

# Me and My School

Preliminary Findings from the first year of  
the National Evaluation of Targeted  
Mental Health in Schools (2008-2009)





# Research Group

## University College London – CAMHS EBPU

Dr Miranda Wolpert  
Professor Peter Fonagy  
Professor Norah Frederickson  
Dr Jessica Deighton  
Dr Sevasti-Melissa Nolas  
Maria Munroe  
Cathy Saddington  
Hayley Syrad  
Elizabeth Bridger  
Amelia Martin  
Rosie Stevens  
Vanathi Tharmaratnam  
Professor Jay Belsky (independent consultant)  
Professor Antony Fielding (independent consultant)

## CEM Durham University

Professor Peter Tymms  
Dr Robert Coe  
Mike Cuthbertson  
Dr John Little  
Neville Hallam

## University of Manchester

Dr Neil Humphrey

## University of Leicester

Professor Panos Vostanis

## National Institute of Economic and Social Research

Dr Pam Meadows

## Advisory Group

Professor Sir Michael Rutter, Institute of Psychiatry  
Professor Bette Chambers, University of York  
Professor Alistair Leyland, Medical Research Council



## Acknowledgements

*With thanks to the pupils, parents, teachers, school staff, Local Authority staff and policy advisors who contributed to the online surveys and/or interviews.*

*With thanks to the Office for Public Management (OPM) for allowing researchers to join the Action Learning Sets and to National CAMHS Support Services (NCSS) for liaising with the research team throughout the Me and My School research project.*

*With thanks to the Department for Children Schools and Families (DCSF) for commissioning this research and providing information and support throughout.*



# Executive Summary

## What is Targeted Mental Health in Schools?

Targeted Mental Health in Schools (TaMHS) is a three-year DCSF programme aimed at supporting the development of innovative models of mental health support in schools for children and young people at risk of or experiencing, mental health problems. The programme began in April 2008 when 25 Local Authorities (and their associated Primary Care Trusts) began their TaMHS projects. These 25 Local Authorities (LAs) are known as 'phase 1' areas. In April 2009 a further 55 'phase 2' LAs began their TaMHS work. In April 2010, the remaining LAs across England will become 'phase 3' of the TaMHS programme. The approach to helping children with mental health difficulties and the range of support on offer varies from one LA to another according to their own locally formulated models. However, the key guiding principles are:

- 1) To work closely with schools to find the best ways to support children at risk of or experiencing mental health problems
- 2) To promote strategic integration across children's services and specifically to foster stronger links between schools and CAMHS
- 3) To use the existing evidence base relating to effective interventions to guide the support offered to children

The majority of the findings discussed in this report relate only to information provided from children and parents in schools involved in phase 1 of the TaMHS programme (with the exception of some information provided by LA TaMHS leads).

## What is the "Me and My School" project?

The Me and My school project is a research project commissioned by the Department for Children, Schools and Families (DCSF) as the national evaluation of the TaMHS programme. The aim of this research is to explore the impact of this programme and find out which approaches seem to be the best ways for schools to help children. It involves evaluating work around mental health in schools that are implementing TaMHS as well as those that are not. Two studies are involved:

- 1) Study 1 (Longitudinal Study):
  - Study 1 looks at pupils in 25 areas over three academic years (2008-10). It is a "naturalistic study", which looks at what local areas have chosen to do to support children who are at risk of mental health problems. The research looks at how children in the different areas are doing over time (taking into account the children's views and those of their parents and teachers) to try to see the impact of the different approaches adopted by different areas.
- 2) Study 2 (Randomised Control Trial):
  - Study 2 looks at children in a further 74 areas over the course of two academic years (2009-10). It involves a one year Randomised Control Trial (RCT) in which areas have been randomly assigned to different conditions that vary in the type of support they offer. The fact that areas are randomly assigned to different conditions in this study affords greater confidence that any differences found in how children are doing are the result of differences in ways schools are going about helping rather than a result of other differences between the areas.

In 2008-9 approximately 20,000 children in Year 4 and Year 7 in 465 schools in 25 LAs across England involved in the TaMHS project filled in online surveys concerning their feelings about themselves and their schools. Parents, teachers and school staff also completed questionnaires. These children are being followed over the course of three years (starting 2008).

Public information about this research is available at <http://www.meandmyschool.info>

## **Summary of findings 2008-9**

### *A) Levels of emotional and behavioural difficulties and views of school at the start of the programme*

Pupil responses suggest that while the vast majority of children are not experiencing adverse levels of emotional or behavioural difficulties, around 10% are, which is consistent with findings in other large studies. The difficulties include problems with aggression or conduct, difficulties relating to anxiety and depression and attention problems. There was very little variation in emotional and behavioural difficulty scores across schools and even less variation across LAs at the first time of measurement in 2008-09.

As part of evaluation, children and young people were asked to give a sense of how they felt about school life, in particular, their thoughts on relationships with children and adults at their school. The findings suggest that most pupils appear to have positive views of their schools; this was particularly true for children in year 4. The reason why younger children rated their schools more positively than older children will be explored in future years.

### *B) What schools are doing to help pupils with emotional or behavioural difficulties*

There appears to be a very wide range of activities going on or planned in schools, much of which goes beyond the traditional psychological interventions (e.g. cognitive behavioural therapy, counselling).

The following provisional typology was developed through clustering activities into particular categories using expert knowledge from the research group and consultation with pathfinder leads (who lead the TaMHS projects in each local authority) and school representatives and will be explored further in future years:

- 1) Social and emotional skills development of pupils
- 2) Creative and physical activity for pupils
- 3) Information for pupils
- 4) Peer support for pupils
- 5) Behaviour for learning and structural support for pupils
- 6) Individual therapy for pupils<sup>1</sup>
- 7) Group therapy for pupils
- 8) Information for parents
- 9) Training for parents
- 10) Counselling/support for parents
- 11) Training for staff
- 12) Supervision and consultation for staff
- 13) Counselling/support for staff
- 14) Whole School Culture Change

---

<sup>1</sup> Including school counselling

Taking the evaluation forward, we will be exploring the kinds of activities that areas are carrying out within each of these categories and will aim to see which of these categories are associated with improvements in children's mental health.

*C) What phase 1 schools and local authorities are doing in comparison to phase 2 and phase 3 areas*

In comparing what areas who have already begun their TaMHS projects are doing in comparison to those who have not yet begun, it appears that areas who have already started TaMHS have increased activity in a number of areas (e.g., individual and group therapy), whereas areas who had not yet begun their TaMHS project reported more activity around Social and Emotional Aspects of Learning and whole school culture change. It is not yet clear whether differences between these two types of areas is due to the implementation of TaMHS or due to other factors (such as lack of local authority staff awareness of the specifics of what each school is doing). This will be explored further in future analysis.

# Contents

<b>Section</b>	<b>Page number</b>
<b>1. Introduction</b>	<b>9</b>
<b>2. Levels of emotional and behavioural difficulties in schools and measures of school climate</b>	<b>12</b>
<b>3. What schools are currently doing and planning to do</b>	<b>18</b>
<b>4. What phase 1 schools and local authorities are doing in comparison to phase 2 and phase 3 areas</b>	<b>24</b>
<b>5. Key findings and next steps</b>	<b>26</b>

# 1. Introduction

## What is the “Me and My School” project?

The Me and My school project is a research project commissioned by the Department for Children, Schools and families (DCSF) that explores the ways schools help children with emotional or behavioural difficulties. It is the national evaluation of Targeted Mental Health in Schools (TaMHS), which aims to help schools provide support for children with emotional and behavioural difficulties. The aim of this research is to explore the impact of TaMHS and find out which approaches seem to be the best ways for schools to help children. The evaluation does this through two studies:

### 1) Study 1 (Longitudinal Study):

- While all LAs will receive funding for TaMHS during the period 2008-2011, rollout has been phased starting with 25 LAs selected as Phase 1 Pathfinders for the initial phase of rollout in 2008. Study 1 is a three-year “naturalistic study” which looks at pupils in these 25 areas over three years (2008-11).
- In 2008-9 children in Year 4 and Year 7 within schools in these 25 Local Authorities (LAs) across England, their parents, teachers<sup>2</sup> and schools were asked to answer brief questions about the children’s feelings and behaviour, and about their schools. These children are being followed over the course of three years.

### 2) Study 2 (Randomised Control Trial):

- Study 2 looks at pupils in a further 74 areas over the course of one year (2009-10). These areas have been randomly assigned to different conditions which vary in the type of support they offer. Specifically, this parallel study compares mental health outcomes for children in LAs randomly selected to implement TaMHS from 2009 (phase 2 areas) with those randomly selected not to implement TaMHS until 2010 (phase 3 areas). In principle, this affords an opportunity to evaluate early effects of TaMHS. The research will also look at the impact of different approaches to supporting schools and LAs in helping children with emotional and behavioural difficulties in hopes of identifying those that prove most effective.

This report reflects information predominantly collected from the initial 25 pathfinders, i.e., from Study 1.

Public information about both studies and the measures and approaches used can be found at: <http://meandmyschool.info>

---

<sup>2</sup> NB this report does not include findings from the surveys completed by teachers (only from surveys completed by children and parents); however, we hope to report on this information in due course

## What findings are presented here?

This report presents preliminary findings from the first year of the study (2008-9) in relation to the following at the start of the TaMHS programme:

- A) *Levels of emotional and behavioural health and difficulties in schools and how pupils feel about their schools*
- B) *What schools are doing or planning to do to try to help pupils with emotional or behavioural difficulties*
- C) *What phase 1 schools and local authorities are doing in comparison to phase 2 and phase 3 areas*

## What information was collected in 2008-9?

### *Quantitative Data*

Quantitative data were collected through online surveys administered within schools to pupils, teachers and school coordinators. In addition surveys were completed by parents and Local Authority (LA) leads. The DCSF National Pupil Database and Edubase teams provided demographic information and other details for children and schools involved.

465 schools were actively engaged in the longitudinal study in 2008<sup>3</sup>

- 374 schools with year 4 pupils (including 39 comparison schools<sup>4</sup>)
- 94 schools with year 7 pupils (including 13 comparison schools)
- Please note: some schools have both year 4 and year 7

19,661 pupils completed student questionnaires from 465 schools

- 9,804 Year 4
- 9,857 Year 7

1,841 parents completed questionnaires about their children

Teacher questionnaires were completed on

- 1,054 Year 4 pupils
- 703 Year 7 pupils

School-coordinator questionnaires were completed by 295 schools:

- 235 schools with Y4 pupils
- 63 schools with Y7 pupils

---

<sup>3</sup> definition of “active involvement” is at least one questionnaire completed by pupil and/or parent and/or teacher and/or school coordinator

<sup>4</sup> “comparison school” refers to those schools who will not be implementing TaMHS during the course of the study

## Qualitative Data

Qualitative data were collected and analysed thematically drawing on the following diverse sources:

- Policy documentation (e.g. “Using the Evidence to Inform you Approach”, DCSF 2008)
- Project plans for implementation submitted by LAs
- Interviews with policy advisors and steering group members involved in advising on the set up of TaMHS (9)
- Participant-observation at the LA Action Learning Sets run by the Office of Public Management (OPM) (20 Action Learning Sets and circa 70 LA leads and colleagues involved)<sup>5</sup>
- Telephone interviews with 25 LA leads
- Interviews with 9 teachers whose schools were involved in the local TaMHS project
- Interviews with 11 parents whose children attended schools involved in the local TaMHS project

---

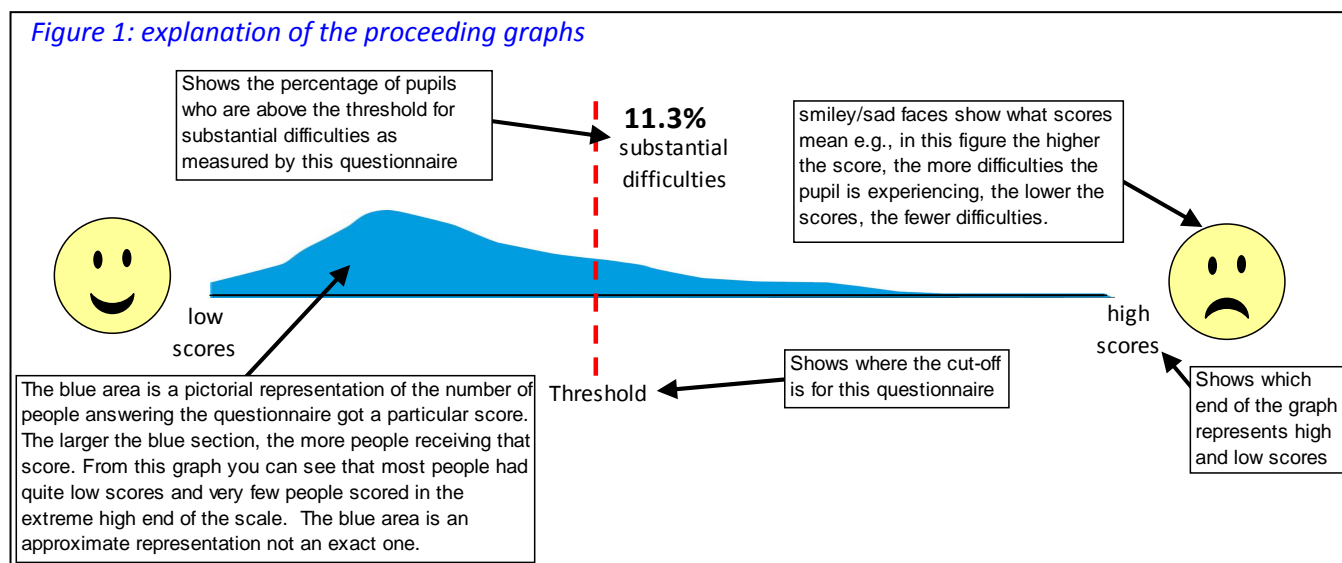
<sup>5</sup> The Office for Public Management (OPM) was commissioned by DCSF to deliver a series of Action Learning Sets to support the 25 phase 1 TaMHS pathfinders. In these sessions LA leads and colleagues were able to share thoughts and ideas with other pathfinders and to learn from other’s successes and challenges. Sessions took place quarterly in each a number of regions.

## 2. Levels of emotional and behavioural difficulties in schools and measures of school climate

### What we learnt about pupils' emotional wellbeing

The findings presented in this section are based on the surveys completed by children and parents during year one of the project. Two main measures comprise the emotional and behavioural difficulties information: the Strengths and Difficulties Questionnaire (SDQ) and the Me and My School measure<sup>6</sup>. The former is a long established measure of child mental health with a validated clinical cut-off indicating what scores might be a sign of substantial difficulties. It covers difficulties such as conduct problems, peer relationship problems, hyperactivity/inattention and emotional symptoms. However, the self-report version of this questionnaire is only recommended for use with children over 10 years old; therefore, the Me and My School research group developed the Me and My School measure, designed to be used with the younger children, but which was also used with the older children alongside the SDQ. The measure covers two broad areas of problems: emotional difficulties (e.g., anxiety, depressive symptoms) and behavioural difficulties (e.g., aggression and conduct problems).

The graphs shown on the following pages are designed to give an idea of the spread of scores across all the people surveyed as well as reporting the average score and displaying thresholds for children experiencing difficulties. Figure 1 gives an example of these graphs and what the different components represent<sup>7</sup>.



The thresholds depicted in the graph indicate the cut off score for children experiencing difficulties. This means that children scoring above this threshold are expected (according to the measure used) to have substantial difficulties<sup>8</sup>. In the case of the SDQ mentioned above, these cut offs have been established through trialling the questionnaire with clinical and non-clinical populations<sup>9</sup>. As the Me and My School measure is new, we have compared

<sup>6</sup> Elements of an additional measure – Kidscreen – were also used with both year groups but these are not reported here as they are still being analysed.

<sup>7</sup> We would like to acknowledge and thank colleagues at Dartington Social Research Unit who provided examples of data presentation that inspired the presentation of information in this report.

<sup>8</sup> Substantial difficulties means that the child has mental health difficulties considered severe enough to warrant help from a mental health specialist

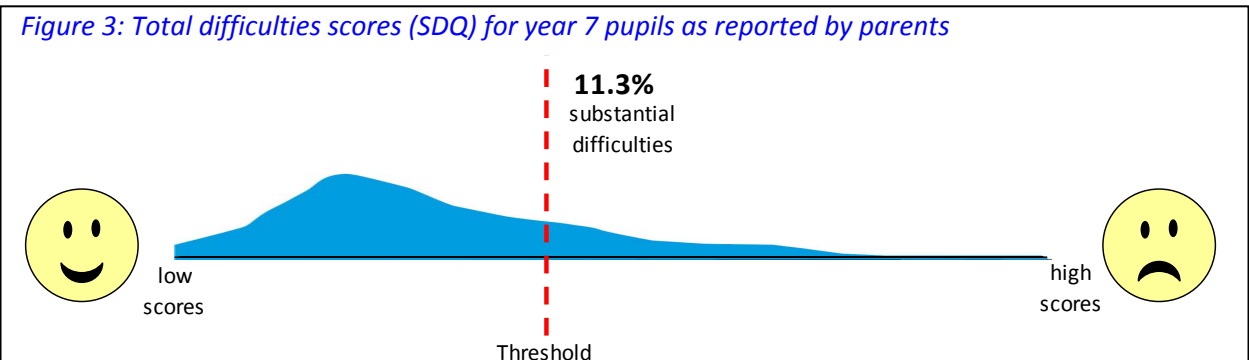
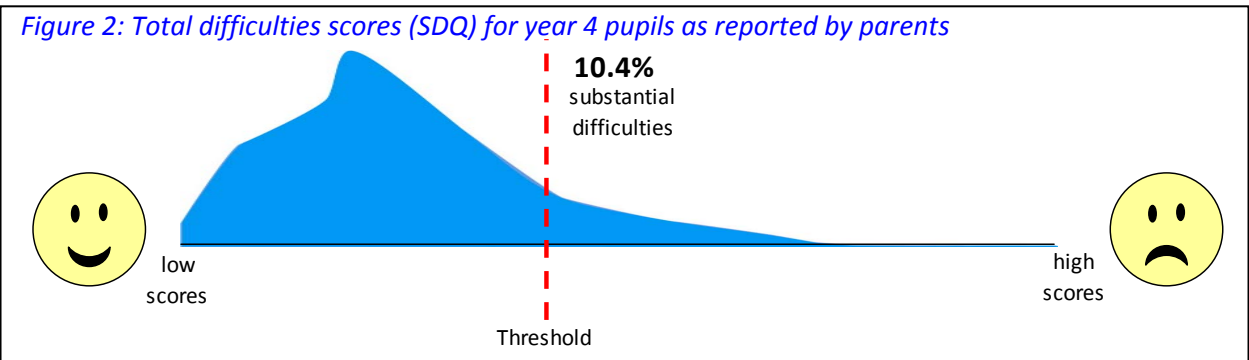
<sup>9</sup> Clinical populations are those who are already accessing some kind of specialist mental health support service

children's scores on the pre-validated SDQ to their scores on the Me and My School measure to establish preliminary cut offs or threshold. This means we have taken the established thresholds for the SDQ which differentiate between children with substantial difficulties and others and, using our data, have defined comparable thresholds on the Me and My School measure. If a child scored above these thresholds, it is considered they may require further assessment or additional support for their difficulties.

### Findings from the parent surveys (SDQ)

Parents were invited to complete SDQ surveys about their children. Information shown below is based on the total difficulties the child has in terms of emotional symptoms, conduct problems, hyperactivity and peer problems. Information from parents who completed the survey indicated that most children had few difficulties, but that a small proportion of children had substantial emotional and behavioural difficulties (around 10%, see Figures 2 and 3). This is consistent with other national surveys and with the view that around 10% of children have substantial emotional/behavioural difficulties (e.g., Office for National Statistics, ONS, 2005<sup>10</sup>).

Parents who scored their children as above the threshold for emotional and behavioural problems may have indicated, for example, that their child often seems worried and is often unhappy, down-hearted or tearful or that their child often fights with other children and often has temper tantrums.



### Findings from the child surveys

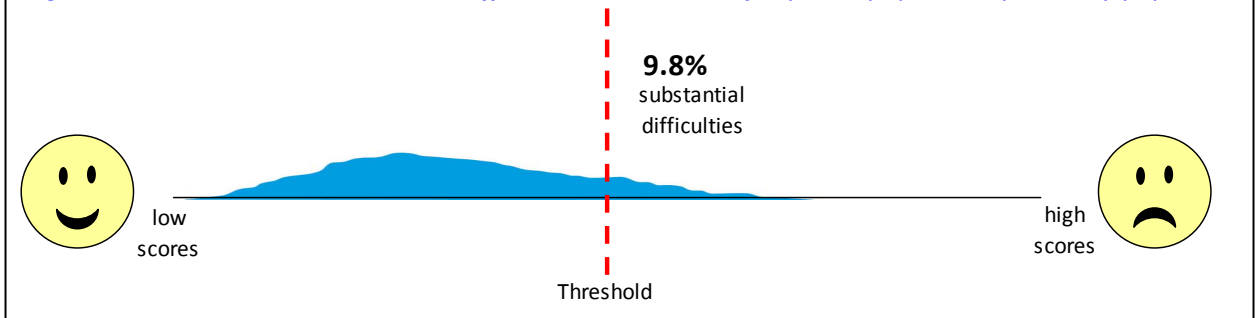
Year 7 pupils completed both the Me and My School measure *and* the SDQ. The findings for the SDQ from the year 7 pupils were very similar to the parents' responses, in that a small

<sup>10</sup> Office for National Statistics (2005). *Mental Health: 1 in 10 children has a mental disorder*. [Press release]. London: Office for National Statistics

proportion of children responded in ways indicating substantial emotional and behavioural difficulties (around 10%, see Figure 4). This is also consistent with findings from other large scale surveys (e.g., ONS, 2005<sup>11</sup>).

Children who scored above the threshold for emotional and behavioural problems may have indicated, for example, that they worry a lot and have many fears or that they get very angry and often lose their temper, and fight a lot.

Figure 4: Emotional and behavioural difficulties scores (SDQ) for year 7 pupils as reported by pupils



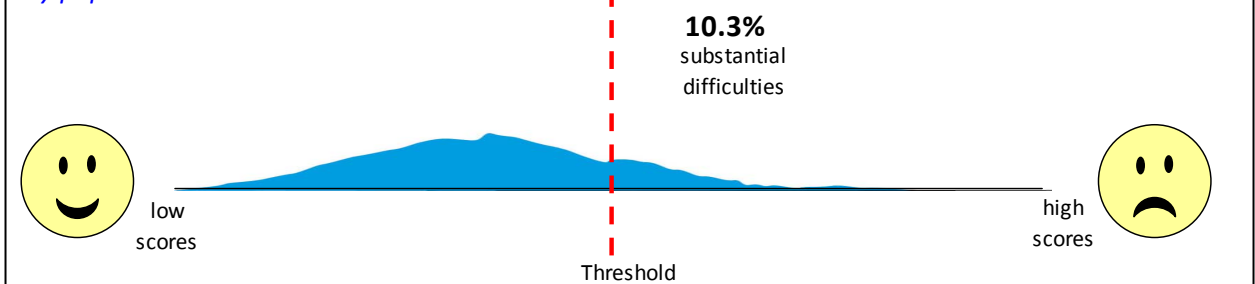
The following graphs depict children's answers to the Me and My School measure. This measure has been divided into two key domains of emotional well being: emotional difficulties and behavioural difficulties for both year 4 and year 7 responses.

**Please Note: The Me and My School measure is a newly developed measure so the thresholds shown should only be taken as a rough guide at this stage.**

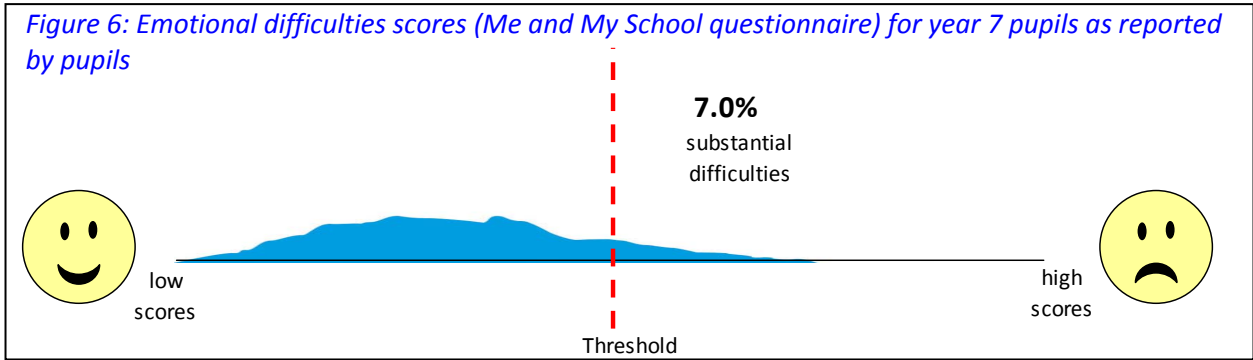
The spread of scores for emotional difficulties for year 4 and year 7 are shown in Figures 5 and 6. The graphs show that the spread of scores for emotional difficulties was broadly the same for year 4 for and year 7 pupils, though the percentage of children who appear to have substantial emotional difficulties is slightly higher for year 4 pupils.

Children who obtained high scores for emotional difficulties may have indicated, for example, that they cry a lot, feel scared and have problems sleeping.

Figure 5: Emotional difficulties scores (Me and My School questionnaire) for year 4 pupils as reported by pupils

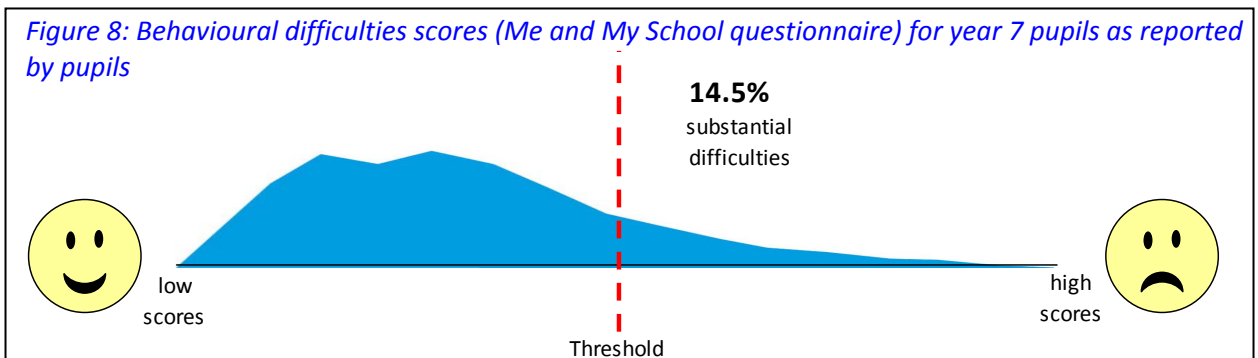
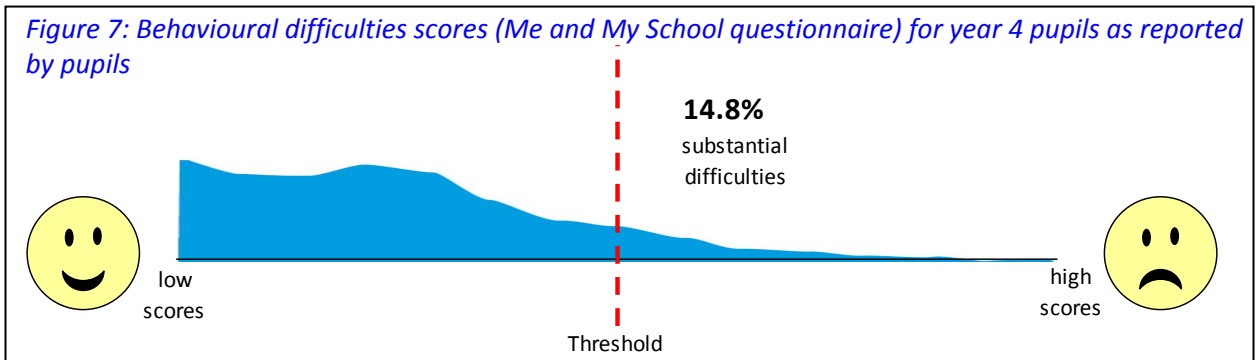


<sup>11</sup> Office for National Statistics (2005). *Mental Health: 1 in 10 children has a mental disorder*. [Press release]. London: Office for National Statistics



The spread of scores for behavioural difficulties for year 4 and year 7 pupils was very similar (see figures 7 and 8) but with slightly more year 4 pupils reporting behavioural difficulties.

Children who obtained high scores for behavioural difficulties may have indicated, for example, that they hit out when angry, break things on purpose and lose their temper.



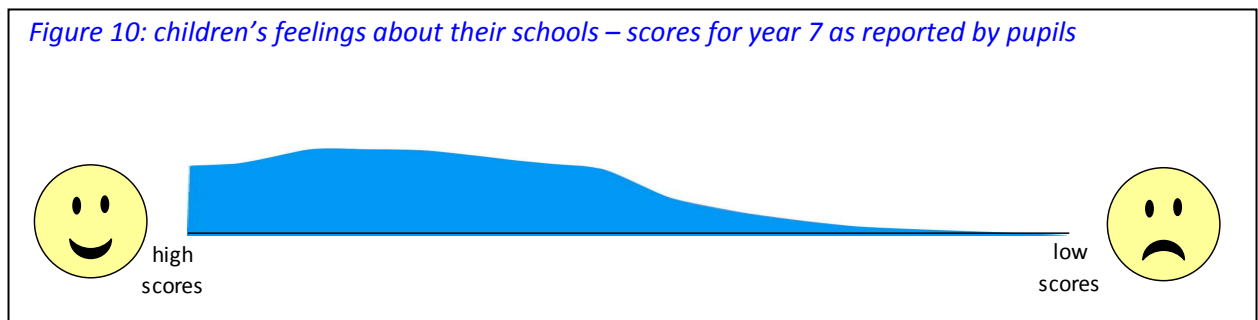
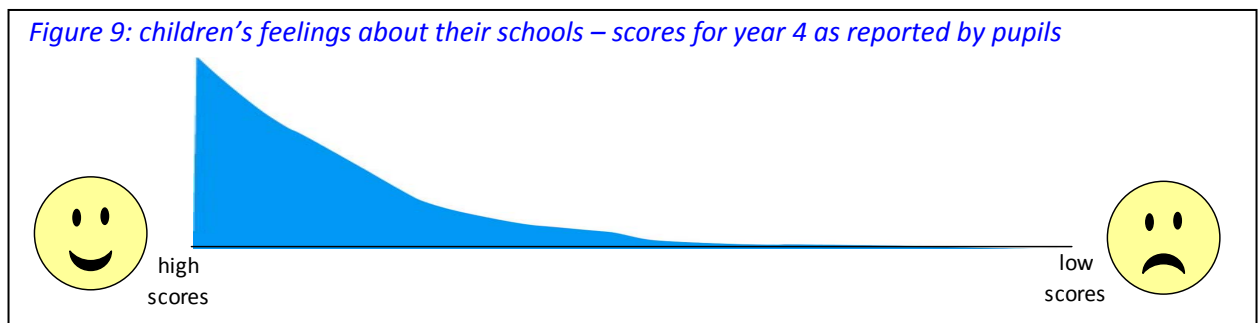
The findings shown in all the figures above appear to be consistent with the results of other national studies indicating that whilst the majority of children have no difficulties, a minority of pupils have some moderate or severe difficulties. The findings from the Me and My School survey show a slightly higher percentage of children scoring above the threshold (established in comparison to the SDQ survey) for behavioural problems than for emotional problems but on the whole findings are consistent with those shown by the SDQ survey.

## How do children feel about their schools?

As part of the Me and My School measure, pupils were also asked to indicate how they felt about aspects of school life related to relationships with other pupils and teachers.

Children who obtained high scores for schools climate may have indicated, for example that they feel safe in school and that they feel that teachers try hard to help them.

The majority of children gave very positive responses to questions designed to find out how positively they experienced relationships in schools. Year 4 children's responses indicated that they generally felt more positive about their schools than those in year 7 (See figures 9 and 10<sup>12</sup>).



The reason why younger children rated their schools more positively than older children is currently unclear. We have several possible explanations for why these differences might occur.

- 1) It could reflect the generally more positive evaluation that younger children can give to many things relative to older children.
- 2) Age 11-12 (year 7) is associated with the onset of adolescence and it is possible that the beginnings of puberty and other adolescent changes lead children to view their school environment differently (possibly more negatively)<sup>13</sup>.
- 3) As the school climate questions were about how connected children felt to their schools and the people in it, it may be that children are more able to feel connected to a school that is smaller and contains fewer staff and pupils such as a primary school rather than a larger school environment such as a secondary school)<sup>14</sup>.

<sup>12</sup> NB scale is reversed on school climate score to be consistent with the meaning and interpretation of other graphs

<sup>13</sup> Buchanan, C., Eccles, J., & Becker, J. (1992). Are adolescents the victims of raging hormones? Evidence for activational effects of hormones on moods and behavior at adolescence. *Psychological Bulletin*, 111, 62-107.

<sup>14</sup> Koth, C. W., Bradshaw, C. P., & Leaf, P. J. (2008). A multilevel study of predictors of student perceptions of school climate: The effect of classroom-level factors. *Journal of Educational Psychology*, 100(1), 96-104.

- 4) The differences could reflect the process of transition from primary to secondary school that most of the year 7 pupils would have experienced a few months before completing the survey. Children who have just joined a secondary school will be less well acquainted with staff and pupils at their new schools and less familiar with the physical environment compared to their year 4 counterparts so may be less likely to feel as positive about school climate than year 4s<sup>15 16</sup>.

These possible explanations will be explored further in future years of the project.

### **A note on variation of pupil scores across schools and LAs**

After pupils' scores were aggregated up to the school level, it appeared that schools did not differ much from each other in terms of pupils' reported emotional or behavioural difficulties. Furthermore, after pupils' scores were aggregated up to the LA level, there was very little difference between one LA and another in terms of emotional or behavioural difficulties. We will be looking to see if the amount of variation in difficulties scores across schools and across LAs changes over future years including comparisons between TaMHS and non-TaMHS schools.

---

<sup>15</sup> Felner, R. D., Ginter, M., & Primavera, J. (1982). Primary prevention during school transitions: Social support and environmental structure. *American Journal of Community Psychology* 10 (3), 277-290.

<sup>16</sup> Eccles, J., Midgley, C., Wigfield, A., Buchanan, C., Reuman, D., Flanagan, C., & Maclver, D. (1993). Development during adolescence: The impact of stage-environment fit on young adolescents' experiences in schools and in families. *American Psychologist*, 48, 90-101.

### 3. What schools are currently doing and planning to do

#### What phase 1 schools and local authorities are doing

Schools and Local Authorities reported a wide range of activities both current and planned which aimed to help children with emotional or behavioural difficulties.

As part of the qualitative analysis the full range of activities identified in both written proposals and interviews were collated and thematically arranged into categories. These were then discussed with a range of school staff and LA leads in July 2009 as part of a series of events held by the TaMHS evaluation team and the categories refined further, in the light of feedback, into the 14 categories outlined below. Early indications suggest that most schools are implementing support which falls into more than one of these categories.

**Please note, the boxes below provide only a small number of examples of the kinds of things that were mentioned in relation to the 14 categories. Some of these discussions reflect early thinking within areas and, therefore, do not necessarily accurately reflect the final models adopted by the Local Authorities involved and there may be other models of working yet to be discovered or described.**

#### **1. Social and emotional skills development of pupils**

*This sort of work involved focusing on developing skills and emotional health in children building on whole school or group approaches in the school as a way to ensure the needs of those with specific difficulties were also met.*

- e.g. Social and Emotional Aspects of Learning (SEAL) programmes, nurture groups and circle time

#### **Nurture Group:**

A nurture group run by specialist CAMHS...aimed at key stage 1 pupils: CAMHS workers train school staff by working alongside them for 4 (6 week) terms. Continuing support is offered as follow-up e.g. a termly forum and school visits. The project builds on SEAL small group work and the nurture group approach. School staff are trained to deliver this and help develop attachment relationships. (Information from a TaMHS LA)

#### **2. Creative and physical activity for pupils**

*This category encompassed a range of activities that focused on physical and creative activities designed to build up skills and emotional health again with the view that these would help those children with emotional and behavioural difficulties.*

- e.g. drama, music, art, yoga, outward bound activities.

**Drama:**

Psychodrama: Children explore internal conflicts through acting out their emotions and interpersonal interactions on stage. A given psychodrama session (typically 90 minutes to 2 hours) focuses principally on a single participant, known as the protagonist. Protagonists examine their relationships by interacting with the other actors and the leader, known as the director. This is done using specific techniques, including doubling, role reversals, mirrors, soliloquy, and sociometry. Psychodrama attempts to create an internal restructuring of dysfunctional mindsets with other people, and it challenges the participants to discover new answers to some situations and become more spontaneous and independent. (Information from a TaMHS LA)

**Art:**

One school have carried out an activity whereby children identify an emotion, draw and sculpt it onto a tile and these have been mounted on the school wall and children can then go to it an reflect. (Information from a TaMHS LA)

**3. Information for pupils**

*This category covered a range of materials and processes for providing information for children to help them access appropriate sources of support.*

- e.g. advice lines, leaflets, texting services, internet based information

**Advice Line:**

“There is ..[a].. helpline manned by specialist mental health workers and ... it’s been a really useful resource... that they try not to counsel on the phone but rather signpost accurately.” (Information from a TaMHS LA)

**Texting Service:**

In Local Authority ‘X’, for example, they use a texting service for children to communicate on mental health issues. (Information from a TaMHS LA)

**4. Peer support for pupils**

*This category included a range of schemes to allow pupils to help each other and support those in particular with emotional and behavioural difficulties.<sup>17</sup>*

- e.g. buddy schemes, peer mentoring.

**Buddy Scheme:**

“We also have a buddy system in school where the older students are attached to the new ones coming in in year 7.... that begins in their year 6 induction and goes on through the year so there’s usually a pair of buddies attached to each form.” (Information from a school)

**5. Behaviour for learning and structural support for pupils**

*This category included processes and structures put in place by the school to modify pupil behaviour in such a way to reduce behavioural problem and increase emotional health.*

- e.g. behaviour support, behaviour management, celebrating success, lunchtime clubs, calm rooms

---

<sup>17</sup> The aim of peer support is “to help pupils with social and emotional problems through befriending, listening and support...Giving young people the opportunity to develop basic communication and listening skills means that they can support their peers with confidence and skills” (DCSF, Targeted Mental Health in Schools Project Using the evidence to inform your approach, 2008)

### **Behaviour for Learning:**

"...It might be that a child's presenting a behaviour problem, so it ends up that one of the Behaviour Managers is, is almost like a mentor to that child" (Information from a school)

"..We have Behaviour Managers<sup>18</sup> ....they are non-teaching staff, they were previously Support Assistants, but now they go round in a sort of trouble-shooting role... around school to withdraw any pupil who might be disrupting a lesson or might be upset in any way, deal with them and allow the teacher to get on with the teaching." (Information from a school)

### **Structural support:**

"We have had an environmental artist working in the school and he has worked with our older children to do an analysis of our outdoor environment, you know what areas do you like, why do you like them, what areas don't you like, what are the reasons for that, if you could choose what the outdoor looked like what would it be. And what we found was that the children wanted sort of secret places and hiding places and a bit of disorder and chaos whereas the adults wanted everything to be neat and tidy, in order and all health and safety and all the rest of it. So I suppose the innovative bit is creating the environment for people, people want to explore and play and incorporate together and we're doing that through the environmental art project." (Information from a school)

## **6. Individual therapy for pupils**

*This category consisted of the range of therapeutic interventions being offered to individual children with emotional or behavioural difficulties.*

- e.g. counselling, cognitive and/or behavioural therapy, psychotherapy

### **Solution-Focused Brief Therapy:**

Based on the strengths of the individual and what they want to change e.g. in terms of anger there would be exceptions when the child is not always angry. Work on these exceptions. There are also scaling questions e.g. if the child describes their anger as a 4 then the primary mental health worker would talk about this in terms of scaling – what to do to get the anger down to 3. Based on goals e.g. count to 10 or leave the room. Build on strengths, leading to positive change. Questions are also used and based on a motivational interviewing technique – how to ask questions to promote positive change and reflect what the child wants. (Information from a TaMHS LA)

### **Counselling<sup>19</sup>:**

There is a big push on access to counselling. The structure entails 3 specialist counsellors and 9 voluntary counsellors who have been trained. (Information from a TaMHS LA)

A drop-in counselling service run by counsellor and school nurse. (Information from a TaMHS LA)

## **7. Group therapy for pupils**

*This category comprised the range of therapeutic interventions being offered to groups of children with emotional or behavioural difficulties.*

- e.g. interpersonal group therapy, cognitive and/or behavioural therapy groups

---

<sup>18</sup> Behaviour managers build mentoring relationships with children whose behaviour and attendance are a cause for concern. They aim to help children meet identified targets.

<sup>19</sup> Counselling involves children building a relationship with a counsellor over time, discussing problems and issues, telling their story and being listened to. This could be through drawing, drama games, play and writing stories.

**Group work:**

“Group work developed by a clinical nurse specialist and a clinical psychologist in CAMHS...focus mainly on years 4 and 5. The program has 6 elements: Smiling (wellbeing), Making time to relax, I am unique, Looking at me, Exploring new ways and Support.”  
(Information from a school)

Small group work done with children with additional needs – often done well by voluntary agencies. (Information from a TaMHS LA)

The assistant educational psychologists are working on developing group work programmes which will focus on developing friendship skills and managing emotions. Friends and growing optimism group work will also be implemented. (Information from a TaMHS Local Authority)

Dinosaur School<sup>20</sup> – a Webster Stratton child programme used with groups of 6-8 children, 2 hour sessions for 17 weeks. (Information from a TaMHS LA)

**8. Information for parents**

*This category covered a range of materials and processes for providing information for parents to help them access appropriate sources of support.*

- e.g. leaflets, advice lines, texting services, internet based information

**Advice Line:**

Parent line plus – consists of a 24 hour helpline and also they come into schools and run sessions e.g. on teenagers. Schools have used this got parents engaged, focused on the transition period and demonstrated to parents that often anxieties in children come from anxieties in parents. (Information from a TaMHS LA)

Presentations, parents evening, posters, newsletters have all been used as methods to raise awareness of support for parents, teachers and children. (Information from a TaMHS LA)

**9. Training for parents**

*This category covered a range of programmes offering training to parents.*

- e.g. parenting programmes such as Webster Stratton and Triple P programmes<sup>21</sup>

**Parenting Programmes:**

Mellow parenting – a national scheme, a 14-week, one day a week group designed to support families with relationship problems with their infants and young children. It combines personal support for parents with a video and direct work with parents and children on their own parenting problems – predominantly will be used with 3-7 yr olds but will provide schools with the option to choose whether this is right for them i.e. allow them to examine the children of concern and base the interventions on what the child needs. (Information from a TaMHS LA)

The voluntary sector are working on engaging parents as parents have a lack of confidence when it comes to children and mental health. They will be using two programmes which practitioners are being trained in: Triple P and strengthening families. (Information from a TaMHS LA)

---

<sup>20</sup> The Dinosaur School programme aims to develop social skills and problem solving by strengthening children's communication and anger management skills as well as providing them with the chance to practice friendship and conversation and appropriate classroom behaviour.

<sup>21</sup> The general aim of parenting programmes such as that of Webster Stratton are to help parents build positive parent-child relationships by encouraging more nurturing parenting styles and improving problem solving in order to help treat amongst other problems child behavioural and conduct issues.

Triple P: training practitioners over 3 years, training commenced in September. 31 practitioners trained so far, 60 course places available before end of year 1. Programme of individual and group support has been developed to support practitioners in commencing delivery of interventions. Schools will be able to access support for parenting and deliver one to one interventions to parents, will involve family workers in child action teams and higher tier intervention staff. (Information from a TaMHS LA)

### **10. Counselling/support for parents**

*This category covered a range of programmes offering support to parents.*

- e.g. individual work for parents, family therapy, family SEAL – can include children and parents or just parents, or a combination of the these

#### **Family SEAL<sup>22</sup>:**

Parenting support advisors are being linked in and also family SEAL is being used ... in which parent and child come together one morning a week for 8 weeks. (Information from a TaMHS LA)

### **11. Training for staff**

*This category covered a range of approaches to training staff.*

- e.g. specific training from a mental health professional

#### **Specific Training:**

The team have received four training sessions from CAMHS. These training sessions have covered mental health awareness raising and how to identify mental health issues. Whole school training on mental health myth busting has also been completed. (Information from a TaMHS LA)

“We’ve done a lot of training on different sort of mental health issues it’s sort of made a lot of sense really”. (Information from a school)

They had rolled out an adapted version of the programme Everybody’s Business<sup>23</sup>. Training was offered to schools and had great feedback. (Information from a TaMHS LA)

#### **CAMHS Training Package:**

They are using an evidence based CAMHS training package involving... staff from primary ...and.... secondary schools. This package involves tackling the question “What is mental health?”, it covers the types of disorders and types of services. This has been received positively. There are 4 sessions of 3 hours, once every 2 weeks. Schools are very enthusiastic. (Information from a TaMHS LA)

### **12. Supervision and consultation for staff**

*This category covered a range of approaches to providing consultation or supervision of staff in relation to working with children with emotional or behavioural difficulties.*

- e.g. ongoing supervision or advice from a mental health professional

---

<sup>22</sup> Family SEAL involves a group of adults (about 10 per group plus their children) talking and learning about how to help their kids develop social, emotional and behavioural skills. Then the adults and children complete activities together.

<sup>23</sup> Everybody’s Business is a training course commissioned by The National CAMHS Support Service. Various modules cover topics such as: understanding mental health, the Child and Adolescent Health Services, how best to help children, positive mental health, stigma, and infant mental health.

**Staff Reflection Groups:**

Staff reflection groups are working well. These are monthly sessions which involved group supervision/coaching, systemic psychotherapy and also aim to facilitate support staff in problem solving (Information from a TaMHS LA)

**13. Counselling/support for staff**

*This category covered a range of approaches to providing support for staff in relation to working with children with emotional or behavioural difficulties.*

- e.g. provision to help staff deal with stress and any emotional difficulties

**Support for Staff:**

“We’ve had a working party of staff for some time now looking at getting SEAL up and running in school and one of the off-shoots of that is a staff well being group looking at school and how we as an institution can address the well being of the staff ... and I want to work from the sort of process of it that if the staff feel looked after and if they feel you know in a place where they are mentally well then it’s a lot easier for them to manage and cope with children.” (Information from a school)

**14. Whole School Culture Change**

*This category covered approaches to whole school cultural change that were felt to contribute to helping children with emotional or behavioural difficulties.*

- e.g. developing respectful relationships and staff following up attendance problems

**TaMHS as a Pivot Point between Targeted and Universal Approaches:**

The group discussed the need to recognise that emotional wellbeing is a part of it (TaMHS) not just mental health. There is a feeling that looking at emotional wellbeing is important for raising teacher awareness. The group discussed TaMHS being the pivot point between targeted and universal approaches. It is agreed that targeted is the tip of the iceberg and that building capacity in schools is essential so that teachers are more aware and those children that aren’t trouble makers or immediately obvious but who would benefit from additional support would receive help. The universal is also more sustainable. (Information from several TaMHS LAs)

## 4. What phase 1 schools and local authorities are doing in comparison to phase 2 and phase 3 areas

The findings presented in this section are based on the surveys completed by LA leads and colleagues in late summer/early autumn 2009. At this stage phase 1 areas would have been well underway with their TaMHS project but phase 2 and phase 3 areas would have had very little opportunity to start their TaMHS work with schools in their area. Therefore, we would suggest that only phase 1 areas are active TaMHS areas in this table. The findings presented in the table below are based on answers to questions about what schools in each LA were doing to support children with emotional and/or behavioural difficulties. The percentages shown reflect the proportion of local authorities in which schools are doing 'a lot' of the type of support offered.

*Table 1: A comparison of what Phase 1 Schools and Local Authorities are doing in comparison to phase 2 and phase 3 areas*

Type of support	Phase 1 (Number of LAs = 24)	Phase 2 (Number of LAs = 37)	Phase 3 (Number of LAs = 23)
1. Social And Emotional Skills Development Of Pupils <sup>24</sup>	70.8%	59.5%	87.0%
2. Creative And Physical Activity For Pupils	25.0%	48.6%	47.8%
3. Information For Pupils	25.0%	10.8%	8.7%
4. Peer Support For Pupils	29.2%	27.0%	39.1%
5. Behaviour For Learning And Structural Support For Pupils	58.3%	56.8%	60.9%
6. Individual Therapy For Pupils	50.0%	8.1%	4.3%
7. Group Therapy For Pupils	37.5%	8.1%	4.3%
8. Information For Parents	20.8%	16.2%	26.1%
9. Training For Parents	20.8%	18.9%	26.1%
10. Counselling/Support For Parents	8.3%	13.5%	4.3%
11. Training For Staff	66.7%	21.6%	13.0%
12. Supervision And Consultation For Staff	45.8%	2.7%	13.0%
13. Counselling/Support For Staff	29.2%	2.7%	13.0%
14. Whole School Culture Change	33.3%	27.0%	47.8%

<sup>24</sup> NB All Local authorities in phase 1 who answered this question indicated that schools in their area were doing at least 'some' work relating to Social and Emotional Aspects of Learning. However, the figures shown in the graph only demonstrate the percentage of areas who said their schools were doing 'a lot' of this kind of work.

Looking at the levels of activity in different phases, it appears that there are a number of categories in which phase 1 areas have increased activity as opposed to those areas not so far ahead with their TaMHS project (phase 2) or not started at all yet (phase 3). For example, where under 10% of phase 2 and 3 areas say their schools are doing a lot of individual therapy for pupils, 50% of phase 1 areas report that schools are doing a lot of this kind of work. Similarly, the percentage of phase 1 areas reporting a lot activity relating to group therapy for pupils is over four times that to phase 2 and phase 3 areas. Phase 1 areas also report more activity around support and training for school staff relative to phase 2 and phase 3. It is possible that the increased activity in these areas is due to the fact that phase 1 areas are implementing their TaMHS projects whereas phase 2 and 3 areas were not yet operational at this stage. However, it is important to bear in mind that phase 2 and 3 areas may have also been less familiar with their schools at this stage so may have been less accurate at reporting what schools in their area were doing. We will look into this further in future years.

There are also some categories in which phase 2 and 3 areas report greater activity than phase 1. For example, 87% of phase 3 areas report a lot of school activity relating to 'social and emotional skills development of pupils' compared to 71% of phase 1 areas. Furthermore, around 48% of phase 2 and phase 3 areas report their schools are doing a lot of creative and physical activity with pupils compared to only 25% of phase 1 areas. The reasons for this increased activity in phase 2 and 3 areas is unclear at this stage. It could be that these areas are focused primarily on whole school type activities because they are yet to begin their more targeted interventions as part of TaMHS. An alternative explanation is that these areas who have less time to implement their TaMHS project (1 or 2 years rather than 3 years), they have opted to work with schools that have a good track record with other programmes such as SEAL (Social and Emotional Aspects of Learning) and National Healthy Schools. It could also be that these areas, having not yet begun their TaMHS project, have had less opportunity to find out what their schools are doing to support children beyond big programmes like these. We will explore this further in future by looking at how activity in these categories changes for these areas as their projects progress.

## 5. Key findings and next steps

### Key Findings

#### *A) Levels of emotional and behavioural difficulties and views of school at the start of the programme*

Pupil responses suggest that whilst the vast majority of children are not experiencing adverse levels of emotional or behavioural difficulties (i.e., the child has difficulties considered severe enough to warrant help from a mental health specialist), around 10% are. This is consistent with findings in other large studies. There was very little variation in emotional and behavioural difficulty scores across schools and even less variation across LAs at the first time of measurement in 2008-09.

In terms of how children feel about their schools, the findings suggest that most pupils appear to have positive views of their schools; this was particularly true for children in year 4. The reason why younger children rated their schools more positively than older children will be explored in future years.

#### *B) What schools are doing to help pupils with emotional or behavioural difficulties*

There appears to be a very wide range of activities going on or planned in schools, much of which goes beyond the traditional psychological interventions.

The following provisional typology was developed through clustering activities into particular categories using expert knowledge from the research group and consultation with pathfinder leads and school representatives and will be explored further in future years:

- 1) Social and emotional skills development of pupils
- 2) Creative and physical activity for pupils
- 3) Information for pupils
- 4) Peer support for pupils
- 5) Behaviour for learning and structural support for pupils
- 6) Individual therapy for pupils (including counselling)
- 7) Group therapy for pupils
- 8) Information for parents
- 9) Training for parents
- 10) Counselling/support for parents (including support involving parents and children together)
- 11) Training for staff
- 12) Supervision and consultation for staff
- 13) Counselling/support for staff
- 14) Whole School Culture Change

### *C) What phase 1 schools and local authorities are doing in comparison to phase 2 and phase 3 areas*

By looking at what areas who have already begun their TaMHS projects are doing in comparison to those who have not yet begun, it appears that areas who have already started TaMHS have increased activity in a number of areas (e.g., individual and group therapy), whereas areas who had not yet begun their TaMHS project reported more activity around SEAL and whole school culture change. It is not yet clear whether differences between these two types of areas is due to the implementation of TaMHS or due to other factors (such as lack of local authority staff familiarity with what each school is specifically doing to support children in this way). This will be explored further in future analysis.

#### **Next steps**

The national evaluation has now collected data from pupils, parents, school staff and LAs for the second year. This includes information from phase 1, 2 and 3 LAs. Once we have collated these data we will be looking into the range of support being provided across all of these LAs and how it relates to changes in children's emotional and behavioural difficulties. As part of this we will be looking at whether activity relating to the 14 categories described in this report is associated with children's levels of emotional and behavioural difficulties over time. We will also be looking at whether there are differences in children's emotional and behavioural difficulties between areas that are implementing TaMHS and those who are not yet operational with their TaMHS project. We hope these findings will help us to consider the best ways to support children at risk of or experiencing emotional and behavioural difficulties.



**Ref: DCSF-RR232**

**ISBN: 978-1-84775-734-0**

**© UCL 2010**

[www.dcsf.gov.uk/research](http://www.dcsf.gov.uk/research)

**Published by the Department for  
Children, Schools and Families**

**Registered Charity no. 313392**



**department for  
children, schools and families**