Somerset Emotion Coaching Project

EVALUATION REPORT 2016

EXECUTIVE SUMMARY

MARCH 2016

‘In 18 years of teaching and goodness knows how many courses, this one makes the most sense and has given me the most useful help, support, ideas to work with in my setting’

Headteacher and Emotion Coaching Champion

The project forms part of the Somerset Health and Wellbeing in Learning Programme led by the Public Health team. The Somerset County Council Public Health team commissioned Bath Spa University and EHCAP (a social enterprise company) to deliver a programme of Emotion Coaching training to the children and young people’s workforce across the five districts of Somerset. The training is based on Bath Spa’s Attachment Aware Schools programme, the Tuning into Kids programme from Melbourne University, Australia, and the research on Emotion Coaching by John Gottman and colleagues, along with the research on mindfulness and the work of Dan Siegel in the USA.

The project takes heed of the Department of Health’s Report ‘Future in mind’ (DoH, 2015) which highlights the need to facilitate greater access and standards for CAMHS services, promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds. It responds to the Mindfulness All-Party Parliamentary Group report (2015) which emphasizes the role of mindfulness in tackling the ‘mental health crisis’ and the promotion of its use in education. Finally, it helps to address the concern about emotional health and wellbeing highlighted by the recent Somerset Children and Young People Survey (SCYPS). The work resonates with the recent report by Public Health England (2014) which showed that:

- Pupils with better health and wellbeing are likely to achieve better academically
- Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement
- The culture, ethos and environment of a school influences the health and wellbeing of pupils and their readiness to learn

The key aims of the project were to:

- increase understanding of emotional health and wellbeing,
- enhance skills in supporting children and young people’s emotional health and wellbeing,
- facilitate the referral process for children and young people
- and improve access to services.

The project has entailed working with a network of practitioners to:

- promote the use of Emotion Coaching techniques by community groups in their everyday practice with children and young people,
- provide a framework for helping practitioners to manage their own emotional self-regulation,
- integrate mindfulness into practice,
- support children and young people’s capacity for pro-social behaviour and emotional self-regulation,
- build on and strengthen current positive practices and partnerships that contribute to and promote community networks and collaborative work through a shared framework,
- promote the utilisation of the Somerset Mental Health Toolkit,
- and develop a county-wide sustainable network that reflects how the different services are working together to create a joined up approach in supporting children and young people’s emotional health.

All outcomes were achieved and demonstrated a positive impact. 136 champions were trained in emotion coaching from a range of organisations within the children and young people’s workforce in Somerset. At least 60% of champions trained were from schools or colleges. Other organisations included Getset, community and youth services, CAMHS, health and the police. Mixed methods were used to identify impact (psychometric and self-report questionnaires, focus groups and case studies). All findings were statistically significant. An independent evaluation was also undertaken with positive results (full details of methodology can be found in the full report).
BRIEF SUMMARY OF OUTCOMES

The project achieved the following outcomes:

OUTCOME 1  Increased awareness of emotional mental health within the children’s workforce
OUTCOME 2  Increased ‘culture of openness’ around emotional mental health
OUTCOME 3  A sustainable network of over 100 trained Emotion Coaching champions and trainers
OUTCOME 4  Increased use of the Mental Health Toolkit and information about specialist services
OUTCOME 5  A more joined up approach in sharing information about emotional mental health with children and young people
OUTCOME 6  Additional Emotion Coaching resources added to the Mental Health Toolkit

CASE STUDIES

Further evidence of impact can be seen in the numerous case studies that were compiled by the champions. In total, 30 case studies were generated. The case studies come in different forms. Some are specific vignettes about the use of Emotion Coaching, some provide a brief review of how champions have utilized Emotion Coaching to support their work in promoting emotional mental health, including cascading to colleagues, some show how Emotion Coaching has improved behaviour, some show how it has facilitated joined up working and a ‘culture of openness’ about emotional mental health. Overall, the case studies provide effective illustrations of the champions’ work and how Emotion Coaching has become embedded into their practice. Additional case studies can be found in the full report.

CASE STUDY 1  A case study demonstrating support for a parent to use Emotion Coaching which affected how she responded to her child’s behaviour and how this improved her child’s emotional mental health.

PROFESSIONAL ROLE: PFSA  CHILD/YOUNG PERSON: Male, Age 10

BACKGROUND
E was struggling to come into school each morning. Mum had to walk him in everyday and most days E would become tearful and panicky on separation from Mum. E had started to say he didn’t want to come into school. E’s mother and teacher had rising concerns.

EC INTERVENTIONS
Mother was supported with emotion coaching strategies to support E.
E was supported in 6 weekly 1:1 sessions through:
• Accepting and empathizing with emotions and emotional responses.
• E identifying sensations and effects of emotions in his body. ‘Just breathe’ video and breathing strategies.
• Dan Siegel’s hand model of the brain and brain development.
• Exploring sensory strategies that may work for E.
• Exploring emotions relating to school and separation from Mum.
• E making decisions to support himself.

OUTCOME
E became increasingly able to speak about and accept his own emotions. He was able to identify low intensity emotions and use sensory focus to prevent development to high intensity/overwhelming emotions. E now has a better understanding of how his brain works and the feelings this stimulates in his body. He is able to regulate breathing and use a small piece of ‘blu tac’ to focus his senses on in times of stress. E is also now able to separate from mother without stress. His mum reports that the mornings are much calmer. E’s teacher and teaching assistant remarked on changes in E’s mood, attitude and coping strategies. E is able to recognise the difference in himself and spoke of walking part way to school with his friends.
OUTCOME 1 - INCREASED AWARENESS OF EMOTIONAL MENTAL HEALTH WITHIN THE CHILDREN’S WORKFORCE

Increased awareness of emotional mental health was ascertained via measurement of the champions’ ‘meta-emotion philosophy’ which entails beliefs and attitudes towards own and others’ emotions, perceptions of children’s behaviour and the underlying emotional functioning that might generate certain behaviours. As a result of the training, champions became less ‘dismissing’ in their beliefs and attitudes about emotions and emotional expressions in children and young people and became more ‘Emotion Coaching’ in their attitudes, beliefs and practice. Moreover, 87% agreed that the project and training increased awareness of emotional mental health and 10% agreed that it sometimes did. 83% agreed that Emotion Coaching training improved adult awareness, knowledge and self-regulation and 17% agreed that it sometimes did.

Findings also show that Emotion Coaching training had a positive impact on the champions themselves by increasing their neuroscientific knowledge of emotional regulation and mental health; by increasing their awareness and understanding of children’s emotions and the link between behaviour and emotions; by improving staff empathy and patience in taking the perspective of the child; by providing them with a new and structured tool, particularly having a step by step approach and ‘scripts’ to manage situations; and by increasing their confidence and skills in managing challenging situations. Champions found that the majority of their colleagues were receptive to Emotion Coaching and were using it with children and young people.

Table 1 - showing increase in Emotion Coaching style (from psychometric questionnaire)
Table 2 - showing increased awareness of emotional mental health by champions (from self-report questionnaire)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Sometimes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>87%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>N</td>
<td>72</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 – showing increase in adult awareness, knowledge and self-regulation of behaviour and emotions (from self-report questionnaire)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Sometimes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult awareness</td>
<td>83%</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>N</td>
<td>72</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Quotes from champions:

‘I now have a much better understanding of the physiological processes that take place when a young person ‘flips their lid’ and the best approach I should use to help the young people understand why and what they can do to help themselves.’

‘I feel empowered and confident in my practice.’

‘I feel more confidence and well equipped in relating to people which makes me more likely to be able to help them.’

‘I now think more carefully about the emotion causing inappropriate behaviour rather than simply reacting to behaviour.’

‘I have become much more aware of my own emotions and how these impact on children.’

‘I am more able to have conversations which explore their emotions rather than being a little dismissive.’

‘I am more likely to recognise and voice how a child may be feeling.’

‘I am more aware of my emotional wellbeing.’

CASE STUDY 2 A case study showing how how Emotion Coaching can be used to de-escalate situations and enable children and young people to self-regulate more effectively.

PROFESSIONAL ROLE: SENCo CHILD/YOUNG PERSON: Male, Year 6

BACKGROUND
A has complex needs. He has SA+ funding for SEMH2 and has an EHC plan. A finds it extremely difficult to self regulate and goes from calm to angry in a matter of seconds, which is really difficult to manage. Everything has to be his way. He shows trauma related behaviours and needs to feel safe. He shows either fight or flight mode in most circumstances. He cannot identify feelings in himself or others and cannot accept responsibility for his behaviour. A has been excluded a number of times and is at risk of permanent exclusion.

EC INTERVENTIONS
I started using emotion coaching after the introductory session with child A. I couldn’t use the full steps of emotion coaching straight away because of A’s needs and where he was emotionally. Every time A got angry he would come up to my room, scream, shout, swear and hit things. Usually I would let him calm down before speaking to him. Instead, I would give him 5 minutes, then identified his emotion “It looks like you are really angry. Am I right?” Instantly, this was effective. A would think about what I had said and then reply saying “yes”. I would then respond and ask him if he wanted to tell me why he was so angry. A would explain why he was angry but leave out his behaviour. After a few weeks, A was used to emotion coaching and developed from telling me what happened but also his behaviour in the incident. When he was able to take recognition for this we then challenged the behaviour. We talked about certain behaviours not being acceptable and strategies A could use instead. This took a lot of time to go over as A couldn’t regulate this at all. After 6 weeks with support A could use one main strategy. A has started to come to me and express his feelings. A will state comments such as, “I’m angry because Tom called me thick.”

OUTCOME
A has calmed a lot quicker as a result of emotion coaching. He is able to identify his emotion and is able to understand that his behaviour is not acceptable. A has also started to apologise to his peers for his behaviour and as a result fixed term exclusions have been zero since using emotion coaching.
OUTCOME 2 - INCREASED ‘CULTURE OF OPENNESS’ AROUND EMOTIONAL MENTAL HEALTH

The project generated an increased ‘culture of openness’ around emotional mental health. 64% agreed that Emotion Coaching training supported a culture of openness and person-focus, whilst 27% agreed that it sometimes did. This was affirmed in statements made by the champions who commented how it provided a means to help children and young people to open up about their emotional mental health by creating acceptance that it is alright to talk about emotional mental health problems. The way in which Emotion Coaching has helped champions to see the whole person rather than just the problem is also evident, particularly in relation to helping practitioners to look ‘underneath’ or ‘beyond’ a child’s behaviour, creating opportunities to be more person-focused. The theoretical underpinning of Emotion Coaching (the neuroscience) provided champions with the confidence to disseminate it to colleagues who may not be open to this way of dealing with behaviour.

Table 4 – showing majority agreement that Emotion Coaching generates a culture of openness and is person-focused (from self report questionnaire)
Quotes from champions:

'Seems to have made it more interesting by allowing people to open up more and get to the nub of what the real issues are for them.'

'It has enabled them to be more open and recognize the feelings behind their actions and to calm, diffuse themselves with support much more quickly than the occasions where feelings/emotions are ignored/dismissed or belittled.'

'It enables me to connect with young people in a more meaningful way.'

'It gives me a better connection with the child. Also, it improves the relationship between us generally in less stressful situations.'

'Has helped me to acknowledge a child’s feelings and allow them to feel the emotion rather than trying to solve the issues immediately.'

'It supports children and Young People to regulate their emotions and identify that it is ok to feel emotions.'

'Children are better able to explain how they are feeling. Children are more able to recognize why they have reacted in the way they have.'

'The children are calmer [and] they feel they are understood and supported with their difficulties.'

'They feel valued, respected and understood.'

'Students I have used this approach with have been more likely to share concerns and worries linked to that emotion.'

CASE STUDY 3  A case study which tracked the behaviour of 10 secondary school pupils who were at risk of permanent exclusion and how Emotion Coaching led to a reduction in internal and fixed term exclusions.

PROFESSIONAL ROLE: Head of Year, Secondary Education

CHILD/YOUNG PERSON: 10 pupils in Year 8 and 9 at risk of permanent exclusion.

BACKGROUND
EC was used as a strategy to help mitigate the risk of permanent exclusion for these pupils.

EC INTERVENTIONS
• Key staff teaching the pupils were given information on EC and the Head of Year 8 is an EC champion.
• A parent information night about EC was held, but was very poorly attended.
• Pupils also received training in EC.

OUTCOME
All but two of the children are no longer at risk of permanent exclusion.

Notable changes are:
• The pupils are able to say how they are feeling and why.
• Pupils regularly use the hand model.
• Young people have become much better at identifying when they are about to ‘flip’.
• The frequency of being removed from class or pupils taking themselves out of class has dropped.

School record from one pupil is available to date:

<table>
<thead>
<tr>
<th>Measure of Emotional Regulation</th>
<th>Term Prior to EC</th>
<th>Term Since EC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of ‘safety net’</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>No. of Internal Exclusions</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>No. of Fixed Term Exclusions</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

"It has certainly made a difference in how this student is able to engage when things go wrong."
OUTCOME 3 - A SUSTAINABLE NETWORK OF TRAINED EMOTION COACHING CHAMPIONS AND TRAINERS DEVELOPED

The independent evaluation identified that the majority of champions had embedded Emotion Coaching into their personal and working lives with a plan of disseminating it to the rest of their organisations. This was also evident from the numerous cascading plans that were developed by champions. This includes work with parents where some of the champions trained in and ran a Tuning into Kids and Tuning into Teens parenting groups as a joint venture between their schools, primary care and Getset. This education, health and care collaboration is already changing outcomes for children, young people and their families. A summary of cascading plans from the champions is available in the full report.

Findings showed that the Emotion Coaching training had a positive impact on professional practice with 78% agreeing and 20% agreeing that it sometimes did. Responses also indicated that Emotion Coaching training had a positive impact on the champions’ professional practice by improving the relationships and connections with children and young people. Many champions testified to the way it had changed their practice for the better.

Champions also identified how the use of Emotion Coaching reduced the number of behavioural incidents. They testified to the way it helped to de-escalate difficult situations, with a positive impact on children and young people’s behaviour. 79% agreed that Emotion Coaching training improved children’s behaviour and wellbeing, with 8% agreeing that it sometimes did. Responses also indicated that Emotion Coaching facilitated more discussion about emotions in conversations with children and young people; that it increased understanding in children and young people about their own emotions; that it helped children and young people to be more able to link their feelings to their behaviours and enabled them to calm down more quickly; that it helped children and young people to feel heard and valued; and that it improved their problem solving skills and facilitated new solutions leading to more positive outcomes.

Table 5 – showing majority agreement that Emotion Coaching has a positive impact on professional practice (from self-report questionnaires)
Table 6 - showing majority agreement that Emotion Coaching has a positive impact on children’s behaviour and wellbeing (from self-report questionnaires)

Quotes from champions:

‘What has been incredibly helpful though, is the understanding of why this works. The neuroscience behind it.’

‘It’s helped to de-escalate situations of unwanted behaviours very quickly.’

‘I am confident it has provided me with an additional tool to support my work with young people.’

‘The staff have a greater confidence in approaching situations and a better understanding of what is driving the behaviour.’

‘I believe this has not only changed my practice but my parenting for the better.’

‘I think it has reduced the number of incidents that would have otherwise escalated.’

‘Conflict is resolved more calmly.’

‘Has helped staff see from the viewpoint of the child, how to support them in communicating and understanding their emotions and the effect they have on their behaviour.’

‘It has supported children to self-regulate and manage feelings appropriately.’

‘I am able to help the young people problem solve and look for different ways in dealing with the issue.’
CASE STUDY 4  A case study demonstrating how Emotion Coaching was used to communicate more effectively with a young person to support their emotional mental health.

PROFESSIONAL ROLE: Health Promotion Coordinator  CHILD/YOUNG PERSON: Male, College student

BACKGROUND
Occasionally a student may be referred to me as part of a disciplinary procedure. For example, a condition of their continuing at College may be to work with me to reduce the impact of their substance use. These sessions can be quite difficult, as the student may not be fully committed to change, instead feeling ‘pushed’ into support. R was sent to see me as part of the disciplinary procedure. He had been caught having smoked Cannabis and was told that he must work with me if he wished to keep studying at College.

EC INTERVENTIONS
As soon as he walked into my room I knew he was going to be one of the tricky ones. He didn’t speak to me, threw his bag onto the floor and stood next to the door. I asked if he would like to sit down and he grunted and sat on the furthest away chair and almost completely turned away from me. I could tell that he was angry.

I know from previous experience that if I try to rationalise with the student e.g. ‘I want you to succeed in College and be healthy’ or ‘you agreed to work with me instead of leaving College’, that it has usually aggravated them further and they completely disengage and the session fails. In that moment, I decided to try emotion coaching.

“You seem really angry, I’m guessing that you don’t really want to be here.’

‘No’.

‘I understand that sometimes students in this position can feel like they’ve been pushed into getting help, and they aren’t even sure if they need it.’

‘I don’t need it.’

“You don’t need help? You are happy with the way things are?”

“Yes… well obviously not… I mean… ah f*ck it, it’s not worth it’

“What isn’t worth it?”

“Nothing.”

“You sound like you are feeling pretty crap about things.’

 ‘It was all fine, they should have just left it. I could’ve handled it’

‘Who should have? The staff?’

‘Yeah, my tutor. He didn’t have to say anything to anyone. I said I’d sort it.’

‘That must have been frustrating. We do need to have a procedure in place though, so that everyone deals with a situation in the same way. I’m guessing you’d feel pretty annoyed if you got put through a disciplinary and the next person caught having smoked weed just got told to sort it themselves?’

‘Whatever.’

‘Look, I understand that you are annoyed. You probably felt like you had things under control and now that someone else has stepped in and told you what to do, you feel like you’ve lost control of the situation?’

‘Yeah.’

‘Did you enjoy your course before all this?’

‘Yeah, it was good. I mean it’s good to do something that’ll actually lead to a skill, you know, a job.’

‘Yes, the world will always need plumbers! It’s a good course to do, especially with the uncertainty of jobs at the moment.’

‘Yes.’

‘I want you to succeed at your course, it sounds like you enjoy it and are good at it?’

‘I’m doing alright… well I was…’

‘I’d like to help you to get back on track. It sounds like you have a plan and that includes finishing College, yes?’

‘I suppose’

We then looked at the first part of the screening tool, which seemed to go well. He answered my questions truthfully and volunteered information on occasion before I even asked!

OUTCOME
He turned up for his next session, on time, sat down nicely and even asked how my weekend had been! I don’t know if he will successfully complete the tool and reduce his substance use but I am hopeful. I do know that in previous cases like this, the student has not engaged at all. I suspect because their emotions weren’t explored before diving in with logic!
OUTCOME 4 - INCREASED USE OF THE MENTAL HEALTH TOOLKIT AND INFORMATION ABOUT SPECIALIST SERVICES

The project included a strong focus on usage of the Mental Health Toolkit. It was made clear that the Toolkit could be used as a tool to promote awareness of specialist services available for supporting mental health and wellbeing. The champions were encouraged to make use of the Toolkit and some of the resources such as the MindEd resources. 41% agreed and 45% agreed that sometimes the use of the Mental Health Toolkit project had increased their access to and awareness of information about emotional mental health and specialist services.

Table 7 – showing majority agreement on Mental Health Toolkit usage (from self-report questionnaires)

Quotes from champions:

'It's well set out and a really good resource. I have found it really useful to access information and follow links to access further support. It has increased my knowledge of supportive agencies.'

'A good resource. Now I can access help and advice easily myself without asking.'

'There are lots of resources and information available through the website and it can point you in the right direction to support children, or seek support from external agencies.'

'This is a resource that will almost without fail provide me with advice, guidance, resources either for me or for the families I work with.'

'I will draw on it for use in training and to direct others for information.'

'A good signposting resource and to look at directing others to it.'
CASE STUDY 5  A case study of a young person which shows how the training has reinforced a champions’ knowledge and understanding to support her ability to generate a culture of openness.

PROFESSIONAL ROLE: LSA  CHILD/YOUNG PERSON: Female, Age 16

BACKGROUND
I was contacted by my line manager to meet with a student in crisis who was distressed, angry and threatening to run away from home.
The student is studying Sports Science, is 16 years old and has a diagnosis of ADHD and has a history of self-harm including issues with food and body image.

EC INTERVENTIONS
As this was a crisis situation, I met the student straight away. On opening our interaction, I started with an open question in an emotion coaching style. I introduced myself and immediately acknowledged that the student appeared angry, upset and worried.
This immediately enabled her to say “yes I am f***ing angry, I hate it here and I hate it at home”
I then asked the student where she would like to talk. She told me she “hates confined rooms” so we made our way to the football field, a place she felt comfortable. We sat down and I empathized with how difficult new beginnings are. The student quickly began to share her thoughts and feelings including the issues at home which were worrying her.
For the first twenty minutes or so I listened and summarized to check I was really hearing her perspective. I asked open questions to initiate conversation such as, "So tell me how life is for you right now." She did tell me, and we sat talking in the sunshine for a solid hour. As the time passed the student relaxed more and was able to communicate eloquently as the adrenalin fuelled limbic brain managed to relinquish its power and let the thinking and reasoning flow.
Together we were able to agree an ongoing plan which involved:
• Weekly meetings with me as a mentor until she felt more settled at college
• A meeting with her tutor to pass on her concerns about lessons and strategies helpful in minimizing the impact of her ADHD.

The student gave me permission to discuss concerns at home with the senior tutor. I also supported the student to contact her elder brother and arrange to stay the weekend with him as she was adamant she was too angry to see her parents. I also supported her to phone her father and tell him her plans to stay with her brother.
I then arranged subsequent weekly meetings where each time, I would begin with a statement linked to how she was presenting or the things she said for example, “What’s been happening? You look a bit tired.”

OUTCOME
The situation at home is improving and the student has been doing well on her course now we are nearing half term. The emotion coaching approach is very similar to how I usually communicate to build rapport and support but it has been useful to understand a bit more of the neuroscience and have a platform to explain why I am doing what I do instinctively.
This student clearly needed to feel listened to and have her sometimes overwhelming emotions identified and acknowledged, only then was she able to utilise her many skills and reasoning ability to begin to find solutions to the issues causing her concern.
Outcome 5 - A more joined up approach in sharing information about emotional mental health with children and young people

The champions were asked if the training and use of the Mental Health Toolkit had facilitated a more joined up approach to sharing information with children/young people about emotional mental health. 39% agreed and 54% agreed that sometimes the project and use of the Mental Health Toolkit contributed to a more joined-up approach to sharing information with children/young people about emotional mental health. Feedback also showed how the use of Emotion Coaching promoted a more joined-up approach.

Table 8 – showing majority agreement that the MHT encourages a joined up approach (from self-report questionnaires)

Quotes from champions:

‘I have started cascading my learning to others.’

‘It informs the conversations I have with professionals (school and children’s social care staff) supporting vulnerable (LA) young people.’

‘It has helped to open up routes of conversation.’

‘A really positive experience [was] when [a young person] was clearly very low about something and I acknowledged his feelings and this resulted in him sharing a significant medical worry he had had for some time which we then addressed.’

‘Supporting staff in talking to children about their emotions and behaviours. Supporting staff in promoting an emotion friendly ethos.’

‘I have used this practice to inform my supervision with staff.’

‘The parents really found this training valuable and have co-facilitated in devising a powerpoint for me to cascade to professionals in regards to training parents.’

‘Next week we are running a workshop for parents and carers.’
**CASE STUDY 6**  A vignette to show how Emotion Coaching by a Youth Worker can help support a young person’s emotional regulation.

**PROFESSIONAL ROLE:** Youth Worker  **CHILD/YOUNG PERSON:** Female, Age 14

**BACKGROUND**
AB regularly attends the youth group and is well known to the group members and the youth workers. AB is vigilant and hypersensitive to loud noises, fidgets and has been described as disruptive or restless. AB joins in with group activities but is always considered to be just on the outside of “group”. AB does have one close friend in the group. AB is happy to be left alone and enjoys drawing. AB can often ‘flip her lid’ when activities become seemingly difficult or if challenged by her peers. AB does not like being in the wrong or not knowing how to ‘do’ things. For this example, on one occasion AB ‘flipped’ her lid whilst completing a goal setting activity and became very upset and left the room.

**EC INTERVENTIONS**
Emotion Coaching techniques have been helpful for both youth worker and AB. Using the five steps; tuning in, connecting, listening, reflecting and problem solving in a methodical and consistent manner has meant that AB has begun to ‘trust’ the responses from the youth worker. This consistent approach has in the main been helpful for AB when she ‘flips’ her lid as she (and others) are more aware of the expected responses from the adults. It has also been noted that young people in the group are starting to use similar techniques and seeking calming approaches to engage AB when she is struggling. AB responds well to mindfulness exercises and the whole group have enjoyed introductions to mindfulness via YouTube clips. Watching the movie ‘Inside Out’ has also added to the emotional language of the group and they have an increased awareness of their own (and others) emotions.

**OUTCOME**
On this occasion when AB ‘flipped’ her lid during the activity, the youth worker was able to quickly connect with AB and find calm, listen to AB’s concerns and support her to name her emotions. AB was able to initiate the problem solving for herself and identified that the challenge was not the goal setting activity but that she was nervous about returning to school after the break. AB and the youth worker were able to talk about the first day back and what to expect, what AB was looking forward to and also her fears. AB was able to return to the goal setting activity with a different outlook.

**OUTCOME 6 - EMOTION COACHING RESOURCES ADDED TO THE MENTAL HEALTH TOOLKIT**
A range of training resources have been developed during the course of the programme with the support of the champions. The resources include a training programme in Emotion Coaching including trainer notes and training materials, case studies and cascading presentations to support practitioners in cascading and embedding Emotion Coaching into practice, in supporting children and young people’s emotional mental health, improve behaviour, generate a culture of openness and facilitate joined up working. Links to the resources can be found here - [www.somersethealthinschools.co.uk/?page=mht](http://www.somersethealthinschools.co.uk/?page=mht)
PROGRAMME OUTLINE

The programme involved an initial one day workshop with an introduction to Emotion Coaching and the neuroscience of attachment, along with information about our involvement with the Somerset Children and Young People’s Health and Wellbeing Programme, safeguarding risk management and Mental Health Toolkit. This was followed by six half-day workshops.

The first three focused on training in Emotion Coaching utilising adaptations of the Tuning into Kids evidence based programme (whilst retaining fidelity), exploring how mindfulness can be integrated into the work of practitioners, practical usage of the Mental Health Toolkit (MHT) and considering how the MHT can be used effectively to increase access to services. The final three workshops focused on planning ways to build capacity and networks, sharing services functions and developing ideas in relation to cascading the training with the champions’ own organisations.

Safeguarding issues were addressed at the first workshop. Emotion Coaching Champions are expected to have a minimum of Level One Intercollegiate (Health Staff) or Basic Awareness (Education Staff) statutory training. Bath Spa and EHCAP facilitators hold current statutory safeguarding training at equivalent to Intercollegiate Level Three. We were mindful of the risks posed particularly in schools in managing safe discussions as emotions are more openly discussed. We were also mindful that in opening up discussions with professionals, parents, children and young people about emotions, there may have been disclosures.

Champions were given various workstreams to explore – working with peers, working with children and young people or working with social media. In addition, a parenting work stream was developed in Yeovil. The workshops also included strategies to support the cascading process and a full training programme for the champions to train colleagues in Emotion Coaching. One of the workshops also focused on disseminating the work to head/governors/managers and working with young people. In addition, an e-learning tool in Emotion Coaching supported the champions’ learning. The champions were also introduced to the two Emotion Coaching peer mentoring programmes drawn from Bath Spa’s pilot studies of Emotion Coaching peer mentoring programmes with primary school children and young people in a youth centre.

Social media opportunities were also created to support the networking and dissemination process. Finally, a county-wide dissemination conference took place in January 2016 where champions were given opportunities to showcase their work and reflect on the project. Ongoing evaluation of the programme content was collected and collated to inform the programme as it developed.
CASE STUDY 7  A case study to demonstrate how a Headteacher implemented the Emotion Coaching Peer Mentoring scheme for Year 8 pupils.

PROFESSIONAL ROLE: Headteacher  CHILD/YOUNG PERSON: Year 8 Students

BACKGROUND
In September 2015, this school set up a peer mentoring programme based around Emotion coaching. Over the course of six months, pupils were trained in the key principles of Emotion Coaching and used these new skills to coach other pupils in and around the school.

EC INTERVENTIONS
In the first week of the autumn term twenty one pupils were selected to take part in the programme. The majority of these pupils were prefects and all came from year 8 which is the oldest year group in the school. I specifically chose these pupils as they had already been through a rigorous selection process to become a prefect and, as being the eldest pupils in the school, may be more approachable for younger pupils.

After a letter home giving parents facts and information about the project, all pupils returned their permission slips which enabled me to take positive steps forward. Training took place over two afternoons and lasted four hours in total. In this time pupils were instructed in neuroscience, the theory of emotions and also took part in role play exercises on how to Emotion Coach others. Additionally each student received a booklet that summarized the key theories which they were then able to take home and use as a reference in the future. As the cascade champion for the project, I facilitated the training of these pupils.

Once the pupils were trained, they received a certificate created by the school which was intended not only to acknowledge their efforts but also to boost the significance of their role within the school community. Over the next few months the pupils recorded any emotion coaching they did on a proforma in order for me to collect data relevant for the project. On this document they recorded the date of the intervention, a brief summary of the events and how successful they felt emotion coaching was in supporting the pupils. By the end of the autumn term, most pupils had recorded at least one scenario. Also, during the course of the autumn term, all of the pupils who were trained gathered for a follow up session in which pupils were able to discuss their experiences up to that date.

OUTCOME
The Emotion Coaching project had a number of observable impacts including:
• Some clear positive resolution of low level incidents especially amongst the primary aged pupils. Year 5 pupils tended to respond best to the EC from year 8 prefects.
• A questionnaire by the school revealed that the pupils who were involved as emotion coaches valued the training highly.
• Many prefects commented that by completing the training and using the techniques on others it actually helped them understand their own emotions.
• Around 17 of the 21 pupils who were trained as Emotion Coaches were positive about the experience. The remaining pupils either did not emotion coach or felt they did not have the confidence to do it.
• Emotion Coaching has been included in future whole school planning as a key part of the overall school approach to behaviour.
EMOTION COACHING

Emotion Coaching is a useful tool or approach in supporting children's behaviour and mental and emotional health and well-being. It is based on the work of John Gottman and colleagues in the USA. It emphasises the importance of considering the emotions which underlie particular behaviours, “in the moment,” before dealing with limit setting and problem solving (Gottman et al, 1997). Emotion Coaching views all behaviour as a form of communication and makes an important distinction between children's behaviour and the feelings that underlie that behaviour. A key belief is that all emotions are acceptable, but not all behaviour. It is about helping children to understand their different emotions as they experience them, why they occur and how to handle them, leading to happier, more resilient and well-adjusted children. Emotion Coaching engages with the adult's beliefs, attitudes, awareness, expression and regulation of emotion, their reactions to children's expressions and the adult's discussion and support or coaching of children's emotions (their meta-emotion philosophy).

Gottman et al’s (1996) initial research on Emotion Coaching drew attention to less effective ways of supporting children's emotional regulation and subsequent behaviour. Adults who are 'disapproving' or 'dismissive' of children's emotions tend to ignore, criticize or reprimand affect displays, particularly intensive emotions, which may often manifest as challenging behaviour. Such adults may view stress-induced emotional expression as a form of manipulation, a form of weakness and/or something that should be avoided or minimized (collectively known as 'emotion dismissing'). An emotion dismissing style, whether disregarding or punitive, has a negative impact on children's emotional regulation and behavioural outcomes, which includes their mental and physical health (Gottman et al, 1996).

Research on Emotion Coaching in England (Rose et al, 2015; Guts et al, 2015) complements the evidence base from the USA (Gottman et al, 1997, Katz et al, 2012, Shortt et al, 2010) and Australia (Havighurst et al, 2012, Havighurst et al, 2010), which points to the efficacy of Emotion Coaching in supporting emotional mental health, well-being and behaviour across the age range. Havighurst et al (2009) have highlighted how Emotion Coaching can contribute to children’s ‘Internal Working Models’. Internal Working Models are created in the first few years of life through the attachment relationships with caregivers. Through attuned, social interactions caregivers guide children's thoughts, feelings and behaviour. Attachment research has shown how 'emotion-focused talk' by the adult can teach children to use appropriate strategies to cope with stress, helping to build the architecture of their brains (Bowlby, 1998; Schore, 1994). Research evidence shows how Emotion Coaching can help children and young people diagnosed with mental health and other difficulties, such as depression (Hunter et al., 2010; Katz & Hunter, 2007) and conduct behavioural difficulties (Havighurst et al; Katz & Windecker-Nelson, 2004). Moreover, the case studies in this project illustrate how Emotion Coaching can support early signs of mental health difficulties which may manifest as challenging behaviour. It is essentially an empathic and dialogic process which enables children to feel appreciated, to explore their feelings and relationships, to reflect with others and to confront their core emotions such as anger, fear and anxiety, rather than projecting them through challenging behaviour (Matthews, 2006).

A key aspect of Emotion Coaching is its mindful nature and the way in which it operates as an ‘in the moment’ strategy. An integral part of the training programme incorporated the practice of mindfulness and the importance of helping children and young people to ‘pause’ during emotional moments to support self-regulation. The narrative provided by Emotion Coaching creates a communicative context for a child's emotional experiences to be explicitly and meaningfully processed within a relational dyad, and resonates with Siegel's work on interpersonal neurobiology and his links to work on mindfulness (Siegel, 2012). Siegel’s ‘hand model of the brain’ is a particularly useful model that was used as part of the training programme to support understanding of how the ‘thinking brain’ can become separated from the ‘emotional brain’. Regular practicing of ‘being mindful’ increases activity in the pre frontal cortex (thinking area) and decreases activity in the limbic system (emotion area) helping the more rational parts of the brain to moderate emotional impulses. Emotion Coaching facilitates practitioners to connect with children and young people and then re-direct them to more positive outcomes. It can operate as a stabilising factor to enable children to focus their energies on learning and to help them moderate the challenges of school life and beyond.
CASE STUDY 8  A case study of a young boy and his family which shows how Emotion Coaching facilitated a joined up approach between services.

PROFESSIONAL ROLE: GP  CHILD/YOUNG PERSON: Male, Age 10

BACKGROUND
P’s guardian - M - attended surgery at the end of her tether emotionally and with deteriorating mental health difficulties. P’s behaviour since she had taken guardianship had become increasingly aggressive toward her and she felt distressed and angry both with P and his biological mother.

EC INTERVENTIONS
In surgery P’s Nan and I connected with her emotional distress, accepted the need for time to explore seeing this as a positive opportunity for change, explored and reflected on feelings of anger and sadness over the difficult time that she and her extended family had had over the last few years and the effect on her wellbeing and health. As we moved into problem solving we discussed together various options including Nan joining a Tuning in to Kids Parenting Group, working with the PFSA at P’s school and exploring in more detail P’s learning needs.

OUTCOME
M has commenced a Tuning in to Kids Parenting Group. Both she and her grandson are working with the PFSA who will be arranging a multiagency meeting with P, professionals (including SENCo), carers and extended network. An Educational Psychology report has been requested.

REFERENCES (SEE MAIN REPORT FOR FULL LIST):


Further information about the project can be found at:

www.cypsomersethealth.org

www.emotioncoaching.co.uk

http://attachmentawareschools.com/