Two Examples of Wider Support for the Emotionally Literate School: The Role of Local Education Authorities and of Healthy School Approaches

THE NEED FOR SCHOOLS TO MAKE LINKS WITH WIDER INITIATIVES

No effective school is an island, and approaches to emotional literacy which actively link with those outside the school, in the local community and key local and national agencies and initiatives are much more likely to be effective. There is now a wealth of interest in emotional literacy right across society, both under this title and many others that are closely related, and a huge range of statutory and voluntary agencies are working in this field in various ways. In some countries governments take an interest too. So there is potentially a great deal of support for schools.
Schools traditionally have often seen their relationship with local agencies as one in which they themselves are gatekeepers, making an initial identification of a behavioural or emotional problem, then passing the problem students on to the appropriate agencies. Other than that, they deal with their own problems. Of course, schools will need to continue to seek help with their problems but the relationship between schools and outside agencies can go beyond the crisis management of individual students. Agencies can work with schools to give schools broader, preventive, in-school, support for whole-school programmes. These programmes may be on emotional literacy, or may be on closely related areas such as behaviour management, healthy school approaches, special needs, inclusion, disaffection, crime and disorder, truancy and the management of drug-related incidents.

Looking in detail at the role of all the agencies who are potentially involved in the vast range of work that constitutes emotional literacy and related areas is beyond the scope of this book, but this chapter will explore the principles involved by looking in particular at the role of two that are providing strong support in some places, namely local education authorities and Healthy School/Health Promoting School approaches, networks and schemes.

THE ROLE OF LOCAL AUTHORITIES

THE INVESTIGATION OF FIVE LEAs

Most countries have some kind of local education agency which acts at an interim level between the government’s education ministry and schools, organizing education in a region. Those who work there can have a key role in shaping the development of work on emotional literacy in schools. Recently the author undertook an investigation for the Department for Education and Skills of England and Wales which looked at five ‘cutting-edge’ LEAs in England that were prioritizing work on emotional and social education. Those who were leading the initiatives were interviewed, and the documents they had produced analysed. Their experience of what they found helped and hindered was remarkably similar, and their experience may be useful for the many local/supportive agencies in other places who would like to do more to support the work of schools on emotional literacy. The lessons learned by these LEAs very much echo the messages in the rest of this book, and so also serve to illustrate the principles put forward in these pages with some real-life cases.
In the account which follows, the extracts from the interviews will not be credited to any individual, or indeed to any specific LEA, as the numbers interviewed from any one LEA were small and it is important not to identify any individual.

The leaders of the five LEAs working on emotional and social competence were asked ‘What benefits is this work bringing?’

- Improvement in teacher performance and confidence: ‘In schools where it’s embedded it’s made a huge difference. Teachers, who were thinking of leaving the profession have regained their ability to teach. It has given them the confidence to carry on.’
- Less bad behaviour in students: ‘One primary school said that there was a noticeable difference in the queue of children outside the head teacher’s door waiting to be reprimanded.’
- Increased teamwork in schools: ‘One thing that is good is that it leads to teachers working together.’
- Increase in multi-agency work.
- Linking LEAs working on this issue: ‘We now have links with (another LEA involved). One member of our team has been involved in their audit.’
- Increased student involvement: ‘There have been unexpected spin-offs. We asked students to comments on the framework for students age 8–11 and the youngsters made very sensible suggestions.’
- Improvements to whole school: ‘It has a knock on effect between weekly meetings and can lead to things being affected at whole school level. It encourages teachers and students to look at how the environment impacts on the child – what changes need to be made’
- Saves money: ‘It seems expensive in the short term, but in fact should save money in the long term by freeing up special school places.’
- Wholism: ‘It helps schools see the need to look after a youngster in a holistic way, not just academic.’
- Coherence: ‘Emotional literacy is a unifying concept around which a lot of activity is occurring.’
- Links educational agendas: ‘Emotional literacy forms a powerful bridge between a standards agenda (Feel good, learn good) and an inclusion agenda (Feel good, I attend).’
THE NATIONAL CONTEXT IN THE UK

In the UK LEAs have long supported schools in working with students with emotional and behaviour problems, through their teams of Educational Psychologists and advisers on Special Needs. In the last decade all LEAs have been required to have ‘Behaviour Support teams’. The focus is now increasingly on ‘whole-school’ approaches: this is largely in recognition of the widespread nature of disruptive behaviour, and the realization that the whole-school context plays a major role in influencing how all students behave. Meanwhile most LEAs in the UK have adopted the National Healthy School Standard (NHSS), which has usually included the promotion of the mental and emotional well-being of all students as a significant focus for their work. The NHSS has been highly instrumental in encouraging the development of whole-school approaches to emotional well-being, including in particular the issue of bullying. (The actual and potential links between emotional literacy and the NHSS will be discussed in more detail later in this chapter.)

THE FIVE LEAs

Five LEAs were looked at in the course of the project, and illustrate a range of approaches to this work. One, Southampton, was the first LEA to use the term ‘emotional literacy’ to organize its work in this area, and to see emotional literacy as one of its key priorities, along with numeracy and literacy. Southampton created a ‘Southampton Emotional Literacy Interest Group’ or ‘SELIG’ and took the national lead on emotional literacy at LEA level. It set up the National Emotional Literacy Interest Group (NELIG) with a website (http://nelig.com.htm) and encouraged other local education authorities to become ‘ELIGs’. At the time of writing seven local education authorities have set up formally constituted ‘ELIGs’. Across the world, many local and national agencies are finding the term ‘emotional literacy’ to be a useful one in organizing multi-professional approaches to support this work in schools. So we will look at the learning from the Southampton experience in some detail.

The other four LEAs investigated were Cumbria, Leicestershire, North Tyneside and Birmingham. These LEAs were looking at emotional literacy within other organizing frameworks which also take a wide, whole-school, preventive approach to emotional and social issues. As we have seen, if we look across the world, there are many possible names and unifying frameworks for this work: the two used by these four LEAs were to do with the ‘management of behaviour’ and ‘healthy schools’, both of which are typical
of a work in LEAs in the UK at present. So the experience of these four LEAs trying to integrate emotional literacy into other frameworks may have some general interest.

**SUPPORT AND BARRIERS TO WORK ON EMOTIONAL LITERACY**

Those who were leading the initiatives in the LEAs were asked what the supports and barriers to the work were. Table 7.1 outlines their responses. We will explore their reflections on what helps and hinders in what follows.

**USING AN OVERALL FRAMEWORK**

All five LEAs found that their attempts to develop work on emotional and social competence had been helped by developing an overall framework to focus their work. These frameworks varied in name but they were all holistic and general ones under which a range of professions could unite. Southampton was the only LEA to use the term ‘emotional literacy’ for its framework, the others used a range of other terms such as ‘Framework for Intervention’ (Birmingham), ‘Behaviour Support Plan’ (Cumbria) and the ‘Child Behaviour Intervention Initiative’ (Leicestershire).

There are many ways forward in attempting to develop work on emotional literacy in schools, and it is important not to ‘ghettoize’ emotional literacy by insisting it is always the name of the main framework used. At the same time we need to make sure that specific work on emotional literacy, in other words, work which supports the learning of emotional competences and promotes the emotional well-being of staff and students, has a prominent place within other sympathetic approaches, and does not get lost in the process. Southampton had given emotional literacy the highest possible profile and had embedded it in the LEA policy as a leading priority, third after literacy and numeracy. In contrast, a leader from Birmingham LEA said that they have not yet managed to get their work on what they called ‘emotional and social competence’ linked with broader LEA policy. So it would appear that using the actual words ‘emotional literacy’ for the framework may be helpful in giving the work priority.

**CREATING COHERENCE AND TEAMWORK**

A vast number of agencies are potentially or actually working on emotional literacy and emotional well-being, and related issues. Work in these five LEAs had involved an enormous number of different agencies, professions and projects, all attempting to work together to meet commonly defined goals.
and targets. All five LEAs found that their chosen framework had been essential in helping them try to develop clear joint goals, coherence, teamwork and a multi-professional approach. All the frameworks emphasized multi-professional work, making links between those in education and a wide range of

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relevant agencies and professions in an organised and coherent way.

We have got together with police, health, school nurses, behaviour service, educational psychology and so on, to work in partnership. We are planning a whole system event – auditing current things which are happening. Participants will include CAMHs, mental health services, senior managers, PSHE coordinators, someone in the LEA who is responsible for personnel, to make the link with governors.

The strongest links tended in practice to be between schools and Educational Psychology, Special Needs teams, Behaviour Support teams, Child and Adolescent Mental Health Services and Healthy School schemes.

In order for there to be effective support for, and liaison with, whole-school programmes, support needs to be organized in a coherent, planned and developmental way. There is a need for high levels of co-ordination and teamwork across and at all levels, and active steps need to be taken to ensure that that all parts of the whole are working efficiently and effectively together, in full knowledge of their own and other's roles, complementing but not duplicating one another's work. The LEAs attempted to achieve this by setting up multi-professional steering groups which met regularly and had produced copious policy and guidance documents.

The working party has been meeting since last November and the agencies have been working together in the production of the pack on emotional well being in schools. This is the first time they have all come together.

It is clear that all five LEAs had found the creation of a coherent, multi-professional, teamwork approach both essential to their mission and a major challenge. When asked about 'what helped', all the leaders from the LEAs had tales to tell of successful teamwork, and it was generally felt that one benefit of work on emotional literacy and well-being was that it promoted greater congruence and coherence. However, when asked what the 'barriers' were, they often mentioned persistent problems with multi-professional working.

Keeping a multi-professional team together has been difficult. There is no team manager or coordinator, although maybe there are also positives in that.

Although they were working hard to produce coherence, nevertheless all said they experienced an overall lack of co-ordination and strategy at some level or other - between LEAs and schools, between emotional literacy work and Personal, Social and Health Education, between various agencies, between agencies and projects, and between themselves and the government.
Our LEA is massive, with pockets of wonderful ideas, but not coordinated. We need an overview of where we are heading: there are too many initiative – not enough strategy.

Difficulties in producing a coherent approach were seen as being due to the different agencies each having their own objectives:

Each agency has their own goals and objectives which they want to see the initiative as helping to achieve. Each agency wants proof of success – but their own particular version of success.

**LINKING WORK ON EMOTIONAL LITERACY WITH LEARNING AND STANDARDS**

All those in the LEAs felt that emotional and social education can help promote high standards, and that this should be more widely appreciated. All were keen to make clear that their work on educational and social competence and well-being was directly linked with learning, and had direct benefits for learning.

There is a general fear that emotional literacy is touchy, feely. The term emotional literacy has negative connotations for some. We need to get across that it is tuned to achievement. It is not just about making people happy.

Achievement and inclusion are often seen as mutually exclusive. Emotional literacy is a bridging concept – you need to feel good to be able to achieve and to attend.

**CONCERNS THAT THE STANDARDS MOVEMENT NEEDS BALANCING**

However, although they were obviously in favour of high standards of learning, the LEA leaders felt strongly that standards and testing have been overemphasized in the UK recently, and risked excluding and undermining emotional and social learning. They saw the drive for standards and accountability as having had a detrimental effect on the teaching profession, by giving teachers a great deal of stress, sapping their morale and devaluing their autonomy and professional confidence. Some felt there was an overemphasis on the cognitive and the intellectual side of learning at the expense of the other areas, including personal, emotional and social aspects of education, and that the time and priority now given to testing meant that teachers felt they could no longer afford to prioritize emotional and social learning.

An over emphasis on standards and league tables means there is no time for emotional and social matters. Standards agenda – league tables – pressure on the curriculum – means sometimes that things like circle time get pushed out. The best things in education can't be measured.
There is an over emphasis on assessment and measurement. Schools are under pressure to achieve - and to be competitive - league tables don't help. It is a disincentive to spending time on social and emotional growth - academic results are all that count.

There is a conflict between the aims of this type of work and the emphasis on assessment and achievement. Many schools believe they have no time on the time-table to devote to this type of work.

Some suggested that an overemphasis on achievement was devaluing the social role of school in producing rounded people, active in their communities.

We need to get the message across that the most important task for schools is: ‘How do I, living in a community, protect my own self esteem at the same time as protecting the self-esteem of others?’ The message currently is ‘standards, standards, standards.

There needs to be a long term view - that education is about our environment, about justice to future generations, about justice for the present community, about living together.

Several were keen to emphasize that work on emotional literacy should not itself be used as part of the standards agenda, and that checklists on emotional and social competence should not be used for teacher appraisal or to contribute data for school league table grading.

### LINKS WITH BEHAVIOUR AND INCLUSION

All in the LEAs were keen to make links between their work on emotional literacy and the improvement and management of behaviour. The starting point for their work on emotional literacy tended to be their behaviour support plans, which were set up originally to target those with behavioural and emotional problems. The link between emotional literacy and behaviour had continued, with all five LEAs feeling that their work on emotional literacy was having a beneficial effect on behaviour in schools. They were keen that this link should be more widely known:

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

They were all inspired by the need to reduce exclusion, and all saw their work as contributing directly to this goal. One of the authorities, Southampton in particular was keen to emphasize the significant drop in exclusions that followed the introduction of emotional literacy into schools.
Many felt that it would help if government rewarded schools for inclusion as well as for academic results:

We need some measure to recognize inclusive schools. Our LEA has no special schools for children with moderate learning difficulties. They are all in mainstream schools. But as a result the average school score comes down in the league tables. Inclusion needs to be recognized in the league tables.

TENSIONS BETWEEN LEAS’ AND SCHOOLS’ VIEWS OF THE MANAGEMENT OF BEHAVIOUR

All the LEAs had a very specific view of behaviour, which concurs with that put forward in Chapter 4 of this book: they agreed that it was essential to focus on understanding and working with the underlying emotional, social and contextual causes of behaviour and use positive approaches, not just manage or, even worse, punish the behaviour itself. All had blurred the boundaries within their own work on special needs, to minimize labelling and procedures, and to speed up getting practical help for problem students into schools quickly.

However, they did not feel that schools always shared their perspective on behaviour. Many felt that schools often called in the behaviour support team because they wanted their problems dealt with by someone else. ‘We don’t take the children away and deal with the problem, which is what a lot of schools are wanting’ said one leader, while another said ‘they want the fire engine as well as the fire prevention officers.’ They felt that schools tend to concentrate on individual children, not the environment in which behaviour occurs or its underlying emotional causes:

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

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

Schools want behaviour management rather than emotional literacy. One of the tasks is helping staff to realize that behaviour is communication about emotional states.

TA KING A WHOLE-SCHOOL APPROACH

All in the LEAs emphasized the importance of taking a whole-school/environmental approach to understanding, preventing and responding to behaviour, and the importance of positively understanding and shaping
the whole-school context, not just concentrating on individual students with problems. All felt that there was no conflict between taking a holistic approach and a concern to tackle behavioural and emotional problems; indeed they believed the holistic approach is the most effective in helping those with problems. They emphasized that their whole school work was intended to continue to meet the needs of students with behavioural and emotional problems, to prevent the onset of such problems where possible, and to attempt to minimize or manage them where they occur. Again, however, they felt that schools did not always appreciate this point of view, and had a lack of understanding that it is possible to use both an individual and a whole-school approach together.

People think that our approach is all about the environment and that if that doesn’t work then you go to more traditional methods of working with individual children. Not the case. Our framework covers both the environment and work with specific children.

**CURRICULUM**

All five LEAs encouraged the teaching of the skills of emotional and social competence in schools. They varied in the extent to which they had developed and/or promoted specific and explicit programmes that teach emotional and social competences. Cumbria had done most to develop an explicit curriculum. They had produced a ‘Behaviour Curriculum’ which had been developed with a group of teachers and which taught the skills and abilities underpinning positive behaviour. Southampton had not itself developed one programme but they asked every school in the LEA to put emotional literacy ‘at the heart of the curriculum’. Their guidelines to schools outline a set of key competences they thought should be taught, which include self-awareness, self-regulation, motivation, social competence and social skills, which they asked schools to teach them through their ‘emotional literacy curriculum’. This LEA provided lists of commercially available materials which schools might use. In Leicester the Behaviour Support Team taught whole-class work on social and communication skills, through circle time, drama groups, performance and lifeskills work. North Tyneside used circle work extensively, not just by setting aside a certain time a week for circle time, but as a way of working in the classroom all the time. Birmingham mainly focused on special needs students in their teaching and learning. They had a scheme ‘circle of friends’ which is a support group for special needs students. All the LEAs were also keen to make links between emotional literacy and existing curriculum areas: three that were mentioned explicitly were Personal, Social and Health Education, literacy and oracy.
CLA RITY

Many of those interviewed were keen to stress that work on emotional and social competence and well being is not a ‘soft, woolly’ option but a hard nosed and rational strategy that needs considerable clarity and strategic thinking to implement. As the Southampton plan puts it ‘emotional literacy is not hugs, cakes and mopping up tears on the classroom floor’ (Sharp and Faupel, 2002: 8). All of the five LEAs felt they owed their success to the level of strategic thinking and planning they had brought to bear on this issue, all based their strategies on clear target setting and all had integrated this work into their behaviour support strategies.

P A R T I C I P A T I O N

A recurrent theme in the interviews was the importance of actively involving people in all parts and stages of the process, not imposing solutions on them. The leader of the Cumbria initiative was keen to point out how much consultation and involvement of students there had been in the development of the Cumbrian Healthy School standard. Southampton City Council prioritized the need to involve as many people as possible to increase a sense of ownership, and to make the policy reflect what people actually want to do. They suggest that ‘the whole school staff need to wrestle with definitions, rationale, aims, principles and scope and commit their shared understanding to paper’ (Sharp and Faupel, 2002: 10).

A U T O N O M Y

Many interviewed were keen to stress that emotional literacy should not be imposed on people ‘we don’t want an emotional literacy hour … we don’t want another checklist’ were typical responses. Some reported that schools were ‘punch drunk’ with imposed initiatives and might respond adversely if they felt that emotional literacy was yet another:

Heads are very disillusioned. They don’t like outsiders saying what’s best for their school. One head is very disillusioned and is likely to tell them ‘on your bike’.

Some reported that there were concerns in schools that emotional literacy itself is manipulative and coercive:

Schools staff wonder if they are being manipulated. What is the hidden agenda of people trying to promote this work?
DEVELOPING THE EMOTIONAL LITERACY OF STAFF AND MANAGERS

All the LEAs felt that teacher emotional well-being was essential to attempts to develop emotional and social competence in schools.

We need to foster the emotional well-being of teaching staff. They need time to do their job well and to be reflective practitioners.

All five LEAs had themselves emphasized teacher support, development and training to develop teachers’ own emotional literacy. This had sometimes been an uphill struggle as teachers and heads could be resistant:

The main principle is starting with the grown ups not with the young people. If you start with the young people and then put them back in the same settings with the same adults, they will soon revert back – you achieve nothing. Heads find the subject scary – the idea that they themselves may be emotionally illiterate ... One difficulty is finding out how to present this to grown ups in a way which does not scare them off.

LEADERS NEED TO ‘WALK THE TALK’

Linked with the concern for teacher well being, there was a strong feeling that change needs to start at the top, and those who want to encourage emotional literacy should practise what they preach. Southampton had started its emotional literacy project with an attempt to raise the emotional literacy of its education managers. All managers took part, although it was optional. Almost all managers were reported to have become very involved and enthusiastic. They had first benchmarked the managers’ emotional intelligence using an instrument designed for managers (Dulewicz and Higgs, 2000). They then held 360° appraisals, involving rating of managers by a subordinate, peer and superior on the same questions. Managers then formed a learning partnership with a colleague to draft a learning plan to promote their own emotional literacy. They ran developmental and experiential workshops for managers on emotional literacy. Southampton has continued to focus on staff emotional literacy and training to promote the overall strategy. The current aim is that all managers are involved in the emotional literacy programme, and all sections, services and divisions have a published emotional literacy programme.

The leaders from the LEAs were keen that government take a role in this process, and do more to ensure that teachers’ workload was reasonable, their achievements were celebrated, that they felt empowered and their confidence was bolstered.
We need positive messages about the good work teachers are doing. We know that students respond better to praise than criticism - teachers are the same. We should shift the emphasis from pointing out what the 5% are doing badly to pointing out what the 95% are doing well.

**Characteristics of an ‘emotionally literate’ local authority**

- It listens to those it serves.
- It provides many opportunities for face-to-face contact, communication would be good.
- There is respect and understanding between members of the authority for each other’s roles.
- There is sharing of ideas and vision - colleagues would be allowed to take risks and to fail.
- Colleagues are supportive of each other as professionals.
- All take responsibility for the success of the organization.
- Colleagues actively seek contributions from across the organization and between the local authority and other organizations.
- In making appointments and in all selection procedures there is a regard for the emotional literacy of the candidates - this may involve a range of selection techniques and procedures.
- There is a range of different skills and personal qualities in the team.

Sharp and Faupel (2002: 29–30), writing about the experience of Southampton LEA.

**USING FUNDING TO ENCOURAGE WORK IN THIS AREA**

The LEAs were clear that developing emotional literacy costs money, and had many inventive ideas for gathering together funding for this area from a wide range of government initiatives. Several sources of existing funding were mentioned, but they said they would like more flexibility on how existing funding, more specific funding for emotional literacy and more long-term money they could rely on.

**EVALUATION**

All the LEAs had made some attempt at evaluation of their initiatives, usually involving some outside agency such as a local university, a partnership which all had found useful. However the picture that emerged was of an embryonic and confused field. The evaluation that was being carried out tended not to have been systematic, and those involved usually thought it needed better co-ordination.
Developing a strategy at local authority level
Southampton Local Education Authority have outlined what they call the ‘steps to success’ in developing an emotional literacy strategy, based on what they have learned in trying to achieve this. The steps include:

- Establish a partnership involving at least two senior officers to champion the strategy.
- Begin with the individual – managers explore their own levels of emotional literacy.
- Hold an awareness raising programme of seminars, presentations and publications.
- Publish widely that emotional literacy is a priority, ranked with literacy and numeracy.
- Establish an emotional literacy interest group.
- Plan the evaluation of the implementation of emotional literacy at the outset, ideally by independent evaluators.
- Undertake demonstration or pilot projects in schools, carried out on an action research basis with pre- and post-project measures.
- Incorporate emotional literacy into all major plans, including the education development plan, behaviour support plan, early years plan, etc.

I feel rather embarrassed about this – there is a shortfall of evidence – we’ve been bad on this. We have collected a variety of data, of students’ perceptions, but it hasn’t been analysed … I would welcome some form of evaluation. We should encourage schools more to do their own.

As there are various projects happening at the same time, it is difficult to know which project has made a difference. I could not put my hand on my heart and say that it is definitely A, B, or C which has caused X, Y, or Z.

Most of the data collected were qualitative, and the evaluations formative not summative. The most easily remediable weakness, shown by most of the evaluations, was a failure to benchmark at the outset, in other words to collect baseline data.

The university carried out an evaluation, but there had been no collection of baseline data so it was difficult to know what had made a difference.

They did have someone from (name of local college) carry out an evaluation, but it wasn’t quantitative.
Some LEAs had used some simple benchmarking/baseline indicators, mostly those schools and LEAs were using anyway, such as exclusion and attendance figures and examination grades - these are, of course, useful and telling, but not in themselves measures of emotional literacy. Some LEAs had collected the comments of inspectors to demonstrate the effectiveness of their approaches. Some schools and LEAs had linked with attempts at targeting by the their local National Healthy Schools scheme.

This picture would support the suggestions made in Chapter 6 for ways in which evaluation could be improved. There is an urgent need for more good quality evaluation, for rigour, for co-ordination and a more systematic approach. Local education authorities need to be encouraged to collect baseline data before embarking on new initiatives. However, given the low level of evaluative activity at present it is important to go carefully, respect where people are starting from, including current work on formative evaluation and qualitative approaches. Local education authorities need to be encouraged to work with local research centres/colleges, and to make use of existing data, for example attendance figures, SATs to monitor the impact of their interventions.

**LINKING EMOTIONAL LITERACY AND WHOLE-SCHOOL APPROACHES: THE EXAMPLE OF THE HEALTHY/HEALTH PROMOTING SCHOOL**

In England the National Healthy School Standard (NHSS) is having a major impact on work on emotional well-being, and has enormous potential for being a highly effective framework for work on emotional literacy. The five LEAs being discussed here either mainly organized work on emotional and social competence and well-being within its local NHSS scheme or had made strong links between their work on emotional literacy their local NHSS. As Health Promoting School networks can be now be found over much of the globe it is worth taking a little time to look specifically at advantages of linking emotional literacy with a Health Promoting School approach, as this may be one of the most fruitful ways forward for embedding emotional literacy in whole-school approaches, and giving it appropriate support.
THE SETTINGS APPROACH

The English NHSS exists within a broad and long tradition, and is just one example of a phenomenon, usually known as ‘Health Promoting Schools’, that has taken off across the world. In the 20 or so years since it was started, the Health Promoting School approach has been the subject of a massive amount of theorizing, discussion and evaluation through a wealth of conferences, meetings, publications and projects.

The Health Promoting School approach is in any case only one example of a whole-school approach that has the potential to focus on emotional literacy. As we said in Chapter 2, whole-school approaches and movements go under many titles, including ‘universal’, ‘environmental’, ‘comprehensive’ and ‘multi-dimensional’ approaches, and there are several movements which also use a whole-school approach, including the ‘safe schools’ of the USA and the Netherlands and ‘the environmental schools movement’ in Sweden and Denmark. So unpacking the relationship between emotional literacy and Health Promoting Schools may have wide relevance to encouraging a holistic approach to emotional literacy in a range of countries.

The World Health Organization (WHO) was the theoretical powerhouse in the development the Health Promoting School approach. The approach evolved from an overall ‘settings’ approach which has been heavily promoted by the WHO since the mid-1980s. The ‘settings’ approach recognizes the myriad interconnected and interacting physical, social and psychological factors that make up the total overall context in which any development takes place. It suggests that those organizations, agencies and individuals who wish to promote key developments in education or health should pay attention to providing an overall policy, social, psychological, and legislative climate and context that is supportive of that development, rather than focusing on the behaviour of individuals. In the mid-1980s, following on from their success in implementing the ‘settings’ approach through ‘Healthy Cities’, the WHO evolved the ‘Health Promoting School’ idea. In this approach, the school is the setting. The whole-school organization, including its management, ethos, communication systems, physical environment and community context are the focus for development, not just the curriculum for the individual student.

This approach rapidly turned into an international network of ‘Health Promoting Schools’ which has now spread across all countries in Europe, East as well as West, including the UK, and led by the WHO supported by the EU and the Council of Europe. Healthy/Health Promoting School networks are also to be found in other parts of the world, most notably Africa, the Western Pacific and Latin America.
SOUND TRACK RECORD

The Health Promoting School movement has a long and distinguished pedigree. The lengthy involvement of countless respected researchers and practitioners have resulted in a tried and tested approach, with high acceptability, a growing evidence base, rigorous and large-scale evaluations (HEA and NFER, 1997; Lister-Sharp et al, 2000; Piette et al., 2001) a well thought through coherent and holistic framework that includes emotional and social well-being, and strong links with mental health. For example, within the UK the NHSS is a major national project with widespread acceptability and coverage. In England all 150 LEAs have signed up and achieved the standard at some level. Fourteen thousand schools have some involvement through projects or attendance at a training course, while just over 8,000 are involved on an intensive level, having this as a key priority area for development in a health development plan.

STRONG TRADITION OF WORK ON EMOTIONAL WELL-BEING

The Health Promoting School approach has almost invariably taken a close interest in developing work on mental, emotional and social well-being. Of the original ‘12 criteria for a health promoting school’ with which the approach began in the mid-1980s, three criteria were directly concerned with emotional and social well-being:

- active promotion of the self-esteem of all students by demonstrating that everyone can make a contribution to the life of the school
- the development of good relations between staff and students and between students and the daily life of the school
- the clarification for staff and students of the social aims of the school.

Five more criteria were concerned with other aspects of school life which this book has argued have a direct bearing on emotional and social well-being:

- the development of good links between the school, home and the community
- the active promotion of the health and well-being of school staff
- the consideration of the role of staff exemplars in health-related issues
the realization of the potential of specialist services in the community for advice and support in health education

- the development of the education potential of the school health services beyond routine screening towards the active support for the curriculum.

Since then most Health Promoting School approaches have built on this emphasis, adding detail and specificity.

Health Promoting School approaches link in directly with work on Health Education, PSHE and Citizenship, which have a long tradition of work on the development of emotional and social competences and well-being. There have been international examples of specific emotional and social health projects developed by the Health Promoting School approach, and we will cite just two here. In Australia a major national project, 'MindMatters' (see contact list at the end of the book), has developed a whole-school approach to teaching about mental health in schools. Serious consideration is now being given to adapting 'MindMatters' for use across Europe. In Europe the author of this book has been involved in a long-term WHO project working with teachers in the networks in almost all the 36 countries in the European Network of Health Promoting Schools to develop teachers' competences in promoting mental, emotional and social

**Including emotional health and well-being in the criteria for the Western Pacific Health Promoting Schools**

The WHO regional guidelines for the Western Pacific Region lists as one of its six themes for developing Health Promoting Schools 'the school's social environment'. Some 'components' of this theme include:

- 'the school ethos is supportive of the mental health and social needs of students and staff'
- 'the school creates an environment of care, trust and friendliness which encourages student attendance and involvement'.

Some of the 'criteria' or 'checkpoints' by which the components can be assessed

- 'the school actively discourages physical and verbal violence, both among students and by staff towards students'
- 'students are encouraged to be active participants in the learning process' (WHO, 1996: 10).
well-being, which has included the production of a training manual which has accompanied the six-day training workshops (Weare and Gray, 1994; Gray, 1996). The research techniques it encouraged teachers to use to find out where students are starting from have been described in Chapter 6.

The Health Promoting School approach has always emphasized the well-being, including the emotional and social well-being of teachers as well as students. For example, the NHSS has recently produced a support material for schools and local partners on staff health and well-being in liaison with the Teachers’ Support Network. The NHSS is also leading, in partnership with the Department of Health and the Department for Education and Science a national programme of teacher education and certification of Personal, Social and Health Education.

**Inclusivity**

Although the European Network of Health Promoting Schools originally set up 10 schools in each country to be ‘exemplar’ schools, this has in recent years given way, as planned, to a more inclusive approach. The emphasis with the European Network is now on a range of key principles (WHO, 1997), which schools are invited to interpret as they wish, and on case studies of ‘what works’ (Parsons et al., 1997) rather than on any kind of prescription.

The NHSS has strongly emphasized the importance of creating a sense of ownership of the scheme and is giving it widespread acceptability among teachers. One of the strengths of the NHSS, and one which is particularly valued by schools and their local communities, is that targets are negotiated with schools informed by needs assessment activity with staff, students and parents to define specific priorities and needs, as well as through undertaking supported self-review whereby the school is encouraged to identify what it does well and would want to build on alongside areas for improvement and development. Schools therefore decide on their own starting points/entry point into the Standard, based on priorities, community needs and stage of development.

**Emphasis on Partnerships**

Health Promoting Schools have always attempted to work with both health and education agencies in their development: a process which has probably been the single most difficult aspect to sustain.

The NHSS has worked hard to make the rhetoric of partnerships and multi-
professional working a reality. It carried out an initial consultation through regional networks, national seminars and workshops which have given a sense of ownership to participants. There is a strong emphasis within the NHSS on partnerships, between local education and health partnerships, between LEAs and Health Authorities (and more recently Primary Care Trusts), between management and schools. The scheme is hoping to move more towards multi-disciplinary teams within local government offices, a development which many cities are doing already. They are looking at local strategic partnerships, involving a wide range of bodies, including Health through Primary Care Trusts, education, local authorities, Connexions, organizations which aim to prevent teenage pregnancy, Sure Start, drug agencies, Neighbourhood Renewal, and children and young people’s strategic partnerships.

NEED FOR MORE SPECIFIC WORK ON EMOTIONAL AND SOCIAL COMPETENCES WITHIN HEALTHY SCHOOL APPROACHES

We have said that work on emotional literacy can benefit from being embedded within work on Health Promoting Schools. However, this cuts both ways, and work on Health Promoting Schools could do more to prioritize work on emotional literacy.

There is a tendency for Health Promoting Schools approaches to include a concern with emotional and social well-being in their rhetoric but, in practice, to ‘default’ to a simplistic physical model of health which concentrates on healthy eating, the physical environment, the health services and the prevention of disease. A typical example is the guidelines for the Western Pacific Region (WHO, 1996), where the components to do with the school as a social environment are included at the start of the document but have become an optional part of the award scheme outlined at the end, while components to do with sanitation and healthy eating are compulsory!

Although some international programmes aimed at promoting mental health at international level have included a concern to transmit specific and detailed competences, usually called in this context ‘Lifeskills’, such an approach is rare within health promoting school initiatives. The ways in which teachers and students are expected to promote their own well-being remains unspecified, and something of a ‘black box’, within most Healthy School/Health Promoting School approaches, with the results that it often does not happen (Buczkiewicz and Carnegie, 2001). More work on emotional literacy, including specific and detailed work on the development of emotional and social competences, within the Health Promoting School
approach would do a great deal to help schools to achieve their goal of promoting health and well-being.

To consider as a result of reading this chapter

- What, if anything, is your local education authority doing to promote emotional literacy? If something positive, can you join in? If nothing, could you encourage them to? What services do they have to offer (for example, educational psychology, special needs teams, behaviour support teams, inclusion teams, curriculum advisory, PSHE advisory) that you could make use of in your efforts to develop emotional literacy in your school?
- Is there a Healthy School initiative in your area? If so what is it doing to prioritize emotional literacy/emotional well-being/mental health? Is there work on the development of emotional competence as part of that work? If not, can you encourage those involved to do more in this area?
- Think about the links your school has with other key agencies. Is there any way of introducing a more co-ordinated approach that brings them all together to consider what they can do to help work on emotional literacy (bear in mind they may prefer to use other labels for it)?
- Find out what other schools in your area are doing about emotional literacy (bear in mind they may call it something else). Would it be helpful to join with them to start a local forum or interest group to learn from one another’s experience?
- Look through the list of contacts at the end of the book. Are there any there that would be useful for your school?
Overview: Some Key Steps a School Might Take in Becoming a More Emotionally Literate School

Clarify what the various members of the school think the term ‘emotional literacy’ means and how it relates to other terms with which the school is familiar – see Chapter 1.

Clarify what the school hopes work on emotion literacy might add to the school to make it different and better – see Chapters 1, 4 and 6.

Consider what competences various groups (students, teachers, parents governors) feel are important for students and for staff to learn – see Chapter 2. Keep this close at hand to compare with any checklists and tools for assessment that are proposed, and only adapt the school if convinced.

Look at the school as a whole, and think about what aspects or features of it are the most important ones to start to change, or to work on further if the school has already started work on emotional literacy – see Chapters 3 and 5.

Clarify what problem behaviours students have, and whether there is any room for improving the way the school is tackling them, using the principles of emotional literacy and an inclusive, whole-school approach – see Chapter 3.

Explore links between the school’s programme of learning and teaching and emotional literacy. Consider ways in which the school might develop or adopt a taught programme, work through school projects and/or link with work on accelerated learning – see Chapter 4.

Carry out an audit of the whole school, and possibly of the competences of students and staff, to establish a baseline, using self-devised tools, or those used elsewhere that fits in with the school’s self chosen competences, principles and values – see Chapter 6.

Make links with those in the local area to see what other supports are available to help with this work – see Chapter 7.
Contacts for Developing Emotional Literacy and Emotional Well-being in Schools

PROJECTS AND TAUGHT PROGRAMMES

(Some of these been evaluated, as described in the table of programmes (Table 4.2) in Chapter 4)

CHILD DEVELOPMENT PROJECT

US based, the Child Development Project is a comprehensive educational reform model intended to transform schools into ‘caring communities of learners’. Its focus is on enhancing protective factors, including school bonding, and recognizing the role of the social context in healthy child development. The theory behind it is that satisfying students’ basic needs will lead to greater attachment or bonding to the school community and its norms and values. The programme concentrates on creating a co-operative and supportive school. Components include school training in the use of cooperative learning and a language arts model, cross-grade buddy-activities, a developmental approach to discipline that fosters self-control through active participation in classroom decision-making. School-wide community building activities are used to promote attachment to school, and parent involvement such as interactive homework assignments reinforce the family-school partnership.

www.prevention.psu.edu/CDP.htm

FAMILY LINKS

UK based. Runs ‘The Nurturing Programme’ in counties across the UK. Teaches courses for teachers, health professionals and families, on emotional literacy, nurturing, positive discipline, building self-esteem and relationship skills, using a whole-school approach, with the aim of creating a calm and disciplined school community.

familylinksuk@aol.com

JENNY MOSLEY CONSULTANCIES

UK based, producing materials and running training using the popular ‘whole school quality circle time model’.

www.circle-time.co.uk
MINDMATTERS

MindMatters is a health promotion resource for all 4,000 Australian schools with secondary enrolments: government, Catholic and independent. The core component of the programme is a resource kit which provides advice to schools about how to adopt a whole-school approach to mental health. The topics range from a planning framework for implementing the process, working with diversity for well-being, understanding mental illness, a guide for preventing and addressing self-harm and suicide, dealing with bullying, loss and grief, enhancing resilience, and managing challenges and change. The curriculum materials are offered free of charge to all secondary schools in Australia. Has developed a national database that links MindMatters activities to curriculum outcomes for each State and Territory. The ‘weblinks’ section of the MindMatters site provides a range of links to sites. 
http://www.curriculum.edu.au/mindmatters

PATHS CURRICULUM

The PATHS (Providing Alternative THinking Strategies) curriculum is a programme for educators and counsellors designed to facilitate the development of self-control, emotional awareness, and interpersonal problem-solving skills. The curriculum consists of an instructional manual, six volumes of lessons, pictures and photographs, and additional materials. A research book is also available. PATHS is designed for use with elementary-school aged children. The purposes of the PATHS Curriculum are to enhance the social competence and social understanding of children, as well as to facilitate educational processes in the classroom. 
http://www.prevention.psu.edu/PATHS/

PEOPLEMAKING

Australian bookshop producing personal and professional development books and training resources. 
www.peoplemaking.com.au

RESOLVING CONFLICT CREATIVELY PROGRAMME

A US, research-based, secondary school programme in social and emotional learning. It is the US's longest running school programme, focusing on conflict resolution and intergroup relations. It has been disseminated to over 350 schools in the USA. It is a comprehensive strategy for preventing violence and creating caring and peaceable communities of learning. It works to change school cultures so that these skills are both modelled and taught as part of the basics in education. 
www.esrnational.org/about-rccp.html

SMALLWOOD PUBLISHING GROUP

UK based. Produces catalogues of books, games and simulations, pictures and photos, videos, puppets, etc. materials from several publishers on emotional literacy and related issues. 
www.smallwood.co.uk
OTHER ORGANIZATIONS

(Some of these produce the tests, audits and inventories described in Chapter 6)

UK

ABC PEER SUPPORT SCHEME

Creates the opportunity for a broad range of students to learn about dealing with conflict and bullying in a safe and positive environment. Works upon the principle that young people can be empowered through trust, training and support to help their peers find solutions to the issue of bullying in the school community.

www.adandburghley.camden.sch.uk

ANTIDOTE

National pressure group that works to create an emotionally literate society. Provides a focus for the work of a growing number of organizations that see emotional literacy as an effective way to achieve their objectives in the settings where they operate. Carrying out research with schools to develop work on emotional literacy, an audit of emotional literacy, and guidelines. Organizes conferences and publications on emotional literacy, including a newsletter.

www.antidote.org.uk

BRAHMA KUMARI WORLD SPIRITUAL UNIVERSITY

International organization on the roster of the United Nations Economic and Social Council, dedicated to the promotion of peace, co-operation and social and spiritual values. Organizes conferences, courses and project, including those with a focus on schools.

www.bkwusu.com (international) and www.bkessex.org.uk (UK site)

BUCKHOLDT ASSOCIATES

Company offering consultancy, advice and training on emotional literacy. Has produced the ‘Whole School Emotional Literacy Indicator’, ‘Emotional Literacy Indicator for Adults to Use with Pupils’ and ‘Class Emotional Literacy Indicator’.

www.emotionalintelligence.co.uk and www.schoolofemotional-literacy.com

BULLY ONLINE

The website of the UK National Workplace Bullying Advice Line provides insight and information on all aspects of bullying with the long-term aim of eradicating the behaviour altogether.

www.successunlimited.co.uk

THE CASPARI FOUNDATION

(Formerly the Forum for the Advancement for Educational Therapy & Therapeutic Teaching.) Aims to develop the theory of educational therapy and disseminate knowledge of it to teachers, and to promote the insight of teachers into emotional factors in learning.

www.psychotherapy.org.uk
CENTRE FOR APPLIED EMOTIONAL INTELLIGENCE

UK based. Provides innovative training solutions for human performance problems in organizations, based on the use of emotional intelligence theory, skills and attitudes.

www.emotionalintelligence.co.uk

CHANCE UK

A charity seeking to provide an early and transforming intervention in the lives of vulnerable children, so that, together with their families, they may begin to build a brighter future. Provides specific, targeted solution focused mentoring for children aged 5-11 years, based on individual needs.

www.chanceuk.com

THE CITIZENSHIP FOUNDATION

An independent educational charity supported by the Law Society to encourage informed and active citizenship, especially among young people. It has been foremost in promoting a programme of citizenship education in schools.

www.citfou.org.uk

CORAM FAMILY

Works with vulnerable children and young people to promote resilience, enabling them to take responsibility for their own lives and achieve their full potential.

www.coram.org.uk

EMOTIONAL INTELLIGENCE SERVICES

A company which provides information, resources and tools to improve personal effectiveness and organizational performance.

http://ei.haygroup.com

FRAMEWORK FOR INTERVENTION

An approach introduced by Birmingham Education Department in 1997 which attempts to shape schools students' behaviour, aimed at all ages and all settings.

www.frameworkforintervention.com

HEALTH DEVELOPMENT AGENCY

It is the main national body with overall responsibility for public health in England. This includes overall responsibility for school health education in England. It co-ordinates the National Healthy Standard (see below) and has information on this and many other related topics through its pages ‘Wired for Health’. See also Chapter 7.

www.hda-online.org.uk

HEALTH EDUCATION BOARD FOR SCOTLAND

Woodburn House, Canaan Lane, Edinburgh, EH10 4SG. It is the main national body with overall responsibility for school health education in Scotland. Co-ordinates the Scottish Network of Health Promoting Schools.

www.hebs.scot.nhs.uk
HEALTH PROMOTION AGENCY FOR NORTHERN IRELAND

18 Ormeau Avenue, Belfast, BT2 8HS. It is the main national body with overall responsibility for school health education in Northern Ireland. Co-ordinates the Northern Ireland Network of Health Promoting Schools.
www.healthpromotionagency.org.uk

HEALTH PROMOTION WALES

The main national body with overall responsibility for school health education in Wales. Co-ordinates the Health Promoting School Network in Wales. Ffynnon-las, Ty Glas Avenue, Llanishen, Cardiff, CF4 5DZ.
www.hpw.wales.gov.uk

LEARNING THROUGH ACTION TRUST

Fair Cross, Stratfield Saye, Reading, RG7 2BT. Offers interactive in-service education and consultancy, in the community, and in schools on social and emotional education.
www.learning-through-action.org.uk

MEDIATION UK

Alexander House, Telephone Avenue, Bristol, BS1 4BS. A coalition of and network of projects, organizations and individuals interested in mediation and conflict resolution, including those based in schools.
www.mediationuk.org.uk

MENTAL HEALTH FOUNDATION

20/21 Cornwall Terrace, London, NW1 4QL. National charity which aims at improving services for those with mental health problems and learning disabilities. Develops community projects, and educates the public, policy-makers and professionals, including those who work in schools.
www.mentalhealth.org.uk

NATIONAL CHILDRENS’ BUREAU

A registered charity which promotes the interests and well-being of all children and young people across every aspect of their lives. Advocates the participation of children and young people in all matters affecting them. Challenges disadvantage in childhood.
www.ncb.org.uk

NATIONAL COUNCIL FOR VOLUNTARY CHILD CARE ORGANIZATIONS (NCVCCO)

The NCVCCO is an umbrella organization whose members are all registered charities that work with children, young people and their families.
www.ncvcco.org

NATIONAL EMOTIONAL LITERACY INTEREST GROUP (NELIG)

Website pooling information from UK organizations promoting emotional literacy in education. At the time of writing the site contains a news section, an information archive, a discussion
forum, a resource database, a weblinks section, a ‘friends of Nelig’ section for those working to promote emotional literacy, and a parents’ information area.

www.nelig.com

NATIONAL HEALTHY SCHOOL STANDARDS

The National Healthy School Standard (formerly known as the National Healthy Schools Scheme) is a government scheme which identified the school as a setting to improve the health of children, including their mental and emotional well-being.

www.wiredforhealth.gov.uk/healthy/healsch.html

THE NATIONAL PYRAMID TRUST

Helps primary-school aged children to fulfil their potential in school and in life by building their self-esteem and resilience. The Trust, through local partnerships of statutory and voluntary agencies, runs programmes for 7- to 10-year-olds who are causing concern as a result of significant emotional, social and behavioural difficulties. The work involves checking the emotional and behavioural needs of all children in a year group and offering help to those who need it, including therapeutic activity groups.

www.nptrust.org.uk

NATIONAL YOUTH AGENCY

Aims to advance youth work to promote young people’s personal and social development, and their voice, influence and place in society.

www.newhorizons.org

NORTHERN IRELAND ASSOCIATION FOR MENTAL HEALTH (NIAMH),

80 University Street, Belfast, BT7 1HE.

www.caritasdata.co.uk

NURTURE GROUPS UK

Aim to support school improvement by promoting emotional development and improvements in behaviour.

www.nurturegroups.org

PAPYRUS

A voluntary organization committed to the prevention of young suicide and the promotion of mental health and well-being.

www.papyrus-uk.org

PARENTLINE PLUS

A UK registered charity which offers support to anyone parenting a child – the child’s parents, step-parents, grand parents and foster parents. Parentline Plus runs a freephone helpline, courses for parents, develops innovative projects and provides a range of information.

www.parentlineplus.org.uk
THE PEER SUPPORT FORUM

Created by a partnership between the Mental Health Foundation and Childline. The aims of the forum are to promote peer support as a process of enhancing and developing the social and emotional well-being of children and young people in schools.

www.mentalhealth.org.uk/peer/forum.htm

Q-METRICS

A company offering advice on how to measure emotional literacy.

www.qmetricsseq.com

RE:MEMBERING EDUCATION

66 Beaconsfield Villas, Brighton, BN1 6HE. Promotes a concern with relationships in education.

www.remember.mcmail.com

SCOTTISH ASSOCIATION FOR MENTAL HEALTH (SAMH)

www.samh.org.uk

SOUTHAMPTON PSYCHOLOGY SERVICE/LOCAL EDUCATION AUTHORITY

A pioneer in the development of work relating to emotional literacy in schools. Manages the NELIG website (q.v.).

www.southampton.gov.uk

VALUES EDUCATION COUNCIL

Established to promote and develop values education and values in education and to help individuals develop as responsible and caring persons and live as participating members of a pluralist society.

www.vecuk.org.uk

YOUNG MINDS

A national charity committed to improving the mental health of all children. The Young Minds Parents Information Service (0800 018 2138) provides information and advice for anyone worried about the mental health of a child or young person.

www.youngminds.org.uk

YOUNG VOICE

Makes the views of young people heard and tries to get something done about it. Latest publication was Bullying in Britain: Testimonies from Teenagers.

www.young-voice.org
EUROPE

Mental Health Europe

Mental Health Europe is the Regional Council for Europe for the World Federation for Mental Health. It is a non-governmental organization committed to the promotion of positive mental health and the prevention of mental distress, including for children and young people. It organizes projects and events, and publishes reports, including a newsletter on events related to mental health in Europe, and has links with many other European organizations.

www.mhe-sme.org

WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR EUROPE

Organizes the European Network of Health Promoting Schools which include a strong component of work on mental, emotional and social well-being.

www.who.dk

USA

AMERICAN SCHOOL HEALTH ASSOCIATION (ASHA)

Unites the many professionals working in schools who are committed to safeguarding the health of school-aged children. The Association advocates high-quality school health instruction, health services and a healthful school environment. Publishes peer-reviewed Journal of School Health publishes research on health issues of school-aged children.

http://www.ashaweb.org

CENTRE FOR EFFECTIVE COLLABORATION AND PRACTICE (CECP)

Fosters the development and adjustment of children with or at risk of developing serious emotional disturbance. Collaborates both at Federal and local level to exchange and use of knowledge about effective practice. Website has details of resources on issues of emotional and behavioural problems ranging from fact sheets, articles to on-line journals and databases.

http://cecp.air.org

CENTRE FOR HEALTH AND HEALTH CARE IN SCHOOLS (CHHCS)

A non-partisan policy and programme resource centre established to explore ways to strengthen the well being of children through effective health programmes and health care in schools. Centre staff and consultants work with institutional leaders, state officials and clinical providers. Site contains brief outlines of some of the more common mental, emotional and behavioural disorders and has links to related sites such as child and adolescent health data, policy and school-based health centres.

www://gwis.circ.gwu.edu/~mtg
CENTRE FOR RESEARCH ON THE EDUCATION OF STUDENTS PLACED AT RISK (CRESPAR)

This is a collaborative effort between Howard and Johns Hopkins Universities. This research and development centre has launched an important comprehensive school initiative designed to enhance the achievement, academic environment, and quality of life for students, teachers and parents.

http://crespar.law.howard.edu

CENTRE FOR SCHOOL MENTAL HEALTH ASSISTANCE (CSMHA)

The Centre for School Mental Health Assistance provides leadership and technical assistance to advance effective interdisciplinary school-based mental health programmes. They give support to schools and communities in the development of programmes that are accessible, family centred, culturally sensitive and responsive to local needs. Site also has comprehensive guide to resource links assembled by the UCLA School Mental Health Project/Centre for Mental Health in Schools.

http://csmha.umaryland.edu

CENTRE FOR SOCIAL AND EMOTIONAL EDUCATION (CSEE)

The Centre for Social and Emotional Education is a non-profit, international organization founded in 1996 by leading educators, parents and health care professionals. Provides parents, educators, and mental health professionals with resources, tools and educational offerings that promote social and emotional skills and knowledge in children and adolescents. There are links to a number of organizations that can support parents’ and professionals’ understanding of children, social emotional education including: professional associations and organizations; special education; school counselors and mental health professionals. There are also links to a range of resources including: substance abuse/prevention; violence prevention; creating safe, caring and responsive classrooms/schools and publications/journals/articles

http://www.csee

COLLABORATIVE FOR THE ACADEMIC, SOCIAL AND EMOTIONAL LEARNING (CASEL)

Major US network of educators, academics and professionals who are engaged in promoting academic, social and emotional learning in schools. Website has details of vast number of projects worldwide, off-prints of articles and details of ongoing work.

www.casel.org

EDUCATION DEVELOPMENT CENTRE

Works with practitioners and professionals in all sectors of the health care system, as well as with schools and communities and projects around the globe, to design, implement and evaluate strategies to reduce and prevent alcohol, tobacco and other drug use; HIV infection; injuries and violence, working with communities to devise evidence-based programmes that are sensitive and responsive to local needs, concerns and resources.

http://www.edc.org
GEORGETOWN UNIVERSITY CENTRE FOR CHILD AND HUMAN DEVELOPMENT

Interdisciplinary approach to service, training programmes, research, community outreach and public policy. The Centre serves both vulnerable children and their families as well as influences local, national, and international programmes and policy such as poverty, homelessness and violence. The Centre has many web links to an ongoing collection of resources on issues of importance to children, youth and families.
http://www.georgetown.edu/research/gucdc

MHS EMOTIONAL INTELLIGENCE

Produces the BarOn Emotional Quotient Inventory, a series of questionnaires measuring emotional intelligence. Adult, youth and child versions are available.
www.mhs.org.

POLICY LEADERSHIP CADRE FOR MENTAL HEALTH IN SCHOOLS

Has catalogue of special materials including guides to practice, training tutorials and aids, for example Behaviour Problems in Schools, attention problems, and Bullying Prevention and a net exchange for schools and MH Practitioners interchange to allow them to share ideas and experiences.
http://smhp.psych.ucla.edu/coalitin.htm

NATIONAL ASSEMBLY ON SCHOOL-BASED HEALTH CARE (NASBC)

The 1998–99 national census of school-based health centres, conducted by the National Assembly on School-Based Health Care, provides the most comprehensive analysis to date of school-based health centres in this country. The survey’s findings, compiled from more than 800 responding programmes, include information on school-based health care characteristics, sponsors, operations, scope of services and policies.
http://www.nasbhc.org

NATIONAL MENTAL HEALTH AND EDUCATION CENTRE FOR CHILDREN AND FAMILIES

A public service of the National Association of School Psychologists, is an information and action network to foster best practices in education and mental health for children and families - building upon strengths, understanding diversity and supporting families. Primary goal is to provide leadership to address the critical issues that affect education and improve the outcomes for children and their families for such problems as school failure, classroom disruptions, violence and drug abuse, and works to provide support for children and families and improve the professional training and practices of school psychologists and pupil service. Resources include fact sheets, position statements ADHD, Tourettes and so on. Guides for parents on special education, youth violence, suicide, depression and emotional first aid.
http://naspweb.org/centres
OFFICE OF SAFE AND DRUG-FREE SCHOOLS

Administers, co-ordinates and recommends policy for improving quality and excellence of programmes and activities including Health, Mental Health, Environmental Health and Physical Education. Site has links to other Drug Abuse Prevention Internet Resources, such as School Violence Prevention, and Healthy Schools Internet Resources.
http://www.ed.gov/offices/OESE/SDFS

OFFICE OF SCHOOL HEALTH, UNIVERSITY OF COLORADO HEALTH SCIENCES CENTRE

This site contains information and resources to assist school health services personnel, school board members, school administrators, classroom personnel, staff, parents and students, school health faculty, local, state and national school health consultants and policy analysts for health and education agencies and organizations.
http://www.uchsc.edu/schoolhealth

PUBLIC EDUCATION NETWORK

The School and Community Services Initiative aims to develop and strengthen the links between public schools and community-based services. The goal is to provide children and youth with a comprehensive set of support services that will help them achieve both in and out of school. Looks at how to address the non-academic needs of poor, disadvantaged children without distracting schools from reaching their academic goals. The Initiative takes a child-centred, co-ordinated perspective that recognizes the role of schools, families and community agencies in the lives of children.
http://www.publiceducation.org

UCLA CENTRE FOR MENTAL HEALTH IN SCHOOLS

Operating under the auspices of the School Mental Health Project is a national training and technical assistance centre focusing on approaches to mental health and psycho-social concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Specific attention is given to enhancing collaboration between school and community programmes. The Centre was established in 1995 as part of a major initiative to foster mental health in schools.
http://smhp.psych.ucla.edu

AUSTRALIA

AUSTRALIAN ASSOCIATION OF INFANT, CHILD, ADOLESCENT AND FAMILY MENTAL HEALTH

The association's aim is to actively promote the mental health and well-being of infants, children, adolescents and their families and/or carers in Australia. Has links to information on the latest conferences happening in infant, child, adolescent and family mental health and related fields. Categories are Consumers – this provides links to consumer involvement in infant, child, adolescent and family mental health; Documents - Surveys - Reports - this area provides links to relevant documents, reports, studies in the area of infant, child adolescent and family mental health; Key Organizations - contains links to key international health organizations; Mental Health links to topics specifically relating to mental health, for example promotion, information, networks and services. Professional Associations - contains links to relevant professional association websites;
Youth – contains links to sites of interest to young people
http://www.aicafmha.net/

CUBBY HOUSE

Six to 12-year-olds can find information about positive mental health and ways of looking after
their mental health. They can learn more about feelings, problem-solving, bullying, stress and
friendships, as well as share ideas on the Bulletin board, have art work published in the gallery
and explore on-line games and links.

FAMILY ROOM

For parents and caregivers with information about promoting the positive mental health of chil-
dren and young people. Includes things like ‘what is emotional intelligence and why is it impor-
tant?’ and ‘who or what are “emotionally intelligent” parents and how can they help?’ It provides
up-to-date information about parenting now and the changes that have occurred over the years.
It is intended to help parents plan ahead in their parenting, rather than be reactive. It gives
information about what is normal for parenting and for young people’s behaviour.

HEADROOM

A site dedicated to the positive mental health of children and adolescents and the adults in their
life. The information in the ‘Lounge’ has been written by young people.
http://www.headroom.net.au

NEW ZEALAND

ATTITUDE

Is an educational division of ‘Parenting with Confidence Inc.’ Attitude programmes are designed
to build, complement and synergize with health teachers’ own programmes. The goal is to cre-
atively teach life skills that will assist the teenagers to make life-enhancing choices. Attitude has
a variety of programmes that can be packaged as classroom sessions and provides presentations
to secondary schools.
http://www.attitude.org.nz/

MENTAL HEALTH RISK FACTORS FOR ADOLESCENTS

A collection of electronic resources is intended for parents, educators, researchers, health practi-
tioners and teens.
http://education.indiana.edu/cas/adol/mental.

MINISTRY OF YOUTH AFFAIRS TE TARI TAIOHI

A website with information on the policies, programmes, legislation and services that concern
young people in New Zealand. Provides policy advice to the government on youth affairs. Aims
to promote the direct participation of young people aged between 12 and 25 years in the social,
educational, economic and cultural development of New Zealand, both locally and nationally.
http://www.youthaffairs.govt.nz/
NEW ZEALAND ASSOCIATION FOR ADOLESCENT HEALTH AND DEVELOPMENT (NZAAHD)

A national network organization for people working with young people (those aged 12 to 25) in health, education, social work and other sectors to promote adolescent health and development.
Over 800 people scattered throughout New Zealand who are trained to support young people.
http://www.nzaahd.org.nz/

PARENTING WITH CONFIDENCE INC.

A charitable organization established in 1994 for the purpose of providing education, inspiration and resources to enable parents to grow confident and competent children, as well as inspiring and equipping adolescents to become great future parents. Is a not-for-profit community organization dedicated to improving the lives of families throughout New Zealand through the provision of Hot Tips for Parents and Hot Tips for Marriage and Relationships seminars and other strategic resources to inspire and equip parents with the tools and the belief that they can raise a great family.
http://www.parenting.org.nz/

SKYLIGHT

A New Zealand support agency for children and young people who are facing change, loss and grief, provides support both in urban and rural areas. Individuals, groups and organizations access includes information, resource and training services. Staff travel all over New Zealand and throughout the year a free phone support service is available. Will be developing a national network of approved skylight counsellors, who are skilled and experienced in supporting children, and teens, through change, loss and grief. Has established effective links with a wide range of New Zealand agencies.
www.skylight.org.nz

URGE/WHAKAMANAWA

A website by and for young people from Aotearoa/New Zealand with a focus on health and well-being.
www.urge.org.nz or www.whakamanawa.co.nz