The Supportive School

The Supportive School:
Wellbeing and the Young Adolescent

By

John Gray, Maurice Galton, Colleen McLaughlin,
Barbie Clarke and Jennifer Symonds

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John Gray
Cambridge
July 2011

ABOUT THE AUTHORS

The authors of this book are (or were) members of the Faculty of Education at Cambridge University.

Professor John Gray is Professor of Education and a Fellow of the British Academy; he is well known internationally for his research into factors affecting school improvement.

Professor Maurice Galton is an Emeritus Professor and one of the UK's leading researchers on primary education and the transition from primary to secondary school.

Dr. Colleen McLaughlin is Deputy Head of the Faculty of Education and a widely respected authority on issues affecting young people's social and emotional development.

Dr. Barbie Clarke worked as a Research Associate on the project and now runs the Family, Kids and Youth consultancy.

Dr. Jennifer Symonds also worked as a Research Associate on the project and is now undertaking post-doctoral research in the USA and Finland.

CHAPTER ONE

INTRODUCTION

There is a widespread perception that the social and emotional wellbeing of young people has been in decline and that various problem behaviours are on the rise. Because children spend so much of their time in educational institutions, schools are assumed to be part of the problem and consequently many of those who wish to improve matters propose 'educational' solutions. The Labour government's *Every Child Matters* legislation (DfES, 2003) imposed 'a duty of wellbeing' on schools. Schools were to be held accountable for their students in five areas – 'being healthy', 'staying safe', 'enjoying and achieving', 'making a positive contribution' and 'achieving economic wellbeing'. In its wake a variety of interventions designed to improve young people's wellbeing have proliferated. Indeed, in the not so distant future, Ofsted has proposed that schools should be judged on their contributions to this aspect of performance as well as to their students' academic results.

We share the belief that educational institutions play an important role in structuring young people's identities and academic performance; there is a substantial body of research over many years to support this position. We are less certain, however, what contributions schooling (and crucially variations in the quality and experience of schooling) make to adolescents' mental health outcomes. This is largely a matter of omission. Research on educational outcomes has been pretty lop-sided. We know a good deal about the various factors which influence young people's cognitive achievement, much less about how these and other influences impact on their social and emotional development. However, there has also been a taken-for-grantedness about much of the research which does exist – of course schools 'make a difference'. One of our major concerns, therefore, has been to provide a firmer, research-based assessment of the school's contribution to adolescent wellbeing.

The research evidence that there have been significant changes in young people's *behaviour* over time is reasonably well-documented. More than a decade has passed since Rutter and Smith (1995) brought together studies showing that there have been upward trends in 'problem'

behaviours amongst young people over the last half century. Collishaw and colleagues (2004) have added to this evidence more recently, demonstrating increases over some thirty years in relation to both conduct *and* emotional problems. Changes in family structure, peer groups, neighbourhood and youth cultures have been variously implicated as possible sources of these changes.

The Place of School in Young People's Lives

School undoubtedly features prominently in young people's perceptions of their own wellbeing. During 2005 *The Good Childhood Inquiry* surveyed around 8,000 14-16 year olds from across the UK (Pople, 2009: 17-18). The survey reports that children often 'spontaneously mentioned' school and education when asked about 'the ingredients of a good life'. The Inquiry found that what they liked most about school were the opportunities it provided to spend time with friends from whom they derived 'intimacy, support and pleasure'; the absence of such friendships was felt keenly by a minority. Good experiences of school were associated with having 'good teachers' who were 'kind and supportive,' 'passionate about their subjects' and who made lessons 'interesting and fun'. Young people liked being able to 'direct their own learning' and to learn by doing rather than just listening'. Some were 'enthusiastic about, or wanted to improve, their school buildings and facilities' whilst others were 'more concerned that the school environment should be supportive, respectful and friendly'. They were, in addition, concerned about bullying and the 'disruptive behaviour of other pupils'. Exams and schoolwork were also a source of stress.

Similar themes emerge from more qualitatively-oriented studies, particularly in relation to teachers. Rudduck and Flutter (2004: 76), for example, report that, in young people's view, 'good teachers' were crucial to their development as learners. Such teachers were 'human, accessible and reliable/consistent', 'respectful' of them and 'sensitive to their difficulties in learning', 'enthusiastic and positive' as well as being 'professionally skilled and expert in their subject'. Friendships were also important as sources of both social and academic support.

Methods and Scope

We take up many of these concerns in the chapters which follow but concentrate specifically on the educational components of these various debates. In the process we consider or touch on somewhere over 300

research reports of one kind or another. These were identified through a literature search which entered various terms into the major bibliographic search engines. We paid particular attention to those aspects of social and emotional development which have been linked to schooling. Our review turned up papers in psychology, health, medicine and criminology as well as education. We found that much of the research stemmed from the UK and the USA with further contributions, for the most part, from Scandinavia and Australia and New Zealand. We confined our attention, in the main, to studies of young adolescents in the 10-14 age-range although we did not exclude research which dealt with slightly older (or younger) persons.

We also looked for major surveys which lent themselves to analysis and reanalysis. We found a number of studies in the area of transfer from primary to secondary school which allowed us to undertake a meta-analysis. In many cases, however, the methods adopted by different researchers were not sufficiently comparable to make such approaches productive. However, amongst those we did identify, the World Health Organisation's Health Behaviour in School-aged Children (HBSC) was probably the most useful (see Currie *et al*, 2008 for an up-to-date account). A fuller account of our approach is available in Appendix 1.

The Challenges

We start by reviewing the incidence of social and emotional problems amongst young people before considering some aspects of the policy context. We then move on to consider research on the school's specific contribution to wellbeing and mental health outcomes. In the process we make more explicit a series of assumptions about what we term 'the supportive school'. We then turn to the literature on the effects of transfer from primary to secondary school on young people's development; this is just one of a variety of transitions which young people have to negotiate but undoubtedly an important one. We consider the findings of the very limited number of studies of school effectiveness which have strayed beyond measures of academic results. And we also explore the implications of various educational practices for 'less resilient' pupils. We end our review by examining changes in educational practice over the course of the last three or more decades and seek to place the English experience within the broader context of international practice. But first we consider briefly what the term 'wellbeing' might mean.

CHAPTER TWO

THE ASSESSMENT OF YOUNG PEOPLE'S WELLBEING

Both mental and social capital matter. But what mental health outcomes might one reasonably anticipate that schools might affect? As far as we have been able to establish, there is little consensus on this matter. Consequently, for the purposes of this book we have ranged quite widely in our pursuit of suitable measures –both of a more objective kind but also of a more subjective nature.

Measurement Issues

Broadly speaking, the research on 'wellbeing' we have considered falls into two categories. One group of studies consider what might be termed 'problem' cases, often informed by medical and psychiatric diagnoses although sometimes employing parental ratings as well. These studies use fairly tight definitions of adolescent conditions and behaviours. Resulting estimates of the proportions of the school population who are affected tend to be relatively small (typically below ten per cent). Whilst these studies sometimes touch on educational issues, their concern with schools as institutions is usually rather restricted.

Another group of studies use much broader measures with a view to tapping into adolescents' attitudes, dispositions, self-esteem and frames of mind. These studies also tend to produce much higher estimates of the proportions of the school population with particular conditions. This kind of research is typically more concerned with the social and emotional structures of individuals and organisations as measured through their self-reports. It is, of course, dependent on participants' attitudes and perceptions and the limitations of this kind of research are reasonably well-known. We have not, for example, found research within this tradition particularly suited to explaining the incidence of what might be termed more 'serious' mental health conditions.

The vast majority of the studies considered in this review draw upon this latter tradition of exploring attitudes, dispositions, self-esteem and frames of mind. Typically conducted by researchers with different orientations to those in the first group (who tend to be more medically inclined) they often employ different procedures to measure the same sorts of concepts. Individual researchers may employ similar measures over periods of time (such as the transition from primary to secondary school) but this does not necessarily seem to mean that other researchers, working in the same field, will use strictly comparable measures. This can make rigorous comparisons difficult to draw. And regrettably, at least from the stance of this,research, it is almost impossible to produce direct inferences across the two groups of studies. We may conjecture that pupils who report attitudinal problems probably have emotional and behavioural problems as well, which could be picked up by an external assessor using some sort of standardised rating procedure. Unfortunately, such connections, for logistical reasons amongst others, have rarely been made.

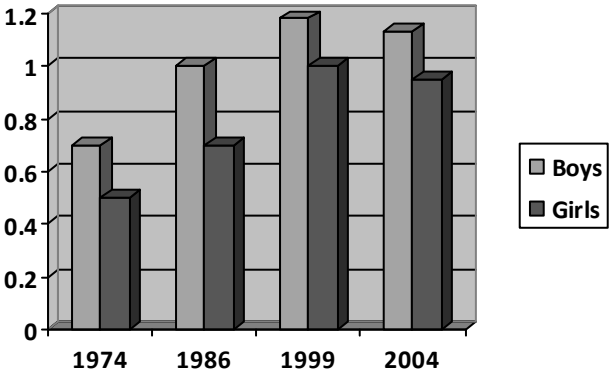
This tension between the two groups of studies is evident in the following discussion of the incidence of mental health outcomes.

The incidence of emotional and behavioural problems

In this chapter we attempt to provide a feel for the incidence of problems and conditions affecting adolescents that researchers have considered, particularly as they relate to education. In doing so we highlight the two contrasting traditions referred to above. Early adolescence is a period of ‘transition’ and exploration. For a minority it may be a period of ‘turbulence’ although most just experience this as a phase. ‘Resilient’ pupils can probably survive the majority of events, destabilising processes and some level of organisational dysfunction; less ‘resilient’ pupils are likely to be more vulnerable. How large is this latter group?

As part of the research for the Changing Adolescence Programme (see appendices), Collishaw and colleagues (2004) used national data-sets to track the growth in ‘conduct disorders’ over time (see Figure 1 below). Their measures were largely based on adults’ assessments (including crucially parents) of young people’s emotions and behaviour. The researchers report that ‘conduct problems showed a continuous rise for both boys and girls aged 15-16 over the whole 25-year period (covered by the research)’ although, as the figure shows, this seems to have plateaued at the most recent time-point. They comment that the rises seem to be largely attributable to increases ‘in non-aggressive conduct problems such as lying, stealing and disobedience’.

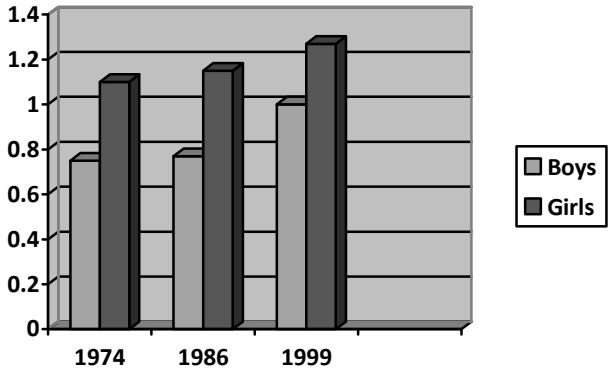
Figure 1: Trends in Conduct Disorders



Source: Collishaw et al (2004)

The same authors also note increases on the emotional front (see Figure 2). They indicate that 'adolescent emotional problems (such as depression and anxiety) have increased for both girls and boys since the mid-1980s'. However, subsequent research has suggested that there was no further increase in problems after 1999 (Nuffield Foundation, 2009).

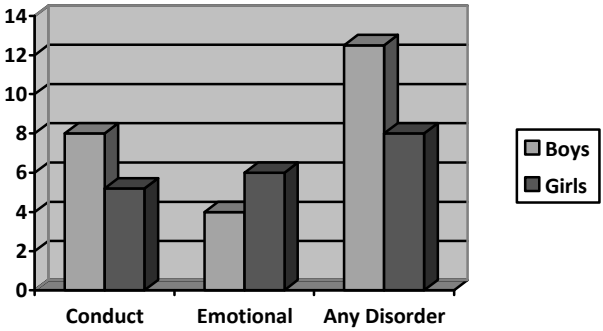
Figure 2: Trends in Emotional Problems



Source: Collishaw et al (2004)

A major study conducted by the Office for National Statistics (Perry-Langdon, 2004) provides further evidence of the current position (see Figure 3).

Figure 3: Incidence of Mental Disorders Amongst 11-15 Year Olds



Source: Perry-Langdon (2004)

This research collected information from multiple informants (including, parents, teachers and children) and, in addition, employed some 'clinical input' to interpret the survey data. Amongst 11-15 year olds it reports that about one in eight boys and one in twelve girls had some form of 'mental disorder' (see Figure 3). As in the Collishaw study, boys were somewhat more likely to have conduct problems whilst girls tended have more emotional problems although we would note, in passing, that the two are likely, in many cases, to be connected – conduct disorders can lead to emotional problems and vice-versa. These estimates were not dissimilar from those identified in an earlier study, conducted by Melzer et al (1999), which also suggested that ten per cent of girls and 13 per cent of boys had some emotional disorder, a clinically significant conduct disorder or evidence of hyperactivity or other related syndromes.

A follow-up study of the same cohort three years later provides some insights into how far these 'disorders' persisted over time (Parry-Langdon, 2008). The evidence suggests those who had an emotional disorder at Time 1 were also more likely to be assessed as having an emotional disorder at Time 2. At the same time 58% of those with a conduct disorder at Time 1 were also reported to have a conduct disorder at Time 2. Children with special educational needs were twice as likely to have a

conduct disorder as others. However, it is also clear from these estimates that young people change over this period – 60% of those with emotional disorders and 42% of those with conduct disorders were judged not to have them at the time of a follow-up three years later (see Table 1).

Table 1: Persistence of mental and other disorders amongst 11-13 year olds three years later

Nature of Disorder	Persistent (%)	Non-Persistent (%)
Emotional	40	60
Conduct	58	42
Hyperkinetic	23	9
Less Common	17	8
Any Mental Disorder	59	41

Source: Parry-Langdon (2008), Table 4.2.

A study of a large sample of young people attending schools in the socially deprived area of East London indicated higher levels of problems than some of the national estimates reported above suggest (Institute of Community Health Sciences, 2003). These researchers used several instruments Goodman's (1994) Strengths and Difficulties questionnaire which assesses hyperactivity, emotional problems, conduct problems, peer problems and pro-social behaviour; Rosenberg's (1989) Self-Esteem scale; Angold's (1987) Short Moods and Feelings Questionnaire which is used for rapid assessments of core depression symptomatology; and Zimet's (1988) Multi-Dimensional Scale of Perceived Social Support which addresses the perceived adequacy of 'social support' from family, friends and significant others. They report higher levels of 'psychological distress' in East London than elsewhere, especially amongst girls as well as lower levels of self-reported health.

Other measures used by researchers draw upon a wide range of psychological constructs to assess more specific aspects of young people's wellbeing. These include some whose reliability and validity have become quite well-established in the psychological literature but others which have been more *ad hoc* and tailored to specific research studies. Concepts covered elsewhere in this book include: academic self-concept; social adaptation; motivation; school-based anxiety; self-esteem; and attitudes to school and subjects such as English, Maths and Science.

In sum, there is evidence that the incidence of conduct disorders and emotional problems has been increasing and that these typically affect

around ten per cent (and sometimes more) of the adolescent population. There is also a gendered component to young people's experiences and some increase in incidence as they get older. For many emotional and conduct problems are of a relatively temporary nature and do not seem to persist; for a significant minority of young people, however, these and other disorders are more enduring.

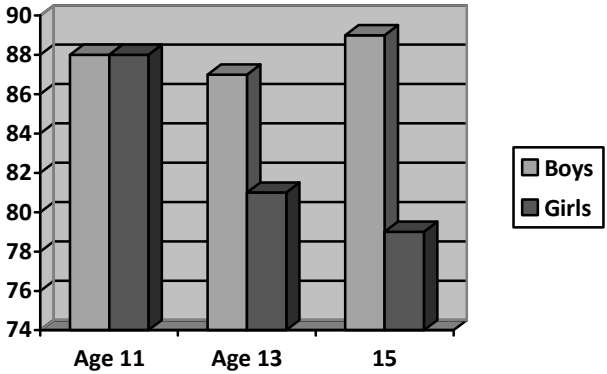
'Life Satisfaction' and More Holistic Measures

Several studies have employed global or holistic measures of young people's wellbeing. The Health Behaviour in School-Aged Children (HBSC) study provides an example; it is a major survey of the health and mental condition of young people in numerous countries supported by the World Health Organisation (Currie et al, 2008) and it has incorporated a range of self-report measures.

Amongst these measures is the concept of 'life satisfaction', a relatively global measure of a young person's 'wellbeing'. The study argues that 'life satisfaction' can be defined as 'a person's evaluation of various areas of his or her life' (Currie, 2008: 63). Young people were asked to rate their own life satisfaction using a measurement technique called the Cantril Ladder on which there are ten steps ranging from 'the best possible life' to 'the worst possible life'. The researchers argue that 'life satisfaction (was) associated with a host of health-related outcomes' including substance use and physical activity. Crucially, for this review, they suggest that higher levels of life satisfaction are associated with 'positive school experience' whilst 'a negative experience of school is related to lower life satisfaction'.

Figure 4 shows the results for English adolescents. It is based on a series of cross-sectional surveys and consequently we cannot be completely confident that the emerging patterns relate to individual trajectories. Bearing this caveat in mind, however, the evidence does seem to suggest that whilst 'life satisfaction' remained pretty high amongst English adolescent boys as they got older, this was not true to the same extent for girls; the responses of the older groups were considerably lower than those of the 11 year olds, especially around the age of 13.

Figure 4: Incidence of Positive 'Life Satisfaction' Amongst English Adolescents in 2005/06



Source: Currie et al (2008)

The figure does not show the proportions of young people experiencing less than positive life satisfaction (scores below six) but clearly these proportions can be inferred from the evidence. Around one in eight boys might be in this position. The figures for girls (especially those aged 15) are considerably higher with around one in five saying they were affected. The position of English teenagers was very similar to that of young people across the international samples (not shown). Nonetheless, we should perhaps note that in *The Good Childhood Inquiry* around a quarter (27%) of the 8,000 young people sampled agreed with the statement that 'I often feel depressed' (Pople, 2009).

Whether a young person 'likes school' or not is another global measure employed by the HBSC researchers. They argue that 'school satisfaction has been considered as an indicator of the emotional aspect of quality of life in the school setting' (Currie et al, 2008: 41). Young people were asked how they felt about school with response options ranging from 'like it a lot' to 'don't like it at all'. The researchers suggest that 'a positive experience of school is seen as a resource for health whilst a negative experience may constitute a risk factor'. In addition, 'liking school', they report, may help 'to protect against sexual risk-taking, substance use and smoking'. Conversely students who dislike school are 'those most likely to be failing academically and to be at greatest risk of dropping out, adopting unhealthy behaviours, exhibiting psychosomatic symptoms and experiencing reduced quality of life'.

In sum, using global measures such as these, the greater majority of 11-15 year olds would appear to be positive, both about their lives and, in the main, their schooling. However, as we shall subsequently show, the evidence also suggests that there can be significant changes on some of these measures during adolescence.

Conclusions

The idea of adolescent 'wellbeing' is not well-defined in the studies we have considered. A small minority of studies have used well-established, valid and reliable measures whose strengths (and weaknesses) have been become known over a period of time. Such studies, however, have been largely concerned with establishing the general contours of school populations. They have not necessarily had much to say about those aspects of schooling which have helped to shape young people's responses. The much larger group of studies reviewed in the following pages have employed a more eclectic approach: sometimes they have employed well-established instruments but, more frequently, they have drawn on a range of different measures whose links with each other are not necessarily well understood.

Researchers have ranged widely in pursuit of measures of adolescents' wellbeing. Bringing the estimates from the various sources described above together, one can begin to discern some patterns. In broad terms whilst the greater majority of young people report positive mental health outcomes, up to one in ten (or, depending on the measure sometimes more) seem to encounter difficulties. Boys are reported to have more conduct disorders than girls whilst girls appear to have more emotional problems than their male counterparts. Between the ages of 11 and 15 the proportions of adolescents encountering difficulties also seems to rise steadily (although not dramatically). For roughly half of those experiencing difficulties, however, the position seems to be a temporary one; their conditions subsequently become somewhat alleviated.

CHAPTER THREE

THE CHANGING POLICY CONTEXT

Richard Layard has argued that 'if mental health difficulties have increased, it must be because the quality of children's experience has deteriorated' (Layard, 2009: 11). He did not refer explicitly to schooling but, in the context of this review, the inference must be that some aspects of their educational experiences have taken a turn for the worse. Establishing what precisely has changed, however, is a more difficult matter and solid evidence is frequently lacking. We consider three key questions here. First, whether there have been structural changes in the organisation of schooling which might have affected wellbeing issues. Then we consider the under-explored role of the school in relation to these same concerns. Finally, we draw upon some international evidence relating to comparisons across educational systems.

The changing nature of school organisation

The 1988 Education Reform Act is often seen as a turning point in the second half of the 20th century. It introduced a series of reforms including the development of a National Curriculum, accompanied by a programme of national testing and assessment, that involved all pupils, as well as a series of initiatives whose major purpose was to increase competition between schools and facilitate parental choice.

Since that time performance levels have risen, at least in terms of the traditional hurdle of the proportions achieving five or more A*-C grades in GCSE examinations (Croxford et al, 2006). Rising attainment levels might be expected to be accompanied by increased feelings of wellbeing. But social inequalities have remained fairly constant at the same time which may have produced a countervailing tendency (Raffe et al, 2006).

One needs to be careful in assuming that change has occurred simply because it has been mandated. Some features of the educational scene have remained relatively constant despite concerted efforts to change them – the school curriculum, for example, has barely altered (Chitty, 2002) and teaching methods have largely resisted change. Schools may, however, be

spending more time on those parts of the curriculum (such as literacy and numeracy) which are formally assessed. There has also been some resurgence in direct instruction, despite the evidence that pupils, particularly those with anti-learning dispositions, prefer to work collaboratively in smaller groups and other more independent ways (Pell et al, 2007).

Structural changes to the educational system have had other far-reaching consequences. Moves towards comprehensive education, for example, opened up opportunities for larger groups of young people to participate in the public examination system but they also increased the pressure on those who were not in a position to climb over the various competitive hurdles placed in their way (Gray, 2005). However, as Rutter and Maughan (2002: 469) have observed, 'despite sweeping changes in the educational system, we lack good empirical evidence of the pros and cons of selective versus non-selective systems'. What was true in 2002 remains the case today; furthermore, as far as we are aware, there are no plans in place to conduct this kind of study.

There are other significant areas of school organisation where we lack good evidence over time,. Amongst the areas where research is largely missing are the effects of school intakes, of schools' approaches to ability grouping and of their deployment of resources. We are aware of the extent to which there have been reforms in all three areas over the last two decades but such little research as exists is largely silent on the impact of these important developments on pupils' wellbeing.

It is difficult to predict what the effects these various changes might have – it is conceivable that they have mostly cancelled each other out. However, there are two developments which, it could be argued, have had more direct implications for wellbeing. The first relates to aspects of motivation. Young people may have adapted to the changing pressures on them by becoming more instrumental in their attitudes. Awareness of the longer-term consequences of high-stakes assessment has also heightened. The second concerns the extent to which schools and teachers have become more conscious of the need to pay attention to issues of motivation and wellbeing. They have invested heavily in ensuring that the various processes of transfer operate more smoothly. However, many of these interventions have been relatively short-term and often more focused on organisational arrangements than on young people's emotional and social pathways into secondary schooling.

Many of the concerns addressed here have historically been the preserve of schools' pastoral care systems. During the 1970s and 1980s pastoral care was an area of growth and development in secondary schools, its trajectory fuelled by the development of comprehensive

schooling. Various authors advocated its promotion (Blackburn, 1975; Hamblin, 1978). They were concerned that educational provision took a 'personal' rather than 'technical' approach (Lefstein, 2005). As Power (1996: 3) has argued there was an 'implicit, and sometimes explicit, belief that pastoral care (could) counteract some of the apparently undesirable effects of the academic dimension'. But there were also concerns that pastoral systems were being used for the purposes of social control (Best el al, 1983; Lang and Marland, 1986). Surprisingly little of the thinking that underpinned pastoral care systems, however, was research-based.

Since that period the notion of pastoral care *provided by teachers* has come under considerable pressure. Many schools now employ people other than teachers to undertake work within the pastoral domain previously performed by teachers. There are advantages to having specialists in such roles but also problems. In the process the status of this work within schools has suffered. There has also been a change in the focus of activities along with the nomenclature. Mentoring, for example, is often targeted not so much at those who have emotional needs as at those who are identified as being in a position to raise their attainment in public exams whilst Heads of Year/House have often been retitled as Curriculum Co-ordinators. Out of school provision for pupils who have been excluded or have attendance problems has also grown. In short, it can no longer be assumed that schools have well-developed pastoral systems in place.

There seem to be two major reasons for this state of affairs. First, and importantly, the concept of pastoral care has gone into decline. It has been replaced by other terminology – 'healthy schools', 'wellbeing' and so on. But second, and just as significantly, roles in schools have changed as a result of initiatives undertaken as part of the government's Workforce Reform. As a generalisation, school services have become both more specialised and, increasingly, focused on academic outcomes. Form tutors survive in most schools but in many a division of labour has been developed whereby teachers are engaged primarily in teaching whilst support staff play a major role in managing those who are 'vulnerable' such as pupils with special needs or emotional and behavioural difficulties. As an Ofsted report (2004) underlined, such pupils tend to get tracked into out of school provision whose quality can be variable to say the least. Perhaps most worryingly, schools and local authorities are reported to be failing, in many instances, to track such pupils or to secure a comprehensive view of their whereabouts, achievements and destinations. These findings are underlined by a more recent study by Blatchford and colleagues (2009: 124) which reported some marginalisation of the care of pupils with emotional and behavioural difficulties in mainstream settings.

Crucially, support staff were reported to be providing 'alternative' rather than additional support'.

The under-explored role of the school

Responsibility for enhancing and promoting mental health in schools is acknowledged in policy documents and is enshrined in the United Kingdom in several policies, as well as being a topic of international research, policy making and focus (Department for Education and Skills, 2003; Department of Health, 2004). How widely this concern is acknowledged is, however, another matter. Schools vary in the extent to which they put such matters high on their agendas.

During 2008 Ofsted, the schools inspection agency, launched a consultation document on the school's 'contribution to wellbeing' (Ofsted, 2008). This attracted a series of headlines. *The Guardian* newspaper declared on its front page, for example, that 'schools may be judged on teenage pregnancy rates and drug problems' and that Ofsted had drawn up a plan to 'include 18 social targets in Ofsted reports' (30 April, 2008). These would include 'records of teenage pregnancy rates, pupils' drug problems, criminal records and obesity levels'. Needless to say the response was very mixed. The NAHT (one of the headteacher associations) said that it was 'concerned about the extent to which schools are held accountable for all the ills of society', adding that it had 'become quite ridiculous'. The ATL, another union, described the proposals as 'madness'. In short, the proposals appeared to have touched a raw nerve within the school system.

In fact, as Figure 5 below reveals, Ofsted has been grading schools in a general way on their wellbeing outcomes for some while. The graph shows the percentages of schools awarded each inspection grade. Their judgements suggest that in roughly 90% of primary schools learners' 'overall development and wellbeing' were 'good or better'. However, bearing in mind that hardly any schools at all were awarded the lowest grade (4), around ten per cent of primary and middle schools were on the borderline as were just under 30% of secondary schools.

There have been a number of government-sponsored initiatives to promote 'good practice' in personal, social and health education (PSHE) But, whilst establishing some evidence of progress and improved teaching over the previous five years, an Ofsted (2007b) evaluation was concerned at the extent to which teachers lacked training, relevant content knowledge and skills.