

# What Works in Developing Children's Emotional and Social Competence and Wellbeing?

Katherine Weare and Gay Gray  
The Health Education Unit  
Research and Graduate School of Education  
University of Southampton

**Research Report  
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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education and Skills.

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# Executive summary

## Introduction

In January 2002, the Department for Education and Skills commissioned Southampton University's Health Education Unit to undertake a study examining how children's emotional and social competence and wellbeing could most effectively be developed at national and local level and identifying those broad approaches which show most promise. The study involved a literature review, case study work in five local education authorities (LEAs) and interviews with professionals working in the field. The resulting report recommends action in a range of areas, all of which were identified in the research as being necessary in implementing an effective strategy at national and local level to promote children's emotional and social competence and wellbeing.

The report has a practical emphasis throughout, looking at the views and findings of evaluators, experts and practitioners in relation to effective practice in this area. It aims to reflect both the current national policy context and the issues that LEAs perceive themselves to be facing, both of which have implications for any future work in this area.

## Methods

The research project encompassed the following stages:

- a review of the literature
- interviews with experts in the field
- case studies with five good practice LEAs.

The literature review was not a 'systematic' review in the sense that texts were not subjected to rigorous criteria for inclusion. However, the key databases were searched for relevant texts, and key organisations and individuals consulted for further suggestions. Particular use was made of selected systematic reviews. The experts in the field represent some of the major organisations and agencies working in the field of emotional and social competence and wellbeing. The LEAs were selected on the basis of recommendations by the project steering group, and the application of criteria to ensure diversity.

## Findings and recommendations

### 1. Develop a common language

There is a wide range of terminology in use in the field and across agencies, which has implications for how this work is disseminated and promoted. In this report, the terms 'emotional and social competence and wellbeing' are favoured: 'competence' because the word implies knowledge, attitudes and behavioural components, which can be developed in school and other settings; and 'wellbeing' because the word focuses on the important underlying contextual factors. Other key terms that are often used, and with which it is important to build bridges, include 'emotional literacy', 'emotional intelligence' and 'mental health'.

Given the range of terminology that is in use in the field, it would be helpful for DfES and the many professionals involved to develop a greater understanding and awareness of the range of terms involved, and work towards achieving greater commonality of terminology. To assist in this, it is recommended that the DfES, LEAs and schools use the following two clusters of terms to cover both environmental and pedagogic aspects:

- 'emotional and social wellbeing'
- 'emotional and social competence' In addition, it should recognise and make links with work which uses parallel terms, in particular 'emotional literacy', 'emotional intelligence' and 'mental health'

## **2. Find an appropriate strategic location for work in this area**

The five case study LEAs took different approaches to locating work around emotional and social competence and wellbeing. One of the five used 'emotional literacy' as its main organising framework, strongly linked to behaviour support. The others embedded work in their behaviour support and National Healthy Schools Standard (NHSS) activities.

It is recommended that the DfES encourages other LEAs to use terms such as 'emotional and social competence' and 'emotional and social wellbeing' to describe their organising framework or at least to give such concepts high priority within other frameworks, and to link such work with behaviour and the NHSS. At the same time, DfES is encouraged to promote the view prevalent in the five case study LEAs that problem behaviour has underlying social and emotional causes which need to be addressed in a holistic, environmental way rather than through approaches which focus on detection, containment, negative reinforcement and punishment. Linked to this, all the case study LEAs viewed work on emotional and social competence and wellbeing as integral to strategies to promote good behaviour.

## **3. Develop the evidence base**

There is sound evidence from the literature, mainly from the US, that work on emotional and social competence and wellbeing has a wide range of educational and social benefits, including greater educational and work success, improved behaviour, increased inclusion, improved learning, greater social cohesion, increased social capital, and improvements to mental health. However, evaluation in England is not well-developed. There is a need for much more evaluation which uses controls where appropriate and, as a minimum, 'before and after' evaluation. It is recommended that DfES does more both to encourage and finance such evaluation.

## **4. Promote the benefits of work in this area**

While there is a need to extend the evidence base, the report also found that more could be done to promote what we already know about the benefits of promoting emotional and social competence and wellbeing. This would help to develop practice in this area. It is recommended that DfES communicates the rationale for work in this area through guidance and case studies which emphasise the synergy between work on emotional and social competence and wellbeing, and more traditional educational goals of cognitive intellectual development and academic learning, as well as school effectiveness.

## **5. Prioritise work on emotional and social competence and wellbeing**

Many of those working in this field believe that a higher priority should be given to the promotion of emotional and social competence and wellbeing at national, LEA and school level. At the same time, DfES is urged to acknowledge the perceived tensions between any future work in this area, and the feelings of some LEAs and schools that they are already under great pressure and would find it difficult to take forward new initiatives.

It is recommended that DfES undertakes a survey of LEAs to find out what is currently happening in terms of emotional and social competence and wellbeing, and for the production of case studies of good practice to inspire LEAs and schools.

## **6. Take a holistic approach**

There is strong international evidence to suggest that a whole school approach is vital in effectively promoting emotional and social competence and wellbeing. The case study LEAs favoured an approach that focuses on the whole school and is aimed at all pupils, combined with a complementary focus on the needs of those with behavioural and emotional problems.

It is recommended that the DfES encourages the use of whole school approaches, makes strong links between work on emotional and social competence and wellbeing and the work of

the NHSS and other holistic approaches, and encourages LEAs and schools to do the same. This is likely to require explanation of what is meant by a 'whole school' approach, given the limited definitions that are currently in evidence.

### **7. Ensure coherence, teamwork and the involvement of parents and community**

Coherence, teamwork and a multi-professional approach at national, LEA and school level appear to be prerequisites for effective work in this area. However it also appears to be the most challenging aspect of practice. Successful LEAs have brought together a wide range of agencies to work within an overall framework on specific initiatives, such as the production of guidelines, responses to school based problems, and various strategic interventions. It is recommended that the DfES encourages all LEAs and schools to bring a range of relevant agencies together to work within a coherent framework which is meaningful to all, to work on practical strategies to promote emotional and social competence and wellbeing, good behaviour and mental health. In addition, it would be helpful to produce case studies of successful multi-agency practice, and the involvement of parents and communities, to inform and inspire LEAs in addressing these challenging areas.

### **8. Start early and take a developmental approach**

There is strong evidence, and a strong consensus among the case study LEAs, that initiatives need to start early, target early and take a long term developmental approach. A holistic approach does not preclude targeting or special provision, and it is recommended that the DfES encourages schools and LEAs to identify those with problems early and target them quickly, in a flexible, low key, non-labelling way as part of the broader whole school approach. Schools need to do more work to find out where people are starting from and target specific help swiftly (the parallel DfES project on measurement and assessment will be helpful in identifying tools and strategies to do this). Secondary schools appear to be less likely to work on emotional and social competence and wellbeing and there is a need for a special drive to help them do more in this area.

### **9. Create appropriate environments**

There is evidence that the school environment is the largest determinant of the level of emotional and social competence and wellbeing in pupils and teachers. In general, an environment that enhances competence and wellbeing is one that fosters warm relationships, encourages participation, develops pupil and teacher autonomy, and fosters clarity about boundaries, rules and positive expectations. It is recommended that the DfES and LEAs encourage schools to develop such climates, and ensure that they work in emotionally competent, participative and clear ways with them, in order to encourage professional autonomy.

### **10. Introduce explicit teaching and learning programmes**

There are a number of effective programmes to promote emotional and social competence, which have a useful place within a wider supportive environment. There is clear evidence on the principles that underlie these programmes, for example teaching behaviours and skills explicitly and in participative and empowering ways, using a step by step approach, generalising to real life and making use of using co-operative groupwork and peer education as well as whole class approaches. It is recommended that the DfES encourages the use of explicit programmes and provides curriculum guidance that outlines these key principles. Ideally this would include some recommended materials, examples of lesson plans and schemes of work, and ideas for curriculum development.

### **11. Promote teachers' competence and wellbeing**

There is good evidence that teachers cannot transmit emotional and social competence and wellbeing effectively if their own emotional and social needs are not met. At the same time, there are indications that teachers feel very stressed at present.



It is recommended that schools who are embarking on work in this area focus on teachers' emotional and social needs as part of the overall programme. At the same time, teacher education in this area is vital, and it is recommended that DfES commissions an audit of provision and encourages the development of more courses on the promotion of emotional and social competence at postgraduate, in-service and continuing professional development (CPD) level.

# SECTION A: BACKGROUND

## 1. Aims

### Aims of the project

The research project had two broad aims:

- To suggest how work to promote children's emotional and social competence and well being could most effectively be developed at national and local level.
- To determine which broad approaches show most promise in relation to such factors as improving schools and improving children's behaviour, attitudes, self esteem and academic attainment.

### Aims of this report

#### What the report will include and do:

- It will give a broad account of the key areas identified by the literature, by those in the field and in LEAs of the principles and strategies needed to promote emotional and social competence and wellbeing, and programme development in this area.
- It will provide an outline of the work of five LEAs who are generally seen as leaders in this field and report on what they believe helps and hinders this work. These findings are used as a framework for identifying the key issues.
- It will focus in some detail on mainstream schools, considering what seems to be effective for all pupils, including those with special educational needs, and for staff.
- It will outline the kind of environments that foster emotional and social wellbeing as well as the teaching and learning of emotional and social competence.

#### What the report will not include and not do:

- It will not go into great detail on any one issue.
- It will not provide a 'systematic' review of the research evidence (in the strict sense of only using work that has passes specific criteria), although it will draw on some key systematic reviews in the area, along with other evidence-based literature.
- It will not specifically address early years or parents, though the principles identified in the report will apply to these areas too.
- It will not review curriculum materials in this area.
- It will not attempt to give a representative picture of work on this theme across LEAs in England.

### Sources of information

The information gathered for this report came from three sources:

- research publications, which have been reviewed extensively
- current experience in the field in England, as represented by key organisations and individuals (referred to throughout this report as 'experts in the field'), through interviews, examination of their publications and websites, and attendance at conferences and meetings over a six month period.
- the experience of five LEAs known for carrying out good work in this area, through interviews with senior managers (referred to throughout as 'LEA managers') and information contained on their websites and in published documents.

**How the report is organised**

The report is organised under key themes, and each theme sets out the relevant evidence from each of the three sources (literature, experts in the field and LEA managers). Together these sources provide a balance between what is considered successful in England, and what has been identified as important by the wider international community of researchers and practitioners.

Each theme concludes with recommendations for the DfES, LEAs and schools. Together, the themes comprise a series of 'building blocks' for a strategy for promoting social and emotional competence.

## 2. Methods

To achieve the aims of the project, three goals were identified:

- to contact and visit centres of expertise in England
- to identify a number of LEAs where good practice was taking place
- to conduct a thematic review of the available literature, concentrating particularly on systematic reviews and other sources of good evidence

### Gathering data from centres of expertise in England

This aspect of the project sought information and advice on a range of aspects, from definitions, scope and the available literature, through to the current scene, programmes and curriculum materials.

The director of Antidote, the Campaign for Emotional Literacy, gave many useful leads and the Antidote website proved a good starting point for identifying organisations active in the field. The NELIG website (National Emotional Literacy Interest Group), set up by the Southampton Psychology Service was another rich source of information. Each person contacted was asked for suggestions of other key individuals and organisations.

A range of meetings and conferences on promoting emotional and social competence in schools were also helpful in giving a picture of the current scene. The list of experts interviewed is given in Appendix C. The interview schedule that was used to interview them is given in Appendix D. A list of meetings and conferences attended is attached in Appendix E. In addition, a number of experts in the field were asked to participate in a steering group for the project. A list of steering group members is given in Appendix B.

### Gathering data from LEAs

In gathering data from LEAs, the project sought to explore what those 'on the frontline' are doing, what they see as good practice and the benefits of work in this area, what the opportunities and barriers are, and how they think capacity could be increased.

### Selection of LEAs

Regarding the choice of LEAs, it was thought important to have a sample which was as representative as possible in relation to the following criteria:

- regions
  - north / south / west / east
- urban / rural
- type of authority
  - unitary / metropolitan / county
- regional funding levels
  - namely the amount of government funding received for various initiatives
- population
  - in particular ethnicity and culture.

In addition, the literature review and preliminary discussions with experts identified three key areas that are considered necessary in fostering emotional and social competence:

- appropriate environments for children and those who care for them (where schools are concerned, this means taking a whole school approach)
- appropriate programmes for learning and teaching specific emotional and social competence to children, teachers, carers, and parents
- effective responses to those with behavioural and emotional difficulties.

In deciding which LEAs to focus on, the researchers also considered the extent to which these

three areas were being addressed. On the basis of the above, the following LEAs were identified by the steering group as examples of good practice: Birmingham, Cumbria, Leicester, North Tyneside and Southampton.

### **Making contact with LEAS**

Contact was initially made with the director of education in each of these LEAs through e-mail or letter, asking for the names and contact numbers of relevant people working in this field. The following were suggested by the project steering group as possible people:

- head of the educational psychology service
- PSHE adviser
- healthy schools co-ordinator
- head of inclusion
- head of behaviour support.

Access was also sought to relevant LEA documents, for example on promoting emotional literacy or related areas such as curriculum, behaviour policy and discipline. A search was made on each of the councils' websites to identify contact names and any relevant documents.

Where there was no response from the director of education, the research team made direct contact with other appropriate individuals in the LEA, as identified by members of the steering group.

### **Interviews**

Telephone interviews followed the schedule in Appendix G and addressed the following broad areas:

- the terms used to describe work in this area
- the main things happening in the LEA around emotional and social competence
- links to other initiatives
- the benefits of the different strategies
- factors which assist the development of work
- problems raised by the work
- factors which create barriers to the development of work
- the availability of outside support and what is most helpful
- advice to the DfES on what it might do to encourage this kind of work
- advice on who else to talk to and any further information.

A list of those approached and interviewed is given in Appendix F. Case studies which describe the context in which the LEAs are working, and the approaches they are taking to promote emotional and social competence and wellbeing are given in Appendix H.

### **Gathering data from the literature**

A number of organisations, professional groups and individuals were contacted to identify published and unpublished work. The following databases were searched: Medline, Psychlit, ERIC, Cinahl, ASSIA, Embase, British Education Index, Australian Education Index, Sigle, DHSS data and dissertation abstracts, the Cochrane database, the Database of Abstracts of Reviews of Effectiveness (DARE), National Foundation for Educational Research, the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) Social Science Research Unit, London; and the Health Education Authority / Health Development Agency HealthPromis database in London. Searches were made of the websites of CASEL and the University of Dundee Promoting Social Competence Project.

The key words used were emotional intelligence, emotional competence, emotional literacy, emotional wellbeing, social intelligence, social competence, social literacy, social wellbeing, social and emotional learning, emotional and social learning, behaviour, bullying and

community. These were combined with the terms children, schools, adolescents, young people, teachers and parents. Other key words searched included school ethos, school climate, school organisation, healthy school and health promoting school.

Particular use was made of some key systematic reviews and systematic databases of work in and around this area (Catalano et al, 1995; Durlak, 1995; Durlak and Wells, 1997; CASEL, 2000; Lister-Sharp et al, 1999; Wells et al, 2003; Shonkoff and Philips (eds) 2000; Catalano et al, 2002).

# SECTION B: FINDINGS AND RECOMMENDATIONS

## 1. Developing a common language

This section examines the following:

- current terminology for work on emotional and social competence and wellbeing, as identified through:
  - the research literature
  - the field
  - the LEAs.
- the advantages and disadvantages of using various terms, including linkages and overlap with other differently named areas.

### Key findings

- There is a wide range of terms in use in the field, and there is an ongoing debate about which is most appropriate. The development of a common language would help to promote a wider understanding and awareness.
- ‘Emotional and social competence’ and ‘emotional and social wellbeing’ are considered the most appropriate and are used in this report. They are viewed as straightforward and non specialist. In addition, the term ‘competence’ implies knowledge, attitudes and behavioural components, which makes it particularly appropriate for use in school and other settings.
- Other terms that are often used include ‘emotional literacy’, ‘emotional intelligence’, and ‘mental health.’ Links should be made with these terms, and the most appropriate term should be used in relation to the given context.

### Current use of terminology

This report uses the terms ‘emotional and social competence and wellbeing’ in its title. The reasons for this are explained later in the chapter. However, it is important to bear in mind that there is a great deal of controversy about how work in this complex area should be thought about and labelled. This was confirmed by the LEA interviews, where there were as many terms being used as there were LEAs consulted, including:

- behaviour (management/support)
- emotional literacy
- emotional resilience
- emotional wellbeing
- inclusion.

The interviews showed that many of those working in this field find terminology problematic. Some of those recently to the field are keen to promote the idea that work in this area is very new, or to push for the adoption of their particular framework or specialist terminology, for example ‘emotional intelligence’ or ‘emotional literacy’. Others are keen to remind us that there is a long tradition of work in this area and much surrounding work, for example in psychology, mental health, health education and promotion and personal, social and health education (PSHE).

There is no consensus about how related areas should be grouped, and what the organisational hierarchy is. For example, some see work on emotional and social competence as part of a broader framework, such as behaviour management. Others use the terms emotional and social competence or literacy to describe the overall framework into which issues such as behaviour management fit. The current range of terminology is discussed below.

## Emotional and social intelligence

A specialism (some would say an industry) has now grown up, emanating mostly from psychology, which uses the particular terms 'emotional and social intelligence' and also 'emotional and social literacy' (see below). This school tends to see these concepts as defining an overall framework into which a range of other approaches, such as behaviour management, needs to fit. These terms, and the more precise thinking they represent are coming to have a meaning for many people involved in the field, and are becoming widely acceptable in a range of contexts. Some people use the terms synonymously, but in the UK at least there are some strong opinions about the difference between them, and which are appropriate.

### Definition

*'The ability to perceive accurately, appraise and express emotion; the ability to access and/or generate feelings which facilitate thought; the ability to understand emotion and emotional knowledge; the ability to regulate emotions to promote emotional and intellectual growth.'*  
(Mayer and Salovey, 1997:10).

### Origin of the terms

'Emotional intelligence' is the term most popularly used in the US. It is attributed to Salovey and Mayer (1990), who gave it quite a limited, technical and value free meaning that focused on its cognitive and behavioural aspects, as described above. Salovey and Mayer also worked with the concept of 'social intelligence' which they characterised as the understanding of group dynamics, social status, political relationships, interpersonal activities and leadership.

The work of Salovey and Mayer coincided with that of Gardner (see for example Gardner et al, 1995) who argued that the whole concept of intelligence was much wider than is generally supposed. He split intelligence up in the following ways:

- conventional intelligence
  - IQ, logical/rational and linguistic
- specialist intelligences
  - e.g. musical, spatial, kinaesthetic
- personal intelligences
  - intrapersonal (self understanding) and interpersonal (understanding other people).

Goleman then popularised and used the term 'emotional intelligence' in a much looser way than Mayer and Salovey, to include all kinds of skills and competences, including social ones.

The term 'emotional intelligence' is much referred to by those who work in the field, particularly when citing the origins of their work and its inspiration. It was used extensively in the interviews by the various respondents, and cropped up a great deal in the written materials produced by agencies and the LEAs. It is clear that Goleman's book *Emotional Intelligence* (1996) is considered a seminal work in this area, and is much cited as an inspiration for developments in the recent past. There are a large number of books which use the term and which appear on recommended reading lists for schools. Invariably, a large number of these are from the US, where the term is used extensively.

### Advantages

The interviews and the literature suggest that the use of the terms 'emotional intelligence' and 'social intelligence' have the following advantages:

- It has provoked serious work on analysing whether there is such a thing as emotional and social intelligence. The findings are promising in terms of identifying distinct and measurable natural attributes, and their effects on aspects such as social behaviour, life chances and learning (Mayer et al, 1999; Mayer and Cobb, 2000).
- It has linked work in this field with scientific research, for example on the physiology of the



- brain and neurological development in young children, in ways that are proving very fruitful.
- Used in the looser sense the terms have caught the popular imagination, especially in the US, where the term 'emotional intelligence' is used extensively (though 'social intelligence' rather less so).
- Some in the UK are linking emotional and social intelligence with emerging work on generic learning skills and learning to learn (for example a recent conference run by Essex LEA on *The Emotionally Intelligent School*).

### **Disadvantages**

The term 'emotional' or 'social intelligence' is now usually applied historically, rather than to describe current work. Recent publications (for example Sternberg, 2001) have critiqued the use of the concept of 'intelligence' to describe and label work in this area, and their reservations were echoed by some of those interviewed in psychology departments and LEAs. The reservations can be summarised as follows:

- The scientific connotations and expectations raised by the word 'intelligence' have aroused a great deal of controversy and some hostility, for example among some psychologists who dispute whether there is really such a thing as 'emotional' or 'social' intelligence in the strict sense of the term 'intelligence'. These debates can undermine the credibility of all work to develop emotional and social competence, whether or not it uses the term intelligence, and use up a good deal of energy and resource.
- The term 'intelligence' tends to focus the attention on measurement rather than on teaching and learning.
- The term 'intelligence' tends to suggest a capacity that is innate and fixed, not teachable.
- In the strict sense 'emotional and social intelligence' could be value neutral, for example it is theoretically possible to be highly emotionally intelligent in the sense of having 'the capacity to perceive, integrate, understand and manage emotions' but still do undesirable things.
- When used in a looser sense, these terms mean the same as terms more commonly used in the UK, such as 'literacy' and 'competence'. In these situations they then cease to have any precise or specialist meaning or to add anything particular to the debate.

>From the interviews and literature review, it is apparent that in the UK other terms are generally preferred to 'emotional or social intelligence.'

### **Emotional literacy**

#### **Definition**

*'Emotional literacy may be defined as the ability to recognise, understand, handle, and appropriately express emotions.'* Sharp (2001:1)

#### **Origin of the term**

The term is usually attributed to Steiner, and was popularised by various influential figures in the 1990s, many from a psychotherapeutic background, such as Susie Orbach, who helped found Antidote: the Campaign for Emotional Literacy in the UK.

#### **Advantages**

- 'Emotional literacy' has caught the popular imagination, especially in the UK and produced a number of useful and proactive organisations (for example Antidote), as well as research, publications and good practice.
- The term is meaningful in an educational context, and is now very popular with and much used by educational psychologists, schools and LEAs in the UK. Some LEAs are using the concept as a framework for organising and implementing a range of different pieces of work, all of which are seen as contributing to better emotional literacy. Seven LEAs have emotional literacy interest groups (ELIGS), and seven have key people taking a lead on what they term 'emotional literacy'.
- For those familiar and happy with the concept of verbal or oral literacy (such as many

teachers in primary schools and some teachers of English), it is possible to apply the theory to the analysis, definition, teaching and encouragement of emotional literacy. Like emotional intelligence (see above) it has produced a wealth of useful and inspiring work, including publications, research and organisations such as Antidote that have done much to catalyse work, particularly in education.

### **Disadvantages**

Some of those interviewed by the project team had concerns about the term literacy, which can be summarised as follows:

- It can focus attention on the individual and their capacities and not on the surrounding context and underlying determinants. For example Birmingham LEA, through its 'Framework for Intervention', views emotional literacy as being too much 'within child' and not sufficiently reflective of environmental factors.
- It can make it sound as if we are looking at 'one thing' rather than the cluster of competences many think it is in practice.
- The metaphor implied in the word 'literacy' may be confusing for some people, and/or feel like jargon to those outside the educational sector.
- The term 'emotional literacy' is sometimes be used without reference to the social aspects that are an integral part of it, while at the same time the term 'social literacy' has little currency.
- In some schools the use of the term 'literacy' conjures up images of an 'emotional literacy hour', similar to the 'literacy hour', which most would not find acceptable

### **Emotional and social competence**

#### **Definitions**

*'Social and emotional competence is the ability to understand, manage and express the social and emotional aspects of one's life in ways that enable the successful management of life tasks such as learning, forming relationships, solving everyday problems, and adapting to the complex demands of growth and development.'* Elias et al, (1997: 2.)

*'Social competence is processing and using the ability to integrate thinking, feeling and behaviour to achieve social tasks and outcomes valued in the host context and culture. In a school setting these tasks and outcomes would include assessing the school curriculum successfully, meeting associated personal social and emotional needs, and developing transferable skills and attitudes of value beyond school.'* Topping (1998)

#### **Advantages**

- It is a familiar term to those who work in education (although it is worth noting that none of those interviewed in the LEAs used the term as an overall descriptor).
- It is a straightforward, non specialist and loosely used term, and feels 'common-sense' and non threatening in most contexts.
- Most serious definitions of competences in educational contexts include knowledge, attitudes and behavioural components, and are thus inclusive.
- Competences are partly cognitive, and to do with functions such as perception, information processing and decoding.
- Competences are also partly emotive, and therefore to do with the way feelings both influence what we perceive and are also influenced by our perceptions.
- Competences have outputs in terms of skills and behaviours.
- Many other terms often used in this field (for example 'intelligence' and 'literacy') are, in practice, often ultimately defined in terms of competences.
- It can be and usually is unpacked into a range of constituent competences, which have given rise to a wealth of work on their development, in schools and other settings, for example emotional sensitivity, communication, relationship building, empathy building and conflict resolution. A list of some sample social and emotional competences is given in

## Appendix A.

### **Disadvantages**

- It is not currently used as often as the terms emotional literacy and emotional intelligence.
- Some believe that it focuses attention on the individual and their capacities and not on the surrounding context and underlying determinants.
- Although the technical definition of competence usually includes knowledge and attitudes, in everyday usage the term tends to focus only on behaviour and skills. We need to ensure it is defined properly when used.
- It can fail to have much meaning for sectors other than education, for example in health settings.
- It can lead to the logical consequence that it is possible to be 'emotionally/ socially incompetent' which is not a helpful idea.

### **Mental health**

#### **Definition**

Definition is a major issue in the field of mental health. Traditionally the term has been used:

- as a pseudonym for mental illness, for example 'mental health is a growing problem'
- as a label for services that deal only with the diagnosis, management and treatment of mental illness, often in a medical context, for example some hospital psychiatry departments have been renamed 'departments of mental health'
- to focus on the (usually negative) states of individuals.

More recently, definitions of mental health have been developed which are wider, and include positive wellness and a concern with the determinants of mental health. There is in practice a big overlap between work on mental health in some contexts and work on emotional and social competency – often they are addressing the same issues but using different terminology. Many modern definitions of mental health now include emotional and social components and work in the field of mental health often includes a focus on learning and capacity building, not just the static states of individuals.

#### **Origin**

The term is so longstanding it is difficult to say where it first originated. It is the term that is mostly used in the health service.

#### **Advantages**

- Child and Adolescent Mental Health Services (CAMHS) are actively involved in developing work in this area in many LEAs, including two looked at in this research (Leicester and North Tyneside).
- Much excellent work is going on under the banner of 'mental health', especially with children and young people in child care settings and schools. There is a wealth of organisations (for example Young Minds), research, publications and good practice that can be drawn on.
- It is a meaningful term to those who work in the health service, who might be put off by educational terms.
- Using the term can invite consideration of the environments and determinants that shape mental health, not just a focus on the individuals and their competences (for example the risk and resilience factors that undermine or support it).
- Much recent work does not use the medicalised, negative and individualistic models mentioned above, but is positive, wellness-focused, inclusive of a range of professional and lay people, and aimed at whole populations, not just those with problems.
- Working with the term when used in its modern sense can re-educate those in education and social care settings about what the term means.

## **Disadvantages**

Although there has been much effort in recent years by those at the forefront of concept development in this field to broaden its meaning, to most outside this inner circle, including most teachers, the term is still understood by many in its traditional sense, that is:

- A medicalised approach, dominated by the medical professional and not the main concern of those in education or social care. One expert from the National Pyramid Trust commented that the term is rarely used in education, especially at primary level.
- A negative state (that is, mental illness) rather than positive wellbeing.
- An approach which focuses on individuals with problems, not on the whole population.
- A problem requiring medical and therapeutic solutions, without any clear role for education.

## **Emotional and social wellbeing**

### **Definition**

*'A holistic, subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm, and caring, are combined and balanced'.*  
Stewart-Brown (2000)

### **Origin**

This term is widely used in both educational and health contexts and its origin would probably be impossible to trace. It is often put alongside 'mental health' (as in 'mental, emotional and social health') to 'unpack' the term 'mental health' and help it lose some of its medicalised and negative connotations.

### **Advantages**

- The term emotional and social wellbeing is generic, broad and positive.
- It is acceptable in a wide range of educational, social care and health related environments, so can help bring disparate groups together.
- It is non-medicalised and is thus clearly the 'business' of everyone from parents to professionals, not just doctors.
- It implies a focus on whole populations, not just those with problems.
- It tends to focus attention on the environments and determinants of emotional and social competence, not just on individuals and their competences.
- It is acceptable to those who work in mental health, and thus can easily incorporate work on mental health.

### **Disadvantages**

- It can tend to focus on the state of the person or group and not bring to mind the learning and teaching of competences.
- It is a very general term, used in a wide variety of ways in different contexts and can lack specificity.

## Recommendations

- That the many organisations and professionals involved develop a greater understanding and awareness of the range of terms involved, and work towards achieving greater commonality of terminology.
- That, in order to achieve the above, the DfES, LEAs and schools make particular use of the following two clusters of terms to cover both environmental and pedagogic aspects:

### **‘Emotional and social wellbeing’**

- this focuses on the environments and underlying determinants that enable the competences to be developed.

### **‘Emotional and social competence’**

- this focuses on the learning and teaching of knowledge, attitudes and skills.

- That DfES - and others – should at the same time be familiar with and draw freely on work that is framed in other terms, in particular **emotional literacy, emotional intelligence and mental health**. This recognises the fact that it would not be helpful or possible to re-frame all the work that has gone on in the past under the other headings explored in this chapter. As part of this, it will be helpful to illustrate how work that is carried out under a different heading fits within a framework of emotional and social competence and wellbeing.
- That DfES and LEAs do not only support work that locates itself in the area of emotional and social competence, but also work that is happening under different labels, where these are consistent with the overall recommendations.

The report now looks in more detail at how emotional and social competence and wellbeing can be fostered, at both strategic and operational levels.

## 2. Finding an appropriate strategic location

This section considers the approaches the five case study LEAs are taking to promote emotional and social competence and wellbeing, and in particular the way in which they position this work in relation to the overall LEA strategy. The absence of systematic evaluation makes it impossible to say definitively which approach is the most effective, however a number of issues are considered, in the context of the broader research where this is available.

### Key findings

- In Southampton ‘emotional literacy’ is used as an organising framework for a range of work. It is one of the LEA priorities, alongside the promotion of literacy and numeracy. As such, it underpins their behaviour support plan.
- In the four remaining LEAs, work to promote emotional and social competence is located within other organising frameworks, namely:
  - in Birmingham, it is located within the ‘Framework for Intervention’ which operates in many schools and which focuses on environments and behaviour
  - in Cumbria it is located within the behaviour support plan and the behaviour curriculum. It is also an aspect of the healthy schools standard. The LEA is also carrying out work on teacher wellbeing, both through healthy schools and in a specific project
  - in Leicester, work is carried out through the Child Behaviour Intervention Initiative, and through the NHSS. Both of these projects have CAMHS (Child and Adolescent Mental Health Services) involvement
  - in North Tyneside, work is organised primarily under the NHSS, which again includes the involvement of CAMHS.

So, although all the LEAs are considered to be doing good work in emotional and social competence and wellbeing, only one LEA – Southampton – is prioritising this work, using ‘emotional literacy’ as the name of the major organising framework. In three out of the remaining four cases it is an element of the behaviour support strategy, and set out in the compulsory behaviour support plans. The fourth LEA uses the healthy school standard primarily, which has a far broader remit than emotional wellbeing.

The next section examines these three different models for locating work on emotional and social competence: as a distinct strategic approach; as an element of behaviour support; and as an element of healthy schools work.

### 1. Using ‘emotional literacy’ as the organising framework

The work of Southampton is both unusual and is proving seminal in terms of catalysing work elsewhere in England. As such, it is described in a little depth here (more details can be found in the case studies at the end).

In 1997 the chief educational psychologist in Southampton, and the chief inspector for Southampton Education Service were inspired by the publication of Goleman’s book, *Emotional Intelligence*, and agreed that emotional literacy should be an equal priority with literacy and numeracy for all children in Southampton. In 1998 they embarked on a programme to promote emotional literacy through a range of activities including:

- the development of the emotional literacy of LEA managers through seminars, presentations and publications for head teachers, teachers, governors, parents, pupils, police, colleagues in health and social services, and employers
- the publication and implementation of a behaviour support plan with emotional literacy as the central focus

- the promotion of a pupil inclusion project to reduce exclusions
- training and development in anger management and running anger management groups on an apprenticeship cascade model
- delivering modular training for senior teachers on behaviour management (over 100 teachers completed a six day training covering whole school policy, managing groups, managing the individual, promoting self-esteem, therapeutic intervention and project work)
- delivering anti-bullying training to teachers from 45 schools
- devising strategies to combat racial harassment.

Subsequently, the Southampton Emotional Literacy Interest Group (SELIG) was formed, which later inspired the national version, NELIG. SELIG produced *Guidelines for Promoting Emotional Literacy*. The guidelines give practical advice to schools that were designed to help them to establish their own emotional literacy policy and incorporate this into their school development plans. Within SELIG there were 12 project schools, plus a multi-agency project, and an LEA project.

All the projects were evaluated by the University of Southampton, with funding from the Calouste Gulbenkian Foundation. Southampton has been commissioned to work with other LEAs to promote emotional literacy, and representatives from over 40 LEAs have received training on the Southampton Anger Management Model and on how to run anger management groups. The second education development plan published by Southampton City Council again identified emotional literacy as a high priority for 2002 – 2007, listed third after literacy and numeracy.

As the following data show, work to promote emotional and social wellbeing, as well as being successful in its own right, appears to have contributed positively to the LEA's wider strategic aims and educational standards more generally.

### **The impact of this work**

LEA data show that in Southampton, there were 113 permanent exclusions in 1997. By 2001, this had been reduced by more than 60% with no corresponding increase in fixed term exclusions. Most encouragingly, no looked after pupil, the most vulnerable group in the exclusion statistics, had been permanently excluded. Attendance rates had increased. Since we know that increasing attendance and reducing exclusions raises standards, it may be anticipated that these schools will benefit from good results.

### **Arguments for using emotional literacy as the organising framework**

- It offers something positive for all children, rather than specific action for those children demonstrating problems and difficulties.
- It focuses attention on the emotional antecedents of behaviour in an unequivocal way.
- It ensures that specific, detailed, substantial work on developing emotional and social competence is actually happening rather than just being said to be happening.
- It ensures that this work has adequate priority, and is not lost within other initiatives such as behaviour support.
- It allows for more targeted evaluation, which can ensure that it is the work on emotional and social competence that is making the difference.
- It links the work with national initiatives on emotional literacy and intelligence, such as the work of Antidote, the Campaign for Emotional Literacy and NELIG, with international work and research and publications in these areas.
- It has the value of relative novelty (in comparison with work on behaviour and on healthy schools), which can induce enthusiasm in schools, parents and LEAs, and can attract schools who are keen to find new ways forward.

## 2. Locating and linking with work on behaviour

In three of the LEAs, work on emotional and social competence was mainly located within work on behaviour support, a link that was also clearly made in the other two LEAs. The link between such work and behaviour is a powerful and effective one. The rationale for such an approach is that work to promote emotional and social competence has an attendant impact on behaviour. For example, in all the interviews with the LEAs, a commonly cited benefit of the work was what one manager from Birmingham termed 'less bad behaviour in pupils'.

### Schools' view of behaviour

All the LEA managers were keen to promote a specific view of behaviour, which they felt was often in contrast to what schools themselves understood by behaviour management and wanted from their LEA. In particular they felt that:

- Schools often want to seek help from behaviour support because it means that their behaviour problems are dealt with by someone else.
- Schools tend to be concerned with preventing or stopping the behaviour, rather than working with the underlying emotions that often generate it.
- Schools may concentrate on the individual child, rather than the environment in which the behaviour occurs.
- Schools can be resistant to the idea that aspects of the school environment and teacher behaviour may be contributing to problem behaviour. As two of those interviewed commented:

*'It was an uphill struggle to start with, to get across the idea that you can change behaviour without the focus being on the child'*

*'It is moving it from being the child's problem to being the school's problem'.*

### Addressing behaviour problems in emotionally competent ways

The general LEA view of behaviour was that, although good behaviour may be the goal, the behaviour alone should not be the focus. They emphasised that they were aiming to help teachers get behind the behaviour itself, and understand and work with the underlying emotional, social and contextual causes of behaviour, not simply work on the behaviour alone and certainly not just punish it. The following section outlines their vision in some detail, and adds in some key principles which emanate from the research literature on the effective management of behaviour:

- Given the widespread nature of problem behaviour, exclusion is no longer an option, and is in any case, for many reasons, generally thought to be undesirable.
- Behaviour is not innate in the child, it is essentially learned and therefore its management is essentially an educational rather than a moral problem.
- Behavioural approaches alone are inadequate. Research has shown that approaches which focus on attitudes, values, feelings and motives as well as behaviour are generally more effective than those which focus on behaviour alone (Morgan, 1983). Without grounding in deeper attitudes and values, behaviour can be empty, shallow, and easily changed. The systematic review of approaches which were designed to promote mental wellbeing in schools (Wells et al, 2003:2) concluded that studies which focused mainly on pupil behaviour were less likely to be effective than those that took a whole school approach.
- Behaviour is rarely meaningless or random, it has underlying causes and is often meant to convey a message, so it helps to try to understand causes and meanings (Greenhalgh, 1994).
- We need to focus on the problem behaviour, not on the child, and see the child as having the potential for good behaviour, rather than writing them off as intrinsically 'bad'.
- Punishment contributes to the culture of violence and aggression in the school, and does



not provide a good model of positive solutions to problems.

- The school can unwittingly contribute to the creation of the behaviour it claims not to want. In particular, focusing on a child's problem behaviour can tend to reward and thus continue or even amplify it, by providing the attention and reinforcement that many children, who otherwise receive no recognition at all from the school, find gratifying. We need to take a positive approach to behaviour management, and find opportunities to praise and reward children for wanted behaviour rather than punish unwanted behaviour (Webster-Stratton, 1999).
- We also need to be concerned to help children who are quietly anxious, unhappy, withdrawn and / or depressed whose needs may be overlooked because they are not disruptive.
- Children vary in their ability to behave well, in what interventions they respond to, and the extent and speed to which they learn new behaviour: we need a sensitive and differentiated approach which 'starts where children are', not have a one size fits all approach (Greenhalgh, *ibid*).
- We need to prioritise and take a whole school, environmental approach to understanding and responding to behaviour, an approach recommended over a decade ago by the Elton Committee's report on discipline in schools (Elton, 1989). For example, Birmingham LEA uses an approach that concentrates on the environment, using a problem solving approach (including methods similar to solution focused brief therapy), and working in accordance with the theories of total quality management (see Appendix G for further information on the Framework for Intervention).

*'Children's behaviour is a consequence of their social and emotional development and their mental health, it is learned.'* Cumbria LEA

*'Behaviour is communication of emotional states.'* Leicester CBII

Those who work in the field of emotional and social competence and wellbeing very much shared and supported the LEA managers' view of the relationship of this work to behaviour. For example, the deputy director of Young Minds commented *'how satisfying it is when you see some teachers beginning to understand that the behaviour a child is manifesting is not just directed at them but masks some underlying difficulties.'*

### **Arguments for making links with work on behaviour**

There are several reasons why it is helpful to link work on emotional and social competence and wellbeing with work on behaviour:

- Behaviour is an area of undeniable and critical relevance to schools. By linking with it, schools are more likely to take it seriously. This helps to ensure it will not be overlooked or marginalised.
- It locates this work in an aspect of school and LEA performance - the behaviour support plan - which is compulsory, and so ensures that it has a permanent 'home'.
- Having a focus on the emotional and social causes of problem behaviour is highly beneficial for work on behaviour management and support, as the evidence suggests it is much more likely to be effective than approaches which focus on behavioural outcomes alone, or on identifying, managing, preventing, punishing or excluding problem behaviour in individual pupils (see above section on 'addressing behaviour problems in emotionally competent ways').
- The human resources already exist. All LEAs contain teams of experts whose job it is to support schools' behaviour plans. To judge from the experience of the five case study LEAs, they are also likely to be keen to emphasise the link between emotional and social factors and behaviour.

### **Linking with work on special needs, and on emotional and behavioural problems**

In line with the interest on locating work on emotional and social competence within behaviour support plans, there were in the LEAs considerable links with work on behavioural, emotional and social problems (as defined in the SEN Code of Practice). In some of the LEAs, helping pupils with special needs was still the main impetus for their work. Other LEAs had moved to using more holistic approaches that involved all pupils. Even those LEAs that used more holistic approaches were at pains to emphasise that whole school work was intended partly to meet the needs of pupils with behavioural, emotional and social problems, to prevent their onset where possible, and to attempt to minimise or manage them where they occurred. So there was a strong link between work on emotional and social competence and wellbeing, and work with those pupils identified as having particular problems, including special needs, in all five LEAs. To examine their approaches in more detail:

- Birmingham's work on emotional and social competence and wellbeing was focused mainly on those who presented behavioural and emotional problems. Their Framework for Intervention was designed to facilitate early intervention and a streamlined, non-categorising approach to prevent mild difficulties becoming major ones. Their 'behaviour improvement in practice' approach was designed for those with more severe difficulties who were categorised as having emotional and behavioural disturbance. They also used a 'circle of friends' model to provide peer group support for pupils in difficulties.
- In Cumbria there was less emphasis on special needs and more on mainstream pupils. Inclusion was one of the original goals of their behaviour support plan, and they were focusing on problem behaviours, but there was a greater focus on the needs of a wide range of pupils, and on issues that can affect any pupil, such as bereavement and loss.
- Leicester had a joint focus on special needs and mainstream pupils. Their work on emotional and social competence was reported to be with mainstream primary schools, and mainstream secondary schools in Year 7 where they mainly use whole class work. They also worked within the NHSS to promote the mental health of all, in conjunction with CAMHS. In terms of special needs, they worked with Learning Support Units. The Leicester Child Behaviour Intervention Initiative (CBII) provides services to children aged 0 to 13 through work with schools, groups of children and individual children and their families. The focus is on social and emotional development and the service works closely with the NHSS to support the development of the emotional wellbeing strand of the standard, where schools have elected to include this.
- North Tyneside was mainly focused on mainstream pupils and whole school approaches, using the NHSS as their key organising framework. They were also targeting disaffected pupils through the Total Learning Challenge, which combines teaching skills with group therapy and child psychology. One leader from this LEA believed that up to 30% of pupils could be categorised as disaffected.
- Southampton's efforts to put emotional literacy at the heart of schools and education was prompted by a general concern over educational standards across the city, a situation which they have begun to turn around significantly. Within a strategy that has targeted managers, staff and all pupils they have had a particular focus on underachievers and those with behavioural problems, who have always constituted fairly high proportion of pupil numbers.

Several of those interviewed in the field commented that at present the main focus of many interventions are 'troublesome' children, namely those with behavioural problems and conduct disorders, who act out by being aggressive, violent, rude and destructive. Much effort goes into these pupils, and many expressed concern that the extra attention, lessons and special classes that they may receive can become a reward in themselves for bad behaviour. Meanwhile 'troubled' children, who do not act out but who are quietly anxious, unhappy, withdrawn or depressed may be overlooked.

## **Promoting inclusion**

All the LEAs were inspired in their work on behavioural support and on emotional and social competence and wellbeing by the need to reduce exclusion, and all saw their work as contributing directly to this goal. Southampton in particular was keen to emphasise the significant drop in exclusions that followed the introduction of emotional literacy into schools.

The LEAs are following the generally accepted view that, as far as possible, pupils with special needs, including disturbed and disruptive pupils, should be accommodated in mainstream schools (Elton, 1989). However there was considerable discussion in the interviews about why schools exclude, and the perceived conflict being caused by the emphasis on standards and achievement and the requirement to include. Those interviewed felt that the reason why schools are excluding those with special needs is partly at least because the emphasis on results is making them unwilling to depress their scores by keeping on difficult pupils. Schools are more likely to exclude pupils with statements of special educational needs, although the trend and the overall rate have declined in recent years. For example DfES data shows that in 1996/97 1.11 per cent of all pupils with statements of SEN were excluded from school, compared to only 0.14 per cent of the rest of the school population (nearly eight times more). However by 1999/2000 this had fallen to 0.61 per cent, compared to 0.09 per cent of all pupils (around seven times more) [DfES, 2001].

Those in the LEAs felt that there was a need to take the teachers' perspective seriously and to understand why they often feel that exclusion is the only answer. The research evidence suggests that teachers are highly affected by troubled or troublesome students and need emotional and practical help. They may find it hard to admit to others that they are having difficulties for fear of being thought inadequate. Teachers in mainstream schools tend to report that they do not feel competent to work with difficult pupils (Cheney and Barringer, 1995) and that they feel they have not received enough training. Many schools feel beleaguered by having to cope with children with special needs in mainstream classes, especially children with emotional and behavioural difficulties who can be very disruptive and threatening. Recent initiatives (for example the Behaviour Improvement Programme introduced by DfES in 34 target LEAs in 2002) have emphasised additional measures such as behaviour management training for teachers and more use of in-school provision such as short term learning support units for difficult or disturbed pupils.

LEA managers also felt that the inclusive approach should not be a reason to cut resources for special needs, though this is what many teachers and carers believe is happening in practice. Measures to increase inclusion might actually save money, provided some mechanism was introduced to redistribute it where it was needed: it has been estimated that, in the UK, when the cost to all the affected agencies is taken into account, the £81m cost of exclusion in 1996 was nearly three times higher than it would have cost to teach these children in mainstream schools (New Policy Institute, 1998).

## **3. Locating within healthy schools work**

The fifth LEA, North Tyneside, organised its work on emotional and social competence and wellbeing mainly within its NHSS work, two others, Cumbria and Leicester, used the NHSS as a subsidiary framework, and the final two made links with the NHSS. Managers in all the LEAs thought that a key source of support was having a high profile for PSHE and healthy schools work.

The national co-ordinator of the NHSS was keen to emphasise the overlap between the two areas. In particular:

- The NHSS has a specific theme entitled 'emotional health and wellbeing (including bullying)'. Targets are negotiated by the schools themselves, and many opt to set targets in relation to this theme.

- The NHSS has recently produced a support material for schools and local partners on staff health and wellbeing in liaison with the Teachers' Support Network. The national co-ordinator reported that they have had very positive feedback on this piece of work.
- The NHSS has always been concerned with evaluation, and there is a range of evidence available (from quantitative research activity, independent assessment reports, local evaluations, audits through to Ofsted reviews and school case studies) that illustrates the impact of the NHSS in schools on emotional and social competence and wellbeing, as well as on the broader school improvement agenda (Thorpe et al, 2002).

### **Arguments for linking with NHSS**

To summarise a vast literature on the NHSS, and to judge from the interviews with LEA managers and those in the field, linking with the NHSS appear to offer the following advantages:

- The NHSS project was born out of the long term developmental work of the health promoting school approach, developed by the World Health Organisation (WHO), the EU and the Council of Europe over the last 20 years, and now found in every country in Europe. It has high acceptability, a growing evidence base, a coherent and holistic framework that includes emotional and social wellbeing, and strong links with mental health.
- It is a major national project with widespread coverage. All 150 LEAs have signed up and 26,000 schools are involved. Of those, 14,000 have some involvement through projects or attendance at a training course. Just over 8,000 are involved at an intensive level, where this is a key priority area for their health development plan.
- The NHSS emphasises taking a holistic, environmental approach in which the whole organisation, including its management, ethos, communication systems, physical environment and community context are the focus for development, not just the curriculum for the individual pupil. This chimes with the focus on environmental approaches to behaviour management and to the development of emotional and social competence that are common in the case study LEAs.
- The emphasis of the NHSS on objective target setting and school improvement is in line with current government thinking and with the importance of objective evaluation.
- The emphasis on partnerships and multi professional working is in line with current government and NHS thinking.
- The emphasis on the importance of creating a sense of ownership of the scheme is giving it widespread acceptability among teachers. One of the strengths of the NHSS which is particularly valued by schools and their local communities is that targets are negotiated with schools informed by needs assessment activity with staff, pupils and parents, as well as through undertaking supported self-review whereby the school is encouraged to identify what it does well and would want to build on alongside areas for improvement and development. Schools therefore decide on their own entry point into the standard based on priorities, community needs and stage of development.
- It links directly with work on health education, PSHE and citizenship, which have a long tradition of work on the development of emotional and social competence and wellbeing.

### **Ways in which the NHSS might develop to promote emotional and social competence**

The NHSS is clearly a major actual and potential site for work on emotional and social competences and wellbeing. At the same time, it could be argued that, for many schools, their healthy schools work tends to concentrate on the physical rather than the emotional health of pupils. Although some international programmes aimed at promoting mental health at international level have focused on the transmission of specific and detailed competences, usually called 'Lifeskills' in this context (Buczkievicz and Carnegie, 2001), such an approach is rare within healthy school initiatives. It would be helpful for the NHSS to include specific guidance on how schools might develop work around the promotion of emotional and social wellbeing. Several of these issues are discussed further in other sections.

## Recommendations

- That DfES carries out a survey of LEAs to provide a clearer picture of what is happening across England in relation to the promotion and strategic location of emotional and social competence and wellbeing.
- That LEAs locate work on emotional and social competence and wellbeing in the most appropriate place for their area, in recognition of the fact that LEAs and schools have their own histories, strengths, needs and local conditions. It is important to bear in mind that each approach will have certain limitations as well as advantages.
- That work in this area needs to involve the development of broad and inclusive strategies that bring together the wide range of professionals and organisations actually and potentially involved in these related areas of work.
- That LEAs think through how their work could be strengthened by a more explicit focus on emotional and social competence (or related term) and consider using it as an explicit framework.
- That LEAs consider how their work on pupil behaviour could be strengthened by a greater and more explicit focus on emotional and social competence and wellbeing, on understanding and working with the underlying emotional and social causes of behavioural problems, and on taking a positive, whole school approach to its management. The new Behaviour and Education Support Teams (BESTs), with their focus on promoting emotional wellbeing and preventing difficulties emerging, provide a useful model for such work.
- That LEAs review and, where necessary, articulate and strengthen the links being made between the work on the NHSS, for example on mental and emotional health and wellbeing and on bullying, and specific work on emotional and social competence.
- That NHSS considers developing more specific work on the development of the emotional and social competence and wellbeing among pupils and teachers.

## Common features of work in LEAs

Finally, in this overview of practice it is important to note that, while there are some significant differences, there are also a number of common features which all five LEAs share and which they see as strengthening their work on emotional and social competence and wellbeing.

These are:

- giving work on emotional and social competence and wellbeing a high profile
- using distinct frameworks to produce coherence and focus. These vary in name but are generally ones under which a range of professions could unite
- emphasising environmental approaches which focus on the whole school context rather than on individual pupils, and which include those with special needs
- linking whole school approaches and work with more targeted work on special needs and inclusion
- blurring the definition of what is meant by 'special needs', and emphasising early intervention, rapid and flexible response, prevention and inclusion rather than categorisation and detection
- emphasising multi-professional work, making links between those in education and a wide range of relevant agencies and professions in an organised and coherent way
- supporting work with clear guidance documents
- setting demonstrable and achievable targets
- using specific curricular approaches to teach and promote the learning of emotional and social competences, drawing on proven models and methods (see section 11)
- emphasising teacher wellbeing, support, development and training.

These common features have formed the basis of a number of the strategic elements for promoting emotional and social competence which are set out in the remainder of the report.

### 3. Developing the evidence base

This section discusses the importance of evidence-based approaches and considers the state of evaluation and the current evidence base in this area, drawing on the literature, the field and the LEA reviews. Finally, it recommends what the DfES, LEAs and schools need to do to develop the evidence base in this area.

#### Key findings

- There is an increasing recognition of the importance of evidence-based practice in education, influenced by the long-term emphasis within the health field.
- This recognition is not yet reflected to any large extent in the evaluation of UK work in the area of emotional and social wellbeing.
- An experimental, or quasi-experimental approach, which involves the use of a control group, may be difficult to implement but is rigorous and provides a yardstick for practitioners and policymakers.
- Evaluation should be built in from the outset. Where control is not possible, 'before and after' evaluation with a clear and prior collection of baseline data is the minimum standard for any evaluation.
- Qualitative approaches are also important and valuable in order to ascertain what aspects of an intervention may be making a difference. Evaluation can successfully include both quantitative and qualitative elements.

#### The importance of evidence-based practice

In education today there is an increasing focus on developing a sound evidence base in which to ground funding and practice decisions. This is in line with the more established emphasis on evidence based practice within the medical field. It is now considered a vital part of ethical practice, given that we are finding out more and more about what does and does not work with children in particular situations and with particular needs. In line with this, almost everyone interviewed by the project agreed that there is a need for a strong evidence base in order to make progress, for example to assess the impact of interventions and make sure they are not based on wishful thinking, and to convince sceptics of the value of work in this area.

There is a considerable amount of work underway in the field of emotional and social competence in England, and a large number of agencies devoted to it. This area of work inevitably raises a good deal of emotion itself and is a value laden area: many people and organisations have invested a great deal of energy and hope in their efforts. It is important to value the energy and the innovative work that has been produced so far – without this there would be nothing to evaluate. At the same time we must be cautious. It is clear from the research and from practice in the field that in, some cases, claims are made without clear evidence to support them. There is a responsibility to evaluate, to sift the evidence carefully, and distinguish hopes and values from sound demonstrated effect.

It is important that evaluation be adequately resourced. The WHO have suggested that 20% of any funding be devoted to this (WHO, 1998). At present nothing like this amount is being dedicated to this purpose.

#### The emerging evidence base

##### From LEAs

All the five LEAs consulted in the course of this project had attempted some form of evaluation, usually involving an outside agency such as a local university. However it was clear from the interviews with LEA managers and from the analysis of their documentation that evaluation,

even in those LEAs which are leading the field, is still very much in the early stages. In many cases it is not sufficiently rigorous to provide any definitive answers on 'what works'.

The following, drawn from the interviews and the documentation produce by the five LEAs summarises the characteristics of evaluation work:

- All the LEAs had tried to evaluate their initiatives in some way.
- The evaluation that is being carried out tends to be unsystematic, and is thought by those involved to need co-ordinating.
- Most of the data collected have been qualitative, and formative rather than summative
- Those engaged in evaluation complain about a general lack of appreciation of the importance of qualitative evaluation.
- Several local institutions / universities have been involved in evaluations of specific initiatives.
- Some baseline indicators collected have been exclusion and attendance figures and GCSE grades. However, overall there has not tended to be a great deal of collection of baseline data.
- Some LEAs have collected comments from inspection reports to demonstrate the effectiveness of their approaches.
- There have been developments in targeting within the National Healthy Schools Standard, and targets have included those relating to emotional and social wellbeing.

### **From the literature in England**

In this country, work to develop an evidence base for education is gaining ground through bodies such as the EPPI Centre at the Institute of Education, and the National Foundation for Educational Research (NFER). There is to date very little evaluation of specific work on emotional and social wellbeing and competence building in England, and even less that is evaluated using the most rigorous methods. The evidence base for this work is thus still very embryonic. This lack of evaluation is making the UK over-reliant on US evidence: for example a recent project by the Institute of Health Research in Oxford to review the closely-related area of universal approaches to mental health promotion in schools (Wells et al, 2003) identified 14 studies that met rigorous methodological criteria, however none of these were from the UK.

### **From the literature in the US**

In the US there is a tradition of research and evaluation in relation to specific work on interventions to promote emotional and social learning, which has been heavily influenced by the highly empirical world of experimental psychology. Much effort has been put into reviews of social and emotional learning programmes (CASEL, 1998; Durlak, 1995; Durlak and Wells, 1997; Catalano, 2002). Much of this evaluation includes the use of control groups. However, even in the US, as Mayer and Cobb (2000) point out, educational policy on 'emotional intelligence' (as it is often called there) appears to be based more on popular journalism than on actual research, and policy in the area has outstripped the science on which it is based. For example, of the 427 studies looked at in the Oxford Institute of Health's review (Wells et al, *ibid*), most of them from the US, only 14 were deemed rigorous enough to include in the systematic review.

### **The use of an experimental approach**

In medicine the standard for evaluation continues to be the randomised control trial, and the worlds of health promotion and to some extent education have been tussling with the appropriateness of this model for their activity. The evaluation of health promoting schools in England and Wales carried out by NFER used a control group and a subsequent review of the whole health promoting school approach only included those studies which had controls (NFER, 1995; Lister-Sharp et al, 1999).

The systematic reviews by the Institute of Health referred to above are also notable by the fact

that they have included in their analysis only studies which contain a control group (Wells, 2000; Wells et al, 2003).

Many feel that to restrict the definition of what counts as 'evidence' to studies which use control groups is too limited and narrow. However, such an experimental approach has value. It sets a standard for objectivity and burden of proof that is a useful yardstick, not least in convincing sceptical outsiders and funding bodies. Though the experimental approach may well find it difficult to isolate the impact of different settings, it can help us identify some of the constituent parts, including specific efforts to promote mental, emotional and social health.

The large database of projects held by the Collaborative Centre for the Advancement of Social and Emotional Learning (CASEL) (CASEL, 1998) contains reviews of over 700 studies of interventions on emotional and social education in schools which aim, for example, to teach communication skills, social skills, counselling, assertiveness, self esteem building and conflict resolution. About a quarter of these involve control groups to some degree. This suggests that the experimental approach has its uses in evaluating certain aspects of specific interventions to develop emotional and social competences, as part of a wider repertoire and portfolio of strategies.

### **Range and sensitivity of approach**

It should be recognised that the use of control groups is expensive, and may be beyond the reach of small initiatives. Control groups are not always appropriate in multi-factoral settings where the sheer number of variables makes trying to control for them impossible - and work to promote emotional and social competence and wellbeing is extremely multi-factoral. Nor is it easy in softer, more nebulous areas again, such as the area of emotional and social competence. So other methods have to be used too.

There has been considerable debate, in Europe and Australia at least, as to what counts as 'evidence' in educational and health related settings, and some questioning of the ubiquity and appropriateness of the controlled approach (WHO, 1998; Springett, 1999; Ritchie and Rowling, 1997). This debate has been strongly aired in relation to the question of how to evaluate the school as a multi-factoral setting (Rowling and Jeffreys, 2000). This concern has led to the development of criteria against which to conduct qualitative research (Mays and Pope, 1995; Medical Sociology Group, 1996); the inclusion of qualitative research in some systematic reviews (including reviews of the mental health of young people); and the development of techniques which encourage self-evaluation and user involvement (Stears, 2000).

The conclusion of this debate is that there is a need to conduct evaluations in ways that are congruent with what is being evaluated, for example it is important to evaluate emotional education in emotionally sensitive ways, so that people do not feel they have 'failed' if their efforts do not pass the criteria for a systematic review. The evaluation process should first and foremost be congruent with the principles of promoting mental health and emotional and social competence and wellbeing, as outlined in this report. If we are to respect the principles of holism it is best to collect a range of data from a wide range of sources, use a variety of tools within a portfolio approach, and draw on a variety of disciplines and approaches (WHO, 1998). There needs to be a balance between rigour, the needs and perspectives of all the participants in the process, and the resources available (Springett, *ibid*). If the evaluation is to be empowering, participatory and bottom up, all stakeholders, such as teachers, parents, pupils, and community members, need to be involved at every stage of the process, consulted about all aspects of it before it begins and involved in the data collection, interpretation and implementation of any outcome (Springett, *ibid*). That way all parties are more likely to feel that they have ownership of the process, have learned something useful from it, and have the motivation to put the results into practice.

Evaluation of the health promoting school has made a particular contribution to this debate.



Such evaluation places considerable emphasis on process evaluation, self evaluation, self direction and multi-causal, socially-focused approaches which emphasise student involvement and ownership of the process, and an interest in the process as well as outcomes (WHO, 1997b). Even those studies which use control groups often employ qualitative methods such as interviews and focus groups (Moon et al, 1999b). Specific innovative tools for these purposes have been developed and used widely across Europe, for example self audits have proved popular (Aggleton, 2000). There has been considerable interest in the involvement of children and young people themselves in programme design and evaluation (Bruun Jensen, 1997), and illuminative techniques such as 'draw and write' and 'bubble dialogue' have been used extensively to map children's changing beliefs and perceptions, including and especially about mental and emotional wellbeing (MacGregor et al, 1998; Wetton, 1998).

These kind of qualitative, participative approaches are increasingly informing the development of tools to assess emotional and social competence. The subject of the assessment of emotional and social competence, including the choice of specific tools has been covered in a parallel project (Edmonds and Stewart–Brown) and so will not be commented on here, except to say that this report very much supports and is intended to be in line with the recommendations of that report, including the specific tools it recommends, many of which reflect the balance of issues reported here.

### **Recommendations**

- That a greater emphasis is placed on good quality evaluation of initiatives, using methodologically rigorous techniques. To assist in this, it would be helpful for DfES to encourage better co-ordination between programmes and a more systematic approach to evaluation.
- That DfES and LEAs require new initiatives to collect baseline data before they start and provide guidance on how this can be done in a methodologically sound way. Initiatives should, as a minimum, be required to demonstrate 'before and after' effects.
- That DfES, LEAs and schools encourage the use of controls in evaluation where possible. These do not need to be randomised as this is rarely possible.
- That DfES, LEAs and schools attempt to evaluate work on emotional and social competence and wellbeing in ways that are congruent with the principles of work in this area, for example to use a variety of methods, data, and perspectives, to involve users, and to encourage self evaluation and reflection.
- That those developing projects set realistic evaluation budgets, for example in line with the WHO recommendation of 20% of the total budget.
- That those who do not have research and evaluation skills consider working with researchers in local research centres and academic institutions. For example, LEAs and schools could seek partnerships of this kind.
- That LEAs and schools make use of existing data for evaluation, for example attendance data and national test figures.
- That DfES considers joint target setting with the NHSS.

The next section will examine some of the identified benefits of working to promote emotional and social competence and wellbeing.

## 4. Promoting the benefits of working in this area

This section sets out the evidence that is available to support claims for the effectiveness of work on emotional and social competence and wellbeing. It is intended to be illustrative rather than exhaustive as later sections amplify the evidence in more detail. These findings can provide a basis for convincing those who may be sceptical or worried about the implications for existing practice of work in this area. Related to this, it is notable that many of the benefits identified in this chapter relate directly to the traditional role of schools in terms of learning, achievement and good behaviour.

### Key findings

- Anecdotal evidence from LEAs suggests that work in this area has a range of benefits, including better behaviour, more confident staff and better pupil involvement.
- Evidence from the research literature has demonstrated that work in this area can achieve the following outcomes:
  - greater educational and work success
  - improvements in behaviour
  - increased inclusion
  - improved learning
  - greater social cohesion
  - improvements to mental health.
- While convinced of the importance of this work, some LEAs are worried about how schools might accommodate it, given the range of other initiatives and developments underway in schools. At the same time, evidence from the research, and work in some LEAs has shown that it can directly contribute to school improvement.

### The importance of defining the benefits

This chapter will illustrate some compelling benefits of promoting emotional and social competence and wellbeing. However, the research suggested that the task of encouraging LEAs and schools to devote time and resource to developing work in this area may be a difficult one. Many LEAs perceived a tension between the priority being given to the agenda to raise standards and work to develop emotional and social competence, as the latter is not seen as having a direct contribution to standards. Related to this, schools are concerned that there is not sufficient time to do this work. It should be possible to identify practice that will reassure LEAs that the two agendas are intrinsically linked, and address some of their concerns (these are outlined in this chapter). At the same time, it places a greater emphasis on the need to send out positive and far-reaching messages to assist in the process of awareness-raising.

### Benefits reported by LEAs

As identified in the previous section, there is a lack of rigorous evaluation at LEA level. However, in the interviews, many LEA managers were clear that they felt the work in which they were engaged was bringing clear benefits. The main benefits they outlined were:

- improvement in teacher performance and confidence
- less problem behaviour in pupils
  - all the LEAs either embedded or linked work in this area into their behaviour support plans
- increased teamwork in schools
- an increase in multi agency work
- increased co-operation with other authorities
- increased pupil involvement
- improvements to the whole school
- the freeing up of resource for special needs work on behavioural disturbance

- a greater willingness to look at young people in a holistic way
- a greater co-ordination of related activity
- better links between key agendas such as standards and inclusion
  - for example, Southampton LEA has set a target of no exclusions for its schools, and is seeing its emotional literacy strategy as a cornerstone of the strategy to achieve this.

The LEA managers were all keen to make clear that their work on educational and social competence and wellbeing was directly linked with education and learning, and had direct educational benefits.

*'We need to get across that it is tuned to achievement. It is not just about making people happy.'*  
LEA manager, Southampton

*'Children are unlikely to achieve their learning potential if their social and emotional needs are not met.'*  
Cumbria Behaviour Support Plan

There is, then, strong impressionistic evidence from LEAs that work on emotional and social competence brings a wide range of benefits, including support for the traditional role of schools. The benefits suggested by the LEAs cover a wide range of issues, some of which will be discussed further in this section, others in later sections.

At the same time, the LEA managers identified the following barriers to effective practice:

- many schools focus on individual behaviour, and want instant solutions - they need to have a wider understanding of the role of emotion
- there is a widespread lack of understanding that emotional education is linked to achievement
- emotional literacy is seen by some as 'faddish'
- emotional education seen by some as irrelevant.

It is clear that the LEA managers do not feel that there is a general understanding of the nature and value of work in this area. Many were keen to promote greater understanding and provide clear evidence of success.

*'What people need is 'sock it in your face figures', proof that emotions affect behaviour. We need a body of literature that convinces people that by investing in this it will lead to improved behaviour.'*  
LEA manager, Leicester

## **Benefits identified in the literature**

### **Greater educational and work success**

- Emotional and social competences have been shown to be more influential than cognitive abilities for personal, career and scholastic success. Work in this area can improve educational and life chances (Goleman, 1996).
- Programmes that teach social and emotional competences have been shown to result in a wide range of educational gains, including improved school attendance, higher motivation, and higher morale (Durlak, 1995; Durlak and Wells, 1997; US Government's General Accounting Office, 1995; Catalano, 2003).
- Work and the workplace increasingly focus on social and emotional competences, with increased emphasis on teamwork, communication, management skills etc (Goleman, 1998; Weisinger, 1998).

### **Improvements in behaviour**

- Many programme reviews have reported improvements in behaviour. A systematic review of programmes (Wells et al, 2003) looked at those designed to promote mental health in schools, including work to address behaviour problems. It concluded that several

programmes had clear and positive effects on behaviour. For example the School Transition Environmental Project had a significant effect on classroom behaviour and behaviour in general. The Resolving Conflict Creatively Project had significant effects on children's levels of aggression. Successful programmes taught emotional and social competences and focused on the whole school environment, not just on behaviour alone.

- A comprehensive review of interventions designed to prevent childhood behaviour problems (Marshall and Watt, 1999:298) concluded that 11 of the programmes it reviewed that were intended to teach social competences were effective in decreasing early behaviour problems.

### **Increased inclusion**

- Teaching social and emotional competences has itself been shown to play an active part in making the inclusion of difficult children easier.
- For example, two projects which taught 'difficult' pupils the kind of skills they need to fit into classrooms more easily and control their own behaviour, while helping their classmates both tolerate their behaviour more easily and positively support their efforts to become part of the mainstream, were very effective in helping the difficult pupils stay in the classroom. This was without detriment to the learning of other pupils (Rogers, 1994; Epstein and Elias, 1996).

### **Improved learning**

- Some emotions (such as sadness, anger) can block learning, while others (such as a sense of wellbeing, feeling safe and feeling valued) promote learning. So learning to manage the emotions can assist learning (Greenhalgh, 1994).
- New work on the structure of the brain and how it works is demonstrating that emotions are essential for rationality: we need them to think clearly, prioritise and plan. By extension, we need to help people manage their emotions to learn more effectively. There is evidence that cognitive processes need input from the emotions to be effective. People cannot think clearly when dominated by powerful emotions, especially negative ones (Weissberg and Elias, 1993). It would appear from recent research emotional and social processes are fundamentally inseparable from cognitive processes (Sylwester, 1995; Perry, 1996). Mayer and Salovey (1997) suggest emotions help us prioritise, decide, anticipate and plan. We need the value that emotion attaches to outcomes in order to decide between them, otherwise all decisions can seem equally valid (Damasio, 1994).

### **Greater social cohesion, increase in social capital**

Many school based projects that attempt to reduce aggression and violence have been shown to be remarkably successful. Most of the evidence has been collected in a school setting.

- For example the US Resolving Conflict Creatively Programme, which used violence prevention strategies, showed a decrease in aggressive beliefs, a decrease in children attributing hostile intentions to people, better interpersonal negotiating strategies, and less self reported problem behaviour (Aber et al, 1998). The Child Development Project (Battistich et al, 1989; 1986; 1987) which used a whole school, whole community approach to develop emotional wellbeing, resulted in pupils with better conflict resolution strategies and a decline in alcohol use.
- A few projects have looked at the impact on criminal behaviour in the community. For example, the Seattle Social Development Project (Hawkins and Catalano, 1992; Hawkins et al, 1999) involved pupil, teacher and parent education on positive behaviour management and resisting social influences and staying out of trouble. Long term evaluation tracked around eight hundred students up to the age of 18 and included data from juvenile courts on delinquency as well as school based data. Students who took part in the programme were in trouble with the law less often, committed fewer violent acts, and had less heavy alcohol use.

This evidence suggests that becoming more skilled in emotional and social competences can help people to become more effective in their communities and workplaces and make communities safer.

### **Improvements to mental health**

Research is showing that children suffer from a surprisingly high level of mental health problems, many more than had previously been suspected. There are clear links between mental health and other health and social outcomes, for example

- Longitudinal studies (as summarised by Buchanan, 2000) show that children with emotional and behavioural problems are prone to mental illness problems in later life and have increased likelihood of school exclusion, offending, anti-social behaviour, marital breakdown, drug misuse, alcoholism and mental illness in adolescence and adulthood.
- The development of emotional wellbeing can reduce mental health problems of young people and their teachers, for example depression, anxiety, suicide, eating disorders, and stress (ibid). There is evidence too that programmes which promote emotional and social competence can contribute substantially to this emotional wellbeing, and directly and indirectly to these positive outcomes (Wells et al, 2003).

### **Recommendations**

- That DfES identifies effective ways of communicating the benefits of promoting emotional and social competence to schools and LEAs, highlighting the fact that the evidence suggests that programmes which are central to schools and learning can increase school effectiveness.
- That DfES communicates the rationale for work on emotional and social competence and wellbeing. This could be a document, written in plain English and grounded in the evidence, which could be used to promote and disseminate better understanding of the nature and many benefits of this work. It would be important to emphasise the synergy between work on emotional and social competence and wellbeing, and more traditional educational goals of intellectual development, with behaviour improvement and with school effectiveness.
- That DfES, working with successful LEAs, produces some case study material of work being undertaken to promote emotional and social competence and wellbeing, including its perceived benefits. This could help to persuade schools and LEAs not yet working on this issue of its usefulness.

## 5. Prioritising work on emotional and social competence and wellbeing

All those interviewed in the LEAs and in the field agreed that for work on emotional and social competence and wellbeing to succeed, it needs to be given much higher priority at local and national level. This section explores what it means to give work a higher priority at various levels and makes recommendations on how this can be effected.

### Key findings

- Work to promote emotional and social competence and learning is better represented at national level in the US than the UK.
- At local level, even those LEAs which are deemed to be doing effective work in this area are not always prioritising emotional and social wellbeing or able yet to link it in with other areas of their work in a fully comprehensive and coherent way
- Those in the field are urging a strong lead from government in prioritising this work.

### Prioritising at national level

#### National agencies

As will be clear from this report, work on emotional and social competence is increasingly to be found embedded in a range of initiatives, including particularly work on emotional literacy, behaviour support, the NHSS, and the work of CAMHS. It is of increasing interest to a wide range of educational, mental health, youth related and social agencies. Acceptance of the importance of emotional issues is gaining ground nationally, with the increased interest in what is often popularly called emotional (and occasionally social) intelligence or literacy.

However, there are not many agencies in England devoted solely to the promotion of emotional and social competence and wellbeing. This is in contrast to the US, where work on 'emotional and social learning' (as it tends to be called there) is better developed. The formation of CASEL (The Collaborative for the Academic, Social and Emotional Learning) as a national network of academics and practitioners, with extensive websites, publications and conferences, has been instrumental in developing a wealth of research and practice across the US, with a growing tradition of empirical research. The UK lacks such a strong overarching forum, although there are several fairly small national organisations whose prime concern is promoting an interest in emotional and social competence and wellbeing which have grown up, including Antidote: The Campaign for Emotional Literacy in London and the Centre for Applied Emotional Intelligence in Bristol. There is a national website for NELIG (the National Emotional Literacy Interest Group) which brings together work from the seven or so LEAs which are constituted as 'ELIGS' and others where the idea of emotional literacy is generating some interest, which has been initiated and is co-ordinated by the Southampton Emotional Literacy Interest Group (SELIG)

#### National government

The experts in the field and those in the LEAs all said that they would appreciate a strong lead from the DfES on this issue, to provide an overall context and climate for their work. The government has given the following welcome steer:

*'Emotional literacy is beginning to show encouraging outcomes and policy makers are taking these seriously.... there is ample scope for promoting emotional literacy across the curriculum and through current developments in inclusion, citizenship, healthy standards and PSHE work.'*

Ministerial speech to Antidote Conference, 2002

While LEAs would welcome a greater emphasis on emotional and social competency work,

some perceive a tension between schools' perceptions of their current responsibilities and the commitment that they believe would be required to develop this new area of work. In addition, several LEA managers and experts in the field were keen to ensure that any work in this area did not result in compulsory activity for schools. For example, if any checklists were produced on emotional and social competence they felt that these should not be used for target setting, for appraisal or for the creation of imposed lesson plans and packages of materials.

At the same time, this research has found that LEAs are successfully finding ways of prioritising and developing this work within the current policy context. For example, developments in Southampton LEA are also showing how work on emotional and social competence can complement the standards agenda rather than stand in conflict with it. This is very much in line with the evidence from the research literature, and experience of projects in the US (Wells et al, 2003; Weare, 2003). It is also instructive to look at the research into the NHSS and school improvement, which provided some indication that those working at level three of the healthy schools standard achieved better results for all Key Stage 1 (KS1) assessments, and for KS2 science assessments, with no overall difference between schools at GCSE level (Thorpe et al, 2002).

However, it is necessary to acknowledge the very real anxieties of LEAs and others, and the differences in perception between those at national and those at local level, in order to decide how to develop this work in a constructive way.

### **The role of funding**

In the interviews with LEAs there was thought to be a general underfunding of work in this area, along with a lack of co-ordination of existing funds. At the same time, funding was cited as a means of support, from sources such as the Standards Fund, neighbourhood renewal and regeneration funding.

LEAs made the following suggestions to DfES for managing funding at national level more effectively to promote emotional and social competence and wellbeing:

- redirect and modify existing funding streams
- give incentives to schools, for example to set up a local initiatives fund
- get schools to bid for funding
- have longer term funding
- increase money for disaffected young people
- encourage schools to spend their money on innovation
- give money directly to schools.

### **Prioritising at local level**

#### **LEAs across England**

Without a proper survey of LEAs it is impossible to say what level of priority this work is given across LEAs in England. There are some indicators of the level of interest in this issue at LEA level. According to the National Emotional Literacy Interest Group (NELIG) website (<http://nelig.com.htm>) there appear to be currently seven formally constituted 'ELIGs', each with a lead officer: Southampton (the originator of the concept); Wiltshire; the Isle of Wight; Devon; Gloucestershire; Merton and a consortium from the Black Country. Six other LEAs either have senior individuals taking a lead or have dedicated time/resource to develop emotional literacy: Bexley, Bristol, Portsmouth, Birmingham, Cumbria, Brent and Harrow. It seems likely that many other LEAs are also taking an interest in emotional and social competence, for example two of the five LEAs looked at in the course of this project (North Tyneside and Leicester) do not appear on the NELIG website.

When asked about the key barriers to working in this field, the LEAs suggested that there is a widespread lack of understanding of the nature and importance of work in this area, and a

corresponding need to identify practitioners who can spread the word.

### **LEAs interviewed for this project**

By definition, the managers from the five LEAs interviewed by the project were working in LEAs that had prioritised work in this area, as this is why they were selected. It was certainly felt to be the case that it was this prioritisation that had led to so many schools being involved in the work, and that such a lead needed to come from the LEA. Prioritisation of other complementary initiatives such as PSHE and healthy schools was also said to be very helpful.

However the degree of prioritisation appeared to vary between the five LEAs. Southampton appeared to be best able to give what they termed 'emotional literacy' the highest possible profile and had embedded it in the LEA policy as a top priority along with literacy and numeracy. In contrast, a leader from Birmingham LEA said that they had not yet managed to get their work on emotional and social competence linked with broader LEA policy. So it would appear that work on emotional and social competence is sometimes still not given a very high priority, even in LEAs which are recognised for it.

### **The need for schools to give emotional and social competence a high priority**

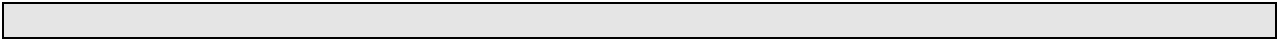
There is a strong consensus in the literature, from experts in the field such as CASEL (Elias et al, 1995, 1997) and from the leaders in the LEAs that work in emotional and social competence and wellbeing has to be high profile. The approach and strategy need to be explicit, with all involved. Teachers, pupils and parents need to be made aware that work on emotional and social competence is a key priority, and be clear about why and how they and the rest of the school are setting about it. Every teacher needs to believe that they and their subject have an active part to play in the total enterprise, whatever their specialism. Finally, they will require education and support to make this a reality.

There is a strong consensus, both in the literature and in the field, that leadership by the headteacher is absolutely vital: a proactive concern with this issue needs to come right from the top, and to permeate every aspect of school life and learning. The Hampshire teachers' forum said that, in Hampshire, informal evaluation suggests that it is the vision, values and the belief of heads that drive work on emotional and social competence. This needs to be a long term vision, which includes emotional and social competence in every aspect of the school.

### **Recommendations**

- That DfES and LEAs work together to discuss perceived anxieties and tensions between different educational policies and initiatives and how they might overcome these in order to prioritise social and emotional competency work.
- That DfES carries out a survey of LEAs to obtain a clearer picture of what is happening across England in relation to the promotion of emotional and social competence and wellbeing.
- That DfES develops a strategy to develop work in this area, including further research and enquiry, seminars and training, and publications, including guidelines for LEAs and schools. In addition, to communicate to schools the importance of this work - and the role of schools in implementing it.
- That DfES considers how best to fund work on emotional and social competence, including innovations in current funding streams and methods.
- That DfES identifies a list of practitioners who can work with LEAs and schools to demonstrate the practical benefits of work in this area.
- That LEAs themselves prioritise work on emotional and social competence and wellbeing within their own teams, and encourage schools to prioritise work in this area.
- That schools prioritise work on emotional and social competence and wellbeing, and link it with their organisation, policies, practice and curriculum across the whole school.





## 6. Adopting a holistic approach

This section outlines what is meant by a 'holistic' approach, presents the research evidence for its importance, and examines what it means to take a holistic approach to the promotion of emotional and social competence and wellbeing.

### Key findings

- Just as there are different terms for 'emotional and social competence' so there are a wide range of labels for describing work at a whole school, or 'holistic' level. Essentially, this is defined as work which looks at several aspects of the school, and at the underlying determinants of wellbeing and competence, not just their learning or behavioural outcomes.
- There is an increasing body of research evidence which demonstrates the fundamental importance of a holistic approach in understanding and tackling all social issues.
- The need to use a holistic approach is particularly relevant in the case of promoting emotional and social wellbeing, where a holistic approach provides scope to promote emotional wellbeing in a preventive capacity, while providing scope to target those with particular emotional and behavioural problems.

### Holism and the LEAs

Both in interviews and in their documentation, managers in all five LEAs were keen to emphasise the fundamental importance they gave to using what this report will term a 'holistic' approach in all their work, including work on emotional and social competence and wellbeing and on behaviour. They cited the idea of holism in general, and specific holistic initiatives such as the NHSS as being major supports for their work. They each used different labels to describe such an approach, for example 'whole school' or 'contextual or 'environmental' approach. What each label described in essence was a way of working which understood, worked with and, where necessary, changed the total emotional and social context of the classroom and school. Such an approach does not just look at the behaviour of individuals, as this is itself an outcome, rather than a determinant of the total process. In turn, one of the identified benefits of promoting emotional and social competence and wellbeing was the fact that it encourages people to look at young people in a holistic way.

Both the practical experience of the LEAs and the evidence from wider research literature suggests that taking a holistic, contextual approach is perhaps the single most important element in developing emotional and social competence and wellbeing, and has wide ranging implications, which will be discussed in this section.

### The international perspective

There is a wealth of theory, and an increasing body of research evidence, on the fundamental importance of a holistic approach to the understanding and tackling of all social issues. The concept of holism is at least as long as the development of the social sciences themselves, but has been pushed to the fore in recent times in the context of health and education by a huge range of agencies and initiatives.

Theory and research from across the world stress the importance of taking a holistic approach in education. A systematic review (Lister Sharpe et al, 2000) concluded that whole school approaches can be very powerful ways of tackling a whole range of health, including emotional and social issues. The subsequent systematic review of approaches which were designed to promote mental wellbeing in schools (Wells et al, 2003) concluded that *'the most robustly positive evidence was obtained for programmes that adopted a whole school approach'*.

Like emotional and social competency itself, a whole range of terms with similar meanings are in use in relation to this concept, including the following:

- whole school (used ubiquitously and rather vaguely)
- healthy school (NHHS/Health Development Agency)
- health promoting school (European / WHO)
- settings (WHO)
- universal (UK health services)
- comprehensive (US education)
- environmental (US education)
- safe school (US education)
- multi-dimensional (US social policy in general)
- multi-systemic (US mental health policy).

### **The health promoting school or healthy school**

A specific example of a holistic approach which has considerable currency in an English context is the health promoting school approach, more usually known as the 'healthy school' approach. This approach has a long pedigree. In the mid 1980s the WHO were highly instrumental in pushing forward the importance of taking what they then termed a 'settings' approach, which we will here term a holistic approach. This approach recognises the myriad of interconnected and interacting physical, social and psychological factors that make up the total overall context in which development takes place. It suggests that those organisations, agencies and individuals who wish to promote key developments in social policy, education or health should pay attention to creating an overall climate and context (in policy, social, psychological and legislative terms) that is supportive of that development, rather than focusing only on the behaviour of individuals, which is seen as the outcome of that much deeper holistic process.

In the mid 1980s, following concern to promote the 'settings' approach, the WHO evolved the concept of health promoting schools. This rapidly turned into an international network of health promoting schools which has now spread across all countries in Europe (including the UK) and is led by the WHO, supported by the EU and the Council of Europe. In England the health promoting school approach has mostly been subsumed by the newer NHSS which has taken on the basic concepts behind the health promoting school and added an emphasis on inclusivity, target setting and levels of achievement and awards for schools, while attempting to make the process open to all schools instead of a network of a few. From here on the term 'healthy schools' will be used to describe this approach.

### **Evidence supporting holistic approaches**

Most work on emotional and social competence has been for troubled and troublesome pupils, those with special needs and emotional problems, and those whose problems disrupt the school community. Many UK agencies still predominantly concentrate on these groups. The main difference between the traditional focus on targeting those with special needs and the approach used by the five LEAs is the belief of the LEAs that the best way both to prevent problems is to concentrate first on getting the whole context right. All felt that there was no conflict between taking a holistic approach and the need to tackle behavioural and emotional problems, indeed they believed the holistic approach was the most effective in helping those with problems. This belief is very much supported by research evidence that targeting those with particular needs within the context of a holistic, contextual approach not only helps the majority but is actually more effective in meeting the needs of the troubled and troublesome than targeted approaches on their own.

There is clear evidence that holistic approaches are effective, not only for changing the behaviour and attitudes of mainstream pupils, but including, and especially for helping those with emotional and behavioural problems. For example:

- The review by Wells et al (2003) on the effect of school-based programmes on mental health showed that 'the most positive evidence of effectiveness was obtained for programmes that adopted a whole-school approach, were implemented continuously for more than a year, and were aimed at the promotion of mental health as opposed to the prevention of mental illness'. As such, these approaches were more effective than those that were limited to classroom approaches alone. This included outcomes for pupils with emotional and behavioural problems.
- Holistic approaches have been shown to be much more likely to make long term changes to pupils' attitudes and behaviour across a wide range of issues than specific, one dimensional programmes. This includes pupils with social, emotional and behavioural problems. Durlak (1995), Durlak and Wells (1997) and the US Government's General Accounting Office (1995) reviewed hundreds of different types of programmes designed to promote 'prosocial' behaviour in schools (for example reducing alcohol, tobacco and drug use, and violent incidents). All three reviews concluded unequivocally that environmental programmes were much more effective than those that used curriculum projects alone.
- Emotional, behavioural and social problems are extremely widespread – they are by no means a minority problem. For example, estimates of clinically defined behaviour disorder range between 7% and 27% (Stewart-Brown, 1998b). Any population survey of related issues such as unhelpful parenting (such as hitting very young children), behaviour problems, worries, anxieties or experience of bullying, invariably shows that emotional and social problems are located along a continuum and tend to affect a very high percentage of the population.
- Targeting alone is not appropriate where there is a continuous or unimodal distribution of a problem. All indicators of emotional, behavioural and social problems in children and young people are on a continuum, which suggests that it is unhelpful to have a cut off point (for example '20% have problems'). Where problems have a continuous distribution, targeting is likely to be ineffective, as the cut offs are arbitrary, and very many people who suffer from a problem will, to some extent, be ignored (Wells et al, 2003).
- The processes which help some children have been shown to help all (McMillan, 1992; Cohen, 1993; Rutter et al, 1998). The principles advocated in this report, such as starting early, being clear about expectations and boundaries, and building warm relationships have been shown to be helpful for those with emotional and behavioural problems.
- It is less stigmatising to work with everyone, which means that those with problems are more likely to use the services offered and feel positive about them than if they feel they are being singled out.
- The principle of 'herd immunity' means that the more people in a community who are emotionally and socially competent, the easier it will be to help those with more acute problems. The critical mass of ordinary people provides an emotionally and socially healthy environment for those with problems. Low risk people can help those at higher risk (Stewart-Brown 2002).
- Various key elements which have been shown to make a difference to learning and behaviour are even more powerful when they work together. For instance, teachers who feel supported are more likely to set clear goals for their pupils (Moos, 1991). Many of the studies of the various factors have found it more helpful to cluster them and to look at them in combination (Hawkins and Catalano, 1992; Solomon et al, 1992), and some researchers have even suggested that we cannot understand any features of educational organisations in isolation (Marshall and Weinstein, 1984). This points to the essentially holistic nature of the school context and key educational processes

In practice there need be no conflict between a holistic approach and work with individuals.

*'People think it is all about the environment and that if that doesn't work then you go to more traditional methods of working with individual children. Not the case. The (Birmingham) framework covers both the environment and work with specific children.'*

However, when asked what were the key barriers in relation to this aspect, it was a common view that there is a lack of understanding of the complementarity of the two approaches:

*'There is a lack of understanding that it is possible to use both individual and whole school approach together.'*  
Cumbria LEA

### **Definition of a holistic approach**

While there is a widespread agreement on the need to use a holistic approach, and evidence on the value of it, there still a lack of agreement about what it means in practice. Many examples of so called 'whole school' approaches are in fact only very partial accounts of what is ideally involved. The most 'complete' example of a holistic / whole school approach would include the following:

- It would look at several aspects of the school, not just one, and certainly not the curriculum only. Other important aspects include management, ethos, relationships, communication, policies, physical environment, relations with parents and relations with community.
- It would look at the underlying environmental determinants of emotional wellbeing and competence, not just its learning or behavioural outcomes.
- It would work with all relevant parties and at all levels, for example government, LEAs and schools, and with everyone in the school or community, not just those with special needs or those families identified as having problems.
- It would include the care-givers (for example teachers) as well as the recipients (for example pupils).
- It would ensure congruence between the various parts, so that one part of the picture is not undermining work that is being carried out somewhere else (for example messages from LEAs conflicting with what is happening in schools).
- It would promote coherence, teamwork, 'joined up thinking' and multi professional working.
- It would take a positive approach, which starts from the widest possible perspective of wellbeing, and includes problems within it, not starting with a narrow, problem centred, deficit model.

### **Promoting the use of holistic approaches**

Those in the LEAs and the field were keen that the DfES supports holistic approaches in general, while ensuring congruence and coherence with other programmes and initiatives. Their key suggestions were that the DfES should:

- not 'pick bits out of' a particular framework, but recommend it as a whole
- make links between a holistic programme to address emotional and social competency and other strategies, for example the key stage three strategy, inclusion and curriculum developments
- help schools to make the links between this work and other work they are being asked to do, for example with the literacy hour and language work
- build on what is already there, and make use of existing expertise
- engage the support of people who have the confidence of schools, and know about the sources of funding available
- raise the profile of areas which support this work, such as PSHE.

## **Recommendations**

- That the DfES reviews the positioning of work on emotional and social competence and wellbeing in relation to other policies and initiatives and identifies the linkages and helps schools and LEAs to do the same. It should also review how these other policies and initiatives impact on emotional and social wellbeing work.
- That the DfES disseminates and encourages the use of a wider, and more evidence-based, model of what is meant by a holistic approach to counteract the very limited models of 'whole school' approaches sometimes in use.
- That LEAs attempt to take a holistic approach to their own organisation and delivery of services, and encourage schools to do the same.
- That schools attempt to work in holistic ways in relation to emotional and social competence and wellbeing, and indeed in all areas of their practice, for example, considering the ways in which the various parts need to reflect the whole in a congruent and co-ordinated way, work with all relevant parties in and outside the school, and include a concern for teachers as well as pupils.

## 7. Ensuring coherence and teamwork

We have said that whole school approaches need to be coherent and co-ordinated if they are to work effectively. This section outlines the central importance of teamwork and a multi professional approach in promoting emotional and social competence and wellbeing, and explores what more could be done to develop a more coherent approach to work in this area.

### Key findings

- Promoting emotional and social competence is a complex activity which requires coherence to make the whole greater than the sum of its parts.
- Multi-professional approaches are effective in improving behaviour and promoting wellbeing and competence. However such work presents one of the most common challenges for practitioners today, including those attempting to develop work on emotional and social competence and wellbeing in LEAs and schools

### Evidence for teamwork and multi-professional approaches

Promoting emotional and social competence and wellbeing is, by its very nature, a highly complex activity that requires the input of vast numbers of different lay and professional people. One of the biggest challenges of taking a holistic approach is to try to ensure that there is genuine coherence across this multi-faceted activity, and that the whole really is greater than the sum of the parts.

There is a clear consensus from research and practice in the field that work on emotional and social competence and wellbeing needs to be co-ordinated, coherent, planned, and developmental (Elias et al, 1997). A coherent and co-ordinated approach is especially necessary for helping pupils with behavioural problems: Walker (1995) looked at what schools can do to prevent antisocial behaviour, and concluded that they need to have a coherent plan, which should include a school wide discipline plan, managing the classroom environment effectively, teaching social skills explicitly, managing anti-social behaviour in the playground, and involving parents and the community. All parts of the school experience should reinforce one another, so pupils again experience consistent messages, a principle which is particularly vital for those who are already having difficulties. If pupils attend special units for a time then the mainstream classrooms to which they return need to use the same calm and clear strategies as they should experience in the withdrawal unit so that they experience consistent messages, expectations and boundaries (Elton, 1989; Briggs, MacKay and Miller, 1995).

More recently, extended schools have been found to impact positively on pupil behaviour and attendance (Wilkin et al, 2003). These schools typically provide community services and facilities from within the school setting, through collaboration with other agencies. In this study, extended school delivery was said to impact positively on pupil attainment, attendance and behaviour, offering facilities to increase engagement and motivation. In addition, education and learning was said to be enhanced as the school became regarded as a site of resources and support for the community.

### Coherence and teamwork in the LEAs

The documentation produced by the five LEAs to outline their plans and frameworks in this area made it clear that their activities involve enormous numbers of different agencies, professions and projects, all attempting to work together to meet defined goals and targets. As we have seen, all the LEAs were using particular frameworks to bring together the wide range of professions involved, and all commented on how useful their chosen framework was to the task, nominating particularly the involvement of behaviour support plans and the NHSS. When asked

about successes all the leaders from the LEAs had tales to tell of successful teamwork: conversely, when asked what the barriers to success were, they often mentioned a lack of coherence and teamwork.

It was clear from interviews with LEA managers and with those in the field that the reason why coherence, teamwork and a multi professional approach have such high priority is because they remain very difficult to achieve. LEA managers all perceive an overall lack of co-ordination and strategy at LEA and school level between social and emotional competence work and PSHE. They also perceive a lack of co-ordination with DfES in relation to funding and work with other agencies. Some LEAs had experienced specific problems with people involved, for example with key personnel leaving, and difficulties in keeping together multi professional teams together. One manager felt this was due to the different agencies each having their own objectives:

*'The goal posts kept moving with the agencies they have worked for...each agency has their own goals and objectives which they want to see the initiative as helping to achieve. Each agency wants proof of success – but their own particular version of success.'*

Another LEA had experienced difficulties with running multi agency teams and now had different agencies on a steering group instead, as it felt that multi agency teams did not work.

The five LEAs consulted for this project varied greatly in size – from an authority with 453 schools (Birmingham) to one with only 85 (North Tyneside). The size of the authority appeared to affect the type of work which can be done and can be an advantage or a barrier. Those working in larger authorities pointed to the importance of co-ordination of work in this area, and at how more emphasis needs to be given to overall strategy. Those working in the smaller authorities identified as an advantage being able to work in small teams and a sense of cohesion.

### **Promoting coherence through emotional and social education**

In the interviews with the LEAs, many commented that work on emotional and social competence and wellbeing can itself promote greater congruence and coherence. Some of the benefits they discussed were:

- increased teamwork in schools
- increase in multi agency work
- increased co-operation with other authorities
- bringing together a range of different activity
- linking of key agendas such as standards and inclusion.

### **Ways forward**

Although multi professional work is clearly seen as a challenge, there is a strong consensus that it is nevertheless the best way forward for work in this field. This is the theory underpinning the new Behaviour and Education Support Teams (BESTs) which were introduced in a number of LEAs from April 2002. The purpose of a BEST is to promote emotional wellbeing, positive mental health, positive behaviour and school attendance among children and young people, and help in the identification and support of those with, or at risk of developing, emotional and behavioural problems, through the provision of multi-agency support in schools and to individual families (DfES, 2002b). While specific funding has been given to a number of LEAs through the Behaviour Improvement Programme, the BEST approach can be replicated in other areas as it is based on a clear model of effective practice, derived from a number of CAMHS innovation projects.

The NHSS was mentioned by all five LEAs as a major force for bringing various professions together. The national co-ordinator talked of the strong emphasis within the NHSS on



partnerships, for example between local education and health, between LEAs and health authorities (and more recently primary care trusts), and between management and schools. The scheme is hoping to move more towards multi-disciplinary teams within local government offices, a development which is taking place in many cities already.

### **Recommendations**

- That LEAs work with other agencies to develop comprehensive frameworks for this work, within which a range of professions can work. The exact name and nature of the framework will vary according to local needs.
- That LEAs set up multi professional teams, both to develop this work in general and to support individual schools, that the teams be engaged in tasks that are of agreed, clear and demonstrable value to the agencies and to schools, that they take care to ensure that the work of the agencies is co-ordinated and coherent, and that all the agencies involved in the work have sufficient of their own goals met to motivate them to continue
- That the DfES produces case study material which shows examples of successful multi professional working, including those that involve community schools, health and other agencies, and which include an account of how some of the common difficulties have been overcome, to encourage other LEAs.
- That schools take care to work in a co-ordinated way, ensuring internal coherence and congruence within the various elements of their own organisation and practice, and with their work with outside agencies, parents and the community.

## 8. Involving parents and communities

This section reviews the evidence for involving families and communities in work to promote emotional and social competence and wellbeing, and makes recommendations on what more should be done in this area. This is, however, a substantial area in its own right, and the project did not have the time or resource to go into the issue in detail, for example by looking at education for parenting or early years interventions.

### Key findings

- Programmes which actively involve parents and the community are more likely to have a positive impact on behaviour.
- Work among the case study LEAs is not widespread, though there are examples of parenting programmes and specific one to one work with parents.
- Extended schools provide a new and more widespread opportunity for bringing parents and the wider community into the school environment.

### Evidence for involving parents and the community

Effective schools have always worked closely with parents to achieve all their key priorities, and there is considerable evidence that effective programmes of social and emotional competence and wellbeing especially need to involve parents. Educational interventions with pupils with behavioural and emotional problems have consistently emphasised the importance of involving families and the community, which often involves teaching the parents the competences their children need to acquire (Kamps and Tankersley, 1996). Reviews by Durlak (1995), Durlak and Wells (1997) and the US Government's General Accounting Office (1995) showed that programmes which actively involve parents, the local community and key local agencies are more likely to have an impact on pupil behaviour. This whole issue is not just a matter for schools and pre-school agencies.

The involvement of parents is especially important for pupils with emotional and behavioural problems. Educational interventions with pupils with all kinds of behavioural and emotional problems have consistently emphasised the importance of involving families (Kamps and Tankersley, 1996), and parents of children who are receiving specific help have been shown to benefit from receiving help themselves, both by developing the parents' own skills and ensuring that the messages home and school give to young people become more congruent (Middleton and Cartledge, 1995).

To cite just a small part of the evidence for involving parents:

- Many large scale studies and reviews of research on whole school programmes that attempt to promote social and affective health, have shown that programmes are considerably more effective if they involve parents and the community (Durlak, 1995; O'Donnell et al, 1995; US Government's General Accounting Office, 1995; Elias et al, 1997; Durlak and Wells, 1997).
- Specific programmes to develop emotional and social competences have been shown in a wide range of studies in countries throughout the world to work better where schools involve the pupils' homes and families in the process (Walberg, 1984; Haynes and Comer, 1996; Gettinger, Doll and Salmon, 1994; Ronen, 1994). For example, some schools have successfully asked parents to help pupils with assignments and projects which look at the applicability of social and emotional learning in the home context, such as communication skills (Elias et al, 1997).
- Parents of children who are receiving specific help have been shown to both benefit their children and receive benefit themselves. It would appear that such help develops the

parents' own skills and ensures that the messages home and school give to young people become more congruent. For example, a controlled trial of pupils with a history of behavioural problems in class found that those whose parents received counselling at the same time fared significantly better than those who were simply counselled themselves or received no help (Hayes, Cunningham and Robinson, 1977). Similarly, boys taught a social skills programme maintained their new behaviour much better if their parents were trained and involved in the process through home-school notes (Middleton and Cartledge, 1995).

- The effects can work both ways, and social skills training has been shown to have beneficial impacts on pupils' behaviour at home, for example, programmes of conflict resolution in school have often been shown to reduce friction at home (Gentry and Benenson 1992; Johnson et al, 1995).
- Taking a wider, whole school approach, some schools have successfully invited parents to work with staff and pupils on planning and management teams, and acting as liaison officers between the school and its surrounding community, while others are inviting parents to help with teaching and mentoring individual pupils or groups (Chapman et al, 1999).
- The involvement of parents is central in effectively addressing behavioural problems in children below the age of 13. For this age group, a combination of parenting programmes and problem-solving skills training and communication skills has been found to be 'the intervention of choice' (Carr, 2000; Fonagy et al 2002), while the involvement of parents through specific family therapies has been effective in work with teenagers (Brosnan & Carr, 2002).
- There are indications that the extended schools approach impacts positively on parents by increasing their involvement with the school and with their child's learning. This in turn has the potential to increase their access to services and to increase their skills (Wilkin et al, 2003).

### **Examples from LEAs**

In talking to organisations working in this field, it became clear that there are many examples of schools working effectively with families and parents and many of the experts interviewed were keen to emphasise its importance. Hampshire's inclusion officer described their work in this area:

*'We have provided parenting education programmes which run in eight half day sessions. The focus is half on the parents (building their self-esteem) and half on the management of the child. It has been very successful – some parents go on to form self-help groups. We need to change the isolatory nature of these families.... We need to start pre-school, with social culture, working with the parents. One system is the use of mentors – someone playing the role of an aunt or uncle to give them a model of parenting and advice. We need to draw the parent and child into pre-school provision.'*

### **Community involvement**

Programmes that tackle emotional and social competences and wellbeing are fairly common in the US: Giuliano (1994) describes a programme of violence prevention in a US school in which the whole school programme of conflict resolution is supported by an advisory board made up of student, community, and school leaders, a programme which evaluations have shown to be highly effective. A UK version of the US concept of Communities that Care has been set up in three cities, focusing on community initiatives aimed at preventing youth violence (Anderson, 1998).

However, involving the community is not easy. The concept of the health promoting school has always had the involvement of the community as one of its cornerstones, but evaluations of health promoting schools suggest that the forging of links with the community is probably the least developed aspect of the idea (St Leger, 1999).

Community schools are now being introduced in Scotland, and are similar to the extended schools being introduced in England. Both offer new opportunities for involving parents and bringing the wider community into the school environment. In the chair's closing speech at the conference *Effective Early Intervention for Children* (2002) it was remarked that:

*'There are now some real hooks on which to hang our areas of interest. The extended schools concept... the idea that schools should not just be 9 to 3.30 curriculum factories, but something which is making life better for children's families and their communities.'*

### **Recommendations**

- That DfES, LEAs and schools look for ways of further involving parents and communities in efforts to promote emotional and social competence and wellbeing.
- That DfES produces case study material which includes examples of successful involvement of parents and communities, including those that give an account of how some of the common difficulties have been overcome, to encourage other LEAs to involve these parties.

## 9. Starting early and taking a developmental approach

This section reviews the evidence for starting early, targeting early and taking a long term, developmental approach to work on emotional and social competence. It then makes recommendations on how these aspects can be implemented as part of a broader strategy to promote work in this area.

### Key findings

- Children benefit from learning emotional and social competences from a very young age, and need to be taught in the kind of environments that promote emotional and social competence and well being from the start.
- Identifying individuals with particular problems should also take place as early as possible, to maximise the chances of success.
- A developmental approach, which is appropriate to the age and stage of the learner and which continues for a length of time, has been shown in longitudinal studies to provide the most robust evidence of success.
- To work out at an early age what type of support children require, it is helpful to take steps to find out where children are emotionally and socially, in ways which impose minimal burdens on schools but which enables schools to identify which approaches are most suitable for their pupils.

### The importance of starting early

There was a consensus from everyone to whom the project team talked that it is essential to start early on work on emotional and social competence and wellbeing, both with whole school and targeted approaches and with targeting, and to take a long term, developmental approach to ensure sustainability. Many interviewed discussed the pitfalls of 'short termism', of following fashions, and of starting too late.

### Targeting within a whole school approach

Although the LEAs were clear about the importance of taking a holistic approach they were clear that this did not preclude taking into account the needs of those with problems. They felt that we should indeed target carefully, but against a backdrop of overall provision, where it is much more likely to be effective than targeting alone. All those interviewed took the view that it is essential that those with problems are identified early enough and that rapid, positive and flexible action is taken. All the agencies at the meeting of the National Pyramid Trust (including the East London Schools Fund, Chance UK, Antidote and Kids Company) believed that early intervention was crucial and that we need to identify children who are failing to thrive.

*'Children are being assessed in everything else, but their emotional state is being overlooked.'*  
Director, National Pyramid Trust

Research consistently demonstrates that all children need to be taught in environments that foster emotional and social wellbeing right from the start, that they need to learn emotional and social competences at a surprisingly early age, and that any targeting needs to start early too.

The evidence on early intervention and targeting highlights the following:

- Many emotional and social issues and problems are best tackled in primary school, when children are most open to help (McGinnis, 1990).
- There is overwhelming evidence that the ability to change negative behaviour decreases with age (Loeber, 1990), and that signs of difficulty can be seen very early and are best tackled when they still are mild (Rutter et al 1998).

- Programmes which start early, with the youngest children and which are developmentally sensitive to the age and stage of the pupils were best able to promote improvements in emotional and social behaviour, for all pupils (Durlak, 1995; Durlak and Wells, 1997; and the US Government's General Accounting Office, 1995).

Encouragingly, starting early is one of the aims behind the new programme of Behaviour and Education Support Teams (BESTs), whose role is to work with primary and secondary schools to promote the emotional wellbeing of all children and to prevent problems arising. This model is grounded in the evidence of what works, including lessons from a number of early intervention programmes (DfES, 2002b). At the same time, many local authorities are undertaking work on identification, referral and tracking of children aged from 0 to 19, in order to ensure that no young person falls 'through the net' of available support. Such work is currently being piloted and should provide valuable lessons in this area.

### **In-school support programmes**

Some schools offer in-school programmes of pupil support (Munn et al, 1999), including the recently introduced learning support units (LSUs). There is strong evidence that well planned school-based programmes of this type can be very effective (Rogers, 1994; Epstein and Elias, 1996). Some who have had considerable experience of such programmes claim that in-school programmes are a great deal more effective than those that are based in the community, because they encourage the school to take the issue seriously, and to own its problems and solutions (Surber, 1999). Such units within mainstream schools can be effective in giving help and support to young people with behavioural problems. These need to be seen not as long term containment devices, but as short term and highly focused bridges back to the mainstream classrooms, which tackle the problems pupils have in proactive and clear ways (Potel and Bowley, 1998). The withdrawal units and the mainstream classrooms to which pupils return need to use the same calm and clear strategies for managing classroom behaviour, so that pupils experience consistent messages, expectations and boundaries (Elton, 1989; Briggs, MacKay and Miller, 1995).

### **Taking a long term, developmental approach**

A developmental approach is one which is developmentally appropriate to the age and stage of the learner. Younger children mainly need very concrete experiences of demonstration and some rote learning, while as pupils get older they are increasingly able to reflect consciously on the processes and use more complex and abstract ideas and principles. Adults require an approach which is again different, using the principles of adult learning, for example building on the considerable prior experience that they are bringing to the situation.

There is copious evidence for taking such an approach over the longer term, for example:

- Longitudinal studies show that children with emotional and behavioural problems are prone to mental illness problems in later life. They have increased likelihood of school exclusion, offending, anti-social behaviour, marital breakdown, drug misuse, alcoholism and mental illness in adolescence and adulthood (Buchanan, 2000).
- The systematic review of approaches designed to promote mental wellbeing in schools (Wells et al, 2003) concluded that 'the most robustly positive evidence was obtained for programmes that... were implemented continuously for more than a year'.

There is clear evidence that programmes that aim to develop emotional and social competences are more effective the longer they are in place, and most take years really to establish (Hord et al, 1987; Arora, 1994; Lantieri and Patti, 1996). Programmes which are based on a long term commitment are more successful in changing behaviour (Durlak, *ibid*; Durlak and Wells, *ibid*; US Government's General Accounting Office, *ibid*).

Work should not be a 'one off', or triggered by particular 'crises', or restricted to a particular age

or other target group, or have long gaps in between, all of which have been shown to have little long term effect (Botvin and Dusenbury, 1989; Boulton and Flemington, 1996; Elias, 1995). Without a long term, developmental perspective large amounts of time and money can be wasted. For example the large scale US drug abuse prevention project, DARE, was targeted at children in elementary schools, but failed to make a long term difference to the subsequent behaviour of the same children as adolescents: this has been put down to a lack of follow up sessions to the programme in the secondary school context (Dukes, Ullman and Stein, 1996; Clayton, Cattarello and Johnstone, 1996). Teacher education needs to take a similar, long term, drip feed approach, not just be delivered in the form of a single one-off course. This will be discussed in more detail in a later section.

### **Finding out where children are starting from**

Several of those interviewed were in favour of early checks to identify children who are failing to thrive, what one called a 'routine check of emotional health in primary schools'. The goal was that this should be minimal but competent. At the conference *Effective Early Intervention for Children* (2002) the chair in his closing remarks suggested that baseline assessments of emotional states would be helpful for taking forward work in this area:

*'We need to have a mechanism of ensuring that children's emotional needs are assessed and identified... (and) can't slip through the net. This may be something that a revised version of baseline assessment would be looking at – the most important aspects of children's development, their emotional needs, rather than where they are on various key stages. We need to ensure that schools are resourced for providing this range of services.'*

The research literature has long demonstrated that, as with all learning, people vary a great deal in their emotional and social competency, according to their age, stage, previous experience and personality. If we want to devise appropriate programmes and assess their impact we need to find out where the people who are the target of our programmes are starting from in terms of their knowledge, attitudes and skills. Once we know where people are starting from, we can use that information to develop a programme that starts where they are, and builds from there in small steps. It is particularly important that the work we offer helps children gain a sense of inner structure, security and power, and move from dependency to independence. A wide range of qualitative and quantitative methods to do this have been devised, including questionnaires, inventories, discussion, interviews, focus groups, and 'draw and write' techniques. As the issue of assessment is the subject of another current DfES project this report will not comment on it further.

### **Keeping it going: work in secondary schools**

Several of those interviewed from the LEAs and from the field remarked that promoting emotional and social competence and wellbeing poses particular challenges in secondary schools, and secondary schools were generally seen as harder to get involved than primary schools. For example, the NHSS national co-ordinator noted that the NHSS is not making as great an impact on secondary schools as on primary. Some reasons suggested for the lower level of interest in secondary schools are that:

- secondary schools may be more uncomfortable with notions of emotional wellbeing than primary schools
- secondary schools have their own money and may not always like spending it on non-compulsory initiatives.

However it is also worth noting that a number of secondary schools are implementing work on issues such as whole school behaviour policies, anti-bullying strategies, peer support and young people's participation, all of which are integral elements of a more comprehensive approach to promoting social and emotional wellbeing.

The transition from primary to secondary school was mentioned as a source of particular stress

for pupils. The Hampshire teachers' forum commented that there is a disjuncture between primary and secondary schools, with children who progress happily at primary school experiencing setbacks when they enter the very different world of the secondary school. A DfES study found that up to two out of every five pupils fail to make the expected progress during the year immediately following a change of school. It also found that transition groups are increasingly being identified by practitioners as an effective way of supporting children who may have difficulty in adjusting in a new school (Galton, Gray and Rudduck, 1999). Such groups provide a 'pupil-centred' approach to transition which helps to prepare pupils for the social upheaval of transfer. This can complement other activity to support transition, for example:

- administrative approaches
  - which highlight exchanges of information, bringing pyramid schools together in a working relationship
- curriculum continuity approaches
  - involving exchanges of material and teachers, or starting projects in year 6 and completing them in year 7
- pedagogic approaches
  - engaging pupils by involving them in new ways of teaching and learning.

### **Recommendations**

- That the DfES, LEAs and schools take, and encourage others to take, a long term approach to work on emotional and social competence and wellbeing. This means not expecting instant solutions or working only to manage crises.
- That DfES encourages and provides funding for schools and LEAs to organise themselves, to start early with any initiatives they take, in particular to allow for the early identification of children who are causing concern and to provide rapid, flexible, non stigmatising, non labelling support for such students.
- That schools and LEAs ensure that work they organise to promote emotional and social competence and well being is tailored to be appropriate to the age and emotional and social stage of the learner, and that they take positive steps to find out where pupils are starting from.
- That work on emotional and social competence and wellbeing is promoted as much in secondary schools as in primary schools.



## 10. Creating appropriate environments

This section examines the kind of environments that have been shown through research to be particularly conducive to promoting emotional and social competence. In particular it focuses on key features in environments that promote emotional competence and wellbeing: the fostering of relationships; the encouragement of participation; the development of appropriate levels of autonomy in pupils and teachers; and the pursuit of clarity about rules, boundaries and positive expectations.

### Key findings

- The learning of emotional and social competence is, at its heart, about learning to be a warm, caring and empathic human being who can make worthwhile personal relationships with others.
- Communication, and in particular active and empathic listening, has a key role to play in developing such relationships.
- Counselling may be helpful in promoting social and emotional competence.
- Participation and autonomy are also important. Research shows that greater degrees of participation and inclusion, and the encouragement of independence and a critical perspective lead to better outcomes, both for emotional and social learning and for other educational goals such as higher attainment, greater staff and pupil morale, better attendance and higher satisfaction levels.
- For children with behavioural problems, clarity is the remaining vital element. This refers to clarity from teachers and parents in terms of classroom management, leadership, setting boundaries and managing behaviour, and positive expectations.

### Fostering warm relationships and positive communication

By examining the types of competences that make up emotional and especially social competence for individuals (see Appendix A) it is possible to identify that the learning of emotional and social competence is centrally about learning to be a warm human being who can make worthwhile personal relationships with others. The ability to develop relationships is only likely to happen in contexts which are themselves based on and which foster warm personal relationships. Communication, and in particular active and empathic listening, have a key role to play in developing warm relationships.

### The evidence base

Warm personal relationships are essential for all types of educational success. Many research studies, including several major systematic meta-analyses have demonstrated consistently that warm, caring and supportive relationships are a crucial factor in producing not only high levels of emotional and social competence but also high levels of staff and pupil morale and performance, for example greater enjoyment of school, more motivation, better learning, higher attainments, greater attendance levels. For example:

- Positive staff-pupil relationships are key in helping promote improvements in student behaviour (Durlak, 1995; Durlak and Wells, 1997; and the US Government's General Accounting Office, 1995).
- Positive staff-pupil relationships promote better achievement on a variety of outcomes, both in relation to 'cohesiveness' and reduced 'social friction' (see the review of twelve sets of classroom research across four countries in Haertel, Walberg and Haertel, 1981).
- Understanding, helpful and friendly teachers enable pupils to learn more and have higher attainments, enjoy learning, be more motivated and attend better (see the review of 24 international studies by Wubbels, Brekelmans and Hoodmayers, 1991).
- An emotional attachment to school, to teachers and to friends, has been shown to be vital

for academic success (Battistich et al 1997; Hawkins and Catalano, 1992; Solomon et al, 1992).

- Schools that are unsupportive and have poor relationships have been shown to induce depression and absenteeism in staff and pupils (Moos, 1991).
- Poor relationships between pupils and staff and between teachers and their colleagues is one of the most commonly cited causes of staff stress (Kyriacou, 1996).
- High levels of personal support, particularly from the head teacher have consistently been shown to reduce the likelihood of teacher burnout (Sarros and Sarros, 1992).
- Pupils who have higher self regard, who feel more positive about their teachers and who feel supported by their school actually learn more effectively (Hawkins and Catalano, 1992; McCarthy, 1998).
- Doing well at school affects a child's own sense of wellbeing, level of happiness and self-esteem (Gordon and Grant, 1997).

### **Views from the field**

The acceptance of emotion, the building of warm relationships and the need for active and empathic communication were seen by all those interviewed as being at the heart of the process of fostering emotional and social competence and wellbeing. These issues cropped up frequently in interviews with experts from the field and LEAs, and are a feature of many related teaching and learning programmes. Some of the key ways in which LEA managers and experts saw organisations as fostering warm relationships included:

- putting relationships at the heart of the organisation
- feeling comfortable with the expression of emotion and taking the emotional component into account when considering all processes and decision making
- good communication, especially active listening
- the development of key qualities such as empathy, respect, genuineness and authenticity and trust
- people being and feeling valued as individuals and having a sense of belonging.

### **Pupils with emotional and behavioural problems**

Although all children benefit from experiencing warmth and good relationships, there is a particular need for children who are having emotional difficulties to experience environments with high degrees of warmth and caring so they can learn to trust, as such problems are usually thought to be associated with low self esteem (Salimi and Callias, 1996) and a lack of attachment (Bowlby 1969, 1973, 1980). Conversely, children who manifest behavioural difficulties frequently have high self esteem (Salimi and Callias 1996). However, they too need to work on relationships. For example, children with behavioural problems benefit particularly from learning empathy as this is often what such children lack. Behaviourally disturbed children have been shown to underestimate the amount of unhappiness their victims suffer, suggesting an underlying lack of empathy, or possibly self esteem and lack of awareness of their own significance for others (Arenio and Fleiss, 1996).

### **The promotion of active, empathic listening**

Warmth and good relationships do not exist in the abstract: to be real they have to be expressed through effective communication. Actively paying attention, including listening to someone, is one of the most powerful ways to help them learn a range of things, including and especially emotional and social competence. It is one of the best ways of promoting someone's self esteem and sense of attachment, of helping them consolidate their learning, of helping them practise skills or sort out their thoughts, and of motivating them to continue. It also helps the listener to understand them better and so provide useful information for planning to help them more effectively. Actively paying attention and listening enhances learning in the classroom as every teacher knows, the root of many a child's learning problem is that they have either 'switched off' from listening to the teacher or never learnt to do it in the first place. 'Good listening' needs to be noted and encouraged whenever teachers spot it. Teachers can check

carefully that students really heard what they were being asked to do before letting them go do it. Lessons can be organised so that children have to take it in turns to listen carefully to one another. Regular use of pairs and small group work is particularly useful here, with children given a task they have to discuss or a problem to solve, with one person charged with producing an output from the group such as a verbal report or a poster, and asked to check that all children in the group feel that the output reflects their contribution and point of view.

Good listening needs to permeate the whole school consciousness and the whole school day. Children need to be listened to as individuals in the immediate encounters of the classroom, playground and corridor, and to have opportunities for private talk about what is concerning them. Children also need listening to collectively, and to believe that staff are paying attention to what they are telling them by responding accordingly, for example in adjusting their teaching programmes, or how the school is organised and run. Teachers also need to feel that they are listened to, and that their views count with colleagues, school management, parents, and the local education authorities.

### **The use of counselling**

Counselling is a more formalised type of listening, in which two people agree to meet to talk about a specific issue, and often over several sessions. Counselling has a long history, and has a key part to play in building emotional competence and wellbeing. It has been shown by some major reviews in the UK (Rutter et al, 1998) and the US (McMillan, 1992) to be effective in helping at-risk and behaviourally disturbed pupils. Some schools have trained their own staff to be more effective in listening to and advising pupils, and counselling does not necessarily have to be offered by specialists. School staff themselves often need counselling to cope with the many challenges of their role. A review of 80 research studies of counselling in the workplace showed that it reduced sickness rates by up to 50%, and some schools have shown their commitment to staff wellbeing by providing an employee counselling service (HDA, 2002).

Some LEA guidelines make suggestions on the best ways for school staff to counsel a young person about their problems. They advise, for example, checking that the young person is happy to talk, being clear what they are trying to achieve and not expecting too much from any one conversation, and first clarifying the ground rules of confidentiality. It is important to listen carefully, focus on the person not the problem, not be judgemental or moralistic, stay positive, ask open ended questions, and be as knowledgeable as they can but not pretend to have knowledge they do not. There should be a set time limit for the conversation, and staff should be prepared for several conversations.

There are a number of school-based programmes which offer counselling services to children and young people which have been received positively both by the children themselves and by school staff, for example those run in a number of areas by NSPCC. In addition, the use of peers as counsellors has been shown to be effective in the context of drug use (Kim et al, 1992), as has offering parents counselling at the same time as their children (Hayes, Cunningham and Robinson, 1977). Whatever format is used, to be effective, counselling must be voluntary and positive, not used in a stigmatising, mandatory or punitive way, or as a condition for re-entry following an exclusion.

## **Recommendations**

- That DfES and LEAs ensure that those who work in and with schools are informed about the importance of good relationships, and be educated in the attitudes and skills that help develop them, including active and empathic communication, and in particular, listening. It is particularly vital that headteachers are educated on this issue.
- That schools base their efforts to promote the emotional and social competence and well being of pupils and teachers, and to improve the effectiveness of their school, on the climates which encourage the development of warm and supportive relationships and active and empathic communication.
- That schools have a clear picture of the current state of relationships between all those who learn and work there, in order to know what development is needed. They need to know how pupils, staff and parents currently feel about the school, about their learning and work, and know how well the various individuals and groups are currently relating to one another. This could be identified through an 'auditing' process, for example the behaviour audit that is being introduced under the Behaviour Improvement Programme.
- That schools and LEAs, spread knowledge about effective listening skills for teachers, and consider the use of counselling services for pupils and staff

## **Environments that encourage participation and autonomy**

### **Views from the field**

A recurrent theme in the interviews was the importance of actively involving people in all parts and stages of the process, not imposing solutions on them. For example, the national co-ordinator of the NHSS felt that the impact of the programme has been due to the initial consultation through regional networks, national seminars and workshops which have given a the sense of ownership to participants. The leader of the Cumbria initiative was keen to point out how much consultation of and involvement of pupils there had been in the development of the Cumbrian Healthy School Standard.

The consensus among those interviewed was that participation and inclusion within organisations means:

- taking a 'bottom up' approach
- open and transparent communication
- genuine consultation and involvement of all, as appropriate
- shared goals, values, power and decision making
- sense of 'ownership' of all involved
- inclusion of the whole ethnic and social mix, and of those often marginalised, such as pupils with learning difficulties and their parents.

Strongly linked with the notion of 'bottom up' participation is that of autonomy. The director of Antidote felt that the whole success of the organisation was due to the strategy they had adopted of bringing people together to discuss issues, to dialogue rather than imposition from above or outside: 'Schools don't need to be told what to do, but to be helped to come to their own conclusions'.

The consensus was that autonomy in organisations means people are:

- able to think for themselves
- able to make their own decisions
- self directed
- self disciplined
- responsible for their own learning and behaviour
- independent

- self determined
- questioning, reflective and critical of what is going on around them
- able to have control
- able to take personal responsibility.

### **The evidence base**

Research has made it clear that greater degrees of participation and inclusion lead to better outcomes, both for emotional and social learning and for other goals of education. They lead to higher attainment, greater morale of pupils and staff, higher levels of satisfaction with school, better attendance and lower rates of school drop out. For example:

- Teamwork and the active involvement of parents, the local community and local agencies helps promote improvements in student behaviour (Durlak, 1995; Durlak and Wells, 1997; and the US Government's General Accounting Office, 1995.)
- Pupils in more 'communal' schools, in other words those with greater levels of shared values and a more common agenda of activities, are more interested in school and have better achievements than those in less communal schools. Throughout such schools disorder, absenteeism and school dropout rates are lower. Teachers in these schools are more likely to be satisfied with their work, be seen by pupils as enjoying teaching, have high morale, and be absent less often (Byrk and Driscoll, 1988).
- Pupils with a 'high sense of community' showed significantly greater academic motivation and performance, liking for school, empathy for others, and conflict resolution skills (Battistich et al, 1991, in a study of six schools).
- Classroom initiatives initiated and managed by the teacher were not as effective as interventions which allowed pupil involvement (Fantuzzo et al, 1988, in an evaluation of 26 studies of emotional and social learning initiatives).
- Schools that are more effective in terms of pupil learning outcomes are also more likely to consider teachers' views and represent them fairly, and involve teachers in policy formation (Rutter et al, 1979).
- UK schools which are deemed to be 'failing' and have been 'turned around' have shown that a key factor for success was the degree of active involvement of all staff, including support staff such as cleaners and caretakers, in the decision making procedures of the school (Devlin, 1998).
- The most effective schools seem to be those that have created a positive atmosphere based on a sense of community and shared values (Elton, 1989).

### **Ways of increasing participation**

The experience of those in the field and work described in the literature suggest that the following are some key ways in which participation can be increased in a schools context:

- using active learning methods, including and especially for teaching and learning about emotional and social competence
- using participative management strategies which encourage teamwork and participation
- using peer mentoring systems, induction systems for new year groups, 'buddy systems' for new pupils or those with specific needs, cross age tutoring, and using mixed age groups for example for pastoral care, sports teams and so on (Elias et al, 1997)
- using pupils' conferences and councils, pupils' parliaments, and parents' councils.

### **Importance of autonomy for pupils**

Evidence suggests that it is important that pupils feel they have autonomy within a school context:

- Research has clearly demonstrated that pupils learn better and are happier at school if they are encouraged to think for themselves and to work as independently as their age, stage and personality allow, and that pupils learn more and have higher attainments, enjoy learning, are more motivated, and attend better, if their teachers allow high levels of pupil responsibility and freedom (Wubbels, Brekelmans and Hoodmayers, 1991).

- Programmes which use a broad and generic rather than a topic based approach, and which focus on skills, attitudes and values rather than information and facts are more successful in changing behaviour (Durlak, 1995, Durlak and Wells, 1997 and the US Government's General Accounting Office, 1995).

It is necessary to bear in mind that autonomy is a relative, not an absolute, concept, and pupils respond best (including when they are learning about emotional, social and health-related issues), where the degree of freedom is suited to their age, stage and personality (Moos, 1991). Younger, less mature and more introverted and anxious pupils need higher degrees of structure and organisation but still benefit from being given as much autonomy as they can handle, and by being gradually encouraged to work more independently. Older, more mature and more confident pupils can handle higher levels of individual choice and autonomy.

Schools have an important role in moving all pupils towards independence and autonomy, whatever their starting point: indeed learning to be autonomous is particularly important for those who come from homes where it is not so encouraged. We need to start this from an early age, and build gradually towards independence. It is a matter of working in partnership with young people and developing a gradual handover of responsibility.

### **Participation, autonomy and pupils with problems**

It is particularly vital that pupils with behavioural and emotional problems are actively involved in any approaches to tackle their behaviour, so they feel a sense of ownership of any programme in which they take part, and start to take responsibility for their own behaviour. In the US there is considerable experience of helping pupils to set their own self management goals and monitor their own progress through self reflection, using techniques such as self-assessment, self-recording, and self-reinforcement (Nelson et al, 1991).

There is considerable evidence for the effectiveness of this approach. Ninness (1995) looked at a range of self-management programmes and concluded that they resulted in substantial improvement in pupils' use of social skills in natural situations, such as violence prevention, anger management and drug resistance. Morris (1982) found that asking the pupils to determine their own behavioural goals caused them to become more reflective about what events bring about certain behaviours, to be more observant, and improved their self-image.

### **Importance of autonomy for adults**

Autonomy can be threatening to the smooth running of organisations, and to the development of more centralised initiatives. However there is strong evidence that reasonable levels of autonomy are essential to the running of educational processes. Teachers also feel better about themselves and their work, and are more effective, if they are given as much room for independent action, freedom, and flexibility as possible. For example:

- Elias et al, (1997) found that no project or initiative they reviewed had lasted which was not designed to fit within a particular school, and that those which do not fit are destined to sink after a short while.
- Pre-prepared initiatives have been shown to 'fade out' more quickly than those which are generated by the school itself (Moos, 1991).
- Little (1982) found that where staff were involved in designing and evaluating teaching materials and teaching them to one another, they were more motivated and committed than when they were teaching programmes that were given to them to teach.
- The degree to which teachers have control over their own work, and have leeway to make their own decisions has been shown to be fundamental both to their mental and emotional health and to their professional performance (Moos, 1991).
- Studies across a variety of occupations have shown that giving staff greater autonomy has a wide range of benefits, including decreased stress levels, lower absenteeism and higher morale (Shaw and Riskind, 1983).

- A survey of 574 Australian secondary teachers (Tuettemann and Punch, 1992) found that lower levels of stress were associated with higher levels of influence and autonomy.
- Higher levels of control even appear to be linked to health outcomes, such as lower levels of heart disease: a major study of English civil servants found that those further up the hierarchy who have greater control over their environment tend, contrary to common sense expectations, to have lower stress levels than those lower down, despite having a higher pressure of work (Marmot et al, 1997).
- Staff lower down the hierarchy in more autocratic workplaces have a greater tendency to burnout, while those in more democratic environments show higher levels of performance and less reported stress (Moos, 1991).

### **Recommendations**

- That DfES and LEAs encourages genuine participation and autonomy in schools and teachers, both in developing work on emotional and social competences and in wider educational matters. It would be helpful to review the impact of recent educational changes on teachers, in relation to their sense of professional and personal autonomy.
- That DfES and LEAs themselves model a participative and autonomous approach and ensures that the development of this and other initiatives use approaches which are consultative, bottom up, open, transparent and inclusive, in line with the current emphasis on consultative work across government.
- In any case studies and guidelines they produce in this area, or training they run or encourage, that DfES and LEAs inform those who work in schools about the importance of participation and autonomy, and help them develop the attitudes and skills that foster it.
- That DfES and LEAs introduce a flexible and self-directed approach to the promotion of emotional and social competence to encourage participation and autonomy for schools in developing work in this area.
- That schools base their efforts to promote the emotional and social competence and wellbeing of pupils and teachers, and to improve the effectiveness of their school, on the climates which encourage the development of participation and autonomy.

### **Environments that encourage clarity**

People need safety and clarity to be able to relate to one another. The need for clarity in human relationships and organisations has been proven frequently by a great deal of research: essentially, people do not work well in climates with high levels of ambiguity and uncertainty.

### **Views from the field**

Many of those interviewed were keen to stress that work on emotional and social competence and wellbeing is not a 'soft, woolly option' but a hard-nosed and rational strategy that needs considerable clarity and strategic thinking to implement. As the Southampton plan puts it: '*emotional literacy is not hugs, cakes and mopping up tears on the classroom floor*'.

All of the five LEAs felt they owed their success to the level of strategic thinking and planning they had brought to bear on this issue, all based their strategies on clear target setting, and all had integrated this work into their behaviour support strategies. The strategies, and some of the interviews, stressed the importance of the following for organisations:

- having firm structures and boundaries
- having clear rules
- having clear and positive expectations
- everyone in an organisation knowing their place and role within it.

### **Clarity in relation to pupils with behavioural problems**

Children who manifest behavioural problems are in particular need of clarity. Although those in

the LEAs who work with such children are keen to emphasise the need for understanding of such behaviour, this needs to be tempered with a realistic assessment of the extent to which these children are troubled and also the extent to which their difficult behaviour has become a learned response. Behavioural problems do not always arise from a lack of self esteem. Many children who are troublesome have normal or even high self-esteem (Salimi and Callias 1996). Some have simply learned to behave badly because this is the behaviour they have seen around them, for example from parents, because it has brought them rewards, or because no-one has ever set them proper boundaries. They have learnt to get their own way and may even think that making life difficult for others can be fun. They need to learn that their behaviour is unacceptable, and that they can find other ways to feel confident and have a good time. This involves setting very clear boundaries, providing clear feedback, and implementing skills programmes to improve behaviour.

### **The evidence base**

- Studies of the social and emotional development of young children have shown that it is vital that a child be brought up by trustworthy and consistent carers (Winnicott, 1984).
- Strong leadership and clear disciplinary policies help promote improvements in student behaviour (Durlak, 1995; Durlak and Wells, 1997; and the US Government's General Accounting Office, 1995).
- In the school context, several reviews of research studies have shown that pupils learn more, have higher attainments, enjoy learning, are more motivated, and attend better if their teachers show clear leadership and are certain of what they are doing (Wubbels, Brekelmans and Hoodmayers, 1991).
- Pupils achieve better, both cognitively and affectively, in classrooms with higher levels of goal direction and less disorganisation (Haertel, Walberg and Haertel, 1981).
- Pupils do better in more structured schools in which they receive more praise and positive rewards and where staff have high expectations of them (Rutter et al, 1979).
- Improving the clarity of school rules and consistency of rule enforcement has been shown to be a significant factor in ensuring success (for example, Gottfredson, Gottfredson and Hybl, 1993, in a study of eight middle schools attempting to improve pupil behaviour).
- Teachers do better where goals are clear, being more highly motivated and more effective in their job performance (Little, 1982).
- Clear feedback about the quality of their performance to pupils and to teachers, so long as it is supportive, is strongly associated with greater satisfaction and more effective performance (Moos, 1991).
- The role of the headteacher in providing clear, active, and dynamic leadership has proved to be particularly crucial in developing effective schools: for example it would appear to be among the factors that contribute most to 'turning failing schools around' (Devlin, 1998).

### **Recommendations on ensuring clarity**

- That schools base their efforts to promote the emotional and social competence and well being of pupils and teachers, and to improve the effectiveness of their school, on the climates which encourage clarity about rules, boundaries and positive expectations.
- That strategies in this area developed by the DFES, LEAs and schools promote the view that the development of emotional and social competence and wellbeing is not a 'soft option', but one which needs absolute strategic clarity. This will require education in the attitudes and skills that help develop it, in particular for headteachers.



## 11 Teaching and learning emotional and social competence and wellbeing

This section discusses the reasons for providing explicit programmes that teach emotional and social competences, and explores some of the reservations about them. It considers the principles that underlie effective programme design and the rationale for why they are important. Finally, it examines the extent to which current initiatives appear to actually be following these principles and makes recommendations as to what types of programmes the DfES, LEAs and schools should fund, set up and encourage.

### Key findings

- There is a lack of agreement in the field on whether explicit, organised programmes of learning and teaching for all pupils are desirable, since some fear that it detracts from the importance of a holistic approach. However, the evidence clearly shows that programmes can be effective in promoting emotional wellbeing and addressing individual needs.
- The main programmes to be evaluated are from the US. The success rates are encouraging, and suggest that such systematic, comprehensive and evaluated programmes might work well in the UK.
- Although some in the UK are using US programmes such as PATHS and Second Step there has as yet been no evaluation of their impact in the UK. US programmes cannot necessarily be transplanted wholesale, and certainly not imposed on schools in a UK context, as schools and LEAs need to have a sense of ownership which the imposition of a programme would not encourage.
- In England, LEAs and schools are very much 'doing their own thing' on programme development. There is no one programme or set of materials that is in widespread use, and it appears that some LEAs may not currently be taking any specific action in this area.

### The need for explicit programmes to teach emotional and social competences

#### Teaching competences

All those interviewed in the course of the project were agreed that it is essential to get the organisational environment right before we consider introducing programmes for learning and teaching emotional and social competences, and that without an explicit environment, any programmes cannot hope to have an impact. All agreed that learning does not only take place in a formal, classroom context – the whole school experience is an opportunity for learning. However there is not clear agreement about whether explicit, organised programmes of learning and teaching for all pupils are desirable. Most who were involved with working in this area, including LEA managers, thought they were, but some experts had their doubts.

The evidence base is discussed further below and a list of sample emotional and social competences for individuals is given in Appendix A.

#### The evidence base

There is a growing evidence base that explicit programmes of teaching and learning within the right environment are effective. There are several comprehensive programmes on emotional and social competence in use in the US and Europe. Many of these programmes have been evaluated, some very rigorously. For example, a recent review of a wide range of school, community and family programmes that aimed to promote '*positive youth development*' found 77 with '*evaluated interventions*', and designated 25 of them '*effective*' (Catalano et al, 2002) by some very rigorous evaluation criteria. A similar review of '*universal*' programmes, which were in practice largely the same as those reviewed by Catalano, which looked at how effectively they appeared to be in '*promoting mental health*' found 70 that were evaluated, of which 17

stood up to its rigorous criteria (Wells et al, 2003).

In this country, a number of schools are implementing US models such as PATHS and Second Step to promote emotional and social wellbeing, because of the strong US evidence of its effectiveness (DfES, 2002b). All the studies in the systematic review by Wells (Wells et al 2003) included a curriculum or taught programme. In the Catalano (ibid) review, not all of the 75 'evaluated' programmes included a structured curriculum, but those that did were more likely to be among the 'effective' 25:

*'Twenty-four (96%) of the well evaluated effective programs incorporated a curriculum or program of activities...Far fewer (20, or 50%) of the excluded programmes incorporated a curriculum or structured programme.'*  
Catalano et al, 2002: 71

This review also found that the most effective programmes used structured programme guidelines or manuals which helped those who were attempting to deliver the programmes to do so consistently. So there is a strong case for saying that if we want to help people learn emotional and social competences we need to include a clear, well planned, central curriculum.

### **Overview of evaluated and successful programmes**

The following summaries are extracted from Wells et al (2003), which contains further background and statistical information.

- **The Child Development Project** (Battistich, 1989)

This was an elementary school intervention designed to improve cognitive, affective, and behavioural aspects of children's development, and promote concern for and understanding of others. A key element was the establishment of a 'caring classroom environment' through participation in co-operative and helping activities, positive discipline techniques and positive role modelling, and the use of role-play, games and stories to enhance students' understanding of others. The approach extended to the whole school and also included community activities. Teachers were trained in programme implementation, and parents and teachers were involved in curriculum development. Cohorts of children were followed up and assessed annually over five years following the commencement of the programme. Outcomes included improved behaviour in difficult social situations and a greater ability to resolve conflict. This was assessed in interviews using hypothetical situations.

- **School Transition Environmental Project (STEP)** (Felner, 1982).

This programme was designed to help children cope better with the transition to high school by reorganising the environment in the new school to increase social stability. Students remained in the same peer groups for most lessons, and the pastoral, administrative and family link roles of their homeroom teachers were strengthened. Students were randomly allocated to these classes. The results showed that self-concept, which was measured using an adapted self-appraisal inventory consisting of yes/no items, decreased less in intervention group students than it did in the control group. Five year follow-up results showed a significant difference between the intervention and control group for dropout from school, absenteeism, and improved grades in Years 1 and 2. A replication evaluation showed positive effects on measures of school, family and general self-esteem, depression, anxiety, delinquent behaviour; and high levels of academic expectations.

- **School Development Project** (Haynes and Comer, 1990)

This was initiated in the late 1960s in schools serving largely African-American children from socio-economically disadvantaged backgrounds. The three main elements of the programme were: the establishment of a school management team involving staff and parents; a mental health team that addressed issues to do with school ethos and the mental health concerns of individual staff and students; and a programme to encourage parents to participate as equal

partners in planning and decision-making in the school. The intervention also included community-based projects for school children and social activities. The aim was to create a 'well-functioning social system' with a positive, sensitive and caring school climate to facilitate the students' development of a healthy self-concept, and improvements in their behaviour and achievement. The evaluation of this programme showed positive change favouring intervention group children in a range of different dimensions.

- **Resolving Conflict Creatively** (Aber et al, 1998)

This project aimed to transform the culture of schools by teaching elementary school children non-violent ways of dealing with conflict, and increasing their understanding of their own and other cultures. It consisted of a classroom curriculum in creative conflict resolution in which teachers were trained with the assistance of project consultants. Selected students were trained to act as peer mediators, and some school administrators and parents also received training to support the programme. Teachers could choose how much training in the delivery of the curriculum they received: this ranged from 0 to 25 hours. The amount of classroom time devoted to the programme varied, with a maximum of 55 classroom sessions in a year. Children who had been most exposed to the programme showed more positive responses in relation to the possession of competent and aggressive interpersonal negotiating strategies. There were, however, no differences in behaviour problems measured using the Seattle Personality Inventory. Due to the fact that the programme had been implemented progressively, the length of follow-up from the start of the programme ranged from six months to two and a half years. The authors acknowledge that the possible effects of teacher self-selection were not excluded, given that teachers themselves determined how much training they received and how many RCCP lessons they delivered.

- **PATHS Curriculum** (Greenberg et al, 1995)

PATHS is underpinned by the premise that a child's behaviour and internal regulation is a function of their emotional awareness, affective-cognitive control, and social-cognitive understanding. The intervention was delivered 3 times per week for a period of 20–30 minutes over three terms, using didactic instruction, role-play, class discussion, modelling by teachers and peers, social and self-reinforcement, worksheets and generalisation techniques. Teachers received a three-day training workshop in conjunction with weekly consultation and observation from project staff. After one year, children's emotional understanding was measured using seven different approaches. Eight out of the 18 measures showed positive change favouring the PATHS children including: number of positive and negative feelings words, ability to identify three emotional states in others, better level of reasoning as regards general questions about feelings, and a significantly improved ability to provide appropriate personal examples of their own emotional experiences.

- **Coping with Junior High Curriculum** (Snow et al, 1986)

This programme aimed to help students cope with school transition and stress. It comprised an eight week class-based curriculum, which was delivered by educators from outside the school before students were due to move to junior high school. It included information about the new school and taught problem-solving and coping with difficult situations. Four schools (278 students in twelve classes) were randomly allocated to an intervention or control arm. Problem-solving and social skills strategies, anxiety, depression, and self-esteem were assessed. Positive changes favouring the intervention group were found for problem-solving skills, namely giving direct refusals and generating solutions to social problem situations. Students in the intervention group perceived themselves to be better prepared for junior high school, but also reported significantly more anxiety about the transition.

### **European approaches**

There is a strong UK and European tradition of programme and curriculum development in health education, for example programmes produced by the Health Education Council and

Health Education Authority. The development of these programmes has generally been via a collaborative approach, which piloted materials in different locations. The programmes have had widespread acceptability and transferability in schools.

### **Concerns about explicit programmes**

Some were anxious about current teaching and learning in this area. The director of Antidote believes that we need to move away from the idea of the teacher imparting a curriculum to students which is teacher controlled, towards a model of the teacher as facilitator of learning. Antidote reported that they had carried out a survey which showed the shallowness of the reach of methods currently used to try to teach emotional competence which were piecemeal rather than holistic. Many interviewed by the project were keen to emphasise that they did not think a package of teaching materials imposed from above would be acceptable to schools.

### **Practice in the case study LEAs**

This project was not resourced to carry out a systematic survey of work across England, and so could not discover the state of programme development across the country. Judging by what is happening in the LEAs we did investigate, and to judge from general information available, LEAs and schools are very much 'doing their own thing' on programme development. Some appear to be using programmes that include the taught curriculum, and teach emotional and social competences in a comprehensive, organised, explicit and developmental way, but most it seems are not. There appears to be no one programme or set of materials that is widely used across England.

All five LEAs looked at in this project encouraged the teaching of the skills of emotional and social competence in schools, and all used some variation on 'Circle Time'. They appeared to vary in the extent to which they had developed or promoted specific and explicit programmes that teach emotional and social competences. The approaches used by the LEAs are described below as a continuum of explicitness.

Cumbria appears to have the most explicit approach. The Cumbria 'Behaviour Support Plan' which is the organising framework for work in the LEA, stated as part of its overall philosophy that: *'Without an explicit behaviour curriculum, sharing and continuity are restricted. Teaching behaviour skills and abilities can make a difference'*. The authority has a written behaviour curriculum developed in 1994 by Deborah Michel and a group of teachers, which teaches the skills and abilities underpinning positive behaviour. Five schools piloted it, and every school in Cumbria is entitled to a free copy. Schools that adopt the behaviour curriculum consider how the social and emotional skills and abilities that have been identified can be promoted through direct teaching (usually through Circle Time but also across the curriculum) as well as through class management and relationship building and within school policies and practice. Cumbria is currently working on two related specific curriculum initiatives: *PlayWise*, which promotes emotional resilience, social confidence and quality thinking in foundation settings) and *BarroWise*, which extends the behaviour curriculum model to incorporate thinking skills into the model.

Southampton appears to be the next most explicit. Its guidelines to schools state: *'There is a place for a taught emotional literacy curriculum, with schemes of work, lesson plans and using a range of teaching methods, just as there is a need to 'live' the emotional literacy programme.'* The LEA has not itself developed one programme but they ask every school in the LEA to put emotional literacy 'at the heart of the curriculum'. Their guidelines to schools outline a set of key competences they think should be taught, which include self awareness, self regulation, motivation, social competence and social skills, which they ask schools to teach them through their 'emotional literacy curriculum'. The LEA provides lists of commercially available materials which schools can use and a long list of fiction, related to specific emotional themes. They also provide training for teachers to help them develop their own competences, and training on

anger management which has been a special focus in Southampton schools.

The Leicester behaviour support team teaches whole class work on social and communication skills, through the use of approaches such as circle time, drama groups, performance and lifeskills work.

North Tyneside uses circle work extensively, not just by setting aside a certain time a week for circle time, but as a way of working in the classroom all the time.

Birmingham mainly focuses on pupils with special needs in their teaching and learning. They have a scheme, *Circle of Friends*, which is a support group for these pupils.

### **General features of successful programmes**

Although there is no one programme that can yet be universally recommended, and indeed may never be, there is a wealth of experience on the features that any programme needs to have if it is to be successful. CASEL concentrates on discussing the general features of all successful programmes and reporting on evaluations of a range of programmes. The next section will review the features of successful programmes and recommend what the DfES might do to promote them. Although the principles were all supported by those interviewed, most of the evidence for these recommendations comes from US research literature rather than experience in the UK field, where programmes are sparse and evaluation almost non-existent, and so would need testing in a UK context in order to be able to give definitive advice.

### **Teach behaviours and skills explicitly**

Competence is generally thought to include not only knowledge, and attitudes but also behaviours and skills. Without their concrete realisation in behaviour, competences remain potential rather than actual. They need to be acted on if they are to be in any sense real. The importance of skills training has been shown time and again, across a broad range of cultures (Eitan, Amir and Rich, 1992; Guttman, 1994; Hon and Watkins, 1995), and to be helpful from a very early age (McGinnis, 1984; 1990). Programmes which attempt to build emotional and social competences must include extensive, routinised, regular and predictable work to develop specific skills across the curriculum, and reinforce these skills by pupils' real life experience across the whole school.

Research suggests that people are only likely to change their behaviour if they are exposed to extensive and explicit learning, for example about problem solving strategies, skills, routines, and decision making paths (Elias, 1990; Grossman and Hughes, 1992). Approaches which take an organised and systematic approach to teaching social and emotional competences are often highly effective in changing the behaviour of young people (Durlak, 1995; Durlak and Wells, 1997; Zaragoza, Vaughan and McIntosh, 1991). Research by Hawkins and Catalano (1992) showed that young people benefited greatly from a structured programme on what they called 'prosocial' skills that not only taught them the skills, but had teachers model them, give them clear feedback on their attempts to practice them and positive reinforcement for using them well. In contrast, approaches which do not include such explicit skills training, but which attempt to teach attitudes and values alone have been shown consistently not to be so effective (Fertman and Chubb, 1992). A study which compared a range of different approaches to teaching social competences found that only specific skills training made any difference (Vaughan and Lancelotta, 1990). Similarly a study that directly compared groups taught via the traditional approach to drug education of 'just say no' with groups given a systematic and elaborate programme of specific drug refusal techniques that taught appropriate social skills and provided them with a rationale for each response, showed that only the second group exhibited significant gains in their ability to refuse drugs in follow up situations (Jones et al, 1990).

Skills have a physical as well as a mental component: relaxation has been shown to be effective in curbing anxiety in adolescent boys (Hains, 1992), exercise has been shown to improve the behaviour of difficult boys (Yell, 1988), while Henderson et al (1992) found increases in the internal locus of control of participants following a stress reduction programme.

### **Teach skills in participative and empowering ways**

Many initiatives, in both the US and Europe, which have attempted to teach social and emotional competences, have adopted a behavioural approach which concentrates on the teaching of skills and routines (CASEL, 2002; Hendren et al, 1994). However, including a focus on behaviour does not necessarily mean that the behaviour we want to encourage has to be externally determined and imposed in a top down fashion. It is perfectly possible, as well as desirable, to work on behaviour and behaviour change with the full participation and consent of the person or people involved, indeed it may well be they who decide what behaviour they would like to change and how they wish to go about it. In any case, the behavioural approach is only one of many that can be used: wider approaches which work on values, attitudes, feelings, and underlying motivations, often called the 'empowerment approach' encourage people to take responsibility for their own learning and development.

### **Use a step by step approach**

Using problem solving strategies that help learners to solve personal and social problems in stages has been shown to be particularly effective in relation to the promotion of social competence. These stages include clarifying what the problem is, identifying a range of alternative solutions, examining their pros and cons and their long and short term implications before settling on one, and reflecting on the outcome as a guide to future action (Elias and Tobias, 1996). Stepwise 'thinking strategies' have been used by a large number of projects, such as *Promoting Alternative Thinking Strategies (PATHS)* (Greenberg and Kusche, 1993; Greenberg et al, 1995), and have been effective in helping adolescent boys with anxiety (Hains, 1992). To help pupils remember the steps easily, many emotional and social skills based programmes use acronyms, visual images and mnemonics as tangible prompts to remind pupils of simple step by step approaches to problem solving, and Goleman (1996) and Elias et al (1997) describe several such approaches.

### **Help learners generalise to real life**

It is important that the competences young people are taught are indeed sufficiently generic, and not just tied to specific situations. Programmes which attempt to teach basic, foundation competences appear to be more effective in changing young peoples' specific behaviour, (for example in preventing or reducing violence, aggression, bullying, truancy, school drop out, teenage pregnancy and drug abuse) than are programmes which isolate and concentrate on those specific behaviours (Caplan and Holland, 1990; Durlak, 1995). Indeed, programmes which attempt to teach specific skills to avoid drug misuse, child abuse or sexual behaviour can often have the inverse effect and increase the problem they were supposed to prevent (Botvin and Dusenbury, 1989).

### **Use a positive approach**

There was a strong consensus among those interviewed that it is essential to use a positive approach to the teaching of emotional and social competences, and in particular to focus on positive behaviour, rather than punishing negative behaviour. This is overwhelmingly supported by the behaviourist approach which supports the view that 'paying attention to and rewarding wanted behaviour' is the single most important strategy for ensuring behaviour change.

### **Use active methods**

The methodologies of teaching and learning that are used in the classroom have a high degree of influence on how effectively emotional and social competences are learned. This is not the kind of area in which didactic methods are appropriate: the knowledge base is important, but just as vital are the skills and attitudes that accompany it, which can only be learned through

active methods.

Appropriate activities include, for example, clarifying beliefs and values, reflecting on learners' emotions, practising assertiveness skills, and developing critical abilities. Such approaches are highly active and participatory, involving group work, role plays, games, simulations and structured discussion. Projects which attempt to develop mental and emotional health in schools have invariably used such active and participative methods. There is good evidence for the value of this approach: Elias and Allen (1991) showed that using a wide range of methods of teaching and learning helps people to generalise their learning, by giving them a range of contexts in which to practise their competences. It also helps the teacher to construct a range of learning experiences that can meet the different learning styles that learners have, and helps learners themselves develop a wider repertoire of approaches to learning.

### **Use whole class meetings**

There is a general consensus among those who have practical experience of working in schools to develop emotional and social competence that regular class meetings and whole class discussion are essential to the process (Elias et al, 1997; Lantieri and Patti, 1996; Wetton and Cansell, 1993). Such discussions give pupils a chance to practise many of the key competences, such as listening, being assertive, empathising, and resolving conflicts, and the method has a vast range of applications. Used consistently, productive class discussion gives pupils a model they can work with when the teacher is not there, and helps them take the essential step of generalising to their everyday experience.

*Circle Time* is a method which has become very influential in British primary schools and all five LEAs looked at in this project use it, however it is important to note that there is no evaluative evidence for its effectiveness. In *Circle Time*, discussions take place in a circle which includes the teacher, and this encourages open discussion, sharing and co-operation (Wetton and Cansell, 1993; Mosley, 1993, 1996). Exponents of this method see it as a powerful method which has a key place in emotional and social competence, and in building empathy, respect and a sense of mutual support in the whole school community.

According to practitioners who formed part of the US collaborative network CASEL and who have developed considerable work in this area, teachers who spend time on such apparently 'non academic' activities at the beginning of the year actually found they had more time later for academic ones, as the activities appeared to help pupils to begin to manage their potentially disruptive emotions, and set a tone of positive co-operation (Elias et al, 1997). Staff from the US *Resolving Conflict Creatively* project found that working on conflict resolution meant that, over time, classes were more likely to run smoothly, pupils be more involved in their own learning, and a greater number of them be participating. Over time, as such practices became routine, teachers found that they spent more time on productive activity and wasted less time dealing with unresolved conflicts and behavioural and emotional problems (Aber et al, 1998).

### **Use co-operative groupwork**

There is a wealth of evidence for the effectiveness of well-run groupwork on social and emotional competences. For example:

- William Kreidler (1984), who invented the phrase 'the peaceable classroom' in the 1970s, saw his main educational goal as teaching his primary school class the skills of co-operation. He employed six basic principles, which were co-operation, caring, responsible decision making and conflict resolution, communication, the appreciation of diversity and the appropriate expression of feelings. As he developed his use of groupwork, he found that the children's work and the classroom atmosphere improved drastically (Powell, 1993).
- Co-operative group work has found to be effective in teaching pupils social skills and co-operation (Morton, 1993), and where it has been compared with work in conventional classrooms it has been found to be far more effective in teaching inter-personal skills (Farivar, 1991).

- Groupwork has proved to be particularly useful for those with special needs. For example, Salend and Sonnenschein (1989) examined the effectiveness of a co-operative learning strategy on the behaviours of emotionally disturbed adolescents: they found that a co-operative learning strategy led to an increase in the classes' on-task, co-operative, and academic behaviours, effects which were maintained over time.
- Groupwork has been used successfully to teach social skills to friendless children (Rosenthal, 1993).
- Marchant (1995) found that using problem solving activities that demanded collaboration and mutual self help with a group of young children with emotional and behaviour difficulties taught them to live together without the constant aggression and hostility that had marked their previous interactions.

Unfortunately few teacher education courses teach the skills of running groups effectively, or understanding group dynamics, which is a shame, as such skills are very useful for teachers. Groupwork also has a central part to play in staff development. Working in individual classrooms can be very isolating, and staff too need to learn to work together as a team, recognising that they each have different roles to play, and valuing the contribution that different types of team members can bring to the overall process.

### **Use peer education**

All the five LEAs made extensive use of peer support work and buddying. There is strong support for peer education from empirical studies.

- Pupil involvement helps in the delivery of effective learning for whole classes:
  - Schaps, Lewis and Watson (1996) found that pupils demonstrably worked harder and had better results if they worked in classrooms where they had a greater say in planning and deciding both what they learnt and classroom rules about behaviour.
- Fantuzzo et al (1988) evaluated 26 studies that directly compared teacher managed and pupil managed interventions in mainstream education: they found that pupil managed interventions were more effective.
- There is strong evidence that work with the peer group is particularly important for pupils with behavioural and emotional problems. Peer tutoring has proved to be particularly useful for difficult pupils.
- Behaviourally disturbed young people can themselves be very effective social and emotional educators (Gable, Arlen and Hendrickson, 1994). Scruggs, Mastropieri and Richter (1985) reviewed 17 studies that used tutoring interventions involving behaviourally or emotionally disturbed children. Their results suggest that tutoring with behaviourally disturbed pupils has a positive effect on the academic functioning and attitude to academic work of both the tutee and the peer tutor, while improving the social relationship between them.
- A group of aggressive and withdrawn pupils were given a five week programme of peer tutoring, after which they had higher self-concepts, made greater behavioural improvements, and demonstrated renewed interest in school and in the learning process compared with a control group (Lazerson, 1980).
- Adolescents with learning and behaviour problems who served as peer tutors in a behavioural programme, giving reinforcement to other pupils for on-task behaviours were seen by other pupils as effective at doing this. In addition, they made academic and social gains in their own behaviours which generalised to their behaviour across the school as a whole (Polirstok, 1986).
- Goodman, Powell and Burke (1989) discussed the implementation of the 'buddy system', an intervention strategy implemented in a large urban school district to improve the behaviour of learning disabled children in the regular classroom. Pupils were taught to observe, monitor, and reinforce appropriate behaviour exhibited by peers, and this awareness assisted pupils in controlling their own behaviours. They concluded that the buddy system was highly effective in helping learning disabled youngsters behave in ways which enabled



them to stay in normal classrooms.

### **Ensure congruence with the rest of the school**

All interviewed were keen to stress that any taught programmes will only work if they are congruent with what happens in the rest of the school and if the rest of the school experience is supportive. In keeping with the need for congruence, and with the whole school approach discussed earlier, it is essential that all processes that happen in the wider school are congruent with the programme of emotional and social competence and wellbeing, so that what happens outside the classroom reinforces what happens in it. For example:

- Teachers themselves need to demonstrate the kind of respectful, tolerant, warm and supportive behaviour that they want pupils to learn.
- Programmes, routines and key competences need to be known by everyone in the school and practised across all lessons, and in the school as a whole.
- The everyday experience of the pupil offers opportunities to practice competence building.
- Once pupils have practised and applied the competences in controlled, adult supervised situations, they then have the foundation from which to apply these skills in their everyday, routine interactions and to remind one another of them.
- We need to make sure that the emotional experiences that children and teachers receive throughout the school reinforce the messages we want them learn, for example respect for others, self esteem and feeling valued.

### **Developing themed programmes that link with the generic programme**

#### **Provide programmes on particular themes**

As well as overall programmes that teach emotional and social competences, there is a case for providing programmes which concentrate on particular aspects of emotional and social competence. These can:

- help address the particular problems of an LEA, neighbourhood, school, groups of pupils, or individual pupil
- provide a focus that makes sense to pupils in a way that more abstract work on emotional and social competence can have.
- motivate teachers and pupils by providing a change of focus.

Clearly such special programmes need to be run according to the principles previously discussed.

In line with government recommendations, LEAs now have programmes to tackle bullying. In the five case study LEAs these programmes were linked explicitly with work on emotional and social competence which gave them a valuable skills base and wider dimension. The NHSS national co-ordinator reported that tackling bullying was a common theme in NHSS schools, all of which found the use of a whole school approach very useful. In addition:

- Southampton has focused especially on teaching anger management, to managers, teachers and pupils.
- Cumbria has focused on bereavement and loss for pupils.
- North Tyneside has focused on disaffection, aimed at what it calculates to be 30% of young people in the area.

## **Recommendations**

There is sufficient support for the role of explicit programmes to justify their use in schools. In view of this, we recommend:

- That schools develop and adopt programmes designed to promote emotional and social competence and wellbeing that include the taught curriculum, and which teach emotional and social competences in a comprehensive, organised, explicit and developmental way.
- That the DfES and LEAs encourage and support them in this activity.
- That DfES provides curriculum guidance to schools, covering the principles of programme design that work best in this area. These principles should include the need to:
  - teach skills as well as knowledge and attitudes
  - use a step by step approach
  - help learners generalise to real life
  - use positive techniques
  - use active methods, such as co-operative groupwork
  - use peer education
  - be congruent with what happens across the rest of the school.
- That LEAs review local needs and develop special programmes of teaching and learning as appropriate on specific themes, such as bullying and anger management.
- That schools ensure that special programmes, for example on bullying, include the teaching of emotional and social competences, and are located within programmes designed to promote emotional and social competence and wellbeing.
- That the DfES and LEAs support and advise how to effect the above.
- That DfES commissions a systematic review of programmes and materials that are designed to teach emotional and social competence, including those which are currently in use in LEAs and schools, and what their strengths, weaknesses and benefits are thought to be.
- That DfES produces some case studies of good curriculum practice to inform and inspire other LEAs.

## 12 Promoting teachers' own competence and wellbeing

This section will explore the importance of promoting teachers' own emotional and social competence and wellbeing and make recommendations on how this could be taken forward.

### Key findings

- The visions, values and the belief of headteachers are vital in driving forward work on emotional and social competence and wellbeing. At the same time they, and other members of their staff, would benefit from a greater focus on their emotional health.
- Evidence from the field suggests that only a small minority of teachers appear to be in favour of work to promote emotional wellbeing and that the majority are reluctant to get involved, in part because they are not trained in how to do it.
- The NHSS provides a useful vehicle for work to improve staff wellbeing.

### Teachers' emotional competence and wellbeing

It seems reasonable to assert that a factor which determines how effectively children actually learn emotional and social competences and experience emotional and social wellbeing is the behaviour and attitudes of their teachers and carers. These behaviours and attitudes are one of the means by which emotional and social competences are transmitted, through direct teaching, through the quality of the relationships set up, and through the way the school is managed and run. Teachers and carers are key role models in this area. One study showed that, while young people do not see adults as role models as far as health behaviours such as smoking or exercise are concerned, they do feel strongly that school staff need to model good interpersonal behaviours, such as respect, calmness and rapport (Gordon and Turner, 2001). Teachers need to be convinced of the importance of emotional and social education, and may need education in this area. However to do this without taking into account their own needs not only misses the point but may make the situation worse. Unless teachers feel their own emotional needs are being met, many may be cynical about all of this, and unable to support it. It would not be helpful if emotional and social competence were to become a factor which teachers and carers are expected to take on and be assessed against. They need to have their own emotional needs taken into account, and to be valued and respected, be given resources and help.

This importance of taking teachers' needs into account was very much supported by those in the field. The Hampshire Teachers' Forum reported that they have found that it is the visions, values and the belief of heads that drive work on emotional and social competence and wellbeing, but that heads can feel beleaguered and lonely and question the lack of focus on their own emotional health. They reported that a key factor for them in working in this area is to feel that they are working for institutions that are in themselves emotionally and socially competent.

Experts in the field felt that there is not enough teacher education on this and that most teacher education courses focus on subject teaching and cognitive approaches. Young Minds was particularly keen to support the need for more work on teacher education, and is itself developing a project with schools in Waltham exploring ways of giving support to teachers with advice and supervision.

Antidote felt that teachers may have personal barriers to working in this area due to their own lack of comfort with emotional matters. They have found that a small minority is in favour of emotional literacy, and that the majority are reluctant to get involved, don't know how to do it, and don't feel they can cope, mainly because they have not had the opportunity to examine their own emotions. With the shift to more schools-based training there is perhaps less

opportunity to introduce new ideas than there used to be. If student teachers are in schools where not much is happening they will not experience work on emotional and social competence, and in any case few teacher education establishments are doing work on this issue. Although the project did not have time to review teacher education in this field, we became aware of several initiatives in this area being run or planned at various levels, including in universities (for example Bristol and Southampton).

### **Practice in the five case study LEAs**

The NHSS, which all the LEAs linked with in their strategies for working in this area, very much focuses on teacher wellbeing as well as pupils. Further work on teacher wellbeing and competence could be identified in four of the LEAs, as follows:

- Southampton had started its work on emotional literacy with a staff focus, increasing the levels of emotional literacy of LEA managers, an approach which it then extended to school staff. There continued to be a strong focus on staff emotional literacy and training to promote the overall strategy.
- Cumbria focused on teacher health within its NHSS as well as conducting a specific project and survey on teacher stress.
- Teacher wellbeing was the main focus of work in the NHSS in North Tyneside.
- Leicester included teachers in their view of the whole school as a context, and was carrying out work on organisational stress. It also focused on teacher education in its Child Behaviour Intervention Initiative, working to help teachers understand children's emotional world and to realise that behaviour is communication about emotional states.

In the interviews with the leaders in the LEAs, many respondents mentioned that pressures on schools are making it harder to prioritise work in this area and reducing their ability to commit to this work. Many talked about teachers' own emotional needs and how they are not currently being met. One of the benefits the work on emotional and social competence was said to have brought was improvement in teacher performance and confidence. LEA managers suggested a number of areas in which the DfES might assist in relieving stress. These included:

- reducing time pressures, and stipulating maximum contact time.
- fostering the emotional wellbeing of teaching staff so they can be reflective practitioners.
- empowering teachers and promoting self confidence and encouragement.

### **The evidence base**

The need for the promotion of teacher wellbeing is well supported by the literature. There is evidence to suggest that teachers may find the idea of taking on responsibility for emotional and social competence difficult because they feel already under stress. For example research has identified a rise in stress related illness and absenteeism in teachers, a decrease in morale, lack of interest in teacher education, difficulties in teacher recruitment, and problems with retention (Leech, 1995; McEwen and Thompson, 1997; Kyriacou, 1996). Some reasons commonly put forward for this are that:

- teaching/caring is more challenging than ever
- teaching workloads are increasing
- children and young people are more difficult, disruptive
- living in a multi-cultural society means teachers/carers have to have wider tolerance and understanding of difference
- there are many more demands on schools and teachers
- breakdown in respect for the professions.

Recent research (Smithers and Robinson, 2001) suggests that, among teachers leaving the profession, stress is the reason for the departure of one in five people. Research also shows that teacher education is vital to support work on emotional and social competence and wellbeing. Reviews by Durlak (1995), Durlak and Wells (1997) and the US Government's General Accounting Office (1995) showed that programmes which included staff development

and education were more likely to have an impact on pupil behaviour. Many interviewed discussed the need for teachers to be educated in emotional and social competence, and some discussed the barriers many have to work through in this area.

### **Recommendations**

- That schools who are working or starting to work on emotional and social competence and wellbeing consider the part that teachers' emotional and social competence and wellbeing play in the process, and take active steps to promote them. That LEAs support and encourage them to do this.
- That DfES carries out an audit of current teacher training provision in relation to the promotion of emotional and social wellbeing, and considers ways in which more work on teachers' own emotional and social competence and wellbeing could be encouraged.
- That DfES investigates the possibility of developing work on teachers' emotional and social competence and wellbeing within the Ofsted inspection framework and criteria, both for schools and teacher education establishments.

## **Appendix A: Examples of emotional and social competences**

In order to discuss emotional and social competence it is important to clarify what we mean by it, and how we would recognise it when we see it. Most who work in this area have attempted to develop lists or taxonomies of competences, or build their work on the taxonomies of others. There is at present no definitive list. What follows is a composite from several sources, which include Goleman (1996), HEA (1997), Elias et al (1997), Weare (2000), Sharp (2002).

### **The need for caution**

What follows is simply an attempt to make the concept of emotional and social competence more concrete through suggesting some constituent competences that may be useful to some people some of the time. It should not be seen as a 'blueprint for the perfect person'. None of the competences that follow are sufficient in themselves, almost all need balancing with other competences. Therefore each section will suggest some drawbacks that can happen if a competence is practised to excess or without being balanced by others.

There are huge natural and social differences between people that are to be celebrated.

They include for example:

- the ability to handle pressure
- the pace at which we like to live
- cognitive and learning styles, for example do we learn through thinking or doing, do we like the 'big picture' or detail?
- attraction to risk or security
- the need for self direction or direction by others
- sociability.

Different cultures also have great variations in what is acceptable, and what constitutes emotional and social competence in different cultures will vary greatly. Some variations include:

- the extent to which the society values the individual or the collective
- the extent to which individuals can be autonomous and independent
- how the society thinks it appropriate to express the emotions
- acceptable relationships between young and old
- acceptable relationships between the sexes
- the tolerance of difference.

### **Emotional competences**

#### **Having self esteem**

This competence includes:

- valuing and respecting yourself as a unique individual
- seeing yourself as separate from others, with the right to be treated with respect and kindness by other.

#### **Having an accurate and positive self concept**

This competence includes:

- being able to identify and feel positive about your own strengths
- being able to identify your own weaknesses, and accepting them without self blame or guilt
- having a clear view of aspects of yourself, such as your personality, preferences, and needs

- having a sense of optimism
- having a coherent and continuous life story.

### **Autonomy**

This competence includes:

- being able to have an appropriate level of independence from others, to think critically, and to resist pressure from others
- being able to make sense of yourself and what has happened to you and integrate your life story into a coherent whole.

### **Experiencing a full range of emotions**

This competence includes:

- experiencing, recognising and accepting the full range of emotions as they happen
- being aware of the effects of different emotions, for example on the body, on mood, on behaviour, on how others around start to act
- talking about our feelings, including naming the full range of emotions.

### **Expressing feelings**

This competence includes:

- expressing feelings through facial expression, gesture, and body language, verbal language and tone
- developing a complex language of the emotions, with a wide and precise vocabulary and range of expression
- expressing feelings clearly through writing and other forms, for example dance, music and art.

### **Taking the social context into account in expressing feelings**

This competence primarily involves being able to express our feelings appropriately with due regard for the social context, taking into account, for example, the feelings of others, and our own long term best interests.

### **Controlling the emotions**

This competence primarily involves being able to manage our emotions and not respond immediately or directly to a feeling, or to put it behind us if we judge this is the best thing to do. Some specific competences that constitute this include being able to:

- observe our own emotions
- be aware of what events, circumstances, thoughts and past experiences may have triggered a feeling.
- soothe ourselves when anxious
- calm ourselves when angry
- contain our excitement when it is unhelpful
- think straight when in the throws of powerful emotion
- avoid sulking or withdrawal when angry or frustrated
- talk positively to ourselves when things go wrong
- relax physically
- distract ourselves by thinking of or doing something else that is incompatible with the emotion.

### **Increasing emotional intensity and frequency**

This competence primarily involves knowing how to increase the frequency and intensity of emotions and inner states that we and others find pleasurable. Some emotions and inner states that most people find pleasurable include:

- happiness

- optimism
- amusement, fun and laughter
- joy
- love
- engagement with a task, 'flow'
- rapture
- calmness and inner peace
- relaxation
- losing the self in the moment
- living in the here and now.

### **Being resilient**

This competence involves being able to process and learn from a difficult experience, use it to aid our own development, and then to move on rather than be dragged down or immobilised by the experience.

### **Using information about the emotions to plan and solve problems**

This competence involves being able to use information about one's own emotions and those of others to plan ahead, and organising the emotions in pursuit of a goal and to solve problems. Some of the constituent competences include:

- looking to long term not short term benefits and gains/ delaying gratification
- anticipating consequences of present action
- generating effective solutions to interpersonal problems
- being creative and seeing several ways forward, and round a problem
- having a realistic appraisal of the likelihood of various outcomes.

### **Social competences**

#### **Attachment to others**

This competence involves the ability to love and care about others, and to trust that they love and care about you.

#### **Empathy**

This competence involves being able to see the world from the point of view of another person. It includes:

- recognising emotions in others
- having compassion for others
- refraining from harming others
- sensitivity - being able to intuit how people are feeling from their tone and body language
- giving people the same concern and respect as we give ourselves
- accepting others and tolerating difference.

#### **Communicating effectively**

This competence involves being able to communicate our own feelings and opinions clearly and openly with due regard for the feelings, level of understanding and interests of the people we are communicating with. It includes:

- choosing our own response
- listening to others
- responding effectively
- being clear
- giving others the respect we expect them to give us
- motivating others.



**Managing relationships**

This competence involves the ability to make relationships with others that promote our own wellbeing without damaging theirs. It includes:

- establishing rapport
- making connections with people
- establishing appropriate levels of trust
- taking appropriate responsibility for others
- negotiating 'win win solutions'
- managing difficulties in relationships
- breaking and ending relationships where necessary in an appropriate and positive way
- managing conflict.

## **Appendix B: Steering group and consultees**

### **Steering group**

Pauline Forrest, Hampshire LEA  
Gill Frances, National Children's Bureau  
Gay Gray, Health Education Unit, University of Southampton  
Helen Kay, DfES  
Liz Morris, School of Emotional Literacy  
Dinah Morley, Young Minds  
James Park, Antidote  
Amanda Sasia, DfES  
Peter Sharp, Mouchel  
Mary Thomas, Health Education Unit, University of Southampton  
Marilyn Toft, Healthy Schools Standards  
Maria Wallmer, DfES  
Allan Watson, National Pyramid Trust  
Katherine Weare, Health Education Unit, University of Southampton

### **Consultees**

The following are all people with expertise in the field of emotional and social competency, whom we interviewed for the research.

Sheila Arney, assistant county education officer with responsibility for inclusion, Hampshire  
Mog Ball, writer and researcher  
Adrian Faupel, senior educational psychologist, Southampton  
Harriet Goodman, education project officer, Antidote  
Candida Hunt, assistant director of FamilyLinks, Oxford  
Dinah Morley, deputy director, Young Minds  
James Park, director, Antidote  
Edmund Sonuga-Barke, Department of Psychology, University of Southampton  
Sarah Stewart Brown, Institute of Health Services Research, Oxford  
Bob Stratford, Department of Psychology, University of Southampton  
Susan Tarlton, headteacher, Launton Primary School, Oxfordshire  
Marilyn Toft, co-ordinator, National Healthy Schools  
Jo Wright, teaching fellow in primary education, University of Southampton

## **Appendix C: Interview schedule with experts**

### **About them**

What is your current involvement in this field?

What age groups do you deal with?

What groups do you work with – those with special needs/ troubled people or for the mainstream schools?

How long have you been involved?

What led you to be involved in it?

### **About what is happening currently**

What is your view of the state of the art in this field in England at the moment?

What opportunities and barriers do you think there are?

What are the key developments?

What do you see as happening or not happening?

Is it better or worse since you've got involved?

How do we compare with elsewhere?

### **Their general view of our proposal**

What did you like about the proposal, and what did you not like?

Prompts: is it realistic/unrealistic? On track? Desirable?

Is the scope too broad or not broad enough?

### **Definitions**

How would you define emotional competence?

How would you define social competence?

### **Contacts**

Where do you see the centres of expertise in this field: in England, UK, elsewhere?

Where can we find good practice, relevant research and theory, and teaching and training courses?

Who else should we talk to?

### **Government links**

Do you see this work as linking with any key governmental initiatives in education or health?

### **Reading**

What key research and practice-based literature should we be reading?

What do you think are the best curriculum materials around currently that would be suitable in England?

## **Appendix D: Conferences and meetings attended**

*The Emotionally Intelligent School: Creating Optimal Climates for Learning*, Essex, 31 January 2002

Meeting at National Pyramid Trust of charitable organisations concerned with the emotional health and wellbeing of children, 5 February 2002. Participants included representatives from: National Pyramid Trust, East London Schools Fund, Chance UK, Antidote and Kids Company.

*Effective Early Intervention for Children*, Coram Family and National Pyramid Trust, 13 February 2002

*Forum on emotionally healthy schools*, Hampshire, 13 March 2002

*Promoting Mental Health in Secondary Schools*, Mental Health Foundation, 14 March 2002

*Emotionally Literate Schools*, Antidote, 16 May 2002

## **Appendix E: Interviews with LEA managers**

Several people in each LEA were contacted by e-mail or letter. Telephone interviews were conducted with the following:

### **Birmingham LEA**

Nicky Kendall, Behaviour Improvement Programme  
Amanda Daniels, Framework for Intervention  
Linda Wynne, senior educational psychologist

### **Cumbria LEA**

Fran Walker, emotional health development co-ordinator  
Stuart Goodall, senior education officer, Pupil and Support Service  
Deborah Michel, Behaviour Curriculum  
Alan James, NHSS co-ordinator and inspector/adviser (PSHE and Citizenship)

### **Leicester LEA**

Jayne Nash, senior educational psychologist, Leicester Child Behaviour Intervention Initiative  
John Whitby, NHSS co-ordinator

### **North Tyneside LEA**

Joyce McCarty, NHSS co-ordinator  
Toby Quibell, Total Learning Challenge

### **Southampton LEA**

Ann Dyton, SEN inspector/adviser  
Sue Nicholson, headteacher, Mason Moor Primary School  
Adrian Faupel, senior educational psychologist  
Ian Sandbrook, director, Lifelong Learning and Leisure

## Appendix F: Interview schedule for LEA managers

*(Prompts in italics – to be asked if relevant)*

1. We have heard that your LEA is doing some interesting work on emotional and social competence/literacy and I would very much like to talk to you about it if that is OK.  
*See what they know about it.*
2. What do you call work in this area?  
*Emotional literacy? Emotional competence? Social competence?  
What is included in this work?  
Is any other work explicitly linked with it?*
3. Can you describe for me broadly speaking the main things that are happening in your LEA at the moment around emotional and social competence? (much overlap with what follows)  
*Any teams, networks or groups created within the LEA?  
Interventions in schools?  
Special events?  
Training for staff/parents?  
Evaluation of interventions?*
4. How and when did this start?  
*What prompted it?  
What is the rationale behind it?  
What events precipitated it?*
5. What methods or strategies are you employing (overlap with one above)?  
*Style: top down or bottom up?  
Teaching programmes introduced?  
Materials?  
Whole school approaches/ school climates?  
Targeted on special needs or universal?  
Long or short term?  
Work on teachers' own competences?*
6. Who is involved? What are they doing?  
*What are the roles of the various LEA teams (educational psychology, behaviour support, inclusion, PSHE)?  
Is there any multi-agency or teamwork?  
Voluntary agencies?  
What role are teachers playing?  
Parents?  
Pupils?*
7. Are there any links to other initiatives?  
*Healthy schools strategy  
Inclusion  
Youth projects, community projects  
Health care teams  
Mental health  
Government initiatives, such as Sure Start, Connexions*
8. Can I ask what your involvement is or has been?

9. How do you feel it is going? What benefits is it bringing?  
*To the LEA, to schools, to parents, to pupils?*  
*How do they know?*  
*How many people would know about it?*  
*How high profile is it?*  
*Evidence for success?*  
*Any formal evaluations?*
10. What is currently helping it to develop?
11. What outside supports are you receiving?  
*From within your own LEA*  
*Statutory bodies*  
*Voluntary bodies*  
*Government initiatives*  
*National networks (e.g. NELIG, websites)*  
*In terms of resources, money, how much put in, where from?*
12. What problems is this work raising? What barriers have you experienced?
13. What further support would you like / what would help?  
*(Prompts as above)*
14. We have been specifically asked to give advice to the DfES on what they might do to encourage this kind of work. What would you say to them?  
*What added value can DfES give to your efforts?*  
*Would it help if they recommended any particular approach, materials, way of organising work in this area etc?*  
*Could they help you build on existing practice to enable the existing infrastructure to be strengthened?*
15. I am keen to talk to the key people who are leading this work in your LEA. Is there anyone else I should talk to?
16. Would it be in order to phone you again if I wanted to talk to you more about this, or even possibly visit?
17. Is there any further information you can send me or advise me how to find it that can tell me about what you are doing? *(for example documents or web links)*

## Appendix G: Case study of Birmingham LEA

### Context

Birmingham is a large urban authority serving a population of just over one million. The LEA maintains 453 schools (26 nursery, 322 primary, 78 secondary, 27 special, and a unified hospital school). In addition the LEA is responsible for 23 community day nurseries and one combined nursery centre.

41% of Birmingham pupils come from black and minority ethnic communities, 28% have English as an additional language, 1.9% have statements of special educational need.

34% of children are eligible for free school meals (compared to 18% nationally) and in just over 20% of schools over 50% are eligible for free school meals. Birmingham ranks fifth out of the 366 districts on the DETR (Department of the Environment, Transport and the Regions) deprivation index (Index of Local Conditions).

There is a high rate of pupil mobility within the city as a result of homelessness, re-housing, family break-ups, domestic violence and lack of job security. Schools on average have a 15% turnover of pupils within a year.

### Approaches being taken to promote emotional and social competences

#### *The Framework for Intervention*

The main thrust of work in this area, according to Francis Mallon, head of the Educational Psychology Service, is through the Framework for Intervention (details are available on [www.frameworkforintervention.com](http://www.frameworkforintervention.com).) This is an approach using school improvement, teacher empowerment and environmental change to tackle concerns about students' behaviour. It is considered to work for all ages and in all settings.

The Framework is a guidance document written as part of a Birmingham Education two year project (New Outlooks) which ran from 1995 – 1997. In 1997 there was a small pilot in 20 schools. In the first year (1998 - 1999) of Standards Fund support for the project, 80 primary and eight secondary schools 'took the plunge' by joining the first full year of operation, with around £200,000 being contributed by the then DfEE and Birmingham City Council.

Following further funding of £1,500,000 over the years 1999-2001, the total number of schools trained and in training has risen to 280. This represents 75% of nurseries, 60 to 70% of primary schools, and 40% of secondary schools. Further funding for 2001 - 2002 has enabled the work to continue in primary schools, while new and existing secondary schools are 'buying in'.

The key points of the Framework are:

- The whole approach is one that concentrates on the environment, using a problem solving approach (including methods similar to Solution Focused Brief Therapy) and working in accordance with the theories of Total Quality Management (as proposed by W Edwards Deming).
- It is a three level approach, starting at level one with concentration on the circumstances in which the behaviour difficulties occur (the behavioural environment) moving to an increasing concentration on the individual child (at level three).
- The intervention is triggered by anyone making an expression of concern. The emphasis is on early response; there is no minimum level of difficulty for triggering the process.
- The person raising the concern takes the lead in producing a plan with assistance from the school's behaviour co-ordinator.
- There is a strong implication that the school and outside agencies channel significant



- resource into supporting level one interventions to facilitate early support and prevention.
- The process of 'behavioural audit' and working towards an optimal behavioural environment is outlined at level one utilising a 'behavioural environment plan'.
- The approach covers behaviour exhibited outside the classroom and, at early levels, the behaviour of groups.
- There is no need at an early stage to define whether or not the behaviour difficulty represents a special educational need: the same approach can be adopted in all cases with no 'loss of time', whatever the final outcome.
- At level two and three individual behaviour plans are utilised though work on the behavioural environment may continue.
- The process is designed to work in conjunction with the SEN Code of Practice.

The writers of the framework consider that adopting it ultimately involves no more work than at present where schools attempt to deal with behaviour problems solely using the SEN Code of Practice. In the longer-term, the framework could offer major savings through being designed for behaviour rather than adapted from special needs practice. An HMI visit concluded that the project was both effective in improving behaviour and cost effective, and was very appropriate for the efficient use of standards fund pupil retention grants. Of particular note was the finding, from discussion with three particular teachers, that the project was effective in reducing teacher stress and preventing them from leaving the profession.

Amanda Daniels, the person leading this work, thought that the framework can and does contribute to promoting social and emotional competence, but it is not specifically about it. It focuses on low level behaviours, which could be considered low level indicators for emotional problems.

Francis Mallon considered that in taking an environmental and essentially interactionist approach, they are a bit at odds with the emotional literacy movement, which they see as rather too 'within child'. The focus in the framework is not on the child but on the environments that can encourage good behaviour. For example, in one school they have brought in longer lunchtimes. They found that children's concentration was going down because lunch was late. Some children at the end of the queue were not having time to eat their lunch.

They want to encourage schools to recognise the part they can play and what they are doing already, without getting overwhelmed by what needs to be done. Teachers can feel that they are expected to be therapists or social workers.

Although the focus is environmental, more direct work with pupils is accommodated as level three interventions. Examples of this include the *Circle of Friends* approach, also described in this case study.

The initial intention was to involve multi-agency teams. However, although agencies are involved through the steering group and development group, it is now run by an educational psychologist and eleven seconded or temporary contract teachers. Adoption of the framework has significance for the planning and provision of support services in order to make them available sooner and to ensure appropriate knowledge and skills. The framework highlights the need for clear procedures involving the most relevant agencies where internal school procedures have not been successful in meeting problems.

### ***Future developments***

Those interviewed are trying to embed the framework in LEA policy. One difficulty is that it tends to be in competition with other central government initiatives that usually focus on what can be done with individuals. The Framework is involved with the updating of the CRISP

(Criteria for Special Educational Needs) project in the city, and it is expected that the framework will be fully assimilated into all the processes between the council and its schools by 2003.

Work is in place in 2002 - 2003 to involve all Birmingham Education Service staff working with behaviour in schools in the training programme and to link the project to the developments following the new Special Needs Code of Practice. The hope is that schools will need to show evidence that they are operating the framework, or something similar, before they can make a request for additional funding (for example from statementing or support from advisory services).

### ***Circles of Friends***

This differs to *Circle Time* in that it is applied to the focused child who has specific emotional and social difficulties. It has been running for a number of years with identified schools in the LEA. It is used in other LEAs for children with communication difficulties, for example mildly autistic children. It involves identifying the child and then canvassing the support of the peer group. The process involves:

- A class session to raise awareness of the child's difficulties and strengths. Pupils are encouraged to think of whether they themselves ever have similar difficulties. The idea is to try to raise empathy and to establish the link between behaviour and how they feel.
- Identify the child's circle of friends – a peer support group, with six to eight in a group. The majority of the group needs to have good social and coping skills. It is usually possible to handle two children in a group who are having difficulties but not more.
- The group then meets weekly. It is used as a forum for problem-solving to help with the child's difficulties.

A circle of friends can be used at any age. In secondary schools the approach is more diluted. There is usually not one focused child but a group of vulnerable children. They are not usually maladaptive. The groups are facilitated by outside services and agencies, for example educational psychology. Schools are encouraged to be taking on the programme development themselves and teachers sit in on all the sessions.

### ***Behaviour Improvement Programme (BIP)***

Other significant work being carried out in Birmingham is through the Behaviour Improvement Programme (BIP). Whilst the framework is designed for low level behaviour, BIP deals with pupils with emotional and behavioural difficulties (EBD). The two are not mutually exclusive. It is highly likely that schools involved in BIP are also involved with the framework.

BIP works with the Zaccheus centre. The centre was set up and funded by Catholic partnership schools on a separate campus. It also attracts funds from other sources. Schools identify children with needs. They are then sent to the centre for a course of four weeks. The courses are aimed at groups of children with similar problems. There are 6 courses altogether, including:

- anger management
- team leaders
- bereavement and loss.

The children then go back into mainstream schools with support. BIP is to be widened out to non-Catholic schools and also to begin training teachers, so that they will be more able to deal with these issues in house.

### ***Future projects for the inclusion of children with EBD***

There are two mental health projects: one for primary and one for secondary schools. They

are both two year projects, to be monitored and evaluated. In each phase (primary and secondary) they are identifying three geographically distributed schools. The schools have submitted bids describing what they are planning to do. For the secondary project, each school will be given £23,000. With this they have money to buy a family support worker and to increase their staffing complement. The aim is to get three children back into each school who are currently in EBD (nine children in total). The primary project has a similar aim the focus is on reducing exclusion. There is to be a psychiatric nurse funded in each school. It is an idea already in practice in Devon.

Initially head teachers were very hostile to the idea of integrating children with EBD. Nicky Kendall deliberately enlisted the help of two heads who were hostile, to encourage ownership and buy-in, and attitudes have shifted considerably.

### ***Other interventions***

- Solution focused brief therapy with groups: by Katrina Smith and Halit Hulusi, Birmingham Educational Psychology Service (for details see their presentation on the NELIG website).
- Not much is happening in nurseries, but most are strong in this area. There is *Success for Everyone Under Five* which, although not specifically about emotional and social competence, is related.
- Some infant schools have set up *Nurture Groups*.
- In primary schools, there is work at KS1.
- Ages eight to eleven have circle time and pupil mentoring courses.
- In secondary, eleven schools have support learning centres. There can be tension in these schools between those staff (often the ones who set them up) who see them as semi-therapeutic environment for troubled children, and others who think that they should be places of punishment.

## Appendix H: Case study of Cumbria LEA

### Context

At well over 100 miles across, this county is the second largest in England and one of contrasts. On the geographical fringes there are a number of urban areas with relatively high population density. In parts of the Lake District and the northern Pennines population densities are amongst the lowest in England.

In the more urban areas schools are generally close together and usually, although not always, relatively large by Cumbrian standards. Overall, provision in the primary phase is mixed. In rural parts of the county, distances between schools can be considerable with road links often poor. In these areas schools are invariably full phase primary schools (that is, primary and junior).

The size of schools in the county differ tremendously. In the primary phase pupil rolls range from the teens to around 400. The smallest secondary school has fewer than 160 pupils whereas the largest has close to 1,730. There is also a mix in terms of school status. The voluntary sector comprises over 40% of Cumbria's schools while foundation schools account for just under 9%. The present framework of schools came into effect on 1 September 1999.

LEAs need to be able to respond to local need. An example of this is that Cumbria was badly hit by the foot and mouth outbreak last year. Some of the work mentioned was in response to this.

### Approaches being taken to promote emotional and social competences

The senior education officer for Pupil and Support Services (PASS), Stuart Goodall, stated that the vision described in the LEA's behaviour support plan is one of commitment to whole school approaches. He saw mental health, emotional well-being and behaviour as inter-linked. The objectives of the behaviour support plan are continually being updated. The version on the web states that Cumbria LEA believes that:

- Children's behaviour is a consequence of their social and emotional development and their mental health.
- All children, wherever possible, should receive an inclusive education.
- Schools, in partnership with caregivers, play a key role in promoting the social and emotional development of their pupils.
- Children are individuals and may behave differently in response to their environments.
- Children are unlikely to achieve their learning potential if their social and emotional needs are not met.

Cumbria LEA is working with schools to convince them of the benefits of perceiving challenging behaviour as being the school's rather than the child's problem. Stuart Goodall commented that they have strong links with Birmingham LEA and its *Framework for Intervention* and that both approaches are based on the same thinking.

Schools are offered materials as a starting point, called 'Planning for Positive Behaviour'. These cost £80 and cover the following areas:

- a whole school approach
- promoting school attendance
- preventing disaffection
- developing pupil behaviour through effective links with parents
- monitoring and assessing for behaviour change
- planning and intervention strategies for behaviour change.

The expectation is that schools will follow the materials. If they want to develop further, they

can request help from a member of the PASS team, but they must show that they have been working with the materials.

### ***Cumbria Behaviour Curriculum***

Schools also have access to the Behaviour Curriculum. This predated the construct 'emotional intelligence' and set out to look at the skills and abilities underpinning positive behaviour. The skills and abilities identified mainly fall within the emotional and social competence domain. The materials were developed by Deborah Michel and a group of teachers in 1994, when the SEN Code of Practice was first published. As an educational psychologist, she invited three schools to explore with her teaching behaviour like other subjects. Later another two schools came on board. They used structured activities to explore the questions as they do now. There are two basic activities:

- think about maths. how would it be taught if it was behaviour?
- what social and emotional skills underpin behaviour?

Every school in Cumbria is entitled to a free copy of the curriculum. Schools that adopt it consider how the social and emotional skills and abilities that have been identified can be promoted through:

- direct teaching (usually through circle time but also across the curriculum)
- through class management and relationship building
- their school policies and practice.

The idea is that behaviour policy and lesson planning are the tools to ensure the delivery of the Behaviour Curriculum. It is a comprehensive staff development package that is specifically designed not to 'spoon feed' teachers. Some lesson plans have been developed to support this approach.

### ***Future projects linked with the behaviour curriculum***

Deborah Michel is currently working on two related initiatives: *PlayWise* (promoting emotional resilience, social confidence and quality thinking in Foundation Settings) and *BarroWise*, an EAZ initiative that is extending the Behaviour Curriculum model to incorporate thinking skills. The idea is to promote wise learning and behaviour. Another step will be to consider how you make wise decisions in schools and communities. Schools are currently drawing it together and taking it to staff groups.

### ***NHSS***

This is also mentioned in the behaviour support plan. The Cumbria scheme has identified, in addition to the national themes, the following local priorities:

- rural isolation and small schools
- links with other agencies
- consultation with and involvement of pupils
- staff wellbeing.

Over 200 schools are directly involved out of about 350, with 90% having some sort of involvement, for example through training courses. There are three co-ordinators working in three areas, and a drugs co-ordinator. One of the co-ordinators has worked closely with Deborah Michel and Fran Walker on the Behaviour Curriculum.

The NHSS co-ordinator, Alan James stated that some schools are looking at emotional health. Two projects seemed particularly relevant:

- **Foot and mouth project:** An art residency project for pupils, staff and communities hardest hit by the foot and mouth outbreak. The outbreak had led to absenteeism and behaviour problems. The aim is to raise self esteem and give people something to look forward to. The school chooses a particular medium and they are then given an artist for

a four day residency. The artists have been chosen for their sensitivity to rural communities and their ability to respond to issues as they arise. The schools then negotiate a programme. There is also a training session for staff and time for the artist to work with the community. The project started late last term, working with 35 schools and costing £70,000. This was funded through successful bids to a number of bodies including Northern Rock Foundation and the Regional Arts Lottery Programme. It is project managed by Sue Allen of Eden arts and is being fully evaluated.

- **Staff's emotional wellbeing:** A survey has been piloted and a report written. It was completed by 25 to 30 people from about seven schools. As a result the survey has been amended and the co-ordinators are now promoting it with schools. The aim is to identify strategies that are successful to promote staffs' emotional wellbeing. The survey results show that staff identify the following positive strategies as being key supporting emotional health and wellbeing::
  - non-contact time, especially in primary schools
  - recognition from the headteacher and a demonstrated interest in what they are doing
  - advice on behaviour management
  - recognition for their contributions and hard work from governors and senior managers.

### **Other interventions**

- **The National Pyramid Scheme:** there is a South Lakes scheme (Kendal and surrounding areas). Fran Walker, emotional health development co-ordinator for Barrow Action Zone, thought that it would be good if it could be expanded so that more schools could access the course.
- Two or three pilots have also been funded, including two nurture groups, on condition that they are evaluated. They are waiting for the results of the evaluation.
- **Bereavement training:** Fran Walker worked in her last job in the LEA with the health and safety officer, putting a training package together on bereavement. She is keen to encourage people to include bereavement issues in the curriculum rather than just responding to crises. The LEA and Cumbria Healthy Schools are also working with a number of agencies (including Fran and the Barrow EAZ to develop support for schools and others in this important area).
- Primary schools use *Circle Time* and this is supported by the Cumbria Healthy Schools team among others.
- Two projects involving parents:
  - SHARE project: parents involvement in homework
  - Parent Aid: auditing the problems children bring into school. They are looking to put citizen's drop in centres in schools, for ease of access. This is being done in liaison with Citizens Advice Bureau. The scheme is not yet off the ground.
- Peer support groups.
- Buddying.
- **School Councils:** The LEA leads the way on these. David Bone was inspector/adviser of School Councils for Cumbria and is now school improvement officer in St Helens, after a time as director of School Councils UK.
- A stress initiative, organised by teachers associations in co-operation with the LEA, Barrow Community Learning Partnership, the EAZ and Cumbria Healthy Schools.
- Cumbria Healthy Schools has provided local training in emotional health and wellbeing and also emotional resilience, including two days from Noreen Wetton, a provider of national renown.

# Appendix I: Case study of Leicester City LEA

## Context

With a population of almost 300,000, Leicester is the largest city in the East Midlands and the tenth largest in the country. There are an estimated 45,381 pupils in the city, 26,583 in primary schools and 17,870 in secondary schools and 928 in special schools.

Leicester City's Education Department serves 114 schools, comprising: 87 primary schools, 16 secondary schools and eleven special schools. Four secondary schools have sixth forms offering post 16 education. However, the majority of post 16 education is provided by three sixth form colleges and a college of further education. The Education Department employs approximately 7,800 staff, including an estimated 3,000 teachers and has an operational budget of £150 million. The Department's agreed purposes are:

- Supporting school improvement
  - working with schools, using the whole resource of the LEA, to improve levels of achievement among all pupils, and especially those who are disadvantaged.
- Meeting special needs
  - supporting all schools to respond even more effectively to the demands of pupils with special educational needs, both those with and those without statements.
- Promoting lifelong learning
  - directly through the Department, and indirectly with other partners, including schools, incorporated colleges, the voluntary sector and employers, encouraging and assisting adults to continue with or resume educational activity.
- Enhancing quality of life
  - supporting, through enabling individual development, the educational, social, economic, cultural and spiritual development of those individuals and the communities in which they live.

## Approaches being taken to promote emotional and social competences

The NHSS co-ordinator, John Whitby, believed that most of the work in Leicester in this area is carried out by the behaviour support team. They are particularly involved with primary schools, secondary schools at Year 7 and with Learning Support Units. Their work includes:

- whole class work on social and communication skills
- Circle Time
- drama groups
- FRIENDS
- performance and lifeskills work
- therapeutic work
- smaller circle time
- buddy systems.

## *Leicester Child Behaviour Intervention Initiative*

The work being carried out by the Leicester Child Behaviour Intervention Initiative (CBII) is of particular interest as it is a good example of multi-agency work. It started in March 1999, when it ran in three areas in Leicester, going city-wide from September 2003. The team of people involved are:

- three full time educational psychologists (employed by education)
- three primary mental health workers (CAMHS)
- eleven family support workers (Social Services)

Work with younger children tends to focus mainly on parents and carers as the adults are the main source of influence over the child's development in the early years. Some of this work

is carried out in partnership with health visitors. Older children and more likely to be included in the work to support to family and may receive direct individual support in some cases. The work with adults in a wider sphere of influence, such as teachers, is to help bring an understanding of the child's needs and approaches to meeting them into alignment, so that the skills and resources of all can be capitalised on. In this way, it is more likely that the context for the child will change to facilitate and encourage that child's social and emotional development.

The work with school staff groups is to help adults understand and recognise the impact and influence they have on the emotional lives and development of children. A solution focused approach is used to help school staff recognise what they do well, possibly by using an 'audit' of good practice and to enhance their abilities to have a positive influence on children's emotional development, through improved understanding of the emotional world and needs of children. Support is offered to school staff through looking at the management of organisational stress and ways of coping personally.

Some work is carried out with young people in groups, on themes such as self-esteem/concept, conflict resolution, preparing for transition and dual heritage. This work is usually activity-based and can include role play, drama, book making and games.

### **NHSS**

John Whitby considered that emotional health is important in the minds of headteachers involved in the NHSS. At level three of the standard there are 36 schools out of a possible 112 in the city. Six of these are secondary and three are special schools, one of which is EBD. The NHSS has also been a catalyst for encouraging collaboration between agencies. Different agencies are working together in the production of a multi-agency support pack, to let schools know what services are available. A working party has been meeting since November 2001, the first time they had all come together. John Whitby worked with Jayne Nash of the CBII and Andrew Starr of CAMHS to produce the pack, which looks at risk and resilience and focuses on emotional health rather than on behaviour. In John Whitby's experience, headteachers tend to think in terms of behaviour management rather than emotions.



## Appendix J: Case study of North Tyneside LEA

### Context

North Tyneside is an area with great socio-economic diversity. It includes prosperous coastal towns, highly disadvantaged urban localities and some rural communities. Its economic infrastructure has changed radically in recent times as traditional ship-building and mining industries have declined and electronics-based businesses have emerged.

The proportion of primary pupils eligible for free school meals (25.5%) is slightly above the national average (20.5%), as is the secondary figure (21.6 per cent compared with 18.1%). However, the contrast between schools in different parts of LEA is huge. Four wards are particularly disadvantaged, with high levels of child poverty. Only 1.4% of school children are from minority ethnic groups, fewer than the national average.

The council provides nursery places for 85% of three year-olds, and all four year-olds. The current statutory school age population numbers 25,322 but this age group is forecast to reduce in size over the next ten years. There are currently two nursery schools, 17 first schools, 39 primary schools, nine middle schools, and eleven secondary schools. Eight of these secondary schools have a sixth form. There are five special schools and two pupil referral units. More than half of the borough's statutory age pupils attend schools in a two-tier system of primary and secondary schools. The remainder are in a three-tier system of first, middle and high schools. The different systems operate in distinct geographical areas. The council is in the process of reorganising most local pyramids of schools from three-tier to two-tier. After the current round of reorganisation the three-tier system will remain in only one area.

As a small metropolitan authority, North Tyneside benefits from various government funding streams, for example neighbourhood renewal and regeneration funding. North Tyneside is also a Phase 2 authority in the Excellence in Cities initiative. The EiC core partners comprise the LEA and all eleven secondary schools. There is also joint working with other partnerships in the region. Joyce McCarty, the co-ordinator of the local NHSS, considered that being a small borough was an advantage in that they can work in small teams

### Approaches being taken to promote emotional and social competences.

#### **National Healthy School Standard**

Healthy Schools started in North Tyneside in 1991. The Health Authority part-fund the co-ordinator's post. In the NHSS, there are 40 out of 80 schools (seven of which are secondary) involved at level three, 26 at level two and 20 involved at level one (which involves getting basic information about the initiative). A holistic model is used, with ten criteria, including mental and emotional health. All schools at level three have to work on all ten criteria. There has been a reasonable amount of work targeted at mental health and at the moment priority is being given to staff health and wellbeing. The programme is offering a day training course over the next financial year, using the resource that NHSS has produced called *Support for Staff Health and Wellbeing*.

Other work has involved:

- training courses through the NHSS and through citizenship
- work on anti-bullying through regeneration funding
- buddy systems
- 'all achievement assemblies'
- circle work which is promoted in the classroom at all times (this differs from *Circle Time*, which proposes using a certain time slot each week).

### ***Future projects connected with the NHSS***

In partnership with others, North Tyneside are aiming to do something about violence in schools. Together with other services, including the police, health service, school nurses, behaviour service, educational psychologists, they are targeting mainstream schools to audit current work. A whole system event is being planned, with participants including CAMHS, mental health services, senior managers and PSHE co-ordinators.

### ***Total Learning Challenge***

Total Learning Challenge runs group work aimed at disaffected children aged eleven to 16. They are primarily working with children at the transition from primary to secondary school. The Action Groupskills Intervention (AGI) is brief, consisting of twelve sessions once a week for a term. It involves eight children in a group in school, in school time and is focused on solutions:

- combining teaching skills with group therapy and child psychology
- looking at emotional literacy through creative expressive activities
- encouraging reflection on real-life situations
- using drama to model alternative endings to familiar destructive scenarios.

The challenge began with a five year pilot, called *Action on Disaffection*. This was run by a group of teachers who were also group therapists. The pilot work took place in North Tyneside, although the project is no longer running there, following a political shift. They are now training teachers to deliver group work themselves. The accredited training takes place in London, Newcastle and Middlesbrough. There are two levels of qualification: a degree/diploma to deliver an AGI programme and a masters level on understanding disaffection. There is a range of training on dealing with confrontational behaviour, including twilight sessions, as schools often find it difficult to release several members of staff for longer periods.

They are encouraging a multi-agency approach, with two people running each group, one of whom is a teacher and the other from a different agency or service. This might be an educational psychologist, educational welfare officer, school nurse, classroom assistant or a youth worker. There can be up to twelve members of staff from each school, with six groups running in the school. They work with Education Action Zones and have links with CAMHS, and the Primary Care Group. The challenge programme won money, through the NHS region, to evaluate its effects. There has been a three year randomised control of the effects of the intervention, looking at:

- groups of children with no intervention
- groups who had person-centred group work as in PSE (Curriculum Studies Groupwork)
- groups who received the Action Groupskills Intervention.

The results are complex. Essentially there was a significant effect for those receiving AGI, for up to three years after that intervention. There was some effect if they had had person-centred group work, although less than the other intervention.

Toby Quibell, from the Total Learning Challenge, thought its work differed from targeted groupwork offered by other organisations in that:

- theirs is evidence-based
- they can reach a whole intake of children rather than just a few who are considered vulnerable.

Research shows that up to 30% of children are showing symptoms of disaffection. He believed that there is a need to deal with a larger population if you want to have a real preventative impact rather than reacting to a problem. If you deal with a lot of the year group you can affect the dynamic and ethos.

***Other interventions***

- An expressive arts competition for World Mental Health Day: a poetry and painting competition on emotional health for pupils aged five to eleven (further details are available on [www.coolschools.org.uk](http://www.coolschools.org.uk)).

## **Appendix K: Case study of Southampton LEA**

### **Context**

Southampton is a city of 210,388 with a school age population of 29,137. Known for its international port, which is a major element in the local economy, the city also has a developing service and financial sector. The newly opened West Quay retail development has created 3,500 new jobs and is making the city a regional magnet for shoppers. However, prosperity has bypassed some areas of the inner city, which remain deeply disadvantaged, and parts of fringe estates. These areas are now the focus of regeneration projects.

The city has a 4.9% ethnic minority population: ethnic minorities constitute 10.5% of the primary age population and 11.7% of the secondary. For 6.5%, English is an additional language. The largest single population is of Indian heritage. The minority ethnic population is heavily concentrated in certain wards: in one inner city school, it constitutes 98% of the roll. In addition, 22% of pupils overall are in receipt of free school meals, slightly above the national average. Just under 1% of primary aged pupils and 1.3% of secondary aged pupils have statements of special educational needs, compared with 1.6% and 2.8% nationally.

Southampton has 91 schools: 14 secondary schools, 67 primary schools, 1 nursery, 6 special schools and 3 pupil referral units. There are also two maintained early years centres. 3,078 pupils under compulsory school age are on the roll of primary and nursery schools. 74% of all three-year-olds in the city, all those wanting places, now receive pre-school provision. Six out of the 14 secondary schools are single sex, three for girls and three for boys. There are two Beacon schools. Only one secondary school has a sixth form and most of the 71% of pupils who continue their education post-16 transfer to one of the two sixth form colleges in the city, the city further education college or one of the Hampshire colleges.

Southampton took control of its own affairs as a new unitary council in 1997. It has high ambitions, aspiring to become a leading European city, a regional centre and a city of learning. Although much has been accomplished in the way of regeneration and the city is thriving in some respects, parts of it remain deeply disadvantaged and harbour concentrations of social problems.

The LEA inherited low achievement in the primary phase and rightly opted to make tackling this a priority. Improvement has been rapid, and has outstripped the national rate. At GCSE, however, improvement rates are below the national and the gender gap is of particular concern. It is significantly wider than nationally and particularly marked in English, where in 1999, 56% of girls but only 36% of boys achieved higher grade passes. The legacy to Southampton included substantial difficulties concerning school places, buildings and behaviour. The new LEA has moved systematically to sort these problems out. Against the backdrop of a shared view of what the city could become and the role that education should play, the LEA has established excellent communication and solid partnerships with its schools, and it is on this basis that it has proceeded to grapple with difficult issues.

### **Approaches being taken to promote emotional and social competences**

#### ***A city-wide strategy***

Several people commented that the authority's work on emotional and social wellbeing was greatly helped by the fact that Southampton was a new unitary authority. The commitment of the LEA has been fundamentally important. Adrian Faupel, senior educational psychologist, thought that Southampton schools now have a pride in their identity. They are pleased that they are doing something 'new', different to other LEAs.

Peter Sharp, formerly educational psychologist in Southampton, and Ian Sandbrook, chief inspector for Southampton Education Service both explained that the focus on emotional literacy came about as they both happened to read Daniel Goleman's book *Emotional Intelligence* at much the same time. They agreed that emotional literacy should be an equal priority with literacy and numeracy for all children in Southampton. Initially educational psychologists and inspectors worked together to consider first their own emotional literacy, and then how they might work together to develop this initiative across the whole city. Elected members, the executive director and education managers have been enthusiastic in their support for this work, and have shown vision in incorporating this as a top priority.

In 1998 the LEA embarked on a programme to promote emotional literacy through a range of activities including:

- seminars, presentations and publications for head teachers, teachers, governors, parents, pupils, police, colleagues in health and social services, and employers
- publication and implementation of the behaviour support plan, centrally focused on promoting emotional literacy
- promoting pupil inclusion project to reduce exclusions
- running training and development on anger management
- running anger management groups on an apprenticeship cascade model
- delivering modular training for senior teachers on management of behaviour (over 100 teachers have completed a six day training covering whole school policy, managing groups, managing the individual, promoting self-esteem, therapeutic intervention and project work)
- delivering anti-bullying training to teachers from 45 schools
- devising strategies to combat racial harassment.

During the first days of the programme nearly 90% of Southampton head teachers chose to come to one of two half day seminars. Subsequently they formed Southampton Emotional Literacy Interest Group (SELIG) and received 34 applications from headteachers to join. Membership of SELIG included headteachers, deputy heads, senior teachers, educational psychologists, inspectors, a PSHE teacher advisor, consultant psychiatrist, governors, and a representative from Southampton University. SELIG developed action research proposals and produced *Guidelines for Promoting Emotional Literacy*. The guidelines give practical advice to schools that can help them to establish their own emotional literacy policy and incorporate this into their school development plans.

Within SELIG there were twelve project schools, plus a multi-agency project, and an LEA project. These projects covered a range of work, some of which included:

- assessing the emotional intelligence of education managers, then drafting individual action plans to promote firstly their own emotional literacy and then their teams'
- helping parents to develop emotionally literate parenting skills (secondary school)
- developing emotional literacy skills in students and staff using a whole school approach (secondary school)
- developing a feelings vocabulary and to replace physical and verbal aggression with more emotionally literate ways to handle anger (primary school)
- promoting a positive ethos and better behaviour at lunchtimes (two primary schools)
- promoting emotionally literate communication between agencies.

All the projects were evaluated by the University of Southampton, with funding from the Calouste Gulbenkian Foundation.

Southampton has been commissioned to work with other LEAs to promote emotional literacy, and representatives from over 40 LEAs have received training on the *Southampton Anger Management Model* and on how to run anger management groups.

### **Current work**

The second education development plan (EDP2) published by Southampton City Council again identified emotional literacy as a high priority for development in 2002-2007. It lists emotional literacy as its third strategic priority (following literacy and numeracy), and sets out clearly its commitment. It states:

*'Emotional literacy is therefore a long term priority, to bring together a range of activities to develop approaches to inclusion, and to contribute to pupils' personal development as part of the drive to raise standards.'*

Although this priority does not relate specifically to the national priorities, it is a long term and significant plank in the local efforts to raise attainment across the age range and to tackle under achievement. Work in this area aims to contribute to raising attainment specifically by improving attendance and reducing exclusions. Adrian Faupel described two mechanisms for the on-going development of this work:

- Resources are being targeted to schools via a bidding process, through the Standards Funds. This is part of SILS (the Southampton Inclusive Learning Strategy) and is targeted to emotional literacy in a broad sense. There is a core of schools but there are also new ones coming on board. It is in the strategic development plan, so that schools are expected to spell out what they are going to do. Schools know that inspectors will be looking for evidence of what they are doing. Details of what some schools in the SELIG Forum 2002 are doing or planning to do can be found on [www.nelig.com/seligforum\\_notesgroupc.html](http://www.nelig.com/seligforum_notesgroupc.html)
- The establishment of cluster groups of support, to devolve into local clusters with educational psychologist support. There was a relaunch of emotional literacy work in 2002, with 50 people attending, mainly headteachers and deputy heads, sometimes with their SENCO. At the launch volunteers were sought for a steering group, which has now been formed with twelve members. The members were chosen to represent the different educational phases and with a geographical distribution. The first steering group of SELIG was just people who were interested. As explained, it was a top-down initiative from the City Council. The message went out to find out who felt the same and this led to a group of interested people. Now the aim is for it to be part and parcel of school life. More and more schools see it as an important issue. Now that there are more people involved, there can be more criteria for representation.

### **Other activities**

- **Promoting Pupil Inclusion (PPI) project (secondary):** The development of support strategies for secondary schools and teachers to improve behaviour management and reduce exclusions. This will also involve the co-ordination of multi agency work and the development of the Connexions scheme.
- **Supporting the management of pupil behaviour:** This involves training for teachers and LSAs on behaviour management; and a pilot project to tackle underachievement in the primary age group in a particular geographical area, leading to the development of support strategies for pupils and schools across the LEA.
- **Healthy Schools:** The implementation of the Healthy Schools project involves multi-agency work, training and support for schools and the development of support materials.
- **Safe Schools:** This is a programme of support for schools to gain the 'Safe Schools' accreditation.
- **Looked after children:** A programme of support for children and schools to monitor and improve the attainment of looked after children.
- **Music service:** A programme of development activities in music and the arts to reflect the development of the Southampton cultural strategy and to contribute to the emotional development of underachieving groups. Developments include a music technology

project to involve more boys, and an increase in the range of ensembles and opportunities to play a musical instrument, involving more pupils from ethnic minorities and developing opportunities for gifted and talented pupils.

- **National Emotional Literacy Interest Group:** The development and maintenance of the website to share and develop practice ([www.nelig.com](http://www.nelig.com)).
- **Improving attendance:** The implementation of the policy to improve attendance, involving support for schools in developing policies and practice and in setting attendance targets, and support for carers and parents through individual casework by Education Welfare Service. There will also be training for school staff.
- **SEN development:** This will involve the implementation of the outcomes of the SEN review and the implementation of the SEN development plan; the development of the Pupil Support Service and outreach programmes to support mainstream schools; the implementation of an overarching plan to place SEN development within the LEA strategy for inclusion, and support programme and training for SENCOs and teachers of pupils with SEN; and the development of guidance materials for schools.

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