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**Teachers responses to the emotional needs of children and young people – results
from the Scottish Needs Assessment Programme**

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Keywords

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Abstract

The Scottish Needs Assessment Programme (SNAP) was established in 2000 to advise the Scottish government on the emotional health of the country's children and young people. The second phase, conducted in 2002-03, involved surveying professionals who provide specialist mental health services to children and young people, and also those who work with children and young people in a variety of settings but whose training is not in mental health. Based on the survey, this paper outlines the emotional difficulties faced by children and young people in educational settings, and describes how teachers in particular are responding to these difficulties. It also discusses teachers' experiences of working with other professionals and agencies, in particular the frustrations they feel in their efforts to make suitable arrangements on behalf of young people.

Introduction

In this paper we describe the emotional and behavioural difficulties faced by children and young people in schools and pre-school settings in Scotland, and how teachers are responding to them. We also discuss teachers' experiences of working with other professionals and agencies, in particular the frustrations they feel in their efforts to make suitable arrangements on behalf of their pupils¹. The broader social context for this research was the introduction of New Community Schools in Scotland (Scottish Office, 1998) which was meant to facilitate high standards of inter-agency working, as a way of tackling disadvantage. New Community Schools, influenced by experience in the USA, have developed as a result of existing schools being encouraged to become more child-centred and family-focused and to provide greater access to a range of health, community and social services (Boyd, 2003).

The experiences of teachers that we report here emerged as part of a wider survey of professionals who work with children and young people in Scotland. This empirical work adds to the concerns about the emotional health of children and young people in Scotland which emerged from earlier research reviewed by Edwards (2003), and also about the importance of schools and teachers in promoting emotional health (Weare, 2000).

In July 1999 a Parliament was re-established in Scotland following the devolution of substantial powers from the UK Parliament. Devolved responsibilities include the key areas of health, education and welfare services. The Health Department of the Scottish Executive (Scotland's government) commissioned the Scottish Needs

Assessment Programme (SNAP) in the autumn of 2000 to provide advice on the emotional (mental) health of Scotland's children and young people. The subsequent report (Public Health Institute of Scotland, 2003) was based on a review of published research and policy documents, including a UK-wide study which found that 9.5% of children aged 5-15 had a mental health disorder – a problem of sufficient severity and persistence as to have a significant impact on the child's functioning (Meltzer, Gatward, Goodman *et al.*, 2000).

The SNAP group conducted a series of seminars with professionals working with children and young people, consulted with young people and their carers, and undertook a Scotland-wide survey. In the first phase of the survey, questionnaires were sent to key stakeholders and leaders of services for children and young people. The second phase involved surveying professionals who provide specialist mental health services for children and young people, and also those who work with children and young people in a variety of settings but whose training is not in mental health. The latter group included teachers, school nurses, GPs, social workers and residential care workers. This second phase, based on fieldwork conducted in 2002-03, and elements of which were reported in *Only connect: Addressing the emotional needs of Scotland's children and young people* (SNAP Group, 2006), provides the context for this paper. In particular, we discuss the experiences reported in questionnaire responses by teachers.

Methods

Questionnairesⁱⁱ were distributed with the help of Directors of Education in all of Scotland's 32 local authorities. Full details of the sampling methodology can be found in Appendix A of the *Only connect* report. Directors received batches of questionnaires to distribute to their staff. The size of the batch was related to the total number of teachers employed by the authority. Authorities with fewer than 500 teachers received nine questionnaires, those with 501-1,000 teachers received 20 questionnaires, those with 1,001-2,000 teachers received 30 questionnaires and those with more than 2,000 teachers received 40 questionnaires. The sampling frame consisted of a total of 603 teachers. Directors were given advice about the roles to be included within the sample but were given discretion in the choice of teachers to invite to complete the questionnaire. For example, within authorities with fewer than 500 teachers, questionnaires were distributed as follows: four to primary head teachers; and one each to a nursery/pre-school head teacher, a secondary school head teacher, a special school head teacher, a guidance (pastoral care) teacher, and a teacher in a school for children with emotional and behavioural difficulties.

The questionnaire requested details of the teacher's background and the nature of their work with children and young people. In addition, there was a series of three open-ended questions, each with supplementary questions, asking the respondent to describe their 'most recent', 'most worrying' and 'most satisfactory' experience of dealing with a child or young person with emotional, behavioural or mental health problems.

The questionnaire responses were entered into a Microsoft Access database for ease of retrieval of the quantitative data, while the free-text responses were analysed using the qualitative analysis package QSR N6 to allow systematic coding and retrieval of practitioners' comments. A coding frame which reflected the main themes identified in the free-text responses was developed and revised in a series of research team meetings. The team was deliberately constructed to include representatives from a wide range of professions working with children. This approach brought different perspectives and understandings to bear on the questionnaire responses and allowed for vigorous, creative debate in relation to the process of data interpretation.

Results

Responses were received from 365 teachers (159 heads and deputy heads and 206 teachers), a response rate of 61% compared with an overall response to the survey by all professional groups of 51%. In the sections which now follow we outline and discuss the particular experiences and perspectives expressed in the questionnaire responses of the teachers.

What are teachers facing?

Teachers, in common with other professionals surveyed, were more likely to describe a 'most recent case' with a lower response rate for the 'most worrying case' and the lowest response for the 'most satisfying case'. This effect may have been related to

fatigue, being faced with demanding questions in a long questionnaire, but many respondents were simply unable to describe a satisfying case, a frustrating position encapsulated in the following extract from the questionnaire returned by a special school head teacher:

I honestly can't think of a case that gave me satisfaction. This would have required a magic wand on my part (ED1017ⁱⁱⁱ).

Many such responses give a clear impression of the powerful and sometimes negative impact that working with severely distressed children and young people can have on teachers and other professionals. Some respondents, however, were able to describe satisfying examples, like the secondary school guidance teacher who described working with a young girl with severe anxiety disorder and chronic school refusal:

This was a great pupil who through no fault of her own had hit a wall. Emotional health issues are not always recognised and tackled but this one was so rewarding (ED0216).

In many cases satisfaction for teachers appeared to come from achieving a good result for a child either by themselves or through close co-operation with colleagues or parents.

Young adolescent with moderate learning difficulties and severe behaviour problems. Able to sustain schooling for one hour daily. Worked with class teacher developing a flexible plan. Class teacher built up relationship with

parent, behaviour support and social work...pupil is now in full-time education and has a link to an FE [further education] college. His aggressive behaviour has disappeared and he is now managing his own behaviour in a mature manner. (Special school head teacher EDF121)

The research team categorised problems or difficulties described by respondents, either by using specific diagnostic categories or by coding separately under 'other problems'. Teachers usually referred to one or two problems for the cases they described. The most common diagnoses referred to were ADHD, depression, autistic spectrum disorder, learning disability, anxiety, drug problems and adjustment disorder. Difficulties categorised most often under 'other problems' were violence, family related difficulties, self-harm, school refusal, abuse and emotional problems. Problems varied from easily resolved short-term emotional or behavioural problems to severe psychiatric problems, and entrenched and damaging family or social experiences:

Pupil with ADHD symptoms displaying out of control behaviour – frequently highly aggressive and threatening towards pupils and staff and did resort to violence towards pupils on several occasions (EDED03).

Figure 1 shows problems experienced by children and young people (using diagnostic categories) which teachers regarded as causing them greatest concern.

[Figure 1 about here]

How are teachers responding?

The primary task of teachers is a pedagogical one, teaching the pupils in their classes effectively and meeting the attendant demands of fulfilling their educational functions. When some or many of these pupils have complex emotional and behavioural difficulties, teachers' understandings of and responses to their behaviour assume particular importance. Responding to the survey questions, teachers described a range of interventions they used to manage challenging behaviour and psychological distress. Some of these were provided directly by themselves, others through working in collaboration with others.

We work with emotional and behavioural difficulties on a daily basis. This can involve acting out/swearing/low self-esteem/disruptive behaviour in class. We address the pupil's needs through curriculum and in-house support. Contact social work and psychological services if necessary (EDSL17).

For example, teachers in pre-school settings described responding to requests for support regarding children's behaviour at home, such as severe disruptive behaviour and difficult sleep patterns. One teacher wrote about being able to arrange a: '...behaviour improvement workshop in nursery and provide a crèche placement for the baby to allow mum to attend' (EDSL14).

Some teachers described their roles in building trust, reassuring, offering one-to-one sessions and working to improve a young person's self esteem. Within schools a range of social provisions were made, including lunch clubs, after school activities, 'buddies' and 'sanctuary'. Some teachers said they offered counselling. Many wrote

of how emotional health difficulties had an adverse impact on the ability of children and young people to get on with their work, a situation neatly described by a head teacher of a primary school describing her 'most recent case':

A child with very low self esteem, no real support from family, unable to cope with relationships or work. Had very bad 'huffs', withdrawals and began to self mutilate (EDSL11).

Although the head teacher would have liked immediate access to support, this case was dealt with by speaking with the child, parents and educational psychologist. The head described meeting the child regularly to monitor, provide support, 'cooling off' places and other strategies.

Sometimes pupils were ultimately excluded from school in the cases described by the teachers. However, it was much more common to read teachers' descriptions of behaviour management strategies using out of class small group facilities and providing a caring environment for their pupils. Establishing a routine and structure was the common response used with children and young people experiencing emotional and behavioural difficulties, with extra support provided in the classroom if required. Many teachers wrote of working directly with parents, providing a listening ear, or giving them time, support and help, as well as providing information. Others described seeking information for themselves and colleagues about particular problems. An approach described by one teacher involved having a weekly support group for self-esteem building run by guidance staff.

At times the problems presented to teachers appeared to require not only individual support but needed schools and other agencies to work collaboratively and with a degree of sophistication to obtain a satisfactory result. A guidance teacher wrote about a 'most satisfying case' which involved:

A 15 year old girl with a history of running away, threatening self harm, difficult at school, 'playing off' different agencies against each other (EDSDL12).

In this case the successful outcome was gained by meeting with all related parties and agreeing to use strategies consistently.

Some of the cases described presented significant challenges to teachers when the support of external agencies was essential to achieving a successful outcome. For example, a primary school teacher described working with a child with high functioning Asperger's Syndrome, ADHD and dyspraxia who was displaying violent behaviour towards the other children. The pupil was in a class of 29 students, three of whom had specific learning difficulties, while nine had significant behavioural difficulties, and one had mild cerebral palsy.

Ensured his educational needs were being met. Tried to provide 'time out'. Child unable to co-operate with this at this time. Eventually period of exclusion for respite for all concerned. Work provided at home until further support was available (EDW107).

Wholly classroom-based teachers said that they often sought help from specialists, including behavioural support staff, guidance teachers and educational psychologists. Some teachers participated in multi-professional assessment meetings and support groups. They liaised with medical services, voluntary organisations, the police and the Children's Hearing System^{iv}. Some respondents wrote about support provided by education welfare officers and home-school liaison staff.

Teachers often described close supportive relationships with their pupils. This commitment could involve representing the young person's views at meetings, as in the example outlined by a secondary school teacher:

Young person who I felt was depressed and being medicated for ADHD. Medication made the depression worse which led to attempted suicide. Counselling young person and his family. Made reports for case conference stating that medication should be reassessed. Became an advocate for the young person when he decided to stop taking his medication (EDDC15).

Although the stance adopted by this teacher was complicated by a difficulty in communicating directly with the prescribing doctor, the case was described both as a 'most satisfying case' as well as the 'most worrying case' with the following successful outcome:

Seeing the young person come through all these difficulties, complete exams, get a job and begin to smile again (EDDC15).

It is difficult to infer the time involved in such cases since this information was not specifically requested, although many appeared to require complex intensive involvement by teachers. Many teachers described dealing with difficulties by spending time with children, young people and their families, but the frequency or duration of input was rarely specified. However, in contrast to most other professionals who responded to our survey, teachers typically have daily contact with their pupils during term time and some teachers described seeing children and young people in difficulty every day. This amounts to a frequency and intensity of input which is rare in other settings apart from residential care.

Some teachers described considerable involvement with a particular child or young person. One wrote of responding to a crisis which required taking their own family along to the distressed child's home. Some of the families' circumstances were described as having an obviously detrimental impact on children and young people, which provoked some teachers to express the wish to provide direct care themselves by taking them into their own homes. This highlights not only the high level of commitment on the part of the teachers but also a sense of despair about the ability to effect a positive change in the young person's circumstances.

When teachers wrote about the need to access other resources, they tended to describe referring on mainly to other professionals within the educational system, such as senior staff, educational psychologists, school doctors and nurses. Some arranged referrals to clinical psychology, the child's GP, child and adolescent mental health services (CAMHS) and to other health professionals, such as a dietician or speech and language therapist. Accessing other resources was sometimes seen as a positive

option, as in the case where a teacher referred on a young person with emotional difficulties and described the outcome as satisfactory because of a: ‘multi-agency approach, close team working’ (EDSL03).

Although many teachers expressed feelings of frustration in their dealings with other agencies (a specific emotion we will return to later in this paper) several respondents gave examples of successful multi-agency team working. One young person was on the verge of exclusion from school because of emotional and behavioural outbursts but was successfully managed by a combined team effort:

Child health, school staff and local authority managers had many meetings on this problem. Child was allocated two independent living service workers. A secure base was established within the school and a highly individualised structured timetable was introduced. Some work carried out in base and the rest on class (EDPK01).

This case seems to have been deeply satisfying, although clearly labour intensive. The teacher noted that without this effort there was an inevitability of a placement in a secure establishment, which the school felt would not meet the young person’s needs.

Some children were referred on to other educational resources for respite or specialist placements. Some schools have regular involvement of mental health professionals and liaison with CAMHS was described frequently. There are also relationships with legal processes, with referrals made to the Scottish Children’s Reporters’ Administration^v and reports written for Children’s Hearings.

The challenge of trying to provide an education as well as dealing with children and young people with emotional and behavioural difficulties was highlighted consistently. One teacher described attempts to ‘...allow the lesson to proceed while trying to contain the child, reason with him’. Many teachers wrote of working with families and the need to establish regular opportunities for communication with parents. Involving other pupils featured in their accounts, for example, working on the acceptance and support of others for the child or young person. Usually teachers described what they did in positive terms but a recognition that their intervention had been ‘too little, too late’ featured in some accounts.

Team issues were important in the ways pupils with difficulties were supported. In the secondary school setting the issue of consistency of approach and the need for staff discussion were typically highlighted. In addition to having meetings to work out action plans, the need to support and co-ordinate staff featured in accounts. Violence against teachers was also described, and this raises the challenge of continuing to educate the pupil while providing practical and emotional support for staff.

Although much good work was described by our respondents, what came across vividly in the case descriptions was the significant degree of pressure felt by staff in their work providing support for their pupils. This point is illustrated in the case of a young person described as behaving bizarrely and who was subsequently admitted to hospital. The system seemed to work and was regarded by the teacher as satisfactory because:

All involved took our concerns seriously, immediate action was taken and the young person has seen a great improvement in his situation (EDEA13).

The teacher also described how this sense of achievement was nevertheless marred by the feeling that teachers feel constantly under pressure to move on to the next child or deal with another problem. The feelings expressed in this teacher's comments encapsulates the strong sense of frustration which came across in many accounts of work with children and young people experiencing emotional and behavioural difficulties.

Teachers' frustrations

The frustrations felt by teachers and other professionals in getting help for young people emerged as an important theme in the overall analysis of the SNAP phase 2 survey data, though in each group the feelings had particular nuances. For teachers the difficulty of giving time to individuals in need of emotional support conflicts with their responsibilities to work with large numbers of pupils and to perform their primary pedagogical functions.

The most frequently expressed source of frustration was 'the system', by which respondents appeared to mean the institutional channels which provide the organisational frameworks governing service delivery and collaboration between professional groups. Teachers typically expressed frustrations with a system which they experienced as responding too slowly and inflexibly. Thus children are caught up

in a system which does not adequately meet their needs, a situation described with exasperation by a behavioural support teacher who ‘struggled daily’ to support a child with Asperger’s Syndrome while feeling unsupported.

It is the responsibility of the management of schools to provide structures and policies to deal with these issues as it is a difficult task for one person to make an impact that is long lasting (EDW107)

The main systemic sources of frustration relate to delays in accessing assessment or suitable provision, funding difficulties, gaps in services, difficulties in working within their own organisations and the impact of policies. The system causes frustration where difficulties are experienced in interfacing with the bureaucracies which manage services, but also important is a feeling of dissatisfaction through not being able to provide a service which matches the professionals’ own expectations. Delays following referrals to other services or in accessing advice are major concerns. Generally the delays are perceived as being caused by long waiting lists, in particular for specialist health services, as a result of pressure on resources or high demands on staff time. Sometimes respondents referred to organisational difficulties within their own service or with another agency as being responsible for delays, as in the following comment by a primary school head teacher:

Crisis management instead of prevention due to lack of response by another agency – child was placed in an inordinate amount of placements over the next few months. (ED0806)

Teachers, like general practitioners, articulated their concerns about delays, perhaps unsurprisingly since they are in the front line in assessing problems and seeking referrals. What are perceived as poor response times are particularly problematic in families whose circumstances are changing or are unstable. The frustrations felt are expressed in the following comments written by two secondary school principal teachers of guidance.

So much time passed – a year before anything was done for this vulnerable girl.
(ED0902)

After 14 months this pupil still soils himself and has yet to be seen by any support agency...not seen as a priority. (ED1018)

Problems with the system are not always unambiguously related to dealings with another agency and the sources of these problems can be multiple and complex. Perceptions of lack of clarity about the process of referral, lack of training and need for clearer guidelines are seen as major barriers. These issues are illustrated in the words of a primary school senior teacher who described:

[The] time it took to call a meeting of all concerned. Lack of specialist advice to name the problem quickly. Lack of clear guidelines about additional support needs in education and how to support effectively. (ED1102)

In response to the question, 'What would you like to have done?' a primary school head teacher responded:

Got all of the outside agencies on board immediately – training for my staff – someone available to discuss and help me through the major issues. (ED0802)

The perception of insufficient funding to provide adequate staffing, administrative support, technical and other resources, suitable accommodation and training is another frequently mentioned systemic problem. Teachers' concerns in this respect were often expressed succinctly and with feeling: 'finance to pay for extra personnel' (primary school head teacher). Another feature was the view that a service or resource which would help could not be accessed as a result of lack of funding.

Frustrations caused by experiencing gaps in services were commonly related to the apparent lack of specialised support for a child with a particular diagnosis, for example, lack of play therapy, or no dedicated service for ADHD or learning difficulties. Four distinct kinds of irritant seemed to be responsible for the frustrations experienced: perceived gaps in services; the acceptability of services, including perceptions of prejudice on the part of service providers; differential access to services; referral restrictions and the non-availability of appropriate services.

A considerable source of frustration was the administrative boundaries which cause problems when the child or young person does not exactly fit entitlement criteria,

either for geographical reasons or because of the defined role and remit of the agency or practitioner. In response to the question, ‘What would you like to have done?’ one primary school head teacher wrote:

Access to help for this child has been difficult as she comes from another authority. Due to a cross-authority agreement child must be seen by their educational psychologist. Very slow response. Just getting response now after three months of phoning etc. Would like to have given this child more specialist support much sooner. (ED1501B)

A related source of frustration is the feeling of powerlessness which results from the belief that one’s direct knowledge of the young person may carry less weight than the opinions of other, typically more specialised, professionals. A principal teacher of behaviour support reflecting on a case said direct referral to a psychiatrist would have been the preferred approach, but found this route blocked because:

...education managers do not allow schools autonomy to access variety of support. Power seems to lie with educational psychologists. (ED0514)

Feelings of powerlessness can also occur when it seems that other agencies make decisions without consulting or taking advice from those who have the most regular contact with the children or young people concerned, sentiments which are well expressed in the following comment written by a special school assistant head teacher:

We work on a daily basis with very challenging behaviour and are at times frustrated that we are not contacted when agencies are making decisions re diagnosis. We work with the children on a daily basis and have valuable information to share. (ED0022)

Analysis of the data highlighted six underlying reasons or circumstances in which professionals are frustrated about being unable to improve a child or young person's circumstances. By far the most significant frustration was found to be lack of time. Waiting lists clearly represented the commonest difficulty cited by all the professional groups. Table 1 provides a quantitative representation of the difficulties in accessing services expressed in the responses coded for school managers and teachers.

[Table 1 about here]

One emerging theme which may help in understanding the frustrations experienced in working with young people is uncertainty in respect of the professional role. For example, an assistant head teacher of a special school, writing about the case of a student with ADHD, said that there was confusion about who was responsible for monitoring medication. Lack of clarity about role boundaries, routes of referral and sources of advice and support for teachers are particular matters of concern. A related theme which emerged from the data was uncertainty about appropriate services. Lack of information about and knowledge of available services was a commonly reported source of frustration.

Conclusion

There are obvious weaknesses in the methodology used in this research. The approach to sampling was governed by the familiar pragmatic concerns of a small team with limited resources aiming to achieve wide penetration among a range of professional groups. In this case we aimed for total geographical inclusion in relation to all of Scotland's local authorities, rather than to go for depth within a smaller sample. Another weakness lies in the limitations associated with questionnaire-based approaches. Nevertheless, the high response rate and the sheer size of our data set allowed us to have access to the experiences of more than 360 teachers involved in providing support for pupils with emotional and behavioural difficulties. The study's findings are therefore important because of the coverage of a wide range of teachers working in different settings across Scotland.

There is clear evidence from the SNAP phase 2 survey that teachers in Scotland are working with children and young people with significant emotional and behavioural difficulties. Teachers take seriously their roles as supporters and facilitators of access to specialist services, as well as being educators, and make use of many different strategies to provide help for these children and young people and for their families. Some of the difficulties experienced, however, seem overwhelming. Teachers describe many frustrations in trying to provide direct support for pupils with emotional and behavioural difficulties, and in relation to the help they can access from specialist services.

These are not simple matters to address, and there is a clear need for a closer study of the ways in which teachers and schools of different types and stages both provide direct support and also work closely with social and health services, particularly in the context of the report *For Scotland's Children* (Scottish Executive, 2001) which set out plans for integrated children's services. Reflecting on our research we identify a number of possible areas for policy development.

The experiences of teachers who feel overwhelmed by the nature and extent of the severe emotional and behavioural difficulties of so many of their pupils must be taken seriously. Ways must be found to provide more effective support in schools for children and young people with emotional and behavioural difficulties. Teachers need to have time to provide support for children and young people but they also need to know that the agencies to which they refer have the capacity to permit reasonable response times.

Many teachers expressed the need to have better training and access to advice in relation to young people's emotional and behavioural difficulties. There is clearly a role for the provision of information about emotional health generally and about specific diagnostic categories of disorders or difficulties. However, as Gamman (2003) has shown, effective support for children and families is likely to come about where teachers feel they themselves have access to good support networks, can be open about the challenges they face and can be helped to develop more collaborative cultures.

The development of shared understanding between schools and other services about how best to help students who have severe emotional and behavioural difficulties is crucial, yet the promise of the New Community Schools' approach has yet to be realised, particularly in relation to clusters of schools working effectively with partner services (HMIE, 2004). However, some commentators are optimistic (or realistic?) that initiatives supported under the NCS banner can promote change, even in small ways and at a local level. For example, Riddell and Tett (2004) observed that a number of initiatives whilst not 'transformative' were 'sustaining' in the sense that they led to improvements in the lives of the staff, students and parents.

The frustrations of teachers need to be recognised and addressed. Robust strategies are called for to address the significant communication difficulties which arise between schools and other agencies. Achieving this outcome has significant implications for the negotiating skills of professionals and for management styles (Walker, 2003). There is also a need to understand better the obstacles to good communication as a precursor to more effective service delivery (Salmon and Rapport, 2005). The child protection report, *It's everyone's job to make sure I'm alright*, argues that good communication need not be time consuming provided a professional network already exists (Scottish Executive, 2002).

Finally, two particular role changes may have a positive impact on what schools in Scotland can offer their students and how they connect with other services. The developing role of school nurses may prove helpful, given their bridging role between schools and mental health services, and also changes which are taking place in the

system of guidance in schools as it evolves into a more child-centred, pastoral care model, together offer hope for the future.

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Figure 1: Teachers' responses (%) to 'problem causing greatest concern' by diagnostic categories.

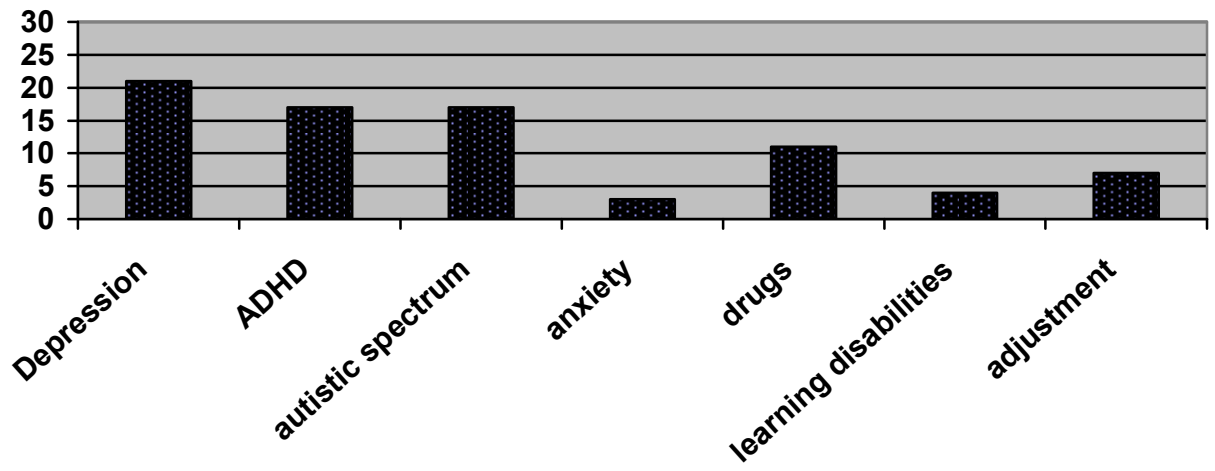


Table 1: Factors perceived as causing difficulties in accessing services for young people

		School managers	Teachers
Geography	N: total	159	206
	N: Yes	24	50
	% Yes	15.1	24.3
Waiting lists	N: total	159	206
	N: Yes	122	159
	% Yes	76.7	77.2
Stigma	N: total	159	206
	N: Yes	22	28
	% Yes	13.8	13.6
Communication with services	N: total	159	206
	N: Yes	64	80
	% Yes	40.3	38.8
Lack of information about services	N: total	159	206
	N: Yes	56	67
	% Yes	35.2	32.5
Reluctance among young people	N: total	159	206
	N: Yes	21	37
	% Yes	13.2	18.0
Service style	N: total	159	206
	N: Yes	23	23
	% Yes	14.5	11.2
Service criteria	N: total	159	206
	N: Yes	64	91
	% Yes	40.3	44.2

Endnotes

ⁱ 'Pupils' is used throughout this paper to refer to school students of all ages.

ⁱⁱ Questionnaires used in the research and the full reports of this survey are available on the HeadsUpScotland website at: <http://www.headsupscotland.co.uk>.

ⁱⁱⁱ Unique codes were used to protect the confidentiality of respondents. These are used here to differentiate between individual respondents.

^{iv} The Children's Hearings approach forms a distinctive part of the child care and youth justice system in Scotland. More information is available online at: <http://www.childrenshearingsscotland.gov.uk>.

^v Information about SCRA is available online at: <http://www.scra.gov.uk>.