

Mental Health in Early Childhood Education: Challenging perceptions and changing the responses of adults when vulnerable children start school.

ABSTRACT

The Government has highlighted the importance of prevention and early intervention in a strategy to address child and adolescent mental health issues. Teachers have a critical role to play in protecting the mental health of young children: acting to change the stress responses of vulnerable children leading to the development of new coping mechanisms and enabling children to secure strong mental health competencies from an early age.

This research paper draws from secondary data that captures the mental health competencies of children in selected 'at risk' groups. The numerical and pictorial data sets are used to explore with teachers what indicators act as a prompt to action and how they see their role, through focus group discussions. The findings are triangulated with secondary video footage of children with strong mental health competencies from the same 'at risk' groups. The chosen methodology of appreciative inquiry and praxeological research reflected my personal values and ethos as an ECE teacher and researcher, providing a framework for the participants to engage in a positivist, constructive discussion on mental health.

The results of this study provide evidence that observations which focus on mental health risk factors *and* competencies when children start primary school will enable more children with mental health needs to be identified at an earlier age, when developmentally appropriate interventions can be offered. Teachers in this study adopted a participative pedagogy in which they looked for the involvement, relationships and communication systems that enable the child to participate fully in the early years classroom. A strategy for prevention and early intervention that lies in our understanding, acceptance and implementation of the human rights of the child.

If ECE teachers prioritised children in 'at risk' groups who have not yet formed strong mental health competencies, practical actions which are developmentally appropriate could be taken in the Reception Class which would help to build resilience for the future.

Further development of the project could provide stakeholders with thick, rich data to inform future discourse on mental health. This paper provides a catalyst for discussion, an encouragement to engage in the debate about mental health, highlighting the need to carry out further research based on existing data and current practice in primary schools.

Introduction

The 'Age of Anxiety' described in the 1990s (Spielberger & Rickman, 1990i) and examined in Jean Twenge's American research provides an historical and cultural context which has contributed to our understanding of children's mental health in the UK. Subsequent research into the disruptive impact of toxic stress in early childhood has been extensive and has provided new insights into the causal mechanisms that link early adversity to later difficulties in learning, behaviour and both physical and mental wellbeing (Shonkoff and Garner, 2012). These findings have particular relevance for the one in ten children between the ages of 5-16 in the UK who require support and treatment for mental health illness: the equivalent of three children in every classroom in the country (Mental Health Foundation, 2018). It has been widely acknowledged that 70% of these children and young people did not have appropriate interventions at a sufficiently early age (Children's Society, 2008) and a change of approach is needed. The importance of mental health prevention and early intervention which starts before the age of five provides the starting point for this action research project.

In 2018, the UK government responded to rising concerns about mental health amongst children and young people by committing £1.7 billion over 5 years to train 3,400 staff working across mental health services. If primary schools are going to play a central role in the use and allocation of this funding, then teachers working with the youngest children in schools will need to be well equipped to identify children in their classes who may be at risk of mental health difficulties, they will also need to know what developmentally appropriate actions can

be taken to prevent mental health problems from escalating. Building on an appreciative enquiry into existing practice, this action research investigates what indicators are used, and what actions are taken by reception teachers when a child known to be at risk starts school. This research is intended to provide evidence to ensure that preventative and early intervention mental health programmes are focused on those children who need it most using approaches that will have the greatest impact on children's mental health and wellbeing.

The Feasibility of a screening tool

While preventative action has been called for, there have been questions raised around the ethics of a pre-school mental health screening, or testing (Goodman et al., 2000). Layard & Hagell, 2015, argue that schools should measure pupil wellbeing regularly, that they should make the wellbeing of pupils an explicit objective and train all teachers, so they can notice and promote child wellbeing and mental health. A universal screen for mental health in early years could double or treble the traditionally low numbers of children receiving help at a later stage (Goodman et al., 2000), but this could have both positive and negative consequences. Whilst children may be identified early and can access available help, there would be a potential for the false identification of difficulties, including the negative impact of labelling children (Rowland, M. 2017). At present, there is insufficient evidence around effective interventions for young children - further negating the need to identify mental health at an earlier age (Goodman et al., 2000; Sayal et al., 2010; Wichstrom et al., 2012).

In Australia, experience has suggested that it is possible to use a screening tool: dependent on adherence to best practice in design and implementation. The tool is currently being used to provide data to inform and shape mental health services for children across Australia. The Louise Jackson/June 2019/ Challenging perceptions and changing responses when vulnerable children start school.

Australian Early Development Census (AEDC) is a 3 yearly, nationwide data collection that records mental health difficulties and mental health competencies, during a child's first year in school. The AEDC is an online tool, used to inform communities about children's developments, strengths and vulnerabilities; but crucially, it does not provide information at child level. Therefore, it is not a diagnostic tool and thus, reduces the risk of labelling or the misdiagnosis of individuals that has been a concern when other tools have been used. (Australian Early Development Census <https://www.aedc.gov.au/>)

Further research is needed to find out which observations and measurements of mental health are fit for purpose when used with children, of 4/5 years of age. Although many different types of measurement have been adapted for use with younger children, there is a need to find new, developmentally appropriate ways of working.

Definitions of Vulnerability in the Early Years

The vocabulary used in the literature to describe 'vulnerability' was varied, multi-faceted and sometimes confusing. A recent report by the Children's Commissioner on measuring the number of vulnerable children in England (Children's Commissioner for England, July 2017) identified an initial set of 32 groups of children that in public discourse and policy have come to be associated with forms of vulnerability or risk.

In the literature, the link between mental health and vulnerability in early childhood was clear (Sabates, R. and Dex, S. 2015; Christensen D, Fahey MT, Giallo R, Hancock KJ 2017) Children who are exposed to multiple socio-economic risks in their early years are more likely to

experience disadvantage in terms of their cognitive and behavioural development when starting school, highlighting the importance of early intervention in children's lives to break intergenerational cycles of disadvantage (Allen, 2011; C4EO, 2010; Tickell, 2011)

METHODOLOGY

A pragmatic, social constructivist approach to research was used to encourage polyvocal participation through the direct involvement of early childhood teachers to explore, describe and explain a phenomenon; the collection of practical ideas and case studies which could be used to facilitate a change in action fits with my paradigm view.

The chosen methodology of appreciative inquiry reflected my personal values and ethos as an ECE teacher and researcher, providing a framework for participants to engage in a positivist, more meaningful discussion on mental health. The methodology was influenced by the availability of secondary data sources, the short timescale of the project and the sensitivity of the subject.

The layered approach to the research design provided opportunities to sort and code a large amount of data into different types and levels of complexity, so that initial findings could be tested with increasing depth and clarity; giving an opportunity to crystallise thinking and test the trustworthiness of findings.

Sample Size and Selection

Three different types of data (numerical, pictorial and narrative) were used in this study to describe the mental health of the same three selected groups: 4/5 year olds with Special
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Educational Needs (SEND), in receipt of Pupil Premium (PP), and who speak English as an additional language (EAL). The availability and consistency of data across three consecutive years (2015 – 2017) led to the combined use of mixed-methods of data collection and opened up a more complex, in depth understanding of each research question viewed from different angles and perspectives.

Phase 1: Analysis of Numerical Data (Secondary)

During the first phase of the research, a quantitative statistical analysis and interrogation of an existing numerical data set was carried out (81,935 children aged 4/5 years). The statistical analysis of this numerical data was used to identify which vulnerable groups of children would be included in the research project and to identify a list of mental health competencies that had specific relevance for reception teachers in the study. The quantitative data was collected over a three-year period by one of the systems accredited by the Department for Education for baseline assessment (EExBA, The Early Excellence Baseline Assessment).

Phase 2: Analysis of Pictorial Data (Secondary)

A series of vignettes using edited video footage of 12 children showing the same mental health competencies during the first six weeks of the reception year were presented alongside statistical data to show the experiences of vulnerable children when starting school. Case study material selected by the researcher was used to facilitate positive 'learning conversations' about the ways in which mental health difficulties and competencies are observed and acted upon by teachers when children first start school.

Phase 3: Analysis of Narrative Data (Primary)

The collection of primary data through 3 structured focus group discussions to gain a greater understanding of the 'lived experiences' and perspectives of teachers working with the target groups of children. Recorded transcripts and written notes made during each focus group were sorted, coded and analysed to provide a third and final set of 'live' data to help answer my research questions. Participation in training and access to film exemplification provided a shared language and understanding for everyone involved in the research project.

Phase 4: Evaluation and Triangulation of Data

A review of all data collected at Phases 1 - 3 in the research process which led to an unplanned but necessary return to the video data in order to carry out a further review of observational video footage – this time using Lundy's 'Model of Participation' (Lundy, L. 2007) as a way of coding and analysing the observational video data. In this way findings from the video observations and from the responses of teachers in the focus groups could be tested and critically reviewed in terms of space, voice, audience and influence.

Ethical Considerations

All research participants involved in the study gave written consent based on the understanding that transcripts would be recorded, and any references would be coded and anonymised. The permission to use secondary data for the purposes of this research was given by the owners of the data. Ethical approval was sought and granted by an ethics committee at Birmingham City University to carry out the research.

RESULTS

Results showed in a total cohort of 81,935 children, there were 4,304 children with SEND, 16,587 with EAL and 5,732 with pupil premium (2016 data). When this data was disaggregated the following patterns were observed:

- There were children in each of the selected vulnerable groups (SEND, EAL, Pupil Premium) and in the whole cohort who were observed as having low mental health competencies when they started school.

- There were greater proportions of children from the selected vulnerable groups who had low mental health competencies than there were in the whole cohort. This trend was consistent across each vulnerable group and across three consecutive years of data.

- The largest group of children with low mental health competencies were those who were also recorded as having special educational needs. This trend was repeated across three consecutive years of data.

Further tracking back into the data for a group of children eligible for Free School Meals (FSM) across six Local Authorities selected due to data completeness and availability; highlighted a group (5,336 children) who despite being 'at risk' attained a Good Level of Development in 2016. The analysis revealed that a significant majority of these children (77%) were assessed using the combined measures of risk and competency during their first six weeks in school. 4,108 children from a cohort of 5,336 were assessed by their teachers for mental health risks *and* competencies raising questions about whether this action influenced, or reflected the Louise Jackson/June 2019/ Challenging perceptions and changing responses when vulnerable children start school.

pedagogical approach of teachers during a child's first year in school which then positively impacted on cognitive outcomes overall. In reality, there are far too many variables that could explain the phenomenon to draw any conclusive evidence.

Observing Mental Health Competencies? (Phase 2 and Phase 3)

In this study, the responses of research participants correlated closely with observational evidence documented in the film footage. All eight of the mental health competencies observed by teachers in the original numerical data had been used and acted upon by research participants and most were also observed in the film footage of children from the target group.

Further analysis showed that research participants prioritised three key areas:

- 58% of responses from adults focused on Involvement (participation),
- 58% on relationships (friendships)
- 50% on having a communication system

These were the competencies most frequently noted by adults and acted upon and which were perceived to make a difference to a child's mental health in the schools involved in this study.

Identifying Indicators, Actions and Perceptions (Phase 3 and Phase 4)

The recorded responses from each focus group were sorted and coded in line with three research questions to look for patterns and recurring themes with regard to the indicators and actions relating to mental health and the perceptions about their role as the reception teacher in protecting mental health.

Indicators used by Research Participants to identify mental health competency.	Actions taken by Research Participants to protect mental health.	Perceptions of Research Participants about the role of the teacher.
Participation	Create a physical/mental space	Observation and Monitoring.
Relationships	Give children a 'voice'	Partnerships with child and family.
Responses to interaction	Someone to listen	Building Relationships.
	Create positive memories of change	Nurturing and enabling spaces.

Actions taken by Research Participants to protect mental health.

1. The Provision of Physical and Mental Space

The focus groups highlighted the need for a physical space in schools that enable adults to initiate conversations with children about their feelings, responses to stress and coping mechanisms. The use of physical 'space' to support dialogue between adults and children and emotional wellbeing has been documented, but mainly relates to outside spaces.

The research participants in this study described how they created their own physical spaces for children to think and talk, describing these spaces as the "Birdhouse", the "Hub," "Tents and tipis". In each case, the child was given a choice when to use the space, what to say (if anything) and what they wanted to do. One approach encouraged a young child to imagine or remember a 'physical space' where they felt happy and safe; the child learned to repeat the visualisation creating their own virtual or mental space which might then act as a coping mechanism for stressful situations in future

2. A Participative Pedagogy

The relationships and interactions described by research participants and observed in the video footage are best described as participative pedagogy (Oliveira-Formisinho, 1998, 2001; Araujo, 2011) and appeared to be happening naturally. The teachers involved in this study were skilled in developing interactions, reflecting on them, thinking about them and reconstructing them as a habitus (Bourdieu, 1990) Reconceptualising the child as a person, not someone waiting to be a person - appears to be even more relevant for those who may have been subject to 'risk' factors in early childhood.

The protection of mental health is closely linked to participative pedagogy; article 12 of the United Nations Convention on the Rights of the Child (CRC, United Nations, UN 1989) gives children the right to have a 'voice' in all matters affecting them; an absence of 'voice' has a negative impact on a child's mental health.

3. A Listening Pedagogy

The adults in this study saw themselves as listeners and observers who could give children time to communicate and express themselves. In some cases, they had sought training in active listening to fulfil the role which they recognised as important for the children in their schools. The children were able to express views in a variety of ways (not just verbal) and these views were heard, actively listened to and acted upon by the adults in their reception classes.

4. A Change in the Balance of Power

The use of Lundy's space, voice, audience and influence model at a key point of possible vulnerability such as transition into school provides a framework for early intervention which
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is developmentally appropriate. By reframing the memories for a child at risk of mental health difficulties, the adults actively opened up new possibilities which the children in this study were happy to embrace. Adults used playful learning experiences to rehearse a change or shift in stress response, which could be applied to new situations, developing coping mechanisms which were repeated and which would be helpful in times of high stress in future.

The Role of the Reception Teacher – Reality, Rights and Responsibilities

The current reality for children and their families is that some teachers will have expertise in protecting the mental health of young children, and others will not. The research findings suggest that a legal role has not yet been well understood by teachers, and further work is needed to raise awareness across the education sector as a whole. If schools, regulatory bodies and policy makers were to address the legal obligations of Article 12, the findings of this research indicate that it would also impact on the mental health and wellbeing of children.

(i) Nurturing Environments

The role of the teacher was to use in-depth knowledge of the child to set up the classroom layout and resources, adding enhancements and provocations based on the observations they have made, and the interactions they have had with the child and family.

(ii) Nurturing Relationships

The importance of a communication system in helping to establish relationships – if communication systems such as signing, Makaton and Picture Exchange Communication Systems (PECS) had not been used by the children without speech it would have been more

difficult to establish a relationship. The use of spoken language is closely linked to a young child's socio-economic risk factors so there is an urgent need for the teacher to establish a communication system quickly that can be used effectively by the child to make friends and build relationships when starting school.

(iii) Monitoring and Evaluation of Mental Health

The breadth and quality of observations was more important than the actual list of observations themselves. The introduction of an observational mental health screening tool when children start school, could perhaps have greatest value if it required all reception teachers to train in observation and documentation. Setting the standard for ongoing and consistent observation and monitoring of children throughout the reception year.

Conclusions

The act of observing and documenting against set criteria (wellbeing, involvement, characteristics of effective learning and prime areas of learning) enables the reception teacher to make use of combined measures of risk and competency to assess a child's mental health and wellbeing when starting school. A focus on a child's communication, participation and relationships when starting school can prompt actions which will benefit children who are vulnerable or at risk of mental difficulties. Teachers in this study took developmentally appropriate actions that could be applied in any primary school to enable children 'to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously' when starting school. The findings in this study correspond closely to the rights of the child contained in article 12 (UNHCR) and provide a way for teachers

to meet both their moral and statutory obligations in line with the 'age and maturity' of the child.

A screening tool that requires teachers to carry out detailed observations of young children focusing on communication, relationships and participation would help to raise awareness about the importance of mental health competencies in early years. Given the trajectory that could occur during the first few years in school, and the concerns about rising incidence of mental illness amongst children and young people, there is a need to observe early and act quickly.

The links between a child's right to be listened to and taken seriously (Article 12, UNCRC) and mental health became apparent through the course of the research project. A strategy for prevention, early intervention, and that deals with some of the root causes of mental health problems lies in our understanding, acceptance and implementation of the human rights of the child.

Future Research, Dissemination and Discourse

The findings from this study provide sufficient evidence to warrant further research into the use of combined risk/competency measures which prompt actions that will impact positively on children's mental health within six weeks of starting school.

The collection of data which describes the mental health of a generation of children could be achieved at relatively low cost, building on current practice in UK schools and managed in a

way that is least intrusive for the child. The regular, national collection of mental health (risks and competencies) at key points during early childhood similar to the AEDC tool used in Australia, would provide a consistent, robust evidence base to inform and influence the national debate on mental health; raising public and political awareness of the importance of further research and future investment.

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