



Department  
for Education

## Identification and assessment of needs

### Introduction to the case study practice examples

This practice example is aimed at school staff and policy-makers wanting to understand how schools and colleges identified and assessed mental health needs. It is part of a series of five practice examples focused on mental health provision in settings. The other four practice examples are:

- Developing a whole organisational approach;
- Developing a preventative approach;
- Working in partnership; and
- Engaging parents and families.

They draw on learning from case studies which formed part of research on support for mental health and character education in schools, colleges and alternative provision across England <sup>1,2,3,4</sup>. The case study schools were selected based on their reported active engagement in provision for mental health and character development. The case study settings included mainstream (both LA maintained and academy) primary and secondary schools and further education colleges. Where there was transferable learning for mainstream settings, the practice examples also contain findings from special schools and Pupil Referral Units (PRUs).

This practice example provides a brief overview of how the case study schools and colleges identified and assessed the mental health needs of their students. The facilitators and challenges that settings encountered during the process, and what the benefits were of identifying and assessing needs. The practice examples also highlights the main resources needed and finally, provides key learning and top tips from the case study schools and colleges and a resources section of further reading.

### Overview

Schools and colleges adopted a variety of pathways to identify mental health needs early, including:

- **The admissions process and induction.** It was important to get information about a child's mental health before they started at school or college, although sometimes this proved difficult to obtain. Settings used different methods to gather information, for example, some asked previous settings, parents and children and young people during the admissions process. Others, in particular primary schools completed home visits and family meetings to start building a positive relationship with parents. Secondary schools built relationships with their feeder schools and organised transition meetings to share information. Colleges had a section on admissions forms for students to disclose any mental ill health and an induction meeting with students and parents to ask about their wellbeing.

- **School and college staff identifying needs.** Leadership made it clear that all staff had a responsibility to identify potential mental health needs through noticing changes in behaviour that might be a result of mental ill health. Some schools completed welfare risk assessment checklists for all students to identify those who might be at higher risk of mental ill health. Data collected about attendance, behaviour and academic progress was another mechanism for staff to identify potential needs. If a child's attendance or behaviour was deteriorating then checking these statistics was a warning that staff needed to talk to the child about why this was happening.
- **Children, friends and parents advising the setting a child or young person needed support.** Self-disclosure by children and young people was an important pathway to identify needs, especially as the age of the child increased. For younger children, staff at primary schools spent time building relationships with parents and families to encourage them to tell the school of any problems (see practice example *Engaging parents and families*).

Once a child had been identified with a potential need it would be discussed at pastoral or staff meetings. An assessment would be made either simply through discussions amongst the staff or through the completion of an assessment tool (e.g. a Strengths and Difficulties Questionnaire). After the assessment staff would decide upon an appropriate course of action.

## Facilitators

Facilitators to improve the identification and assessment process included:

- **An open environment** where it was acceptable to talk about mental health. As discussed in practice example *Developing a whole organisational approach* this was achieved through increased staff awareness and understanding of mental health issues. Staff and students were encouraged to talk about their problems and report any information to the pastoral team.
- **Good communication between all staff:** staff were an important pathway to the identification of need and required basic awareness and understanding about mental health. To facilitate this pathway some members of staff also needed more in-depth knowledge about prevalent issues in their setting, for example self-harm or anxiety.
- **Building a relationship with children, young people and parents:** students and parents needed someone they could trust and talk to. In primary schools, where teachers had more regular contact with individual children and their families, they used these opportunities to spend time getting to know the child and family to build this relationship. Secondary schools and colleges, where contact was less frequent, identified staff who students and parents could talk to. In settings where they had dedicated space to support mental health, these people were often based there ensuring students knew where they could go for support.
- **Children and young people have good emotional literacy and awareness to self-refer** and ask for help (see practice example *Developing a preventative approach*). The process by which children, young people and parents could refer needed to be widely publicised and accessible to improve the uptake of this pathway. For example, a special secondary school developed a Facebook page for children and parents with links to useful organisations and the school's referral form. Students could also email a wellbeing address which was sent to key members of the pastoral team. Students knew if they sent an email, even if it contained no information, a member of staff would talk to them. Both mechanisms for identifying needs were very helpful and had good up-take from students and parents.

## Benefits

Schools recognised that they are in a position to identify needs and provide support at an early stage; they can also play a key role in assessments of more complex needs, for example, providing important information to children and young people's mental health services. A whole organisational approach to identifying needs involving all staff meant schools and colleges felt more confident they were identifying potential needs early. One head teacher also believed there was a benefit of identifying needs while a child was at school as they would have better access to support services.

## Challenges

Challenges included:

- **Changing the culture and building relationships happens over a period of time:** building the culture of a school where it was acceptable and the norm to talk about and support mental health took time but, until this culture was created, the setting would struggle to identify needs (see practice example *Developing a whole organisational approach*). Building a relationship with a child took time, especially in secondary schools and colleges where one member of staff may not have so much contact time with individual students as staff in primary settings, which meant there was a potential to miss needs. Secondary schools and colleges were more reliant on having a culture that encouraged students to self-disclose if they had any mental ill health.
- **Staff knowledge about mental health:** It would be impossible for staff, who generally were not mental health professionals, to understand all mental health issues. To help build staff knowledge and skills in this area, some staff were receiving mental health training (e.g. Mental Health First Aid) but there were concerns that schools may not recognise or identify potential needs if a child was not displaying behaviours and attitudes that alerted the staff to a potential problem. Having good communication between all staff helped to limit this challenge in settings where the mental health lead had greater understanding and knowledge of mental health.
- **Use of assessment tools:** schools struggled to identify appropriate assessment tools, or alternatively, felt that they lacked the expertise to use tools. As a result, some had developed or adapted tools for their own needs. This was time-consuming but also, could mean that external agencies such as CYPMHS could be reluctant to accept any assessment data gathered by these means. Staff were generally not mental health professionals and lacked the skills, experience and training to complete different assessment tools. Settings with mental health professionals or partnerships with mental health professionals (see practice example *Working in partnership*) felt more confident in using validated mental health assessment tools.

## Resourcing

Schools and colleges highlighted that the identification and assessment process required staff time. This included staff attending pastoral support meetings, engagement with parents and families, liaising and working collaboratively with CYPMHS and attending mental health training. Resourcing out of hours staff time was another factor as supporting a child's mental health could involve contact outside work hours.

## Key learning

There were several areas of key learning and ‘top-tips’ that schools and colleges highlighted to aid the identification and assessment of need process. They included having:

- a school culture where it was acceptable and normal to talk about mental health for all staff and students.
- a variety of pathways to the identification of need to ensure schools do not miss any needs.
- regular and frequent pastoral support meetings to discuss children staff had concerns about to identify and assess needs quickly. These meetings needed to be prioritised over other work to highlight the importance of supporting mental health.
- access to mental health professionals to assist with the identification process and particularly assessment process.
- pastoral staff who students will talk to about their issues and concerns. Pastoral staff benefit from training about mental health and basic counselling to ensure they respond appropriately to students problems.
- procedures for children, young people and parents to refer students they are concerned about. Procedures should be publicised and accessible throughout the school or college.

## References

1. Marshall, L; Rooney, K; Dunatchik, A and Smith, N. (2017) *Survey of Character Education in Schools in England*. London: DfE
2. Marshall, L; Wishart, R; Dunatchik, A and Smith, N. (2017) *Supporting Mental Health in Schools and Colleges – Quantitative survey*. London: DfE
3. White, C, Gibb, J, Lea, J and Street, C. (2017) *Developing Character Skills in Schools. Qualitative case studies*. London: DfE
4. White, C, Lea, J, Gibb, J and Street, C. (2017) *Supporting Mental Health in Schools and Colleges – Qualitative case studies*. London: DfE

## Resources and further reading

A useful website providing examples of draft policies and procedures:

<https://schoolleaders.thekeysupport.com>

Anna Freud Centre (2016) *Measuring and monitoring children and young people’s wellbeing. A toolkit for schools and colleges* [www.annafreud.org](http://www.annafreud.org). A toolkit for schools and colleges to support the measurement and monitoring of children and young people’s mental health and wellbeing.

MindEd: [www.minded.org.uk](http://www.minded.org.uk). A free educational resource on children and young people’s mental health for all professionals working with children and young people. The online portal provides over 200 e-learning modules including a session ‘Communicating with Families’ which provides an overview of the basic principles for engaging families, information about listening skills and ideas for questions that can aid effective communication with families.

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