An evaluation of the effectiveness of Emotional Health and Well-Being support for pupils in schools and EOTAS centres

November 2018

ETI: Promoting Improvement in the Interest of all Learners

CONTENTS

Appendices

1. Purpose of the evaluation

From October 2017 to April 2018, the Education and Training Inspectorate (ETI) conducted an evaluation survey to identify and evaluate effective practice in supporting pupils to overcome emotional health and well-being issues in primary and post-primary schools and centres providing education other than at school (EOTAS).

The evaluation focused on:

- the prevalence and nature of emotional health and well-being issues in schools and EOTAS centres;

- the identification of emotional health and well-being issues and the effectiveness of whole school and individual strategies in addressing concerns; and

- the extent of co-operation of schools and centres with external agencies to improve the emotional health and well-being of pupils.

The methodology and evidence base, comprising case studies and questionnaire responses, is summarised in appendix one.

2. The extent of the challenge

The Chief Inspector's Report[1] (2014-2016) identified the need to build resilience in children and young people and to co-operate with agencies and service providers in order to improve the well-being of children and young people.

Recent research has estimated that around *"45,000 children in Northern Ireland have a mental health problem"* (NIAR[2], 2017) and *"(the) stigma surrounding mental health is still an issue in society and is an important influencing factor in someone seeking help"* (NIAR, 2017).

A recent scoping paper prepared by the Northern Ireland Commissioner for Children and Young People (NICCY[3], 2017) identified that more than one in five pupils *"are suffering significant mental health problems by the time they reach 18"* and stated that there *"is very little monitoring of children and young people's mental health, including regular and regionally standardised evaluation of services" (NICCY, 2017).* Significantly the NSPCC[4] (2017) have also reported that *"mental/emotional health was the most common main concern in Childlline counselling sessions in 2016-2017".*

The draft Programme for Government (PfG[5]) (2016) recognises that *"health and well-being….. are shaped by many factors, including, family, community, workplace, beliefs and traditions, economics and physical and social environments…where we live…..[is a] major determinant in how healthy we are."*

Health and well-being is targeted within two outcome areas of the PfG; 'We enjoy long, healthy, active lives' and 'We give our children and young people the best start in life'. Furthermore, the Children's Services Co-operation Act[6] (2015) places a number of duties on all children's authorities to work together in the best interests of children and young people.

---

[1] The Chief Inspector's Report 2014-2016. ETI. November 2016
[2] Mental Health in Northern Ireland: Overview, Strategies, Policies, Care Pathways, CAMHS and Barriers to accessing Services. Northern Ireland Assembly Research. January 2017.
[3] Child and Adolescent Mental Health in NI. NICCY. April 2017.
[4] NSPCC (2017) Not alone anymore: Childline Annual Review 2016-17. London.
[5] http://www.niassembly.gov.uk/globalassets/documents/executive-office/reports/pfg-report.pdf
[6] http://www.legislation.gov.uk/nia/2015/10/pdfs/nia_20150010_en.pdf

Consequently, the document "Working Together: A Pathway for Children and Young People through CAMHS[7]" (2018) outlines an integrated approach to support more effectively and efficiently pupils experiencing emotional health and well-being difficulties. Importantly, pupils have also been consulted about their emotional health and well-being in the Children and Young People's Strategy: Consultation Response Report[8].

3.   Conclusion of the evaluation

All of the schools and centres surveyed report significant challenges in supporting increasing numbers of vulnerable pupils with a wide range of emotional health and well-being issues who are in crisis. Almost all the schools and centres are proactive in the early identification of pupils who present with emotional health and well-being difficulties. There are examples of well-considered solutions to addressing pupil emotional health and well-being which include: the appointment of an inclusion and well-being co-ordinator, family support worker or youth worker; a strong focus on sharing necessary information at each transition stage to reduce the anxiety and stress for the pupils; and the use of baseline assessment systems to assess the emotional well-being of pupils and inform the intervention required and from which to measure the success of the support provided.

There is clear evidence of schools creating tailored pastoral programmes, within the preventative curriculum, to enable pupils to develop resilience and to make informed choices which affect their health and well-being in a positive way. Schools and centres which have devised emotional health and well-being awareness programmes report that pupils are more likely to seek support for anxiety and mental health-related difficulties.

Senior leaders, teachers and staff are committed to 'going the extra mile' and are proactive in supporting their pupils with emotional health and well-being issues. Notwithstanding constraints in financial resources and reported difficulties in accessing mental health support services, a majority of senior leaders are prioritising pupil emotional health and well-being in development and action plans and are providing appropriate training to build the capacity of their teachers and staff to support the well-being of the pupils.

There are inconsistencies reported across the province in the accessibility of the health and social services, in particular the Child and Adolescent Mental Health Services (CAMHS). Most schools and centres are reporting that there is a lack of cohesion across the services which is experienced as gaps in provision, difficulties in securing immediate support for pupils, lack of communication from external agencies between schools and centres and disconnectedness between health, education and social services provision.

4.   Main findings of the evaluation

The main findings from the evaluation are reported in terms of:

    i.   the prevalence and nature of pupils with emotional health and well-being issues;

    ii.   responses to concerns through the use and effectiveness of whole school and individual strategies;

---

[7] Working Together: A Pathway for Children and Young People through CAMHS. Health and Social Care. March 2018.
[8] Children and Young People's Strategy: Consultation Response Report. Department of Education. 2018

iii.   the extent of co-operation with agencies to improve emotional health and well-being; and

iv.   the barriers which impact adversely the support given to pupils with emotional health and well-being issues.

The report concludes with a number of recommendations which, based on the evidence available, would improve the provision and outcomes for young people.

I.   The prevalence and nature of pupils with emotional health and well-being issues.

Seventy-nine schools and centres responding to a questionnaire identified over 4000 pupils with emotional health and well-being issues. They report that the emotional health and well-being needs of the pupils are becoming more complex and wide-ranging and that slightly more boys than girls require support with their emotional health and well-being. Pupils with needs are identified from as early as year one in primary school right through to post-sixteen provision, with the proportion of pupils who require support increasing steadily with age.

> **Questionnaire response:**
> *There are a greater number of pupils presenting [with emotional health and well-being issues] at KS4, more KS3 than KS2 and more KS2 than KS1. However, the individual issues are equally severe across all the key stages. Broadly speaking, the emotional health and well-being issues will fall into two groups. Those pupils whose behaviour 'act out' (mainly boys) and those who are anxious, withdrawn and often socially isolated (boys or girls).*

The five most common reported areas that impact negatively on pupils' emotional health and well-being are: anxiety; stress; anger; relationships; and home-life.

Increasing numbers of pupils are suffering from anxiety as a result of attachment disorders[9], school work, examination pressure and academic performance, friendships and family relationships. In extreme cases this leads to school refusal.

> **Questionnaire response:**
> *Anxiety is the most significant issue by far- related to school work, friendships and family issues. This is the case at all key stages.*

Other significant issues affecting pupils' emotional health and well-being include bereavement, suicidal ideations, identifying as transgender, complex interaction of needs, negative body image, self-harm and poverty or high social deprivation.

> **Questionnaire response:**
> *We have had significant issues with mental health, particularly self-harm, suicidal ideation, high levels of anxiety, hearing voices, depression, self-worth, stress etc.*

> **Questionnaire response:**
> *One child in KS2 presented with self-harming [which] the family brought to our attention in term 3.*

---

[9] Disorders of mood, behaviour, and social relationships arising from a failure to form normal attachments to care-giving figures in early childhood.

> **Questionnaire response:**
> *What we are doing is 'a drop in the ocean'. We are currently trying to access support for children who: have parents who suffer from mental health issues, suffer from attachment disorder, are being neglected and/or emotionally abused, have witnessed or been victims of domestic abuse, have lost a parent [or] have low self-esteem.*

Staff report that significant numbers of pupils lack resilience, appropriate self-regulation, problem-solving skills and the ability to form positive relationships.

> **Questionnaire response:**
> *There is a lack of resilience/emotional resilience among a lot of our children.*

> **Questionnaire response:**
> *Some young people find it difficult to maintain healthy positive relationships with peers and staff; home relationships between the parent and child can be unstable at times, for example, lack of a positive male role model and a lack of consistency with daily routines.*

There is a negative impact of social media on pupil emotional health and well-being. The reported misuse of social media and the inappropriate sharing of information online is causing conflict between pupils resulting in anxiety, stress and social isolation; consequently schools and centres are dedicating prolonged periods of time to resolve such issues. There is growing concern that pupils are measuring their self-worth through the number of 'likes' they attract through social media and how this compares to their peers. Negative body image and low self-esteem is an associated concern.

A majority of schools and centres highlight that pupils are interacting negatively with each other in text messages. They are using games and websites which are not age-appropriate. It is reported that there is a lack of parental knowledge on the suitability and content of online activity and how to activate parental controls on media devices.

II. Responses to concerns through the use and effectiveness of whole school and individual strategies.

All of the case study schools and centres emphasise the importance of an holistic approach to pastoral care and well-being underpinned by a child-centred ethos. They prioritise positive relationships between staff and pupils and a shared and vigilant focus on making the pupils feel safe, happy and cared for. Staff are mindful of all those issues that affect emotional development, such as bereavement or parental relationship breakdown.

> **Case study example of effective practice:**
> *In one case study a very high level of pastoral care was provided by the school community when a pupil was diagnosed with terminal cancer. Staff restructured classes and support around the pupil's needs and tiredness levels to allow the child to access education and friendship groups until the week before she died. Every Friday was used to promote fun and happiness across the school and daily communication with the parents was prioritised to ensure there was effective sharing of information and support strategies. Support services from the EA were sought to help the children and staff cope with the bereavement. A memory box was created and a local priest supported the children to understand the death through use of the Dragon Fly story. All photos of the child were given to the parents to form their own memory box and extra vigilance was extended to the child's sibling.*

All of the schools recognise the importance of having appropriate pastoral structures in place which are reviewed regularly to evaluate their capacity to meet the needs of the pupils.

> **Case study example of effective practice:**
> *A primary school has trained a teacher in Promoting Alternative Thinking Strategies (PATHS) to support pupils with emotional health and well-being concerns. A classroom assistant was trained and delivers support to pupils who experience difficulty in forming friendship groups.*

In almost all of the schools and centres, the process of identifying pupils with emotional health and well-being concerns is ongoing, robust and involves a whole school/centre approach. Most of the schools and centres are monitoring regularly and robustly trends in behaviour, assessment, pastoral and attendance data to identify early underachievement and those pupils who require support. Sudden changes in a pupil's disposition, self-esteem and confidence are closely monitored and information from social services, along with pupil disclosure, helps schools and centres to identify pupils with emotional health and well-being concerns.

The role of non-teaching staff such as classroom assistants, lunch/building supervisors and canteen staff is valued highly among the schools and centres. Crucially, they are able to identify pupils who are not eating, spending significant amounts of time alone or who are struggling. A collective culture of awareness and child-centeredness permeates and guides the work of the school/centres.

Half of the post-primary schools prioritise visits to the transferring pupils' primary schools to obtain detailed pupil profiles. A small number of post-primary schools report that there is inconsistency in the quality of the information shared by contributing primary schools and highlight the need for earlier intervention when needs have been identified in the primary school. Transition information is used to inform pastoral teams of pre-existing conditions, emotional health and well-being issues and to plan induction and support programmes.

In the more effective practice, in a small number of primary schools, internal yearly transitions are planned well to enable teachers to share curricular and pastoral information and provide samples of the pupils' work. In post-primary schools continuity in the allocation of form teachers and/or heads of year is prioritised to help build relationships between staff, pupils and parents. In almost half of the schools and centres, youth workers are used to assist vulnerable pupils, particularly as they transition to their next stage of education.

> **Case study example of effective practice:**
> *One EOTAS centre arranges an educational planning meeting with the referring school, parent, pupil and EOTAS staff to plan the objectives of the placement and for the school to provide all relevant information to assist the pupil to transition effectively. The school has arranged when their pupil will return to school to study and when they will attend review meetings. The transition is well planned and less traumatic for the pupil.*

All of the schools and centres identified the importance of having a flexible personal development programme which is designed to develop the resilience of the pupils and is responsive to their current needs and interests.

> **Case study example of effective practice:**
>
> *As part of the personal development programme one school developed a six week resilience programme for year 11 pupils which has been published and is available to other schools. This school prioritises research informed practice and consequently the pastoral programme identifies risk and protective factors as part of a team around the child.*

All of the schools and centres reported that mental health requires equal attention to physical health; consequently pastoral programmes need to focus on healthy lifestyles and whole school approaches to developing a healthy mind and body.

> **Case study example of effective practice:**
>
> *In one school one third of the school population is experiencing emotional health and well-being issues. The personal development programme focuses strongly on the development of resilience and a 'can do' growth mind set and also is aimed at developing positive behaviour patterns in relation to nutrition and physical activity. An audit of the pupils' perceptions of themselves and school has been completed and this information is being used to complete an informed action plan. Staff are reviewing schemes of work to promote emotional and physical health and well-being in recognition that good health is developed from good habits.*

Personal development programmes also address the misuse of social media by pupils and the associated negative impact on emotional health and well-being. In the more effective practice any incidents are viewed as opportunities to revise school policy and deliver more effective programmes to pupils and their parents on online safety and the appropriate use of social media. However, a majority of schools and centres report low parental participation.

> **Case study example of effective practice:**
>
> *Online ambassadors have been trained by a teacher to present short sessions to their peers on digital resilience and positive online behaviour. The pupils choose a topic they would like to present, learn about the topic through an online learning platform and complete training sessions with their teacher to deliver a short session to their peers. The school's website has been developed to provide an online platform for pupil voice through 'It's ok to say' and their online policy has been reviewed in consultation with pupils. Analysis takes place on key concerns reported across the different year groups and a programme to address these is devised and implemented.*
>
> *Another post-primary school has formed links with a university in supporting research on emotional resilience in dealing with peer victimisation via social media.*

Schools and centres highlight the importance of developing the pupils' leadership skills through for example training for roles such as 'anti-bullying ambassadors', 'mental health ambassadors' and 'digital leaders'. Most of the schools and centres report that the planning for the development of skills and capabilities is a key focus of the personal development programme.

> **Case study example of effective practice:**
>
> *Despite a range of interventions provided for a child with anger management issues, there was little success over the years. The child was selected as a 'buddy' and given training on how to help younger children. At lunch time he supported a child in P1 who had Down Syndrome. As a result of this responsibility his behaviour changed dramatically. Consequently he had the lead part in the Christmas play despite having found it difficult over the years to work with others.*

> **Case study example of effective practice:**
>
> *One post-primary school developed a resilience programme with support from staff, youth workers and the EA behaviour support services to ensure the programme was needs informed and relevant. There are a wide range of tailor made interventions which are mapped against the skills to be developed and the pupils evaluate the success of the programme in developing their skills. Accreditation is linked to the KS3 programme which is motivating and engaging successfully a group of vulnerable learners. A youth worker delivers programmes of support and from these identifies topics which need addressing, for example, Child Sexual Exploitation was delivered to year 12 pupils. As a result of relationships with the youth worker in school, pupils have engaged with youth work in the evening.*

> **Case study example of effective practice:**
>
> *An EOTAS centre has devised a twelve week resilience programme which develops self-regulation and teaches transferable skills and strategies. The centre reports a reduction in behavioural incidents and an improvement in the pupils' sense of self and self-worth.*
>
> *Another centre has created a resilience programme which has been published and is available for primary schools to use.*

Almost all of the schools and centres consult with pupils through student councils, pupil forums, questionnaires and audits to ensure that pastoral programmes and support strategies are informed by pupil need. However, it is an important consideration that if pupils do not have the appropriate language skills to express their emotional concerns, their voice is silent. In a small number of schools and centres where language is being developed, an increase in the number of self-referrals is reported.

> **Case study example of effective practice**
>
> *One primary school has introduced 'Time for Talk' when a staff member is available one hour every week for identified children to talk to.*

> **Case study example of effective practice**
>
> *An EOTAS centre uses emotional literacy workbooks to discuss and manage feelings in a structured way. This helps pupils to identify and recognise feelings, connect feelings to experiences and enables them to express their emotions in positive ways. In addition an holistic room has been designed by the pupils and is used in alleviating stress and anger and offers a quiet space for pupils who are feeling overwhelmed or anxious.*

Effective strategies support pupils to improve their emotional health and well-being. These include and are not limited to: reasonable adjustments to the timetable, the use of *time out* cards, the development of nurture room / base-classroom provision, mental health resilience workshops, supported opportunities to encourage extra-curricular participation, mentor systems, training for pupils in mental health first aid, pupil mental health ambassadors, counselling, music and art therapy, and sensory regulation.

Almost one third of the primary schools have developed nurture provision which they report is helping significantly those children with emotional well-being concerns. However, a small number of primary schools raised concerns that this provision is not more widely available. A minority of post-primary schools have introduced 'base classes' to support more vulnerable pupils. Staff understand that addressing emotional health and well-being concerns is a prerequisite to pupil engagement, learning and achieving.

Case study example of effective practice:
A primary school situated in an area of social and economic deprivation employs a wide range of preventative measures to support both children and their families such as providing opportunities for parents to study Essential Skills qualifications in numeracy and literacy. This has resulted in 17 parents progressing to third level education. The school operates a nurture room accessed by KS2 children and a sensory room to support children who require time out. The school has been awarded A Safe Place Silver Award and is also a School of Sanctuary.

Case study example of effective practice:
One post-primary case study school employs a cognitive behavioural therapist one day per week to focus on the regulation of emotion through 'think, feel, do'. Monthly reports on the progress of the pupils are completed and shared and importantly advice is given to staff on managing pupil behaviour and emotions. Staff also employ restorative practices to develop emotions and the pupils understanding of them. The school reports that this has led to a decrease in the use of time out cards and behaviour incidents.

Case study example of effective practice:
In an EOTAS centre all staff and pupils participate in circle time sessions to discuss relevant issues as part of their personal and social education programme. The sessions are used well to help the pupils reflect on their behaviours, attitudes and learn how their response can influence outcomes. Through training with referring schools, staff adopt a 'solution-circle' focussed approach to enable schools to clarify the needs and context of their pupils and the reasons behind the behaviour with which they present. This approach enables school staff to identify highly effective individualised support and interventions with appropriate risk assessments which make the reintegration of pupils back to school more successful. The centre's ethos and practice of working closely with the school staff ensures that the improvements made by their pupils while attending the centre are sustained on their return to school.

In the more effective practice most of the schools and centres report using tracking systems well to provide a comprehensive overview of provision and progression and to measure the effectiveness of intervention and support strategies. There is a wide range of individualised support strategies recognising that a 'one-size-fits-all' approach is inappropriate in responding to the diversity of individual and often complex need.

> **Case study example of effective practice:**
> *One school has a management structure in place which enables connectivity between the pastoral and curriculum teams and a shared approach to monitoring and supporting pupils. The sophisticated and skilled use of tracking data is used well to put in place a broad range of flexible individual support strategies which include 1-1 work with students, assigning pupils with significant emotional health and well-being concerns a 'go-to person', reasonable adjustments to timetables, home visits if necessary, weekly staff briefing, watching briefs for particular pupils, reintegration and phased return meetings, regular pastoral and curricular meetings and a tiered approach to identifying, tracking and responding to pupil need. While such a strategy could become fragmented individualised interventions are managed by a team who prioritise the importance of an holistic approach.*

> **Case study example of effective practice:**
> *An EOTAS centre is using an evidence based outcomes measurement tool to measure the impact of change in the pupils' behaviour. One pupil required support with emotional health and well-being following a parental relationship break down. The centre supported the pupil through a mentoring system, daily contact with the parent and a resilience programme. The relationship significantly improved and the pupil achieved 5 GCSE qualifications and is continuing with further studies.*

Just over two-thirds of the schools and centres who responded to the questionnaire take action to develop the emotional health and well-being of staff, pupils and parents. In the more effective practice staff development is aligned closely to the school development plan and associated action plans to address pupil emotional health and well-being. Only a minority of schools are using their area learning communities or shared education projects to share their effective practice in this area and develop their staff. This is a significant missed opportunity.

III. The extent of co-operation with agencies to improve emotional health and well-being.

Schools and centres are working with a wide variety of external agencies to assist pupils and their parents with emotional health and well-being concerns. One school reported links with over 30 agencies.

> **Case study example of effective practice:**
> *In order to signpost pupils and their parents, one post-primary school has downloaded an app to all pupil iPads and informed parents of the links to support agencies outside of school hours.*

> **Questionnaire response:**
> *In all three key stages pastoral team members are dealing with parents who don't know what to do and depend heavily on the advice we give them. More of our parents are using the A&E department outside school hours.*

The school and centres are able to access free support services through the Education Authority and Health Service. However, they all report frustration with lengthy referral processes and delays in accessing this support. Consequently, many schools and centres report that they are having to pay from their own budgets for any interventions which are urgently required. All of the schools report that this is placing increased pressure on budgets which are already significantly constrained and there are concerns that due to the lack of any quality assurance of 'signposting', the support which is purchased may not always be high quality or value for money.

The schools and centres report that when external agencies work with parents and staff including classroom assistants as well as with the pupils, the interventions to support emotional health and well-being are more effective.

While counselling services, free at the point of use, are available in post-primary schools and EOTAS centres the demand is greater than the available provision. Two post-primary schools have enabled a small number of staff to gain accreditation in counselling to offer support which helps to alleviate the delay experienced in referrals. Almost all of the primary schools report a concern that they are not provided with such counselling services and highlight a growing need to buy in counselling which, they report, can cost in excess of £10,000 for one day support over a school year.

All of the schools and centres report significant delays after making referrals to a range of services which include CAMHS and Educational Psychology. For example, in one primary school a child presenting with intrusive thoughts had to wait 18 months before the support was provided.

There is frustration among a majority of the schools and centres that after a referral has been made, some parents do not attend the necessary review appointments, either because of perceive stigma or because the parents themselves have emotional health and well-being issues or other significant health issues. This results in the pupil being deregistered from the service leading to the need refer again and consequent delay.

> **Case study example of effective practice:**
> *In order to alleviate the problem of missed appointments one EOTAS centre arranges and hosts multi-disciplinary meetings on site. They send reminders to parents and as it is a joint health trust and EA facility they can make direct referrals to CAMHS which is reducing delays in accessing support. The CAMHS service supports pupils in the centre and meet with staff on a regular basis to advise them on how best to support pupils.*

The schools and centres are working with their local communities to support pupils. One school reports that although it is a full service school it has not been able to access support from the Department of Health and the intended community health provision was never developed.

> **Case study example of effective practice:**
> *A primary school situated in an area of high social deprivation has formed strong links with the community. The school and community actively rely on one another to build the self-esteem of the pupil. A social worker employed by the local church is used to provide support and signposting to families who require it. The local supermarket gives food that is about to go out of date to the school so this can be distributed to families in need. The school's area learning community has identified the need to address further the building of pupil resilience across the schools in the next action plan.*

Schools report that changes in the age-weighted pupil unit funding has reduced the overall school budget. One school reported that this decrease had created a £30,000 deficit in the school budget. As a result of reduced funding and resources, schools and centres rely on funding from other sources, which is often short-term in nature.

> **Case study example of effective practice:**
> *One primary school used additional funding from Extended School and Neighbourhood Renewal money to employ a full time family support worker to work between the three schools. The core role is to provide signposting to parents and deliver programmes of one-to-one or group support to pupils. A play therapist is also based in the school to work with children from year one to year three.*

It is a concern that a small number of schools highlighted the lack of access to appropriate support during sudden and unexpected pupil bereavement. In one school immediate counselling support was not received until eight weeks after the bereavement.

IV. The barriers which impact adversely the support given to pupils with emotional health and well-being issues.

The survey identified significant barriers for schools and centres to overcome when addressing the area of emotional health and well-being. These are identified in summary as: time, talk, teamwork, training and thresholds.

Time:
- There can be lengthy referral times to access support.

- Addressing complex issues which require individual support can take considerable time in the school day.

- Support counselling sessions/interventions allocated are found to be too short to be effective.

Talk:
- There is a lack of parental knowledge and understanding which results in emotional health and well-being being perceived as a taboo or stigmatizing term.

- Some parents who have emotional health and well-being concerns are reluctant to accept help or disclose the information due to fear of professional bodies and perceived implications, such as their child being taken into care.

- The lack of language competency may prevent a pupil from sharing their concerns and accessing appropriate support. This is an issue for pupils from other countries, in particular refugee children, as their lack of English is a barrier to expressing their emotional health and well-being issues and any trauma experienced.

Teamwork:
- Schools and centres report a lack of co-operation between agencies when they seek support, despite the introduction of the Children's Services Co-operation Act 2015 which requires that departments and agencies co-operate where appropriate to deliver services aimed at improving the well-being of children.

- Schools and centres also report that external agencies are unable to deal with the number of referrals which is creating a gap in provision and hampering the effectiveness of a multi-disciplinary approach in supporting pupils. In addition, schools and centres are concerned about the frequent changes in external agency staff which is affecting the quality of communication to schools and centres, causing discontinuity and compounding a lack of joined-up thinking.

- Schools and centres express frustration that external agencies can cease their support to the child after a defined period or through non-attendance without the appropriate recognition that the schools and centres still need to work with the pupil, and often without the necessary knowledge, skills and training to do so.

- The positive engagement of parents is vital to the success of interventions and for a range of reasons schools and centres report that parents are not always positively disposed to support interventions or attend information sessions.

Training:
- While staff in schools and centres can recognise the symptoms of emotional health and well-being, most are insufficiently trained to deal with them.

- Overall, there is a lack of training support and professional development for teachers in this area.

Thresholds:
- The schools and centres report that the time allocated by the Educational Psychology Service is limited and staff have to select those pupils who are in greatest need for referral and support, while other vulnerable pupils have to wait.

- Referrals to external agencies for support is similarly limited and is resulting in a lack of access to support, advice and guidance.

- Delegated budgets are significantly reduced and the lack of human and financial resources is impacting negatively on the quality of support that can be delivered.

- A small number of schools and centres report that the levels of sustained energy required to provide individualised support to pupils with such diverse and complex needs, meet parental expectations, liaise with the correct external agency and reflect on current research to inform practice is affecting the emotional health and well-being of staff.

- It is a matter of concern that over one third of the schools and centres which participated in the case studies identified that the current teacher union action, in support of a pay dispute, is hampering staff development, training and school development planning in emotional health and well-being.

V. Recommendations

Based on the evidence available through this evaluation survey there are a number of aspects to be addressed to lead to improvement.

Primary schools: There is a need to prioritise early intervention with a focus on educating and talking with parents about emotional health and well-being to enable their involvement and support.

Schools and centres: There is a need to ensure that the curriculum is centred on the development of both physical health and emotional well-being and resilience. Specifically, personal development programmes need to address and support pupils in coping with particular challenges online to enable them to become more digitally resilient.

External agencies: There is a need to develop a more effective joint infrastructure to support pupils experiencing emotional health and well-being difficulties to enable them to respond quickly to referrals from schools and centres and ensure that vulnerable pupils and their families receive timely support at the point of crisis.

Resourcing: There is a need for specialist support for very vulnerable pupils and specialist training for teachers to be available to schools.

Counselling: Only post-primary schools and centres can refer pupils to the Independent Counselling Service for Schools. Further counselling resources are required by schools to support their pupils and most report that they also draw on their own budgets to fund additional external counselling support. There is also a need to include primary schools within this counselling service provision.

Health and Social Services: Inconsistencies in the accessibility of the health and social services need to be addressed so that schools and centres have equal access to provision, particularly nurture provision which is valued by schools as an effective approach to early intervention.

Methodology

A questionnaire (See Appendix 2) relating to emotional health and well-being was issued to 237 primary, post-primary schools and Education Other Than At School (EOTAS) centres, to which 79 responded.

Schools were selected to provide a representative sample from the controlled, maintained, voluntary, integrated, Irish-medium and independent sectors which were located in urban, suburban, rural and semi-rural areas. Single sex and co-educational schools also formed part of the sample.

In addition to the questionnaire, 35 case study visits were also carried out to schools and centres listed below which have been evaluated as having very good or outstanding pastoral care provision[10].

The case study visits were carried out between October 2017 and April 2018 and entailed discussions with the principal and/or vice-principal, senior leaders, heads of years or staff with responsibility for addressing pupil emotional health and well-being.

---

[10] Since January 2017 the ETI has reported on pastoral care as part of care and welfare.

Case study schools visits

Primary

Ballykeel Primary School, Ballymena
Carrick Primary School
Cranmore Integrated Primary School and Nursery Unit
Dromore Primary School
Holy Evangelist Primary School
Holy Trinity Primary School
Maguiresbridge Primary School
Pond Park Primary School, Lisburn
Rowandale Integrated Primary School, Moira
Scoil na Fuiseoige
St Colmcille's Primary School, Ballymena
St Mary's Primary School, Derrytrasna
Tenconnaught Primary School
Tonagh Primary School, Lisburn

Post Primary

Ballymoney High School
Belfast Boys' Model School
Dungannon Integrated College
Lagan College
Loreto College
Our Lady's and St Patrick's Grammar School
Rathmore Grammar School, Belfast
Rainey Endowed, Magherafelt
Rockport School, Holywood
St Columba's College, Portaferry
St Joseph's Boys' School, Derry
St Pius X School, Magherafelt
St Ronan's College, Lurgan
Thornhill College, Derry

EOTAS Centres

Beechcroft Intensive Support Learning Unit, Belfast
Education Intensive Therapy Programme, Derry
Kinnego Centre, Armagh
Loughshore Education Resource Centre, Belfast
Newstart Education Centre, Belfast
The Pathways Project, Belfast
Strabane EOTAS, Strabane

Questionnaire issued to schools and EOTAS centres

School background information

1. What is your school/centre's management type?

    - Controlled Primary ☐
    - Controlled Maintained Primary ☐
    - Integrated Primary ☐
    - Controlled Secondary ☐
    - Controlled Grammar ☐
    - Controlled maintained Post-Primary ☐
    - Voluntary Grammar ☐
    - EOTAS centre ☐
    - Other ☐

    If other please identify:

    _____

2. Is your school/centre single sex or co-educational?

    - All Girls ☐
    - All Boys ☐
    - Co-Educational ☐

3. How many students are enrolled in your school/centre? ⬜

4. How many students in your school/centre receive Free School Meals (FSM)? ⬜

5. What is your school/centre's location (urban / suburban / rural / semi-rural)?

    - Urban ☐
    - Suburban ☐
    - Rural ☐
    - Semi-Rural ☐

Emotional well-being and school approaches

6. Please identify the number (not %) of pupils last year who presented with issues which affected their emotional health and well-being:

    ☐

7. Please identify the number of pupils who required external support and specialist services with their emotional health and well-being last year:

    ☐

8. In your school/centre is there a greater number of boys or girls presenting with emotional health issues?

    - Girls   ☐
    - Boys   ☐
    - No difference   ☐
    - Unsure   ☐

9. Has the school/centre identified that pupils' emotional health and well-being issues are more apparent at a particular Key Stage? If so, please tick the most applicable:

    - KS1   ☐
    - KS2   ☐
    - KS3   ☐
    - KS4   ☐
    - KS5   ☐

10. Please outline some of the pupils' emotional health and well-being issues that the school/centre is supporting at each particular key stage:

    ☐

11. Which of the following complex challenges did the school/centre have to deal with last year? (Please rank those that are applicable in order of importance. 1=high importance)

    - Anxiety   ☐
    - Anger   ☐
    - Stress   ☐
    - Body image   ☐
    - Relationships   ☐
    - Gender   ☐
    - Bullying   ☐
    - Sexuality   ☐
    - Depression   ☐
    - Self-harm   ☐
    - Bereavement   ☐

- Home Life ☐
- School work ☐
- Exam stress ☐
- Alcohol ☐
- Drugs ☐
- Social Media ☐
- Other ☐

If other please specify:

[ ]

12. How is the school/centre funding any interventions to support pupils with emotional health and well-being issues?

- LMS budget ☐
- Extended School ☐
- Other source ☐

If other source please identify:

[ ]

13. Does the school/centre have a specific action plan to promote pupils' emotional health and well-being?

- Yes ☐
- No ☐
- Unsure ☐

14. Is there an agreed whole-school/centre approach to promoting pupils' emotional health and well-being?

- Yes ☐
- No ☐
- Unsure ☐

15. How does the school/centre's preventative curriculum support and develop pupil resilience?

[ ]

Co-operation with stakeholders and agencies

16. How does the school/centre keep governors informed about pupil emotional health and well-being? (Please detail)

17. How does the school/centre engage parents in addressing issues relating to pupils' emotional health and well-being?

18. Are you aware of where to access external support for pupils' emotional and well-being issues?

- Yes ☐
- No ☐
- Unsure ☐

19. Does the school/centre hold regular meetings with other agencies?

- Yes ☐
- No ☐
- Unsure ☐

20. How easy is it for you to access the relevant support when addressing issues relating to pupils' emotional health and well-being?

- Very easy ☐
- Easy ☐
- Neither easy nor difficult ☐
- Difficult ☐
- Very difficult ☐

Please provide additional information about your experience:

21. Please outline how the school/centre co-operates with other organisations to support pupils' emotional health and well-being?

22 Overall, how successful has this support been in addressing complex issues and emotional health and well-being?

- Very successful ☐
- Successful ☐
- Neither successful nor unsuccessful ☐
- Unsuccessful ☐
- Very Unsuccessful ☐
- Not applicable ☐

Pupil support systems

23. How do you measure the impact of any interventions/support for pupils with emotional health and well-being issues?

24. How are the pupils informed about who they can turn to if they need support with emotional health and well-being issues?

26. How does the school/centre identify pupils who are more vulnerable to emotional health and well-being issues?

27. Within your school/centre does the emotional health and well-being of pupils have a major impact on their capacity to learn and achieve?

- Yes ☐
- No ☐
- Unsure ☐

School support systems

28. Do you have adequate ongoing support (if required) for pupils with emotional health and well-being issues? Please explain your answer.

29. Have you received specific training to support pupils with emotional health and well-being issues? Please explain the nature of any training.

30. What further support/training would be beneficial to you in supporting pupils with emotional health and well-being issues?

31. Please outline the main barriers/gaps to supporting the development of your pupils' health and emotional well-being.

32. Please document any strategies/programmes (internal and external) in place which are supporting positively the development of pupils' emotional health and well-being.

33. Do you have any additional comments on the issues in this survey?

An evaluation of the effectiveness of
Emotional Health and Well-Being
support for pupils in schools and
EOTAS centres

November 2018