

PRIORITY BRIEFING

The purpose of this briefing paper is to aid Stakeholders in prioritising topics to be taken further by PenCLAHRC as the basis for a specific evaluation or implementation project.

QUESTION DETAILS

Question ID: 9

Question type: Intervention

Question: What school level interventions would improve social and emotional behaviour among primary school children? Do the Enable / Thrive programme and Incredible Years teacher classroom management programme improve social and emotional behaviour among primary school children?

Population: Children aged 3-11 years in education.

Intervention: The Enable/Thrive Programme and the Incredible Years teacher classroom management component of the Incredible Years Programme. As this is in pilot stages it might be informative to run both programmes to see which is more beneficial before a more widespread roll-out scheme (Incredible years is being rolled out/piloted in Wales currently).

Control: Primary schools that do not run any additional programmes to improve pupils social and emotional functioning.

Outcome: Reduction in aggressive and oppositional behaviour among children. Reduction in stress and 'burn-out' among teachers. Improved attendance and academic attainment among pupils. Potential for cost savings where need for special education support is reduced.

Note on Enable/Thrive and Incredible Years Programmes:

The Enable programme aims to improve social and emotional development of children in primary school by enabling teachers/facilitators to identify behaviours in children that might signify a need for support in a particular area. The programme then helps teachers to design and implement an action plan to help the child improve their behaviours in the classroom and help teachers provide the right opportunities and support for the child.

Similarly, the Incredible Years programme (Teacher Component) aims to strengthen teacher classroom management strategies, promote pro-social behaviour and school readiness and reduce aggression and non co-operation in young children. It also promotes effective collaboration between parents and teachers to encourage school involvement and consistency from school to home environments. Both programmes concentrate on improving the skills of teachers to help children make the most of their learning environment.

Part 1: Research Background

Guidelines: There are no guidelines on how social and emotional well-being in primary children should be promoted in school. However, NICE guidelines on Promoting Children's Social and Emotional Well-being in Primary Education (2008) include recommendations to implement programmes to promote social and emotional health in primary school aged children universally and to target children who specifically present with early signs of social or emotional difficulties.

Research Summary:

There are no systematic reviews relating directly to this topic particularly in the 4-11 year age group. There are no studies that appear to have evaluated the Enable/Thrive programme – although several sites around the south of England have implemented the programme. A number of studies have evaluated various parts of the Incredible Years programme but most have looked at the parent and child components. One study based on its implementation in North Wales¹ has published preliminary results on the effectiveness of the teacher component that suggest a positive influence on children's behaviour in the classroom. However, this preliminary study on the effectiveness of the teacher component would benefit from further follow-up or separate evaluation of the impact of the component specifically on children's outcomes such as conduct problems and social competence. Studies that have evaluated more than one component of the programme are mainly based in the USA, they tend to emphasise the importance of the teacher training component on outcomes and also conclude with positive influences on classroom management, parent-teacher relations and child behaviour in the classroom as well as at home^{2,3,4} (Studies on teacher training impacts on children's social and emotional outcomes in the UK are few, this may advocate for a pilot of both programmes followed by evaluation of their effectiveness).

Ongoing Research:

No relevant ongoing research has been identified in this area.

Part 2: Prioritisation Information

1. The health problem

Epidemiology:

Children's social and emotional behaviour includes ongoing non-compliance with parent and teacher requests, disruptive behaviours in the classroom and problems coping with emotions or understanding others. It is thought that approximately 5% of the school aged population meet the criteria for some form of conduct disorder and research suggests these early adversities lead to an increased likelihood of future impairments including adult mental ill-health, substance misuse, criminality, academic failure and unemployment. Emotional and conduct related problems also have consequences for the child's classroom environment, teachers, other children and their family members.

Information from the Office for National Statistics based on figures from 1999 report that 10% of children and young people aged 5–16 had a clinically *diagnosed* mental disorder (Office for National Statistics 2004). Older children (aged 11–16 years) were more likely than younger children (aged 5–10) to be affected. The term mental disorder in this reference includes emotional, conduct and hyperkinetic disorders.

The prevalence of these disorders among girls and boys differed slightly: 4.1% of boys and 4.5% of girls aged 5-15 years lived with an emotional disorder; 7.4% of boys and 3.2% of girls lived with a conduct disorder; and 2.4% of boys and 0.4% of girls lived with a hyperkinetic disorder.

In the 2004 ONS statistics there are several variances between different sub-populations of young people who were more likely to be 'at risk' of developing mental disorder. Specifically, boys were more likely to have a mental disorder than girls, the prevalence of mental illness was greater among children living:

- within disrupted families (lone parent, reconstituted)
- with parents who have no educational qualifications
- within poorer families and in relatively disadvantaged areas

Children aged 5–10 who are white, Pakistani or Bangladeshi appear more likely to have a mental disorder than black or Indian children. Looked after children aged 5–10 were at least five times more likely than average to have a mental disorder.

Devon Primary Care Trust estimate that approximately 9,000 children aged 5 to 15 are likely to have one or more *diagnosable* mental health problem (emotional, conduct, hyperkinetic and other less common disorders) in Devon (based on 1 in 10 children as recorded in the ONS 2004). This suggests that children presenting

with characteristics of early conduct or emotional disorders are likely to be an even higher proportion of the population.

2. Identification of the topic as a priority:

NICE guidelines on Promoting Children's Social and Emotional Well-being in Primary Education (2008) recommend implementing programmes to promote social and emotional well-being in primary school children (both of a targeted and universal nature) that should be ideally run as whole-school initiatives, include parent participation and include close working with local authority children's services where necessary. Further research recommendations highlight a need to improve evidence relating to promoting social and emotional well-being in children including: identifying the best indicators to monitor; identifying the most cost effective methods to promote social and emotional wellbeing in all primary school children including minority groups; identifying the best ways to involve parents in programmes to help their children; and identifying best practice in including children in the implementation and evaluation of programmes involving them. However, the Government have already approved SEAL (Social and Emotional Aspects of Learning) (another socio-emotional improvement programme) is to be implemented nationally.

Every Child Matters (2004) paper highlights the importance of being healthy (including mental health), having a positive social influence and achieving both in terms of education and employment.

SW SHA Priorities framework 2008-11

- make available the full range of specialist community-based child and adolescent mental health services (Tiers 2 and 3) to residents of every Primary Care Trust by 31 March 2011

3. Local perspective

Tractability:

The Enable/Thrive programme is being implemented in North Devon starting this September in a wave of three schools per term but they want to consider the possibility of conducting an evaluation and therefore waiting for schools to be randomised in order to make the most of the data potentially available.

An overview of the local context

Schools in North Devon will be implementing the Enable/Thrive programme starting September 2009 this may lead to an opportunity for evaluation.

References

(1) Judy Hutchings, Dave Daley, Karen Jones, Pam Martin, Tracey Bywater and Rhian Gwyn (2007) Early results from developing and researching the Webster-Stratton Incredible Years Teacher Classroom Management Training Programme in North West Wales. *Journal of Children's Services* 2 (3) 15-26.

The evidence-based Incredible Years Teacher Classroom Management (TCM) Programme was developed to meet demands from teachers for strategies to manage disruptive behaviours in the classroom (Webster-Stratton, 1999). This paper describes the programme and reports on its first use in the UK. In the first study 23 teachers attended the five-day classroom management programme, 20 completed the final satisfaction questionnaire and 21 participated in a semi-structured follow-up interview. Teachers who implemented the training in their classrooms reported satisfaction with the programme and believed that the strategies taught were effective and improved pupils' conduct. In the second study, blind observation of teacher classroom behaviour was undertaken in 21 classes, 10 teachers had received the TCM training and 11 had not. Teachers who received TCM training gave clearer instructions to children and allowed more time for compliance before repeating instructions. The children in their classes were more compliant than children in the classes of untrained teachers. The implications of these findings are discussed.

(2) Reid, M. J., C. Webster Stratton, et al. (2003). "Follow-up of children who received the incredible years intervention for oppositional-defiant disorder: Maintenance and prediction of 2-year outcome." *SO: Behavior Therapy*(4): 471-91.

A two-year follow-up study on 159 children aged 4-7 years with Oppositional Defiant Disorder (ODD) who were randomly assigned to various aspects of the Incredible Years Programme. There were five groups who received parent training only, parent and teacher training, child training only, child and teacher training, and parent, child and teacher training. At two years 75% were functioning in the normal range, the other 25% were classified as 'non-responders'. Adding teacher training to any of the conditions improved outcomes in classroom management and reports of children's behaviour in the classroom. Teacher training also predicted greater success at two year follow-up than control groups. The condition of parent and teacher training is recommended as a first choice programme in helping children with ODD followed by child and teacher training.

(3) Webster-Stratton, C., M. Jamila Reid, et al. (2008). "Preventing conduct problems and improving school readiness: evaluation of the Incredible Years Teacher and Child Training Programs in high-risk schools. *Journal of Child Psychology & Psychiatry & Allied Disciplines* 49(5): 471-88.

This randomized trial evaluated the Incredible Years (IY) Teacher Classroom Management and Child Social and Emotion curriculum (Dinosaur School) as a

universal prevention program for children enrolled in Head Start, kindergarten, or first grade classrooms in schools selected because of high rates of poverty in the USA. Trained teachers offered the Dinosaur School curriculum to all their students in bi-weekly lessons throughout the year. They sent home weekly dinosaur homework to encourage parents' involvement. Part of the curriculum involved the teachers' continual use of positive classroom management skills focused on building social competence and emotional self-regulation skills as well as decreasing conduct problems. Matched pairs of schools were randomly assigned to intervention or control conditions. Results from multi-level models on a total of 153 teachers and 1,768 students indicate that intervention teachers used more positive classroom management strategies and their students showed more social competence and emotional self-regulation and fewer conduct problems than control teachers and students. Intervention teachers reported more involvement with parents than control teachers.

(4) Webster-Stratton, C., M. J. Reid, et al. (2001). "Preventing conduct problems, promoting social competence: a parent and teacher training partnership in head start." *Journal of Clinical Child Psychology* **30**(3): 283-302.

Studied the effectiveness of parent and teacher training as a selective prevention program for 272 Head Start mothers and their 4-year-old children and 61 Head Start teachers. Fourteen Head Start centers (34 classrooms) were randomly assigned to (a) an experimental condition in which parents, teachers, and family service workers participated in the prevention program (Incredible Years) or (b) a control condition consisting of the regular Head Start program. Assessments included teacher and parent reports of child behavior and independent observations at home and at school. Following the 12-session weekly program, experimental mothers had significantly lower negative parenting and significantly higher positive parenting scores than control mothers. Parent-teacher bonding was significantly higher for experimental than for control mothers. Experimental children showed significantly fewer conduct problems at school than control children. Children of mothers who attended 6 or more intervention sessions showed significantly fewer conduct problems at home than control children. Children who were the "highest risk" at baseline showed more clinically significant reductions in these behaviors than high-risk control children. After training, experimental teachers showed significantly better classroom management skills than control teachers. One year later the experimental effects were maintained for parents who attended more than 6 groups.