

VOLUME ONE:

PART ONE:

**LITERATURE REVIEW: PERSPECTIVES ON MENTAL HEALTH AND
THE ROLE OF SCHOOLS**

PART TWO:

**EMPIRICAL STUDY: HOW DOES A SECONDARY SCHOOL SUPPORT
THE EMOTIONAL HEALTH AND WELL-BEING OF ITS PUPILS
DURING, AND FOLLOWING, TRANSFER FROM PRIMARY SCHOOL?**

by

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ABSTRACT

This thesis represents an assessed requirement of the Applied Educational and Child Psychology Doctoral course at the University of Birmingham. The thesis consists of two volumes.

Volume One explores the role of schools in mental health work. A literature review considers perspectives on mental health, ways in which the mental health of children and young people can be promoted or demoted, and the role that schools have in this area. Transfer from primary to secondary school has been identified as a vulnerable time for pupils. Consequently, an empirical research study was designed to explore the views of Year 7 pupils at one secondary school to identify how their school does, and could further, support their emotional health and well-being during, and following, transfer from primary school.

Volume Two consists of five Professional Practice Reports that each explore different aspects of the role of the educational psychologist. Papers relate to working with teaching assistants, supporting pupils experiencing difficulties with peer relationships in school, supporting pupils who have a parent who has a mental health difficulty, supporting pupils in the early years' who have speech, language and communication difficulties, and conducting research with children and young people.

TABLE OF CONTENTS

	Page
INTRODUCTORY CHAPTER	1
LITERATURE REVIEW: PERSPECTIVES ON MENTAL HEALTH AND THE ROLE OF SCHOOLS	11
Abstract	11
Introduction	11
Perspectives on Mental Health	13
Can Mental Health be Enhanced?	28
The Role of Schools	35
Conclusion	44
References	48
EMPIRICAL STUDY: HOW DOES A SECONDARY SCHOOL SUPPORT THE EMOTIONAL HEALTH AND WELL-BEING OF ITS PUPILS DURING, AND FOLLOWING, TRANSFER FROM PRIMARY SCHOOL?	53
Abstract	53
Introduction	54
Literature Review	55
Literature Review – Conclusions and Implications for Research	71
Research Design	72
Results and Discussion	81
Conclusions	103
References	106
Appendices	112
CONCLUDING CHAPTER	121
Reflections on the Design of the Study	121
Reflections on the Impact of the Study	125
Reflections on the Role of the Educational Psychologist	128
Conclusion	130
References	131
APPENDIX ONE – PUBLIC DOMAIN BRIEFING ONE	134
APPENDIX TWO – PUBLIC DOMAIN BRIEFING TWO	138

LIST OF ILLUSTRATIONS

LITERATURE REVIEW: PERSPECTIVES ON MENTAL HEALTH AND THE ROLE OF SCHOOLS

<i>Figure 1: The Ecological-Transactional Model</i> <i>(Cicchetti et al., 2000)</i>	<i>Page 24</i>
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LIST OF TABLES

LITERATURE REVIEW: PERSPECTIVES ON MENTAL HEALTH AND THE ROLE OF SCHOOLS

<i>Table 1: Factors that have been identified by the DfEE (2001) as offering protection from, or risk of, mental health difficulties in children, presented through the ecological-transactional model (Cicchetti et al., 2000).</i>	<i>Page 26</i>
<i>Table 2: Levels of work relating to mental health (after Caplan, 1964)</i>	<i>Page 29</i>
<i>Table 3: Framework for tiered support in mental health services (Williams and Richardson, 1995)</i>	<i>Page 36</i>

EMPIRICAL STUDY: HOW DOES A SECONDARY SCHOOL SUPPORT THE EMOTIONAL HEALTH AND WELL-BEING OF ITS PUPILS DURING, AND FOLLOWING, TRANSFER FROM PRIMARY SCHOOL?

<i>Table 1: Key publications produced by the UK Government relating to the role of schools and early years settings</i>	<i>Page 62</i>
<i>Table 2: Summary of factors which pupils identify as positive and negative features of secondary schools at the time of transition (Ashton, 2008; Evangelou et al., 2008)</i>	<i>Page 68</i>
<i>Table 3: Provision which might support the transition process, identified by pupils, parents, teachers and local authority officers (Ashton, 2008; Evangelou et al., 2008)</i>	<i>Page 69</i>
<i>Table 4: When you were in Year 6 what were you looking forward to about coming to high school?</i>	<i>Page 82</i>
<i>Table 5: When you were in Year 6 what were your worries about coming to secondary school?</i>	<i>Page 84</i>
<i>Table 6: What have you enjoyed in Year 7?</i>	<i>Page 86</i>
<i>Table 7: What have you found difficult in Year 7?</i>	<i>Page 88</i>
<i>Table 8: What supported your transition from primary to secondary school?</i>	<i>Page 90</i>
<i>Table 9: What else could have supported your transition from primary to secondary school?</i>	<i>Page 91</i>
<i>Table 10: How pupils rated their happiness at primary and secondary school</i>	<i>Page 94</i>
<i>Table 11: Features of the school which pupils reported had contributed positively to their emotional health and well-being</i>	<i>Page 96</i>
<i>Table 12: Improvements to provision in school which pupils believed could enhance their emotional health and well-being: School staff</i>	<i>Page 97</i>
<i>Table 13: Improvements to provision in school which pupils believed could enhance their emotional health and well-being: Curriculum</i>	<i>Page 98</i>

<i>Table 14: Improvements to provision in school which pupils believed could enhance their emotional health and well-being: Discipline.....</i>	<i>Page 99</i>
<i>Table 15: Improvements to provision in school which pupils believed could enhance their emotional health and well-being: Peers.....</i>	<i>Page 100</i>
<i>Table 16: Improvements to provision in school which pupils believed could enhance their emotional health and well-being: Building/environment.....</i>	<i>Page 101</i>
<i>Table 17: Improvements to provision in school which pupils believed could enhance their emotional health and well-being: Additional factors identified.....</i>	<i>Page 102</i>

INTRODUCTORY CHAPTER

During the second and third years of the Applied Educational and Child Psychology Doctoral course at the University of Birmingham I have been employed by a Metropolitan Borough Council in the West Midlands. This volume of the thesis, which is an assessed requirement of the course, consists of two papers which relate to research which was commissioned by the Principal Educational Psychologist of the Local Authority.

The Principal Educational Psychologist was pleased that a commissioned research project formed an integral part of the new doctoral training programme, which is an accredited postgraduate professional training programme in educational psychology. Indeed the Principal Educational Psychologist is working to raise the profile of research within the service he manages. He has recently created a Senior Specialist role in research, and is encouraging all educational psychologists to commit 20% of their time to developmental work, including research.

I was asked to undertake research relating to the mental health and emotional well-being of children and young people in school. This domain has recently been identified as a priority area by the Government of the United Kingdom, key publications include the Every Child Matters framework (HM Government, 2003) and the Children's Plan (Department for Children, Schools and Families, 2007) which details the Government's ten year strategy for making

England (and, presumably, the rest of the UK, though only England is mentioned) the best place in the world for children and young people to grow up in. The National Service Framework for the Mental Health and Psychological Well-being of Children and Young People (Department of Health, 2004) emphasises the responsibilities that all agencies working with children and young people have in promoting and supporting their mental health and well-being. I was initially commissioned to explore ways in which the Local Authority could measure the emotional health and well-being of pupils. My initial approach to this consisted of a detailed literature review; this is the first paper which is presented in this volume and is entitled 'Perspectives on Mental Health and the Role of Schools'.

I initially explored perspectives on mental health, outlining how there have been significant developments to the concept of mental health in recent years. While mental health has historically been a term used to describe mental illness (Tudor, 1996; Morgan and Ziglio, 2006), an assets-based approach is now developing with greater emphasis being placed on the mental health of all members of society, not just those who are experiencing difficulties (Rappaport, 1977; Tew, 2005; Morgan and Ziglio, 2006). Research indicates that it is possible to promote mental health, and that everyone who has regular contact with children and young people has an important role to play (Davidson, 2008). In the last ten years the UK Government has begun to recognise the significant role which schools can take in this area and have produced a number of significant publications (Department for Education and

Employment, 2001; Her Majesty's Government, 2003; Office for Standards in Education, 2005; Primary National Strategy, 2005; Department of Health and Department for Education and Education, 1999, 2005; Secondary National Strategy, 2007; National Institute for Health and Clinical Excellence, 2008; Davidson, 2008).

After completing this initial review of the literature, and writing the systematic review paper which comprises the first paper of this volume of this thesis, I returned to the Principal Educational Psychologist to discuss my findings. I had found the review extremely interesting and had used it when working alongside a Clinical Psychologist to produce training for staff in schools that would provide an introduction to key issues in mental health; outlining approaches to mental health, the concepts of risk and resilience and factors associated with each, and the role of schools in mental health promotion and demotion.

However, I did raise some concerns relating to the development and research project that had originally been commissioned by the Principal Educational Psychologist for the development of a tool which the Local Authority could use to measure the emotional health and well-being of pupils. Firstly, there are already a number of tools that have been developed and are available to use; these include the Common Assessment Framework (Children's Workforce and Development Council, 2006), the Resiliency Scales (Prince-Embury, 2006), the Pupil Attitudes to Self and School Rating Scale (Williams et al.,

2003), Supporting School Improvement: Emotional and behavioural development (DfES, 2001), the Boxall Profile (Bennathan and Boxall, 1998), the Strengths and Difficulties Questionnaire (Goodman, 1997), and B/G Steem (Maines and Robinson, 1988). Secondly, I identified that there are a number of difficulties with the concept of measuring mental health; for example commonly identified risk and protective factors are neither absolute nor static (Buchanan, 2000; Bartley et al., 2007); and there are a wide range of biological, psychological and social factors that need to be considered (Tew, 2005) in parallel to children's own attributes.

Following discussion of these reservations, the Principal Educational Psychologist revised the commission and instead requested that I conduct a detailed piece of work in one particular school. Highlands is a secondary school which has recently been involved with a three year project run by the Local Authority and funded by the DfES through Excellence in Cities.

'Highlands' is a pseudonym used to maintain the anonymity of the Local Authority, school and pupils. As part of this project Highlands had a Behaviour and Education Support Team based in their building to provide support for them and their feeder primary schools. The Principal Educational Psychologist had maintained close contact with the Head Teacher of Highlands following the completion of this project and was aware of a working group within the school who were looking at the process of transition from primary to secondary school. This group consisted of the school's Head Teacher, Head of Year 7, Pastoral Manager, Special Educational Needs Co-ordinator, three

Transition Mentors and the Educational Psychologist, Behaviour Support Teacher and Special Educational Needs advisory Teacher for Learning who support the school. The group was scheduled to meet once per half term. I was invited to join this group and consequently negotiated the details of a research project.

Transfer from primary to secondary school has been identified as a difficult and disorientating time for many pupils. Galton et al. (1999) demonstrate how problems persist despite the existence of over 20 years of research in this area. Numerous pupils fail to make the academic progress expected during the first year of secondary school, and levels of enjoyment and motivation often fall (Galton and Willcocks, 1983; Galton et al., 1999). I was asked to explore pupils' perceptions of the transfer process. However, I negotiated an extension to this remit so that I could also explore pupils' thoughts about how life in secondary school has affected their emotional health and well-being since the transition period.

This project is reported here in the second paper in this volume, entitled 'How does a secondary school support the emotional health and well-being of its pupils during, and following, transfer from primary school?' This piece of research was positioned within the interpretive paradigm and focus group methodology was employed to explore the perspectives of groups of male and female Year 7 pupils whom staff perceived to have had successful or difficult transitions. The focus groups took place after the pupils had completed one

term in secondary school. Activities were planned to support the pupils in talking retrospectively about their experiences of the transfer process, and also to explore their perspectives on provision for their emotional health and well-being in school.

The views of pupils that are detailed in this second paper of the volume indicate both strengths of provision at Highlands, and areas for development. Pupils participated enthusiastically, taking a salutogenic approach to explore school life, indicating great potential in school staff and pupils working co-operatively to enhance pupils' emotional health and well-being.

Traditionally, psychological research reports detail the results of a study followed by a discussion of the findings. However, Banister et al. (1994) suggest that when data is qualitative it may sometimes be appropriate to combine the analysis and discussion. In this study I chose to report the results and discussion together, this enabled me to identify and analyse themes as they emerged.

The two papers that are included in this volume have been written to journal specification, targeting the British Educational Research Journal. The British Educational Research Association states that it aims to encourage an active community of educational researchers committed to open inquiry and the improvement of education. Thomas et al. (2009) identify the British Educational Research Journal as the largest journal of educational research,

describing it as a generalist journal with broad readership. I believe this to be an appropriate publication for my two papers as I feel they represent current priorities for the range of practitioners and researchers who subscribe to this journal due to their focus on the role of schools in promoting and demoting the emotional health and well-being of children and young people. The second paper also provides a valuable contribution to the development of methodologies that enable children and young people to express their views, a practice which has been given increasing importance since the United Nations Convention on the Rights of the Child (1989).

Additional reflections which are relevant to this piece of work in the context of it being an assessed requirement of the Applied Educational and Child Psychology Doctoral Course, but which would not be appropriate for journal publication have been included in the Concluding Chapter. The Concluding Chapter includes additional reflections on the design of the study, the impact of the study and the role of the educational psychologist.

The appendices of this volume contain two Public Domain Briefing papers. The first of these (page 134) was written for staff in Highlands High School following meetings with the Head Teacher and his working group in which the research project was negotiated, it provides a brief review of literature in this area and summarises the planned research project. The second of these (page 138) was written to provide initial feedback to the Head Teacher, providing details of the key findings of the study.

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PERSPECTIVES ON MENTAL HEALTH AND THE ROLE OF SCHOOLS

Abstract

This paper reviews the literature relating to the mental health of children and young people, and the role schools can take in promoting this. It begins with an examination of the perspectives on mental health that have been reported by authors who work in this area. This leads to identification of ways in which mental health can be enhanced. Next, the role of schools is explored through examination of government advice and guidance in this area. The paper concludes with an overview of ways in which schools can attempt to measure the mental health of their pupils in order to plan provision in this area.

Introduction

There is a clear need for work to promote mental health, and prevent mental distress in children and young people in the UK. The DfEE (2001) report a survey that indicates that 10% of children aged between five and 15 experience clinically defined mental health problems. Fundamental Health (Local Government Information Unit and Children's Services Network, LGIU and CSN, 2007) report that 10% of children between the ages of one and 15 have a diagnosable mental health problem at any one time, with 20% in any given year.

The Department for Health published a National Service Framework for Mental Health, containing long term strategies for improving care in this area in 1999. In a foreword by the Secretary of State the UK Government acknowledged that mental health had not been given the priority status it requires given its prevalence and importance. However, this National Service Framework focused on adults of working age and only refers to children and young people who are about to become adults, or who have parents who are experiencing mental health difficulties.

In 2004 the Department of Health published a National Service Framework for the mental health and psychological well-being of children and young people, this forms Standard 9 of the National Service Framework for Children, Young People and Maternity Services. The report indicates that while approximately 10% of children aged between five and 15 have a diagnosable mental health disorder, there are a similar number of children and young people who have less serious mental health problems, but would also benefit from additional support. The report emphasises that all agencies who work with children and young people (including those within education, social care, primary health care and the voluntary sector) have a responsibility to promote their mental health and well-being, and provide additional support. One of the ten markers of success that the report identifies is that all staff who work directly with children and young people will have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify early indicators of difficulty.

The aim of this paper is to review the literature available in this area to examine the following key questions:

- Perspectives on mental health: How has mental health been defined by researchers and policy makers, and what theoretical frameworks underpin work in this area?
- Can mental health be enhanced? If so, how?
- The role of schools: What role does the UK Government expect schools to have in promoting mental health?

Perspectives on Mental Health

Mental health is a complex concept; there is no single universally agreed definition. Recent definitions of mental health generally refer to an individual's capacities, emotions and observable behaviours; some definitions also include reference to the individual's response to their environment. Examples of definitions used currently include:

‘Children who are mentally healthy have the ability to develop psychologically, emotionally, creatively, intellectually, and spiritually; initiate and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; play and learn; develop a sense of right and wrong; and resolve problems and setbacks and learn from them.’

- Mental Health Foundation (1999), p6.

‘Mental health isn’t just the absence of mental illness. Being able to make and keep relationships with others, being adaptable to change and other people’s expectations, able to have fun and to be open to learning, developing sense of right and wrong and being able to manage ordinary setbacks are what mental health and psychological well-being are really about.’

- Fundamental Health (LGIU and CSN, 2007), p5.

MacDonald and O’Hara (1998) argue against taking a reductionist approach and trying to establish one universally accepted definition of mental health that reflects all cultures and communities. They state that it might be easier, and more helpful, to identify areas of agreement on factors that promote and demote mental health and develop strategies and support in these areas.

Whilst a clear definition of mental health has not been developed, two broad paradigms in this area can be clearly identified: pathogenic and salutogenic perspectives. These perspectives result in fundamentally different approaches to the provision of mental health services.

Pathogenic Perspective: Deficit models of mental health

Pathogenic theories assume that health is the absence of illness. The focus is on what makes people ill, with the aim being to identify and eliminate the cause of the illness, to ‘fix’ the person and make them healthy again. Morgan and Ziglio (2006) report that approaches to the promotion of population health have historically been based on this deficit model where the problems and needs of populations are identified and professional resources are allocated

to 'fix' these. Bartley et al. (2007) write that as long ago as 1948 the World Health Organisation defined health as...

'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'

- WHO (1948), Bartley et al. (2007), p2

Despite this, most subsequent studies over the past half century have focused on health in terms of illness, disease, dysfunction and disability (Bartley et al., 2007).

Tudor (1996) writes that this situation has resulted in widespread confusion: everything to do with mental health or mental illness is subsumed under the term mental health. Tudor is a trained social worker and a registered psychotherapist. He identifies contradictions with the fact that the 1983 Mental Health Act actually refers to the care and treatment of mentally disordered patients, that professionals working with mentally disordered patients are usually called Mental Health Professionals, that community mental health centres actually deal with people with mental illnesses and that mental health conferences often focus on mental illness...

'Mental health is predominantly a euphemism for mental illness.'

- Tudor (1996), p15.

One approach that has developed from this perspective relates to the identification of 'risk factors'. Risk factors have been defined as...

'Any factor or combination of factors that increases the chance of an undesirable outcome affecting a person.'

- NCH (2007), p2.

Specific factors that researchers have identified as being associated with an increased risk of experiencing difficulties with mental health will be described later in this paper.

Research from the pathogenic perspective evaluates the impact of strategies which seek to eliminate risk factors, or causes of 'illness'. There are limited resources available, so targeting known risk factors appears to be a sensible way of prioritising their application. Indeed the Economic and Social Research Council (ESRC) report edited by Bartley (2006) states that efforts to build strengths and capabilities by supporting family and community relationships will not extinguish the effects of risks such as poverty, and that these risk factors should therefore be the main target for preventative strategies.

However, there are difficulties with taking a purely deficit-based, risk-focused approach:

- it tends to result in individuals and communities being defined in negative terms, disregarding what is working well. Indeed there can even be pressure on a community to prove that they are significantly worse off than others in order to justify expenditure of resources.
(Morgan and Ziglio, 2006);
- it tends to result in communities being disempowered: external professionals are required to assess and solve the problems (Morgan and Ziglio, 2006);

- there is a danger of individuals being blamed and societal factors being ignored. For example, single parenthood is often associated with low income and child poverty, which are in turn predictors of adolescent disfunction; however single parenthood is not associated with poverty in all societies, so the link should not be considered inevitable (Raphael, 1996); and
- the presence of a risk factor does not automatically result in a negative outcome in life (the concept of resilience will be explored later), so there may be ethical problems associated with intervening before anything has happened, just because someone might be 'at risk'. In addition Tudor (1996) cites Scheuch (1989) who reports that research on stress suggests mental disorders might not be caused by assumed risk factors: individual coping styles might be more significant; not all of those who suffer from chronic stress have been identified as vulnerable.

The alternative to a pathogenic approach to mental health is a salutogenic approach, which leads to the study of protective factors.

Salutogenic Perspective: Asset models of mental health

A salutogenic approach to mental health is an assets based approach.

Morgan and Ziglio (2006) explain how asset models contrast with deficit models because they focus on empowerment – they tend to accentuate

positive capability to identify problems and activate solutions; this promotes the self-esteem of individuals and communities and leads to less reliance on professional services. The aim of a salutogenic approach is to build social systems for health; there is an ethic of population health gain, rather than a focus on maintaining the status quo. The participatory, capacity building approach should result in sustainable practices that are less dependent on expert support.

MacDonald and O'Hara (1998) report on the potential benefits of working to promote mental health. They state that such work can reduce the incidence and severity of problems, reduce costs (for example, to the National Health Service, in pharmaceutical costs, and lost working days), and refer to growing evidence of a link between mental health and physical health and state that positive mental health is vital for individuals to participate in society.

Rappaport (1977) writes about a community mental health perspective where the focus is on the community as a whole, rather than a number of individuals from within the community. Such an approach means that the individuals are not 'blamed' for difficulties and that the whole community is supported to make positive changes. Levine and Perkins (1997) also promote community development, believing that people will respond to opportunities they are given. Wandersman and Florin (2000), in their contribution to the Handbook of Community Psychology, describe some of the benefits of such an approach:

- better quality programmes will be developed due to the knowledge of ordinary people;
- needs will be better identified by those within the community than by outside experts alone;
- the community will feel in control - responsible and capable, rather than alienated and powerless; and
- the community will develop skills in using empowering processes such as problem solving and decision making.

Masten and Reed (2005) describe how the salutogenic approach was first applied to research relating to the mental health of children in the 1970s by a pioneering group of developmental psychologists who had become interested in children who had significant risk factors in their lives but still managed to succeed. They believed that understanding how these children succeeded held the potential to inform programmes, policies and interventions directed at promoting competence and preventing problems in the lives of other children facing adverse life circumstances. This concept is often referred to as 'resilience,' or 'resiliency'.

'Resiliency is the concept that is used to describe the flexibility that allows certain children and young people who appear to be at risk to bounce back from adversity, to cope with and manage major difficulties and disadvantages in life, and even to thrive in the face of what appear to be overwhelming odds.'

- Dent and Cameron (2003), p5.

It is not possible to remove all risk factors from the world; therefore there appears to be great value in developing an individual's mental health by working to improve the balance between risk and protective factors in their lives. Specific factors that researchers have identified as being associated with protecting individuals from experiencing mental health difficulties will be explored later in this paper.

Masten and Reed (2005) write from the perspective of positive psychologists. Seligman (2005) describes the aim of positive psychology as being to change psychology's preoccupation with repairing the worst things in life to a focus on building positive qualities. It is not surprising that Masten and Reed (2005) therefore identify difficulties with measuring risk: whether to count stressful experiences that depend on the behaviour of the individual, whether to assign severity weights to events or simply add them up, whether to consider subjective perceptions about the stressfulness of experiences, and whether life event reports are reliable.

Masten and Reed (2005) do acknowledge that there are also difficulties with studies of resilience as subjective judgements are required to identify that the individuals are doing 'ok' or 'better than ok' with regard to expectations for outcomes, and that there have been circumstances that posed a threat to good outcomes. Bartley et al. (2007) were commissioned by the World Health Organisation to support the organisation in promoting an assets-based paradigm of promoting mental health. Despite this they indicate that this

research is limited as many studies have a restricted view of positive adaptation (e.g. they are concerned only with narrow and specific single indices such as drug avoidance) and because definitions of successful adaptation are always based on judgements which reflect cultural values (e.g. young people growing up in harsh material circumstances and subject to negative attitudes may acquire a toughness that appears to middle class professionals as problematic behaviour in need of correction, when in fact these attitudes are protective given the realities of their lives).

However, in reviewing the literature published in this area, Masten and Reed (2005) conclude that even though different researchers have employed different definitions and models of 'resilience' they have consistently reached the same conclusions in terms of the protective factors that they have identified.

Developmental psychologists (e.g. Search Institute, 2003) have identified developmental assets (positive experiences, relationships, opportunities and personal qualities) that young people need to grow up healthy, caring and responsible. This is a broader view as it considers the mental wellbeing of all children, not just those who face adversity.

Factors associated with the demotion and promotion of mental health

In this section I aim to outline the factors that researchers have identified as offering risk or protection to the positive mental health of children. It is clear from the review so far that researchers in this area are working from differing perspectives. Researchers in this area also take different approaches to the type of factors that they identify and focus upon.

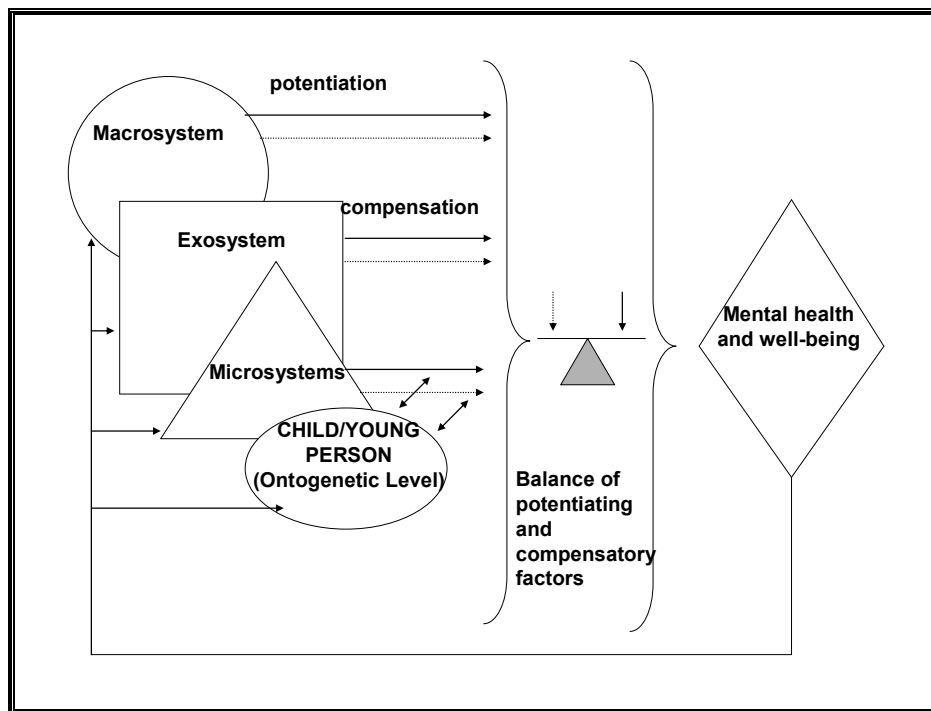
Tew (2005) writes from the perspective of a social worker when he reports that a bio-medical approach is, and has been, the dominant model in mental health work: the focus is on the individual whose illness needs to be treated, and the social context they inhabit is largely ignored. MacDonald and O'Hara (1998) report that many psychiatrists see mental health problems as something to be tackled at an individual level, although they do not identify how or why psychiatrists might work in this way. Tew (2005) questions why this is the case when, for example, medical advances over the past fifty years have not improved recovery rates from schizophrenia, and socio-economic variables such as unemployment have been found to have a high correlation with recovery. Tew (2005) states that there has been a recent resurgence of interest in the social aspects of mental health but that the influence of the social perspective is sometimes limited to consideration of practical issues such as welfare benefits and housing, which are important factors but not the only salient elements of a social approach.

Tew (2005) identifies and promotes four core values of a bio-psycho-social approach:

1. viewing mental distress as situated within a continuum of everyday lived experience, rather than as something that makes people fundamentally different;
2. a commitment to an holistic approach to understanding people in their social contexts;
3. a commitment to listening to, and taking seriously, what people say about their mental distress, taking a partnership approach to research and explanation and not assuming uniformity of experience; and
4. principles of anti-oppressive and empowering practice.

Cicchetti et al. (2000) provide a useful framework in which bio-medical and social approaches towards the identification of factors involved in the demotion and promotion of mental health can be presented. Cicchetti et al. (2000) developed their integrative framework to explore research into the maltreatment of children in the USA. However, their framework and perspective can be applied to mental health more generally. They write from a developmental perspective, so the framework acknowledges that there are multiple pathways to any particular manifestation of behaviour, that a particular adverse event does not necessarily lead to the same outcome in every individual, and that social, biological and experiential factors all contribute to how children develop. Cicchetti et al. (2000) offer the ecological transactional model as illustrated in Figure 1 below:

Figure 1: The Ecological-Transactional Model (Cicchetti et al., 2000).



The 'macrosystem' refers to the cultural values and beliefs within the family and community; the 'exosystem' refers to the formal and informal social structures that make up the immediate environment in which children and families function; the 'microsystem' is usually considered to refer to the family environment, though it can be extended to include any environment that contains the developing person (for example school, workplace); 'ontogenic development' refers to how the individual negotiates the salient tasks of each developmental period, focusing on factors within the individual. Thus the model explains how cultural, community and family factors, in conjunction with characteristics of the individual, influence each other and shape the course of an individual's development. Multiple risk and protective factors, described by

Cicchetti et al. as potentiation and compensation factors respectively can be examined simultaneously.

The ecological-transactional model can be used to structure the presentation of outcomes from research into factors that promote and demote the mental health of children, within each of the four levels of ecology. There has been a significant amount of research conducted in this area, from which a number of researchers have recently reviewed literature and compiled lists of the factors which appear regularly throughout the research (Raphael, 1996; MacDonald and O'Hara, 1998; Mental Health Foundation, 1999; DfEE, 2001; Dent and Cameron, 2003; Masten and Reed, 2005). As this paper is concerned specifically with the potential role of schools in the demotion and promotion of mental health, the risk and protective factors identified by the Department for Education and Employment (DfEE, 2001) in 'Promoting Children's Mental Health within Early Years and School Settings' will be reported. This document was compiled following consultation with the Mental Health Foundation and an advisory group on emotional and behavioural difficulties. These factors are summarised below in Table 1:

Table 1: Factors that have been identified by the DfEE (2001) as offering protection from, or risk of, mental health difficulties in children, presented through the ecological-transactional model (Cicchetti et al., 2000).

	Ontogenic (Within child)	Microsystem (Within family)	Exosystem and Macrosystem (Within community)
Protective factors	- Secure early relationships - Being female - Higher intelligence - Easy temperament when an infant - Positive attitude, problem-solving approach - Good communication skills - Planner, belief in control - Humour - Religious faith - Capacity to reflect	- At least one good parent-child relationship - Affection - Clear, firm and consistent discipline - Support for education - Supportive long-term relationship / absence of severe discord	- Wider supportive network - Good housing - High standard of living - High morale school with policies for behaviour, attitudes and anti-bullying - Schools with strong academic and non-academic opportunities - Range of positive sport / leisure activities
Risk factors	- Specific learning difficulties - Communication difficulties - Specific developmental delay - Genetic influence - Difficult temperament - Physical illness - Academic failure - Low self-esteem	- Overt parental conflict - Family breakdown - Inconsistent or unclear discipline - Hostile or rejecting relationships - Failure to adapt to child's changing needs - Physical/sexual/emotional abuse - Parental psychiatric illness - Parental criminality, alcoholism or personality disorder - Death and loss – including loss of friendship	- Socio-economic disadvantage - Homelessness - Disaster - Discrimination - Other significant life events

The protective factors listed above are often referred to as factors which promote resilience. Dent and Cameron (2003) report that whilst common factors occur regularly in literature they are not simple predictors. The complex interactions between variables makes resilience difficult to operationalise and work towards. Wells (2000) reports that there is also no clear link between specific risk factors and disorders. Ungar (2004) describes the relationship between risk and resilience as chaotic, complex, relative and contextual. He also states that some factors related to resilience may be relevant to only specific developmental stages, or to specific contexts. This complexity is represented in the ecological transactional model where the complex and unique interplay between potentiating and compensatory influences within ecological systems determines mental health outcomes for each individual.

Perspectives on Mental Health: Conclusions

Mental health is an extremely complex concept so a universally accepted definition is not available. Research and work in the domain of mental health can be categorised within two broad paradigms. The pathogenic perspective has been historically dominant with professionals identifying what makes people ill, how to make them better and how to remove these risk factors from the lives of others. The salutogenic perspective is an assets-based approach which aims to build the mental health of all through participation and capacity building, rather than focusing on mental illness.

Research and practice from each paradigm has shown benefits, and a model that can incorporate both bio-medical and social approaches is required.

Though there is no single definition of mental health there is agreement on factors which promote and demote mental health at the level of both the individual and the systems they inhabit.

Having identified a range of factors that could provide risk and protection to children's mental health, a next step is to investigate how knowledge of these factors can be used to promote mental health. Masten and Reed (2005) noted that, to date, little research has been conducted to test whether mental health outcomes can be influenced through systematic manipulation of risk and protective factors through prevention and intervention trials.

Can Mental Health be Enhanced?

Theoretically mental health can be promoted through work to minimise the impact of risk factors and work to maximise the development of protective factors. Meyers et al. (1993) outline how Caplan (1964) identified different levels of work relating to mental health, and the prevention of mental distress.

These are summarised in Table 2:

Table 2: Levels of work relating to mental health (after Caplan, 1964).

Level of Work	Description
Primary Prevention	Universal interventions: Work at this level provides support for positive development by focusing on the creation of a supportive social environment and/or by building competence.
Risk Reduction	Targeted interventions: Work at this level relates to group-focused intervention with those perceived to be at risk (for example, those who have suffered a bereavement or abuse), the intervention is implemented prior to emergence of signs of difficulties.
Secondary Prevention / Early Intervention	Targeted interventions: This is individual or group-focused early intervention following identification of emergent difficulties.
Tertiary Prevention / Treatment	Targeted or specialist interventions: This refers to methods designed to address established difficulties e.g. to reduce duration, intensity, or effects on self or others.

Work at each of these levels is valuable. However, work at the first level, 'primary prevention', is only perceived as valuable by those who take a salutogenic approach to mental health. If a deficit model is taken, everyone who is not displaying a mental health difficulty is perceived healthy and therefore not in need of any intervention. However Albee (1992) notes that a mass disorder afflicting human kind has never been eliminated or controlled solely by treating affected individuals.

It is widely accepted that individuals who are displaying difficulties require support; however, those who take a salutogenic perspective argue that these are not the only people who will benefit from work that promotes mental health. Tudor (1996) states that while illness prevention may be involved in mental health promotion, thinking and planning in terms of illness often distorts the issues, and in the name of health promotion you might end up only with illness relief.

In identifying ways of promoting mental health, and preventing mental health difficulties, McPheeters (1976, cited in Tudor, 1996) suggests two strategies:

1. to work with individuals and help them avoid stresses or better cope with them; and
2. to change the resources, policies or agents of the environment so that they no longer put people in stress but rather enhance their functioning.

The ESRC commissioned Bartley (2006) to identify ways of promoting capability and resilience. In reviewing research in this area Bartley identified a range of occasions when things might 'go wrong' in an individual's life, and when capability and resilience would be required. Bartley states that while some challenges that people face can be presented as part of normal life (related to education or work, for example), others are more unusual. However, their research review indicated that there are common factors which are identifiable as supportive to people, whatever difficulty they are facing.

The ESRC report (Bartley, 2006) emphasises that individuals can not be expected to develop and maintain positive mental health by themselves, and that such an expectation could result in victims of ill health or adverse circumstances being blamed. Tudor (1996) also reports the dangers of putting too much responsibility on the individual, arguing that social and environmental aspects could be neglected, and that contradictory or unrealistic advice could be given (similar, he feels, to that given about healthy eating for those on a low income). Bartley (2006) agrees that it is essential to investigate underlying obstacles and barriers to positive functioning. Bartley

(2006) complains that policy makers in Britain have tended to see some sectors of the population as being somehow deficient; for example poor parenting is given as a key cause of transgenerational transmission of poverty.

In supporting people to promote their mental health, research indicates that the attitude of those providing the support is critical. The ESRC report (edited by Bartley, 2006) cites research by Canvin et al. (2006) who interviewed people living in financial hardship. A number of those interviewed reported that services did not listen to them, made prejudicial judgements, and were too problem-focused and negative. Service users were found to prefer welfare professionals who acted like friends, who listened, who were not judgemental, who gave time to their clients, advocated for them and sought solutions. However, it is not clear how large the interview sample was, how they were selected to be interviewed, or how representative the sample was of the wider population. Bartley et al. (2007) warn that it might be better not to make, and impose, assumptions about what might be good or poor outcomes over time, as these are likely to reflect conventional career or family trajectories that might not be meaningful to all members of a population. Rather, they suggest, policies and services need to leave open the maximum scope for different life-trajectories to be chosen by a community whose own 'resilient practices' are supported.

In summary, Masten and Reed (2005) outline three basic strategies for intervention that are suggested by research as offering potential for effective promotion of mental health:

1. Risk-focused strategies: Preventing/reducing risks and stressors e.g. Use prenatal care to reduce likelihood of low birth weight; use community programmes to reduce teenage drinking.
2. Asset-focused strategies: Increasing the amount of access to, or quality of, resources that individuals need. e.g. provide a tutor; organise a club; offer parent education classes.
3. Process-focused strategies: Mobilising the power of human adaptation systems. Efforts go beyond removing risk or adding assets but instead attempt to influence processes. e.g. Teach effective coping strategies; build self efficacy through teaching programmes; support cultural traditions; encourage friendships through healthy extracurricular activities.

Masten and Reed (2005) conclude that the next step for researchers is to find out more about the underlying processes behind the protective factors that they have identified. They state that efforts to influence these factors and change the course of development, through preventative work and intervention studies are now required.

The Fundamental Health Report (LGIU and CSN, 2007) aims to make the mental health of children and young people 'everybody's business.' The report is aimed at those who have direct contact with children and young people, but

also those who may have indirect influence, such as those who employ parents. In compiling this report the authors have reviewed policy initiatives in the UK and use these to identify the responsibilities of key groups in supporting children's mental health: government, local authorities, youth justice, the voluntary sector, schools, the children's workforce, parents and carers, and children and young people. The report states that promoting mental health is about helping children and young people to feel good about themselves, to enjoy relationships, learn confidently and overcome their difficulties. Having reviewed the evidence in this area, the authors suggest that a range of approaches can promote mental health, from specific programmes such as those aimed at reducing bullying, to what they term 'ordinary ways' such as providing children and young people with stimulating activities, enabling them to meet together, and supporting their self-esteem through seeking, listening to and respecting their views. The report was deliberately written in a style which is supposed to be accessible to everybody – 'children's mental health is everybody's business'. Consequently details of the authors' analysis and the reliability of their conclusions are difficult to ascertain from the report alone. However, research from government departments and independent organisations is cited in support of the authors' conclusions.

Wells (2000) studied over 400 papers related to the promotion of mental health and found 71 with detailed descriptions of an intervention and evaluation. She concludes that these studies provide evidence of the capacity to promote positive affective outcomes (self-esteem, self-concept, self-

efficacy, empathy, internal locus of control, understanding emotions), positive behaviour, and protective skills (social, communication skills, coping, assertiveness, decision making skills).

Gilligan (1998) wrote from the perspective of a social worker who wanted to raise the profile of the potential of education in mental health promotion with social workers. In a review of the research in this area he identified a number of areas in which schools could have a positive influence, including raising self-esteem and feelings of self-efficacy, instilling high expectations, promoting enjoyment of school, and a sense of belonging, developing confidence and offering a sense of security.

Dent and Cameron (2003) explore how EPs can contribute to developing the resilience of vulnerable children and young people. Examples include improving curriculum access and making classrooms more supportive. Indeed articles published recently in the Journal of the Association of Educational Psychologists provide evidence of promoting academic achievement (Downer, 2007), social and emotional skills (Sanders, 2007) and social skills and inclusion (Denham et al. 2006).

Can Mental Health be Enhanced? Conclusions

Work to improve mental health can include targeted interventions to reduce risk in identified groups, to intervene early following emergent difficulties and to treat established difficulties. In addition to this work, researchers from the

salutogenic perspective promote the use of universal interventions to support positive development and prevent mental health difficulties – the influence of social and environmental factors means that individuals can not be solely responsible for building and maintaining their mental health.

A review of research in this area indicates that elements of mental health can be promoted through, amongst other things, providing stimulating activities and enjoyable schooling, promoting self esteem, self efficacy and confidence, fostering a sense of belonging and sense of security and by supporting the development of social skills, communication skills, decision making skills and academic achievement.

In the next section of this literature review the role that the UK Government has identified for schools in mental health work will be explored.

The Role of Schools

The Local Government Information Unit and Children's Services Network is supported by more than 150 Local Authorities and Trade Unions. In 2007 they published 'Fundamental Health' in which they state that some people might find the term 'mental health' too medical to describe everyday experience of well-being, and that people might believe that work in the domain of mental health is a matter for mental health professionals only. In recent years the UK Government has produced a significant amount of guidance for schools which emphasises the important role they have in mental health work.

The Health Advisory Service (Williams and Richardson, 1995) developed and published a framework for tiered support which continues to be used in structuring the organisation of multi-agency mental health services. See Table 3:

Table 3: Framework for tiered support in mental health services (Williams and Richardson, 1995).

Level	Purpose	Delivered by
Tier 1	A primary level of emotional and behavioural advice, intervention and support, and early identification of mental health problems.	Schools, G.P.s, health visitors, voluntary agencies, Connexions, Youth Offending Teams.
Tier 2	A service provided by specialist individual professionals offering training and consultation, outreach and assessment.	Psychologists, paediatricians, community mental health workers.
Tier 3	A specialist multi-disciplinary service for more severe, complex or persistent disorders.	Psychologists, psychiatrists, psychiatric social workers, psychotherapists.
Tier 4	Access to day and inpatient units. Highly specialised complex interventions.	Child psychiatrists, neuropsychiatrists.

The UK Government first offered guidance to schools to support them in meeting the mental health needs of their pupils through ‘Promoting children’s mental health in early years and school settings’ (DfEE, 2001). This document explains to schools that they are in a strong position to influence their pupils’ mental health as they are able to conduct preventative work, identify and intervene with problems at an early stage, reach more children than specialised mental health services, and support and maintain the progress of children in a way which mental health professionals who only have contact

with a child in relation to a specific problem and for a specific period of time can not.

Since this time further guidance has been given. In 2003 the UK Government launched Every Child Matters, a national framework that aims to improve the lives of children, young people and their families. The Every Child Matters Green Paper (HM Government, 2003) was the result of consultation with children, young people and their families who, it was reported, wanted a positive vision of what we, as a society, want for our children. A consultation process was then launched with responses collated from over 4,500 individuals, including over 3,000 responses from children and young people, 100 interviews with practitioners from five Local Authorities and four focus groups with parents. This resulted in Every Child Matters: Change for Children (HM Government, 2004) which details the five key outcomes that were identified as being most important to children and young people. Being mentally and emotionally healthy is a key part of the 'be healthy' aim.

The Every Child Matters agenda is promoted within schools, and related criteria are considered when schools and Local Authority Children's Services are inspected by the Office for Standards in Education (Ofsted). The five outcomes are also promoted through the National Healthy Schools Programme. This programme was established in 1999 as a joint initiative between the Department of Health and the Department for Education and Employment. Initially local programmes could determine which themes and criteria they would implement, but in 2005 a more rigorous approach was

developed with national themes and criteria, linked to the Every Child Matters agenda, being prescribed in 4 areas:

1. Personal, Social and Health Education, including sex and relationships education and drugs education;
2. healthy eating;
3. physical activity; and
4. emotional health and well-being, including bullying.

When criteria in all four themes are met a school is awarded National Healthy School Status. The Programme now reports that 96% of schools are currently part of the Programme, with 56% of schools having achieved National Healthy Schools Status (DoH and DfES, 2008). There are nine targets within the emotional health and well-being strand:

- identifying and supporting vulnerable children and young people;
- good leadership in the area of emotional health and well-being;
- teaching social and emotional skills;
- children, young people and staff being able to seek support when it is required;
- working to combat stigma and discrimination;
- having an anti-bullying policy;
- supporting staff to work in this area;
- planning activities which promote children and young people's confidence and self-esteem; and
- having a confidentiality policy.

The Child and Adolescent Mental Health Services Training and Development Project emphasises the importance of seeing mental health promotion as central to the life of schools, not something extra that can be ‘tagged on,’ or confined to one curriculum area (Personal Social Health Education). The project rationale is that, in order to promote the mental health of their pupils, schools must be mentally healthy themselves.

In 2005 Ofsted published a report, ‘Healthy Minds: Promoting emotional health and well-being in schools’ that examined the role played by schools in promoting the emotional well being of pupils, and the impact of the DfEE (2001) guidance and the National Healthy Schools Standards (1999). Inspectors visited 72 schools and identified a range of positive features of practice, but also significant areas requiring development. Opportunities for schools to conduct positive work in this area were found in the curriculum (including Personal Social Health Education and Social and Emotional Aspects of Learning programmes), the culture of the school (valuing and respecting individuals), whole-school anti-bullying policies, in a range of successful initiatives (such as friendship groups, peer mentors), parental involvement (which tended to be most successful in the Early Years), and through participation in the National Healthy Schools Programme.

However, Ofsted (2005) also highlighted some significant concerns about how schools were supporting the mental health of their children and young people:

- staff in three quarters of the schools that they visited were judged to be in need of further training about mental health difficulties. There was

perceived to be a lack of awareness amongst staff about emotional well-being and current training was deemed unsatisfactory;

- schools were identifying between 4 and 6% of their pupils as experiencing mental health difficulties while research suggests this figure should be closer to 10%, this suggests that schools might not have identified some difficulties and might consequently have failed to provide support for them;
- there was a need for schools to develop better partnerships with other agencies who support children and young people's mental health, and who could support the school's work in this area;
- secondary schools were judged to be less successful in work relating to mental health than primary and special schools; and
- in some schools, behaviour policies were identified as creating further stress and tension for pupils, and consequently contributing to the demotion of mental health.

Interestingly Ofsted (2005) report that many of the pupils and parents whose views they sampled for this study attached a stigma to mental health difficulties. Some did not want to be labelled or attend clinics. It would seem that schools are well placed to provide accessible and non-threatening support. This finding reiterates the work of Gilligan (1998). Gilligan (1998) states that resources to support those facing adversity can be difficult to find and have a stigma attached to them, but notes that this need not be the case for school-based provision.

The most current advice to schools has been published by the National Institute for Health and Clinical Excellence (NICE, 2008). This document provides public health guidance for promoting children's social and emotional well-being in primary education. Recommendations contained in the report represent an holistic approach, with an emphasis on the development of supportive and secure environments, and an ethos that avoids blame. It also highlights the importance of working in partnership with children, ensuring that they can express their views and opinions. The potential preventative value of mental health promotion in schools is emphasised by the statement that children who experience emotional and social problems are more likely to misuse drugs and alcohol, have lower educational attainment, be untrained, unemployed or involved in crime.

The NICE guidance consists of three key recommendations:

- taking a whole school approach to children's social and emotional well-being: through a positive ethos, supporting positive behaviours for learning and successful relationships, providing an emotionally secure and safe environment, support all pupils and parents/carers, specific help to those at risk or already displaying social, emotional or behavioural problems, aiming to meet the targets set by National Healthy Schools and training and support for staff to meet these needs;
- providing a comprehensive programme to help develop children's social and emotional skills and well-being: through the curriculum, training and support for teachers, training and support for parents and carers, and anti-bullying work; and

- ensuring teachers and practitioners are trained to identify and assess early signs of anxiety, emotional distress and behavioural problems, and provide a range of interventions.

The NICE guidance aims to complement existing national initiatives which include the National Healthy Schools Programme outlined previously (DoH and DfES, 2005) and the Social and Emotional Aspects of Learning (SEAL) programme (Primary National Strategy, 2005). The SEAL programme identifies five broad social and emotional aspects of learning: self-awareness, managing feelings, motivation, empathy, and social skills. The SEAL programme resources aim to support schools and settings in developing a whole school approach to teaching and developing concepts, understanding and skills over time. The SEAL programme was originally aimed at primary schools but has now been introduced into secondary schools (Secondary National Strategy, 2007).

NICE (2008b) are currently researching the promotion of young people's social and emotional well-being in secondary schools, and a report is expected in July 2009. A whole school approach is being investigated, including policies, systems and structures in relation to the school's physical environment, the school's links with parents and the community, the development and support of teachers and curriculum-based programmes and other activities.

It is clear that whilst schools are well placed to promote the mental health of their pupils, this is not an easy job. The whole school community needs to be involved, which means that all staff need to be trained and supported. The CAMHS Training and Development Project also recognises that this is not an easy job for teachers, and outlines the need for schools to support their staff. They suggest that teachers themselves will need to be supported through a positive school environment, through positive beliefs, expectations, and trust being shared amongst staff, and through having time to work together to make decisions and reflect on practice. CAMHS also emphasise the importance of staff development time, and of school-community collaboration: support services, such as school nurses and Connexions advisors, need to be well co-ordinated within school and accessible to staff.

It is important to note here that the mental health and well-being of teachers has also received significant attention recently. Smith et al. (2000) surveyed 17,000 people selected at random from the British electoral register and concluded that teaching is the most stressful profession in the UK; 41.5% of the teachers who completed their rating scale described themselves as being highly stressed. However, the researchers do not state how many of the 17,000 people they sampled responded, and also do not make it clear which professions were not sampled and whether representative proportions of different professions were sampled. The Schools Advisory Service report data from an insurer that provides cover for absenteeism in over 1,500 schools. In 2003 they reported that, on average, each teacher was absent from work for eleven and a half days, and that stress was one of the top three reasons given

for absenteeism (British Broadcasting Corporation news, 2004). As a consequence of this situation, the National Union of Teachers has worked with Unison, GMB and Unite to produce guidance to Headteachers 'Preventing work related mental health conditions by tackling stress' (2008).

The Role of Schools: Conclusions

The previous section included identification of some of the factors related to mental health which research indicates can be enhanced. The role of schools in providing a mental health service to their pupils has been recognised and emphasised in a range of UK Government policies and initiatives since 2001. A next step is to evaluate the impact of such guidance in schools.

Conclusion

It is clear that working to promote the mental health of children is currently a key area for development in the UK, with approximately 10% of children and young people experiencing difficulties with mental health at any one time (DfEE, 2001; Fundamental Health, 2007). Indeed the level of need in this area has recently been recognised by the UK Government, and work to improve the situation has led to the development of National Service Frameworks (1999; 2005).

Mental health is a complex concept, with no singularly accepted definition. Research and policy is currently moving from a deficits based approach

towards an assets based approach. While work to eliminate deficits, or causes of distress, such as poverty is still a priority it is also now recognised that an assets based approach can offer further benefits through empowering individuals, building capacity and leading to sustainable practices. In addition to this, research and policy are also currently moving from a bio-medical model which focuses on individuals, to a social approach where the rich social context that an individual inhabits is also explored.

Schools have been identified as a key resource in promoting the mental health of children in the UK. Their potential has been identified through research (for example Gilligan, 1998; Wells, 2000; Dent and Cameron, 2003), and guidance aimed to support them in developing to meet the needs in this area have been outlined in recent government guidance: National Healthy Schools Programme (1999, 2005) and DfEE (2001); Ofsted (2005); NICE (2008). A next step is to evaluate the impact of this guidance in schools.

Wells (2000) writes that however self-evident the benefits of mental health promoting interventions may seem, evaluation is needed to demonstrate this objectively. If work is conducted with the aim of promoting mental health, it is essential that its impact is evaluated. The NCH Children's Charity (2007) published a review of the literature relating to resilience in children and young people. They concluded that...

'Overall, examples of well-researched, effective interventions that promote resilience are few and far between, since translation of 'academic' knowledge of resilience into practical applications has been slow to develop.'

- NCH (2007), p11.

NCH report that whilst the use of mentoring has undergone some evaluation in America, this has not yet been the case in the UK. They also refer to programmes that are based on Cognitive-Behaviour Therapy and social problem-solving skills that have been developed abroad and found to have a positive impact on stress and anxiety (the report describes the Penn Resilience Programme in America, and FRIENDS in Australia). However, they report that the effectiveness of programmes used in the UK, such as the SEAL programme, still need to be evaluated.

Wells (2000) identifies some of the difficulties with evaluating mental health interventions. It can be difficult to have either a control group or randomised sample, especially when lack of participant commitment or motivation can affect the success of the project. Also there are many relevant factors that need to be considered (for example at the level of the individual, family, school and community). However, Dent and Cameron (2003) report that whilst common factors occur regularly in literature they are not simple predictors. In addition, Buchanan (2000) states that risk and protective factors are neither absolute nor static, while Bartley et al. (2007) report that, as health assets are shaped by the social and physical environment, levels of resilience will vary over time. This suggests that any measure of mental health and well-being would need to be repeated regularly.

If resilience or risk factors were to be measured in individual children, the use of these data would need to be carefully framed and planned – in identifying

areas for development, there is a danger that a child could become labelled as having, for example, low self-esteem or poor problem solving skills.

If all children were asked about all risk and resilience factors a huge volume of data would be collected. The collection of such data could bring with it a responsibility to do something with the data. It would be difficult to know which pupils to target; Wells (2000) reports that mental health disorders often manifest themselves as emotional or behavioural difficulties, but that these problems follow a continuous distribution with no clear cut off between normal and abnormal. This means that it would be difficult to justify identifying a small number of individuals who scored at a certain level for an intervention.

A measure of mental health amongst school children could involve contact with pupils, parents and/or staff. The value of involving the targeted community in work was discussed earlier (Rappaport, 1977; Levine and Perkins, 1997; Wandersman and Florin, 2000; Morgan and Ziglio, 2006). People who work with children have a legal and moral obligation to involve the children they work with in procedures and decisions that will affect their lives (The UN Convention on the Rights of the Child, 1989; The National Children's Bureau, 1990):

'Children, who are capable of forming views, have a right to receive and make known information, to express an opinion, and to have that opinion taken into account in any matters affecting them. The views of the child should be given due weight according to the age, maturity and capability of the child.'

- The UN Convention on the Rights of the Child, 1989, article 12, page 4.

Katz (2000) states that we need to know how children perceive their world if we are to promote their well-being. However Katz also reiterates concerns and challenges that some researchers have expressed when considering involving children in research: language might need to be changed, responses might need to be interpreted, and there is a need to present children with enough information for them to make informed choices.

To conclude, the role of schools in promoting the mental health of their pupils has been outlined and developed in guidance from the UK Government since 2001. There is now a need to develop ways of working with schools and their pupils using a social and salutogenic approach to develop an evidence base of practice which can promote the mental health of children and young people.

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HOW DOES A SECONDARY SCHOOL SUPPORT THE EMOTIONAL HEALTH AND WELL-BEING OF ITS PUPILS DURING, AND FOLLOWING, TRANSFER FROM PRIMARY SCHOOL?

Abstract

The UK Government has recognised the potential impact that schools can have on their pupils' emotional health and well-being, particularly during the vulnerable period of transition from primary to secondary school having commissioned large scale research studies in this area (Galton et al., 1999; Evangelou, 2008). This study explored the perspectives of a range of Year 7 pupils in one secondary school, one term into their first year of secondary education. Strengths of current provision were identified: pupils were happy in school, three-quarters felt they had experienced a successful transition, and all valued the support they received from a range of staff in school. Pupils also suggested a number of realistic ways in which they would like their school to further support their emotional health and well-being; for example, relating to induction day, the first day of term, the school building, peer relationships, staff relationships and the discipline system. Pupils participated enthusiastically in the study, suggesting great potential for school staff and pupils to work co-operatively to enhance pupils' emotional health and well-being.

Introduction

The Head Teacher of Highlands High School was keen to improve the process of transition from primary to secondary school, and to this end convened a working group with some of the staff within his school whose roles include supporting pupils during the process of school transfer. As a Trainee Educational Psychologist I was invited to join the group and was commissioned to develop a research project to support the work of this group. Key research questions were identified through a review of literature published in this area, which is presented as the first paper of this thesis, and negotiation with the group members. The following questions were identified:

1. What does published research tell us about how schools can promote (and demote) the emotional health and well-being of their pupils?
2. What does published research tell us about how schools can promote the emotional health and well-being of their pupils during the transfer from primary to secondary school?
3. How do the pupils who have recently transferred to Highlands High School feel their school has supported their emotional health and well-being during, and following, transfer from primary school?
4. Do the pupils who have recently transferred to Highlands High School identify any ways in which the school could better support their emotional health and well-being during, and following, transfer from primary school?

This paper begins by addressing the first two of these questions through an examination of literature relating to emotional health and well-being of pupils, and the impact of transition from primary to secondary school. A full exploration of issues related to the emotional health and well-being of pupils in school is available in 'Perspectives on Mental Health and the Role of Schools,' the first paper of this thesis. This review led to the development of a two stage research project. In this paper I describe the first of these stages: the use of focus groups to elicit the views of a sample of pupils in the school about the ways in which their school has/does, and could further, support their emotional health and well-being during, and following, transfer from primary school.

Literature Review

Introduction

There is a clear need for work to promote mental health, and prevent mental distress in children and young people in the UK. Surveys indicate that 10% of children aged between five and 15 experience clinically defined mental health problems (Department for Education and Employment, 2001; Local Government Information Unit and Children's Services Network, 2007). It is estimated that there is a similar number of children and young people who have less serious mental health problems but would benefit from additional support (Department of Health, 2004).

In 2008 the Department for Children Schools and Families and DoH published an independent review of how children's health, education and social care services are contributing to the mental health and psychological well-being of children and young people (Davidson, 2008). The report identifies a need for the whole of the children's workforce to be appropriately trained and informed so that everybody can recognise the part they play in helping children grow up, understand what mental health and psychological well-being is and how they can promote it, and know where to go if they need more information.

Perspectives on Mental Health

Mental health is a complex concept; there is no single universally agreed definition. Recent definitions of mental health generally refer to an individual's capacities, emotions and observable behaviours; some definitions also include reference to the individual's response to their environment (Mental Health Foundation, 1999; LGIU and CSN, 2007). MacDonald and O'Hara (1998) argue against the reductionist approach of attempting to establish one universally accepted definition of mental health; they state that it might be more helpful to identify areas of agreement on factors that promote and demote mental health and develop strategies and support in these areas.

Work related to mental health in the United Kingdom has been dominated by pathogenic theories (Morgan and Ziglio, 2006). Pathogenic theories assume that health is the absence of illness, there is a focus on what makes people ill, with the aim being to identify and eliminate the causes of the illness, to 'fix' the

person and make them healthy again. One approach that has developed from this perspective relates to the identification of 'risk factors'. Research from the pathogenic perspective evaluates the impact of strategies which seek to eliminate risk factors, or causes of 'illness'.

Significant difficulties with taking a purely deficit-based, risk-focused approach have been identified: individuals and communities are defined in negative terms, communities are disempowered, individuals are blamed and societal factors ignored, risk factors do not automatically result in negative outcomes, and the significance of coping styles is undervalued (Raphael, 1996; Tudor, 1996; Morgan and Ziglio, 2006).

In contrast, a salutogenic approach to mental health is an assets-based approach. Morgan and Ziglio (2006) explain how asset-based models focus on empowerment – they tend to accentuate positive capability to identify problems and activate solutions; this promotes the self-esteem of individuals and communities and leads to less reliance on professional services. The aim of a salutogenic approach is to build social systems for health; there is an ethic of population health gain, rather than a focus on maintaining the status quo. According to proponents of a salutogenic orientation, the participatory, capacity building approach should result in sustainable practices that are less dependent on expert support.

The value of an assets based approach is also noted by Rappaport (1977). He supports a community mental health perspective where the focus is on the

community as a whole, rather than a smaller number of individuals from within the community, individuals are not 'blamed' for difficulties and the whole community is supported to make positive changes. Benefits of this approach include needs being better identified by those within the community, the community being in control and feeling responsible and capable, and the community developing valuable, empowering skills (Wandersman and Florin, 2000).

Tew (2005) states that although a bio-medical approach has been dominant in mental health work there has been a recent resurgence of interest in the social and community aspects of mental health. Tew (2005) identifies four core values of a bio-psycho-social approach:

1. viewing mental distress as situated within a continuum of everyday lived experience, rather than as something that makes people fundamentally different;
2. a commitment to an holistic approach to understanding people in their social contexts;
3. a commitment to listening to, and taking seriously, what people say about their mental distress, taking a partnership approach to research and explanation and not assuming uniformity of experience; and
4. principles of anti-oppressive and empowering practice.

When work relates to the mental health of children and young people, Katz (2000) states that we will need to know how the children and young people perceive their world if we are to promote their well-being. However, Katz

(2000) also reiterates concerns and challenges that some researchers have expressed when considering involving children in research, including suggestions that language might need to be changed, responses might need to be interpreted, and children will need sufficient information for them to make informed choices. These factors require careful consideration as people who work with children have a legal and moral obligation to involve the children with whom they work in procedures and decisions that will affect their lives (The UN Convention on the Rights of the Child, 1989; The National Children's Bureau, 1990).

Factors Associated with the Demotion and Promotion of Mental Health

There has been a significant volume of research seeking to identify factors that promote and demote mental health. A number of researchers have recently reviewed literature and compiled lists of the factors which appear regularly throughout the research (Raphael, 1996; MacDonald and O'Hara, 1998; Mental Health Foundation, 1999; DfEE, 2001; Dent and Cameron, 2003; Masten and Reed, 2005). Researchers have been particularly interested in children who have had significant risk factors in their lives but still managed to succeed (Masten and Reed, 2005); this concept is often referred to as 'resiliency'. It is not possible to remove all risk factors from the world; therefore there appears to be great value in developing an individual's mental health by working to improve the balance between risk and protective factors in their lives, and supporting his/her development of coping skills or resiliency.

The complex interactions between variables make resiliency difficult to operationalise and work towards. Dent and Cameron (2003) report that whilst common factors occur regularly in literature they are not simple predictors. Wells (2000) reports that there is no clear link between specific risk factors and disorders. Ungar (2004) describes the relationship between risk and resiliency as chaotic, complex, relative and contextual. He also states that some factors related to resiliency may be relevant to only specific developmental stages, or to specific contexts.

Can Mental Health be Enhanced?

Theoretically mental health can be promoted through work to minimise the impact of risk factors and work to maximise the development of protective factors. Research indicates that individuals should not be expected to develop and maintain positive mental health by themselves, and that such an expectation could result in victims of ill health or adverse circumstances being blamed for difficulties they experience and social and environmental aspects being neglected (Tudor, 1996; Bartley, 2006).

Literature in this area suggests that elements of child and adolescent mental health can be promoted through, amongst other things, providing stimulating activities and enjoyable schooling; promoting self esteem, self efficacy and confidence; fostering a sense of belonging and security; through seeking, listening to, and respecting their views; by supporting the development of social skills, communication skills, relationship skills, decision making skills

and academic achievement; and by developing their understanding of emotions (Wells, 2000; LGIU and CSN, 2007).

Wells (2000) warns that however self-evident the benefits of interventions designed to promote mental health may seem, evaluation is needed to demonstrate their impact. Wells (2000) identifies some of the difficulties with evaluating mental health interventions: it can be difficult to have either a control group or randomised sample, and there are a wide range of factors that need to be considered (at the level of the individual, family, school and community). There are also many problems associated with measuring an individual's mental health as commonly identified risk and protective factors are not simple predictors (Dent and Cameron, 2003) nor absolute or static (Buchanan, 2000; Bartley et al., 2007).

The Role of Schools

In recent years The UK Government has produced guidance for schools which emphasises the important role they have in mental health work. The Health Advisory Service (Williams and Richardson, 1995) developed and published a framework of four tiers of support which continues to be used in structuring the organisation of multi-agency mental health services. Tiers 2 to 4 comprise specialist support, tier 1 consists of a primary level of emotional and behavioural advice, intervention and support, and early identification of mental health problems delivered by a range of professionals including

teachers and other education professionals working in schools and early years settings. Key publications in this domain are outlined below, in Table 1.

Table 1: Key publications produced by the UK Government relating to the role of schools and early years settings.

Publication	Key Details
National Child and Adolescent Mental Health Service Review (Davidson, DfCSF and DoH, 2008).	The CAMHS review creates a vision that everybody will recognise their role in promoting mental health and psychological well-being, and will understand their role and responsibilities, and the roles and responsibilities of others, and will have the skills and competencies required to fulfil their role.
'Promoting children's social and emotional wellbeing in primary education,' (National Institute for Clinical Excellence, 2008, commissioned by the DoH).	Recommendations represent an holistic approach, with an emphasis on the development of supportive and secure environments, and an ethos that avoids blame; the importance of working in partnership with children, ensuring that they can express their views and opinions is also emphasised. NICE (2008b) are currently researching the promotion of young people's social and emotional well-being in secondary schools, and a report is expected in July 2009.
The National Healthy Schools Programme (DoH and Department for Education and Employment, 2005).	The programme offers support and guidance to Primary Care Trusts, Local Authorities and their schools to support them in promoting the link between good health, behaviour and achievement. The Programme reports that 96% of schools are currently part of the Programme, with 56% of schools having achieved National Healthy Schools Status (DoH and DfES, 2008).
The Social and Emotional Aspects of Learning (SEAL) programme (Primary National Strategy, 2005; Secondary National Strategy, 2007).	This is a curriculum resource designed to help schools develop children's social, emotional and behavioural skills.
'Healthy Minds: Promoting emotional health and well-being in schools' (Ofsted, 2005).	This report begins to evaluate the role played by schools in promoting the emotional well-being of pupils. It identifies opportunities for positive work within the curriculum, culture, policies, and initiatives of schools. Significant areas for development are also highlighted, including the need to train staff, to identify pupils experiencing difficulties, to improve behaviour policies and to work with outside agencies.

Every Child Matters Green Paper (HM Government, 2003).	Being mentally and emotionally healthy is a key part of 'Be Healthy,' one of the five key outcomes.
'Promoting children's mental health in early years and school settings' (DfEE, 2001).	This document explains to schools that they are in a strong position to influence their pupils' mental health as they are able to conduct preventative work, identify and intervene with problems at an early stage, reach more children than specialised mental health services, and support and maintain the progress of children in a way which mental health professionals who only have contact with a child in relation to a specific problem and for a specific period of time can not.

The role of schools in promoting the mental health of their pupils has been outlined and developed in guidance from the UK Government since 2001. The CAMHS Review (Davidson, 2008) recognises that provision for children of school age has developed rapidly over recent years but states that it is too early to demonstrate the impact of these developments. In the spring of 2008 Ofsted surveyed pupils in Years 6, 8 and 10; part of the survey related to pupils' emotional health and well-being (Ofsted 2008a, Ofsted 2008b). 145 out of 150 English Local Authorities were involved, each selected up to 61 of their schools, and each school administered the online questionnaire to approximately 36% of their pupils in Years 6, 8 and 10, making a total of almost 150,000 respondents. Pupils and schools were anonymous. The survey provides an interesting overview of pupils' experiences in school which will contribute to their emotional health and well-being, key findings include:

- 34% of pupils feeling that their views were not listened to sufficiently in the running of their school;
- exams being the most commonly cited worry that pupils selected from a list (57%);

- 11% of pupils feeling unsafe in school; and
- 39% of pupils reporting that they had been bullied in the past year.

Transition from Primary to Secondary School

The impact of transition on pupils' emotional health and well-being is described in a review of research into transition commissioned by the DfES and conducted by Galton et al. (1999). Galton et al. (1999) cite numerous studies that report on the disorientation of the transfer experience for some pupils, and on the difficulties that some pupils have adjusting to their new school.

In 1999 Galton et al. reported on the replication of a study originally conducted 20 years previously. Despite this gap in time the replication study yielded similar results to the original study: approximately 40% of pupils failed to make the expected level of academic progress during the first year after transfer, while levels of motivation and enjoyment increased in the first term of Year 7, they tended to have fallen to below their Year 6 level by the end of Year 7.

Tobell (2003) states that research relating to transition has tended to be descriptive, rather than exploratory, meaning that there is not a coherent understanding of why transition can be difficult. Nicholls and Gardner (1999) suggest that secondary schools provide an initial 'culture shock' for new pupils due to their size and complexity, the new teachers and peers, the structure of the day (moving between subjects, classrooms etc), the possibility of having

different rules and routines with each teacher, the new subjects and resources, and through returning to being the youngest in school. Tobell (2003) also notes significant environmental changes including size, distance from home, more people, more classrooms, and different content and style of teaching. Measor and Woods (1984) suggest that the nature of these changes might be difficult in the short-term but could prove beneficial in the long-term.

Transition affects individuals in different ways (Nisbet and Entwistle, 1969). Pupils surveyed by Evangelou et al. (2008) were found to be more likely to settle in at secondary school if they had friends transferring to the school with them, had higher socio-economic status, were not from minority ethnic groups, had no special educational needs, and no health problems. Lawson (2005) cites research that suggests that parental education and attitudes are also a significant factor, with positive parental experiences and views having a positive influence on children.

Questionnaires completed by 550 pupils who were in their first term of secondary schooling were analysed by Evangelou et al. (2008). The results indicated that 84% of pupils felt that they had been well prepared for transition, and 89% of pupils reported feeling happy or excited one term after transition; this leaves a significant minority of pupils feeling unprepared for, and/or unhappy with, transition. The validity of this information might, however, have been strengthened by asking pupils how they felt during Year 6, and the first weeks of Year 7.

In order to identify factors relating to transition which research has indicated as most relevant to current pupils in the UK, two studies will be considered in detail here: those of Ashton (2008) and Evangelou et al. (2008).

Evangelou et al. (2008) conducted their study in six Local Authorities in England (representing urban, suburban and rural areas) as part of the large scale, longitudinal EPPSE study into the Effectiveness of Pre-school and Primary Education in Europe. Evangelou et al. (2008) collected their data when pupils were at the end of their first term in high school. Questionnaires were completed by 550 pupils and 569 parents (representing response rates of 46% and 48%); this was followed by case studies of 12 pupils who reported successful transition (a sample stratified by gender, socio-economic status and region) through interviews with the pupils and their Year 6 and Year 7 teachers; and interviews with officials responsible for transition in six Local Authorities. There are some limitations with the study; for example, the authors report that the pupils who returned the questionnaire were not fully representative of the sample of those involved in the full EPPSE study; the Local Authority Officers surveyed reported their main role as being to provide information to parents about secondary school choices and admissions procedures – they had little contact with schools or pupils; the views and experiences of teachers are under represented; and views of pupils and parents in Year 6 were not sampled.

Ashton (2008) conducted her research in one borough in the north of England. Questionnaires were sent to all pupils who would be transferring to a

secondary school in the borough; 1673 (83%) were returned. Ashton (2008) reports that a small number of schools appeared to have asked pupils to complete the questionnaires in class, resulting in some very similar responses. Ashton (2008) also visited three Year 6 classes and conducted whole class and partner activities designed to elicit pupils' views about transition. While Ashton's (2008) study had a large sample, it could have been enhanced by seeking the views of parents and teachers, and by conducting further research with the pupils after they had begun Year 7.

Although there are some limitations there are numerous strong features to the research conducted by Evangelou et al. (2008) and Ashton (2008), notably their large, recent UK samples, and their multi-method designs. Consequently it is likely that the issues identified in these studies are relevant to other pupils in the UK who are currently in the process of transferring from primary to secondary school. Table 2 provides a summary of key factors identified by the pupils in Evangelou et al. (2008) and Ashton's (2008) studies when they were asked to identify positive and negative aspects of school life.

Table 2: Summary of factors which pupils identify as positive and negative features of secondary schools at the time of transition (Ashton, 2008; Evangelou et al., 2008).

Themes identified	Factors that might be perceived as positive features of secondary schools at the time of transition	Factors that might be perceived as negative features (difficulties or worries) of secondary schools at the time of transition
Peers	▪ Making new friends ▪ Being with friends and family members	▪ Leaving friends ▪ Bullying ▪ Difficulties making new friends ▪ Sharing a school with older and bigger pupils ▪ Not being in classes with friends ▪ Issues of race – bullying, and fitting in
Teachers	▪ Having different teachers	▪ Leaving teachers ▪ Getting to know new teachers ▪ Having more than one teacher
Curriculum	▪ More interesting lessons ▪ Having different lessons ▪ New educational / curricular opportunities ▪ Sports	▪ Work being too difficult, or too easy ▪ Having more homework
Extra-curricular opportunities	▪ Clubs	
Building / resources	▪ Facilities ▪ Being able to look after own equipment	▪ Getting lost ▪ Being part of a bigger school ▪ Remembering books and equipment
Growing up / new challenges	▪ Growing up ▪ New experiences ▪ New challenges ▪ Becoming more independent ▪ Taking more responsibility	
Discipline		▪ Discipline ▪ New school rules and routines

Many of the factors identified by the pupils involved in these studies represent positive and negative aspects of the same themes. Exceptions were the

extra-curricular opportunities available in secondary schools which were only reported positively, and discipline where only negative comment was made.

Pupils saw moving to secondary school as a challenge offering new experiences, and greater independence and responsibility. However, the parents surveyed by Evangelou et al. (2008) did not consider these to be such positive features - they were apprehensive about the level of freedom their children would have, particularly in relation to the journey to school.

In addition to asking pupils to identify positive and negative features of secondary school life, Ashton (2008) and Evangelou et al. (2008) explored experiences of the transition process. Table 3 provides a summary of support which pupils, parents, teachers and Local Authority officers perceived to be valuable at the time of transition.

Table 3: Provision which might support the transition process, identified by pupils, parents, teachers and local authority officers (Ashton, 2008; Evangelou et al., 2008).

Themes identified	Examples of provision
Peers	▪ Special arrangements for children with special educational needs, or who speak English as an additional language ▪ Opportunities for pupils to meet current pupils and other pupils due to transfer ▪ Having an older brother or sister in school ▪ Having a 'buddy' in the school ▪ Hearing about the experiences of older pupils ▪ Putting pupils in classes with their friends ▪ Protection from bullying ▪ Support with friendships and social skills

Teachers	▪ Training for teachers ▪ Talks by the Head Teacher ▪ Opportunities for pupils to meet teachers ▪ Pupils being reassured and encouraged ▪ Pupils having their worries addressed ▪ Teachers answering pupils' questions ▪ Pupils being told what to expect ▪ Teachers being nice, kind and friendly
Induction days / First day	▪ Induction days, open days / evenings ▪ Demonstration lessons ▪ Tours of the school ▪ School being open to new pupils only on the first day of term ▪ Pupils being helped to learn their way around the building
Relationships between schools	▪ Transfer of information between primary and secondary schools ▪ Projects for primary pupils, conducted in secondary schools ▪ Good relationships between primary and secondary schools ▪ Year 7 teachers visiting primary schools to share information
Discipline	▪ Rules being relaxed
Curriculum	▪ Pupils being given help with lessons and homework ▪ PSHE work relating to transition ▪ Interesting work ▪ Curriculum continuity ▪ Help coping with homework
Family	▪ Family being supportive
Information	▪ Booklets about secondary schools
Journey	▪ Support for journey to and from school
Within-child	▪ Pupils having a positive, confident attitude

Clearly there is a wide range of support that could be offered to help pupils during transition. Evangelou et al. (2008) interviewed six Local Authority Officers as part of their multi-method study. They reported that it is difficult to monitor transition work as schools take responsibility for planning their own programmes. Ashton (2008) visited Year 6 classes in three different primary schools, and noted that it was clear that the level at which transition had been discussed varied between schools.

Literature Review – Conclusions and Implications for Research

The literature reported here relates to the first two key research questions that were identified:

1. What does published research tell us about how schools can promote (and demote) the emotional health and well-being of their pupils?
2. What does published research tell us about how schools can promote the emotional health and well-being of their pupils during the transfer from primary to secondary school?

The literature reported here indicates that emotional health and well-being can be enhanced (Raphael, 1996; Mental Health Foundation, 1999; Wells, 2000; DfEE, 2001; Dent and Cameron, 2003; Masten and Reed, 2005; LGIU and CSN, 2007). The UK Government is producing an increasing volume of guidance for schools, emphasising their role in supporting the emotional health and well-being of pupils (DoH and DfES, 1999, 2005; DfEE, 2001; HM Government, 2003; Ofsted, 2005; Primary National Strategy, 2005; Secondary National Strategy, 2007; NICE, 2008).

The period of transition from primary to secondary schooling has been identified as a time when pupils are particularly vulnerable; research identifies the aspects of transition which pupils consider to be positive and negative, and identifies a range of strategies for supporting pupils at this time (Galton et al., 1999; Nicholls and Gardner, 1999; Tobell, 2003; Ashton, 2008; Evangelou

et al., 2008). However, research also indicates that while the first term of Year 7 can be a positive experience for pupils, their attitude towards school, and enjoyment and motivation, tend to fall towards the end of Year 7 and into Year 8 (Galton et al., 1999). Consequently a significant focus of the current study is on ways in which the school can support the emotional health and well-being of pupils both during and beyond the immediate period of transition.

While the literature published in this area identifies aspects of school and transition which may have a positive or negative effect on pupils' emotional health and well-being, the literature relating to perspectives on mental health reinforces the value of recognising the need to listen to, and support, individuals and communities in areas which they identify as being relevant and important in their lives (Katz, 2000; Wandersman and Florin, 2000; Tew, 2005; Morgan and Ziglio, 2006).

Research Design

Epistemology

The current small-scale, situated study is positioned within the interpretive paradigm. Cohen et al. (2006) identify this as a subjectivist approach, within postmodern theory. Pring (2004) describes how postmodern theory leads us to question the dominance of one view of the world; the ontological view taken is that social reality is part of each individual's consciousness, and the epistemological view is that knowledge is personal, subjective and unique,

and so best studied via qualitative research designed to explore individuals' views.

Cohen et al. (2006) describe how interpretivism emerged as a reaction to criticisms of the positivist perspective. Fay (1996) identifies positivism as part of a realist ontology, where reality is believed to be independent of human perception and cognition. Ions (1977) reports that the contingent quantification of human acts results in depersonalisation, and a restricted view of humans (Hampden-Turner, 1970). Norwich (1998) argues that it is best to give up the aims of seeking objectivity, causation and generality and instead focus on describing the perspectives of those involved. The interpretivist perspective complements the salutogenic, assets-based approach to mental health promotion where individuals are offered support to enhance their own mental health and emotional well-being.

In the current study, focus group interviews were identified as an appropriate methodology, compatible with an interpretivist paradigm. The aim of focus group design is to listen and gather information and perceptions in a defined area. The researcher aims to become involved with participants in an attempt to gain some understanding of their world, and participants are encouraged to explain their responses, furthering ecological validity (Stewart et al., 2007). The aim in my own study was to find out what the participants thought and felt about the ways in which their school had supported, and could further support, their emotional health and well-being during, and following, the period of transition from primary to secondary school.

Interpretivist researchers need to generalise their findings with particular caution as knowledge is perceived as personal, subjective and unique. However, Burrell and Morgan (1979) report that, although there are social theorists who adhere to either extremely positivist, or extremely subjectivist/interpretivist views, most social scientists hold assumptions that are pitched somewhere between the two extremes. Indeed, following on from the current research study, a second study is in progress, in which analysis of data derived from the focus group study reported here will inform the design of a questionnaire which will then be used to explore the views of a wider population of Year 7 pupils. The benefits of using focus groups to support questionnaire design are outlined by Stewart et al. (2007).

Focus Group Design

Participants

Krueger and Casey (2000) recommend that participants in each group are similar in some way. Here, purposive sampling was used to identify four groups in order to sample the views of a range of Year 7 pupils within Highlands (Bloor et al., 2001). The small sample size and semi-structured nature of the focus group sessions means it is not possible to compare the responses given by each group.

1. a group of girls where transition has been perceived as successful by school staff;

2. a group of boys where transition has been perceived as successful by school staff;
3. a group of girls where transition has been perceived as difficult and/or unsuccessful by school staff; and
4. a group of boys where transition has been perceived as difficult and/or unsuccessful by school staff.

Participants for groups 1 and 2 were selected by the Head of Year 7. Staff in Highlands had compiled a list of pupils whom they considered had made an unsuccessful start to their school (due to behaviour, attendance, or social difficulties); from this list I randomly selected pupils for groups 3 and 4. It is acknowledged that pupils were selected on the basis of the subjective constructions of staff and that the pupils themselves might have different perceptions of their start to secondary schooling. However, this approach does reflect the way pupils are identified as being in need of additional support in school, indeed the list of pupils who had had an unsuccessful start had been created to inform the work of the school's transition mentors. The list was not compiled for my purposes so I do not believe I was encouraging staff to segregate or label pupils. Despite the limitations of the sample selection process this was judged acceptable as the main aim was to sample the views of a diverse range of pupils, the aim was not to compare groups.

Research suggests focus groups should have between three and 14 participants (Krueger and Casey, 2000; Bloor et al., 2001). The aim is to plan

groups that are small enough for all to participate fully, but large enough to provide diversity of views. Seven pupils were invited to each group but some pupils did not return parental consent forms, so final group sizes were six, five, four and five. The pupils selected for group 4 all signed pupil consent forms but did not all return parental consent forms, so two girls who otherwise met the group 3/4 selection criteria were invited to join this group.

Structure

Research indicates that focus groups with young people should be planned to run for 60 minutes or less (Krueger and Casey, 2000). I planned sessions to last 50 minutes as this was appropriate within the school timetable (Bloor et al., 2001). The sessions were conducted at the start of the pupils' second term in secondary school.

I facilitated the groups. This was advantageous as I am not identified with the school and was therefore well placed to create a safe and non-judgemental environment in which pupils had no grounds to doubt my independence or view me as an extension of the school staff group (Krueger and Casey, 2000). The school provided a room where we would not be interrupted, and where seating could be arranged informally to support the development of rapport (Greenbaum, 1998; Bloor et al., 2001).

Content

A detailed session plan is included as Appendix 1 (page 112). There was a conversational start to each session and a simple, factual introductory question to encourage the pupils to talk and feel comfortable (Greenbaum, 1998; Krueger, 1998; Krueger and Casey, 2000). This was followed by two main activities which were open-ended, giving participants the opportunity to generate ideas and discussion (Greenbaum, 1998; Krueger, 1998; Krueger and Casey, 2000; Bloor et al., 2001; Stewart et al., 2007) and to have some control in setting the agenda (Woolfson et al., 2007):

1. List-making activities relating to the transition process: exploring what pupils had looked forward to and worried about in Year 6, what they had enjoyed and found difficult in Year 7, and what they felt had helped, or could have helped, with transition.
2. Sorting activity relating to emotional health and well-being in school. Items were identified from a literature review relating to the promotion of emotional health and well-being, and the guidance that is given to schools (Raphael, 1996; Tudor, 1996; DoH and DfES, 1999, 2005; Mental Health Foundation, 1999; DfEE, 2001; Dent and Cameron, 2003; HM Government, 2003; Masten and Reed, 2005; Ofsted, 2005; PNS, 2005; Tew, 2005; Morgan and Ziglio, 2006; DoH, 2008).

During these activities probing and unscripted, responsive questions were used to elicit additional information (Krueger, 1998). Woolfson et al. (2007) warn against leading questions which encourage participants to give answers

they feel will please the researcher. In order to create an atmosphere in which all participants were able to contribute (Woolfson et al., 2007), participants were given the opportunity to discuss answers with a partner and then feed back to the group, I encouraged each individual to respond. I closed each session by giving a summary of key points, pupils had the opportunity to check that these were a fair representation of their views and to suggest adjustments, as appropriate (Krueger and Casey, 2000). The summary also gave me an additional opportunity to remind the group about the confidentiality of data, and about how and to whom the results of the study would be reported. In closing, pupils were again offered the opportunity to ask questions or add further comments (Bloor et al., 2001).

Highlands is situated in a socially and economically deprived area and the level of academic attainment of pupils falls significantly below the national average. I took this into consideration when planning the focus groups: I worked carefully on the wording of the items to be included in the sorting activity (through consulting with school staff, meeting the pupils prior to the group sessions, using my own previous experience, and through seeking the advice of more experienced researchers and educational psychologists), and was prepared to offer further clarification during the semi-structured sessions, if necessary.

Ethical Considerations

The key ethical challenges inherent in the project were explored and identified using the guidelines developed by the University of Birmingham's School of Education Research Ethics Protocol (Appendix 2, page 114), which is based on the British Educational Research Association's Revised Ethical Guidelines for Educational Research.

A copy of the consent form presented to, and discussed with pupils in a meeting prior to the focus group sessions is presented in Appendix 3 (page 119). A copy of the letter sent to parents is contained in Appendix 4 (page 120).

Analysing the Data

Krueger and Casey (2000) state that the purpose of a project should drive the level of analysis. In this case the purpose was to identify elements of secondary school life, or the transition process, which pupils cited as relevant to the areas explored in the group sessions. Consequently a tape-based abridged transcript was used. Tapes of each focus group were repeatedly listened to and details of each idea discussed were noted. Gibbs (2007) suggests that even a full transcript can not provide a completely accurate account of a focus group, as context and feeling are missing. In transcribing parts of the group conversation language used was 'tidied up,' Gibbs (2007) advises that this is acceptable as spoken language is different from written

language, and as research can concern factual content rather than details of expression and language. In this study I chose to 'tidy up' language when I felt that the pupils' statements could be misinterpreted by a reader who is unfamiliar with the local dialect, for example 'If a teacher *day* like you' was changed to 'If a teacher *doesn't* like you,' and double negatives were removed.

Thematic analysis was then applied to the data. Braun and Clarke (2006) describe how this process minimally organises a data set and describes data in rich detail. Braun and Clarke (2006) explain that thematic analysis can be a method that works both to reflect reality and to 'unpick' or 'unravel' the surface of 'reality,' they outline six phases of the process:

1. familiarising yourself with the data;
2. generating initial codes;
3. searching for themes;
4. reviewing themes;
5. defining and naming themes; and
6. producing the report.

Here, following collection and transcription of data, initial themes were identified. Scripts were cut, quotes were sorted into categories addressing the same theme, with a 'miscellaneous theme' also used initially. Each theme was then reviewed, some were split or merged, and miscellaneous items were allocated. Following this process the full data set was reread to ensure that all themes had been captured in the analysis.

In line with current guidelines published by the British Psychological Society the need for confirmability and credibility was identified. Confirmability relates to researchers using reliability checks. In this study a fellow Trainee Educational Psychologist also analysed my raw data. We had grouped the data in the same way but had given our themes different titles; it was useful to discuss this and work together to develop titles for themes which we considered suitably representative. Credibility relates to researchers feeding back their interpretations of the data collected to research participants. At the end of each focus group session I reported some of the key messages that I had recorded immediately to participants. The pupils agreed that my summary did reflect their key messages, they appeared to speak openly and confidently, however it is acknowledged that the power differentials in the adult-child relationship can mean that children are more likely to comply with the authority of adult researchers (Helseth and Slettebo, 2004).

Results and Discussion

The content of the four focus group discussions is presented below in three sections, the first two relate to transition from primary to secondary school, and the third to emotional health and well-being in school. A summary of the key themes abstracted from pupils' responses is presented here - key themes and illustrative examples are detailed, and the groups who identified each feature are also identified using the following coding:

- G+ = Girls perceived by staff to have had a successful transition (group 1);
- B+ = Boys perceived by staff to have had a successful transition (group 2);
- G- = Girls perceived by staff to have had a difficult and/or unsuccessful transition (groups 3 and 4); and
- B- = Boys perceived by staff to have had a difficult and/or unsuccessful transition (group 4).

For the purposes of the analysis the comments made by the girls who joined group 4 have been included with the comments made by the girls in group 3. It is important to emphasise that firm conclusions about how different groups of pupils experience transition can not be drawn from the small sample and semi-structured design employed here – the purpose is to present a range of views, not to compare groups.

Transition: Thoughts about secondary school

In this section table headings are the questions that pupils were asked to consider and discuss.

Table 4: When you were in Year 6 what were you looking forward to about coming to high school?

Key Themes	Illustrative Examples	G+	B+	G-	B-
Peers	<i>'Making new friends'</i> (Groups G+ and G-)	X		X	
	<i>'Meeting new mates'</i> (Groups B+ and B-)		X		X
	Having arguments with other pupils known from outside school			X	
	<i>'Watching fights'</i> (Group G-)			X	

School staff	<i>'Meeting new teachers'</i> (Groups G+ and G-)	X		X	
	<i>'Having different teachers'</i> (Group G+)	X			
	<i>'Not being picked on by the teacher – in my school some of the teachers picked on just me'</i> (Group G+)	X			
Curriculum	Doing more subjects, including French and German	X			
	<i>'Doing different things in lessons, like practicals in science'</i> (Group G+)	X			
	<i>'Harder work'</i> (Group G-)			X	
Extra-curricular	After school clubs such as football, and musicals/plays		X		
Before / after school, break times	Going out of school at break times (<i>'Year 7 aren't meant to, but we still do, you just have to be back early to make sure you don't get caught'</i> - Group B-)		X		X
	Walking to school alone or with friends or siblings, rather than with their mom				X
Building / environment	<i>'Having a bigger school and chance to adventure'</i> (Group G+). <i>'Having the opportunity to move around every hour or something because when we was in primary school we had one classroom and that was it'</i> (Group G+)	X			
	<i>'Being able to keep an eye on things and look after your things because you keep your stuff with you, in primary school you had to hang things up and people threw stuff on the floor'</i> (Group G+)	X			
	<i>'Running round the corridors with mates at dinner time, it's fun because it's bigger and the teachers chase you'</i> (Group B-)				X
Resources	Better resources (e.g. in PE and science)	X	X		
Moving on (Growing up / fresh start)	<i>'A new beginning'</i> (Group G+). <i>'Not being treated like a baby anymore'</i> (Group G+). <i>'Not getting into trouble everyday'</i> (Group G+)	X			

Some of the factors that pupils had looked forward to are distinctive to the secondary, rather than primary, school environment, such as new subjects, a bigger building and additional specialist resources. There were some differences between the features of secondary school life that girls and boys

had looked forward to. Girls had looked forward to new teachers and curriculum opportunities, while extra-curricular activities and the walk to and from school had been eagerly anticipated by the boys.

Features of secondary school life that pupils noted here were similar to those mentioned by pupils in the large scale studies conducted by Ashton (2008) and Evangelou et al. (2008). In fact the only feature that was highlighted here that does not reiterate findings of other studies was that the group of girls perceived to have had a difficult transition reported here that they were looking forward to negative aspects of peer relationships, such as fights and arguments; it is possible that this reflects 'street culture,' or simply bravado.

Table 5: When you were in Year 6 what were your worries about coming to secondary school?

Key Themes	Illustrative Examples	G+	B+	G-	B-
Peers	Bullying	X	X	X	X
	Fighting	X		X	
	Difficulties with peer relationships: <i>'Not fitting in,' 'Not making new friends,' 'People not liking me,' 'Arguments'</i> (Group G-)			X	
	Not being in the same school, or class, as primary school friends	X	X		X
School staff	Not getting on with teachers: <i>'Teachers not liking you'</i> (Group G-). <i>'Nasty teachers'</i> (Group B+)		X	X	X
	Worries caused by negative experiences: <i>'My brother has had trouble with some of the teachers'</i> (Group B+). <i>'I had a bad experience with one teacher on the induction day because I had forgotten my pencil'</i> (Group B+)		X		
Curriculum	<i>'Harder work'</i> (Group B-)				X
Before / after school	<i>'Walking home by yourself'</i> (Group G-)			X	
Building / environment	Getting lost	X		X	X

Discipline	New rules and getting into trouble		X		X
	<i>'Harsher punishments – if you mess about in the corridors in primary they don't say anything, in high you get half an hour detention'</i> (Group B-)				X
	Being punished for minor incidents such as losing pencils, books, uniform.	X	X		
	<i>'Being blamed for something that someone else has done'</i> (Group B+)		X		
Appearance	<i>'Not looking good when you go to school, like having a bad hair day'</i> (Group G-)			X	

In total, 33 worries were mentioned between the four groups, of these 14 (almost half) related to worries about peers; a much smaller number and proportion of responses about things pupils had looked forward to related to peers (7 out of 30, almost one-quarter of responses). Worries about peers appeared to be a particularly significant concern for girls, half or more of the worries expressed by each group of girls related to peers.

The majority of factors that pupils reported they had worried about form a continuum with factors to which they had looked forward. However, some themes held only positive (extra-curricular activities, resources, moving on/growing up) or negative (discipline, appearance) connotations. Differences were identified between the things that the boys had worried about and the things that the girls had worried about; discipline was a concern for boys only.

As with the aspects of secondary school life that pupils had looked forward to, the majority of issues that they had worried about were those apparent in the literature review conducted for this study. Interestingly, pupils at this school did not express concerns about homework or leaving primary school teachers

behind, as had those in the large scale studies of Ashton (2008) and Evangelou et al. (2008). However, worries that were expressed by pupils in this school but not in the large-scale research studies included one group worrying about not looking good, and worries resulting from negative experiences pupils had already had with secondary school teachers on induction day.

Table 6: What have you enjoyed in Year 7?

Key Themes	Illustrative Examples	G+	B+	G-	B-
Peers	Spending time with old and new friends	X	X	X	X
School staff	<i>'Meeting new teachers'</i> (Group G-)			X	
	Particular teachers: PE and dance	X	X		
	<i>'Being treated as a grown up,' 'Going back to the bottom of the school – you get more attention and get treated better'</i> (Group G+)	X			
	<i>'Teachers chasing us in the corridors – it's funny'</i> (Group B-)				X
Curriculum	Particular lessons: English, ICT, PE, maths, geography	X		X	X
	New subjects	X			
	Content of lessons <i>'Practical lessons'</i> (Group G+), <i>'Frisbee in PE'</i> (Group B+), <i>'The school is more creative, there is more things that you can make or design here than at primary school'</i> (Group G+)	X	X		
Extra-curricular	Clubs (drama, football) and concerts		X		
	Trips – Plas Gwynedd	X			
Before / after school, break times	<i>'Being able to go out for dinner'</i> (Group G+)	X			
Building / environment	<i>'Finding my way around'</i> (Group G-)			X	
Resources	Specialist teachers: <i>'Having a good dance teacher to teach us dance'</i> (Group G+)	X			
Discipline	<i>'Isolation. If you're isolated during lessons due to behaviour you don't have to do the work, I haven't enjoyed isolation but it's better than being in lessons'</i> (Group B-)				X
Moving on (Growing up)	Feeling grown up	X		X	

Again there are some differences in the responses given by different groups.

The two groups who were perceived to have had positive transition experiences reported enjoying extra-curricular experiences, while the two groups of girls reported enjoying the feeling of moving on and growing up.

Discipline is identified as an area about which some pupils reported some unexpected enjoyment; the group of boys who were perceived to have had negative experiences stated that they had preferred 'isolation' to lessons, suggesting it is not the punishment or deterrent it is intended to be. This group also expressed pleasure from what they described as teachers chasing them when they were in the corridors at break times. Frosh et al. (2003) noted that 11-14 year old boys in London that they interviewed identified 'hardness' and 'coolness' as masculine characteristics. It is possible that this group of boys in my study described benefits of isolation and teachers chasing them to assert their view of themselves as being appropriately masculine.

Table 7: What have you found difficult in Year 7?

Key Themes	Illustrative Examples	G+	B+	G-	B-
Peers	Difficulties with peers: <i>'Bullies'</i> (Group B-), <i>'People who hate me,' 'People calling you a swot,' 'People who think they are hard,' 'People who barge into you'</i> (Group B+), <i>'People...want to fight you'</i> (Group G-)		X	X	X
	Difficulties making new friends: <i>'Not fitting in,' 'People not talking to you'</i> (Group G-)	X		X	
	Being in a school with older pupils	X			
	<i>'Sharing a classroom with naughty people, when you want to learn and everyone keeps messing about it stops you learning'</i> (Group G+)	X			
	Racism: <i>'Fights between people from different races'</i> (Group B-), <i>'People being racist – they pulled a scarf off someone'</i> (Group G-)			X	X

School staff	<i>'Getting on with the teachers' (Group G+)</i>	X			
	<i>'Teachers who don't give you enough time to do things like write the date' (Group B+)</i>		X		
	<i>'Some of the teachers and dinner ladies swear at you or call you names,' 'A supply teacher told me that my family are always in trouble' (Group B-)</i>				X
Curriculum	Some work	X			
	<i>'Geography – the teachers kept swapping round because they couldn't be bothered to come because they were at college so our class was failing' (Group G+)</i>	X			
Breaks	<i>'You are not allowed in the building at break time, even if it's raining' (Group B-)</i>				X
Resources	<i>'We need more computers' (Group B-)</i>				X
	<i>'Bringing your equipment and planner, it would be easier if they supplied equipment' (Group B+)</i>		X		
Discipline	Punishments for minor incidents: <i>'Not being allowed to chew in class' (Group B-), '...using a broken ruler,' '...I had forgotten to take my coat off' (Group B+)</i>		X		X
	Punishments: Detentions and isolation		X		

Again, peers was a dominant theme, 15 of the 28 factors (over half) that were identified in total related to peers. A range of difficulties were identified in this area, with two groups citing racist incidents as a problem within the school. Tew (2008) notes that, in the UK, individuals from minority ethnic groups are more likely than white British people to be diagnosed with mental health difficulties. Ferns (2005) identifies two hypotheses to explain this: either the experience of being black in Britain might lead to mental distress and/or social attitudes and professional practice might result in certain individuals being more often labelled as mentally ill. With racist incidents being described by half of the groups in this study it is possible that the experience of being black in this school could lead to a greater incidence of mental distress.

The only group not to identify difficulties with staff was the group of girls perceived to have had a difficult transition. Both groups of boys reported difficulties with the discipline system. This reflects the response to an earlier question which indicated that the boys, but not the girls, had negative expectations about the discipline system. Further research within the school would be required to explore whether discipline systems are a concern for a significant number of boys, and also to explore whether this is a concern for some girls. The key theme which appeared to have been an unexpected difficulty was 'resources.'

In order to investigate the pupils' overall feelings about their transition experiences, each individual was asked to record on paper whether transition had been better than they expected, the same as expected, or worse than expected. Of the 20 participants, 15 pupils reported that transition had been better than expected, and two pupils that it had been worse than expected.

Transition: Thoughts about the transfer process

In this section table headings are the questions that pupils were asked to consider and discuss.

Table 8: What supported your transition from primary to secondary school?

Key Themes	Illustrative Examples	G+	B+	G-	B-
Peers	How peers helped: <i>'Your mates they're always there for you,' 'Talking about coming here'</i> (Group B+), <i>'Lending you a pen'</i> (Group G-)		X	X	
	Support with making friends: Buddies, <i>'I met a new friend on induction day'</i> (Group B-)			X	X
Family	Telling you about secondary school, telling you you will be okay, encouraging you, getting your uniform ready		X	X	
	<i>'My uncle said to call him if people wanted to fight me and he'd bring the T-Side Crew'</i> (Group G-)			X	
Primary school staff	<i>'Telling you all about it and telling you it will be okay, they always say you will be okay and so you start to believe them'</i> (Group B+)		X		
Secondary school staff	Mentors: came to primary school, encouraged you, stopped you from feeling nervous, make you feel happy and comfortable, talk to you	X		X	X
	Behaviour manager: sorts out problems, stops bullying, <i>'He listens to your side of the story, some teachers will only listen to what they want to hear'</i> (Group B-)		X		X
	Teachers: Praise you, are nice to you, help you, help you settle in. <i>'Stricter teachers have helped me to calm down'</i> (Group G+)	X	X		X
	<i>'Someone showed us around our classes'</i> (Group G+)	X			
Induction day	<i>'Teachers were nice to us, ...encouraged us ...told us it was a nice school'</i> (Group G-) <i>'You met your tutor, you met other pupils'</i> (Group B-)	X	X	X	X
Resources	Maps, books, blogs	X		X	
	<i>'Going on certain websites has helped with the work'</i> (Group G+)	X			

Induction day and secondary school staff were the themes that featured in the discussions of all four groups. While all groups identified secondary school staff as supportive, only one group said that primary school staff had been supportive. More pupils may, of course, have mentioned primary school staff if

they had been asked this question either before, or very shortly after, transition.

Of the total items mentioned 21 out of 28 (three-quarters) related to people who were supportive. While the pupils were pleased with the support that they had received from their family members it is apparent that some of this support may contradict the school's values; for example, one pupil was pleased that her uncle had offered to bring the 'T-Side Crew' to support her in fights with her peers.

Table 9: What else could have supported your transition from primary to secondary school?

Key Themes	Illustrative Examples	G+	B+	G-	B-
Peers	Older pupils could show us round			X	
	<i>'No bullies' (Group G-)</i>			X	
	Having someone to walk with			X	X
	<i>'Knowing someone older who can stick up for you' (Group B-)</i>				X
Primary school staff	<i>'We needed more information ...about what it would be like' (Group G-)</i>			X	
	<i>'Primary teachers could have answered the questions that we asked' (Group G+)</i>	X			
Secondary school staff	<i>'With our tutor we have another adult with us, and that person keeps changing' (Group B+)</i>		X		
	<i>'Need more help with the work...sometimes they just tell you to get on with it' (Group B-)</i>				X
Induction day	<i>'Induction day was only really with one or two teachers, it would be good to meet all your teachers so you know what to expect when you start' (Group B+)</i>		X		
	<i>'We only got shown the rooms for our lessons, it would be good to see all the rooms' (Group G+)</i>	X			
Resources	<i>'See a video of the high school' (Group G+)</i>	X			
	<i>'Map' (Group G+)</i>	X			
Uniform	Having a different, more comfortable, tie			X	

First day	<i>'On the first day in September Year 7s could have the day to themselves to get used to the school'</i> (Group G+)	X			
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Pupils identified a range of ideas relating to how they could have been offered further support to improve the transition process. Whilst many of the suggestions were extensions to the support that pupils had experienced and identified as beneficial, the themes of uniform and first day are significant as they did not feature at all when pupils were discussing what had supported them. A further new idea was the suggestion that pupils could become formally involved in supporting the transition process - perhaps walking to and from school together, or having older pupils show new pupils around.

Both groups of girls suggested that primary school teachers could have supported them further. However, the majority of factors that the pupils identified in response to this question relate to additional support which the secondary school could provide, with relatively little emphasis placed on the role of the primary school. If the focus group study had been conducted in Year 6 then it is possible that the pupils would have requested more additional support from their primary school.

When the responses of these pupils are compared to the responses of the pupils in the large-scale studies conducted by Ashton (2008) and Evangelou et al. (2008) it can be seen that the pupils in this school have similar views on support to other pupils in the UK. Suggestions from the wider research which were not noted here largely related to matters that would not be visible to

pupils, such as co-operation between schools, training for teachers, and special arrangements for pupils with special educational needs or English as an additional language. Further items cited in the research of Ashton (2008) and Evangelou et al. (2008) include projects for primary pupils being conducted in secondary schools, putting pupils in groups with their friends, and relaxing rules. Pupils at this school did not mention homework support but did request further support with classwork. A factor highlighted at this school that was not apparent in the research of Ashton (2008) and Evangelou et al. (2008) was the value of having consistent adults during tutor sessions so that pupils can build relationships with them.

Emotional Health and Well-being

Tew (2008) reports that social disadvantage can increase an individual's vulnerability to mental distress. The school in which this research was conducted is situated in one of the 20 most deprived boroughs in England, there are high levels of unemployment in the area and levels of academic attainment place the school within the 14% of schools who fall below the government's floor target for GCSE results¹

Pupils were asked individually to give a written rating of how happy they were at primary school and how happy they are at secondary school. One pupil did not provide a secondary school rating so has not been included in this data set. The results are presented in Table 10:

¹The source of this information is not identified here in order to maintain the anonymity of the Local Authority, school and pupils.

Table 10: How pupils rated their happiness at primary and secondary school.

Group	Number of pupils happier at primary school	Range of primary school scores	Number of pupils happier at secondary school	Range of secondary school scores
Girls, successful transition (G+)	3	0 - 10	3	6 – 8
Boys, successful transition (B+)	1	2 - 7	4	5 – 7
Girls, difficult transition (G-)	4	5 – 10	2	5 – 10
Boys, difficult transition (B-)	0	2 – 9	2	5 – 9.5

11 pupils said that they were happier at secondary school, whilst eight reported having been happier at primary school. The range of scores that pupils used to rate their happiness in secondary school was narrower than the range of scores that they used to rate their happiness in primary school – a number of pupils used extremely low scores for primary school, but none did for secondary school. Overall, the boys report a more positive rating of their happiness at secondary school, compared to primary school. These data appear to match the findings of previous research studies which have identified the end of the first term in secondary school as being the time when pupils are particularly positive about their school (Galton et al., 1999).

As described in the 'Focus Group Design' section, pupils were given 16 statements relating to ways in which a secondary school might support pupils' emotional health and well-being. They were asked to work as a group and sort these statements into three categories: those which were 'True' 'Sometimes

true' and 'Not true' at their school. They were then asked to comment on their school's provision in relation to each of these statements, noting what the school does well, and how it could improve. Pupils' responses were then organised to form two categories: statements describing positive features, and those identifying 'missing' support, or areas for improvement. Each set of responses was then thematically analysed.

The group of boys for whom staff perceived transition to have been successful did not sort any of the statements into the column which would have identified the statement as a positive feature of practice within their school. Conversely, the group of girls for whom staff perceived transition had not gone well was the only group who did not sort any of the statements into the negative column. While this appears to indicate that this group of girls appreciate the support they have received, this interpretation should be made with caution: Tew (2008) reports that men and women appear more or less prone to particular forms of mental distress; women tend to turn anger and distress inwards, and men tend to push it outwards. It is possible that the girls who have had a difficult start to secondary school are holding themselves responsible for the difficulties they are experiencing, while the boys are taking all of the credit for their successful start.

Table 11: Features of the school which pupils reported had contributed positively to their emotional health and well-being

Key Themes	Illustrative Examples	G+	B+	G-	B-
School staff	Staff were viewed positively when they let pupils make decisions, answer questions about homework, compliment pupils, let pupils move seats if they don't get on, make pupils feel comfortable in school, respect pupils, deal with bullying listen to pupils, and help pupils when they are worried.	X		X	X
Curriculum	The curriculum is relevant	X		X	
	<i>'Everyone does well at something'</i> (Group B-)				X
	We are taught how to solve our problems			X	X
	Pupils enjoy art and practicals in science	X		X	
	<i>'Staff use tests to work out what you already know, and what else you need to know'</i> (Group G+)	X			
Discipline	Most teachers deal with bullying	X	X		
	Bad behaviour is dealt with fairly				X
Peers	<i>'We have good relationships with our friends'</i> (Group B+)		X		

The group of boys who were perceived to have had a positive transition was the only group who did not identify any ways in which the school staff or curriculum contribute to their emotional health and well-being, and were the only group to identify good peer relationships as a supportive factor in this area.

All four focus groups also identified factors which they felt could be improved in school in order to enhance their emotional health and well-being. Pupils made a large number of responses in this area. In order to improve clarity of presentation, these factors are reported below in six tables: the first five relate

to themes which were identified by all four groups, while the final table details additional factors that were identified by some groups.

Table 12: Improvements to provision in school which pupils believed could enhance their emotional health and well-being: School staff

Illustrative Examples	G+	B+	G-	B-
Staff treating pupils in school more equally: <i>'Pupils who find the work more difficult get more help and all the credit'</i> (Group B+), <i>'If a teacher doesn't like you they won't come to you when you put your hand up'</i> (Group G-), <i>'Girls get trusted more than boys by the teachers'</i> (Group B-)	X	X	X	X
Pupils gaining more attention and respect from teachers: <i>'Our behaviour is worse if we think the teacher isn't listening and doesn't like us'</i> (Group B+). <i>'Some teachers are disrespectful – they don't pick you when you've had your hand up for ages'</i> (Group B-)	X	X		X
More praise and encouragement from teachers: <i>'Really all you want from them is for them to make you feel like you've done well for yourself and not make you feel like you don't want to be at school'</i> (Group B+)	X	X		
Pupils would prefer it if teachers did not call them names: <i>'A teacher called one boy a tramp because he didn't have his shirt tucked in'</i> (Group G+), <i>'One teacher called me a 'useless foolish child' (Group B+)</i>	X	X		
More adults in classrooms, to help with work and stop fights	X	X	X	
More teachers in the corridors to split up fights more quickly	X		X	
More opportunities for pupils to make their own decisions, and more opportunities to give their opinions	X	X		X
More staff who pupils can approach and talk to, including mentors	X		X	
<i>'We need more teachers who will help us out. I told my tutor that I had a problem and she said 'I can't do anything about that' (Group B+)</i>		X		

Pupils are asking for more support from adults, to aid their learning and behaviour in school. School staff was the theme most commonly identified by pupils, suggesting that pupils feel relationships with staff are a key influence on their own emotional well-being. The boys and girls who were perceived to

have had a positive transition reported a desire for more praise and encouragement from staff. This request could be viewed as contradicting one of the significant findings of the research of Ashton (2008) and Evangelou et al. (2008) that pupils view moving to secondary school as a time to move on and be treated like an adult.

Table 13: Improvements to provision in school which pupils believed could enhance their emotional health and well-being: Curriculum

Illustrative Examples	G+	B+	G-	B-
Homework can be stressful		X		X
Schoolwork and tests are stressful			X	
Tests: <i>'If you are having a test you should know about it a week before so you have time to revise,' 'You need to be given more time to do tests – they tell you not to rush but you have to rush to finish it'</i> (Group G+)	X			
<i>'We could have ten minutes at the start of PSE lessons to discuss problems and stress'</i> (Group G+)	X			
Pupils would like to have some choices on their timetable	X	X	X	
<i>'Teachers don't always want to look at your work'</i> (Group B+)		X		
<i>'We are sometimes taught things we already know'</i> (Group B-)				X

Three out of four groups described coming to school as stressful. Traxson (1999), a Senior Educational Psychologist and training course academic and professional tutor at the University of Birmingham, identifies stress as arising from conflict between perceived level of demand and perceived ability to cope. Traxson (1999) reports that an accumulation of stressors is increasingly being recognised as affecting children's mental and physical state and contributing towards many of the emotional, behavioural and learning difficulties that are observed in classrooms.

Both groups of boys identified homework as stressful, this links with the existing debate concerning the possibility of difficulties with homework and coursework contributing to boys' 'underachieving' in education (Younger and Warrington, 2005; Smith, 2003). Frosh et al. (2003) explored what it means to 'do boy' by interviewing 36 groups of boys, 9 groups of boys and girls, 78 individual boys, and 24 individual girls aged 11-14 from a range of secondary schools in London. Frosh et al. (2003) found boys to be defined by their differences from girls; girls were considered more mature in relation to schoolwork and friendships, masculinity involved a casual treatment of schoolwork, and few boys were both popular and overtly academically successful. However, Frosh et al. (2003) noted that many boys did want to achieve good qualifications and consequently identify a need to support boys to question their experiences, without moralising.

Table 14: Improvements to provision in school which pupils believed could enhance their emotional health and well-being: Discipline

Illustrative Examples	G+	B+	G-	B-
The right pupils should get blamed and punished: <i>'They (teachers) have favourites who they think are good people but sometimes it is the good person who has started the fight'</i> (Group G+)	X	X	X	X
Pupils should get equal punishments: <i>'The blacks lamped a white chap and nothing happened...and when one of the white chaps had a fight with one of the black chaps it's in the paper and everything'</i> (Group B-)				X
Some punishments should be less harsh (there should not be detentions for forgetting homework, equipment, or failing to get report cards signed)		X	X	
Some punishments should be harder (bullies should be excluded)				X
All bad behaviour needs to be dealt with, including name calling, people talking about each other, and behaviour that does not affect a teacher	X	X	X	
Pupils should not be punished for having feelings: <i>'We get told off if we feel angry'</i> (Group B+)		X		

Teachers and parents should not support different ways of dealing with bullying behaviour, parents tell their children to hit back, and teachers tell pupils to run away. <i>'If you run off when you are being bullied then the bullies think that you are scared and will keep doing it'</i> (Group G+)	X			
There should be praise and rewards for good behaviour		X		
<i>'We need a lie detector in school'</i> (Group B-)				X

Pupils from all groups identified difficulties with their school's discipline system. Pupils request that staff monitor and deal with behaviour more fully in school. They appear to view the staff in school, rather than themselves, as being responsible for managing behaviour. In his review of pupil behaviour Steer (2009) describes the qualities of learning, teaching and behaviour as inseparable issues. Steer (2009) identifies a need for schools to develop learning and teaching policies, and for staff to work together to promote consistency and supportive relationships. Steer (2009) cites the need to engage pupils through relevant, engaging and appropriately differentiated learning experiences. On the basis of this study I suggest there is also scope for consulting with pupils directly about behaviour, their perspectives are valuable and such involvement could encourage commitment and responsibility to improve behaviour in school.

Table 15: Improvements to provision in school which pupils believed could enhance their emotional health and well-being: Peers

	G+	B+	G-	B-
Pupils would feel safer if there were no fights	X	X	X	X
Pupils would feel safer if there were not any fireworks or knives in school	X			
<i>'People kick you in the toilets'</i>		X		
<i>'We could have buddies so that you have someone you can tell your problems to'</i> (Group G+)	X			
<i>'Not having friends is stressful'</i> (Group G-)			X	

<i>'Bullying causes unhappiness' (Group B-)</i>				X
<i>'The school needs to get everyone to know each other better then it would be better, because you don't take the mick out of your mates' (Group B+)</i>		X		

Throughout, pupils have identified peer relationships as a key worry and difficulty. Both groups of boys suggested that staff in school could improve things by supporting pupils to develop positive relationships with each other. This suggestion links with the community mental health perspective outlined earlier (Rappaport, 1977; Wandersman and Florin, 2000) where whole communities are supported to make positive changes. Pupils might benefit from support in recognising and helping friends in need, in addition to support in coping with their own emotional problems.

Table 16: Improvements to provision in school which pupils believed could enhance their emotional health and well-being: Building/environment

Illustrative Examples	G+	B+	G-	B-
Pupils would like to be allowed inside the building at break times	X		X	
<i>'Make a seating area where you can say things to people that you trust' (Group G+)</i>	X			
<i>'It would be good to have a room like the 6th form where they have a pool table and stuff, and sofas instead of chairs' (Group G+)</i>	X			
Pupils would feel safer with metal detectors and C.C.T.V.	X	X		
Need to make pupils feel safer in the corridors (safe from fights and muggings), one suggestion is for there to be more teachers in the corridors	X		X	
It would be easier if everything was in one building			X	X

Potential improvements to the school building/environment were identified most frequently by the two groups of girls. Both groups of girls identified the potential for school to support them by developing a safe and comfortable

area in the building where they can talk to their peers (including buddies) and staff (including mentors).

Table 17: Improvements to provision in school which pupils believed could enhance their emotional health and well-being: Additional factors identified

Key Themes	Illustrative Examples	G+	B+	G-	B-
Extra-curricular	After school revising club			X	
	Stress club	X			
Resources	Teachers should help look for lost property		X		
	<i>'Lend you equipment instead of shouting at you and putting you in detention when you have forgotten it'</i> (Group G-)		X	X	
	Need to take computers and phones off people as they send off nasty messages				X
Uniform	<i>'It can be stressful if you know you haven't got part of your uniform on because it is in the wash'</i> (Group B+)		X		
	<i>'We don't like the blazers, when it gets hot we have to wear them as well'</i> (Group G-)			X	
Before / after school	Some pupils feel unsafe on the journey to and from school			X	X
	Some pupils would like to start school later because <i>'...we're always tired in the mornings'</i> (Group B-)				X

After completing the sorting activity one of the boys perceived to have had a successful transition said...

'If this was a different school, a posh school, then they would all be true.'

Group B+

This statement is particularly significant in light of Tew (2008) who reports that feelings of injustice can lead to poor self-esteem, self abusive behaviours, or an overwhelming sense of helplessness.

Overall, every group identified a range of factors, many of which were identified by more than one group. A striking feature of the views expressed

by pupils in relation to ways in which their school could support pupils' emotional health and well-being more effectively relates to how sensible and manageable their suggestions are. The tendency of pupils who are given the opportunity to express their views about teaching and learning making sensible suggestions has been recognised by other researchers; including McIntyre, Pedder and Ruddock (2005) who asked secondary school pupils to evaluate lessons and learning experiences.

Conclusions

Having presented the results of this study, I am now in a position to provide a response to the second two key research questions that were addressed specifically within the empirical stage of this research study:

3. How do the pupils who have recently transferred to Highlands High School feel their school has supported their emotional health and well-being during, and following, transfer from primary school?
 - all pupils could identify support they had received and benefited from;
 - three quarters of pupils reported transition as being better than they expected;
 - no pupils rated their happiness in secondary school beneath the mid-point of a ten point scale;
 - girls who have had a difficult transition particularly appreciate the support they have received (though care must be taken

- all pupils noted positive relationships with a range of staff members;
 - all pupils were willing and able to discuss emotional health and well-being, it was perceived as being relevant to all and no stigma was attached; and
 - pupils made a range of sensible suggestions that could support their school in improving provision for them.
4. Do the pupils who have recently transferred to Highlands High School identify any ways in which the school could better support their emotional health and well-being during, and following, transfer from primary school?
- three-quarters of pupils identified school as stressful, but could identify a range of minor changes that could improve provision for them;
 - despite research indicating that pupils view secondary transfer as a time to grow up and move on (Evangelou et al., 2008; Ashton, 2008), pupils in this study made it clear that they wanted support and encouragement from staff;
 - peer relationships were a significant worry and difficulty for many pupils, staff could work to improve this; where pupils have positive relationships there is potential for staff to support pupils to support each other;

- boys perceived to have had a successful transition have emerged as a disaffected group who perceive Highlands is failing to support their emotional health and well-being;
- pupils enjoyed the opportunity to give their views, this practice could be built upon in school, possibly in relation to behaviour management;
- racism is an issue within school; and
- there is scope to work with the boys to explore issues of masculinity and their experiences.

In terms of development of theory I believe that this study demonstrates the potential offered by consulting directly with children and young people in relation to their emotional health and well-being. The careful planning of language and activities to be used in the focus group sessions enabled the pupils in this study to be able to talk about their experiences in school. They took a salutogenic perspective and recognised a need, and possibility for, improving the emotional health and well-being of all pupils in school, with no evidence to suggest any stigma attached to the issues discussed (Rappaport, 1977; Wandersman and Florin, 2000; Tew, 2005; Morgan and Ziglio, 2006). Issues that pupils raised emphasised the value of taking an ecological approach and exploring the social contexts that people inhabit (Cicchetti et al., 2000; Tew, 2005).

There is a significant volume of research which identifies factors which can promote and demote mental health (MacDonald and O'Hara, 1998; Wells,

2000; DfEE, 2001; LGIU & CSN, 2007). It is possible to map the features that pupils noted in this study onto those identified previously. However, I believe that this piece of research demonstrates how an interpretive paradigm can be used to inform and enrich understanding of these factors; it begins to provide professionals with an understanding of what these factors really mean to the pupils of Highlands. For example, MacDonald and O'Hara (1998) identify stress as having a detrimental effect on individuals, but through this study it is possible to identify the specific factors which contribute to stress for pupils at Highlands. Indeed the CAMHS review (Donaldson, 2008) identifies a need for effective engagement with children and young people in order to develop approaches to meet their needs. The specificity afforded by situated participative research with children as service users within school settings is essential if meaningful developments are to be made in promoting the emotional health and well-being of pupils in school.

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Appendix One

Focus Groups

4 groups: 2 where staff feel they are well settled in school (1 group of girls, 1 group of boys), 2 where staff feel they haven't settled well in school (1 group of girls, 1 group of boys)

6 pupils per group

Each group to run for 50 minutes (one timetabled session)

Introduction / Opening question

Introduce me and purpose:

- University course – research
- Year 7 can be a difficult time – new school. Looking into how schools do/could support you
- Tape recording. Comments will be anonymous. Main messages will be checked with you at the end of the session

Opening question: What is your name and which primary school did you come from

Rating Activities:

Salmon Line – Rate happiness at primary and secondary school (out of 10).

Smiley / straight / sad faces – How has transition gone (better than expected / as expected / worse than expected)

Activity 1: Transition

List making activity:

When you were in Year 6 what did you look forward to about High School?

When you were in Year 6 what were your worries about High School?

What have you enjoyed in Year 7?

What have you found difficult in Year 7?

What has supported the transfer process for you?

Can you think of anything else that might have supported your transition?

Activity 2: Emotional health and well-being

What is the purpose of a school / why do young people have to go to school?

Sorting activity:

Briefly introduce guidance given to schools about supporting pupils' emotional health and well-being. Display 16 items for sorting activity.

Pupils to rate each item as something that is True / Sometimes true / Not true at their school.

For each item pupils are to discuss things that their school does well in this area, and things that their school could do to improve provision in this area.

Items:

- In school good behaviour is encouraged and bad behaviour is dealt with. Behaviour policies are fair, clear and consistent.
- Pupils and teachers work in together. School respects pupils' values and beliefs. Teachers try to see things from their pupils' points of view.
- There is an effective anti-bullying policy, pupils know how to get help and bullying is dealt with.
- Pupils enjoy school and are happy in school.
- Pupils are cared for and valued in school.
- Pupils learn how to understand their own feelings, such as stress, and are helped to develop ways of coping with these feelings.
- Pupils have good relationships with each other and are taught to understand the feelings of others.
- The school curriculum is relevant to pupils. It includes important life skills such as communication skills, social skills and decision making skills.
- Pupils are listened to, teachers ask them for their views and show that they take these seriously, sometimes acting upon them.
- Pupils can get help when they want help. They don't have to wait for teachers to notice problems. If they report worries/issues teachers follow up on these.
- Pupils are made to feel confident and good about themselves. All pupils experience some success in school.
- Pupils feel safe in school.
- Pupils have to rely on teachers when they experience difficulties, they are not taught how to solve problems and overcome their difficulties.
- Coming to school is a stressful experience.
- Pupils in school are treated equally.
- Pupils are blamed and made to feel bad about themselves when they experience difficulties. Teachers don't try to find out why a pupil behaved like they did.

Conclusion

Summarise key points

Give pupils the opportunity to ask questions

Explain feedback arrangements

Appendix Two

Form EC2 for POSTGRADUATE RESEARCH (PGR) STUDENTS **MPhilA, MPhilB, MPhil/PhD, EdD, PhD IS**

This form MUST be completed by ALL students studying for postgraduate research degrees and can be included as part of the thesis even in cases where no formal submission is made to the Ethics Committee. Supervisors are also responsible for checking and conforming to the ethical guidelines and frameworks of other societies, bodies or agencies that may be relevant to the student's work.

Part A: to be completed by the STUDENT

NAME: Helen Merriman

COURSE OF STUDY (MPhil; PhD; EdD etc): Educational and Child Psychology Doctorate

POSTAL ADDRESS FOR REPLY:

CONTACT TELEPHONE NUMBER:

EMAIL ADDRESS:

DATE: 25/11/08

NAME OF SUPERVISOR: Sue Morris

PROPOSED PROJECT TITLE:

How does a secondary school support the emotional health and well-being of its pupils during the vulnerable time after transition from primary school?

BRIEF OUTLINE OF PROJECT: (100-250 words; this may be attached separately)

It is well accepted that schools play a key role in the promotion or demotion of children's mental health, and current policy initiatives emphasise the priority which schools should afford to supporting pupils' mental health and emotional well-being (for example, Every Child Matters, National Healthy Schools Programme, Healthy Minds (Ofsted, 2005), Promoting children's mental health within early years and school settings (DfES, 2001)).

The period of transfer from primary to secondary education has long been recognised as a source of risk from both academic and social and psychological perspectives. Research has identified factors that promote and hinder successful transitions, such as links between primary and secondary schools, transition activities organised by secondary schools, academic activities and attainment, peer relationships and socio-cultural factors of gender, ethnicity and socio-economic status (Evangelou et al., DCSF, 2008). The aim of this research project is to elicit pupils' views relating to the ways in which their school has supported, and could further support, their emotional health and well-being after transition from primary to secondary school. The research will begin with a review of the advice given to schools relating to the ways in which they can promote the emotional health and well-being of their pupils, particularly throughout the period of their transition from primary to secondary school. This will be followed by a critical evaluation of the reliability of this advice. The views of a sample of Year 7 pupils will then be explored through focus groups.

MAIN ETHICAL CONSIDERATION(S) OF THE PROJECT (e.g. working with vulnerable adults; children with disabilities; photographs of participants; material that could give offence etc):

- Issues related to working with children, including informed consent.
- The consequences of talking about potentially personal issues relating to emotional health and well-being, including issues of confidentiality and the potentially detrimental effects of such a discussion.
- How to report children's views to staff in their school, considering issues of confidentiality and the potentially detrimental effects of such a discussion.
- My own role as a researcher and employee of the Local Authority.

RESEARCH FUNDING AGENCY (if any): None

DURATION OF PROPOSED PROJECT (please provide dates as month/year): Research to be submitted in August 2009

DATE YOU WISH TO START DATA COLLECTION: January 2009

Please provide details on the following aspects of the research:

1. What are your intended methods of recruitment, data collection and analysis? [see note 1]

Please outline (in 100-250 words) the intended methods for your project and give what detail you can. However, it is not expected that you will be able to answer fully these questions at the proposal stage.

A focus group design will be used to explore the views of a sample of Year 7 pupils. Krueger and Casey (2000) describe focus groups as a carefully planned series of discussions designed to obtain perceptions on a defined area. The aim here is to find out what the participants think and feel about the ways in which their school has supported, and could further support, their emotional health and well-being during the period of transition from primary to secondary school.

Four focus groups are planned initially, each containing 6 to 8 pupils:

- Group 1: 6-8 girls who appear to have had a positive start to secondary education (selected by school staff).
- Group 2: 6-8 boys who appear to have had a positive start to secondary education (selected by school staff).
- Group 3: 6-8 girls who appear to have had a difficult start to secondary education (randomly selected by me from a list produced by school staff).
- Group 4: 6-8 boys who appear to have had a difficult start to secondary education (randomly selected by me from a list produced by school staff).

Each group will run for approximately one hour. There will be a conversational start to the session and a simple, factual introductory question to encourage the pupils to talk and feel comfortable. This will be followed by 2 main activities, one relating to the transition process, one relating to the ways a school can support emotional health and well-being. Activities have been designed to support the pupils in talking and generating ideas.

The focus group sessions will be tape recorded. The discussions will then be analysed with a tape based abridged transcript being used alongside a summary of what each group said about each theme to report results. Participant names will not be recorded during the analysis.

2. How will you make sure that all participants understand the process in which they are to be engaged and that they provide their voluntary and informed consent? If the study involves working with children or other vulnerable groups, how have you considered their rights and protection? [see note 2]

Pupils selected for the focus groups will be met 2 weeks before the focus group sessions. During this meeting the aim of the research and details of the process will be explained. This explanation will be supported by the pupil consent form (see attached pupil consent form). Pupils will be given the opportunity to ask questions before deciding whether to consent to being part of the research. As the participants will be aged 11 or 12 years during the study parental consent will also be obtained (see attached parental consent letter).

3. How will you make sure that participants clearly understand their right to withdraw from the study?

The participants' right to withdraw from the study will be explained during the initial meeting which will take place two weeks before the focus groups. At the start of each focus group pupils will be reminded that they are able to withdraw from the study at any time. Pupils will be told, and reminded, that they can ask questions, or withdraw from the study at any time.

4. Please describe how you will ensure the confidentiality and anonymity of participants. Where this is not guaranteed, please justify your approach. **[see note 3]**

I will be the only person present during the focus group sessions (other than the participants). I will be the only person who has access to the tape recordings of the focus group sessions. In transcribing parts of the group sessions I will identify only whether the speaker is the researcher or a participant.

If a pupil reveals an issue mental distress or other information suggesting that their own, or any other pupil's, psychological well-being is significantly compromised I will raise the issue with staff in school, without initially identifying the pupil. I will also speak to the pupil and encourage them to speak to a member of staff about the issue, such as a transition mentor, their form tutor or the head of year. I will inform pupils that if there are any severe cases in which a disclosure, or my own observations, suggest a pupil may be at risk of harm I will have to inform their head of year in order to seek support for them.

5. Describe any possible detrimental effects of the study and your strategies for dealing with them. **[see note 4]**

If school staff were able to identify the comments about their influence on pupils' emotional health and well-being made by individual pupils, there could be a detrimental effects on the participants. Consequently all comments will be anonymised.

Although I am employed by the Local Authority, I do not usually work in this school, consequently I am viewed as a researcher working on this one project and have not been asked to share findings from my research in any other way that could result in a conflict of interests.

A possible detrimental effect of the study relates to the relationships between the participants – it is possible that the pupils might either reveal content of the discussion outside of the group, or respond negatively to comments made

within the group sessions. I will discourage this through the setting of confidentiality rules at the start and end of each focus group. I will also ask pupils to report any concerns to myself, their form tutor or head of year if they feel other participants are talking inappropriately about the focus groups outside of the sessions. By being present within the small groups I will be able to respond immediately to any inappropriate comments made within the group.

6. How will you ensure the safe and appropriate storage and handling of data?

I will be the only person who has access to the recordings of the focus groups. The tapes will be stored in a locked cabinet in my home, prior to typed transcripts being saved on my personal laptop in an anonymous format, names of participants will not be saved. This information will be deleted once I have graduated from the University of Birmingham and completed all research and any related follow-up projects within the school. This complies with the Data Protection Act which states that information should not be stored for longer than necessary.

7. If during the course of the research you are made aware of harmful or illegal behaviour, how do you intend to handle disclosure or nondisclosure of such information? **[see note 5]**

I do not expect harmful or illegal behaviour to be revealed to me through the course of the research. However, if such behaviour is revealed then I will consider reporting it to the pupil's head of year or head teacher. Such action would be taken only after a discussion with my research supervisor, the participant and the participant's parent/carer. Prior to starting the research I will explain to pupils that if any harmful or illegal behaviour is revealed to me I may have to report it to their head of year in order to seek support for them.

8. If the research design demands some degree of subterfuge or undisclosed research activity, how have you justified this and how and when will this be discussed with participants?

This is not applicable – participants will be informed of the purpose of the research.

9. How do you intend to disseminate your research findings to participants?

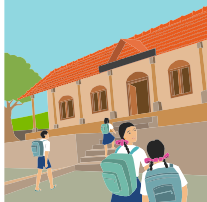
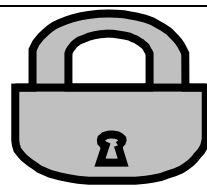
I will conclude each focus group session by outlining the key points that I have taken from the session. This will give pupils the opportunity to receive feedback and explore the validity of the features identified as key points. After analysing the focus groups and providing details to school staff I will meet with the pupils to discuss the outcomes of the project. I will also write a letter to the participants to outline the key findings of my research, I will include my contact details in the letter so that the participants can contact me for further details, if they require them.

My name is Helen Merriman, I am training to be an Educational Psychologist. As part of my training I am conducting a research project in your school. I have chosen 28 pupils from Year 7 to be part of this project. This has been agreed with your Head of Year. I would like to check that you are happy to take part.

Appendix Three

Please tick the boxes below when you have read and understood the statements.



1.		The aim of this project is to find out about how your school has supported you and your classmates since you started Year 7, and whether there is any further support that you think your school could offer.	
2.		If you agree to take part in this project you will be part of a group of 6-8 pupils who will meet with me for one hour.	
3.		Everything that you say in the group will be confidential. I will tell your teachers about the things that people have said, but I will not tell them who said what.	
4.		If you agree to take part in this project I will write to your parent/carer to check that they are happy for you to take part.	
5.		When the project is finished I will write to you to let you know about the ideas people have had.	
6.		You can ask me questions about the project at any time.	
7.		You do not have to take part in the project, and can withdraw at any time.	

Please write and sign your name below if you are happy to take part in the project.

Name: _____ Signed: _____

Date: _____

Appendix Four

Address

January 2009

Dear Parent / Carer

My name is Helen Merriman, I am a Trainee Educational Psychologist working for *** M.B.C. and studying at the University of Birmingham. As part of my training I am conducting a research project in Highlands High School.

I am interested in finding out about how Year 7 pupils feel their school has supported their emotional health and well-being during their transfer from primary school. I am planning to conduct group interviews with 4 groups of pupils. Each group will contain between 6 and 8 pupils, the group interview will last for approximately one hour. During this time we will discuss their experiences of transfer from their primary schools to Highlands High, their thoughts about how Highlands High has supported them, and ways in which they feel their school could offer further support. The group sessions will be confidential. I will report my findings to school staff in general terms: no pupil will be named, and it will not be possible to tell who said what in my feedback. However, if a pupil reveals details of harmful or illegal behaviour to me I will report this to their head of year in order to seek support for them.

I have spoken to about the project and s/he is willing to be included in a group. I would be grateful if you too will confirm your consent for him/her to be involved by signing the form below and returning it to me via [name] in school.

If you have any questions about the project please do not hesitate to contact me on [telephone]
.

Yours faithfully

Helen Merriman
Trainee Educational Psychologist

Consent for focus group research about transition from primary to secondary school.

Pupil name: _____

Parent / Carer name: _____ (please print)

Parent / Carer signature: _____

Date: _____

CONCLUDING CHAPTER

This chapter contains some final conclusions relating to this research project which were not appropriate for inclusion in the paper which details the empirical study, due to the requirement for it be written to journal specification. Additional reflections included here relate to the design of the study, the impact of the study and the role of the educational psychologist.

Reflections on the Design of the Study

As described in the 'Research Design' section of the second paper in this Volume, this study was positioned within the interpretive paradigm, epistemologically the view was taken that knowledge is personal, subjective and unique (Cohen et al., 2006; Pring, 2004; Norwich, 1998; Ions, 1977). The aim of this study was to contribute towards an understanding of how pupils in Highlands High School feel their school is contributing towards their emotional health and well-being.

The focus group sessions were successful in eliciting information about the experiences of pupils in the specific context of Highlands High School; large volumes of data were obtained and pupils appeared to participate enthusiastically. However, it is important to recognise the limitations of the methodology.

Reliability relates to issues of consistency and replicability (Cohen et al., 2006). The focus groups were semi-structured, a plan was made and has been included as an appendix to the main research paper. This plan would allow the study to be replicated, however Banister et al. (1994) question whether replicability is relevant in qualitative research as the precise contexts and circumstances of a study can not be replicated.

In qualitative research data validity can be addressed through the honesty, depth, richness and scope of the data achieved (Cohen et al., 2006). Although I explained my purposes, and the principle of confidentiality that I employed, I can not be certain that pupils' responses were unaffected by their perceptions of me and what I might do with the results. Pupils' responses may also have been influenced by the other members of their group, and what pupils thought their peers would want to hear. Cohen et al. (2006) report that children might feel exposed when interviewed in front of their friends. In my study, participants appeared to contribute confidently and enthusiastically to the task demands, as an observer I had little sense that pupils were swayed by social desirability effects, or constrained by concerns about confidentiality.

I reported that Highlands is situated in a socially and economically deprived area, and that academic attainment is significantly below the national average. I was aware that, as a consequence of this, the participants of the study could have limited language and literacy skills and might find it difficult to express themselves. In order to accommodate this I asked the Head of Year 7 whether any of the pupils concerned experienced significant difficulties with language

or literacy (they did not), I met with the pupils before I planned the detail of the group sessions, I planned the tasks carefully (giving consideration to my precious experiences and seeking the advice of my two experienced supervisors), and I was prepared to use the semi-structured nature of the group sessions to provide clarification of the tasks, and to seek clarification of pupil responses. In the event none of the pupils appeared to have any difficulties participating in the sessions.

While individual interviews may have reduced the influence of feedback from peers, I believe that the focus group design allowed richer data to be collected as participants developed thoughts and ideas through discussions with each other, this also had the advantage of giving them some control in setting the agenda (Greenbaum, 1998; Krueger, 1998; Krueger and Casey, 2000; Bloor et al., 2001; Stewart et al., 2007; Woolfson et al., 2007).

Krueger and Casey (2000) identify additional features of focus group design which can strengthen validity. These include using a semi-structured design which allows the researcher to seek clarification of participants' views, reporting initial findings to participants for them to verify, and systematic analysis of data which is shared with other researchers. Each of these strategies was employed here.

Bloor et al. (2001) identify the availability of pupils as being a significant benefit of conducting research in schools. Indeed, in this study I was able to sample the views of a range of pupils. I used a purposive sampling strategy

(Krueger and Casey, 2000) to enable me to explore the views of pupils who staff perceived to have had successful and difficult transition experiences. A particular strength of this design is the fact that pupils perceived to be having a difficult time in school have been included; Noyes (2005) identifies the likelihood of the views of pupils who do not have the cultural and linguistic capital that is generally favoured in schools being overlooked.

There are limitations to my sample. The sample was selected by school staff, based on their perceptions of pupils' experiences; the pupils' own perceptions may not match those of the staff. In addition, views about the transfer process were collected retrospectively, the study could have been developed further through sampling the views of pupils at different stages of transition, if timescales had permitted.

A significant feature of qualitative research is the limited generalisability of the personal accounts obtained. This issue is being considered in the second phase of this two part study which is currently in progress. This phase uses themes derived from analysis of the focus group data to inform the design of a questionnaire (Stewart et al., 2007) to elicit the views of all Year 7 pupils. The aims of this phase of the study are to ensure that the views of all of the Year 7 pupils are sampled, to identify any additional themes to those which arose in the focus group discussions, and to gather further information about the views expressed by the pupils in the focus groups to inform potential developments in practice within the school. It is acknowledged that this second phase begins to move away from a strong interpretive approach in order to identify practical

priorities for change. Burrell and Morgan (1979) report that the work of most social theorists is positioned between the extremes of interpretivism and positivism.

Additional developments to the research design could include sampling the views of parents and school staff. Their views could be elicited and reported independently, or could be used to triangulate the data obtained from the pupils to strengthen the validity of the qualitative information reported.

Additional indicators such as attendance figures, disciplinary records and/or details of academic attainment could also be considered. Indeed, Galton et al. (1999) report that academic learning is often overlooked in comparison to the social aspects of transition.

Reflections on the Impact of this Study

As outlined in the Introductory Chapter of this Volume, this study was negotiated with a secondary school's Head Teacher and the working group that he had formed to support the transition process. I negotiated an extension to the initial request to study the transfer process; I believe it was valuable to combine this with a more general exploration of emotional health and well-being in school. Whilst this has not been a feature of previously published studies (such as those of Evangelou et al., 2008; Ashton, 2008 and Galton et al., 1999) I felt that this was extremely beneficial. I feel that features of secondary school life discussed in this part of the research are relevant to overall experiences of the transition process. Also, I believe that it was

important that the study had the potential to positively influence provision for the participants themselves, this is an ethical consideration identified previously by Helseth and Slettebo (2004); considering broader issues within school makes it possible for outcomes of the study to directly influence provision for the participants as they enter Year 8.

When the research was in the planning stages the Head Teacher's working group met once per half-term to discuss the transition process. However, this regularity of meeting was not sustained throughout the year: the Head Teacher cancelled, and did not then rearrange, scheduled meetings. Informal discussions with the Head of Year 7 and the Educational Psychologist who supports the school indicate that this might, in part, be the result of additional pressure which has been placed on the school this year since it became a 'National Challenge' school in June 2008, with the requirement to improve GCSE results, and by discontinuity caused by the Head of Year 7 leaving mid-year.

While it has been noted that the UK Government is increasingly recognising and emphasising the role of schools in promoting the emotional health and well-being of children and young people, the outcomes of my own research suggest that, as schools are ultimately judged on exam results, they may prioritise these. Watkins (1993) observed that...

'When resources for education are scarce the aspects of school which are not obviously direct teaching can sometimes come under threat.'

- Watkins (1993), page 1

It is possible that staff at Highlands either do not perceive a causal link between emotional health and well-being and attainment, or believe there are quicker or more effective ways to improve exam results. Fielding (2004), a Professor of Education at the Institute of Education with 19 years of teaching experience, argues that the prescribed curriculum and examinations which are central to the current education system result in teachers feeling pressured to deliver information rather than engage in dialogue and thinking. This leaves limited time for teachers to explore the views of their pupils in relation to their emotional health and well-being, and little scope for making adaptations to the curriculum as a result of listening to these views.

Lundy (2007), reporting details of consultation with over 1000 children from 27 schools in Northern Ireland, concludes that it can be easy for adults to comply with the outward signs of consultation with children and young people but ultimately ignore their views. Wood (2003), Professor of Education at The University of Exeter, reports that, in education, the views of pupils are less visible and influential than the perspectives of other stakeholders. She suggests that this indicates their relative powerlessness, both as witnesses and as potential agents of change. In addition, Noyes (2005) warns that activities framed as 'pupil consultation' sometimes describe activities designed to improve pupil performance or commitment; Noyes (2005) suggests that such activities sit rather awkwardly with the social justice imperative.

In addition to sharing the results of this study with school staff I also plan to meet again with the pupils who were involved. Each group showed

commitment in engaging with the discussion, and expressed interest in meeting again to discuss the findings. I believe that this study indicates the potential contribution that children and young people could make to a school's provision for the emotional health and well-being of their pupils. Hopkins (2008) suggests that, if trusting and respectful relationships are developed, pupils and teachers can work together as co-researchers. However, Fielding (2004) notes that such relationships might be difficult to develop as currently there is nowhere in schools which allows pupils and teachers to meet as equals or genuine partners. Such co-operation would complement the salutogenic approach to researching the emotional health and well-being of secondary school pupils that was applied here.

Reflections on the Role of the Educational Psychologist

As a Trainee Educational Psychologist I believe that I was well positioned to develop this research project. Indeed in a recent review of the functions and contributions of educational psychologists (Farrell et al., 2006) it was noted that...

‘Educational psychologists understand the psychological development of children, as well as their learning and social development. They also understand systems and the relationships between people and within organisations.’

- Head of Standards and Research Unit at OFSTED/ HMI,
Farrell et al., 2006, page 72

The study reported here was conducted in a school for which I am not the named educational psychologist for. However, as schools receive a limited amount of input from Educational Psychology Services I am uncertain whether

they would prioritise a research project such as that reported here, over individual casework. I also question whether an educational psychologist who is named to a school will be associated with the school by pupils, resulting in any research that is conducted being influenced by greater power differentials.

The independent review of how children's health, education and social care services are contributing to the mental health and psychological well-being of children and young people that was commissioned by the Department for Children, Schools and Families and the Department of Health (Davidson, 2008) concludes with a vision consisting of three key changes that are required to develop provision in this area:

- ' - Everybody will recognise the part they can play in helping children grow up, have a good understanding of what mental health and psychological wellbeing is and how they can promote resilience in children and young people, and know where to go if they need more information and help.
- Children's services will work effectively together to provide well integrated child- and family-centred services to improve mental health and psychological well-being. As part of this: - universal services will play a pivotal role in promotion, prevention and early intervention - specialist services will deliver support that is easy to access, readily available and based on the best evidence.
- Staff across these services will have a clear understanding of their roles and responsibilities and those of others, and will have an appropriate range of skills and competencies.'

- Davidson (2008), p11

Educational psychologists have the potential to make a significant contribution to this vision being achieved. Educational psychologists can recognise the contribution they make to the emotional health and well-being of the pupils they become directly involved with, they can support staff in schools to

recognise their contribution through training and consultative work, and can support the Local Authority at a strategic level.

This study demonstrates how an educational psychologist is well placed to engage effectively with children and young people to support them in identifying and explaining their needs. There are significant benefits associated with engaging with children and young people. Partridge (2005) explains that services can improve as a consequence of improved understanding of the needs of children and young people, indeed Grover (2005) states that children and young people should be considered the experts on what it is like to be a child or young person in their society. Partridge (2005) also reports that involving children and young people promotes citizenship and social inclusion and supports their social development.

Conclusion

Overall I believe that, if acted upon, the outcomes of this piece of research could have a significant positive impact on the emotional health and well-being of pupils in Highlands High School.

This study represents a manageable extension of previous studies of the transition process itself, which could have positive results for the participants. Educational psychologists could make a significant contribution to practice within schools through further developing their role as researchers.

The richness of the data obtained through this study indicates that focus groups are an appropriate research methodology for exploring issues such as secondary transfer and emotional health and well-being with children and young people within a bio-psycho-social framework (Tew, 2005; Cicchetti et al., 2000). This study demonstrates that, when appropriate opportunities are planned, pupils can participate enthusiastically and make detailed, meaningful, sensible and realistic suggestions for school development. This reinforces the value of seeking the views of children and young people on all matters that concern them. A valuable future direction for research would involve working with pupils to make changes within a school which they believe could have a positive influence on their emotional health and well-being.

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APPENDIX ONE – PUBLIC DOMAIN BRIEFING ONE

Research Proposal

How does a secondary school support the emotional health and well-being of its pupils during, and following transfer from primary school?

The Focus of the Research:

- The advice given to schools relating to the ways in which they can promote the emotional health and well-being of their pupils, particularly after transition from primary to secondary school.
- Pupils' views relating to the ways in which their school does support, and could further support, their emotional health and well-being after transition from primary to secondary school.

Justification for the Research:

- Fundamental Health (Children's Services Network and Local Government Information Unit, 2007): 10% of children aged between 1 and 15 have a diagnosable mental health problem at any one time, 20% in any given year. Many more children have less serious problems.
- This research relates to current priorities in schools: Every Child Matters, National Healthy Schools Programme, 'Healthy Minds,' Ofsted (2005), 'Promoting Children's Mental health within Early Years and School Settings,' DfES (2001).

Key Research Questions:

1. How can schools promote the emotional health and well-being of their pupils?
2. How can schools promote the emotional health and well-being of their pupils during the vulnerable period following transition from primary to secondary school?
3. How do the pupils who have recently transferred to Highlands High School feel their school supports their emotional health and well-being?
4. How do the pupils who have recently transferred to Highlands High School feel their school could better support their emotional health and well-being?

Method:

A salutogenic, assets based approach, using focus groups and questionnaires to support the pupils of one secondary school to identify the ways in which their school does, and could further, contribute to their emotional health and well-being. The aim is to elicit the views of children and use these to plan positive changes.

Deficit Models	Asset Models
▪ Illnesses are identified and labelled. ▪ Focus is on what makes people ill. ▪ Professionals identify and fix problems. ▪ Aim is to eliminate causes of illness. ▪ Biomedical approach dominates.	▪ Ethic of population health gain. ▪ Community is supported to make positive changes. ▪ Individuals are supported to identify and activate solutions. ▪ Participatory approach – sustainable. ▪ Social and environmental context is considered.

Transition from Primary to High School

- This is a vulnerable time for children's mental health and emotional well-being.
- Research has identified factors that promote and hinder successful transitions. For example, links between primary and secondary schools, transition activities organised by secondary schools, academic activities and attainment, peer relationships and socio-cultural factors of gender, ethnicity and socio-economic status (Evangelou et al., DCSF, 2008).
- Highlands High have developed a range of strategies for supporting pupils who transfer to their school from primary school. For example, Pebblepad project, transition mentors working in primary schools supporting Year 6 classes and small group work, transition mentors supporting groups and individuals in Year 7, taster days, transition blog.

Project Proposal

Phase	Research planned	Requirements of Highlands
1	▪ Detailed review of the literature to identify the factors that promote and hinder successful transitions. ▪ Information to be gathered from Highlands High relating to their research into the transition process for the current Year 7s. - Meeting with transition mentors to detail current practice (first meeting: 17/10/08). - Meetings with Julian Taylor to discuss Pebblepad project (first meeting: 15/10/08). - Outcomes of school's transition/Pebblepad questionnaire.	Time to meet Julian Taylor and transition mentors – October 2008 Access to outcomes of transition/Pebblepad questionnaire – November 2008
2	▪ Focus groups with pupils (possibly identified by school as having had successful and difficult transitions) to explore factors relating to emotional well-being: how do they feel school contributes towards their emotional well-being, how could it contribute further? ▪ Groups to focus on key features of current advice to school: - Every Child Matters (Be Healthy – support mental health). - National Healthy Schools Status (Identifying and supporting vulnerable pupils, teaching social and emotional skills, working to combat stigma and discrimination, anti-bullying work, promoting confidence and self-esteem). - DfEE, 2001: 'Promoting children's mental health in early years and school settings.' (Factors identified as influencing risk and resiliency - learning, behaviour, attitude, bullying, leisure activities, communication skills, self esteem). - Ofsted, 2005: 'Healthy Minds: Promoting emotional health and well-being in schools.' (Curriculum, culture, anti-bullying work,	Support in identifying pupils for focus groups and obtaining parental consent – November 2008 A room and time to conduct focus groups with pupils (possibly 4 groups of 6 pupils, one hour sessions) – January 2009

	parental involvement).	
3	▪ A questionnaire to all Year 7 pupil which develops issues raised by - Highland High's research into transition, - and - the outcomes of the focus groups.	Time to administer questionnaire to all pupils (possibly form time or PSHE) – Summer term 2009
4	▪ Feedback to school and support in planning future steps.	

Benefits to school

- Summary of research into factors that promote and hinder successful transitions.
- Feedback about current transition process from current year 7 pupils, including the identification of factors they have found supportive and any additional support that they would like.
- Feedback from pupils relating to wider emotional well-being issues amongst pupils.
- Opportunity for Trainee Educational Psychologist to continue involvement through supporting the implementation of any projects as a result of feedback obtained from pupils.

APPENDIX TWO – PUBLIC DOMAIN BRIEFING TWO

How does a secondary school support the emotional health and well-being of its pupils during, and following transfer from primary school?

Initial feedback to Highlands High School, May 2009

Contents

Page

1. Research Context
2. Research Methodology
3. Results: Life in Secondary School
4. Results: The Transition Process
5. Results: Emotional Health and Well-being

Research Context

Fundamental Health (Children's Services Network and Local Government Information Unit, 2007) report that 10% of children aged between 1 and 15 have a diagnosable mental health problem at any one time, with 20% in any given year. Many more children will have less serious problems.

The role of schools in developing and promoting the emotional health and well-being of their pupils is emphasised in recent guidance from the Government: Department of Health (2008), National Healthy Schools Programme (2005, 1999), Secondary National Strategy (2007), Ofsted (2005), Every Child Matters (HM Government, 2003), DfES (2001).

Transition from primary to secondary school has been identified as a vulnerable time for children's mental health and emotional well-being. In a large scale national survey Evangelou et al. (2008) found that 89% of Year 7 pupils reported a positive transition after one term, 85% felt that they had been well prepared for moving on to secondary school. However, numerous studies document the difficulties and disorientation experienced by some pupils, for whom academic progress will falter and happiness and well-being drop (Ashton, 2008, Galton et al., 1999).

Research has identified factors that promote and hinder successful transitions. For example, links between primary and secondary schools, transition activities organised by secondary schools, academic activities and attainment, peer relationships and socio-cultural factors of gender, ethnicity and socio-economic status (Evangelou et al., DCSF, 2008).

Staff at Highlands High School have developed a range of strategies for supporting pupils who transfer to their school from primary school. For example, the Pebblepad project, transition mentors working in primary schools

to support Year 6 classes and small group work, transition mentors supporting groups and individuals in Year 7, taster days, and a transition blog.

Research Methodology

The following principles were employed:

- A salutogenic, assets-based approach, concerned with promoting the emotional health and well-being of all (as opposed to a pathogenic, deficits-based approach, which focuses on individuals experiencing difficulties): supporting Year 7 pupils to identify the ways in which their school does, and could further, contribute to their emotional health and well-being.
- Children and young people can make a valuable contribution to research: Pupils have the right to be consulted and have their voices listened to. Consulting pupils offers schools, as learning organisations, rich information sources to inform processes of self-evaluation and planning for continuous improvement.

Phase One

Focus group methodology was employed. Four groups of pupils were identified:

5. Girls where transition has been perceived as successful by school staff.
6. Boys where transition has been perceived as successful by school staff.
7. Girls where transition has been perceived as difficult and/or unsuccessful by school staff.
8. Boys where transition has been perceived as difficult and/or unsuccessful by school staff. (In the event, membership of this group of 3 boys was augmented by the inclusion of 2 girls).

Focus group sessions were planned to last for approximately 50 minutes. Two key activities were planned for each session:

1. List-making activities relating to the transition process: Exploring what pupils had looked forward to and worried about in Year 6; what they had enjoyed and found difficult in Year 7; and what they felt had helped, or could have helped, with transition.
2. Sorting activity relating to emotional health and well-being in school: Items were identified from a literature review relating to the promotion of mental health and well-being, and guidance on the issue that is given to schools. Pupils were invited to sort these items according to whether they considered these to be features of life at Highlands.

Phase Two

Using key themes abstracted from a comprehensive review of published literature and from the focus groups, a questionnaire has been designed to collect data at a broader level. This could be used to collect information from the whole of Year 7 at Highlands.

Focus Group Results: Life in Secondary School

Features of secondary school life that pupils looked forward to, or enjoyed.

- All groups identified things they had looked forward to about transition, and all groups identified things that they had, in fact, then enjoyed in secondary school.
- 15 out of the 20 pupils felt that transition had gone better than they had expected.
- All groups had looked forward to making new friends.
- Both groups of girls had looked forward to meeting new teachers, and enjoying new curricular experiences.
- Both groups of boys had looked forward to travelling to and from school independently, without their parents, and to extra-curricular opportunities.
- Both groups described by teachers as having had a successful transition had looked forward to the resources of secondary school. After transition these two groups reported enjoying extra-curricular opportunities.
- After transition, all groups made positive comments about their peers and school staff. Three out of the four groups made positive comments about the curriculum, and being able to go out of school at break times.
- Both groups of girls reported enjoying growing up and moving on.
- The group of boys rated by teachers as having had a difficult transition reported enjoying being isolated as a 'punishment'.
- Most of the factors identified by the focus groups are similar to those identified in previous research; one significant difference is that one group of pupils in this study said that they were looking forward to negative aspects of peer relationships, like fights and arguments.

Features of secondary school life that pupils worried about, or found difficult.

- All groups identified something they had been worried about before transition, and something that they had found difficult after transferring to secondary school.
- All groups reported having worried about their peers. This was a particularly significant concern for the two groups of girls (at least half of their responses related to peers). After transition, all groups reported difficulties with peer relationships. Two of the groups reported having experienced racist behaviour at Highlands.
- Three of the four groups were worried about getting lost in secondary school. Both the groups described as having had difficult transitions reported difficulties with this.
- Three of the four groups had been worried about school staff being strict or not liking them, this had been a particular concern for the boys perceived to have had a successful transition due to reports from older brothers, and their own experiences on induction day. Both groups of boys were worried about discipline in secondary school (stricter teachers, harsher punishments), after transition these two groups both said that they had experienced difficulties with discipline in secondary school.
- Three out of four groups said that they would like to be allowed into the school buildings at break times.
- Most of the factors identified are similar to those identified in the wider body of published research, with the exceptions that pupils in the Highlands study did not express the common concerns about homework, or leaving their primary school teachers behind. However, they did express concerns about not looking good ('bad hair days!'), and worries resulting from negative experiences on their induction day.

Focus Group Results: The Transition Process

Factors that pupils felt had supported their transition from primary to secondary school.

- All groups identified things that had supported their transition. Key themes in their responses were: peers, family, primary school staff, secondary school staff, induction day, and resources.
- 75% of responses related to support from people (school staff, family, friends).
- All groups identified ways in which secondary school staff had supported their transition by being nice, helping them, praising them, encouraging them, talking to them, stopping them from being nervous, making them feel comfortable, showing them round, and helping them settle in. The group of boys perceived to have had a successful transition were the only group to identify ways in which primary school staff had supported them.
- All groups felt that induction day had helped them. They were pleased to have seen the school, met their tutor, and to have experienced a practice lesson .
- Both groups of girls were able to identify resources that had helped them (maps, books/blogs, websites).

Additional factors that pupils felt could have supported their transition from primary to secondary school.

- All groups were able to think of things that could have supported their transition further. Key themes in their responses were: peers, primary school staff, secondary school staff, induction day, resources, uniform and the first day.
- Most of the ideas extended things that already supported the pupils, but uniform and first day were new ideas. Pupils would prefer a more comfortable tie, and would like the first day of school to be for Year 7 pupils only.
- The majority of ideas suggested relate to things the secondary school could do to offer further support, this could be because the research was conducted after one term in secondary school. However, both groups of girls requested more support from primary teachers (giving information and answering questions).
- The two groups who were perceived to have had difficult transitions felt that peers could be more supportive by not bullying, walking with each other, showing each other round and sticking up for each other.
- Both groups of pupils who were perceived to have had a successful transition suggested improving induction day by showing them all of the classrooms (girls), and by allowing them to meet all of their new teachers (boys).

Focus Group Results: Emotional Health and Well-being

Ways in which pupils report Highlands High supports their emotional health and well-being.

- 11 of 19 pupils reported that they are happier at secondary school than they were at primary school (1 pupil failed to complete the rating activity). The pupils were asked to rate their happiness at secondary school on a scale from 0-10: no one rated their happiness below a '5.'
- When asked to sort statements relating to provision for their emotional health and well-being at secondary school, the girls who were perceived to have had a difficult transition experience did not sort any statements into the negative column.
- Three out of the four groups made positive comments about the staff in school, only the group of boys perceived to have had a successful transition did not. Staff were viewed positively when they let pupils make decisions, answered questions about homework, complimented the pupils, let pupils move seats if they don't get on, made pupils feel comfortable in school, respected pupils, listened to pupils, and helped pupils when they were worried.
- Three out of four groups praised the school curriculum as being enjoyable and relevant. The group of boys perceived to have had a difficult transition reported that they are taught to solve their own problems and that everyone does well at something.
- The boys perceived to have had a difficult transition experience reported that staff in school do encourage good behaviour, and deal with bad behaviour fairly.

Additional ways in which pupils report Highlands High could support their emotional health and well-being

- The group of boys perceived to have had a successful transition experience were the group who were most negative about the support they receive from Highlands; in the sorting activity they did not sort any statements into the positive column.
- Staff: All groups perceived that staff do not treat pupils equally, in terms of attention, help offered, trust and punishment. Three groups requested more attention and respect, while two groups requested more praise and encouragement. Three groups said that they would like there to be more staff in school to deal with bad behaviour, and to help them with their work.
- Behaviour/discipline: Every group expressed the view that pupils in school are not disciplined equally. Although pupils suggest that some behaviour is punished too harshly (such as forgetting equipment), pupils reported that, overall, they wanted school staff to become more strict in the way they deal with incidents of poor behaviour, requesting more adults in the corridors and outdoors, a greater range of behaviour to be dealt with (such as name calling), some behaviour to be dealt with more harshly (bullies to be excluded), c.c.t.v. and metal detectors.
- Building: Both groups of girls said that they would like to be allowed inside the school building at break times. The girls also identified the potential for the school to support them by developing a safe and comfortable area in the building where they can talk to their peers (including buddies) and staff (including mentors), about difficulties they are experiencing.
- Peers: All groups identified problems with peer relationships; all said they feel unsafe when pupils fight, and two groups reported racist incidents. Both groups of boys suggested that staff could do more to support the development of positive peer relationships.