

# ***The Transition from Primary to Secondary School***

*How an understanding of mental health and emotional wellbeing  
can help children, schools and families*

## ***Training Resource***



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## ***Introduction***

For most children the move from primary to secondary school is characterised by a potent mix of excitement and anxiety. Alongside the anticipation of making new friends, being treated in a more adult way and learning new things, comes uncertainty about exactly what the new school will be like and worries about stricter teachers, more homework, not being able to make friends and being around older pupils. All of this is perfectly normal.

Most children will find ways to adapt, but a sizeable minority will find change much harder to cope with and will struggle to benefit from the opportunities offered by secondary school. For some children, who lack the strategies and support they need to cope, the transition may see the emergence of underlying mental health problems and a need for additional understanding and support.

Transition is about adapting to new circumstances. From infancy children are learning to adapt and discovering ways of forming and sustaining relationships with those around them that will help them deal with adversity and embrace challenge and change. This is central to children's developing mental health and it's also central to their engagement with school and their capacity for learning.

Children's physical, social and psychological development is a continuing process of adaptation. Children learn strategies that enable them to cope with the environment in which they find themselves. For most children those strategies stand them in good stead for dealing with subsequent life changes. But a significant minority of children, especially those who are socially excluded or in chaotic, stressful or disadvantaged family settings, have to develop ways of coping that are much less well suited to the demands of school and secondary school in particular. For them, transition will be a much more difficult process. They may struggle with changes to routine, with friendships and other relationships, with being able to focus on the task in school, with the speed at which new things are happening and in many other ways.

Good mental health can enable children to face the challenges of transition with confidence, and schools can make a significant difference by identifying early those children who are most vulnerable and by encouraging and enabling the growth of resilience. School matters in children's lives and, where schools are able to reflect on children's behaviour and what it is communicating about their experience, school can be the vital support that allows children to cope despite disadvantage and difficulty. Transition, and the way schools work together with each other and with other agencies to manage transition, can influence children's future school careers and the climate and culture of the whole school community.

The purpose of this training resource is to help schools think about why some children may be more vulnerable in facing transition and to support schools in developing ways of working that will allow all children to find a sense of belonging and engagement in school. The Targeted Mental Health in Schools (TaMHS) project and others locally are already supporting schools and this resource is intended to add to and complement that work.

The transition from primary to secondary school happens at a time when children are beginning to experience the wider transition from childhood to adult life that we call adolescence. Over the next few years young people will experience *physical* development; a rapid increase in height and weight with periods of clumsiness and self-consciousness. They will go through a period of significant *neurological* development as the brain matures towards its adult state. *Cognitive* development will result in changes in thinking and reasoning characterized by a move towards independent thought and action, the development of a time perspective which includes the future, progress towards maturity in relationships, the development of communication skills, and moral decisions made on an increasingly subjective basis.

Development in the young person's sense of *self and identity* will occur as major physical changes alter self-image and greater emotional independence and decision-making enable a more sophisticated notion of self to emerge. *Emotional and social development* will progress rapidly as physical maturation leads to the establishment of sexual identity and intimate relationships, at the same time that relationships with family of origin are changing and being renegotiated, in preparation for adult life.

In this context the primary to secondary transition may seem comparatively minor and yet there is good evidence that around one in five children will struggle with this transition and that there is often an associated drop in school achievement. Many of those who struggle with transition will already be vulnerable as a result of the accumulation of risk in their early experience. Effective support around transition can help to counterbalance some of that risk and prevent later problems, including progressive disengagement from school.

The Locality Partnership Group for Hinckley and Bosworth asked YoungMinds to consult children and young people locally to learn more about their experience of transition. We were keen to hear from children whose voices are rarely heard, including those from disadvantaged and socially excluded groups. We received over 300 completed questionnaires from children in years 6 and 7 and talked to many others through focus groups and a steering group.

They gave us a wealth of information and ideas that have informed this training resource and some of their comments are included here. The resource is not a prescriptive programme of training, but a set of materials (notes, exercises, handouts and suggested reading) that can be used flexibly to support existing training, or to form the content for short sessions, such as twilights in schools. The accompanying DVD, made with participation by children locally, provides a tool that can be used alongside this resource to stimulate ideas, encourage reflection and understanding and increase learning.

***Section 1***  
***Exploring children's mental health***

## Overview

*“In my opinion I feel like they are not helping us be more confident and they are just teaching us to make us more skilled at maths, literacy etc.....I just think they are not making us confident” Year 7 student.*

How we think about children’s mental health shapes how we work with children. Our own experiences, assumptions and knowledge may lead us to see ‘mental health’ as a specialist field that is the province of psychologists and psychiatrists and nothing to do with teaching. Alternatively, we may think of mental health in terms of a continuum which all of us are part of and which we move backwards and forwards across at different points in our lives. In this view children’s mental health is not a specialist field, but the concern of everyone in contact with children and central to the role of schools.

Defining mental health in children and young people is not easy. In many respects the debate about what is meant by this and associated terms is as important as the conclusion. Through discussion locally, teachers, school support staff and school leaders can work towards shared accounts of children’s needs that will inform the way practice is designed, delivered and developed. Shared accounts encourage co-ordinated and comprehensive approaches encompassing the promotion of good mental health, the prevention of mental health problems and a whole school environment that supports the emotional wellbeing of both students and staff.

There is broad agreement that mental health is more than the absence of illness and that it includes a positive concept of wellbeing. This challenges the idea that mental health is the opposite of mental illness and encourages consideration of alternative models. “Mental health influences how we think and feel, about ourselves and others, and how we interpret events. It affects our capacity to learn, to communicate and to form, sustain and end relationships. It also influences our ability to cope with change, transition and life events”<sup>1</sup>. It is therefore ‘everybody’s business’. All services working with children, young people, families and carers should be aware of their role in relation to mental health and their impact on the children with whom they have contact. Schools are particularly important and have huge potential to have a positive influence on children’s developing mental health.

Mental health is not a neutral term, but one that has associated with it a range of, sometimes negative, connotations in the minds of the general public, parents and carers, practitioners and children and young people themselves. “What we understand by mental health will depend on our values, preconceptions and assumptions, for example about the nature of health and illness, the nature of society, the place of the individual within society, what constitutes normality, desirable behaviour and attitudes and so on.”<sup>2</sup> Reflecting on the basis of our own understanding of the terminology can be a useful precursor to engaging in discussion with others about their concept of mental health.

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<sup>1</sup> Scottish Executive (2006). Mental Health Improvement ‘concepts and definitions’ briefing paper for the National Advisory Group

<sup>2</sup> Weare K (2000) Promoting Mental, Emotional and Social Health, a Whole School Approach. London, Routledge.

There is good evidence that children's mental, emotional, physical, psychological and social wellbeing are intimately interrelated and that good mental health substantially underpins children's capacity for learning. Practitioners from different disciplines may understand the term mental health differently from each other, or may use different terms such as 'emotional health and well being' or 'social and emotional health' to describe very similar things. Where these differences are openly discussed they can prove to be a valuable resource, encouraging new insights and creative ways of working together. Where the differences are not explored they can lead to duplication, conflicts and missed opportunities. A shared understanding of 'what is mental health' is a necessary step towards a shared approach to meeting children's needs.

## **Exercise 1.1**

### **What is mental health?**

#### PURPOSE

This exercise is a foundation for thinking about mental health and emotional wellbeing. It can be used at the start of a training course, or as a stand-alone exercise. It is designed to open up discussion of different concepts of mental health and the implications of those concepts for the ways in which we work with children and families. It can help to normalise discussion of mental health and increase the confidence of school staff by helping them to see this as an area in which they already have expertise.

#### TIME REQUIRED

45 minutes

#### TASK

Working in small groups, describe a mentally healthy child. How would they behave, what would they do, what attributes would they display, what might they feel about themselves and about others? What is it about them that would indicate to you that they are mentally healthy? On a whiteboard or flip chart sheet, note key points.

Now share your key points with others and discuss differences that emerge in your concepts of mental health. Does your view reflect a medical concept, a social model or a psychological one – or does it include all of these elements? In what ways does our model of mental health affect our practice in working with children and with colleagues?

Read through the handout *What is Mental Health* which offers a description of the core components of mental health in children.

*Some suggested questions to encourage debate:*

- *How might these relate to children's capacity to cope with transition?*
- *What is the role of school in relation to these aspects of children's mental health?*
- *Who else might need to be involved and what is their role?*

## ***Handout 1:***

### ***Mental health, mental health problems and disorders***

#### **Mental health**

- A capacity to enter into, and sustain, mutually satisfying and sustaining personal relationships
- A continuing progression of psychological development
- An ability to play and to learn so that attainments are appropriate for age and intellectual level
- A developing moral sense of right and wrong
- A degree of psychological distress and maladaptive behaviour within normal limits for the child's age and context

#### **Mental health problem**

- A disturbance of function in one area of; relationships, mood, behaviour or development, of sufficient severity to require professional intervention.

#### **Mental disorder**

- A severe problem (commonly persistent) or the co-occurrence of a number of problems, usually in the presence of several risk factors

## Exercise 1.2

### What shapes our mental health?

#### PURPOSE

This exercise takes the discussion a step further by exploring influences on children's developing mental health. It offers a framework for considering the complex interaction between biological, social and psychological influences on mental health and enables school staff to identify a role for themselves in the promotion of good mental health and the prevention of mental health problems.

#### TIMING

30 Minutes

#### TASK

Working in small groups, try to identify some of the things that shape children's mental health. These may be about aspects of the child themselves, their family, their school, their peer group, the way in which mental health is portrayed in the media or the range of life events that children have to cope with. Note key points and, after 15 minutes, share these with others.

*Some suggested questions:*

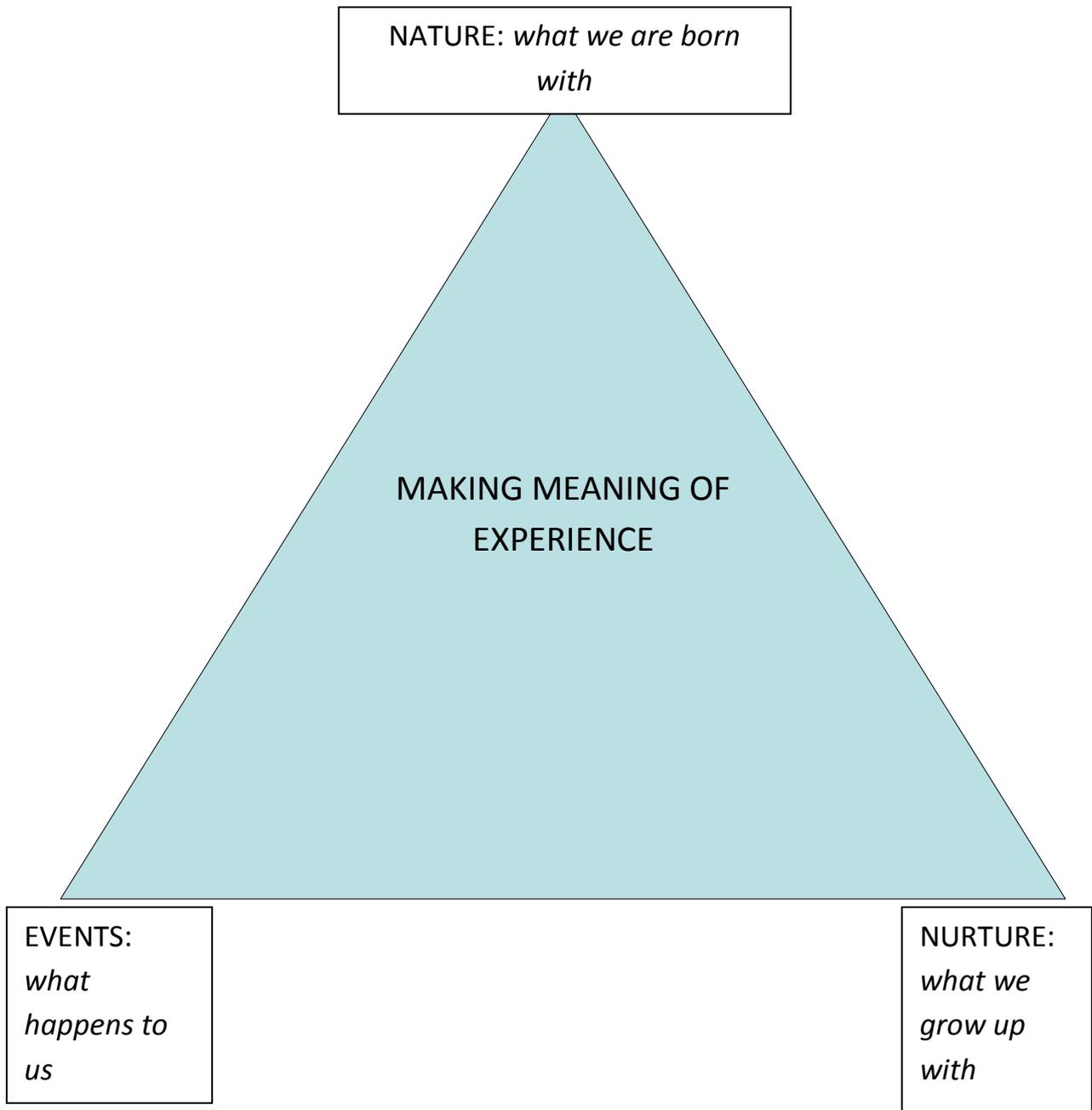
- *To what extent is mental health in children a 'fixed' state or a fluid, developing attribute?*
- *Are all of the influences you have identified equally important or are some more significant than others?*
- *Which influences can school reasonably be expected to have a positive impact on and how?*

The handout 'what shapes our mental health' is a model that offers an holistic view of mental health as something constantly shaped and reshaped by nature (our genes and biology) nurture (family, friends, school, wider community and society) and events (what happens to us in life). It suggests that all children are engaged in a continuous process of making meaning of experience within these parameters.

This dynamic is at the root of whether children approach transition with confidence and excitement or whether their experience is characterised by feelings of anxiety and fear. Our capacity to be adaptable, and to learn from and enjoy new experiences, is a component of our mental health and this in turn is the product of nature, nurture and events. Our mental health shapes our sense of ourselves and our perception of others. It is fundamental to children's capacity to relate to staff and peers and to engage in learning.

***Handout:***

***What shapes mental health?***



## Exercise 1.3

### Emotions in school

#### PURPOSE

This exercise explores how emotions shape behaviour and highlights that how we act is influenced by how we feel. Equally, our feelings and actions are influenced by how others around us are feeling. For school staff this is important in understanding what lies behind the behaviour of both children and adults and can open a window into working more positively with children and feeling more positive about themselves.

#### TIME REQUIRED

20 minutes

#### TASK

Working in small groups, think about the children who cause you concern in school and describe them. What is it about them that leads you to be concerned? What are they like, what do they do, how do they behave? Once you have them 'in mind' think about how they make you feel? Make a list of the feelings that these children evoke in you.

*Some suggested questions:*

- *Why do these children make you feel this way?*
- *Is it possible that it's because that is exactly what they are feeling?*
- *What are the implications of this for these children, for you and for the whole school?*
- *What different ways of working with those children does this suggest?*
- *What would help you to deal with the feelings?*

Feelings are contagious. If we are around someone who is happy then that positive emotion starts to rub off on us and we feel better. If we are with someone who is very anxious it can be difficult not to be caught up in their anxiety. Being with children who are angry, anxious or sad can easily leave us feeling some of that anger, anxiety and sadness and, if we recognise that is what is happening, can provide us with a window into understanding that child's experience. If we can recognise how children are feeling that can help us to think about why they are feeling that way. That, in turn, can transform how we work with children.

This exercise is also a reminder of the importance of looking after the mental health and emotional wellbeing of staff. Powerful feelings need to be processed in some way otherwise we are left with them and will take them home with us at the end of the school day and bring them back the next day. Structured opportunities to discuss with colleagues what you are

feeling and why can be very helpful in enabling you to cope with difficult emotions and in reducing stress levels among staff.

Your local primary mental health service (part of the Child and Adolescent Mental Health Service or CAMHS) may be able to offer consultation or you might be able to develop some form of work discussion group within the school, or across a cluster of schools. You cannot promote good mental health for children if you are constantly feeling under stress yourself and have no way to process that.

***Section 2***  
***A Child Centred Approach***

## Overview

The phrase 'child centred' is frequently used in policy and practice documents, but rarely explored or explained. Often it is used interchangeably with 'child focused' and yet the two phrases imply very different ways of thinking and working. This section invites you to explore what is meant by a child centred approach and why it matters for schools.

Child focused approaches have the child at their centre, but with others looking inwards towards the child.

The focus may be on the child's needs, but is rarely on a holistic view of those needs that recognises the child's individuality and sets them within a context – their family, school or community. In practice the focus is usually on the part of the child for which the particular practitioner doing the focussing feels most responsible, with the result that the teacher, the school nurse or the social worker each focus on different parts of the child and it's difficult for anyone to see the whole child. We tend to take our frame of reference and our perspective and apply it to what we observe about the child. But our frame of reference may be very different from that child's experience and way of making sense of the world. Something that many children struggle with in school is being able to be their whole self. The whole child includes a mix of thoughts, feelings and experiences; positive and negative, good and bad.

Child centred approaches have the child at the centre, but look outwards from that child's lived experience of the world.

Because children's experience is not compartmentalised, but a whole set of experiences, meanings, feelings and thoughts the child centred approach is necessarily holistic and inter-professional. It is about connectedness and how each individual child makes meaning of their experience and it's about enabling children to bring their whole selves into school and discover ways to engage with what school has to offer that release all of the potential that comes from that sense of wholeness.

Being child centred challenges us to put ourselves into the heads of children and to see the world as they experience it. It requires us to see beyond children's behaviour and to reflect on how their behaviour may be being shaped by what they are feeling and thinking and the strategies they have developed to cope with life. It locates children in the context of their families, communities and systems that surround them (like schools) and it requires us to consider how we, as adults, might need to change some of our behaviours to make it possible for children to find ways to change theirs.

We cannot, of course, fully know what it's like to be someone else. But the more we can understand why children act as they do, the easier it becomes to help them find ways to act differently. The more we can remain curious about what might be happening for an individual child, the more open we will be to novelty and creative ways of working with them. Sometimes that may mean that the emphasis to change rests with us as adults. Child centred approaches open up the potential for doing something different and for producing different outcomes.

## Exercise 2.1

### Exploring Perspectives

#### PURPOSE

This exercise is not a case study. The aim is not to propose solutions, but to explore different perspectives – to appreciate what it is like when you stand in someone else's shoes and to consider how might that influence behaviour, relationships and choices.

#### TIME REQUIRED

45 minutes

#### TASK

There are 4 key characters in the exercise; Asim, his mother Gemma, his father Ashiq and Asim's teacher Ms Matthews. The scenario below gives brief information on each.

Working in pairs or small groups, each pair or group is allocated the perspective of one of the characters. The task is to spend 10 minutes discussing what it is like to be that character. After 10 minutes each pair in turn will tell the rest of the group what they want to say from their perspective. So if you are taking the perspective of Gemma, for example, you need to consider what she is thinking and feeling and how she sees the situation. When feeding back to the rest of the group you should begin with the statement 'I am Gemma and what I want to say is.....'

*Some suggested questions:*

Once all 4 characters have spoken consider what can be learned from hearing the different perspectives and what the implications of this might be for the way the school approaches work with Asim.

- *What can be learned from hearing these different perspectives?*
- *What are Asim's needs?*
- *What are the implications for how the school approaches work with Asim?*
- *What role can school have in supporting the family?*

## ***THE SCENARIO: ASIM***

Asim has a father of South Asian origin, Ashiq, and a white mother, Gemma. His parents split up when he was six and his father now lives with another white woman and they have a boy of two together. Social Services were involved with the family when Ashiq was at home as there was some domestic violence and Asim's mother was badly hurt.

Asim's behaviour deteriorated when his father left home. Asim sees his father at a contact centre every other Saturday and tells his mother that he could go and live with his dad, "any time I want".

Asim is a Year 6 pupil. He has always been "a handful" since Nursery where he had great difficulty in sitting still and was very easily distracted. He had trouble making friends. Subsequently he has had a history of fixed term exclusions, which he enjoys as it means he doesn't have to go into school. In just over a term he will transfer to secondary school.

His behaviour has recently deteriorated further both in class; shouting out, hitting, running out of the room when reprimanded by his teacher, Ms Matthews, and at home where he is frequently involved in scuffles with neighbourhood children and is rude and confrontational with his mother. Gemma wonders if he has ADHD.

Gemma is a working single parent who confesses that she finds him increasingly difficult to handle. She struggles financially and can't keep up with his demands for playstation games.

Ashiq has an alcohol problem and the contact supervisor says that he is often late for contact and sometimes smells of alcohol. He works in the family wholesale business.

## Exercise 2.2

### Child Centred Transition

#### PURPOSE

This exercise is designed to explore the practical implications of a child centred approach.

Child centred approaches challenge us to listen to children and act on what they tell us. Children won't necessarily 'tell' us directly what is troubling them and we may have to observe and reflect on their behaviour – 'listening with our eyes' and trying to understand what their actions are saying about how they are feeling.

#### TIME REQUIRED

60 minutes

#### TASK 1

Work in pairs, with each pair focusing on one of the statements below which are all taken from the consultation with children and young people in Hinckley and Bosworth.

- *We had maps and menus but I think it would have been nice to have a day visit getting to know each other*
- *I am worried about moving school and I would like to have a talk with the teachers from the other school*
- *I didn't know what to think because I was just so nervous*
- *We had a teacher come with a power point and a few students but I still had lots of questions*
- *I'm used to moving school so I won't need anyone to help me move to my secondary school*
- *I would like someone to talk to because then I won't feel lonely and embarrassed*
- *I was very excited about it but I was really shocked that I was moving so fast*
- *I didn't really get any support at school – it was more at home and they just said 'don't worry' and of course that made me nervous and worry more*

In your pair discuss what the statement tells you about that child's experience of the process of transition – what is the issue? Try to agree one practical step that would make a difference to the issue raised. After 15 minutes, share your identified issue and your proposed practical step with colleagues.

## TASK 2

As a whole group, think about how your school manages the process of transition from primary to secondary.

- Can you describe some examples of child centred transition practice?
- What is it about those examples that makes them child centred?
- What are the aspects of your transition process that may need to be more child centred and what needs to happen to bring that about?

Write your ideas for more child centred ways of working on Post It notes and then try to group them together in ways that make sense; for example there may be a range of things about the timing of the process, or a group of issues about the format in which information is provided. Once you have grouped them together, think of a heading for each group of issues that captures what it is that joins them together.

*Suggested question:*

*What does this exercise tell you about changes that could be made in your school and/or between your school and others?*

Have a look at the handout *Practical Suggestions from Children and Young People* and compare your ideas with the things young people locally suggested.

## ***Handout: Practical Suggestions from Children and Young People***

In the consultation many children and young people said that they received lots of support from their family and/or from their school, but that was not everyone's experience. Some families will be better at helping children adjust and cope and the consultation suggests that the best schools do things that others can learn from. There is no 'one size fits all' approach that will meet all children's needs, but there are some clear themes that emerge from the consultation.

Many young people asked for a longer build up to transition. The sense that it was all happening very fast was strongly evident. In particular children commented that there was not enough time to get to know the secondary school setting and the people in it – adults and children. Lots of the comments were, in effect, a plea for time to build relationships. The first few days are vital, but the mixture of emotions that most children come with can lead to schools inadvertently quashing some of the excitement and with it the opportunities for establishing relationships. A common response to a lot of anxiety is to be overly calm and that can send an unintended message about the culture of the new school. Schools that can harness (or perhaps just live with) the excitement in the very stages are likely to see the anxiety evaporate more quickly.

For some children the communication with the new school was very good, but others were left feeling the transition was happening to them and around them, rather than with them. There were good examples of schools acknowledging the mixture of excitement and anxiety that goes with starting a new school and children valued that recognition. Comments included *'the school knew the stress we were all under and that made it easier'* and *'I was OK but lots of others were scared and it was good that teachers knew that.'*

There were lots of practical concerns about getting lost in school, not knowing what was expected of you and generally having a chance to orientate yourself to a very different setting. Most of these concerns could easily be addressed with information and, in some schools, clearly were being. There were lots of comments that suggested a need for more creative thinking about the best medium in which to provide information and the idea of a DVD made by the secondary school offers huge potential and was very popular. YoungMinds knows of one school in London where year 7 students regularly undertake a participative team work project in the summer term to make a DVD to introduce their school to its partner school in another country. Feedback suggests this is both a good learning opportunity and a very practical tool.

Another set of suggestions from young people related to some sort of mentoring or buddy scheme, especially in the first few weeks. Where concerns were expressed about bullying these tended to focus on getting to and from school and to what went on in the break times rather than to other parts of the school day. Children said that support at these points was particularly important.

Some further ideas can be found on the DVD which you can download from <http://teachers.tv/video/transition-from-primary/download>

## ***Some of the ideas young people thought would help***

*We should have a chance to see our tutor room, and perhaps to decorate it, so that you could feel more part of the place before you join.*

*We could do that at the end of the summer term and do it with the current year 7s – like a sort of handover*

*We should have more chance to meet the year 7s before we go up – share experiences and maybe set up an email group with them so we can learn what it's really like*

*A DVD made by the school that we are going to showing a typical day and the places and routines. Also with year 7 students talking about what it was like for them and how they coped and with teachers introducing themselves so we know who they are and what they do*

*Maps – so that we know our way around the new school – ideally electronic*

*Summer camp where we can really to get know people*

*Once you've arrived you need time to meet people and chat – talk to other year 7 students and find out what they are doing – some activities to help us do this*

*Buddies or mentors – especially for the first week or two and especially on the bus and at break times.*

*A chance to get to know a key teacher before we go up – someone we know we can talk to and who we will feel OK with when we arrive*

*Somehow we could write down our concerns so that there's no intimidation or pressure to scare you and then send them to a teacher who will write back and keep going until we don't worry any more*

*Less written stuff and more time to talk to people one to one before the summer*

*I think we should get a sheet about the teachers so we know who they are*

*One good thing our year 6 teachers did was get us to write down all our worries on a piece of paper and then scrunch it up, rip it up and put it in the bin*

*I think a daily diary would be good so we could write down what we are feeling*

*Some of the year 5s ask me about high school and I say that at the beginning you are scared but you get used to it and then you love it. I tell them you will make new friends in no time and forget what you were worrying about (peer mentor)*

## **Exercise 2.3**

### **Case Study Jessica**

#### **PURPOSE**

This case study is designed to encourage school staff to think 'beyond the behaviour' and remain curious about why children may act in the way they do.

#### **TIME REQUIRED**

30 minutes

#### **TASK**

The case study is in two parts. Distribute part 1 first and ask participants to read through the scenario and then, working in small groups, discuss the question at the end. Write up suggestions on a flip chart.

Now distribute part 2 and again ask participants to read through it and then discuss the questions at the end.

## ***SCENARIO: JESSICA (Part 1)***

Jessica is in year 6. Her teachers say she can be a bit distracted, and seems to be in a 'world of her own' sometimes, but she is generally well behaved and her achievement is average. Jessica's house is quite close to the school and she always walks to school by herself. Despite this, she does have a problem with lateness in the mornings. She doesn't have any close friends in school.

This morning the children had a lesson taken by Mr Jones, one of the teachers from the secondary school that most of them will transfer to in the autumn. He asked the children how they felt about moving to a new school and many of them talked feeling excited about making new friends, but also feeling a bit nervous and not knowing what to expect. Mr Jones explained that all children feel like that but that once they get into the new school and get to know their way around they quickly settle down and stop feeling anxious.

One of Jessica's classmates asked Mr Jones about homework, because he had heard that there would be lots of it at the new school. He said that there would be more homework but that was part of growing up. Another child asked about what would happen if you got things wrong, like being late for school, and Mr Jones explained that the school had rules and that it was very important that children got to school on time. Jessica said nothing in this lesson.

At lunchtime one of the staff asked Jessica if she was OK as she wasn't eating her lunch and she burst into tears and ran out of the dining hall. When a member of staff tried to console her she became very angry and distressed and screamed at them to leave her alone.

*Question: what might explain Jessica's behaviour?*

## ***SCENARIO JESSICA (Part 2)***

Jessica is in year 6. Her parents separated when she was 4 and she lives with her mum, Mary. Mum has a long history of episodes of depression and although her GP prescribed medication a few years ago she didn't find it helped and so stopped taking it. Jessica sees her dad occasionally, but he never spends much time with her and he usually gets into rows with Mary and says things like 'I can't cope with your moodiness: that's what made me leave in the first place'. After that everything just gets worse.

When Mary is feeling well she is very loving towards Jessica and tries hard to compensate for the 'bad times' by buying her things and making a big fuss of her. But when she is experiencing a depressive episode she withdraws completely, staying in bed for days on end and Jessica is the one who has to get meals, do the cleaning and generally 'be the adult' in the home. Even on good days Mary relies a lot on Jessica and tells her how much she needs her and how important she is to keeping everything going and keeping her on an even keel.

*Question 1: what might explain Jessica's behaviour?*

*Question 2: what can school do to help Jessica cope better with the transition to secondary?*

## Exercise 2.4

### Including Dizzie Rascal

*"Including Dizzie Rascal: Transforming behaviour, attendance and learning through child centred practice"* is paper written in 2004 by Ian Kehoe, a former teacher who was then a consultant at the Grubb Institute. You can download a copy of the paper at <http://www.grubb.org.uk/publications/education-and-growing-up.html> If possible print it in colour as it contains a diagram that does not work as well in black and white.

The 'Green Paper' and the Children's Bill referred to on page 1 are what went on to become Every Child Matters and the Children Act (2004).

Ask participants to read the paper (if possible in advance of the session so that they have some time to think about it) and then, in a small groups, discuss it.

*Some suggested questions:*

- *In what ways might the Reed Rainbow be a useful framework for thinking about children's development and the role of school?*
- *What are the implications of the Rainbow for transition practice?*
- *How does your school manage it's Dizzie Rascals?*
- *Would a more child centred approach in your school achieve different results?*

## ***Section 3***

### ***Risk, Resilience and Transition***

## Overview

This section looks at why some children are more vulnerable to mental health problems and how schools can make a difference by changing the balance between risk and resilience in children's lives.

By risk we mean things that predispose children towards poor mental health. Risk factors do not *cause* mental health problems but an accumulation of risk does make problems more likely. Even a small reduction in the 'stockpile of risk' that a child is facing can be enough to make a big difference. Many children flourish despite considerable risk in their lives and if we can understand what protects those children against poor outcomes – what enables them to be resilient – we can work in ways that develop resilience. Experience shows that if we build resilience for all children, all children benefit, but those who are most in need benefit most, so this is a very productive route to follow.

We have good evidence, built up over many years, to tell us what the risk factors are. An awareness of these can help us identify early children who are vulnerable to a range of problems including those likely to struggle with transition. Equally we have good research evidence that can inform work to build resilience, both at an individual and a whole school level.

Our capacity to cope with change is one component of our mental health. It is shaped by our own unique combination of nature, nurture and events and the resulting balance in our lives between risk and resilience. Many children will have experienced warm, consistent, predictable care and will have come to see adults as trustworthy and reliable supports when dealing with difficult thoughts, feelings and events. But for others, their experience will be of adults whose patterns of caring are chaotic and whose responses cannot easily be anticipated or depended on. For these children, placing trust in adults and regulating strong emotions can be very difficult. Some will find it almost impossible to ask for help when faced with difficulties while others may cope with underlying anxieties by demanding to be the centre of attention.

Transition, and indeed any significant change, can affect the balance between risk and resilience. Change, inevitably involves an element of loss. Even when the change is a positive move to something new and exciting, we leave behind elements of what went before and we have to find ways to come to terms with that. While most children quickly adapt to the new environment and opportunities offered by secondary school, some will have experienced many instances of loss and separation and will be particularly anxious about yet another change. Even children who appear to be coping well can be knocked off course by events and so developing the capacity of all children to cope, increasing their range of strategies and skills can be a very effective preventative strategy.

### **Exercise 3.1**

#### **The process of transition**

##### **PURPOSE**

To explore the emotional journey involved in transition and change.

##### **TIME REQUIRED**

15 minutes

##### **TASK**

Working on your own, think about some of the major changes you have experienced in your life. Examples might be going to college, starting a new job, becoming a parent or moving house.

Note down some of the thoughts and feelings that you experienced as you made that transition?

Now, share your notes with colleagues and discuss what this tells us about the process of transition.

*Some suggested questions:*

- *Is there a pattern to the thoughts and feelings associated with change – are they random or do they follow a particular order?*
- *Would changing the thoughts at each stage change the feelings?*
- *What would have helped you to change the thoughts?*
- *What does this tell us about the process of transition from primary to secondary school?*

Most theories of change describe some sort of U shaped curve that we go through as we deal with the emotions and cognitions involved in change. One example is the model, based on personal construct psychology, developed by John Fisher and often referred to as a 'personal transition curve'. You might want to see if your experience tallies with the model, a copy of which can be downloaded from:

<http://www.businessballs.com/ProcessofchangeJF2003.pdf>).

Feelings, thoughts and behaviour are intimately inter-connected. In many respects the brain is emotional organ, with the emotional centres acting as gatekeepers to the rational, cognitive areas. If something has a high emotional content for us it is hard not to think about it and what we feel influences what we think and how we behave. One approach to working with children who are struggling with difficult feelings is to help them to learn to change their thoughts so that the feelings become less dominant.

## Exercise 3.2

### Listening to children

#### PURPOSE

To consider the thoughts and feeling children experience around transition and to think of ways to address their concerns.

#### TIME

20 minutes

#### TASK

Read through the comments below and discuss what you could do that might help children to change the thoughts (and therefore the feelings and behaviours) that they describe.

Here are a few of the things children in Hinckley and Bosworth told YoungMinds about what they were feeling and thinking:

- *I am nervous, scared and worried because it will be a completely different school and I'll be in the smallest year*
- *I'm worried in case I won't fit in or make new friends because I'm leaving my friends behind*
- *I'm a bit excited but a bit nervous because I like to meet new people but I have never seen the new school*
- *I was really excited about going up because I knew I would be more independent but I was also scared about the amount of homework, harder work and that I would loose all of my friends*
- *I was very, very scared. I was used to be the eldest but now I'm not.*
- *I was really worried and scared because mu uncle kept telling me scary stories about how people give you 'welcome punches' and it tipped my balance*
- *I have this problem with nerves – if I don't like someone or I'm scared of them I don't talk around them*
- *I don't adjust well to change – never have, never will*

Some children may become 'stuck' on the transition pathway and need help to move on to the next stage. Some children will have more of the skills needed to cope with change and

some, crucially, will be at increased risk and lack the capacity to adapt. Children who have a good sense of belonging, identity, self esteem and self-efficacy and who have a wide network of supportive relationships are more likely to cope well. Those who experience social exclusion, deprivation, disadvantage or a lack of support and those who have had difficult experiences in their early years are more likely to struggle.

### **Exercise 3.2**

#### **Risk**

#### **PURPOSE**

To help school staff identify children who may be particularly vulnerable as a result of the level of risk to which they are exposed.

#### **TIME REQUIRED**

20 minutes

#### **TASK**

Read through the handout on risk and, working in small groups, identify risk factors that might impact on the ability of a child to cope with transition. Now consider the following questions:

- *Which of the children in your school/year/class are experiencing some combination of these factors (remember risk is cumulative)?*
- *How can school help to minimise those risks (remember even a small reduction in the stockpile of risk can make all the difference)?*

## ***Handout: Risk***

The more predisposing or risk factors to which a child is exposed the greater their vulnerability to mental health problems. Risk does not cause mental health problems but it is cumulative and does predispose children and young people to poorer outcomes. We can minimise the number and extent of risks, and we can minimise the number of risks operating at a given time in a child's life. It may not be possible to remove the risk itself, but often an awareness of the presence of risk will change the way we understand a child's needs and respond to them. This is one example of minimising the impact of risk. We can recognise risk within the child themselves, but also within the systems surrounding the child.

### **Predisposing factors in children include:**

#### **Genetic Influences**

Some chromosomal syndromes are associated with particular behavioural traits; an inherited predisposition has been shown to be linked to the development of specific adult mental health disorders.

#### **Low IQ and learning Disability**

Children with learning difficulties may have communication difficulties, low self-esteem, limited life experiences and losses, all of which may contribute to a greater vulnerability to developing mental health problems. These problems may be manifest as difficult or challenging behaviour.

#### **Specific development delay**

Children with a range of specific developmental problems (dyslexia, dyspraxia, attention deficit disorder) are more likely than their peers to have emotional and behavioural problems. Low self-esteem, academic failure and frustration may underlie this. A third of children with conduct disorder have specific reading difficulties or dyslexia.

#### **Communication difficulty**

Language delay, English as a second language and cultural differences that are not understood or recognised, can all make the world seem a confusing and unresponsive place. This will make children, who may already be vulnerable for other reasons, feel even more isolated

#### **Difficult temperament**

Children are born with different temperaments, which determine how easily they adapt and settle to routines and deal with stress. Children's temperaments are modified by their

experiences and by how well adults are able to help modulate any distress. Those babies who are sensitive, volatile or unable to cope with change remain vulnerable in later life.

### **Physical illness**

Children who are often ill miss time from activities that other children do, at play and school. They may have to undergo uncomfortable or unpleasant treatment; they may miss out on developing friendships. Not being able to attend school regularly may mean getting behind with their work; parents too, can become over-protective. Children with chronic illness and disability, particularly those which involve the neurological system (epilepsy, cerebral palsy) are particularly vulnerable in this way.

### **Academic failure**

School is a big part of a child's life and not being able to cope at school will have a huge impact. School teachers and other adults may not understand why a child is having problems and may not provide the right sort of help; other children usually know and may tease. The child may feel to blame – no-one likes doing things they feel they are not good at. School ethos is important – the school which truly values aspects of the child, other than academic success, can limit this negative experience for the child. Schools that have high expectations (that ask a lot of children) and strong supports (that give a lot to children) have been shown to support good mental health.

### **Low self-esteem**

This can have a very powerful influence on the way children approach and cope with the world they live in. Low self-esteem can affect the way children deal with new challenges and can influence the way others, including peers, respond.

### **Predisposing factors in families include:**

#### **Overt parental conflict**

When parents are caught up in tense, hostile and angry battles with each other, it's very difficult for them to focus on their children's emotional needs. Sometimes, children become involved in the battles, either directly or as pawns in the confrontations between the adults. Children find it very difficult to understand what is happening and may well come to feel that the arguments are their fault in some way. They also become very frightened and confused by domestic violence.

## **Family breakdown**

One in three marriages ends in divorce and co-habiting parents are even more likely to separate, so many children have to cope with the distress, disappointment and sadness that this brings. For many couples, after a separation, it proves to be very hard to continue to act as parents towards the children, so that parenting falls on the shoulders of one the parents, most commonly, the mother. The parent who moves away may gradually disappear from the child's life, as might other relatives; the child may come to believe that they were in some way responsible for this. After a separation, there may be other disruptions and uncertainties; many single parents have to cope with living on a reduced income.

## **Inconsistent or unclear discipline**

Children need to know what is expected to them. The boundaries their carers create help to give them a sense of security and containment. When discipline is unclear or inconsistent, children do not know what the limits are and may become bewildered, confused or anxious as a result. Conduct problems are associated with inconsistent parenting styles.

## **Hostile and rejecting relationships**

It is difficult for children to develop a sense of their own worth if their relationship with one of their main carers is hostile and rejecting. At its most extreme, a child may be the victim of emotional abuse, seen as the family scapegoat, the cause of many of the family's difficulties, and offered little or no support, encouragement or affection.

**Failure to adapt to children's changing developmental needs** As children grow and develop, their needs change. Not all families are able to respond in a flexible way to the particular needs of their children. Adolescent children can be particularly challenging for some parents.

**Abuse – physical, sexual, neglect and/or emotional** Children who have been exposed to abuse are extremely vulnerable to developing mental health problems. This is particularly marked where the abuse has occurred within their family – their trust in the adults who care for them is damaged and can affect every aspect of their lives.

**Parental psychiatric illness** A parent suffering from psychiatric illness may go through times when they are unable to meet their children's needs, particularly if they require periods in hospital. During these times children may be worried or confused by what is happening, embarrassed about unusual behaviour, have to take up a carer role for a parent or siblings or both and will be concerned about the reactions of their neighbours or friends. Families in this situation may have financial and housing problems which add further to their difficulties. The stigma associated with psychiatric illness and the discrimination and bullying families

can experience will also have an impact on the children. Children often fear that they will go on to develop a psychiatric illnesses themselves despite their being no evidence of a genetic component and this is compounded where adults are reluctant to discuss the parental illness with the children.

**Parental criminality, alcoholism, drug abuse and personality disorder** All of these factors can make it difficult for parents to provide a stable and secure family life for the children.

**Death and loss – including loss of friendships** Disrupted childhoods often lead to cumulative losses. Whilst children need to learn how to cope with loss and bereavement, these experiences can be very traumatic – especially for children who are already vulnerable in some way. Repeated moves may be associated with loss of familiar people, places and things.

**Predisposing factors in the wider environment include:**

#### **Socio-economic disadvantage**

Living in poverty is a powerful risk factor for children's mental health difficulties. Children in families where both parents are long term unemployed have rates of mental disorder two and a half times the average.

#### **Homelessness**

Families who do not have the stability of a home find it very difficult to provide a secure and predictable life for their children. Parents in this situation are likely to become tense and preoccupied; meeting the family's basic material needs presents a major challenge, and relationships within the family are likely to come under considerable pressure.

#### **Disaster, accidents, war and other overwhelming events**

Mean that the usual structures and supports are disrupted, possibly over long periods of time. Where the adults are able to protect children from the most difficult and most frightening aspects of these experiences, children can be remarkably resilient but in extreme situations this may not be possible. Children who were already vulnerable before the disaster appear to be most at risk.

## **Discrimination**

Children can experience discrimination amongst their peers if they appear to be different in any way from the majority because of race, colour, faith, culture, disability, sexual orientation. Racial and cultural discrimination and abuse affects whole families and communities and presents a serious and powerful risk factor for children's emotional wellbeing.

## **Other significant life events**

Life events are stressful. The more disturbing life events we experience, the more vulnerable we are to developing mental health problems. Children are exposed to some of the risk factors listed above will also live in families who experience more severe disruption in their lives than their peers, rendering them even more vulnerable.

### **Exercise 3.3**

#### **Resilience**

##### **PURPOSE**

To increase awareness of factors associated with resilience in children and of ways in which school can promote resilience.

##### **TIME REQUIRED**

30 minutes

##### **TASK**

Read through the handout on resilience. Working on your own, think of time when you have experienced a significant emotional difficulty of some kind. Recall what you thought and felt at that time. Now reflect on what you did - the strategies that helped you to cope.

Working in pairs, share the strategies. Be as detailed as you can; so, for example, not just 'talking to someone' but 'talking to a good friend because I knew I could trust them to listen and not to be judgemental'. Between you, list as many strategies as you can that you have found helpful in coping with distress.

Now share the strategies with other pairs, producing one big list that is written up on a white board or flip chart.

Discuss together which of those strategies can be taught to children and, where they can, what are the skills that children need to develop in order to employ those strategies?

*Some suggested questions:*

- *What are the opportunities that exist in school to teach resilience through the curriculum?*
- *What are the opportunities that exist in school to develop resilience through other activities?*
- *What are the ways in which you can model resilience for children in school?*
- *What, in school, helps you, as members of staff, to develop or sustain your own resilience?*

## ***Handout: Resilience***

Tony Newman, writing about resilience defines a resilient child as one who 'can resist adversity, cope with uncertainty and recover more successfully from traumatic events or episodes'<sup>3</sup>. Resilience is something acquired through experience, although there may be some inherited aspects. It is not about invulnerability, but our capacity to cope. Continuous and extreme adversity is likely to drain the most resilient children.

Pre pubescent girls tend to be more resilient than pre pubescent boys. This is probably in part because girls are statistically less likely to be disabled but also because girls are encouraged to express their feelings whereas boys are more likely to be socialized in ways that encourage inhibition of their emotional expression.

Adolescent boys tend to be slightly more resilient than adolescent girls, but the reasons for this are not well understood. However, resilience in girls is encouraged in households where 'there is an absence of over-protection, an emphasis on risk taking and where there is reliable emotional support'. Resilience in boys is encouraged in households where 'there is greater structure, rules, parental supervision, a healthy male role model and encouragement for emotional expression.'

Michael Rutter<sup>4</sup> argued that resilience is created, when risk is reduced through protective mechanisms that change a child's trajectory in life. When children are helped to have a positive appraisal of their self and to think differently about events, they are enabled to feel differently about their own competence and believe in their ability to cope. He also argued that risk is reduced when the exposure to risk is altered. For example, despite a high risk environment a child may mitigate the exposure to risk through engaging in extra-curricular activities at school that provide a range of supports. In particular Rutter<sup>5</sup> points to the following as factors which protect young people in adversity:

- The ability to integrate experiences into their belief systems
- The presence of self-esteem
- The ability to be proactive in relation to ongoing stress
- Having secure affectional relationships
- Some measure of success and achievement
- Interaction with others in securing gains
- Parental modelling or redeeming relationships – i.e. modelling by another supportive adult

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<sup>3</sup> Newman, T (2002) Promoting Resilience: A Review of Effective Strategies for Child Care Services (Exeter: CEBSS)  
<http://www.ripfa.org.uk/aboutus/archive//files/reports/PromotingResilience.pdf>

<sup>4</sup> Rutter, M (1987) Psychosocial resilience and protective mechanisms, published in American Journal of Orthopsychiatry, 57, 3 pp316-331

<sup>5</sup> Rutter, M (1985) Resilience in the face of adversity: protective factors and resistance to psychiatric disorder; British Journal of Psychiatry 147: 598-611

- The ability to process events and experiences in a meaningful way
- Gaining mastery over stressful events

Daniel and Wassell<sup>6</sup> have developed the notion of Domains of Resilience. These are six areas of a child's lives where resilience can be promoted (secure base, education, friendships, talents and interests, positive values and social competence). The idea of 'resilience strings' is similar to Rutter's protective mechanisms, which are processes over time that interact with each other to reinforce resilience. It is likely that in resilient children one domain of resilience is likely to positively impact on another. So, for example, a child who has a talent to play a musical instrument and who is asked to perform in the school orchestra is also likely to develop friendships and, as a result, will take up a valued social role and his/her education will be promoted.

Research has consistently identified the following protective factors for children's mental health:

### **Resilience in the child**

- Being female (in younger children)
- Secure attachment experience
- Outgoing temperament as an infant
- Good communication skills, sociability
- Being a planner and having a belief in control
- Humour
- Problem solving skills and a positive attitude
- Experiences of success and achievement
- Faith or spirituality
- Capacity to reflect

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<sup>6</sup> Daniel, B, Wassell, S & Gilligan, R (1999) Child Development for Child Care and Protection Workers London: JKP

## **Resilience in families**

- At least one good parent child relationship (or one supportive adult)
- Affection
- Clear, consistent discipline
- Support for education
- Supportive long term relationship or the absence of severe discord

## **Resilience in communities**

- Wide support networks
- Good housing
- High standard of living
- High morale school, with positive policies for behaviour, attitudes and anti-bullying
- Opportunities for valued social roles
- Range of sport and leisure activities

## Exercise 3.4

### Learnable skills of resilience

#### PURPOSE

This exercise is about discovering ways in which resilience can be taught in the school context, both through didactic approaches and through modelling by adults of resilient ways of behaving.

Dr Karen Reivich identifies 7 learnable skills of resilience. These are summarised in the handout below. Dr Reivich describes these learnable skills in an audio file which you can access free at: <http://www.centreforconfidence.co.uk/pp/audio.php?p=c2lkPTU=#>

Play the audio and distribute the handout and invite discussion of each component so that everyone is clear what is meant by, for example, *emotional regulation*.

#### TIME REQUIRED

45 minutes

#### TASK

The task is to identify ways in which you can promote learning of these skills through your role in school. So, for example, a teacher of English might use a novel, poem or play to explore *empathy* with children and generate discussion on how we recognise what others are feeling and thinking. A maths teacher might think about *impulse control* in terms of the importance of problem solving skills and taking one step at a time or a learning mentor might consider how they can enable children to learn that *reaching out* for help is a sign of strength rather than a sign of weakness.

#### *Some suggested questions*

- *Would all children benefit from learning more about resilience?*
- *Would staff benefit from learning more about resilience?*
- *What aspects of the whole school life could contribute to promoting resilience and how might this be done?*

## ***Handout***

### ***Seven Learnable Skills of Resilience***

<b>Emotional awareness or regulation</b>	Ability to identify what you are feeling and manage these appropriately
<b>Impulse control</b>	Ability to tolerate ambiguity and not rush decision making
<b>Optimism</b>	Optimistic explanatory style - wed to reality
<b>Causal analysis</b>	Ability to view difficulties from a number of perspectives, and consider many factors
<b>Empathy</b>	Ability to read and understand the emotions of others. Helps build relationships with others and gives social support
<b>Self-efficacy</b>	Confidence in your ability to solve problems - involves knowing your strengths and weaknesses
<b>Reaching Out</b>	Being prepared to take appropriate risk - a willingness to try things and view failure as part of life.

### Exercise 3.5

#### Case Study: Daryl

##### PURPOSE

To explore issues of risk and resilience and to practice using a child centred approach in determining the role for school.

##### TIME REQUIRED

20 minutes

##### TASK

Read through the case study and then consider the questions that follow it.

Daryl is 12 years old and started secondary school three months ago. He is violent and abusive towards his mum and younger siblings at home (a 10 year old brother and 9 year old sister). He lashes out and has smashed up furniture. He does not do as he is told and hangs around with a group of older boys in the neighbourhood. At school he has already been excluded for his violent outbursts and is truanting. Mum says that Daryl was having one-to-one sessions with a school mentor at his primary school and while his behaviour was not good, it has become much worse since starting secondary school.

Mum feels that the secondary school has offered no support and she is getting fed up with the calls, texts and letters she keeps getting. Daryl has been under CAMHS for the past four months but they say mum needs to go on a parenting course. Mum says Daryl is out of control and she is unable to manage him anymore. Mum's partner was violent to her for a "long time" and the family have moved homes several times to escape the continued violence and harassment she was experiencing from him. Mum says Social services aren't helping and she is at a loss to know what to do next.

##### *Some suggested questions*

- *What are the risk factors facing Daryl and his family?*
- *In what ways might his school contribute towards minimising risk and building resilience?*
- *What can the primary school which Daryl's siblings attend do to minimise risk and promote resilience for them in advance of their transition to secondary school?*
- *Are there ways in which the primary and secondary schools could work together?*
- *What other agencies could be involved in supporting Daryl and his family and where are the boundaries between their role and that of the school?*

## Exercise 3.6

### Case study: Catherine

#### PURPOSE

To explore issues of risk and resilience and to practice using a child centred approach in determining the role for school.

#### TIME REQUIRED

20 minutes

#### TASK

Read through the case study and then consider the questions that follow it.

Catherine is 11 years old and has recently started secondary school, but only attended for the first three weeks and has been off school for the past two weeks complaining of tummy aches.

Dad has been to the GP with Catherine who gave her some medicine, but she says she feels no better. On a return visit to the GP dad was told daughter's tummy aches should have cleared up by now and suggested it's 'all in her mind' and she should return to school. Catherine says she cannot go back to school.

Catherine is dyslexic and has a statement. She was bullied in her primary school but didn't tell anyone and she did not have many friends. Her dad is a single parent with a diagnosis of depression who has been off work for the past six months. Mum no longer lives with the family - she has a diagnosis of schizophrenia.

Catherine's dad comes to a meeting at the school because he wants to know how to get her back into attending.

#### *Some suggested questions*

- *What are the risk factors for Catherine?*
- *What kind of support from her primary and/or secondary school might have helped to avoid the present situation?*
- *What role can her secondary school play now in supporting Catherine's return to school?*

## ***Handout and Worksheet***

### ***Resilience, transition and the whole school approach***

In our work with schools across the UK we have often asked for practical examples of aspects of school that have a positive impact on resilience and transition. This handout is a collation of some of those examples. The headings are ones commonly found in the literature on whole school approaches. Not every example fits neatly under a single heading and, of course, the point is that it is the totality of these things, in any individual school, that shapes children's experience. Consistency and coherence across the components is critical – what is written in policy has to be modelled in practice for all members of the school community.

The following list of examples could be thought of as a guide to help in mapping current practice in your school. Not every example will be relevant and this is far from being an exhaustive list. The question is *what happens in your school* and the final section provides space for you to consider that.

#### **School Culture & Ethos characterised by;**

- Every child a respected, safe learner
- Mistakes are allowed
- All staff know children well
- Shared school vision
- Restorative approaches – understanding, not blame; focus on solutions
- Continuous improvement – review and learn
- Communication for all
- Valuing the whole child
- Teamwork
- Empowering pupils, preparing children to be independent
- Listening
- Consistent approaches to children with difficulties
- Shared information
- Flexible and approachable
- Fun
- Role modelling
- Consistency of whole school approach
- All staff valued and included
- Valuing the contribution of all children
- Children feel secure and feel they belong
- House system, house points, celebrations and sense of belonging
- Catholic ethos

### **Leadership that models and enables;**

- A clear purpose for the school that is consistently articulated and shared with staff, children and parents
- All members of the school community to understand their role and to take up that role
- Positive modelling of behaviour
- Willingness to learn and to change
- Mistakes to be made and learned from
- Fairness
- Consultation

### **Curriculum**

- Differentiated curriculum – chance for all to succeed - adapted for specific groups of pupils and taught in small groups where appropriate
- SEAL embedded in the practice and culture of the school
- PSHE; for whole school, groups and individuals
- Ownership (negotiated) of IEPs and IBP targets
- ‘Opening Minds’ – cross curriculum approach linking work to real life issues and topics across subjects
- PACE; Personalised, Alternative, Curriculum Experience – 11 hours per week with the same space, teachers and peers
- Planning for sensory curriculum to meet the needs of pupils with profound and complex difficulties
- PATHS; Promoting Alternative Thinking Strategies
- Themed weeks e.g. diversity week

### **Teaching and learning**

- Teach emotional literacy
- Shared responsibility
- Rights
- Respect
- Educational visits, trips and journeys
- Keep the same TAs with classes throughout school
- Structured displayed timetables in each class
- All pupils are greeted warmly

### **Policies**

- Open door policy with parents
- Consistent policies across the school
- Whole school agreements
- Clear inclusion policies
- Clear, consistent policies on anti-bullying
- Clear boundaries and guidelines

- Whole school development of behaviour policy
- Consistent marking policy
- Transitions policy KS1 to KS 2 and KS 2 to KS 3

### **Pupil participation**

- Peer mentoring
- Students contribute to annual reviews and target setting
- School Council
- Students involved in decision making

### **Assessing, recording, celebrating achievement**

- Celebrating all achievement – academic, music, sports, drama, arts
- Noticeboard ‘about our school’
- Celebration assemblies
- Celebration weeks; books, creative, science etc
- Weekly ‘rejoice’ assemblies
- Rewards evenings
- Rewards scheme
- Achievement medals including ‘kindness’ medal

### **Pupil support services**

- Social skills groups (talking partners, circle of friends)
- Lunchtime play scheme
- ‘Talk About’ secondary school self-esteem nurture programme for individuals
- Small group support
- Pastoral system/support workers
- Family support workers
- Named ‘key person’ for each child
- Buddy scheme – peer mentoring
- Counsellor on site each week
- 2 week summer school programme for year 7
- Music therapy
- A safe place for pupils to go for time out – always staffed
- Nurture room offering cooking, circle time, games etc
- Variety of before and after school clubs including breakfast club

### **Working with external agencies (in-reach and out-reach)**

- Family support workers
- Behaviour support team
- Well researched work experience placements
- Music therapy via Occupational Therapist

- External training providers
- Good multi-professional meetings and shared information
- Speech and language therapy
- Educational Psychology

### **Parent/carers partnerships**

- Children's Centre links to support families and school
- Regular meetings
- Letters
- Home/School books
- Parent training opportunities in the school
- Parent inclusion in weekly assemblies, performances, volunteering in school
- Being transparent with parents and children e.g. end of year meeting with parents to discuss reports and targets

### **Staff mental health and wellbeing**

- Training – developing staff understanding of mental health
- Skills audits and in house training
- Staff support group
- Performance management process
- Social events
- Approachable senior staff

### **Transition Specific**

- Passport – what do staff in the secondary school need to know about me?
- Induction visits to the new school with extra visits for vulnerable children accompanied by their TA
- Visits by year 7s to their 'old' primary
- 'Upgrade' programme – scheme of work preparing for year 6 to year 7 transition
- Year 6 give top 10 tips to upcoming year 6
- Thorough handovers of staff between year groups

## **My School**

**10 things we do well (whether they are on the list above or not)**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

**10**

**3 things we could do better (whether they are on the list above or not)**

**1**

**2**

**3**

**The resources we need to do it**

**What will stop us doing it?**

***Section 4***  
***Attachment, Belonging and Learning***

## Overview

Children need a secure emotional relationship with a care giver in order to grow and develop physically, psychologically and intellectually. Such a relationship is central to a child's capacity to engage with school and to relate to others. Without this key foundation children are likely to experience distress which may be physical, emotional or social in form, but which will be communicated through their behaviour. There is no single set of behaviours that will tell us a child has an attachment problem but there are patterns of behaviour that are associated with different attachment styles and an awareness of those patterns can help us to understand a child's experience and indicate how we might work with them differently to meet their needs.

Most experts suggest that around 60% of children are securely attached. That secure attachment is an important component of resilience and is strongly associated with children's capacity to form and sustain relationships (including those that support learning) to take risks (such as those involved in learning) to experience a sense of belonging, to cope with change, to concentrate on the learning task, to listen and understand and to be listened to and understood. This is at the core of the business of school.

Children whose early experiences have led to them developing insecure attachment styles may demonstrate the lack of a core sense of emotional safety through behaviour that can seem puzzling, frustrating and deskilling for teachers and other staff working hard to support them. A child who has experienced unpredictable, inconsistent care – whose needs sometimes elicit a nurturing and warm response, but at other times are ignored or rejected – may develop an ambivalence towards their care giver. Underlying this is a deep fear of being abandoned. Equally, a child whose early experience has taught her to avoid displays of emotion may learn to internalise feelings and will struggle to ask for help. These patterns of relating to care givers form templates, or mental models, that children draw on in their subsequent relationships.

In recent years neuroscience has added to our understanding of the ways in which these early patterns of interaction shape the physical development of a child's brain, with the complex interaction between nature, nurture and events leading to the growth and 'pruning' of synapses, particularly but by no means exclusively, in the early years. Brain development continues in children until their early 20s and continues to be influenced by their experience of the world and in particular the people around them. Early experience becomes encoded in patterns of brain function as children develop strategies to cope with the circumstances in which they find themselves. Insecurely attached children may have to develop strategies to cope with deep emotional distress and may, as a result, behave in ways that seem to us inexplicable, challenging or concerning. If we want them to behave differently we need to understand why they do what they do and we have to offer them new strategies.

This section looks at how attachment difficulties may impact on transition and at how an understanding of attachment and brain development can help us work to enable children to learn new strategies and behave in different ways.

## **Exercise 4.1**

### **Three Stories**

#### **PURPOSE**

To consider how avoidant attachment difficulties might present in school.

#### **TIME REQUIRED**

45 minutes

#### **TASK**

First, read the Teacher's story and then discuss what Ms O'Neill might be feeling and thinking.

Next, read the Father's story and then discuss what Mr and Mrs Atkins might be feeling and thinking.

Then, write or tell James' story. What has life been like for him, what might he be feeling and thinking and what might he have learned about coping with life?

Finally, discuss what support James might need as he approaches the transition to secondary school.

#### **The Teacher's story**

My name is Ellen O'Neill and I have taught at the local primary school for 4 years. I enjoy my job but I do get concerned by some of the children – like James for example. He is just so 'odd'. He is really very difficult to get to know and seems to drift through the day without ever quite being part of it. He's in a little world of his own. At first I thought it was just me – not all children get on with all teachers – but I'm usually pretty good at relating to them. I noticed that James doesn't seem to have any close friends in school, but some children are quieter than others and he doesn't seem upset – just, well - disconnected. In class it's as if me and the other children aren't there.

James' language ability is a bit behind what I would expect for his age but not hugely so. He is in year 6 and he struggles to express himself clearly, but it's his way of speaking that I find so strange – kind of flat, almost mechanical. He never seems to really enjoy anything but is good at working away on his own at tasks, especially if it's something quite structured and methodical. At least, he is until he gets stuck. Then he just gives up and moves on to something else or sits silently. He never asks for help – it's as if he just doesn't care. When I do try to help him with a task it's as if he shuts down and won't listen.

Today he had an outburst in class, something that is happening more and more with James. The children were working in pairs and making lists of things they like and dislike about our neighbourhood in preparation for writing a story about 'where I live'. Suddenly James tore

up his list and shouted out 'this is crap'. When I tried to talk to him he just clammed up and refused to answer me.

### **The Father's story**

I am Ian Atkins and I am 46 years old. My wife, Eve, is 32. We have two children, Anne who is 13 and James who is 10. Anne has a moderate learning disability and a syndrome that affects her motor skills and coordination. She attends a special school and they are very good with her, but she does need a lot of care and attention. We moved to Hinckley 4 years ago when I got a new job and although that means that I have to work long hours it has been a good move for the whole family. The job pays well and we can afford things that we could not have done before. My dad lives in Yorkshire (my mum has been dead for many years) and Eve's parents are in Newcastle so we don't see that much of them, but to be honest I was never that close to my dad anyway and Eve was glad to get away from her parents at the earliest opportunity. She was a bit wild when we first met but soon settled down after we married.

When Anne was born it was hard because of her disabilities, but we just got on with it – you have to don't you. It put a bit of a strain on our relationship at first but we found ways to cope. Then when James came along that was hard financially until I found the new job and we moved here. I like it here and the schools are great with the children. That's why I was really surprised James' school asked me to see us because he was having problems in class. I don't understand it because he's OK at home. It's Anne who has the problems – always has – but that's because of her disabilities. I don't doubt what the school are saying. They do good work and if they think he has a problem, they must be right. I just don't understand it.

### **Exercise 4.2**

#### **Case study: Thomas**

##### **PURPOSE**

To explore how ambivalent attachment difficulties might present in school

##### **TIME REQUIRED**

20 minutes

##### **TASK**

Read through the case study and then discuss the questions that follow.

## **Thomas**

Thomas is in year 5. He is an only child and his mum is a single mum. Dad left home when Thomas was almost 2 although he remains in contact with the family on an irregular basis. Sometimes Thomas goes and spends time with his dad, which he enjoys, but mum is not happy about this as Thomas is often difficult and confrontational afterwards and she is suspicious of what dad has been saying about her. She knows dad has some friends who are into petty crime and, she suspects, drug use and so is not happy about Thomas being around them. His father flatly denies this, but mum doesn't trust him 'as far as she can spit'.

Mum says that Thomas has always been a 'bloody handful' and is just getting worse. She told the school 'I can't control him and the bigger he gets the more he acts like his useless father'. She admits that she spoils him sometimes and that this is her way of compensating for the fact that his dad is not around. At other times she just gets really frustrated by his naughtiness and loses her temper with him. She says she rarely smacks Thomas but punishes him by taking away privileges (toys, computer access etc) and grounding him.

In school Thomas is increasingly getting into trouble. His teachers describe his behaviour as 'low level guerrilla activity' – not so much the big confrontations, but the constant irritating of classmates and disrupting things, playing the fool and winding everyone up. He is articulate, and can be very entertaining at times, but just makes such a nuisance of himself that it's difficult for other children to get on with their work and exhausting for his teacher who has to keep her eye on him all the time. Somehow Thomas always seems to manage to end up not doing whatever it is his teacher asked the class to do. The only exception to this is when the teaching assistant sits with him and helps him through the task.

Last week Thomas' class teacher was off sick for three days with a bad cold. His behaviour deteriorated dramatically ending up with a confrontation with the supply teacher in which Thomas swore at her and ran out of the classroom kicking over a couple of chairs.

### *Some suggested questions*

- *What is Thomas communicating through his behaviour in school?*
- *What is the result of Thomas' behaviour for him and for the school?*
- *How might school work with Thomas and his mum to better meet his needs and theirs?*

### **Exercise 4.3**

#### **Relationships and expectations**

##### **PURPOSE**

To emphasise the importance of relationships to learning and to explore how our expectations of children, and their expectations of us, can sometimes be at odds with each other.

Relationships are at the heart of what happens in school. Most children come to school to meet people, share interests and socialise. Learning is, for them, something that happens alongside this. Our relationships involve a complicated dance in which we start with expectations of each other, test these out through interaction, and sometimes end up very disappointed when the other person does not comply with what we expected.

##### **TIME REQUIRED**

30 minutes

##### **TASK**

Working in small groups, consider your expectations of pupils at your school and try to agree a list of what these are. Note down the most important things from your perspective. For example, you might expect children to observe the rules and policies of the school or to show respect for you and others in the school.

Read through the handout on *attachment* and the one on *indicators of attachment difficulties*. Still in small groups consider what expectations of you (a key adult in their life) a child with attachment difficulties might have and make a list of these.

Compare the two lists and consider what opportunities exist for enabling them to match more closely.

### **Exercise 4.4**

#### **Friendships**

##### **PURPOSE**

To consider the importance of friendships to learning and belonging in school and to discover ways in which school can support children who may struggle with friendships.

Friendships make an important contribution to children's development in many ways. They provide a context in which to acquire or develop social skills, increase self knowledge and knowledge of others, find emotional support and prepare children for a range of other

relationships in the lives. A lack of friendships is associated with; emotional problems, immature perspective taking, poor school adjustment and poorer school attainment<sup>7</sup>.

#### TIME REQUIRED

45 minutes

#### TASK

Distribute the work sheet on Friendship and invite participants, working on their own, to consider the entries in the column 'children might struggle with friendships because....' If they can think of other reasons why children might struggle with friendships add these at the bottom of the column.

Now invite participants to think about how those children might demonstrate, through their behaviour, that they are struggling with friendships. How would, for example, a child with poor social skills act; in the classroom, in the playground, at lunch times, on arrival in the morning etc. What would staff observe? Make notes in the column headed 'we would recognise this in.....'

Now, working in groups, discuss the reasons children might struggle with friendships and the ways in which staff might recognise this. Finally, consider ways in which school could support those children.

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<sup>7</sup> See for example Daniel and Wassell (2002) pp43-52

## **Worksheet: Friendship**

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*A child might struggle with friendships because:*

*We would recognise this in (describe observable behaviour, interactions etc)*

*I/we could support her/him by (individual and whole school strategies)*

*They lack confidence or self esteem*

*They lack social skills*

*They feel different from their peers*

*Their early experience has led to them being insecurely attached*

*They are embarrassed to have friends visit their home*

*They are a young carer*

*They lack an understanding of the concept of friendship*

## Exercise 4.5

### Emotional hijack

#### PURPOSE

This exercise is designed to help participants consider the impact of excessive stress on behaviour and capacity for learning. It highlights how something that most of us experience rarely, and only in extreme circumstances, can become a more common pattern for children who have grown up in traumatic or chronically stressful environments.

#### TASK

In his book *Emotional Intelligence* Daniel Goleman describes the concept of an emotional hijack. This can happen when the amygdala, a part of our brain within the limbic system, detects an 'emotional emergency'. It can cause us to react to a situation in which we feel an immediate threat to our wellbeing. That reaction is a primitive, emotional reaction. It is very rapid and, where there is a genuine threat to us, can be the key to our survival. It is triggered by situations that have a very high emotional content for us – fear, anger and humiliation are all good examples. We usually recognise this as a fight or flight (or freeze) response. When we are in the grip of an 'emotional hijack' it is much harder (and sometimes impossible) to think clearly. Our slower acting neo cortex, the centre of higher, executive function within the brain, is actually unhelpful when faced with an emergency. We don't have time to weigh the pros and cons – we need to act now.

The amygdala triggers a series of bio-chemical changes within the brain to prepare us for fight or flight, increasing the production of some neuro-transmitters, shutting down non essential systems and gearing up those that will help us to run away, or stand and fight. Can you identify some of these changes?

A typical list might include:

- Increased heart rate and breathing
- Redirection of blood flow to the major muscle groups in the arms and legs and away from non essential areas like the face (the reason we go pale with fear)
- A sick feeling in the stomach as digestion is put on hold
- A loss of peripheral vision and enhanced sensory awareness of the cause of the emergency

Once the emergency is over, and our brain chemistry has returned to normal, we often say things like 'I was so terrified I couldn't think straight'. This is because the thinking part of our brain works comparatively slowly and one of the things that the amygdala does in an emergency is to temporarily disable our ability to engage in rational thought. We don't have time for it – we need an immediate and therefore an emotional response. It is quite literally true that we 'can't think straight' in such emotionally charged situations. One example of this is those times when we are made so angry by what someone else says or does that we

struggle to apply a rational argument to refute their opinion. We can't find the right words in the 'heat of the moment'. Only afterwards do we think of the perfect riposte. At the time the emotional impact limits the capacity for thought and only when the brain has returned to a more normal mode of functioning can we draw on our cognitive abilities. The point here is about what constitutes a normal mode of functioning.

Children who have experienced abuse, neglect, chronically stressful, inconsistent or unpredictable caring, may develop a much lower threshold for emotional hijack than others. Having to deal with powerful, negative emotions on a regular basis children can become hyper-sensitive to emotionally charged situations and be much more quickly tripped into a fight or flight reaction. They may be constantly on the verge of an emotional hijack and this primitive response can be triggered by situations that would present little cause for concern to most of us.

Think of instances when children you have worked with have behaved in ways that might be the result of an emotional hijack. Describe what happened and share the stories of those incidents with colleagues.

*What techniques or strategies can we use to help children reset their 'emotional alarm' at a lower threshold?*

*What support might these children need to help them experience a sense of belonging in school?*

*What help might these children need around transition?*

## ***Handout: Attachment***

Understanding attachment theory should help considerably in work with relationships between parents and children, how these go wrong and the likely impact on the child. Young children develop a sense of themselves through the social relationships they enjoy with their primary care givers, normally their parents. This sense of self provides a mental model of the world that persists into adulthood. Parents who are warm, reliable, responsive, available and consistent tend to help their children to trust the people who are closest to them; they feel a sense of security and from this develop self-esteem and psychological progression. The absence of these parental qualities for whatever reason tends to produce in children feelings of insecurity, fear, anger and resentment.

Daniel et al (1999) describe three different types of insecure attachment in comparison to secure attachment and indicate the most helpful strategy for carers to employ.

### *Secure attachment*

This type of attachment relationship is characterised by the ability of the young person to use adult support appropriately at times of stress or challenge and in particular prior to or following brief separations, for example, visits to birth family, crossing the family boundary to school or college, etc.

### *Insecure/avoidant attachment*

Typically the young person exhibiting this pattern of attachment seeks to avoid intimate contact with parents or carers and support needs to be offered in a very sensitive manner in order to allow the young person to make use of any benefits of nurturing. Often the young person will maintain emotional and physical distance from carers. They may be isolated with few friends. They may be either low in self-reliance, or fiercely self-reliant with problems with intimacy.

Carers need to help the young person experiment with being close by offering responses at times of crisis, which allow for more intimacy without scaring the young person away. For some carers though it can be more demanding to offer such un-rewarded help than to deal with actual delinquency. They need to be able to cope with receiving little feedback from the young people.

### *Insecure/ambivalent attachment*

The child who has ambivalent feelings towards his or her attachment figure simultaneously both wants and fears closeness and support from adults. Typically, he or she will vacillate in their capacity to use the secure base and will appear to want nurturing but not to be able to use this in preparation for their explorations at school, or in the community. Typically this young person may attempt to sever the connection with carers prematurely in an attempt to establish their independence whilst clearly often demonstrating their inability to deal with the stresses they face.

The aim of the carer's work is to try to reduce the oscillating pattern and to enable the young person to pause between the feeling of the need to go and the going. Carers need to maintain a consistent stance without recrimination. They need to be able to welcome the young person back after an absence. However, the child's behaviour can be very effective in achieving the aim of destroying those good relationships they may be establishing with carers. Carers therefore require considerable patience and understanding to cope with the

undermining of their offers of support. Principally, they need to be able to resist falling into hostile patterns with the young people.

### *Insecure/anxious attachment*

The behaviour, which characterises this pattern of attachment, is indicative of the child's preoccupation with the presence or availability of adults or carers. The young person typically exhibits significant problems in separating with any feeling of security from their secure base and venturing into the adult world without displaying a high level of anxiety and distress.

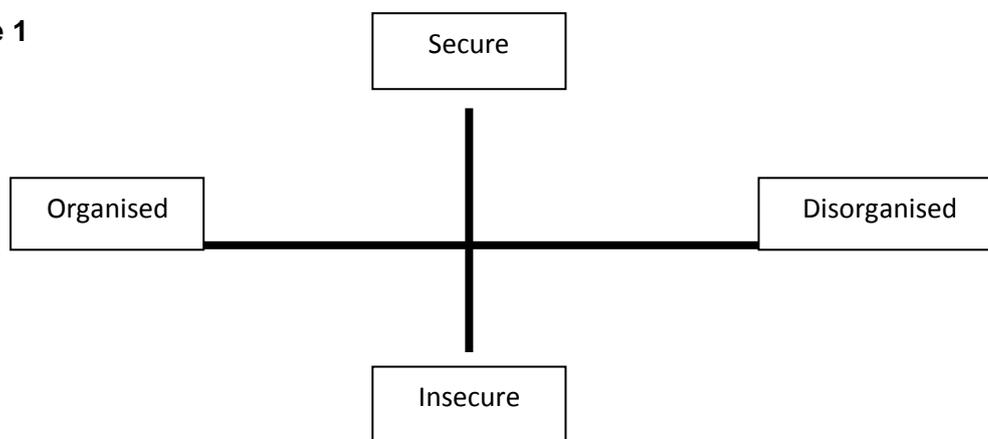
The attachment figure needs to be able to tolerate this kind of dependency upon them as a secure base and be available and reliable. The evidence suggests that this will not make the young person over-dependent; rather, the reassurance of the carer's availability will allow them to become more self-reliant. Carers will need to understand the ways this may affect the child's behaviour. For example, in times of stress they may go to great lengths to seek that person out.

In the more extreme cases children are significantly rejected and/or exposed to considerable hostility. Rejection and hostility combined tends to produce a *disorganized* attachment. Main & Hesse (1990) expressed this when the child experiences the caregiver as 'the source of alarm and its only solution'. Children and young people in these circumstances are unable to be guided by their mental model of the world because it offers few directions. What it does generate is a profound sense of confusion. Behaviours might include

- The complete absence of an apparent attachment strategy
- Contradictory behaviours or affects occurring virtually simultaneously
- Freezing, stilling, apparent dissociation
- Abnormal movements
- Direct indices of apprehension of the parent

The disorganised category introduces another dimension to attachment theory. Children may experience varying degrees of insecurity and disorganisation. Figure1 below attempts to represent this as a diagram

**Figure 1**



In a review of research evidence concerning disorganised attachment patterns, Green and Goldwyn (2002) demonstrate that the early experience of fear regulation is associated with neural development. They conclude that 'there is evidence that interpersonal processes generally are an important determinant of emotional regulation in development'. Some patterns of controlling behaviour serve to 'reduce the occurrence of anxiety-provoking situations'. The particular motivation for such behaviour could be seen as a 'child's attempt to regulate internal emotional states rather than just a feature of social learning'.

### *Loss and Bereavement*

Daniel, Wassell and Gilligan's (1999) work on child development discusses the lack of positive integration that many children and young people experience following an important loss. They may struggle with unresolved feelings:

- Prolonged anger and depression
- An inability to express feelings – helplessness, giving up
- Lack of ability to become involved with others
- Blocked development
- Unusual vulnerability to new separations
- Difficult to control
- Marked impairment of self esteem
- Discounting of self and others
- Destructive behaviour

Some children will have complex feelings of loss and will not have been able to experience the grief process in a healthy way. They may well have become stuck at one particular stage, which has then become compounded by further losses, confirming them in their survival strategies.

Fahlberg (1994) identifies particularly key variables affecting recovery from loss:

- Age and stage of development
- The nature of the child's attachment to parents/carers
- The nature and degree of bonding
- The child's perception of the reasons for separation
- The degree of emotional nurturing available in the environment the child is leaving
- The parting message
- The post-separation environment and degree of emotional nurturing available
- The child's temperament
- The support available to the child in developing a coherent story
- Available continuity of relationships or environment

### **References**

Daniel, B, Wassell, S & Gilligan, R (1999) Child Development for Child Care and Protection Workers (London: Jessica Kingsley)

Fahlberg, V (1994) A Child's Journey Through Placement (London: BAAF)

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developmental psychopathology in childhood' Journal of Child Psychology and Psychiatry Vol 43, No 7 pp 835-846

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## ***Handout:***

### ***Indicators of Attachment Difficulties***

Indicators commonly seen in children and young people with attachment problems include:

#### **Conscience development**

- May not show normal anxiety following aggressive or cruel behaviour
- May not show guilt on breaking laws or rules
- May project blame on others

#### **Impulse control**

- Exhibits poor control; depends upon others to provide
- Exhibits lack of foresight
- Has poor attention span

#### **Self-esteem**

- Is unable to get satisfaction from tasks well done
- Sees self as undeserving
- Sees self as incapable of change
- Has difficulty having fun

#### **Interpersonal interactions**

- Lacks trust in others
- Demands affection but lacks depth in relationships
- Exhibits hostile dependency
- Needs to be in control of all situations
- Has impaired social maturity

#### **Emotions**

- Has trouble recognising own feelings
- Has difficulty expressing feelings appropriately, especially anger, sadness & frustration
- Has difficulty recognising feelings in others

#### **Cognitive problems**

- Has trouble with basic cause and effect
- Experiences problems with logical thinking
- Appears to have confused thought processes
- Has difficulty thinking ahead
- May have an impaired sense of time

- Has difficulty with abstract thinking

### **Developmental problems**

- May have difficulty with auditory processing
- May have difficulty expressing self well verbally
- May have gross motor problems
- May experience delays in personal-social development
- May have inconsistent levels of skill in all of the above areas

Adapted from Fahlberg, V (1994) **A Child's Journey Through Placement**

(London: BAAF)

## ***Handout:***

### ***Brain development***

The brain, together with the spinal cord and ventricular system filled with cerebrospinal fluid, develops from the neural tube. By the end of the third week of gestation the neural tube has formed. Brain cells or neurons are created at a peak rate of 250,000 per minute until the end of the second trimester. Formation of new neurons is rare after birth and confined to very specific areas of the brain. At birth approach and avoidance reflexes are mature and the sensory system is significantly developed – with further rapid development following birth. The rest of the brain is in place but not yet ‘wired up’.

The remarkable growth rate of 1.7 grams per day in the first year of life is not a result of new neurons being produced but arises largely from the formation of synaptic connections. Each of the 100 billion neurons is capable of forming multiple connections and this process of formation of synaptic connections is called synaptogenesis. Which connections are formed, and which of those are retained and strengthened, is dependent on the child’s experience. Connections that are stimulated will be built into the brain’s ‘hard wiring’. Those that are not will be deleted. Alongside synaptogenesis is a process of pruning through which unused synaptic connections are removed.

Children are born ‘experience expectant’, that is in a state of readiness to engage with others. Babies have a range of strategies to engage with their care-givers such as smiling, making eye contact and crying. They are also ‘experience dependent’. The brain is completely enclosed within the skull and relies upon the sensory system to bring it information about the world into which it has arrived. The way the brain develops is dependent on the stimulation the child receives. It is the complex interaction between nature and nurture that determines which synaptic connections are made and which are retained or pruned away.

Those connections are initially formed of temporary proteins. Repeated stimulation of the pathways leads to replacement of the temporary proteins with permanent ones and the ‘coating’ of the neurons with myelin. This is the process of hard wiring. Myelination transforms slow fibres into fast ones and increases the speed of the whole system.

Children who consistently experience sensitive, warm and responsive stimulation will develop synaptic connections associated with these stimuli and those pathways will be retained and speeded up. These children are learning to regulate their emotions and are developing a mental model for interacting with others. The brain that develops is the one that is needed to interact with the environment surrounding the child.

During the processes of synaptogenesis and pruning the brain retains a reserve of neurons. This reserve is the basis of plasticity – the ability to adapt to changing circumstances and learn new things. Plasticity is for life – but much better in the child than in the adult.

By about the age of 5 most of the brain’s synaptic connections are in place, but they need reinforcing. The biological processes involve further myelination and using plasticity. The foundation established in the early years allows the child to engage with more structured education. Education has a key role to play at this stage with rehearsing of knowledge leading to permanent memories and the early development of neural pathways that will later

be needed for abstract reasoning. Repeated practice of motor skills, and feedback on performance, results in these things becoming second nature and being stored as long-term memory in the motor association cortex.

In mature adults three main connections or pathways link the frontal lobes with the limbic system. The frontal lobes and the limbic system work together to sort out emotional responses and the adult is able to think about what they are feeling rather than react to the 'raw' emotional content. In adolescents the connections that link the frontal lobes and the limbic system are not yet fully formed and myelination of these pathways continues into the late teens or early twenties.

The frontal lobes are associated with:

- Rational thought
- Attention and concentration
- Judgement
- Performance monitoring
- Planning ahead
- Self identity and personality
- Impulse control (gate keeping function)
- Inter-personal skills

The limbic system is associated with:

- Emotion
- Integration of recent memory
- Olfactory pathways

There are major structural changes that take place within the frontal lobes during adolescence. From about the age of 12 there is a process of neuronal loss as the frontal lobes become 'leaner and meaner' with selective pruning of unused connections based on experience. While this change is happening there is a 'cut off' of the connection between the limbic system and the frontal lobes with the limbic system having to do more of the coping on its own. Consequently adolescents are left with powerful emotional responses that they cannot easily regulate, contextualise, create plans about or inhibit. There is a measurable (20%) drop in the capacity for empathy (an example of our capacity to use thought and feeling together) and this is only gradually recovered over the period up to about the age of 18 or 20.

There is considerable neural plasticity in the hippocampus, associated with memory, which accounts for the capacity of teenagers to learn new things – the so called 'reminiscence bump'. Between the age of about 13 and 15 there is a significant growth spurt (due to synaptogenesis and myelination not the formation of new neurons) as the motor system races towards maturity and spatial perception improves dramatically. A second growth spurt between the age of 17 and adulthood sees growth in frontal lobe size and connections between the frontal lobes and the rest of the brain.

Together these changes lead to improvements in cognitive functioning, problem solving, hypothetical thinking and the capacity to take different perspectives. While they are happening there is a further critical opportunity to provide a suitable environment to influence the development of the mind

***Section 5***  
***Additional Resources***

## *Suggested Further Reading*

**The Young Mind**; Bailey, S and Shooter, M (eds.) (2009): An essential guide to mental health for young adults, parents and teachers. Bantam Press.

**Child and Adolescent Mental Health Today**; Jackson, K, Hill, K and Lavis, P (eds) (2008) Pavillion.

**Young minds in our Schools**; Wilson, P (2003): A guide for teachers and others working in schools. YoungMinds

**The School Years: Assessing and Promoting Resilience in Vulnerable Children, vol 2** (2002): Daniel, B and Wassell, S. Jessica Kingsley.

**Why Love Matters**; Gerhardt; S (2004): How affection shapes a baby's brain. Routledge.

**Attachment in the Classroom**; Geddes, H (2006): The links between children's early experience, emotional wellbeing and performance in school. Worth Publishing.

**Emotional Literacy Pocketbook**; Park, J and Tew, M (2007): A pocketful of practical strategies for helping pupils use emotional understanding to learn and grow. Teachers' Pocketbooks.

**Promoting mental, emotional and social health; a whole school approach**; Weare, K (2000). Routledge

**Developing the Emotionally Literate School**; Weare, K (2004). Sage.

**Attachment, trauma and resilience**; Cairns, K (2002) British Association for Adoption and Fostering

**Understanding why:** understanding attachment and how this can affect education with special reference to adopted children and young people and those looked after by local authorities; National Children's Bureau

### *Useful Websites*

#### **YoungMinds**

The voice for young people's mental health and wellbeing with information for professionals, parents and carers and children and young people.

<http://www.youngminds.org.uk/>

#### **HandsOnScotland**

A one-stop shop for practical information and techniques on how to respond helpfully to children and young people's troubling behaviour, build up their self-esteem and promote their positive mental wellbeing.

<http://www.handsonscotland.co.uk/>

#### **The Place2Be**

A school-based counselling service, dedicated to improving the emotional wellbeing of children, their families and the whole school community.

<http://www.theplace2be.org.uk/>

#### **Siren Films Ltd**

Produce a range of films on child development including 'Attachment in Practice'

<http://www.sirenfilm.co.uk>