

Riding for Smiles – November 2022

Mental Health Project – Towards Assessment of Outcomes

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1. Introduction

Riding for Smiles has published papers on the front page of its website,
www.ridingforsmiles.org.

Research and Development of RfS’ Mental Health Programme ([RfS-MHP-FINAL-April-2022.pdf \(ridingforsmiles.org\)](#))

Mental Health Project Evaluation – End of Year 2 ([RfS-Mental-Health-Project-Conclusions-Y2-FINAL.pdf \(ridingforsmiles.org\)](#))

This paper describes how the assessments are undertaken, and how the benefits for the children measured.

Riding for Smiles acknowledges the involvement, expertise, and commitment of schools in the development and testing of this methodology.

Other publications from Riding for Smiles include:-

The Story of Riding for Smiles, the first five years ([The-story-of-Riding-for-Smiles-2017-2022-.pdf \(ridingforsmiles.org\)](#)).

Riding for Smiles – Returning to the ‘New Normal’. ([The-story-of-Riding-for-Smiles-2017-2022-.pdf \(ridingforsmiles.org\)](#))

2. Putting the Research and Development into Practice

The Mental Health Project Assessment comprises three sections.

1. Identifying the Risk Factors for each child.
2. Identifying the Emotional and Mental Health areas of concern for each child.
3. The Children’s Statements

1. Identifying the Risk Factors for each child.

After studying the wealth of material available from mental health organisations Riding for Smiles identified the key risk factors known to cause poor emotional health and mental health issues in children.

This section has thirty-four identifying risk factor statements (for example "family breakdown", "physical, sexual, or emotional neglect or abuse", "socio-economic disadvantage", "Death and loss (including friendships)").

A percentage score is worked out of thirty-four. The higher the score the more risk factors for emotional and mental health concerns there are for the child. This section is only done at the beginning of the sessions as the risk factors usually remain the same. If, however, a child has experienced significant events or changes to their life (e.g., parental divorce or death of a close family member occurs) this section can be repeated, and the differences noted.

2. Identifying the Emotional and Mental Health areas of concern, for each child.

The children chosen to take part in the programme present with a wide range of concerns which are severely affecting their positive engagement in learning and therefore reaching their potential. For most their poor emotional health also has an impact on their ability to function proactively in society. All the children involved in this programme present with several problems

The Emotional and Mental Health concern section is made up of forty-nine statements of concern which can cause difficulties (for example "withdrawn", "depression or low mood", "refers to self in negative terms" "OCD", "angry outbursts/disruptive behaviours"). The percentage score for this section is then worked out of forty-nine giving a score for emotional and mental health concerns. The percentage score gives an indication of the child's mental health and emotional issue level.

3. The Children's Statements

This third section provides a baseline and end of attendance score. The section is again made up of statements and reflects the child's own perceptions on themselves and their well-being (for example "I think good things will happen in my life", "I can find lots of fun things to do", "I have been in a good mood lately", "I have been feeling calm"). Each statement is given a score rating from 1 – 5 which mean the following:

1 = never, 2= not much of the time, 3=some of the time, 4 = quite a lot of the time, and 5 = all of the time.

This section is completed by a member of school staff after discussion with, and observation of, the child. There are thirty-two statements to score against. The numbers given are then totalled to give an overall score. This is done at the beginning of the sessions and forms the baseline score, and then repeated at the end of the sessions to give an end score. In this section the lower the score at baseline the greater the emotional and mental health concern.

Comparison of the beginning and end scores shows the mental health emotional progress made over the sessions. By looking at scores for each statement we can also see which beliefs and areas the child has made progress in and in which they have made less improvement. We hope and expect to see higher scores for each individual child in this section at the end of their attendance. This assessment leads to decisions on each child's future attendance.

The table below shows a summary for a group of eight children.

	Risk %	Concern %	Baseline	End of 12 weeks	% Change
Child 1	11.8	22.4	92	125	36%
Child 2	8.8	14.3	44	128	191%
Child 3	10.6	20.4	47	145	209%
Child 4	2.9	18.4	92	145	58%
Child 5	8.8	24.5	91	123	35%
Child 6	23.5	12.2	92	108	17%
Child 7	20.6	20.4	92	111	21%
Child 8	11.8	30.6	98	104	6%

Proper statistical analysis will not be reliable until we have a significantly larger data set. Should the data set be sorted by Risk, or Concern or even Baseline? Sorting by risk and concern did not reveal any pattern; sorting by baseline suggests the lower the starting point the better the improvement which might be expected.

More work is required before any conclusions could or should be considered. However, looking at the children's statements at the beginning and end of the period does provide a guide to that child's perceptions on themselves and their well-being.