

Riding for Smiles – September 2022

Mental Health Project Evaluation – End of Year 2

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Introduction

Riding for Smiles' Mental Health Programme (MHP) has now completed two years of project activity. This follows the Research and Development project; the findings of that project were published on the RfS web site (www.ridingforsmiles.org) in April 2022.

Those findings provided the parameters for the project activity. This paper provides a detailed report on those two years of project activity.

RfS has analysed all findings from assessments, questionnaires, observations and discussions with children, school staff and Head Teachers. Although every group is slightly different in background issues and presenting problems, RfS has found key factors and points which are relevant to our ongoing and future programmes.

This paper seeks to inform and improve all projects involving mental health issues. We discuss the mental health issues and difficulties observed as presented by the children, we discuss assessment and the challenges of assessing, we look at the development of strategies to provide maximum benefits from our sessions and activities and we offer our thoughts on the way forward.

Riding for Smiles offers four programmes. Programme 2 has been designed for children living in deprivation or having additional learning needs. Programmes 3 is constructed to provide maximum flexibility for children from SEND schools who may have very complex issues. Programme 4 is for adults with mental health issues, and Programme 1, the Mental Health Programme, is the subject of this paper.

Each child attends for a minimum of six sessions up to twenty-four sessions, generally one session each week. Each sessions' activity comprises a trek or lesson and a variety of stable yard-based activities. RfS has demonstrated that real and lasting benefit is only realised by attendance over several weeks.

Mental Health Difficulties and Issues

The children taking part in these projects had been identified as having significant emotional and comorbid problems, sometimes suffering with a multitude of difficulties. The most common emotional problems were low confidence and self-esteem and an insecurity about their own worth. These thoughts were often then manifested in negative views about themselves and having no pride in their work or behaviour. Most of these children required a great deal of support to organise themselves and stay focussed, and to find the motivation to positively engage and succeed.

Often, in school, the children present with a range of difficulties which affected their ability to access learning and to integrate with others. Negativity was a common issue which affected application to tasks and self- assessment of ability or achievement. Some children were angry and suffered temper outbursts when they were unsure of something or could not have their own way. Some were easily anxious or had poor sleep or eating problems and others were sullen or quiet and withdrawn and remained on the periphery of situations and offered little interaction. Some had stressful or difficult backgrounds which affected their feelings of security. Many children suffered from poor listening and needed help in concentrating on verbal instructions or interaction. Difficult behaviour, emotional regulation and poor school attendance were also common issues amongst the children. All needed extra attention and support to change habits which were affecting school and home life and attainment.

Due to the nature of the family identifying issues, such as family breakdown or trauma, some of the children live in ever changing environments with risk factors changing with circumstances. This means that the emotional state of the child can fluctuate from week to week, and we had to be aware of this. Some children could exhibit different behaviours and states of mind within a session.

Some children did not present with some of the same problems at our sessions as they displayed in school. Sometimes those who could be oppositional or aggressive in school attended our sessions with a meek and mild attitude. Clearly the environment, activities and expectations sometimes play a large part in some children's demeanour. Working in a small group and having more adult attention may have also helped. In addition to this, being in a relatively new and unfamiliar environment, and undertaking an activity which required a calm sensible attitude to succeed, will have influenced them. Children were also aware that they were in a privileged position to be undertaking the activity with us and did not want to have this taken away from them.

After a few weeks of settling all the children, once their barriers had been lifted, showed that they were warm and affectionate, that they craved positivity and praise, and that they responded favourably to it.

As the weeks passed most children became less interested in others views about them and became more focussed on their own development and targets.

Assessment

A variety of assessments were completed on the group of children involved by the schools at the beginning and end of the projects. These included a RfS devised child assessment which looks at the Identifying Risk Factors and Mental Health concerns, as well as the Boxall Profiles. See RfS – MHP, Research and Development paper.

At the beginning of the projects, we had expected the scores for both the sections on our devised assessment to be comparative (for e.g., a child scoring a high concern would also score high on risk factors.) However, we found that although this is a general rule there were exceptions. Some of our children who displayed medium of high concerns did not have any obvious risk factors which seemed to be the cause. Often it

was the case that these children were awaiting assessments with the Educational Psychologist, Paediatrician or CAMHS and so no formal diagnosis had been made. In the same way, some children have high scores on risk factors yet appear to be of less concern emotionally than others. We found it important to monitor these children carefully, for any change in mood or application as they generally did not present with any behaviour issues and could therefore easily be unnoticed.

Schools found that the statement indicators for the Boxall Profile were consistent with our own devised assessments.

Our children's questionnaires outlined some interesting points and were a good insight into the complexity of thoughts, perceptions, and emotional well-being. They showed that all children involved in our projects have low self-esteem and confidence in some areas. An expectation of failure in achievement is common, with this sometimes manifesting itself into a lack of interest in activities or an aversion to undertaking them.

Many children do not think good things will happen to them or that there will be anything which makes them feel happy. At the same time some children appeared to recognise that there are some things they feel they are good at or confident about, which seemed to be a contradiction. However, this seems to be caused by the negative attitude and expectations they believe others hold on them.

Questionnaires and general discussions with the children also show that many children believe that they have poor relationships with others and are not liked. They also acknowledge their own feelings of unhappiness, anger, frustration, and agitation.

Discussions and questioning with the children often showed that they have a good insight into their problems, but this often led to a negative attitude towards their ability and achievement potential. Although they were willing to take part in new activities, they had low expectations of themselves and did not expect to achieve success.

Frequently, questionnaires and discussions with children showed low self-esteem and confidence and an expectation to fail. Sometimes loud exuberant behaviour masked this. This sometimes then manifested itself in a lack of interest in activities or an aversion to undertaking them. Feeling others had a low opinion of them, or that it is inevitable that they would fail or disappoint or make others angry with them was common.

Some children also believed that their behaviour was different at home and school, possibly showing that standards vary between the two settings and how different circumstances and management affects the child in actions and understanding. Following discussions with school staff regarding the children's presentation and behaviour when with us we also found that sometimes there was the same discrepancy between our two settings. Perceptions are clearly an important and crucial factor.

Although we often had an insight into children's thoughts when using questionnaires, we also found that sometimes we needed, as professionals and providers, to be aware that children's responses could be led by many factors which mask the truth. The child could respond by giving the answer he/she believes that the adult wishes to hear in

order to please or to give a favourable answer. The children are young and have an immature understanding of issues and ability to be reflective. They also only have their own perception and life/home experience to draw on. This means that they may not understand what "normal" is and so therefore cannot benchmark. To a certain extent there will always be an element of subjectivity.

The children who we have worked with have a mixture of sporting and physical activity level participation and interest. Some children stated that they liked outdoor and physical activities but most children preferred gaming and indoor activities. All appeared to have limited or no access to organised sports outside school and most, despite only living a short distance away from the Craggs, had never visited it. Our provision clearly enabled children to access the outdoors and undertake a physical and sporting activity which would otherwise be out of reach for them.

Some children who had family issues as the identifying risk factors suffered from a deterioration of home circumstances during the Project. It was therefore harder with these children to ascertain the effectiveness of our intervention and the growth in development of the child since the baseline had changed.

After attending for the statutory twelve weeks, it was decided that some groups were benefitting from the experience and making good progress but a block of a further twelve weeks would build significantly on their development and allow children to consolidate their newfound skills. At the end of the two terms all pupils had made incredible progress in terms of their riding, horse management skills and in their levels of emotional literacy and presentation.

Sessions, Activities and Strategies

Over the period of twelve weeks all groups were introduced to a variety of yard activities, hacks, and riding lessons. All children quickly developed their own favourite and would ask for this when they arrived. Certain activities proved beneficial for developing specific skills, but this could differ from group to group and child to child depending on their issues.

For children who had recently suffered trauma, or who were anxious, quiet non challenging activities were crucial. These children preferred a hack where there was no pressure to perform or achieve (this became known as a "Sunday Stroll"), and which gave them a chance to take in the pleasant scenery whilst enjoying the rhythmic motion of the horse. On the yard they often liked either grooming where they were soothed by the tactile action or mucking out a stable when they could work quietly on the side and alone and reflect. This "time out" was a necessary process which brought physical and mental calm and contentment.

Children who have presented with extreme anxiety, and were unable to undertake an activity initially, have responded positively to having the activity broken down into smaller achievable steps over a period of weeks. These steps were explained and agreed on as a target each week. Increasing participation slowly and at the child's own pace, then keeping to our agreed deal rather than pushing the child to do something

not previously agreed, allowed the child to build up confidence slowly and to trust us. Furthermore, being able to achieve this small step each week meant the child had achieved and progressed and could feel good about this rather than leaving with a negative feeling. This worked especially well for mounting a pony. After twenty-four weeks every child who had experienced such anxiety had managed to overcome their fear and complete the task fully.

Using the carriage to give the whole group a carriage ride has proved helpful in integrating some withdrawn children into the group. Sitting in the carriage together and experiencing the same unique activity encouraged the children to interact and chat with each other.

Leading a pony proved to be a good activity for the quiet shy children, who were encouraged to use their voices for giving the pony a command. Being in control of a pony gave them a sense of achievement and pride. The activity also enabled the children to practise their language skills as they explained to each other what to do to perform the task safely. They were also encouraged to praise each other and state what each other had done well, therefore learning good interpersonal skills.

Throughout the blocks of sessions, the activities allowed for ample opportunities for cross curricular learning, including maths and science. The children learned the names of the parts of the horse's body and talked about similarities and differences to humans, watched a farrier shoeing a horse (heating up a metal shoe in a furnace), watched birds nesting in the stables, talked about ducks, swans, and caves which they observed out on a hack and learned about measuring a horse. These cross-curricular link opportunities proved good for those children who struggle to engage in the classroom. Channelling physical energy often helped the children to focus and concentrate, showing the positive link between physical activity and mental well-being.

During all activities, the staff constantly modelled good application, behaviour and language and gave plenty of praise and positive comments to each child. RfS encouraged working together, sharing, turn taking, speaking politely, verbal, and active support, praise of others, self-evaluation, and pride in achievements.

We often found that some children would take a few weeks before they began to drop their barriers, open up, and to become more positively interactive and proactive in application. For such children, a prolonged programme of more than twelve weeks has been beneficial in allowing maximum development.

Over the weeks we increasingly began to see the importance of the role of the pony leaders. Children began to build up good relationships with the leaders and often asked for the same one. The familiarity gave the child extra confidence. For children who have little self-belief and who need extra help seeing and acknowledging their own achievements, verbal reiteration of tasks and praise and encouragement from the leaders was most beneficial. When out hacking especially the children would relax and open up and enjoy chatting to the leaders, about their lives and personal issues, as well as horse related topics and what they were observing. For those children who cannot cope with failure, or who give an activity up if they find it difficult, they need the

support of an adult to keep motivated and to realise that success comes with lots of practise.

The practical nature of our yard activities, many which were organised to be a teamwork job, gave children who are often reserved and stay on the periphery of activities, the necessity to be cooperatively involved. By staff constantly talking and commenting on the actions, effort and attitude, such children received verbal encouragement and praise and were drawn into verbal interaction. Such activities and tasks were perceived as non-threatening and held little opportunity for failure.

Outcomes achieved

The planned outcomes for the projects included increasing self-esteem and confidence, development of listening and concentration skills, increase in social skills and positive participation with others, improving application and motivation and providing a happy enjoyable and therapeutic experience which is conducive to alleviating anxiety and bringing about calmness and well-being.

Over the period of twelve/twenty-four weeks our proposed outcomes were reached for over 95% of the children, all had improved on their assessment scores for mental health concerns.

Social skills had been developed through yard activities such as mucking out a stable, cleaning the yard and grooming a pony and they had learned to share equipment, space, and time. With adult support they had begun to learn the skills needed for effective teamwork, including acknowledging, using, and praising each other's skills and achievements appropriately.

Motivation had been improved, both at the stables and at school, as the children realised that they had a special privilege session to take part in.

Children who had focussing issues in school found the physical active and mental test of a riding lesson easier to concentrate on. These children worked with immense determination and were eager to achieve their targets and goals. We discussed with them how practice is needed in order to achieve a skill and the children responded by not allowing themselves to become despondent when things took a while to achieve. This then made their sense of pride even greater when they finally succeeded. They also, therefore, had learned to deal with failure and delayed gratification as well as to regulate their emotions.

Children were observed to improve their physical skills over the course of the projects. This included increasing flexibility, strength, and coordination. Children who took part in little physical exercise at home, and lived quite sedentary lives, often attended the first few sessions with a negative view towards any physical challenge. However, once they had engaged in the various activities and enjoyed what they had done they had a change in mind set.

Through talking about how and why activities had made them feel, then discussing ways to deal with these feelings and what will change them, the children grew in

emotional understanding and regulation. This has helped to develop a more positive attitude and self-belief in some children who are now less likely to get upset and more willing to have a go at something new.

Most of the children had never ridden before and so were understandably nervous to begin with. However, usually by the end of the first ride out they had lost some of their fear and sat relaxed with a smile on their face. Over the weeks, once they became accustomed to the routine and the feel of the horse's movements, the therapeutic effect started to take place and, in a relaxed environment, children began to look around and take part in conversations with the pony leaders.

By the end of the twelve/twenty-four weeks all except one child had improved their riding skills and could, with a leader, basically control a pony to walk, stop, turn, and trot. Their positions improved and their courage increased enough for them to perform a sitting trot with their arms out to the side or to control the pony in and out of cones.

Throughout the block of sessions, the children developed their language skills, especially in relation to social situations. With adult modelling they began to praise and encourage each other and speak to others politely. As their knowledge of horses and horse management increased their conversation widened and they started to ask more thoughtful questions (e.g., asking about moulting, winter and summer coats and basic needs).

With adult support they also began to voice their emotions and worries and discuss ways forward rather than simply resorting to non-verbal responses. As children grew in confidence and as they started to be more proactive, they used language to make suggestions and to describe how to perform a task well. By the end of the Projects many of the quiet children were willing to state their preference and engage in general and focussed conversation, displaying enjoyment and happiness in taking part.

Without exception, all children who have attended our Projects have grown in self-esteem and confidence. Taking part in a new activity, and sometimes working out of their comfort zone, has often entailed finding courage and being brave. Having stepped over this line, then finding enjoyment and success, has raised confidence and self-esteem. It has often changed the mind set of those who avoid taking part because they think they will fail and changed a negative attitude into a positive one. Having achieved small step targets has enabled these children to believe in themselves.

Some children could present with behavioural or ego-centric issues initially, although we never experienced them to the extent which was often presented in school or at home. We concluded that there were a number of reasons for this. Children were more familiar with the school and home setting and so felt more confident in expressing themselves in an inappropriate way. They also were aware that attending our sessions was a privilege which could be taken away from them and they did not want this to happen. Our provision was also outdoors and in a relaxed environment, giving the child extra space and quietness. Activities were also very physical which channelled their energy in a positive way, with less measure for failure. As staff, we always modelled and commented on acceptable and positive behaviour and gave attention to fair and

positive interaction and ignored egocentric behaviour when necessary. We firmly but kindly laid out the rules and gave plenty of praise. We were sympathetic to the underlying issues, such as anxiety or being upset, which may be manifested in inappropriate behaviours such as being loud, closed, and sullen or non-cooperative. As time progressed, and the child became familiar with our approach, we observed good modification of any undesirable behaviours or attitudes. Children learned that they were responsible for their own choices and that good sharing, turn taking and flexibility brought more positive and favourable reactions.

School attendance was improved for some children and one child, who was a school refuser, achieved 100% by the end of the block of twenty-four weeks (2 terms).

We noticed some general points which affected the outcomes for our children. For example, some children, who initially were quiet, withdrawn, or wary, needed a settling period of at least six weeks before they began to open up and loosen their barriers which prevented them from positive learning. Some children took weeks to find the courage to step out of their comfort zone and take part in something new. They needed time to become accustomed to boundaries, rules, and routines and to build relationships with our staff and only when these things were achieved did they start to make progress. As time went on these children often began to become more concerned with their own progress and target achievements rather than others perceptions of and attitude towards them. When such children had reached a goal, they often became very concerned and helpful to others who may be struggling with the same thing. This development of empathy and proactive interaction was a lovely thing to observe.

Ways forward

After analysis of the data from assessments, taken before and after the Projects, alongside discussions with the children and Head Teachers / SENCO's and school staff, RfS has highlighted the following moderate changes which will help improve effectiveness.

- After discussion with school staff, it has become clear that sometimes, depending on the individual pupils and their specific difficulties, a block of twelve weeks, although beneficial to the children, has only just started to show development. A further twelve weeks allows for consolidation of this and hence a greater depth of growth which is more sustainable. Flexibility is therefore the key to success. However, there is always the conflicting interest of higher numbers of children accessing the provision or smaller numbers developing in greater depth. We are only able to make the twelve/twenty-four weeks decisions after lengthy discussions with schools.
- The children have all been given a rosette at the end of their block of sessions to mark their overall achievements. It would be beneficial for the children to mark specific achievements on a checklist so that they have a better understanding of the skills they have achieved (e.g., knows the names and uses of the grooming brushes, can perform a sitting trot, can perform a rising trot etc.). Having this

kind of list would be helpful in setting targets for individual children and to help them take ownership of their own learning. This checklist would also make liaison with schools easier as they would have a direct reference for achievements.

- Having greater understanding of the school's award system would be useful in allowing us to pass on our thoughts regarding each child's attitude, behaviour, effort, and achievements and these can be then recorded in school. For example, if a child works particularly hard and is especially helpful in a yard activity, we could ask for them to be given a point when they return to school. For children who struggle in the classroom setting yet excel in our environment, this will give them extra chances to gain awards and raise their self-esteem. It also means that we are supporting the school in helping to modify the children's behaviour and attitude and are approaching things from the same angle. Sometimes children are quite different in our setting and this knowledge will then be transferred directly and immediately to schools.
- Although it is helpful to understand the children's own views of themselves, we have found that gathering this information is better done through general conversation rather than by administering questionnaires. Due to the young age of the children many can't complete the activity themselves and so this becomes a time issue for staff. What is more, we believe that often children, in these situations, will give an answer which they believe the adult wants to hear. Sometimes a child's view of themselves does not equate to the assessment scores indications. For example – a child may talk about events in their lives or things which they do in a confident way, trying to give a view of themselves which they want the adult to believe (that they are brave and do activities which display bravery when they are clearly anxious). Therefore, pupil's own assessments are often not accurate but rather a reflection on what they think the adult wants to hear, or how they believe they should be. This also, in an indirect way, shows that children are aware of their own difficulties, yet try to mask them for the good of themselves or other interpretations. More accurate pictures of the child's real thoughts, therefore, can be gleaned through general discussion in a relaxed way. However, recording of these thoughts may be more difficult, with so many staff being involved in the sessions and a clear plan needs to be put in place to accommodate this.
- Our own devised assessment sheets have been extremely useful in giving us a clear picture of each child's risk factors and an insight into their lives, as well as their presenting issues. We therefore have an overall picture which is quick and easy to view and can show any significant changes at the end. Every child, without exception, has shown some progress and development and the detailed analysis reflect this. We can also observe any changes to the child's life which may have taken place throughout the course of the Project which may change the child's mental state or behaviour. Many of the children we work with come from complex family backgrounds or have ever changing domestic situations and these things need to be considered when assessing. The Boxall Profiles scores correspond with our Mental Health concerns section on the assessment on every occasion, but they do not identify the risks or possible reasons.

Because of this, and the complications involved in passing the tests to us, we have decided to leave the Boxall Profile Assessments in schools and just use ours. They are, of course, always completed in schools as part of their own assessment process and would be available to us if we needed them.

- Our assessments and general observations on children's progress has outlined the importance of staff patience and never giving up on aiming or believing in potential achievements. The children who took a while to settle, take part or achieve, but who eventually reached their targets, made outstanding progress, and gained incredible growth in self-belief and esteem, would never have benefitted from our provision if they had stopped attending after a few weeks of seemingly failing to cooperate. These children clearly need someone to believe in them and to work patiently with them providing small building blocks which break down their fears and barriers and allow them the opportunity to grow and feel proud. Small steps in progress can sometimes be the most important, especially in unlocking future potential.

Conclusion

The overall impact of this project, for each school, has been incredible. None of the children would have had a chance to take part in the enjoyable and therapeutic activity of riding and horse related activities without it. By being able to engage in an extra-curricular activity, which is designed specifically to meet the children's needs, they have benefitted both academically and personally more than we ever thought possible.

At the end of the block of sessions both the standard school assessments and ones devised by Riding for Smiles for the Mental Health Project had been done on all the children we worked with.

These results, alongside the discussions with the children and school staff involved, showed that, without exception, all children had developed and progressed, and many outcomes had been achieved over the period of the project.

All children had grown in confidence and were taking part in activities which had initially been out of their comfort zone or experience. They had achieved at the tasks and developed new skills which had increased their self-esteem and self-belief.

There had been great improvement in social skills, with children being able to work together as a team using each other's strengths and speaking to each other politely and respectfully.

They had learned to regulate their emotions, deal with disappointment or difficulties and be less egocentric. Taking part in an outdoor activity had used their energy positively and given them a unique way of learning in a variety of areas.

Schools had seen an increase in school attendance and in positive behaviours resulting in increased motivation and happiness.

For many of these children the sense of achievement was immense, and they had indeed benefitted from our provision. They were all sad when the block of sessions ended but left wearing their rosettes with pride.

Appendix 1

This appendix presents a very small sample of the findings for a group of children. To fully understand these findings, we recommend familiarisation with

Riding for Smiles, April 2022 - Research and Development of RfS' Mental Health Programme – [RfS-MHP-FINAL-April-2022.pdf \(ridingforsmiles.org\)](https://ridingforsmiles.org/RfS-MHP-FINAL-April-2022.pdf)

The following table shows the scores from the Riding for Smiles assessments which were completed by the schools. This assessment was devised by RfS using a range of materials and information concerned with identifying and managing emotional and mental health and well-being, and related behaviour and social and physical engagement.

Identifying Risk Factors (see extract from the R&D paper, below) measure the number of issues in the child's life which may affect their emotional well-being, such as family breakdown and parental criminality. Areas of emotional/mental health concerns (see extract from the R&D paper, below) measures the number of concerning behaviours presented by the child.

These two sections then give us a baseline figure for each child. The whole Assessment is then repeated for each child at the end of the project and generates an End Score. An End Score greater than the Baseline indicates development and improvement in emotional and mental health.

Group 1 (Similar tables are available for each group)

Child	Risk Factor	Concern	Baseline Score	End of Project Score
<u>A</u>	15	23	72	106
<u>B</u>	18	25	98	121
<u>C</u>	6	6	106	119
<u>D</u>	18	8	80	118
<u>E</u>	21	42	81	106
<u>F</u>	9	42	97	123
<u>G</u>	3	6	107	129
<u>H</u>	6	31	91	122

As the figures show, all children, without exception, made progress in emotional and mental health over the period of projects.

Below is an extract from that paper, Riding for Smiles, April 2022 - Research and Development of RfS' Mental Health Programme.

2.1 Identifying Risk Factors

- Genetics
- Low IQ
- Specific developmental delay or neurodiversity
- Communication problems
- Difficult temperament
- Physical illness
- Academic failure
- Low self-esteem
- Overt parental conflict including domestic violence
- Family breakdown (including in care)
- Hostile rejecting relationships
- Failure of parents to adapt to child's changing needs
- Physical, sexual neglect or emotional abuse
- Parental lack of emotional warmth
- Parental psychiatric illness
- Parental criminality
- Parental alcoholism or drug use
- High family stress level due to low income
- Family stress due to sick relative / sibling
- Parent with personality disorder
- Death and loss (including friendships)
- Bullying
- Discrimination
- Deviant peer influences / Peer pressure
- Socio-economic disadvantage
- Homelessness

2.2 Areas of emotional and mental health concerns.

- Lack of engagement in activities at home and school
- Insecure about own worth
- Unable to articulate feelings Withdrawn (sometimes showing discomfort) Unable to form good meaningful relationships
- Unable to behave appropriately to social environment Attachment issues
- Poor school attendance
- Signs of offending/challenging behaviours
- Lack of engagement in activities at home and school
- Poor emotional literacy (identifying and labelling emotions, recognising physical and emotional cues or emotions, verbalising emotional experiences)
- Low confidence and self-esteem No pride in own work, behaviour, or achievements Unable to deal with emotions
- Poor empathy skills
- Angry outbursts / disruptive behaviour
- Attention seeking
- Poor child / parent relationship
- Poor externalising behaviours (fighting, aggression, violating rules) Internalising behaviours (anxiety and depression)
- Persistent state of anxiety or arousal preventing learning taking place
- Depression/low mood / withdrawn
- Conduct and eating disorders
- Self-harm
- OCD
- Unable to accept praise
- Refers to self in negative terms
- Poor care of property
- No responsibility for behaviour / accepting consequences
- Unable to accept criticism/ frustration
- Does not express feelings appropriately
- Lack of empathy
- Finds it difficult to start / complete tasks Poor organisation / attention, involvement, and concentration
- Mood swings
- Lack of motivation
- Negative attitude Feelings related to stigma (isolated, ashamed, blames self)