

Canterbury Research and Theses Environment

Canterbury Christ Church University's repository of research outputs

http://create.canterbury.ac.uk

Please cite this publication as follows:

Holttum, S. (2015) School inclusion for children with mental health difficulties. Mental Health and Social Inclusion, 19 (4). pp. 161-168. ISSN 2042-8308.

Link to official URL (if available):

http://dx.doi.org/10.1108/MHSI-08-2015-0030

This version is made available in accordance with publishers' policies. All material made available by CReaTE is protected by intellectual property law, including copyright law. Any use made of the contents should comply with the relevant law.

Contact: create.library@canterbury.ac.uk





Canterbury Research and Theses Environment

Canterbury Christ Church University's repository of research outputs

http://create.canterbury.ac.uk

Please cite this publication as follows:

Holttum, S. (2015) School inclusion for children with mental health difficulties. Mental Health and Social Inclusion, 19 (4). pp. 161-168. ISSN 2042-8308

Link to official URL (if available):

http://www.emeraldinsight.com/doi/10.1108/MHSI-08-2015-0030

This version is made available in accordance with publishers' policies. All material made available by CReaTE is protected by intellectual property law, including copyright law. Any use made of the contents should comply with the relevant law.

Contact: create.library@canterbury.ac.uk



## School inclusion for children with mental health difficulties

The first study that I describe points to the higher incidence of children with emotional difficulties being excluded from school compared to children with other difficulties classified as disabilities. They point to research evidence that exclusion reduces their life chances and suggest that schools may need to react less punitively to behaviour problems and be more proactive in fostering good behaviour. I then describe two papers that report detailed case studies of schools, one covering four English schools and one focusing on an inclusive and successful school in the USA. These schools demonstrate the possibilities for children's advancement when teachers have relevant training and support for their commitment to all children.

# Children with emotional difficulties and school exclusion in the USA School exclusion may amount to discrimination

Sullivan, Van Norman and Klingbeil (2014) point out that USA law should prevent discrimination against children and young people with disabilities in relation to their schooling. Yet many such pupils are excluded from school as a response to difficult behaviour. According to some legal experts, say Sullivan et al. (2014), this means they are denied an education and it should be viewed as discrimination.

Twice as many children with disabilities are excluded compared to non-disabled students, write Sullivan et al. (2014), and the percentage is even higher for children whose main disability is identified as emotional disturbance. They point to evidence that children excluded from school are more likely than others to drop out of education entirely. They fall

Sue Holttum , (2015), "School inclusion for children with mental health difficulties", Mental Health and Social Inclusion, Vol. 19 lss 4 pp. 161 – 168. Permanent link to this document: http://dx.doi.org/10.1108/MHSI-08-2015-0030

behind in their education and some end up in the youth custody or prison system (Arcia, 2006).

## Previous research on what predicts children's exclusion

Sullivan et al. (2014) tell us that studies on what predicts exclusion have not usually looked at both individual pupils and the characteristics of schools, but tend to examine one or the other. These things may in fact be related to one another and should be considered together, suggest Sullivan et al. (2014). In order to do this, they used the statistical technique of multi-level modelling.

Sullivan et al. (2014) included the following school characteristics:

- Size
- Student-teacher ratio
- Proportion of ethnic minority students
- Proportion of children on free or subsidised school meals
- Racial mix of teachers
- Teacher training
- Overall performance of the school
- Implementation of policies such as those aimed at pupil retention and special education programmes

The schools that Sullivan et al. (2014) examined were in one urban district in the USA's Midwest, and they used anonymous data on pupils from routine monitoring, as well as data about each school from a local government web site. From the 24,295 pupils, all those with disabilities were included (2,750), across 39 schools out of a possible 51. The 12 schools not covered had incomplete data. The pupils' average age was 11.28 years.

Black children and those with 'emotional disturbance' were excluded more

Over two thirds of the pupils who had at least one suspension over a one-year period were African American (68%), although they made up only 39% of those with disabilities. Those from Hispanic and Asian minorities were less likely than White pupils to be excluded. Pupils identified as having emotional disturbance as their main problem were most likely to be suspended compared to other disabilities: 47% of them compared to the next highest, 21% of those with a specific learning disability. Overall, 19% of the pupils with disabilities were suspended at least once during the year.

Also linked with exclusion was being on free or subsidised school meals, and their parents having no more than secondary school education. When these pupil predictors had been taken into account, characteristics of the schools did not add any further to understanding likelihood of being excluded, except in the case of schools with higher overall levels of misbehaviour: Pupils attending these schools had a small added risk of exclusion on top of the other risk factors such as emotional disturbance.

Sullivan et al. (2014) expressed concern that in addition to those identified as having emotional disturbance being more likely to be excluded, nearly a third of these children also experienced repeated exclusions. They think it suggests that exclusion is being used disproportionately.

# Not much known about the school environment

Although previous studies had suggested that the type of school was related to the level of exclusions, Sullivan et al. (2014) largely found this not to be the case after the individual pupil factors had been accounted for. Previous studies have tended not to look at both factors together. However, they point out limitations to the available data. They only had broad characteristics such as overall school performance and pupil mix, rather than how

teachers actually manage behaviour in the classroom. It was not clear from their paper what was covered by the data on teacher-training and policy implementation, for example whether teachers had training in meeting the needs of pupils with disabilities, or whether there might be variation between different schools that all espouse certain policies. Indeed, Sullivan et al. (2014) wonder if enough attention is given in schools to providing 'positive behavioural intervention and support' (Chin, Dowdy, Jimerson and Rime, 2012). They are also concerned about the fact that exclusions were worse both for pupils with emotional disturbance and those who were African American.

# A need for awareness-raising and a shift away from punitive responses?

Sullivan et al. (2014) point to previous research suggesting that Black children are punished more harshly than White children for the same behaviours (Skiba, Michael, Nardo and Peterson, 2002), and they suggest a need for social psychology studies to look at teachers' perceptions of children's behaviour. Teachers have been found to have different expectations of Black children (Cartledge and Kourea, 2008), and this may be so for those identified as having an emotional disturbance as well. Teachers may indeed be unaware of any bias. They suggest there may be a need for both awareness-raising and a shift from punishing undesired behaviour to fostering desired behaviour.

# A UK-based whole-school approach to children's mental well-being Schools can promote children's mental well-being

Cane and Oland (2015) start with a definition of mental health as a positive state of well-being rather than simply the absence of ill-being (World Health Organization, 2014).

Children's mental well-being can be actively fostered. Cane and Oland (2015) cite the UK

Department of Health's (2012) recommendation that schools and colleges promote children and young people's emotional well-being. They also cite international research evidence (Weare and Nind, 2011) suggesting that school-based programmes can improve children's mental health.

## The national project to improve school children's mental health

The Department for Children, Schools and Families (DCSF) started a national project called Targeted Mental Health in Schools (TaMHS) in 2008 aimed at supporting schools to promote children's mental well-being. Well-grounded in research evidence and theory, TaMHS is intended to work with whole schools and with families and community. It is a strengths-based approach, building on children's existing capacities.

Whilst a randomised trial of TaMHS reported no improvement in children's emotional problems over a one-year period (Department for Education, 2010), it did report a statistically significant reduction in children's behavioural problems in primary schools using TaMHS compared to schools not using it. Local authorities could implement TaMHS in their own ways and it appears that in practice they rarely used evidence-based approaches (Department for Education, 2010), suggesting that what was tested was variable between schools rather than a clearly defined programme. Qualitative data from this study also suggested that existing good practice may have been stopped in order to accommodate the new programme, and that schools seemed most focused on behaviour problems. This may suggest that underlying emotional difficulties were not addressed, perhaps explaining the negative finding for these. However, another possibility is that one year is too short a time for new practices to become embedded and show results.

#### **Four West Midlands Schools**

Four schools based in the West Midlands took part in Cane and Oland's (2015) qualitative study. The authors selected them to include both primary and secondary, and mainstream and special schools. All were involved in TaMHS, which lasted from 2009 to 2013. A senior member of staff from each school attended a one-day conference on children's mental health. Two people from each school received 'FRIENDS for life' training (Barrett, 2004), involving cognitive behaviour therapy to reduce anxiety and depression and increase children's resilience. Schools could also send staff for optional training, and those accessed included self-harm, trauma and learning, divorce and separation, and eating disorders. Teachers also received 'Incredible Years Classroom Management Training' (Webster-Stratton, 2011). Parents were offered the 'Positive Parenting Programme' (Turner, Markie-Dadds and Sanders, 2003). Cane and Oland (2015) held a focus group at each of the schools, with between three and ten participants in each.

## **Gains for staff**

Participants from three schools felt that they were better equipped to talk with children about, and offer advice for mental health issues. Participants from all four schools felt they had more skills generally. Staff felt greater empathy with the children. Staff appreciated networking at the one-day conference, and sharing knowledge of available resources. Some staff felt they also gained in their own well-being, and some used their new skills with their own children.

## Gains for children

Participants reported that the children in their schools were better able to express emotions, relate to their peers and seek help when they needed it. In three schools there

was a perception that conflict was reduced. For two schools there was a feeling that children were more independent.

#### Gains for schools

For three schools, participants felt that there had been a general change in attitudes of all staff, but in one school there was a sense that some staff were resisting change. All four schools saw the value of training for the whole staff cohort, and two had mechanisms for cascading training from individual staff to the wider team.

# Ways in which schools implemented the programme

All four schools worked with other agencies and found it helpful in supporting the children and their families. All had a designated TaMHS co-ordinator but in one school this position was not held by someone in the leadership team and this participant felt less empowered. All had clear referral systems, one having a designated meeting for decision-making with multi-professional involvement. Although one school reported engaging positively with parents, participants from the other three felt this was difficult. With the special schools this may have been affected by their large catchment area.

# What helped or hindered the programme?

Cane and Oland (2015) reported seven things that participants felt either helped or hindered their implementation of the programme:

- High level support was important: With competing demands from statutory duties
  and inspections, it was seen as helpful that the head teacher in three schools gave
  the programme priority from early on.
- 2. It could be difficult finding time for training and implementation.
- 3. Lack of funding was felt to be problematic.

- 4. For the two special schools, travel distance made it hard for parents to engage, but for a mainstream school, participants viewed parents as uninterested.
- 5. For three schools it was felt that careful planning had been crucial.
- The availability of resources and sharing them was felt to be helpful for two schools.
   Participants of two felt that lack of rooms or staff was a problem.
- 7. In two schools, participants felt they were held back by staff not trained in the programme.

## What next for schools?

Cane and Oland (2015) suggest that their findings are in keeping with those of the qualitative elements of the Department for Education (2010) study. For example internal referral systems make schools better able to respond early to children's emotional needs and may reduce referral to outside agencies, while retaining good working relationships with these. There is also recognized value in offering parent training, which could enhance their engagement. Cane and Oland (2015) suggest an on-going role for educational psychologists in offering support not only to children but to teachers to promote their own well-being as well as equipping them to respond more effectively to children's emotional needs. What seems clear is that there were some barriers to full implementation of TaMHS, and if this reflects other schools, then the results of the randomised trial should not be taken to reflect the results of a fully-implemented TaMHS programme.

A USA-based whole-school approach to children's emotional well-being What can we learn from schools that are identified as inclusive and successful?

McLeskey, Waldron and Redd (2014) highlight that more children with disabilities are being educated in mainstream schools in the USA. However, they point out the lack of research on schools that have good results while also being highly inclusive. They cite an English study of 12 well-performing inclusive schools (Dyson, Farrell, Polat and Hutcheson, 2004) that reported a number of things common to all 12:

- 1. Welcoming and supporting all students
- 2. Teachers seeing it as a normal part of their work to teach students with disabilities
- 3. School aim to help all children advance
- 4. Pupil tracking
- 5. Good teaching practices
- 6. Efficiency in resource use
- 7. Flexibility in meeting individual children's needs

McLeskey et al. (2014) carried out a similar case study on one school in the USA that they identified as both inclusive of children with disabilities and successful in its outcomes.

Their aim was to find out how the school achieved its success.

## A high-performing inclusive school in Florida, USA

The primary school that McLeskey et al. (2014) found was in a small Florida community and it had 480 pupils and 42 highly qualified teachers including 2 special education teachers. There were 12 teaching assistants. In common with other schools in the district, there were 52% pupils identified as in high poverty, and 17% with disabilities. However a higher proportion of pupils were White (68% compared to 48% locally). Disabilities that McLeskey et al. (2014) listed included speech and language impairment, physical disabilities, hearing loss, being on the autistic spectrum, emotional and behaviour

disorders and learning disabilities. The school started its inclusion programme in 2006. All pupils spent at least 80% of their day in general education; much higher than in the rest of the district. Students with disabilities and from high poverty backgrounds reached much higher attainment levels than in other schools.

McLeskey et al. (2014) carried out 22 interviews and observed 10 classrooms over six months. Some staff were interviewed again to obtain further data. The two special education teachers and the head were interviewed. McLeskey et al. (2014) summarised their findings under two main headings: "(a) Student Support and Instructional Quality and (b) Administrative and Organizational Features" (p. 62).

## Teachers showed commitment and used high level skills

There was a sense of aiming high for all pupils rather than focusing on those with high need. There was a shared view that everyone could achieve. Teachers were "warm demanders" (Ware, 2006), say McLeskey et al. (2014): They had high expectations of all children alongside caring and skilled teaching practices. They showed children they believed in them and worked to foster their achievements. There was a strong sense of community with everyone working together and supporting each other's efforts, enabling the children to feel safe.

Instead of children being separated off and receiving lower quality input, they stayed with a good teacher, with integrated support from teaching assistants. All teachers were supported in accessing high quality further training and coaching to meet their needs, and there was a sense of a learning community, underpinned by the head's commitment to continual improvement.

# The school was organized and efficient but still flexible

One special education teacher described the school's efficient use of resources as "like a well-oiled machine" (p. 66). For example the day was planned "to the minute" (p.66) according to the head so that everyone knew when reading was happening for different groups of children and the teaching assistants could be there. Teachers liked this arrangement and appreciated that if they taught reading late in the day one year, they could teach it earlier the next. They also appreciated built-in planning time with their co-teacher. The special education teachers were alert for how teachers were feeling, and supported them more if they needed it.

Teachers and teaching assistants appreciated the leadership style of the head, who gave direction without micromanaging. Teachers were allowed their own teaching styles as long as pupils benefited, and teachers could choose further training according to their own perceived needs.

Teachers monitored children's progress continually, partly through tests and partly by observing them in class, keeping all data in a folder for each child. The school used the data to drive all decision-making. The head looked at the data three times a year, and highlighted to teachers which of their children were doing well and those not progressing. This focused teachers on every child. Other than some anxiety in the first year, teachers soon felt positive because they could see children progressing. The head also used group-level data to identify teachers' professional development needs, or where a teaching assistant may be needed more at a particular time.

# **Comparison to English schools**

McLeskey et al. (2014) note that many of their findings are similar to those for the English schools (Dyson et al., 2004). The school that McLeskey et al. (2014) studied had no more resources than less successful ones, and they suggest that making the changes they observed could be demanding. What they felt made the school distinctive was the whole-school commitment to expecting the best from every child and working to make it happen – being 'warm demanders' (Ware, 2006). Organization was also a feature, such that despite a highly planned day, resources could always be directed to greatest need. McLeskey et al. (2014) felt that use of data was unusual in its application to every child and its continual use for decision-making. Although they do not highlight teaching assistants, the Florida school and those studied by Dyson et al. (2004) made use of them to aid flexible provision.

# **Conclusions**

School exclusion for pupils whose behaviour is poor due to lack of social skills or mental health issues, or both, appears to be an ineffective way of improving their behaviour and may damage their chances of achieving their potential. Teachers may, as is human, focus on poor behaviour and may not always be aware that mental distress can underpin it, or may not have the training to address it. However, there appear to be schools in both England and the USA that have enabled children with disabilities (including mental health issues) to be included and to thrive. Key factors appear to be relevant staff training and skills, whole-school commitment to every child, expecting children with disabilities (including emotional difficulties) to be a normal part of the work, close monitoring of

Sue Holttum , (2015), "School inclusion for children with mental health difficulties", Mental Health and Social Inclusion, Vol. 19 lss 4 pp. 161 – 168. Permanent link to this document: http://dx.doi.org/10.1108/MHSI-08-2015-0030

children's progress to help each child advance, efficient use of resources, flexibility to meet changing needs, and commitment by the head teacher.

In both England and the USA there were also specialists – in the USA special education teachers, and in England educational psychologists. Teaching assistants may be an important resource in both contexts.

# References

Arcia, E (2006), "Achievement and enrollment status of suspended students: Outcomes in a large, multicultural school district", *Education and Urban Society*, Vol. 38, Iss. 3, pp. 359-369.

Barrett, PM (2004), FRIENDS for Life! For Children: Participant Workbook and Leader's Manual. Brisbane: Academic Press.

Cane, FE, and Oland, L (2015), "Evaluating the outcomes and implementation of a TaMHS (Targeting Mental Health in Schools) project in four West Midlands (UK) schools using activity theory", Educational Psychology in Practice, Vol. 32, Iss. 1, pp. 1-20.

Cartledge, G, and Kourea, L (2008), "Culturally responsive classrooms for culturally diverse students with and at risk for disabilities", *Exceptional Children*, Vol. 74, Iss. 3, pp. 351-371

Chin, JK, Dowdy, E, Jimerson, SR, and Rime, WJ (2012), "Alternatives to suspension: rationale and recommendations", *Journal of School violence*, Vol. 11, Iss. 2, pp. 156-173.

Sue Holttum , (2015), "School inclusion for children with mental health difficulties", Mental Health and Social Inclusion, Vol. 19 Iss 4 pp. 161 – 168. Permanent link to this document: http://dx.doi.org/10.1108/MHSI-08-2015-0030

Department for Children, Schools and Families (2008), Targeted Mental Health in Schools

Project: Using the Evidence to Inform your Approach: a Practical Guide for Headteachers and

Commissioners, Retrieved 10 August 2015 at

http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eorderingdownload/00784-2008bkt-en.pdf

Department for Education (2010), *Me and My School: Findings from the National Evaluation*of Targeted Mental Health in Schools 2008-11. Retrieved 10 August 2015 at
<a href="https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/184060/D">https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/184060/D</a>
FE-RR177.pdf

Department of Health (2012), No Health without Mental Health: Implementation

Framework, Retrieved 10 August 2015 at

https://www.gov.uk/government/publications/national-framework-to-improve-mental-health-and-wellbeing

Dyson, A, Farrell, P, Polat, F, Hutcheson, G and Gallannaugh, F (2004), *Inclusion and Pupil Achievement*, London: Department for Education and Skills. Retrieved 11 August 2015 at <a href="http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/RR578.pdf">http://www.education.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/RR578.pdf</a>

McLeskey, J, Waldron, NL, and Redd, L (2014), "A case study of a highly effective, inclusive elementary school", *The Journal of Special Education*, Vol. 48, Iss. 1, pp. 59-70.

Sue Holttum , (2015), "School inclusion for children with mental health difficulties", Mental Health and Social Inclusion, Vol. 19 lss 4 pp. 161 – 168. Permanent link to this document: http://dx.doi.org/10.1108/MHSI-08-2015-0030

Skiba, RJ, Michael, RS, Nardo, AC and Peterson, RL (2002), "The color of discipline: Sources of racial and gender disproportionality in school punishment", *The Urban Review*, Vol. 34, lss. 4, pp. 317-342.

Sullivan, AL, Van Norman, ER, and Klingbeil, DA (2014), "Exclusionary discipline of students with disabilities: Student and school characteristics predicting suspension", *Remedial and Special Education*, Vol. 35, Iss. 4, pp. 199-210.

Turner, KMT, Markie-Dadds, C and Sanders, MR (2003), *Facilitator's Manual for Group Triple P (edition II revised)*. Milton: Triple-P International.

Ware, F (2006), "Warm demander pedagogy: culturally responsive teaching that supports a culture of achievement for African American students", *Urban Education*, Vol. 41, Iss. 4, pp. 427-456.

Webster-Stratton, C (2011), *The Incredible Years: Parents, Teachers and Children's Training*Series. Retrieved 10 August 2015 at <a href="http://incredibleyears.com/">http://incredibleyears.com/</a>

Weare, K, and Nind, M (2011), "Mental health promotion and problem prevention in schools: What does the evidence say?", *Health Promotion International*, Vol. 26, Iss. 1, pp. 147-155.

Sue Holttum , (2015), "School inclusion for children with mental health difficulties", Mental Health and Social Inclusion, Vol. 19 lss 4 pp. 161 – 168. Permanent link to this document:  $\frac{\text{http://dx.doi.org/10.1108/MHSI-08-2015-0030}}{\text{http://dx.doi.org/10.1108/MHSI-08-2015-0030}}$ 

World Health Organization (2014), What is Mental Health? Retrieved 10 August 2015 at

http://www.who.int/features/factfiles/mental health/en/