time limited basis. Thus the emphasis of GGMHF and SIP is on direct services with young people, a focus which limits the potential of the centre to undertake capacity building activities. Core funding remains elusive and the future of the centre is as precarious as when it opened. Despite this the project claims to be 'the first of its kind in Scotland to develop emotional literacy programmes in schools' and it has sustained programmes based on this model in schools and community settings over five years (Meager, 2004).

This case study focuses on the work in two local secondary schools: the first is a new purpose built school which has accorded a high profile to pastoral care and which has integrated key aspects of the work of the YSC into their programmes. The second school is based an older building, and includes a high number of asylum seeker children. The first school is non denominational while the second is denominational and includes children from beyond the immediate area. The ways in which the work has developed in these two schools serves to illustrate the flexibility of the approach taken by the YSC and highlights some key questions about the approach.

The approach
The YSC sets out to work in partnership with schools to deliver services directly to young people and the mission statement outlines the overarching aims:

> *to provide opportunities for them to develop increased awareness of stress and the probable causes and effects; acquire and improve personal, emotional and vocational skills, improve health and well being, develop strategies to deal with and reduce stress and enhance the potential of young people for the future (Interim report for GGHB, 2004).*

The centre aims to work with the general youth population in equipping them with skills and strategies that can assist them to deal with relationships and difficulties that they may face as they grow up. In addition they take a targeted approach to working on specific issues with small groups and in one to one counselling work.

The mechanisms include:
- small group work on a range of topics such as assertiveness, anger/conflict resolution, assertiveness, peer support, exam stress, bereavement,
- 15 week courses on emotional literacy for 11-18 year olds
- one to one counselling.
- basic and advanced training courses for professionals on a multidisciplinary basis.

All staff and volunteers have undertaken training on emotional literacy. The team includes trained counsellors, community workers and a half time manager who oversees the work of the centre, negotiates with funding agencies and collaborates with schools and stakeholder groups.

In the early years of the centre, strategic work had a high profile as the centre strove to develop links with schools and to work with staff to formulate the plans for courses

and develop protocols for counselling work. More recently the demands of funding bodies and schools for service delivery has curtailed participation at broader planning and policy levels. In practice the majority of referrals for counselling are made by schools but the centre also takes referrals from parents, young people and other agencies. Specific decisions have been taken not to advertise these services. Similarly although extension of the service to primary schools is seen as desirable no work is currently undertaken due to a lack of resources.

Mental health and wellbeing and behaviour in schools
In this section we explore the work of the YSC in two schools. It was clear that the work had taken a different line in these settings and this perhaps reflects their different preoccupations and priorities. At the same time it illustrates the flexibility of the approach of YSC in being able to tailor the work to the identified needs.

In the first school the work was initiated after a teacher sought out the services of the Royston Stress Centre as part of a quest for specific services for one pupil. In doing this the teacher became aware of wider needs that were not being met by the school. The Royston Stress Centre set up the YSC in 2000 to develop and run emotional literacy courses with the school. These courses have continued over five years on a partnership basis and are now integrated into the personal and social education curriculum. Classes are divided into groups of 10 or 12 and undertake the emotional literacy 15 week course in S1, S2 and S3. In addition to this 2 counsellors ran one to one counselling sessions with referred pupils over 2 days a week in the school. This school encourages the input of a range of external agencies to the school in general. For example, a health development officer is based in the school for half the week, Barnardo's works with vulnerable pupils in transition groups and students from psychology and teacher training courses are encouraged to work with children in the learning support base. Glasgow University has jointly produced a video of the work of the pastoral care team in the school and with the YSC for training of teachers and students. The work of the YSC is viewed as central to the focus on emotional and mental wellbeing and to some extent behaviour management. Within this school it was clear that mental wellbeing was accorded a high priority with a strong pastoral care team. An extensive consultation with teachers, pupils, parents and external agencies had been carried out over several months over a proposed statement of values for the school. The final statement specifically highlighted the importance of mental wellbeing to the success of the school. In addition the health development worker for the area had mental health as a key priority for her work with schools in the cluster.

The second school had a relatively high number of asylum seeker children in the school and were well aware of the pressures that these children were under both at home and in school. As a result of this, an official with a remit to liase with asylum seeker children was based in the school and worked with families, teachers and young people themselves. The YSC also had secured funding for a dedicated worker for asylum seeker children who undertook individual counselling and group work within the school in partnership with the pastoral care team. Mental health and wellbeing was again accorded a high priority in this school but the group work took a different form. Here guidance staff selected the participants for the twelve or fifteen week courses and these young people were then withdrawn from their class to take part in the group work. A mix of young people with behavioural difficulties and asylum seeker children

were chosen with the overall aim of integrating both into the mainstream. This different model posed some challenges for the workers in reconciling the different needs of the individual young people. However it was clear from reports by participants that the group sessions were welcomed, provided a supportive environment and had benefits for young people in helping them to deal with their everyday experiences in school.

A major difficulty arose in trying to break down barriers between the two different groups. In one session where the researcher observed the group, an initial and marked polarisation between the asylum seeker children and the others gradually broke down over the course of the session. However this took time within a very tight timetable of one lesson. In conversation with the workers it appeared that they had little control over the selection of children although they could and had made changes in groups where they felt this was necessary. The workers had designed specific techniques to encourage the participants to share and work with each other and worked hard to create a comfortable climate. The participants were highly positive about the value of the group in conversation with the researcher although one young person speculated whether she had been recruited because she was badly behaved.

In this respect the partnership approach seemed to operate strongly on the school's terms. A member of school staff defended this approach suggesting that it fostered a valuable mixing between groups that was difficult to achieve in other elements of the school programme and that this could have positive value in the long term acceptance of difference between young people in the school. It also provided a means of helping young people to access more help if this was required and to identify personnel within the school who could offer support.

Within the school, the value of the approach for all young people was also noted and one teacher felt that every pupil could benefit from the work of the YSC. An example was given of another strand of work which had taken place with a group of senior girls who did not pose behavioural problems but who had benefited from the input of the YSC,

> *Our girls you know 5th and 6th year girls you know there is no difficult behaviour there but they lack that self esteem that lack of confidence, ...they don't have that confidence that kids have if you like in ..the leafy suburbs you know ....but the girls loved it , you know these were not girls with any behaviour problems at all but it was just you know the whole drama bit again of acting out and being, having someone and the counsellor who was accepting them for what they were and nothing was going outside the room you know, they set down the parameters and they did respect one another unfortunately they haven't got the staff (Guidance).*

The school staff recognised this was not a one off need and hoped to replicate the work in future years should funding be available to the YSC.

It was clear that in both schools the pastoral care teachers were the best informed about the links between mental health and school behaviour and were likely to be in

regular contact with the YSC over their work in schools. Teachers placed great value on the externally based work as filling gaps that could not be met by in-school provision. The flexible approach adopted by the YSC at managerial and fieldwork levels was highly valued and the specialist expertise was seen as an important addition to the support services within the school. Staff in both schools mentioned the ease with which they could contact the centre and discuss issues or concerns. Regular reviews took place between school staff and YSC workers about the progress. YSC staff based this on evaluations completed for sessions and on issues arising on either future development or needs for more specialised support. This included exploration of potential areas of concern that could be addressed more generally within classroom sessions by school staff themselves. These included generic health topics, more problematic issues such as violence, drug taking and alcohol and mental health. In this way both groups of staff could be alerted to emerging issues and any needs for specialised work.

The YSC staff viewed mainstream teachers as less likely to make these links and suggested a number of underlying issues,

> *I think the pastoral care teachers will look behind that (behaviour) as that is part of their job but I don't think all the teachers you know are interested in that you know and I think for a lot of the teachers the focus is academic achievement and if the young person is not interested then you know… the young person becomes rubbished rather than looking at it from a different place and again I know that it's not the teachers problem, that's the culture we live in. (YSC worker)*

It was clear that that many teachers were highly pressurised themselves and that schools were sometimes places characterised by anxiety for staff as much as for pupils. Some teachers pointed to the particular issues facing schools in deprived communities,

> *I see the mental health of the children not at all fully addressed, I'm totally aware of it all the time, even just the fact they are doing 7 or 8 standard grades – I went into {a} class yesterday and yes, there it was, the atmosphere was terrible because here was the teacher trying to get the folios up to date right and the wire is next week or something, now that's been going on for months, it's not the teachers' fault, it's not the kids fault, it's just the way we are, we are an inner city school we have 80% unemployment and all the rest of it…kids are under tremendous pressure..and that runs from 3rd year up and they're not getting you know, the parental support and understanding of the pressure they are under (Guidance)*

For some the emphasis on attainment and the business ethos reinforced this and could blind teachers to the difficulties some children were encountering,

> *It's the management structure of business which has been transported in here and put onto teachers – I'm not saying that they forget the kids are kids but*

we're not making cars and we're not producing new dresses for Marks and Spencers or anything, we're dealing with children and that causes pressure on the staff, they're trying to cope with their own mental pressure do you know what I mean? (Guidance)

The work of the YSC aimed to address this by taking a holistic approach at both universal and targeted levels. This entailed taking account of the needs of less obvious groups including more withdrawn children and supporting them to make themselves heard and to participate but this relied on teaching staff to identify young people and to call in the YSC staff,

I think it tends to be the noisy ones that get picked up on (by teachers generally) but that's part of the reason behind our emotional literacy programme, that it's active and its noisy because that's part of what we try and do, is we want to ensure that the quieter ones have a voice as well… we usually work with groups of between 10 and 15 and you know everyone gets to say something and where there are quieter ones we can support them and bring them out which within a normal classroom doesn't tend to happen… (YSC worker)

In some cases however, very disruptive children would be asked to leave the group if the group workers felt that they could not deal with their needs and the group as a whole. In such cases, efforts would be made to ensure that some input was on offer with some cases referred for individual counselling, some for anger management or specialist support. School staff were impressed with the scope of this work,

The group work I think has been really, really good because it's given the kids an opportunity to talk, totally confidentially to a non teacher in a controlled situation so they've been able to speak about a wide variety of issues; anger management, coping with school, coping with their own wee lives and for many of these children the issues will be of a completely wide variety and …they'll be doing group activities, so it is like a drama based thing so the kids are able to act it out..(Guidance)

It was clear that work on bereavement, self harm, alcohol and drug misuse dealing with conflict and anger was viewed by schools as appropriate issues for the YSC work to focus on. However the staff at YSC viewed schools generally as more reluctant to engage with some mental health issues and this related to the ethos of the school,

In terms of maybe sexuality issues, disability or young people that are maybe getting bullied and stuff, I don't think that is picked up on to the same extent or it's ignored because the school doesn't really want to open up that discussion you know (YSC worker).

The centre staff also believed that they would be more effective if they could extend their emotional literacy work to primary schools,

We see going in and working with even the first years, if we could get in while

they were in primary school, I think it would make a major difference as there are identified issues for some before they move to secondary. And primaries are a captive audience as they tend to have more circle time and things like that (YSC worker).

Overall schools appeared to identify links and to seek the help of this external agency in dealing with these. However this understanding was partial and uneven with the North Glasgow Youth Stress Centre limited in its capacity to tackle this since their contact with teachers outside the pastoral care sections.

Capacity Building

> *I think there is some work that we do that can't be done by teachers but I think there's also room for teachers to improve their emotional literacy in terms of how they relate to young people (YSC worker)*

Capacity building on emotional literacy was a central theme for YSC in their work with both professionals and young people. Using this framework they set out to help their clientele to recognise the issues facing them and to use this as a basis for devising strategies for dealing with these. YSC staff maintained that they could offer something that teachers were less confident to tackle for a number of reasons. In order to do this, there had to be a shared acceptance of their approach as supplementing the personal and social education courses in school. Enhancing the capacity of teachers was viewed as critical for the success of the work with children but this was uneven as the principal focus was currently direct service provision to young people. A health professional noted that teachers were often unable to identify this aspect of their role,

> *Perhaps if they stood back and looked. But they are so fraught with the amount of stuff they have to do and all they see is bad behaviour and they don't or can't look at the underlying reasons (health professional)*

The need for teachers to develop their own capacity in relation to work on these topics was well recognised within the schools that participated in the case study. The centre had previously attempted to extend their own training on emotional literacy to teachers and other professionals working with young people. However take up by teachers was limited due to difficulties in organising cover for daytime courses. One course took place in an evening but this attracted other professionals but no teachers. In one case the YSC had subsidised a key teacher in one school to participate in a training course. Subsequently this teacher acted as a link and facilitated their entry into a previously reluctant school. In service training for staff in one school featured emotional literacy and this had been beneficial in raising the profile of the work of the YSC beyond those already familiar with their work. The difficulties in recruiting teachers for interdisciplinary training is raised elsewhere in this report. A pragmatic approach was adopted by one teacher in promoting the work of the YSC and in meeting the needs of teachers as partners in this process,

> *I think when you try to introduce anything new into the school the big issue is to try and raise awareness with all staff and the benefits for all staff because really*

we have to seek staff approval for what we are doing – that is the only way we can get projects off the ground. When we are looking at counselling and the other activities, we are looking to staff to release pupils and saying to them that in the long run this was going to have positive manifestations for their class room. So what we did from a very early stage was to use in service days for information, awareness sessions and also invited all members of staff to become involved in the type of sessions that the young people would be involved in with the ysc. So many of our staff have experienced the deep breathing exercises, the relaxation exercises, in order that the work of our partner was valued and recognised by teachers in the school but also it was important to them – when the pupils came back they were sometimes floating along (laughs) you could see a transformation in them – so they could control their emotions in the class – if they get angry – if teachers can see that there is something in it for them then that is where you are going to have a true type of support.

In relation to work with young people, both school staff and parents were convinced of the value of the capacity building approach,

I think the youngsters have benefited from both the group work and the individual counselling as they have been able to learn techniques and so on that they can adapt and use for themselves (Guidance)

Capacity building with other professionals took place mainly in courses or commissioned work which was an income generating feature of the YSC approach. Work with parents focused on building up their skills and confidence in dealing with issues that faced them in dealing with their own problems and those of their children and is covered in the next section on stakeholders.

Stakeholders
In this section we explore the views of YSC staff, pupils and parents as stakeholders in relation to the work of the YSC in schools. There was widespread recognition that parenting was particularly difficult in such inner city areas where money was in short supply. Some professionals concluded that many parents had themselves been poorly parented and simply lacked the skills to undertake this with their own children. As a result some workers felt that they were cast in the role of parents,

Sometimes we become the role models and parents as there is no-one there for them (YSC worker)

YSC work with parents focused on those who had identified problems of their own which affected their capacity to parent their children and those who were struggling to deal with children who had behavioural problems at school and possibly mental health issues. In some cases parents self referred while others were referred to the YSC by school staff or health services. As with other aspects of the work this service was not advertised due to a fear that demand would outstrip capacity since the centre was already stretched. One to one work with adults was undertaken by the Stress Centre and this included stress management, a range of relaxation techniques, massage and counselling. A parents support group met at the YSC with the support of group

workers over a number of months. Members of this group were parents of children at each of the schools in the area. Interviews with parents took place with individuals and with a group.

One parent had received lengthy counselling and relaxation on her own behalf. She first sought help on her own behalf as she felt unable to focus on the emotional wellbeing of her children since she was so immersed in her own problems. She described herself as being on 'automatic pilot'. Later she joined the parents group and believed this had been of great benefit in helping her to recognise how her own problems influenced her relationships with her children. She felt that before this she had tried, unsuccessfully, to suppress her feelings of despair and that joining the group and having counselling helped her to address these and devise ways of tackling them. The parent group was a place where she could be open about this and where she could learn from the experience of other parents. She has used the emotional literacy techniques learned at the centre with her children and with friends and felt that this had helped considerably in identifying underlying issues. Overall she felt that teachers and the school had also tried to be supportive and had responded to her anxieties in a positive light.

Another parent was less positive about the schools capacity to offer a safe haven for young people and reflected on her own experience,

> *..for me as a kid I mean ...I truly had some bad experiences with teachers...making me feel so low that I couldn't speak out with the answers and just totally going into a mind block you know that way – I'd be that uptight when the teachers..in case I got it wrong... that I froze and my mind just went totally blank, so she'd throw chalk at my head and all that kind of stuff you know..I think for me not wanting to go to school, I used to cry, I used to make myself sick, begging my mum to let (me stay at home),.. its all through teachers, I never had any problems with any of my peers... (Parent 2).*

Young people who were interviewed for this study felt that school was not a place where they would seek help for personal problems although they believed that some teachers would be supportive. Some felt that teachers might make things worse by drawing attention to the young person, others felt that many problems were simply too difficult to deal with. The majority thought that it was good to have people coming into the school from outside as they often had more experience and could relate to young people in a different way to teachers. Those who knew of the work of the YSC were very positive about it and felt that the group work had been fun and useful but they would be unlikely to visit the centre itself as it was sited in alien territory. Some of those interviewed felt that bad behaviour was not usually linked to emotional issues and should be treated firmly in school but some also felt that some teachers were very unfair in their treatment of some young people. Family members such as aunts, older sisters and grannies were identified as more likely sources of support or at least as people who would take any issues seriously but friends were the most likely confidantes. However PSE that focused on emotional and mental health issues was given a favourable mention and was contrasted with religious education which was dismissed as 'a waste of time'.

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Funding bodies were also stakeholders and were referred to by staff as determining much of the direction that the YSC could take. This was particularly the case in relation to extending the work into new areas which inevitably led the manager to devote time to preparing bids, writing up reports for funding bodies and negotiating over contracts as part of her part time remit. This raises key questions about the long term sustainability of the initiative.

Sustainability

An external agency with a portfolio of approaches held great appeal for the staff interviewed in the schools. Some schools had been very sceptical of the approach and considerable effort had gone into establishing credibility with school staff. As a community based resource able to make strong links with parents, schools and young people the YSC was well placed to work at both preventative and remedial levels. The provision of specialist counselling within a social rather than a medical model of health also removed some of the stigma associated in seeking help for stress and mental health issues. The work of the YSC was clearly embedded in schools in the area with more demand for work than could be accommodated and it drew glowing testimonials from a range of professionals across and beyond the immediate target groups. However the capacity of such a small voluntary organisation is clearly limited and in this section we consider some of the long term implications of this approach.

Most referrals to the YSC were made by schools but there is extensive linking with GPs health visitors and educational psychology. Some referrals have also been taken from parents and children themselves who often hear of the initiative through word of mouth. However the decision was taken to limit information to other agencies due to fears that the potential volume of demand could not be met,

> *We don't do publicity for the very reason that it's just impossible to keep on top of it and you don't want to be raising expectations and saying oh look here, we are here and then you say, well we'll maybe see you in six months time (YSC worker).*

Fears about the long term viability of the approach were voiced by staff in both schools. In one school, the underpinning framework continued to be important but additional support was being sought elsewhere in order to sustain the impetus,

> *What concerns me a little bit is that of late you know what YSC have been able to give us has been lessened ..I think it's almost part and parcel of what the pse ..arrangements are and really what concerns me is that that it's really been because the school and YSC have joined up and made big efforts to join up otherwise we wouldn't have this resource at all and the negative implication is if these things, this good practice, is withdrawn …(Guidance)*

Capacity to engage in policy making and practice is also limited. As with any small organisation, maternity leave and long term sickness can have a disproportionate impact on the viability of the agency. While the service appears to be offering much needed support and a flexible and creative approach which is valued by partners and users, this is based on a very tight time limited budget and an equally small if

dedicated workforce. The lessons to be learned from the experience of this approach have been well written up and appear to be well regarded but will be limited if capacity to plan ahead continues to be constrained by such limited resource.

Effectiveness

In all schools guidance staff were unanimous about the benefits of the approach taken by YSC and cited examples of children who had benefited from the intervention as seeming happier, more confident, and as demonstrating higher self esteem. Evidence however tended to be anecdotal and referred to individual children. The YSC compiled extensive evaluations of the work for their own benefit but in common with much work in this field, 'hard' data was more elusive. Some class teachers had pointed out to the PT guidance that the behaviour of one boy in particular had improved drastically while he attended the group but 'when it stopped, when another group was taken on, this boy actually went back to what he was like so maybe it wasn't long enough, maybe he needed more time'.

There was no suggestion that returning to the same situation had perhaps itself made it difficult for the child to sustain his 'good' behaviour.

> *And we have a pupil who has had similar dreadful things happen and {the success of this individual} is directly attributable to the partnership between the stress centre and (the school). They have given her such confidence in herself that she can use the techniques that {the worker} used with her and other children in 1st and 2nd year that are going through similar circumstances that she had to deal with (Guidance).*

Staff in schools suggested that the impact across the school was less evident since knowledge of the intervention was confined to participants in the group or individual work and their friends. On the other hand staff overall were made aware through bulletins, newsletters and word of mouth sharing of information. However for those who had participated in the courses, clear gains were noted by teaching and learning support staff in all schools,

> *I think 5 years up the line there is very strong evidence to suggest that pupils who have had that input from these trained workers have developed emotionally better than those that haven't had the input (Guidance)*

> *I suppose the hard evidence is that pupils that we would have had major concerns about in the school in relation to an attendance issue or a behavioural issue have survived and even done well in some cases. I mean that would give you the hard indicators. We can say that in certain instances attendance has improved dramatically and behaviour has improved as well. We could point that out (Teacher).*

Multi Agency working

As an external agency, the YSC believes that they can complement the role of teaching staff, reach out to young people who might be reluctant to engage with teachers on emotional issues, offer an approach which engages young people as active participants and work with parents of young people who are having difficulties in

school. The YSC is dependent on schools inviting them to work with them. This was initially relatively straightforward with one school but less so with others in the area. However as the work has developed, collaborating schools have requested additional work from the centre and additional schools have asked for input. It is clear that credibility has therefore been built up across the area among school staff and this provides the YSC with an important backdrop for future partnership work.

The development of the relationship between the YSC and one school illustrates some key factors for stakeholders. The partnership came about as a result of one teacher attempting to seek specialist help for a pupil. This had finally led to the RSC and discussions with the manager about the need for more sustained activity on mental and emotional wellbeing. One teacher reflected that without the individual counseling input from YSC, a number of pupils 'would be into serious drug abuse, non attendance, depression'. For this and other teachers, the success of this work was based on the joint development of clear protocols and shared agreements about the planning, delivery and evaluation of the work between the school and the YSC. This process had built up trust between the centre and the school and fostered a shared vision of the work with the partners able to anticipate potential problems that could arise and that the work had a number of advantages, not least in alerting school staff to underlying issues. While this could be interpreted as a form of more sophisticated surveillance of pupils, it clearly provided a way for pse work to be tailored to the needs of the pupils at that time,

> *The huge benefit of having an external agency like that is that they are often a conduit to pupil behaviour and pupil attitude. Now often people are a bit more reticent about you know, about what is happening in their street, what is happening in their peer culture, whereas in a group where you have a person who is held in respect but who is not a teacher, information often flows more easily. There is a more relaxed atmosphere you know, more time is spent on young people on what they do outside the school as opposed to what they do inside the school and often issues will come up about a group within the school – could be underage drinking, or underage sex or drug abuse or domestic abuse. Often those issues will come to us via the external agency and that is where I think they are so valuable as they will come along and say, look ...a lot of the 3rd years are talking about whatever and what we can then do is look at our pse programme which is flexible and bring into the programme issues that young people have been raising. So in a way you are kind of proactively being reactive – you are feeding each other information which gives the young people more support in their life (Guidance).*

The work is based on a partnership approach which was highly valued by this teacher,

> *we respect the value of what that team brings – it is not a crisis, help or a knee jerk reaction, it is a planned programme and it is one of a range – not just the counselling or the input to pse but we also have small group work particularly for single sex groups on emotional literacy and intelligence(Guidance).*

But working with the schools had not been plain sailing and the YSC staff had to work at building up relationships with other schools in the area and involved the continual build up of links with staff in schools, presenting the work undertaken by the centre to a range of groups and individuals, organising training courses and making these as accessible as possible for schools and other professionals in the area. As a result of this networking and groundwork, key contacts were established within all schools in the area. This was described as having 'opened the door' in allowing the project to take its work to new groups of staff and young people.

Within schools, pastoral care teachers were viewed as having a clearer perspective than many of their colleagues on the needs of young people, on the ways in which these should be tackled and on the value of external agencies,

> *They're the ones that tend to be open to being involved or are the ones who are really supportive and want you in to do the work because you know they've got that part of their role within the school and they know how difficult it is to work with young people on that emotional level, so they're keen to get as much support as they can (Guidance).*

Workers and some school staff felt that some teachers were uncomfortable with the YSC presence in schools and while there was some acceptance that this was inevitable, efforts were made to engage with these staff in the hope that they would see the advantages of the approach. Sessions in schools and training events were offered in an attempt to address this.

Some teachers were still reluctant to allow YSC staff to work with groups without a teacher being present. This was turned around to allow the opportunity to team teach on occasion but at other times it was seen as a trade off,

> *Some of the staff have worked with teachers who..have maybe not been involved in delivering the program but they've actually sat in as some of the schools feel that they need to have a teacher involved for you know just ensuring discipline or stuff like that and they don't take an active part in the program… (YSC worker)*

There was a general feeling however among the YSC staff that inroads had been made and that more teachers valued their work,

> *We've been here four years you know and at first the assistant heads that we met with maybe weren't that open but now they are constantly saying to us, I mean all the time, we want you in here more. (YSC worker)*

Teachers themselves referred to their own anxieties about work in this area and about resistance to outsiders who were not teachers by training. This teacher is commenting on inter agency training,

> *well teachers are a breed to themselves I think, without knocking my colleagues*

and myself, it's difficult when you mix with non teachers because you know you've got different parameters and then in the other sense I suppose it's good because you see where they are coming from (Guidance)

Although the partnership approach was viewed positively by school staff, this seemed to be based on YSC successfully passing some 'testing out' by making it clear to school staff that group work could not be focused simply on the most difficult young people.

We had one group last year and when we put the group together and I saw the names, I thought, oh, dear God, you know that would send anyone to the moon you know. They (YSC staff) came back to say, that won't work you know, so that was the good thing, they did, they're realistic in the sense of what they can't achieve because I thought if they can turn that group around that's absolute magic but no, they didn't because that groups was far too challenging..you know the kids were off the wall and real social background, behavioural problems….(Guidance)

The speaker was clearly impressed by the decision taken by YSC staff and viewed the potential group as impossible to manage in that format. Importantly the individuals concerned were offered alternative provision through joint discussion between YSC and school staff, thus reinforcing the partnership approach.

Some YSC staff felt that this was an age related issue and this was a recurring comment in the overall study by both teachers and other staff. This may be a reflection on changes in the wider context of the profession with demands for more inclusive practice which bring along with them requirements for more reflexive approaches,

I think the teachers you know see it (the school) as their kind of domain and they can be quite suspicious of people coming in. I think that is changing though and sometimes it is I would say, the old school teachers who have maybe been there for a long time…I think the whole area of emotions you know, because you don't go there, that's not something that is to do with the school – that is something you do outside school and family so there is a fear of it I would say (YSC worker).

In one school, the centre worked alongside a pupil support unit on individual and group work basis on conflict resolution, anger management and school refusing. Not all the children in the base were referred because of their behaviour but sometimes bereavement or illness and the input was designed to reflect this diversity. Staff at the unit valued this specialist input highly and stressed that it added a dimension to the work that was not available to them as teachers.

Some underlying issues were difficult to resolve. For example in working with denominational schools, issues around sexuality or pregnancy were problematic even if parental permission had been given and this constraint could undermine the holistic approach taken by centre staff. Dealing with children whose families were in turmoil

or living with uncertainty were major issues for all partners and could require a much greater degree of specialist support than could be provided. These issues have much wider resonance in dealing with mental health matters in schools generally.

At another level, ensuring communication flow can be highly problematic. In some cases, when children were suspended from school, on occasions, the schools permitted the child to attend school for their one to one counselling session. However at times communication between schools and the YSC was poor so that YSC counsellors were sometimes not informed in time to make other arrangements.

Balancing child protection and confidentiality issues can throw up a range of dilemmas. Confidentiality was referred to as an issue for the YSC – tensions over how to preserve the privacy of the young person but also to alert key staff that something was wrong was a key area of difficulty,

> *A teacher may have information about a young person but it's about how many teachers do you let know about that without breaking the confidence of the young person – I was working with a young woman ...and there were lots of issues there, but it wasn't appropriate to tell some of the teachers about that but yet she was kicking off in class and they didn't understand why and in some ways maybe if they had understood it might have made a difference (YSC worker).*

The issue of disclosing information about particular cases continued to raise ethical questions that cannot be answered glibly. While project staff were very clear about their guidelines and were rigorous in adhering to these, it was evident that they could also see the wider picture and identify instances where other professionals could have benefited from more understanding of the background to particular cases. Thus the constraints of confidentiality were well recognised. This is a difficult issue in interdisciplinary working, in reconciling the different protocols and underlying frameworks in use. That staff from diverse backgrounds who participated in this study consistently paid tribute to the professionalism of the YSC staff in this regard demonstrates the extent to which the overarching principles of their work had become accepted by partners and other stakeholders. This does not remove the problem but perhaps contributes to a climate in which such thorny issues can be more constructively discussed and explored.

Summary
Strengths
- Advantages of external agency in being able to engage children on an informal basis
- Flexibility of the approach – able to work on a range of levels
- Ability to engage professionals in joint approach to the work
- Community base enabling contact with parents on more than a fleeting basis
- Careful initial planning offsets some of the difficulties of being a small organisation
- Persistence over time in building up networks and grounding the work within the school

Challenges
- Capacity to expand limited by underfunding, part time nature of contracts etc and tied to specific and often 'pilots' rather than longer term initiatives
- Limited capacity to build on experience and extend into new areas such as primary school work
- Limited capacity undermined involvement at strategic levels on a continuous basis

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Case Study 6: Clydebank High School, Support Services Team.

Clydebank High School, in West Dunbartonshire is located in an area where an estimated one in three families are experiencing deprivation. The school was selected as a case study due to the innovative responses that had been developed to supporting pupils and their families. The approaches taken in the school were underpinned by a commitment to the emotional well being of pupils, and an understanding of the relationship between the welfare of the family and the wellbeing of the children and the associated impact of structural issues such as poverty.

This school is distinct from others in the case study sample in that the support team were all employed and managed by the school, so the ownership and control of the model lay with the head teacher and one of the deputes, who was a very committed champion of the initiative. Organisational changes had been implemented to develop the capacity of existing key staff to identify and respond to difficulties experienced by pupils, and this was enhanced by a team of pupil and family support workers.

The support services team had been created by linking together a team of teaching and non teaching staff, all of whom were devoted to the welfare of pupils, but in different and previously disjointed ways. Firstly, a commitment had been made to forge closer links between exiting teaching staff who had complementary roles in supporting pupils, namely pastoral care staff (formerly guidance), behaviour support and support for learning, who now shared a large office and were building a system of common record keeping. Secondly, the school employed four pupil and family support workers, funded through *Better Neighbourhood Services* whose remit was to offer support to vulnerable pupils in school, and to develop links with families experiencing difficulties. Targeted groups included pupils experiencing mental health difficulties, as well as vulnerable groups such as looked after children, those with a disability, families living in poverty, or affected by addiction, and black and ethnic minority pupils.

Additionally a careers officer and an attendance officer were associated with the team. The school's commitment to the well being of the pupils within the wider context of the family was also evident in the links that were being developed at the time with West Dunbartonshire Domestic Abuse Partnership, through a worker being based in the school for a year to develop and deliver curriculum resources for the schools in the area. (Whether the domestic abuse worker was considered to be a member of the support services team appeared to be matter of debate).

Traditionally, pastoral care staff, behaviour support and support for learning have been seen as separate departments within schools, and remain as such in most Scottish secondary schools at the moment. To join these groups together as one team, with shared responsibilities and record keeping was a considerable change for the staff involved. The staff identified these changes as advantageous for themselves and the pupils in a number of ways. They felt they had developed a better understanding of the roles of other key people in support of the pupils, could see their own role as part of a larger effort and were able to take a more rounded view of children. Communication between them was more immediate, and there was more scope for informal discussion:

I think it's been fine from the pastoral care point of view because there was always a situation of duplication. There wasn't a centralised filing system, just the fact that we are all in the same base room allows that to happen. But we are also able to talk about children without having to run around the school....there is a lot of informal discussion about pupils that has positive vibes to it, but it would never have taken place before (Pastoral care teacher)

They felt the young people benefited from a more sophisticated system of detection and reporting, and they felt that the closer working ties between themselves reduced the likelihood of vulnerable pupils slipping unnoticed through holes in the system. Systems were also developed in the wider school to support the team in their task of identifying pupils experiencing difficulties. Extended morning and afternoon registration allowed a little extra time for them to make contact with pupils. And a sensitive dual system of reporting problems operated in the school, whereby teachers' concerns could be communicated through either a disciplinary or a welfare route (or both), but the two systems were cross referenced by the senior management. Hence a disciplinary matter would often trigger a "guidance alert", allowing pastoral care staff to investigate any underlying causes of the behaviour. The support services team felt that withdrawn behaviour was also identified and reported by the wider staff, especially PE staff and classroom auxiliaries who, they felt, were in a position to see children in a different way.

The other arm of the support services team was the group of four pupil and family support workers, who had been in place since 2002. Their work was funded by Better Neighbourhood Services, a funding source targeted at issues of social welfare and social inclusion. The team were all women, who lived reasonably locally, and, being neither teachers or social workers, were presented as a non-threatening support to families in the area. Work with families was very much a response to need and could take a variety of forms, but was essentially a sympathetic, pragmatic and practical support, offering a listening ear, discussing difficult issues, liasing with other services, accompanying parents to appointments and encouraging and supporting parents through difficulties. The team would also collect pupils from home, where this was helpful. From this work, the workers were able to communicate to the school some of the difficulties the children of the family were likely to face, enabling appropriate supports to be available in school. This service was also provided to five associated primary schools.

Within school the pupils and family support team were based in "room 43", which provided time-out for pupils experiencing difficulties in the school setting. Access to the room was controlled by senior management and pastoral care staff, so it was not available as a "sin bin" for the wider teaching staff, rather it was seen as a refuge for pupils who had been identified as experiencing difficulties. Pupils who were in the room during lesson times were those who were not coping in the wider school environment, and the room was seen as a safe haven. Once a young person had been identified as a user of room 43 they could in some cases, depending on their personal circumstances be given the option of choosing to go to the room at any time. Possession of a "room 43 card" indicated to teachers that the pupil could leave classes. A key theme identified by the staff in the school was that of being able to allow the various actors in the school setting to handle difficult situations with dignity:

> *It [the support services team] allows dignity for pupils, and the member of staff is allowed to continue to do the learning and teaching, and the member of staff has not lost face either (Depute head teacher).*

Pupils who used the room regularly during the school day used the time to work towards individual targets, which had been negotiated between the pupil, the support worker and other members of the team.

Room 43 also provided a lunchtime and break time base for some pupils who had difficulties coping with the unstructured environment. At these times of day a sizeable group of pupils could be seen in the room, which offered an alternative social setting for these young people. This facility was available only to pupils already associated with the pupil and family support team, and for most it was an optional "drop-in" arrangement. For a small number of young people, with particular problems (e.g. drug habits, or tendency to truancy) attendance in room 43 was compulsory at breaktimes, and some pupils were escorted by the pupils and family support staff to and from lessons for similar reasons.

Team working
The development of this team necessitated new forms of working relationships between those in different positions within the school, who brought different understandings to the work. For the teaching members of the team, the new working practices appeared to be largely embedded by the time of the case study, with those interviewed acknowledging the benefits of working in the new format, and feeling that there were considerable benefits in their ability to respond appropriately to the young people. There was still some concern over ownership of "cases", however, with some pastoral care staff feeling that they should be the overall co-ordinators for all pupils within their remit, and unwilling to relinquish their traditional role. Senior managers and other team members argued that it was more appropriate in some cases for other teachers to play the lead role, for example if the pupil's main issue was associated with a specific learning difficulty.

Relationships between the pupil and parent support workers and the teaching members of the team were not yet fully integrated, which could be ascribed to the different working practices and perceived status of the two groups, and was exacerbated by their locations in separate offices (albeit next door). Whilst, the rhetoric was that of an inclusive extended team, information was not always passed between the two groups in a timely and helpful manner. The support workers were often uneasy or underconfident about raising issues directly with the teaching staff, and would rely on the depute head teacher as an intermediary. Similarly, the support workers relied on the depute, to determine how information should be shared with the wider team. For example, one worker described her response when a pastoral care teacher wanted to see the files she kept on a particular pupil:

> *We have got files here, they are locked up. Obviously they are there for the support services if they need to get information, but I would speak to [the depute head] first and say "look the guidance teacher wants to have a look at the notes is that OK?"*

The pupil and family support workers did not have a senior team member, to take overall responsibility. Their line manager was the depute, on whom they were heavily dependent. This put a considerable workload onto the depute, but also made the whole system very reliant on a single individual, rather undermining the team structure. The system was still at the early stages of implementation and the current weaknesses in this situation were recognised by the depute, and some of the team members, who were working to strengthen the partnership, but there was still some development to be undertaken before the team could be seen to operate as a whole, on an equal footing.

Information sharing throughout the school was treated in ways which contrast sharply with other case studies, the difference being in the attitudes of teachers to confidentiality as compared to workers from other services. The idea of full confidentiality was rejected by the depute head teacher:

> *I don't want any child feeling they can tell secrets and that they will be kept because it will be shared and it should be shared.*

Instead, information was shared on a "need to know" basis, with complex judgements being made about appropriateness, and the benefits to pupils of passing the information on. A high priority was given to providing those working with pupils enough knowledge to be able to respond effectively to any unusual behaviour. Information was handled sensitively and pragmatically. For example, within the support services team, staff would discuss their knowledge of a particular pupil, but that discussion would be confined to those who worked directly with the young person. In passing information from the support services team to the wider teaching staff, sufficient details were given to allow the staff to be sensitive to the child, and to react appropriately to any unusual behaviour, but the full personal story would remain confidential. For example, staff might be told that there were "problems at home", but no more.

The confidentiality was handled selectively depending on judgements of the reliability and empathy of the recipient, as described here:

> *I might go if I know there is an issue in one department and I know the member of staff the issue is with is a particularly capable and trustworthy member of staff. I might go and say "we have real problems here, this child is a carer at the moment at home". But I wouldn't do that with others because some don't want to know. Some who do want to know are indiscreet, so again it's about knowing your staff. (Depute head teacher)*

The emphasis in sharing the information was always based upon the perceived best interest of the pupil; to ensure that the young person was treated sympathetically, and to ensure that the staff were supported in working effectively, but there was clearly a tension between sharing and respecting confidentiality.

Pupils were also shared responsibility in maintaining appropriate confidentiality, since very often more than one pupil was present in room 43. The ground rules were described by one of the pupil and family support workers:

*There is confidentiality between the children, and [ ], anything that is discussed.
Some might disclose. We don't ask each other questions about why we are in
here. Anything that is revealed, it doesn't go outside this room.*

Capacity building

This model of working was successful in building the capacity of the school to
respond to pupils whose behaviour could be seen as challenging, and there was a
strong emphasis on seeking the underlying cause and working with the child and the
family to address the issue. The new working arrangements had produced synergistic
partnership between the teaching members of the support services team. But the new
relationships did not directly involve the wider population of teaching staff, who had
very little contact with the pupil and family support workers, and were perhaps only
dimly aware of the impact of the reorganised pastoral care system. Although not
directly involved with the pastoral care of pupils, teachers were aware of the work,
and viewed it with a strong sense of relief both for themselves and for the pupils for
whom it was beneficial, as is evident in this excerpt where a teacher contrasts the
current situation with the past:

*When I first came here you kind of struggled on and on with kids with
horrendous problems and there was very little to do, short of excluding them
repeatedly, whereas now there is room 43 where they can go and know they can
go and they are going to get somebody to listen to them.*

And as teachers they felt they were more able to respond appropriately to specific
pupils as a result of the information that was circulated by the support services team
about vulnerable pupils, and they also demonstrated a level of sympathy and
understanding for those pupils. But the existence of such a support team had not, they
felt impacted on their own attitudes or pedagogical approaches. They identified a
dilemma in accommodating the behaviour of the troubled young people whilst trying
to maintain the usual curriculum and standards of discipline for the rest of the class.

*You do sometimes get very frustrated when you have to tread on eggshells with
some kid because they don't have a very happy existence. And it does start to
affect the others and that is frustrating.*

And they were aware of the difficulty in identifying causes behind particular
behaviours, at the time of occurrence and the potential for misinterpreting and
mishandling issues:

*Sometimes you do go in with all guns blazing to some creature that is not
behaving very well. And then after there is a big bust up you find out that there
is a reason for all of this, that there is an excuse.*

Whilst the teachers felt they would like to be able to support these pupils more
effectively, they felt that the demands of the curriculum coupled with the lack of
resources made it very difficult to provide an environment which could effectively
support pupils:

*Its quite difficult to take these kids and give them a more positive experience
because they are in a standard grade general / foundation class with twenty*

nine other kids.

In the context of this dilemma, a certain sympathy was expressed for pupils who didn't behave well in the classroom

> *If you stick some poor sod in the back of a full history class and he has just come from seeing his dad, and he is having to take notes on the Russian Revolution and he cannae cope with it, its all going whoosh, you can understand why they take off like a firework.*

So whilst the school had been successful in working with young people individually through the various aspects of the support services team, it was still restricted in its ability to offer a more appropriate classroom environment for those pupils, and as yet, the increased capacity of the pastoral care system to respond to the needs of young people and their families, had not been matched with increasing the capacity of the wider school to understand and work with these issues.

Stakeholder involvement
A major plank of the work of the support services team was to build closer relationships between the home and the school, and the way this had been approached was to employ a team of pupil and family support workers who were not qualified professionals, but were "typical" local people. This was intended to create a workforce who understood the local context, who would not seem intimidating to parents, and who, significantly, did not have any powers to remove children from their families. One of the pupil and family support workers described how she saw her relationship with the families:

> *Maybe its just our own background, like the way we have been brought up ourselves or whatever; maybe we grew up in kind of similar backgrounds to the people that we go to visit. And maybe we just… we don't see ourselves…we don't try to make ourselves any different from the folk that we are going to see.*

Although they acknowledged that there were occasions on which they weren't welcomed into household, this was seen by the team to be a generally successful approach, and those parents who had experience of the group spoke extremely highly of the support received. The following passage describes a mother's impressions of the support she received at a time when her son was behaving very aggressively at home:

> *They are absolutely the best thing since sliced bread. Totally amazing. What they do is they'll come in and speak to the family. …. I had personal contact numbers I could phone at any time. They would come and speak to him [my son], and the family support worker would take him for a wee walk, and she would say to him "How do you feel about this, why's this been happening?" and little by little the behaviour started to disappear. I was phoning this woman and saying " You need to talk to him I don't know what to do". It was a great safety net for me. I was starting to think "I've got no parenting skills" I was losing all my confidence…I was running this by this person who was saying to me "You're absolutely right that's what anybody would do". And that's what I'm talking*

about, somebody being encouraging. And this service in this school I have found totally amazing.

The pupil and family support team could be accessed by parents in various ways, including direct contact by telephone, indirect approaches via senior management in primary and secondary schools, or referrals from other services such as health visitors. A leaflet was widely distributed, to explain the role of the team and how to make contact. Consequently, the service was readily accessible, and its use by parents was not controlled by any single gatekeeper. It was reported, by the depute headteacher that parental self referral was becoming increasingly common, as the service became embedded.

The approach taken by the workers was a non judgmental, listening approach, only advising if asked. They were trained to use the language of a shared responsibility, phrasing questions in terms of "what shall we do", and they were able to be respond in flexible ways to issues arising in individual cases.

Similarly work with children in the school setting took a very child centred approach, trying to work with the pupils to determine the root causes of the difficulties they were having. Undisciplined classroom behaviour was viewed as a manifestation of an underlying problem, and the team saw it as their role to support the pupil with that issue. There was a clear understanding of the links between emotional well being and behaviour. Pupils were encouraged to take some ownership of their relationship with the team, for example by involvement in target setting, by choosing whether to use room 43 at breaktimes, and in some cases the pupils were able to choose those moments when they left the classroom to come down to the pupils support room.

Summary: strengths and challenges
- At Clydebank High school the ownership of the support for pupils and families lies with the school, and is managed by a depute head teacher. The model has developed the capacity of existing support staff building much closer links between pastoral care, behaviour support and support for learning. Additionally the school employs a team of pupil and family support workers who work both proactively and reactively with targeted pupils and families.

- Currently the system is highly dependent on the depute head teacher who acts as a conduit for information flow between the two arms of the team, and between the team and the wider school. She has been an enthusiastic champion of the team from the outset.

- Tensions are identified between the pupil centred approaches taken by the support services team which enable some children to remain in school, and the difficulties teachers face in providing an appropriate classroom environment for these pupils, whilst also meeting the needs of the majority.

- The pupil and family support workers have developed successful ways of working with families and young people, which are premised on supporting emotional health and well being. The value of the pupil and family support workers to the well being of young people in the school is belied by their perceived status, which currently leaves them feeling somewhat outside of the

main professional community, and gives little opportunity for sharing of ideas beyond their immediate colleagues.

- Attitudes to sharing information about pupils were pragmatic, with priority given to enabling staff to be able to respond appropriately to pupils' behaviour. Full confidentiality was not considered appropriate. Staff in different positions in the school were informed differentially on a "need to know basis" coupled with judgements about the discretion of the individual. But clear tensions could be seen between protecting the child's privacy and enabling the teachers to respond sensitively.