Supporting the emotional and mental health of your school community.

Supporting emotional wellbeing and promoting positive behaviour and mental health within educational settings using evidence-based practice.

Somerset Educational Psychology Service, in collaboration with the Emotional Wellbeing and Positive Behaviour Strategy Group.

Kate Lee
Kayleigh Partt
Fiona Weidberg
Rebecca Davis

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This is a working document and we would welcome feedback from those using it; in order to update and improve its usefulness (see [page 66]).
Poor emotional and mental health affects a significant number of children and young people. One in ten has a clinically diagnosed mental health disorder (DfE, 2015) and many more (around 25%) have an identifiable mental health need (Weare & Nind, 2011). Half of lifetime mental illnesses start by age 14 (NCB, 2015). In Somerset, Social, Emotional and Mental Health (SEMH) needs are the second most prevalent single primary need recorded for all statutory assessments (20.7% of assessments).

There is a substantial body of research evidence to suggest that young people’s SEMH needs have a significant impact on their learning and progress through the curriculum (National Institute for Health and Clinical Excellence [NICE] 2008, 2009). It follows then that intervention to understand and address pupils’ social and emotional needs helps to support academic attainment (Public Health England, 2014).

Schools are required to demonstrate evidence of a graduated response to meeting children and young people’s SEMH needs. This ranges from high quality teaching within the classroom to targeted individualised intervention for pupils with more complex needs. It is important that the interventions chosen by schools are evidence based and shown to be effective at improving outcomes for children and young people. The evaluation of interventions aims to critically analyse the research base for key interventions commonly used in Somerset in order to guide schools and other commissioners when investing in interventions for their organisations.

A review of the literature was undertaken using Encore (an online tool which searches across a wide variety of research collections) as well as reviewing key government documents. The review focussed on evaluative studies where the impact of interventions on outcomes for children and young people has been assessed. Both published and unpublished articles were included in the review. A reference list is available at the end of the document.

Schools were asked what sources of support and advice they currently use and what interventions and provision were being used; this formed the basis for the sources of support and advice section. This section is not all encompassing and there are also variations depending on the geographical location.

Any interventions and provision used to support emotional wellbeing and promote positive behaviour and mental health should have a sound evidence base and should be regularly reviewed and monitored to ensure they are having the intended impact and outcomes.

This document prescribes to the principles as described by Katherine Weare’s Framework - What works in promoting social and emotional well-being and mental health problems in schools (2015) as summarised:
1. Adopt whole school thinking:
   - Take a whole-school approach – and implement it carefully.
   - Start with a positive and universal focus on well-being.
   - Develop a supportive school and classroom climate and ethos.
   - Identify and intervene early.
   - Take a long-term approach.
   - Promote the wellbeing of staff and tackle staff stress.

2. Engage the whole community:
   - Promote pupil voice and peer learning.
   - Involve parents, carers and families.

3. Prioritise professional learning and staff development:
   - Understand risk and resilience to actively respond to problems and difficulties.
   - Help all students with predictable change and transitions.

4. Implement targeted programmes and interventions (including curriculum):
   - Use a range of leaders for specific programmes.
   - Teach social and emotional skills.

5. Develop supportive policy:
   - Provide clear boundaries and robust policies.

6. Connect appropriately with approaches to behaviour management:
   - Understand the causes of behaviour.

7. Implement targeted responses and identify specialist pathways:
   - Provide clear pathways of help and referral.
   - Provide more intense work on skills for those with difficulties.

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With thanks to the Emotional Wellbeing and Positive Behaviour Strategy Group members:

- Helen Squibb: Principal Educational Psychologist / Strategic Manager.
- Kate Lee: Specialist Senior Educational Psychologist.
- Richard Berry: Headteacher of SEMH special school.
- Tony Sammon and Sarah Briton: Headteachers of Partnership Schools (PRUs).
- Rob Benzies, Phil Burner and Claire Oaten: Mainstream school Head teachers (primary and secondary).
- Jane Seaman: LA Access and Admissions manager.
- Alison Bell/Fiona Moir: Representatives from Public Health.
- Mark Conway: Representative from CAMHS.
Universal Support

There are things schools can do for all students to promote emotional wellbeing and prevent more serious mental health needs from developing (DfE, 2014). The school environment and ethos has a significant impact on the wellbeing of staff and pupils (Public Health England, 2014). A whole school approach is, therefore, considered to be key in promoting social and emotional wellbeing for all students (NICE, 2008, 2009; NCB, 2015). Promoting positive relationships between staff and pupils, between pupils, and developing a sense of belonging in school have been linked to high levels of emotional wellbeing and academic attainment (Public Health England, 2014).

Katherine Weare (2015) has produced a comprehensive advice and framework document which highlights the following approaches that are key in promoting social and emotional wellbeing for children and young people. A copy of this document is included as an appendix to this review.

Engage the whole community

Prioritise professional learning and staff development

Adopt Whole-school thinking

Develop supportive policy

*Weare (2015) What works well in promoting social and emotional well-being and responding to mental health problems in school?*

Core Standards

Somerset County Council has developed a Core Standards document which outlines the expected practice for all schools for all pupils and when supporting all pupils’ SEN&D, including SEMH needs. This document is attached in the appendix.

The expectations set out in the Core Standards for Social, Emotional and Mental Health Needs (4 – 16) are:

- All children and adults should have good Social, Emotional and Mental Health.
- All adults in schools are aware of the individual social, emotional and mental health needs of children and young people in their care.
- Positive Social, Emotional and Mental Health is reflected in policy.

The Assess-Plan-Do-Review process should be followed.

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The following are examples of sources of advice and support that are currently being used in Somerset education settings, which have been brought together in collaboration with the education settings. There may be other sources of advice and support that are not included here.
Training is available from a variety of sources, including:

- Support Services for Education: [www.supportservicesforeducation.co.uk](http://www.supportservicesforeducation.co.uk)
- Teaching Schools:
  - [http://www.tauntonteachingalliance.co.uk/](http://www.tauntonteachingalliance.co.uk/)
  - [http://www.somersetppts.co.uk/](http://www.somersetppts.co.uk/)
  - [http://www.wessexteachingschool.co.uk/content/welcome-wessex-teaching-school](http://www.wessexteachingschool.co.uk/content/welcome-wessex-teaching-school)
- Outreach from Special Schools:
  - [http://www.avalonschool.net/](http://www.avalonschool.net/)
  - [www.elmwood-school.org.uk](http://www.elmwood-school.org.uk)
  - [www.critchill.somerset.sch.uk](http://www.critchill.somerset.sch.uk)
  - [www.fairmeadschool.co.uk](http://www.fairmeadschool.co.uk)
  - [www.fivewaysschool.co.uk](http://www.fivewaysschool.co.uk)
  - [www.penrose-school.org.uk](http://www.penrose-school.org.uk)
  - [www.selworthy.somerset.sch.uk](http://www.selworthy.somerset.sch.uk)
  - [www.skycollege.co.uk](http://www.skycollege.co.uk)
- CAMHS
- Commissioned projects:
- Voluntary organisations.
- Private providers.
Whole school / Universal training may include:

- Emotional First Aid.
- Mental Health in schools.
- De-escalation.
- Team Teach - an holistic behaviour management course, including the Use of Force.
- Emotion Coaching.
- Attachment based training (e.g. Attachment and Resilience level 1).
- Nurture training.
- Growth Mindset (Dweck).
- SEMH Leadership Programme (TTA).
- Thrive.
- SEAL.

Useful Websites:

- Mind Ed: https://www.minded.org.uk/
- Parent-Carer Toolkit: http://www.cypsomersethealth.org/parent_and_carer_toolkit
- Young Minds: https://youngminds.org.uk/
- Royal College of Psychiatry: http://www.rcpsych.ac.uk/
- Charlie Waller Memorial Trust: https://www.cwmt.org.uk/
Within school (whole school/universal):

- PSHE curriculum.
- Sharing good practice in-house / cascade model.
- Specific member(s) of staff eg Pastoral Leads, Wellbeing Leader, Emotion Coaching Champion.
- Emotional Literacy Support Assistant (ELSA).

Other agencies and professionals to support the development of whole school, universal provision:

- Support Services for Education – Educational Psychology Service.
- Support Services for Education – Autism and Communication Advisory Service.
- Parent and Family Support Advisor.
- PEVP and Partnership Schools.
- Child and Adolescent Mental Health Service (CAMHS).

For those children and young people who need more (Targeted / SEN Support). As well as the above, training/CPD may include:

From Educational Psychology Service e.g:

- Emotional Literacy Support Assistant (ELSA).
- Attachment and Resilience level 2.
- Psychology in Action – using psychological models to make sense of behaviours.
- Emotional Development.
- Developing Happy and Confident Children.
- How young people who have experienced trauma learn.
- Sensory Processing.
- Bespoke training is also available.
From Teaching Schools e.g:

- Theraplay
- Attachment and Relational Trauma
- SEMH Leadership Programme
- School to school support
  - [www.fivewaysschool.co.uk](http://www.fivewaysschool.co.uk)
  - [http://www.tauntonteachingalliance.co.uk/](http://www.tauntonteachingalliance.co.uk/)

From CAMHS Learning Curve e.g:

- Mental Health Awareness.
- Self-harm.
- Bespoke training is also available.

From voluntary organisations and private providers eg:

- Rainbows Bereavement.
- Barnardos.
- Winston’s Wish.

Other systems, agencies and professionals that can support educational settings at a targeted/SEN support level include (not all of these primarily support emotional wellbeing, but may have an impact upon this):

- Virtual School (CLA).
- Ethnic Minority Achievement and Traveller Education Service
- Education Welfare Service.
- School to school support eg:
  - Team Around the School.
  - PEVP and Partnership School (Thrive assessments, observations); SEMH advisory teachers; Mendip Inclusion Project.
  - Outreach from special schools.
  - SEN Consultation meetings.
  - SEN Area Support group.
- Parent and Family Support Advisor (PFSA).
Health Services:

- Child and Adolescent Mental Health Service (CAMHS).

Integrated Therapies Service:

- Speech and Language Therapy Service.
- Occupational Therapy Service.

Children’s Social Care e.g:

- One Teams.
- Specialist Social Worker for Harmful Sexual Behaviour (referrals only through CSC).
- Targeted Youth Support.
- Youth Offending Team.
- SIDAS.
- iHop.
- Young Carers Project.
- 2BU – LGBTQ+ support.
- COMPASS.

Support for parent/carers may include:

- Parent and Family Support Advisor (PFSA).
- Get Set.

Parenting programmes e.g:

- Tuning into Kids, Tuning into Teens.
- Triple P.
- Time Together.
- Playing Up!
- Emotion Coaching.
- Solihull approach.
- Webster Stratton.
Catchpoint Family Therapy

ASD specific: CAOT, Cygnets, Early Bird (not currently available in Somerset)

Avalon Outreach Service Parent/Carer group (open to any parent/carers with children who have SEND in the Mendip area).

To support building relationships with adults:

- Meet and greet.
- Time to talk.
- Nurture Group.
- Learning mentors/mentors.
- Emotional Health worker.
- One to one support.

To support building relationships with peers:

- Circle of Friends.
- Social Skills Group.
- Playground leaders.
- Structured play opportunities.

Protected time for children and young people to work with skilled and suitably qualified adults eg:

- Emotional Literacy Support Assistant (ELSA).
- School-based counsellor.
- In-school bereavement support.
- Registered Therapists – Art, Drama, Music, Play.
- Specific bereavement support – Rainbows.
- Nurture Group.
Programmes may include:

- Emotional Literacy e.g. Dealing with Feelings (Tina Rae).
- Cognitive-Behavioural approaches interventions e.g. Think Good Feel Good, Fun Friends, Friends for life, Cool Kids, Coping Cat.
- Social Skills training e.g. Talkabout.
- Anxiety Gremlin.
- Draw and Talk.
- Mindfulness.
- Anger Management.
- Theraplay.
- Thrive.

Activities to support emotional wellbeing and promote mental health may include:

- Outdoor learning.
- Welly Walks.
- Forest School.
- Therapeutic Equine based activities e.g. Somerset Equus, Conquest.
- Listening Dogs.

Alternative Provision e.g:

- Partnership Schools (PRUs).
- REACH.
- Alternative Education Company.
Adopt Whole-School Thinking (Weare, 2015)

- Whole School Audit tools
- Policy
- Promote staff emotional wellbeing
- Universal staff training
### Whole school audit tools

**National Children's Bureau**

*A whole school framework for emotional wellbeing and mental health: a self-assessment and improvement tool for school leaders.* Sue Stirling and Dr Hilary Emery (2016)

#### Key Facts

<table>
<thead>
<tr>
<th><strong>Which age range is the assessment designed for?</strong></th>
<th>All.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who is the audit completed by?</strong></td>
<td>Senior Leadership Team, school staff, students, parent/carers.</td>
</tr>
<tr>
<td><strong>How much time does it take?</strong></td>
<td>Variable.</td>
</tr>
<tr>
<td><strong>What are the costs associated with the assessment?</strong></td>
<td>None other than staff time – resource accessible online.</td>
</tr>
<tr>
<td><strong>Are there any ongoing costs?</strong></td>
<td>Review and monitoring time.</td>
</tr>
</tbody>
</table>
| **What needs to happen for the audit to impact on planning?** | This tool provides a starting point in developing your practice. To be effective Professor Weare suggested two areas must be addressed in the development work:
  - Identifying actions schools can take to prevent, identify and respond effectively to the mental health problems of their staff and students through a ‘targeted’ approach.
  - Proactively promoting positive social and emotional wellbeing for staff and students through a ‘universal’ approach. |
Young Minds – Academic Resilience audit:

Much of the information you gather will be qualitative: experiences, personal and professional perspectives, and so on. Overall it will paint a picture of how the school is doing in relation to various aspects of academic resilience whilst generating a sense of what you might improve.

The depth of questioning and the breadth of what you look at and who you ask is all down to you. It is not a rigid formulaic exercise; it is purposefully simple and flexible.

| Which age range is the assessment designed for? | All. |
| Who is the audit completed by? | Senior Leadership Team member as coordinator plus school staff, students, parent/carers. SLT questionnaire. Data. Staff survey. Pupil focus group. Parent/carer focus groups. |
| How much time does it take? | Variable: it depends on the depth to which the audit is being used. |
| What are the costs associated with the assessment? | None other than staff time: resources are accessible online. |
| Are there any ongoing costs? | Review and monitoring time. |
| Who are the key contacts? | [https://youngminds.org.uk/what-we-do/our-projects/academic-resilience/](https://youngminds.org.uk/what-we-do/our-projects/academic-resilience/) |
| What needs to happen for the audit to impact on planning? | This tool provides a starting point in developing your practice. To be effective Professor Weare suggested two areas must be addressed in the development work:  
- Identifying actions schools can take to prevent, identify and respond effectively to the mental health problems of their staff and students through a ‘targeted’ approach  
- Proactively promoting positive social and emotional wellbeing for staff and students through a ‘universal’ approach. |
**Behaviour and Vulnerability Profile Tool**

The Behaviour and Vulnerability Profile Tool is a simple to use means of identifying, prioritising and tracking vulnerable pupils. It can be used to inform priorities and provision planning to support individuals and groups.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which age range is the assessment designed for?</td>
<td>All.</td>
</tr>
<tr>
<td>Who is the audit completed by?</td>
<td>Staff who know the students well.</td>
</tr>
<tr>
<td>How much time does it take?</td>
<td>Variable depending on numbers of pupils.</td>
</tr>
<tr>
<td>What are the costs associated with the assessment?</td>
<td>None other than staff time – resources are accessible online.</td>
</tr>
<tr>
<td>Are there any ongoing costs?</td>
<td>Review and monitoring time.</td>
</tr>
<tr>
<td>Who are the key contacts?</td>
<td><a href="http://www.cypsomersethealth.org/resources/MHTK/Behaviour_and_Vulnerability_Profile_Tool.pdf">http://www.cypsomersethealth.org/resources/MHTK/Behaviour_and_Vulnerability_Profile_Tool.pdf</a></td>
</tr>
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</table>
| What needs to happen for the audit to impact on planning? | This tool provides a starting point in developing your practice. To be effective Professor Weare suggested two areas must be addressed in the development work:  
  - Identifying actions schools can take to prevent, identify and respond effectively to the mental health problems of their staff and students through a ‘targeted’ approach  
  - Proactively promoting positive social and emotional wellbeing for staff and students through a ‘universal’ approach. |
Develop Supportive Policy (Weare, 2015)


Even if you’re planning on using examples policies and procedures, you should always view these as a starting point and consider how they can be adapted to make them the best fit for your school or college. In writing your policy, you’re looking to develop something that works for your school and your community – you may find that ideas that worked well elsewhere translate well into your environment, but you may find that the unique culture of your school means that ideas need tweaking or completely revisiting. Never be afraid to use your own skills, knowledge and experience to develop a policy that feels like a good fit for you and your school and be prepared to be flexible; things may change (page 5)


Promote Staff Emotional Wellbeing (Weare 2015)

Weare suggests that school staff complete regular audits or surveys to consider staff emotional health and wellbeing. She recommends staff development and having an environment that is ‘safe’ for staff to acknowledge difficulties and seek support in non-stigmatising ways.

The Educational Psychology Service provide support to school staff and other providers to promote staff emotional wellbeing, including:

- Regular staff supervision.
- Training.
- Research projects.
- Supporting the development of action plans following whole school audits.
- Support for Critical Incidents
Prioritise Professional Learning and Staff Development (Weare, 2015)

SSE Website: 
http://www.supportservicesforeducation.co.uk/

SCIL website: Induction programme for new staff
www.scilearning.org.uk/courses

Assessment and Identification of Needs for individual children and young people.

There are a variety of techniques and tools that can be used to assess and identify SEMH needs. In addition, staff should be confident that any other underlying SEN&D needs, such as learning difficulties, speech, language and communication difficulties, or sensory needs have been identified.
Observations and considering key background information:

Observations by key staff can be useful. These may be structured or unstructured.

Structured observations may include:

ABCC charts, these can help us to record, analyse and begin to understand what a child is trying to communicate through their behaviour.

- Antecedents.
- Behaviour.
- Consequences.
- Communication (i.e. the function of the behaviours).

They may also indicate a pattern to particular behaviours. Make a note of the date, time of day and activity.

Making use of key background information, including the parent/carer voice and views of the child/young person.

Pupil voice: e.g. Incredible five-point scale, Person-centred planning
Assessment tools - individual pupils
Strength and Difficulties Questionnaire

Key Facts

The SDQ is a ‘brief behavioural screening’ questionnaire. It contains 25 items, divided into 5 scales: emotional, conduct, hyperactivity/inattention, peer relationships and prosocial behaviours. There are versions for teachers, parents/carers and adolescents to complete to enable comparison of responses and triangulation.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>Which age range is the assessment designed for?</td>
<td>4 –17 years.</td>
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<tr>
<td>Who is the assessment completed by?</td>
<td>Staff who know the student well: Parent/carers. Adolescents.</td>
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<tr>
<td>How much time does it take?</td>
<td>None: other than staff time to complete and score, resources are available online.</td>
</tr>
<tr>
<td>What are the costs associated with the assessment?</td>
<td>None.</td>
</tr>
<tr>
<td>Are there any ongoing costs?</td>
<td>Available online at <a href="http://www.sdqinfo.org">www.sdqinfo.org</a></td>
</tr>
<tr>
<td>What needs to happen for the assessment to impact on planning?</td>
<td>Analysis of the information, triangulated with other information and assessments available.</td>
</tr>
</tbody>
</table>
Behaviour and Vulnerabilities Profile Tool

Key Facts

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which age range is the assessment designed for?</td>
<td>All.</td>
</tr>
<tr>
<td>Who is the assessment completed by?</td>
<td>Staff who know the student well.</td>
</tr>
<tr>
<td>How much time does it take?</td>
<td></td>
</tr>
<tr>
<td>What are the costs associated with the assessment?</td>
<td>None other than staff time – available <a href="http://www.somersethealthinschools.co.uk/resources/MHTK/Behaviour_and_Vulnerability_Profile_Tool.pdf">online</a></td>
</tr>
<tr>
<td>Are there any ongoing costs?</td>
<td>None.</td>
</tr>
<tr>
<td>Who are the key contacts?</td>
<td><a href="http://www.somersethealthinschools.co.uk/resources/MHTK/Behaviour_and_Vulnerability_Profile_Tool.pdf">http://www.somersethealthinschools.co.uk/resources/MHTK/Behaviour_and_Vulnerability_Profile_Tool.pdf</a></td>
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<tr>
<td>What needs to happen for the assessment to impact on planning?</td>
<td>Analysis of the information, triangulated with other information and assessments available.</td>
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</tbody>
</table>
# Boxall profile

## Key Facts

<table>
<thead>
<tr>
<th>Which age range is the assessment designed for?</th>
<th>Primary age profile. Secondary age profile.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is the assessment completed by?</td>
<td>The Boxall Profile is, from a practical point of view, very easy to use. The two-part check list, which is completed by staff who know the child best in a classroom situation, is quick and very importantly, it is constructive. (Nurture Group Network).</td>
</tr>
<tr>
<td>How much time does it take?</td>
<td>See above.</td>
</tr>
<tr>
<td>What are the costs associated with the assessment?</td>
<td>See <a href="http://www.boxallprofile.org">www.boxallprofile.org</a> for costs. Online assessment.</td>
</tr>
<tr>
<td>Are there any ongoing costs?</td>
<td></td>
</tr>
<tr>
<td>Who are the key contacts?</td>
<td><a href="http://www.boxallprofile.org">www.boxallprofile.org</a> <a href="http://www.nurturegroups.org">www.nurturegroups.org</a></td>
</tr>
<tr>
<td>What needs to happen for the assessment to impact on planning?</td>
<td>The Boxall Profile provides a framework for the precise assessment of children who have social, emotional and behavioural difficulties (SEBD) and are failing at school. It helps teachers to plan focused intervention for those children whose behaviour seems to make no sense. The profile provides the teacher with insights and suggests points of entry into the child's world. It makes people think about what lies behind the behaviour. (Nurture Group Network).</td>
</tr>
</tbody>
</table>
Emotional Literacy: Assessment and Intervention Southampton Psychology Service (2003):

**Key Facts**

A standardised assessment measuring pupils' emotional literacy and providing ideas for intervention.

<table>
<thead>
<tr>
<th>Which age range is the assessment designed for?</th>
<th>Primary (7–11). Secondary (11–16).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is the assessment completed by?</td>
<td>Teacher. Student. Parent/carer.</td>
</tr>
<tr>
<td>How much time does it take?</td>
<td></td>
</tr>
<tr>
<td>What are the costs associated with the assessment?</td>
<td>£135 Primary. £135 Secondary.</td>
</tr>
<tr>
<td>Are there any ongoing costs?</td>
<td></td>
</tr>
<tr>
<td>Who are the key contacts?</td>
<td><a href="http://www.gl-assessment.co.uk/products/emotional-literacy/">www.gl-assessment.co.uk/products/emotional-literacy/</a></td>
</tr>
<tr>
<td>What needs to happen for the assessment to impact on planning?</td>
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</tr>
</tbody>
</table>
To promote positive emotional wellbeing and mental health for all pupils.

**Attachment Theory Based Training**

Attachment theory was first proposed by John Bowlby in the 1960s and is well established as a way of understanding children’s social and emotional needs. The theory suggests that children learn social and emotional skills through a specific kind of relationship with a key caregiver. If children lack this experience, they may fail to develop the skills to understand and manage their emotions and behaviour.

In Somerset, attachment theory and its application to the classroom have been shared with school staff and other professionals (e.g. children’s social care) through a specific training package. The training is delivered by the educational psychology service and is suitable for all members of school staff.

Attachment Aware Schools is a package of training developed by Bath Spa University which aims to develop ‘attachment aware’ schools and communities in which all children and young people experience the nurturing environments they need to grow and achieve (see [www.attachmentawareschools.com](http://www.attachmentawareschools.com) for more information).

**Research Evidence**

Evaluation information collected from previous training events indicates that the training significantly increases staff understanding, knowledge, and confidence in understanding good attachments, how attachments can be disrupted and the impact this can have on children and young people, and the use of strategies to support children and young people.

There is a strong evidence base which suggests that attachment theory based interventions do have positive outcomes for children and young people (please see section on Nurture Groups for more information).
Key Facts

| **Which age range is the intervention designed for?** | Attachment theory based training is suitable for all staff working with children and young people of all ages. |
| **Who is the intervention delivered by?** | Attachment theory based training includes information about strategies that can be implemented by all adults working with children and young people. |
| **How much time does it take?** | Basic attachment training lasts between 2 and 3 hours. Advanced training takes a further three hours. The application of the training should be embedded into everyday practice in school. |
| **What are the costs associated with the intervention?** | Schools can request this training from the educational psychology service, as part of their DSG funded time. |
| **Are there any ongoing costs?** | There are no on-going costs directly linked to this training. |
| **Who are the key contacts?** | Please discuss your attachment training needs with the schools named educational psychologist. Please contact Bath Spa if you would like to know more about the Attachment Aware Schools Project attachment@bathspa.ac.uk. |
| **What needs to happen for the intervention to be successful?** | • A whole school approach so that all staff respond to children and young people in a consistent way. • All staff should be included in training, including non-teaching staff. • A commitment to promoting the emotional wellbeing of all staff and pupils. |

Research Limitations

There is no research directly linking attachment theory based training to outcomes for children and young people.

There is also no longitudinal research to suggest whether any positive changes to staff understanding lasts beyond the training.
Emotion Coaching

Emotion coaching is based on the understanding that all behaviour is a form of communication, and is driven by an emotional response. It believes that all emotions are acceptable, but not all behaviour. The approach, therefore, emphasises the importance of addressing the emotions that underlie behaviour ‘in the moment’ before setting limits or problem solving. Emotion coaching provides a staged approach to developing scripts of how to respond to pupil’s when their emotions become overwhelming.

Emotion Coaching is based on research by John Gottman and colleagues, Dan Siegel, and the Tuning into Kids Parenting Programme developed by Melbourne University. The Somerset Emotion Coaching project is led by Dr Sarah Temple (EHCAP, a social enterprise company) and Bath Spa University, and was commissioned by the local public health team. The Emotion Coaching project is working closely with coordinators of the ELSA project as the two approaches are complimentary.

See [www.emotioncoaching.co.uk/](http://www.emotioncoaching.co.uk/) for more information.
### Key Facts

<table>
<thead>
<tr>
<th><strong>Which age range is the intervention designed for?</strong></th>
<th>Training is suitable for all adults working with children and young people of all ages.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who is the intervention delivered by?</strong></td>
<td>All adults working with children and young people can use an emotion coaching approach.</td>
</tr>
<tr>
<td><strong>How much time does it take?</strong></td>
<td>Training consists of an introductory one-day workshop followed by a further six half-day workshops. Emotion Coaching champions are encouraged to attend further local workshops in order to continue to develop their skills. The application of the training should be embedded as part of everyday practice in school.</td>
</tr>
<tr>
<td><strong>What are the costs associated with the intervention?</strong></td>
<td>Training and attendance at workshops is currently free through the emotion coaching project.</td>
</tr>
<tr>
<td><strong>Are there any ongoing costs?</strong></td>
<td>There are no ongoing costs at this time.</td>
</tr>
<tr>
<td><strong>Who are the key contacts?</strong></td>
<td>Dr Sarah Temple can be contacted through the website <a href="http://www.emotioncoaching.co.uk">www.emotioncoaching.co.uk</a>.</td>
</tr>
<tr>
<td><strong>What needs to happen for the intervention to be successful?</strong></td>
<td>• A whole school approach and ethos to supporting children and young people’s emotional wellbeing.</td>
</tr>
</tbody>
</table>

### Research Evidence

Evaluation information collected through the Somerset Emotion Coaching Project suggests that training has had a positive impact on the way adults understand young people’s emotional and mental health, and the way they respond to young people. Adults using the emotion coaching approach reported that it improved children and young people’s behaviour and wellbeing. The approach was reported to create an ethos of acceptance about talking about emotions. Responses indicated that emotion coaching helped children and young people to:

- Better understand their own emotions.
- Link their feelings to their behaviour.
- Calm down more quickly.
- Improve their problem-solving skills.
There is currently one published research report to indicate the success of emotion coaching used in schools. Qualitative results indicate that emotion coaching had a positive impact on adult professional practice and self-regulation, as well as improving children and young people’s emotional and behavioural regulation. Quantitative data gathered over one year suggests that emotion coaching:

- Significantly reduced the amount of calling out.
- Significantly reduced the number of exclusions.
- Significantly reduced the number of consequences.
- Significantly reduced the need for the use of rewards to manage behaviour.

There is a larger body of evidence which suggests emotion coaching training for parents has a positive impact on children’s ability to regulate their emotions and behaviour. Research undertaken with parents also suggests emotion coaching to be effective for children and young people with depression, opposition defiant disorder, those on the autism spectrum, and those who have experienced trauma.

**Research Limitations**

There is currently limited published evaluative information regarding the impact on children and young people of emotion coaching when used in an education setting. This research does not use a control group. There is no longitudinal information which examines the longer-term impact of emotion coaching.

Evaluative information from the Somerset Emotion Coaching project about the impact on children and young people is from qualitative information reported by adults. No standardised measure for emotion wellbeing or emotional understanding was used.
Mindfulness

Overview

Mindfulness involves attending to the present moment without judgement or attachment to any particular outcome. There are several different approaches to teaching mindfulness skills, for example, using simple, secular, meditation techniques in order to change the relationship between stressful thoughts and events. The aim of mindfulness is to learn to be aware of thoughts and bodily sensations in order to be able to better cope with daily emotions and challenges.

In the UK, most widespread is the Mindfulness in Schools project for primary and secondary schools (and adults) which focuses on developing attention, self-regulation and empathy, Wake Up School which focuses on teacher support and whole school approaches, (Stop-Breathe-Be) Programme (UK developed for Secondary school pupils), and Mindup which integrates mindfulness with social and emotional learning. As well as the specific programmes, there are shorter mindfulness based courses available which explain the theory behind mindfulness.

Key Facts

| Which age range is the intervention designed for? | Primary and secondary aged pupils. Mindfulness can also be used to improve staff well-being. Mindful Schools Programme: 5-12 years old. .b (pronounced - dot be): 11-18 year olds. Paws b: 7-11 year olds. |
| Who is the intervention delivered by? | Teachers or health professionals who have completed the required curriculum and training. |
| How much time does it take? | Frequency varies from short daily sessions to sessions once a fortnight. Mindful Schools intervention: 16 core lessons of 15 minutes duration and presented twice a week over 9 weeks. If a classroom teacher is implementing the curriculum, it can be used every day, either once for 5-10 minutes, or several short times for 2-3 minutes throughout the day. |
| What are the costs associated with the intervention? | There is a wide range of courses on mindfulness available, with the courses varying in cost, duration and content covered. The Educational Psychology Service can also deliver tailored interventions and/or information sessions aimed at supporting pupils’ or staff well-being. |
| Are there any ongoing costs? | Unknown. |

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Who are the key contacts?

The Educational Psychology Service can deliver tailored interventions and/or information sessions aimed at supporting pupil or staff well-being.

What needs to happen for the intervention to be successful?

- School staff need to be well trained and to continue to practise mindfulness themselves before teaching it to their students.
- Regular supervision and on-going professional development is also recommended.
- Mindfulness approaches need to be embedded into the curriculum rather than seen as ‘bolt on’ for maximal effectiveness.
- More frequent practise has an increased positive impact.
- Practise outside of sessions is also considered to increase positive impact.

Research Evidence

When properly implemented, well-designed, and expertly taught, mindfulness interventions can have a small positive impact on universal populations and a medium impact on targeted populations (i.e. those with difficulties). It is associated with improvements in:

- Resilience.
- Well-being (more positive emotion).
- Self-awareness.
- Self-acceptance.
- Empathy.
- Paying attention.
- Self-control.
- Compassion.

Mindfulness interventions have also been associated with a decrease in:

- Depression.
- Stress.
- Anxiety.
- Behaviour problems and hostility.
- Impulsivity.
- Sleep problems.

Research suggests that mindfulness may be particularly beneficial for children who have identified difficulties with SEMH.
Research Limitations

There are vast amounts of different mindfulness interventions (over 45 in the USA) making it more difficult to compare the research evidence.

Practical issues identified include:

- The time involved in the interventions and home practice, competing with time demands of busy classrooms and family lives.
- Training and experience for mindfulness teachers, for without the requisite experience, treatment fidelity of mindfulness-based interventions cannot be assured.
SEAL (Social and Emotional Aspects of Learning):

Overview
SEAL is a universal intervention providing curriculum work focusing on developing the social and emotional skills needed for effective learning for all children. SEAL is designed to develop skills linked to emotional intelligence: self-awareness, self-regulation, motivation, empathy and social skills. It also aims more generally to increase positive behaviour, attendance rates, staff effectiveness and the emotional well-being of the staff and pupils in schools. To implement a SEAL intervention there needs to be a strong commitment to involving all pupils, parents and staff. At one point it was being implemented in 90% of primary schools and 70% of secondary schools (DCSF, 2007).

Key Facts

| Which age range is the intervention designed for? | Primary and Secondary schools. |
| Who is the intervention delivered by? | Implemented by all representatives from all key areas of the school (e.g. pastoral leaders, class teachers, teaching assistants, school nurses and pupils). |
| How much time does it take? | Variable. |
| What are the costs associated with the intervention? | Resources continue to be available online, e.g. [http://www.lancsngfl.ac.uk/curriculum/pshe/index.php?category_id=184](http://www.lancsngfl.ac.uk/curriculum/pshe/index.php?category_id=184). |
| Are there any ongoing costs? | Not applicable. |
| Who are the key contacts? | Please discuss your training needs with Somerset Support Services. |
| What needs to happen for the intervention to be successful? | • Timetabled learning activities.  
• Whole school activities including assemblies.  
• Incorporating learning outcomes in planning across the curriculum.  
• Engagement of all school staff in SEAL work (rather than ‘box ticking’).  
• Incorporation of SEAL into school policies.  
• Commitment by school leadership.  
• Dedicated time for staff training.  
• Allocation of sufficient preparation and delivery time.  
• Structure and consistency in programme delivery is essential, with careful monitoring of fidelity.  
• Engagement with parents/carers. |
Research Evidence

SEAL has been shown to improve the following skills:

- Ability to control emotions including anger.
- Confidence.
- Social skills.
- Communication skills.
- Conflict resolution skills.
- Behaviour in the classroom and on the playground.
- And to decrease bullying behaviour.

SEAL has also been shown to impact staff by:

- Increasing staff confidence of how to manage pupil’s behaviour
- Increasing staff understanding of social and emotional needs

When SEAL was not carefully implemented, there were no positive impacts upon pupil’s social and emotional skills, or pro-social behaviour. Evaluations of SEAL in secondary schools has been less positive and the authors of these studies have hypothesised that this may be linked to secondary schools finding it more difficult to embed new whole school approaches and interventions.

Research Limitations

Most studies lacked a control group so outcomes cannot necessarily be attributed to SEAL intervention. There are difficulties comparing results between schools using SEAL as schools varied in the extent to which they were implementing the SEAL curriculum.

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FRIENDS for Life

Overview

FRIENDS is a whole school cognitive-behavioural intervention that promotes emotional resilience in school children. It was developed in Australia by a clinical psychologist, Dr Paula Barrett.

F Feelings.
R Remember to relax.
I I can do it.
E Explore solutions and coping step plans.
N Now reward yourself. You’ve done your best.
D Don’t forget to practice.
S Smile. Stay calm for life.

FRIENDS is a ten-session programme which has been designed to prevent, and provide early identification for, anxiety and depression. It is based upon the same theoretical model as CBT, looking at how the mind, body and behaviour interact to influence our experience of anxiety. The sessions develop core emotional literacy skills through fun activities which are appealing to the age group the materials are designed for.

Key Facts

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which age range is the intervention designed for?</td>
<td>KS2 and Secondary schools.</td>
</tr>
<tr>
<td>Who is the intervention delivered by?</td>
<td>Staff who deliver the programme need to be trained in cognitive behaviour therapy approaches.</td>
</tr>
<tr>
<td>How much time does it take?</td>
<td></td>
</tr>
<tr>
<td>What are the costs associated with the intervention?</td>
<td>Staff training in CBT based approaches: cost variable FRIENDS programme costs: see website</td>
</tr>
<tr>
<td>Are there any ongoing costs?</td>
<td></td>
</tr>
<tr>
<td>Who are the key contacts?</td>
<td>Please discuss your training needs with Somerset Support Services.</td>
</tr>
<tr>
<td>Further information can be found at:</td>
<td><a href="http://www.pathwayshrc.com.au">www.pathwayshrc.com.au</a> &amp; <a href="http://www.friendsinfo.net">www.friendsinfo.net</a></td>
</tr>
<tr>
<td>What needs to happen for the</td>
<td>Allocating dedicated time for sessions.</td>
</tr>
</tbody>
</table>

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intervention to be successful?

- Staff choosing tasks carefully that suit their specific class population – planning time.
- Need to implement as whole class intervention for maximum impact.
- Fidelity to training manual.
- While research has demonstrated that children aged 7 and over are able to access the concepts of CBT, it also has to be delivered at a developmentally appropriate level – this may mean that some pupils are not able to access the programme successfully.
- Research below: needs to be delivered by suitably qualified professionals to be effective (e.g. Educational Psychologist, CAMHS practitioner, school nurse).

Research Evidence

There is comprehensive research evidence from Australia showing the benefits of the programme, both short and long term.

UK research evidence: http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366%2814%2970244-5/abstract

Classroom-based cognitive behaviour therapy (FRIENDS): a cluster randomised controlled trial to Prevent Anxiety in Children through Education in Schools (PACES) Prof Paul Stallard, PhD'Correspondence information about the author Prof Paul Stallard
Email the author Prof Paul Stallard, Elena Skryabina, PhD, Gordon Taylor, PhD, Rhiannon Phillips, PhD, Prof Harry Daniels, PhD, Prof Rob Anderson, PhD, Neil Simpson, MBBS
Published: 15 July 2014

A randomised control trial in South West primary schools:

Our results are consistent with those from systematic reviews that show that school-based anxiety prevention programmes informed by cognitive behaviour therapy are effective in the reduction of anxiety in children. The programme leader is important because the programme we assessed was only effective when delivered by health staff. Our finding that children with low symptoms also benefited from the programme supports the use of universal approaches. This study supports the implementation of a universal anxiety prevention programme delivered by health professionals in regular schools in everyday settings.

FRIENDS for Life Chapter in Northamptonshire TaMHS Project, Evaluation of Interventions April 2009 – March 2011(Kathryn Davidson, Educational Psychologist):

Indications are that FRIENDS can be introduced successfully into Northamptonshire schools with a positive impact on children who are vulnerable to experiencing difficulties with Mental Health or who are already experiencing such difficulties, and to an extent on the school overall. In particular, as well as the well-proven reduced feelings of anxiety, FRIENDS enables children to benefit in terms of improved
emotional literacy skills and learning helpful skills that are able to transfer to real-life situations. Hence, arguably their mental health and resilience is improved. They enjoy and value the programme.


Research limitations

Stallard 2014: Data suggested the same programme can result in different effects depending on who delivers it. Further research is needed to explore the longer-term impact.

TAMHS: Small-scale research – no control group.
**Targeted Interventions:**

To provide additional support for pupils with more complex needs.

**School-based Counselling (SBC)**

**Overview**

School-based counselling is a talking therapy in which a person is encouraged to discuss their feelings, emotions and behaviours, within the context of a trusting therapeutic relationship (British Association for Counselling and Psychotherapy, 2010). It is delivered in school by qualified counsellors. Counselling is predominantly delivered in a one-to-one, rather than group, setting.

**Key Facts**

<table>
<thead>
<tr>
<th><strong>Which age range is the intervention designed for?</strong></th>
<th>Primary and secondary aged pupils. Counselling is also appropriate for post 16 students.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who is the intervention delivered by?</strong></td>
<td>Qualified counsellors.</td>
</tr>
<tr>
<td><strong>How much time does it take?</strong></td>
<td>In the majority of schools, counselling is open-ended. However, research has shown decreased levels of psychological distress after eight to twelve sessions of school-based counselling.</td>
</tr>
<tr>
<td><strong>What are the costs associated with the intervention?</strong></td>
<td>Cost of employing a counsellor: variable.</td>
</tr>
<tr>
<td><strong>Are there any ongoing costs?</strong></td>
<td>Supervision for the counsellor by an appropriately trained professional (variable costs).</td>
</tr>
<tr>
<td><strong>Who are the key contacts?</strong></td>
<td><a href="http://www.place2be.org.uk">www.place2be.org.uk</a></td>
</tr>
</tbody>
</table>
| **What needs to happen for the intervention to be successful?** | • Consistent, specific counselling room.  
  • Robust referral pathway including a clear self-referral process for young people.  
  • Whole-school awareness of the service.  
  • Ongoing supervision for counsellors. |
Research Evidence

School-based counsellors tend to work with young people with a range of social, emotional and mental health needs as there are no set criteria for who is considered appropriate. However, information from over 20,000 young people who have accessed SBC (Cooper, 2013) has found it to be an effective intervention for young people experiencing difficulties relating to:

- depression
- anxiety
- self-harm
- conduct problems
- ADHD

A systematic review of sixteen research studies carried out in Scotland, Northern Ireland and England identified a significant decrease in the levels of psychological distress experienced by young people who had accessed, on average, eight sessions of SBC (Cooper, 2009). Hill et al. (2011) reported a similar significant reduction from data collected from young people engaging with SBC throughout the whole of Wales over a three year period.

A small number of randomised control trials (RCTs) have been carried out in the past five years in which young people receiving counselling have been compared to a waiting list control group. McArthur et al. (2013) reported that, over a period of twelve weeks, young people accessing weekly SBC sessions reported a significant reduction in psychological distress compared to those in a waiting list condition. Similarly, a recent meta-analysis of four RCT pilot studies (Cooper, Fugard, Pybis, McArthur & Pearce, 2015) found that SBC was associated with a significant decrease in the levels of emotional and behavioural difficulties than would be anticipated without access to the service.

Key changes which young people have reported as a consequence of engaging with SBC are:

- Emotional changes such as increased confidence and feeling happier (Lynass, Pykhtina & Cooper, 2012).
- Behavioural changes such as improved engagement and performance in schoolwork (Lynass, Pykhtina & Cooper, 2012).
- Inter-personal changes such as being able to talk about their feelings more easily and better relationships with friends and family (Lynass, Pykhtina & Cooper, 2012).
- Cognitive changes such as improved concentration in lessons (Cooper, 2006; Rupani, Haughey & Cooper, 2012).

Research Limitations

At present the most long-term follow up of positive outcomes is three months (Fox & Butler, 2009; Pybis et al., 2014) and although both of these studies indicate that positive effects remain at this time point, further longitudinal research is needed to demonstrate whether the positive effects of SBC are longer lasting.

There is a limited amount of research evidence for primary aged children accessing SBC.
School Based Creative/Arts Therapies (Music, Art, Drama, Play)

Overview

Some schools choose to commission qualified creative therapists to provide therapeutic interventions. Art psychotherapist, art therapist, drama therapist and music therapist are protected titles with their own professional bodies; arts therapists should be registered with the HCPC.

Music: (www.bamt.org)

Music therapy is an established psychological clinical intervention, which is delivered by Health and Care Professions Council (HCPC) registered music therapists, to help people of all ages, whose lives have been affected by injury, illness or disability through supporting their psychological, emotional, cognitive, physical, communicative and social needs.

Art: (www.baat.org)

Art therapy is a form of psychotherapy that uses art media as its primary mode of expression and communication. Within this context, art is not used as diagnostic tool but as a medium to address emotional issues which may be confusing and distressing.

Drama: (www.badth.org.uk)

Drama therapy has as its main focus the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth.

Play: (www.bapt.info)

Play therapy helps children understand muddled feelings and upsetting events that they haven’t had the chance to sort out properly. Rather than having to explain what is troubling them, as adult therapy usually expects, children use play to communicate at their own level and at their own pace, without feeling interrogated or threatened.

Key Facts

| Which age range is the intervention designed for? | Primary and secondary aged pupils. |
| Who is the intervention delivered by? | Qualified and registered therapists. |
| How much time does it take? | Typically, each session would last approximately an hour. The number of sessions will vary by therapist and by the response of the child. |
| What are the costs associated with the intervention? | Cost of employing a therapist: variable. |
| Are there any ongoing costs? | Supervision for the therapist by an appropriately trained professional (variable costs) to meet HCPC registration guidelines. |
| Who are the key contacts? | www.badth.org.uk (British Association of Drama Therapists).  
www.bamt.org (British Association for Music Therapy).  
www.baat.org (British Association of Art Therapists).  
www.bapt.info (British Association of Play Therapists).  
www.barnardos.org.uk.  
| What needs to happen for the intervention to be successful? | • Use a suitably qualified and experienced therapist who is a member of the appropriate professional body.  
• Ongoing supervision for therapists.  
• Consistent, specific room for therapy.  
• Robust referral pathway including a clear self-referral process for young people.  
• Whole-school awareness of the service. |

Research Evidence

See websites.

Research Limitations

See websites.
Cognitive Behaviour Therapy (CBT) Based Approaches:

Overview

CBT is an approach that links cognitions (thoughts) to feelings and behaviours. One of the principles of CBT is that faulty thinking can lead to strong feelings and to behaviours that are not appropriate for the context. CBT encourages the young person to reflect on their thinking and to consider the evidence for their beliefs and resulting feelings and behaviours. Another component of CBT interventions is psycho-education and helping young people to realise, for example, how common anxiety is and why and how anxious feelings happen.

Friends, Think Good Feel Good, and Cool Kids are examples of cognitive behavioural interventions that have been used in primary schools in England. They aim to reduce and prevent anxiety, increase emotional resilience, develop problem solving abilities, and teach lifelong coping skills.

Key Facts

| Which age range is the intervention designed for? | Age 6 – adult.  
Friends: 7-11 year olds.  
Cool Kids: 7-17, with different versions for children and adolescents.  
Coping Cat: 7-14 year olds. |
| Who is the intervention delivered by? | Teachers, professionals, or educational psychologists. |
| How much time does it take? | Friends: 10 sessions, 1-2 hours per week.  
Cool Kids: 8-10 one hour sessions and 2 two hour sessions for parents.  
Coping Cat: 14-18 one hour sessions over 12-16 weeks. |
| What are the costs associated with the intervention? | School staff delivering interventions would be required to purchase resources and materials (from £13 - £30). Staff would also require training and on-going supervision from a psychologist (clinical or educational) or school counsellor (this is likely to incur variable costs).  
Schools could use their allocated or purchased EP time, or could contact the service to discuss bespoke training. |
| Are there any ongoing costs? | Supervision by a clinical or educational psychologist or CBT therapist is recommended (this is likely to incur variable costs). |
| Who are the key contacts? | If interested, please discuss with your school EP and/or CAMHS link worker. |
What needs to happen for the intervention to be successful?

- Ongoing supervision for person delivering training.
- Fidelity to intervention manual.
- Completion of homework by young people.

Research Evidence

CBT has been found to be an effective intervention for children with:

- anxiety (e.g. Kendall’s Coping Cat programme, Cool Kids)
- depression
- obsessive compulsive disorder
- tic disorders
- eating disorders
- anxiety based school refusal

More generally, CBT can increase self-esteem and confidence, and improve the self-perception of pupil’s own behaviour, as well as decrease the severity and duration of anxious feelings. There are opportunities for generalisation of skills beyond the target group as teachers and teaching assistants can apply CBT principles to support other children with similar difficulties.

Research over time has shown that results tended to be maintained for at least 12 months after the intervention. There is some evidence to suggest that longer involvement in CBT-based programmes is associated with greater impact but other factors such as programme fidelity appear to be more important. Research suggests that involving parents in part of the CBT intervention appears to be particularly useful if the parents also find it difficult to manage feelings of anxiety.

Online CBT interventions, such as MoodGym, are also starting to develop a promising evidence base.

Research Limitations

While evidence of efficacy of CBT in adults with depression, anxiety and obsessive compulsive disorder is robust, the research evidence on the efficacy of CBT in children and young people is only recently starting to grow. The majority of the research (especially larger scale) is based on interventions carried out in clinical rather than educational settings.
ELSA (Emotional Literacy Support Assistant)

Overview

ELSAs are teaching assistants in schools who receive training and ongoing supervision from educational psychologists and work to improve the emotional development of children and young people. ELSAs are trained to work with pupils individually or in small groups in order to develop their emotional literacy skills. ELSAs can help pupils of all ages learn to better understand and manage their own emotions, and respect the feelings of those around them (Burton, 2008).

ELSA was developed by Sheila Burton (Educational Psychologist) and is now a national project used in more than 25 local authorities around the country. ELSA was introduced in Somerset in September 2014 and has grown rapidly since this time with over 200 ELSAs taking part in five days of training and on-going supervision to date. For more information about the ELSA project please see www.elsanetwork.org.

Key Facts

| Which age range is the intervention designed for? | Can be used for children and young people of any age from pre-school onwards. |
| Who is the intervention delivered by? | Teaching Assistants in schools. |
| How much time does it take? | 5 days initial training and half termly supervision sessions with an educational psychologist. ELSAs are expected to have the equivalent 1 day per week for planning and working with pupils in school. |
| What are the costs associated with the intervention? | See SSE website for current costs.. |
| Are there any ongoing costs? | See SSE website for current costs. |
| Who are the key contacts? | Kayleigh Partt KPartt@somerset.gov.uk. Fiona Mann FMann@somerset.gov.uk. (Educational Psychologists and ELSA Coordinators). SCIL www.scilearning.org.uk. |
| What needs to happen for the intervention to be successful? | • Understanding of the ELSA role and ethos throughout the school. • Specific, quiet place for ELSA to work with pupils. |

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Research Evidence

There is a growing body of research and evaluation conducted by Educational Psychologists and other researchers around the country demonstrating the positive impact of ELSA intervention in schools.

Research has consistently found ELSA intervention to have a positive impact on the following aspects of pupil development when compared to pupils who have not received ELSA intervention:

- Development of emotional literacy (including empathy, self-awareness, and self-regulation, self-esteem).
- Improved social behaviour and friendships.
- Decrease in behaviours that cause concern (including hyperactivity and conduct problems).
- Increase in positive behaviours (e.g. asking for help).

Further research has suggested ELSA has a positive impact on:

- Attendance.
- Academic achievement, learning, and concentration.
- Reduction in bullying.
- Transition.
- Support for emotional wellbeing throughout the whole school.

ELSA training and intervention has been suggested to:

- Increase the knowledge and confidence of school staff to support the emotional needs of pupils.
- Save time in school (emotional needs being addressed proactively, rather than reacting when things go wrong).
- Have been recognised by Ofsted.
- Be cost efficient (when compared to projected cost of supporting a pupil with no school based intervention e.g. involving other agencies).
Research Limitations

Not all research studies included a control group, so it can be difficult to attribute success to ELSA specifically. Some research findings have yet to be replicated and not all research is published in peer-reviewed journals.

Pupil perception of own emotional literacy have not developed positively with ELSA intervention. One explanation might be that they have become more aware of own difficulties through involvement in the intervention.

There is no longitudinal research at this stage to suggest long term benefits of ELSA.
Nurture Groups:

Overview

The social environments young people experience have been found to be extremely important in emotional and social development, including teaching children and young people to understand and regulate emotions, and cope with challenges. Nurture groups offer an opportunity to learn the early nurturing experiences some children and young people lack.

A classic nurture group uses a small, home-like classroom run by a teacher and teaching assistant. The group typically consists of 10 to 12 children who attend the nurture group each day. They spend a minimum of two terms in the group before transitioning back into mainstream classes. Links are maintained with the mainstream class through registration, break times, and selected activities.

An alternative ‘part-time’ nurture group model that has been subject to evaluation is based on children attending the group for a maximum of four mornings per week. Research has also begun to look at the application of nurture group intervention for KS3 pupils in secondary school. The structure of these nurture groups followed a part-time model with students attending the group from 1 session a week to attending for 50% of the week.

For more information about Nurture Groups please see www.nurturegroups.org.

Key Facts

<table>
<thead>
<tr>
<th>Key Facts</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which age range is the intervention designed for?</td>
<td>Initially designed for pupils of infant school age, nurture groups have been developed for pupils up to secondary school age.</td>
</tr>
<tr>
<td>Who is the intervention delivered by?</td>
<td>Teaching Assistants or Teachers.</td>
</tr>
<tr>
<td>How much time does it take?</td>
<td>The classic model requires a full-time teacher and teaching assistant to run the group. A part time model can be run for half of the school day.</td>
</tr>
<tr>
<td>What are the costs associated with the intervention?</td>
<td>Training is available from the Nurture Group Network. See nurturegroups.org for current costs</td>
</tr>
<tr>
<td>Are there any ongoing costs?</td>
<td>Dedicated time for a teacher and/or teaching assistant to run the group. Resources as appropriate</td>
</tr>
<tr>
<td>Who are the key contacts?</td>
<td></td>
</tr>
<tr>
<td>What needs to happen for the</td>
<td>• Appropriate training and support for staff working in the nurture group.</td>
</tr>
</tbody>
</table>
### intervention to be successful?

- A whole school approach so that all school staff understand and support the nurture group and a nurture approach.
- Appropriate support within the local authority.
- A focus on play and nurture, rather than academic learning.
- Good communication between nurture group staff and class/subject teachers.
- A suitable room and appropriate resources.
- Nurture groups increase in effectiveness after they have been running for 2 years.
- A carefully planned, gradual transition back to attending mainstream lessons on a full-time basis.
- Positive relationships and communication with parents.

### Research Evidence

There have been numerous published research studies demonstrating the positive impact of Nurture Group interventions. Research has found ‘classic’ Nurture Group intervention to have a significantly positive impact on the following aspects of pupil development when compared to pupils who have not received this intervention:

- Academic attainment (in literacy and numeracy).
- Significantly improved emotional and behavioural regulation.
- Improved relationships with peers and increased pro-social skills.
- Improved relationships between teachers and children.
- Reduction in the need for additional educational support (including statutory assessment and specialist education placements).
- Increased support for all pupils’ emotional well-being throughout the school.
- Improved relationships with parents.

Some positive developments attributed to nurture groups have been found to be sustained for two years after the intervention ended. The majority of children in these studies were able to remain in mainstream education without the need for further educational support.

Part-time nurture groups have also been found to have a significantly positive impact on pupil’s social and emotional development, and academic progress. Part-time nurture groups can take longer to have a positive impact for older children.

Nurture group interventions in secondary school have also been found to improve students’ social and emotional development and provide:

- Positive relationships
- A secure base, which helps young people manage challenges throughout the school day and at home.
- Increased self-esteem and motivation.
Research Limitations

There is limited longitudinal research so the longer-term impacts of nurture groups are unclear. There is also a limited amount of evaluation in secondary schools.
Social Skills Training

Social skills training typically involves teaching delivered to small groups of pupils on a weekly basis. There are numerous social skills training programmes available. In Somerset, the programme used most widely is Talkabout which was developed by Alex Kelly in 1996. Talkabout is based on a hierarchical approach which suggests that higher level social skills (e.g. verbal skills and assertiveness) are better learnt when foundation skills are taught first (e.g. nonverbal skills).

It can be necessary to explicitly teach social skills to pupils for a wide variety of reasons. Children and young people may have difficulties in this area due to, for example, language impairment, poor social learning (e.g. poor attachment relationships), poor self-regulation, an autism spectrum disorder, or a combination of the above.

For more information see [www.alexkelly.biz](http://www.alexkelly.biz).

**Key Facts**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Which age range is the intervention designed for?</strong></td>
<td>Talkabout includes different resources available for pupils of all ages and with different educational needs. A variety of other programmes exist for children of all ages.</td>
</tr>
<tr>
<td><strong>Who is the intervention delivered by?</strong></td>
<td>Usually delivered by teaching assistants.</td>
</tr>
<tr>
<td><strong>How much time does it take?</strong></td>
<td>Sessions are typically held for a minimum of half an hour once per week.</td>
</tr>
<tr>
<td><strong>What are the costs associated with the intervention?</strong></td>
<td>Talkabout training is available from Autism and Communication service. Many resources are available online from approx. £40.</td>
</tr>
<tr>
<td><strong>Are there any ongoing costs?</strong></td>
<td>Further resources as necessary.</td>
</tr>
<tr>
<td><strong>Who are the key contacts?</strong></td>
<td>Please contact the Autism and Communication Team, Speech and Language Therapy Service, or the Educational Psychology to discuss your school’s needs.</td>
</tr>
<tr>
<td><strong>What needs to happen for the intervention to be successful?</strong></td>
<td>• Clear evaluation of the impact of the intervention which includes assessing skills before and after the intervention has taken place. • Clear short term aims for the intervention (i.e. which skills are being taught) and longer-term outcomes (e.g. making more friends). • Careful consideration of which pupils to include in the groups. Social skills deficits can be caused by a variety of reasons.</td>
</tr>
</tbody>
</table>
- Allowing frequent repetition and practice of skills.
- Practice supported by parents.
- Inclusion of peers in the group to create a more supportive peer network.
- A whole class support network in which to embed the social skills intervention.

Research Evidence

There is no evaluative research evidence available for the Talkabout materials. Examination of research evidence for all social skills programmes is beyond the scope of this review.

Research into the effectiveness of social skills training in general tends to focus on the skills of pupils with SEMH needs or those with an autism spectrum disorder (ASD). For pupils with SEMH needs the results of the research appears to be inconclusive. Generally, the results are positive, but the amount of impact is variable.

Social skills training has been found more consistently to improve the relationships and the social competencies of children with ASD. This has been reported for pupils that are ‘high functioning’ and those with learning difficulties, and for children in the early years through to adolescence.

Research Limitations

There is no published or unpublished evaluative research evidence for the use of the Talkabout materials.

There is a high level of variability in both the needs of children with social skills difficulties and the programmes used to address these needs. This makes it extremely difficult to compare research studies and draw conclusions about the effectiveness of social skills training. This variability also makes it extremely difficult to generalise findings.
Theraplay

Overview

Theraplay is an intervention which focuses on developing good relationships through play. The sessions focus on structuring, challenging, engaging, nurturing, attachment with the aim of improving social interaction. Theraplay teaches the child that playful combat, competition, and confrontation can release and focus pent-up tension and anger in a safe, direct, controlled way. Activities are challenging, engaging, nurturing and/or comforting. Please see www.theraplay.org for more information.

Key Facts

| Which age range is the intervention designed for? | Babies to adolescents. |
| Who is the intervention delivered by? | Theraplay trained therapist. Techniques can be used by all staff in school. |
| How much time does it take? | Sessions need to last at least 30 minutes each. There are often 18 sessions needed. |
| What are the costs associated with the intervention? | See website for more information. |
| Are there any ongoing costs? | Unknown. |
| Who are the key contacts? | Helen Gadsden (Teaching School Officer, Somerset Partnership Teaching School) officespts@educ.somerset.gov.uk |
| What needs to happen for the intervention to be successful? | • Parents need to be involved. • Sessions should be videotaped to facilitate planning of future sessions. |

Research Evidence

Theraplay has been shown to:

- Decrease language delays
- Improve difficult social interactions
- Reduce passive uncooperativeness
- Increase the ability to pay attention
- Develop self-esteem
• Enhance feelings of competence and self-efficacy.
• Improve management of strong emotions

Research Limitations

Most research has taken part in America, Germany and Austria, and the UK evidence-base is currently more limited.

Thrive Approach

Overview

The Thrive Approach to assessment and intervention aims to bring about change in the behaviour and emotional development of children with SEMH needs by increasing adults’ understanding of children’s needs and providing adults with therapeutic strategies and techniques. The intervention aims to support young people to develop their social and emotional well-being, by becoming more self-assured, capable and adaptable.

It is based on attachment psychology and is underpinned by the theory that children progress through six stages of development in early life. When attachments between the infant and the primary caregiver are disrupted at a particular stage, emotional and social development is affected in a particular way.

Please see www.thriveapproach.co.uk for more information.

Key Facts

| Which age range is the intervention designed for? | Primary and secondary aged pupils |
| Who is the intervention delivered by? | Assessment and intervention planning is undertaken by Thrive practitioners. School staff deliver intervention strategies. |
| How much time does it take? | 10 days for practitioner training. In school settings, Thrive can be used with individual pupils, small groups or in class. The duration of these sessions and the duration of the intervention is unclear. |
| What are the costs associated with the intervention? | Introductory training days start from £66 per person for a minimum of 15 people. The full Practitioner Course costs between £1200 and £1585 per person depending on the number of people being trained. Outreach Thrive Assessments are being carried out in Somerset by schools such as Fiveways in Yeovil. The cost is unclear. |

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### Are there any ongoing costs?
Access to Thrive-Online Software. License cost range from £60 per child per year for a single child licence, to £3.48 per child per year for a whole school subscription.

### Who are the key contacts?
Please see [www.thriveapproach.co.uk](http://www.thriveapproach.co.uk)
Please discuss your training needs with Somerset Support Services.

### What needs to happen for the intervention to be successful?
Not available from the research.

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**Research Evidence**

According to the Thrive website, there is a growing body of evidence being collated as a result of the Thrive-Online data collection. Currently, results of this have not been made available. There are also some case studies available on their website and during training days.

There has been no published research evaluating the impact of Thrive on outcomes for children and young people. Unpublished research using non-standardised tools found that following training, teachers were more likely to:

- Advocate the inclusion of children with SEMH needs within mainstream provision.
- Advocate that they were more personally committed to including children with SEMH needs in the classroom.
- Recognise children’s behaviour as resulting from early developmental factors.

Two research studies conducted by educational psychologists as part of their doctoral theses found:

- Quantitative analysis found that children who received Thrive made no significant gains in any of the three areas measured when compared to the control group.
- Qualitative analysis found that parents and school staff identified personal gains in understanding the behaviour of the children who took part in the Thrive intervention.
- Increase in trainees’ perceived relationship quality, and self-efficacy in managing children’s SEMH needs.
- Thrive practitioner trainees attributed the existence of challenging behaviour to causes thought to be beyond the child’s control yet within the provision control.

**Research Gaps / Limitations**

There is very limited independent research on Thrive (or ENABLE as it was previously known).
Summary

A wide range of interventions are used in Somerset in order to address the social and emotional needs of children and young people of all ages. These include interventions aimed at supporting the wellbeing of all pupils, as well as those targeted to build the emotional and social skills of pupils with more complex needs.

The interventions reviewed here vary in the availability of the evaluative research evidence that exists in order to measure the impact of the interventions on outcomes for children and young people. Each intervention examined also has its own challenges in the way research is conducted and the validity and reliability of that research. In light of these difficulties, it is extremely important that schools conduct their own evaluation in order to assess the impact of any intervention they use. Assessment of the impact of an intervention depends on a good understanding of the pupil needs, setting clear long and short term outcomes, and a robust review process to ensure the outcomes are being met.

Considering the breadth of research conducted, there appears to be two key themes that emerge in order to support the effectiveness of any intervention that is used in schools. Firstly, all interventions need to be embedded in a broader whole school and community approach to developing the social and emotional needs of all pupils. Many universal or targeted interventions were considered to be more effective if it was not carried out in isolation, but as part of a whole school commitment to support the emotional wellbeing of all pupils. Secondly, that the fidelity of interventions was preserved. That is, interventions need to be given dedicated time, space, and status in the school timetable to be carried out consistently by staff with appropriate training. Interventions carried out in this way can have a significantly positive impact on the lives of children and young people throughout their education and other lifelong learning opportunities.
Whichever intervention is chosen, it is imperative that it is regularly reviewed and monitored to ensure it is effective, and changed when required.

Many of the interventions have a built in monitoring process, with pre and post intervention measures.

If this is not built into the intervention, it is advisable to use a pre and post measure. Some of the most popular measures include those detailed in the Identification and Assessment section of this document:

- BVPT.
- Boxall profile.
- Emotional Literacy assessment.
- Thrive assessment.
- Strengths and Difficulties Questionnaire.

Anna Freud National Centre and Public Health England

Measuring and monitoring children and young people’s mental wellbeing: A toolkit for schools and colleges (2016)

The aim of this toolkit is to make schools and college staff aware of the range of validated instruments that can be used to measure and monitor student mental wellbeing (page 4).

Further Reading

Universal Support and Core Standards


Universal Interventions

Attachment Theory Based Training


MAARG evaluation information provided by Somerset Educational Psychology Service as of August 2016.

Emotion Coaching


Tuning into Kid - [www.tuningintokids.org.au](http://www.tuningintokids.org.au).

**Mindfulness**


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Social and Emotional Aspects of Learning (SEAL)


Targeted Interventions

Cognitive Behaviour Therapy (CBT) Based Approaches


**ELSA (Emotional Literacy Support Assistant)**


Hill, T., O’Hare, D. & Weidberg, F. (2014) “He’s always there when I need him”: Exploring the perceived positive impact of the Emotional Literacy Support Assistant (ELSA) programme. Bristol University.

Litten, J. (2012). What could be, and have been, the benefits of introducing Emotional Literacy Support Assistants (ELSAs) to St. Andrew’s C of E VA Primary School? Educational Professional Studies Assignment, Exeter University.


**Nurture Groups**


**Social Skills Training**


Theraplay


Thrive


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