Promoting emotional well being and inclusion for children identified with Emotional and Behavioural Difficulties in mainstream primary schools: An evaluation of a psychotherapeutic approach (Thrive).

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I certify that all material in this thesis which is not my own work has been identified and that no material has been previously submitted and approved for the award of a degree by this or any other university.
Research overview

Area of focus/rationale for the study

This study is an evaluation of an intervention, named Thrive, which is designed to promote the emotional development of children with Emotional and Behavioural Difficulties (EBD).

The focus is to investigate the extent to which Thrive is effective in improving certain emotional and behavioural outcomes for children as well as exploring the experiences of those who are involved with the programme.

The study is set out in two papers. Paper one assesses changes in pupil emotional well being over time using two subscales designed to measure specific aspects of resiliency, namely, ‘emotional reactivity’ and ‘sense of relatedness’. It also uses an assessment to measure changes in emotional and social skills which are considered important in order for pupils to engage in learning in a mainstream classroom environment (readiness to learn). Paper one also looks at the possible association between the Thrive training and staff attitudes towards pupils with EBD. Paper two explores, in depth, the experiences of the Thrive approach from the perspective of a small sample of school staff, pupils and parents. This process of exploration serves to better understand the outcomes from paper one by identifying a number of factors which may contribute to the successful or unsuccessful implementation of Thrive in a particular educational context.

Context, Background and Research Objectives

Broad labels of ‘Emotional and Behavioural Difficulties’ (EBD) and ‘Behavioural Emotional and Social Difficulties’ (BESD) tend to encompass behaviour which interferes with a child’s own or other’s learning; signs of emotional turbulence; and difficulties in forming and maintaining relationships. SEBD is used interchangeably with BESD (Behavioural, Emotional and Social Difficulties) in policy documents and theoretical writing (Evans, 2010). Schools tend to use the term EBD and this will generally refer to children whose behaviour and emotions prevent them and others from learning to their potential (DCSF, 2008). For ease and consistency I will use the term EBD throughout this study.

The Special Needs and Disability Act (2001) sets out the right for children with EBD to be educated in mainstream schools. Due to the disruptive impact on learning for self and others, this group of children have been cited as one of the most difficult groups to include (Evans & Lunt, 2002). Behaviour management continues to be high on the education policy and practice agenda in England and the rest of the UK. Schools are faced with the challenge of finding ways of ensuring children with
EBD are included in the ordinary classroom with their peers and to ensure that the needs of this vulnerable group of children are adequately met.

Alongside this, Government Policy (e.g. NICE Guidelines, 2007) now requires schools to promote the emotional well-being of children who exhibit signs of emotional and behavioural disturbance.

There is a demand for evidence based approaches to support children with EBD in mainstream schools from which professionals, such as Educational Psychologists, can draw on in order to make positive changes (see literature review in Appendix B.9 for more details).

Thrive is a trademarked programme developed by a multidisciplinary team named ‘Fronting the Challenge’ (ftc). The programme is described as a ‘dynamic developmental approach to working with vulnerable and challenging children whose behaviour interrupts their own and others learning’.

The Thrive programme borrows from a range of research and theory around neuroscience, child development, attachment theory and the role of creativity and play (for example Sunderland, 2006; Hughes, 2004; Illsey-Clarke & Dawson, 1989; Stern, 2003). It can be described as a school based intervention which is informed by a psychotherapeutic model as it aims to support children by addressing core relational and developmental features (Evans et al., 2003). Similar to nurture groups, Thrive is based on the understanding that for a child to develop a healthy ability to adapt to his or her social environment they must have experienced a sensitive, responsive and caring relationship with a significant carer/parent (Stern, 2003; Sunderland, 2006). But additional to a nurture group approach, the intervention draws on a concept from Transactional Analysis (Berne, 1964; Levin, 1982; Illsley Clarke & Dawson, 1998) which assumes that a child moves through a number of clearly defined stages of emotional development. The Thrive approach uses a computer based assessment, which relies on pupil observations, to identify specific ‘interruptions’ in this development; and targeted relational experiences, i.e., experiences of being in relationship with another human being, are recommended to promote further development. This will be discussed in more detail within the introduction of this thesis.

As part of a wave two pathfinder for the Targeted Mental Health in Schools (TaMHS) Project under DCSF, in 2009, Thrive training was delivered to staff working with children and young people in three learning communities within a local authority in the South West of England. This included staff from approximately forty schools (including primary schools, secondary schools, a PRU and a special school) as well as multi-disciplinary staff such as CAMHS, Educational Psychologists and Behaviour support staff.
At the time of beginning this study, thirty eight primary schools within the local authority had already been trained in Thrive and were implementing the intervention with some of their pupils. There was much testimony from staff working with children and young people that the training was highly valued and influential on their professional practice. Furthermore, there were a number of claims suggesting that pupils involved in Thrive were experiencing a whole range of positive outcomes attributable to the programme. For example, that the most disruptive pupils were calmer and making fewer visits to the Head Teacher’s office; that emotionally vulnerable children had become more confident and more trusting; that attendance had improved; and that the number of fixed term exclusions had diminished. Although there were a small number of detailed case studies prepared by schools themselves, the claims were, in the main, based on anecdote. Where schools had made some attempt to measure the impact of Thrive the methodology lacked basic rigour and findings were susceptible to bias; pre and post measurements were very limited and control measures were absent in all cases.

The project lead for TaMHS reported ‘emerging’ data in relation to reduced numbers of fixed term exclusions, reductions in referrals to other services and referrals for statutory assessment. However, the source of this data was also said to be unreliable.

Despite all of this, a general positive ‘vibe’ about the intervention based on a melange of potentially unreliable evidence was persuasive enough for the local authority to consider further investment into the intervention. Further details of current evidence related to the impact of Thrive can be found in Appendix A.1.

**Objectives of this study:**

- To provide a more reliable understanding of the effectiveness of the Thrive programme in supporting children with EBD within mainstream primary schools.

  More specifically:

  - To find the extent to which Thrive reduces pupil ‘emotional reactivity’, improves pupil ‘sense of relatedness’ and improves ‘readiness to learn in a mainstream classroom’.

  - To find whether there is an association between the Thrive training and staff attitudes towards the inclusion of children with EBD in mainstream primary schools.

- To explore how a small sample of pupils, parents and staff experience Thrive.
It is intended that the overall findings will provide an evidence base for practitioners to draw upon when considering appropriate and effective ways of supporting children with EBD in their mainstream primary schools. Using a rigorous methodology, the findings will also give a deeper insight into the ways in which people may interact with and experience the programme, which may help towards a more profound understanding of how the intervention may be operating.

Research Questions

Paper 1

1) Does the implementation of the Thrive programme improve pupil ‘emotional reactivity’, pupil ‘sense of relatedness’ and pupil ‘readiness to learn in a mainstream classroom’, over an eight month period?

2) Is the effectiveness of the Thrive intervention related to the way in which pupils express their difficulties, i.e. internalised (withdrawn) or externalised (outwardly disruptive)?

3) Does having the Thrive training predict a more positive school ethos towards the inclusion of children with EBD in mainstream primary schools?

4) Does having the Thrive training predict greater staff confidence in relation to meeting the needs of children with EBD in mainstream primary schools?

Hypotheses related to the above research questions are set out in paper one.

Paper 2

What is it like to be part of the Thrive intervention, from the perspective of parent, pupil and school staff?

Methodological and Paradigmatic issues:

The overall interest for the two studies was to find whether outcomes for pupils who are part of a Thrive programme are favourable, as well as to explore the experiences of pupils, parents and staff in relation to being part of a Thrive programme. It was supposed that by understanding the experiences of being part of a Thrive programme pupil outcomes could be better explained.

The methodologies for both phases of the research (paper one and paper two) were selected on the basis of how best to answer the research questions. This can be described as ‘pragmatism’ (Coffey & Atkinson, 1996; Tashakkori & Teddlie, 1998).
Tashakkori et al. (1998) and Creswell and Clark (2007) would argue that pragmatism is the best philosophical foundation on which to address research problems. Consistent with this view, this research employed a mix of inductive and deductive approaches, collecting & analysing quantitative and qualitative data, according to what was thought to be most useful to answer the research questions.

In attempt to be more explicit about the choice of mixed approaches for the research, I will now give a more detailed account of methodology in relation to each research paper.

**Paper one:**

This paper used a mixed methods approach with an embedded design (Cresswell & Clark, 2007).

The main research questions in this part of the research involved testing pre conceptualised theory and hypotheses; and these questions were considered to be best answered using a deductive approach.

A smaller supportive strand to this part of the research was aimed at uncovering some of the factors that may have influenced the quantitative outcomes; such as pupil context and what pupils think of Thrive. It also sought to find out what staff noticed about pupils over time when they are given the opportunity to use their own descriptive language. The data for this smaller strand was considered best collected using qualitative interviews.

**Paper 2:**

The research questions for this part of the study were associated with understanding experiences of being part of Thrive. It was decided that the most practical way of achieving this was to use an inductive, qualitative interviews whereby data could be gathered through a closer, more subjective perspective.

**Paper 1 and Paper 2 combined**

In coherence with a pragmatic philosophy, the overall methodology for this research could be described as an ‘equivalent status’ mixed method design (Giacobbi, Poczwardowski & Hager, 2005). This is because the qualitative data collected across the two papers is used to help explain the quantitative data collected in paper one; and the two approaches are considered to contribute equally to the final results.
Methods

The sample groups for this study are:

- Pupils aged between nine and eleven years, attending mainstream primary schools in the local authority, who have been identified by their school as having EBD; and who were engaged in the Thrive programme.

- Pupils aged between nine and eleven years attending mainstream primary schools in the local authority who have been identified by their school as having EBD and who were not engaged in the Thrive programme (named as a control group).

- Pupils aged between nine and eleven years attending mainstream primary schools in the local authority who have been identified by their school as having EBD and who were about to engage in the Thrive programme; their parent/s and members of staff who work with them (case studies).

The specific key measurements taken during this study were:

**Study 1:**

- Pupil Emotional Reactivity (Prince-Embury, 2007) taken at the start and end points of the eight month research period.

- Pupil Sense of Relatedness (Prince-Embury, 2007) taken at the start and end points of the eight month research period.

- Pupil Readiness to Learn in a mainstream class (Doyle, 2001) taken at the start and end points of the eight month research period.

- Staff attitudes towards the inclusion of children with EBD in mainstream primary schools and assessment of staff confidence in meeting the needs of children with EBD in mainstream primary schools (a structured questionnaire compiled by the researcher) completed by all school staff at the start of the research period.

- Descriptive information about individual pupil circumstances and anecdotal observations, collected through a number of structured questions with school staff at the start and end of the eight month period.
Study 2 only:

- Semi-structured interviews to explore experiences of Thrive.

Key Findings

Paper 1:

Compared to a control (i.e., a group of pupils not engaged in Thrive) Thrive was not significantly more effective in improving outcomes in relation to ‘emotional reactivity’, ‘sense of relatedness’ and ‘readiness to learn in a mainstream classroom’ for a group of nine to eleven year old pupils, identified with EBD attending mainstream primary schools in a local authority.

Pupils who were not engaged with the Thrive programme (i.e. the control group) significantly improved outcomes in relation to ‘readiness to learn’ compared to pupils who were engaged with the Thrive programme.

Being a member of staff from a school where some staff had been engaged in the Thrive training was not a significant predictor of having more inclusive attitudes towards pupils with EBD or being more confident at meeting these pupils’ needs compared to a control. However, being a member of staff who had had the full nine day Thrive training significantly predicted the most inclusive attitudes towards pupils with EBD and confidence in meeting these pupils’ needs. Further research is needed to establish reliable cause and effect relationships in this area.

The findings indicate that Thrive is currently being used in schools in attempt to meet the needs of a wide range of pupils with EBD. This broad application may be a limitation in its overall effectiveness.

Staff understand that there needs to be a whole school commitment to Thrive in order for it to be effective, however, staff generally felt that this whole staff commitment was absent in their schools.

Paper 2:

Based on the findings of a thematic analysis from qualitative interviews, the following hypotheses were generated in relation to how Thrive may or may not be working for pupils with EBD in a mainstream primary educational context:

- Thrive works by offering pupils time in the school day to do something they enjoy.

- Thrive does not work if it does not offer pupils what they need most i.e. it is not accurately targeting need.
• Thrive works by offering a way forward (a source of hope) regardless of its distinct features.

• Thrive does not work for pupils if their parents are not kept involved in the Thrive programme over time.

• Thrive does not work if school staff do not have a clear understanding of the intervention.

• Thrive does not work for pupils if it is not delivered consistently across the school.

• Thrive works best when all staff feel good about it and believe in it.

Conclusions

Based on the quantitative findings of these studies I would suggest that Thrive has still yet to demonstrate its effectiveness in relation to supporting the emotional well being and inclusiveness of pupils in mainstream primary schools.

I propose that there are number of factors associated with the implementation of Thrive that may be influencing its current effectiveness in mainstream primary schools in this local authority. For example, a lack of understanding of Thrive across school staff and a lack of parental involvement may be preventing its efficacy.

I consider that the tools used to assess emotional well being in these studies may have had their limitations. This concept has been supported by a number of authors such as Seth-Smith et al. (2010) and Broadhead et al. (2009). The Thrive assessment could potentially be a more appropriate and sensitive measure for assessing pupil outcomes in relation to emotional well being, however, until it goes through the processes of reliability and validity this assessment cannot be used with any level of confidence.

Rather than taking a ‘blanket approach’ to supporting all children with EBD, I would suggest that Thrive may be more effective when it is targeted at a more specific need, for example, attachment needs. This point has been cited in previous literature which discusses interventions to support pupils with EBD. For example, Swinson et al. (2003) criticises the broad label of EBD and advocate a more precise description of such children in terms of their emotional and behavioural needs, in order to focus interventions more effectively.

Based on the findings of this research I judge that when Thrive is being used as a general approach to supporting the emotional well being of all children, as opposed to the targeted intervention it is designed to be, it may be working in a very similar way to general good practice associated with
supporting pupil resiliency (Lewis, 1999). In this sense, it is difficult to set Thrive apart from other approaches being used in schools whereby staff are responding to their pupils in a sensitive and nurturing manner.

The overall findings of these studies are set within a number of methodological constraints. These have been outlined in each phase of the research.

I propose that the findings have set a clearer way forward for future research to be undertaken.
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