

**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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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; Hughs, 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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Paper One.

Introduction

Aims

The aim of this study was to find whether an intervention, named Thrive, which sets out to support the emotional development of children with emotional and behavioural difficulties, has an impact on children's emotional reactivity, sense of relatedness and readiness to learn in a mainstream primary classroom. It also explores whether there is an association between a more positive school ethos towards including children with EBD in mainstream primary and the Thrive training; and whether there is an association between the Thrive training and staff confidence towards meeting the needs of children with EBD.

Justification for hypotheses

The following hypotheses have been formulated in response to the need to contribute towards an evidence base in relation to how to best support children with EBD in mainstream schools. Furthermore, the Thrive approach is currently being implemented in a number of primary schools within a local authority in the South West of England in the absence of reliable research to support its effectiveness. The Local Authority has already funded a number of schools to take part in the nine day Thrive training and the intention is to roll this out across all other schools in the area. Further details in relation to current evidence to support children with EBD can be found in appendix A.5; further details in relation to current evidence to support the effectiveness of Thrive can be found in a literature review (Appendix B.14).

Hypotheses

Hypothesis 1:

Over an eight month period, pupils aged nine to eleven years with EBD who attend mainstream primary schools and who are experiencing the Thrive intervention, will have significantly greater improvements in scores on the sense of relatedness resiliency subscale than a comparison group of pupils who are not experiencing Thrive.

Hypothesis 2:

Over an eight month period, pupils aged nine to eleven years with EBD who attend mainstream primary schools and who are experiencing the Thrive intervention, will have significantly greater reductions in scores on the emotional reactivity resiliency subscale than a comparison group of pupils who are not experiencing Thrive.

Hypothesis 3:

Over an eight month period, pupils aged nine to eleven with EBD who attend mainstream primary schools and who are experiencing the Thrive intervention, will have significantly greater improvements in scores on the readiness to learn in a mainstream classroom questionnaire than a comparison group of pupils who are not experiencing Thrive.

Hypothesis 4:

The effectiveness of the Thrive intervention will be different according to whether the pupils exhibit difficulties in an internally withdrawn or outwardly disruptive manner.

Hypothesis 5:

Schools in which the staff have been Thrive trained will have significantly higher pro-inclusion scores on an inclusion questionnaire than staff in schools where there has been no Thrive training.

Hypothesis 6:

Schools in which the staff have been Thrive trained will have significantly higher confidence scores on an inclusion questionnaire than staff in schools where there has been no Thrive training.

Meeting the needs of children with EBD in mainstream primary schools

Educational Psychologists (EPs) are called upon to make professional judgements about meeting the needs of pupils whose behaviour is of serious concern. This often involves supporting schools with appropriate approaches and interventions. It is therefore important that there is evidence-based knowledge to draw upon.

The last decade seems to show a growing enthusiasm for therapeutic approaches which may be in response to a greater awareness to support children's mental health and well being in schools. Evaluations have been popular in relation to nurture groups and the published research indicates these to be effective in improving outcomes for children identified as having EBD (Doyle, 2001; O'Connor & Colwell, 2002; Sanders 2007; Seth-Smith 2010).

Measuring the development of social and emotional skills has been hi-lighted in the literature as being challenging due to the lack of parameters to the definition and there seems to be a need to select tools which are uni-dimensional and focus on specific skills (Wigelsworth, 2010).

By improving sensitivity and specificity of assessments, a better understanding of the process by which interventions are working could perhaps be achieved.

Overall, where evaluative studies in the literature exist in relation to supporting children with EBD in mainstream primary schools, they have mostly demonstrated significant positive outcomes for children, if only for a time limited period. It could be argued that a whole school ethos to inclusion may be the essential factor, regardless of the intervention (Denham, 2006). Work already carried out in this area has indicated that teachers' attributions and attitudes to children with EBD does seem to impact on their interactions with these children (Poulou & Norwich, 2002; Avramidis et al. 2000).

EBD is generally used as a broad term and there have been recent suggestions that it could be beneficial to be more specific about identifying children's needs as either 'emotional' or 'behavioural' and target interventions accordingly (Swinson, Woof & Melling, 2003).

The aims of this study have been generated in response to the identified need to provide and understand evidence based approaches towards improving outcomes for pupils with EBD in mainstream primary schools.

Following on from Swinson et al.'s (2003) suggestion about the need to target interventions according to a more specific need than general EBD, I have chosen to carry out some analysis to explore whether the Thrive intervention is more or less effective for pupils described as displaying internalising behaviours, such as being withdrawn or self harming; and pupils who are described as displaying externalising behaviours, such as being disruptive to others or aggressive. In addition to this, I would like to explore Denham's (2006) argument that whole school ethos may be the most essential factor to improving outcomes than any particular intervention.

Although in this paper I am, in part, responding to a need for 'quantitative data' in this domain; paper two will take a qualitative design which will take into account people's experiences of using the approach.

Thrive and its theoretical underpinnings

Thrive has been described as an 'integrative approach' to support the social and emotional development of children (Thrive ftc). From discussion with the authors, I understand that the approaches chosen to be included within Thrive are based on what is believed, from their own professional understanding and experience of working with children, to be most effective and most easily applied to practical educational settings. Although this eclectic nature of Thrive may resonate well for practitioners, it makes it rather challenging to unpick the contributions of distinct individual theory.

Nevertheless, a fundamental feature of the Thrive approach is the role of the child-adult relationship with regards to supporting emotional development and well being. From this perspective, Thrive is well embedded within the principles of attachment theory (Bowlby, 1969; Hughs, 1985; Schore, 2001; Stern 2003; Coan, 2008) and Transactional Analysis (Berne, 1964; Levin, 1982; Illsley Clarke & Dawson, 1998). More specifically, based on neurobiological understanding, Thrive assumes that 'through exposing a child to repeated developmentally appropriate experiences, which involve predictable, consistent, loving, containing enriched interactions with adults who are attentive and nurturing, the brain can be altered in reparative, healing ways' (Thrive ftc). For example, for children who have not developed a healthy stress management system, it is expected that the Thrive approach can positively contribute to the rebuilding of this through interaction with adults and thus enable them to become more emotionally resilient. Also, through positive descriptive feedback from the adults responsible for the care, development and learning of children, strong internalised negative critical talk can be challenged and children can build a more realistic sense of themselves. From this perspective Thrive has been described as a 'relational approach', that is emotional development and well-being improve as a consequence of a child being in a positive relationship with a significant adult (Thrive ftc).

Since Thrive emphasises deeper and more complex roots of behaviour with a focus on building relationships, it could be said to fit the description of a therapeutic approach (Evans et al. 2004).

See Appendix A.2 for further details of the theory underpinning Thrive.

Critical Analysis of Attachment theory and principles

Recent attachment researchers have focussed on exploring the regulatory role of attachment. Mikulincer, Shaver and Pereg, (2003) cite attachment theory as one of the most important conceptual frameworks for understanding emotional regulation and put forward a model to provide an explanation of the dynamics and functioning of attachment systems. Within this model they conceptualise individuals adopting a particular attachment style which falls within the dimensions of 'anxious' and 'avoidant'. Following from Bowlby's theory (Bowlby, 1969) that the attachment system is activated when there are psychological or physical threats to the individual, Mikulincer et al. (2003) describe how the perception of threatening events will activate the attachment system leaving the individual with fewer resources for exploring the environment, having fun with others or attending to other's needs. This has implications for an individual's capacity to engage with learning in an educational setting; and this forms one of the underlying principle of the Thrive approach.

Attachment and brain development

The impact of relational experiences on brain development has been substantiated by neurological evidence described by researchers such as Schore (2001) and Perry (2009). For example Shore (2001) has demonstrated that there are direct links between secure attachment, development of efficient right brain regulatory functions and adaptive infant mental health; as well as links between traumatic attachment and inefficient right brain regulatory function and maladaptive mental health. In addition to this, there is now a general understanding that the brain is highly plastic and that significant new connections form all the time, even in adulthood, in response to new learning or environmental events (Perry, 2009; Schore & Schore, 2008). Thrive applies this neurological evidence to argue that through a relationship based intervention it is possible to make positive neurological changes which develop affect regulating capacities and positively impact infant and adult mental health.

Goswami (2004) has argued, while neuroscience has learnt much about neurons and synapses, it has not learnt nearly enough to guide educational practice. I would agree that although there seems to be neurological evidence that points to localised areas in the brain associated with attachment experiences, there continues to be a paucity of evidence that demonstrates positive changes in the brain as a result of a particular intervention.

Aside from neuroscience, there seems to be some evidence that treatment approaches, based on attachment theory, are effective in improving emotional well being and behaviour, for

example, Hughs (1998). However, applying an intervention which is based on attachment theory may be assuming that EBD can be attributed in all cases to relational difficulties when in fact there could be some other causal explanation. For example, Harris (1998) would argue that attachment theory places too much emphasis on parental influence when in fact the influence of fitting in with peers and genetics are possibly more important. From this perspective, it may be more appropriate to apply an alternative approach to support children with emotional behavioural difficulties, such as interventions embedded in social learning theory or a cognitive behavioural approach, for example social skills training (Denham, 2006; McSherry, 2001).

In addition to this, there are ethical implications associated with attributing emotional behavioural difficulties to child adult relationships, whereby parents could potentially take on a significant amount of blame for their child's problems.

See Appendix A.3 for further details of Thrive in relation to supporting emotional well being.

See Appendix A.4 for details of how Thrive is delivered in schools.

Thrive outcomes

The Thrive programme makes a number of broad claims in relation to outcomes for children including improved emotional well being, building resilience, a more secure sense of self, increased emotional capacity for learning and more satisfying relationships (Thrive etc). With so many potential benefits of the programme to consider, this posed some difficulty with regard to deciding what to prioritise as measurable outcomes for this research. However, in response to the need to measure specific domains of social and emotional skills (e.g. Wigelsworth, 2010), this study centres on the quantitative measures of 'sense of relatedness', 'emotional reactivity' and 'readiness to learn in a mainstream classroom'.

In addition to this, 'sense of relatedness' and 'emotional reactivity' are two out of the three subscales designed to measure emotional resiliency (Prince-Embury scales, 2007). Resilience has been repeatedly cited as being associated with supportive relationships in school (Werner, 1993; Johnson, 2008) and this seems congruent with the operative of Thrive.

It should be noted, that due to pre-empted challenges in relation to time and ethics the third resiliency subscale (sense of mastery) was not carried out with participants in this study. This meant that an overall assessment of resiliency could not be achieved, nevertheless, measuring changes in perceived relationship with others (sense of relatedness) and measuring emotional

reaction to situations (emotional reactivity) are contributing factors towards resiliency and were considered relevant in relation to measuring the impact of Thrive on pupils.

The 'readiness to learn' scale was chosen to assess emotional and social skills to learn in a mainstream classroom (Doyle, 2001). This measure was chosen as these skills seem logically relevant to facilitating the inclusion of pupils with EBD. (See Appendix A.3 for current evidence related to the impact of Thrive.)

Research design and methodology

This phase of the research used an embedded design (Creswell & Plano Clark, 2007) whereby a qualitative component is embedded within a prioritised quasi-experimental quantitative methodology. The quantitative aspect of the study aimed to test a number of pre-conceptualised hypotheses. The qualitative data collected for this phase of the research played only a supplementary role within the overall design and provided supporting information associated with the primary aim.

Quantitative data in relation to outcomes for pupils were obtained by measuring 'sense of relatedness', 'emotional reactivity' and readiness to learn in a mainstream classroom at two points in time for a group of pupils engaged in a Thrive programme and a control group. Quantitative data in relation to staff attitudes towards the inclusion of pupils with EBD and staff confidence in meeting the needs of children with EBD were collected just once around the start of the research and analysed in association with staff experiences of Thrive training, i.e., no training, some experience of INSET and the full nine days training.

Qualitative data were collected with the aim of contextualising and explaining quantitative findings. For example, by exploring the way in which the Thrive programme is delivered across the different participating schools, some consideration could be given to how this factor may impact on outcomes.

The second phase of the research, reported in Paper Two, uses semi-structured interviews to gather more thorough in-depth qualitative information in relation to parent, pupil and school staff experiences of being part of the Thrive programme. Qualitative findings from phase one of the research provide a broad conceptual framework in which the more in-depth interviews are conducted in phase two.

Measurement tools

Quantitative tools

The following quantitative measures were used to assess changes in 'sense of relatedness', 'emotional reactivity' and perceived readiness to learn in a mainstream classroom:

- 'Emotional Reactivity' (Prince-Embury, 2007)
- 'Sense of Relatedness' (Prince-Embury, 2007)
- 'Reintegration Readiness Scale' (Doyle, 2001)
- 'Inclusion towards children with EBD in mainstream school' (questionnaire devised by the researcher, adapted from Paul William's research, 2005; and Avramidis, Bayliss and Burden's survey, 2002).

See Appendix A.6 for further details regarding the quantitative tools.

See Appendix A.7 for a copy of the inclusion questionnaire.

Qualitative tools

Semi-structured interviews were carried out with relevant school staff at each of the participating schools to gather information about:

- Factors which were foreseen to influence pupil outcomes over the research time period, such as the specific needs of individual pupils, the different ways in which the schools provided support and individual pupil exposure to the Thrive intervention. (See Appendix A.6 for details summary of pupils from Thrive schools. See Appendix A.7 for details of pupils from the Control schools.)
- Pupil changes that had been observed by staff over the time period and how these changes were explained by staff. (See appendix A.8 for example report.)

Pupil experiences of the Thrive intervention. (See Appendix A.9 for example interview.)

Staff experiences of the Thrive intervention. (See Appendix A.10 for example interview.)

Participants and sampling

Participants

Pupils:

The total sample comprised 51 pupils (34 boys, 17 girls) attending eleven primary schools in the local authority. All pupils were aged between nine and eleven years and had been identified by their school as having EBD (school action, school action plus or with statement) and no other significant difficulty, such as speech and language.

Of these pupils, 28 were part of a Thrive programme in eight schools (Thrive group), while 23 attended three schools which had not had Thrive training (control group).

Selection of schools and pupils

Thrive pupils:

The method of sampling was purposive and opportunistic. All 38 primary schools within the local authority known to have had staff trained in Thrive were initially approached to take part in the study. In attempt to control for some of the potential participant variables, pupils were selected for the study if they were aged nine or ten years old and in school years four or year five at time point one of the research; if they attended schools where at least 20% of the staff had had the nine day Thrive training; and if they attended schools who claimed to be using the Thrive programme as advocated by Thrive ftc, i.e., using the correct assessment procedures and following the recommended intervention procedures. Of the 38 schools approached, ten met these criteria and eight agreed to participate.

Pupils were selected for semi-structured interviews on an opportunistic basis at the time of meeting for the initial resiliency assessment. A total of 30 pupils aged nine, ten, and eleven years were interviewed. These included the 28 pupils from year four and year five who took part in the study as well as an additional four year sixes selected from one of the schools as part of a small initial pilot of the assessment procedures.

All pupils were engaged in a targeted Thrive programme (i.e. emotional interruptions had been identified through assessment and action plans in place). Some of the pupils were also experiencing 'Social and Emotional Aspects of Learning (SEAL)'.

Non Thrive pupils (control)

Within the same local authority, primary schools that were known to have not received any Thrive training were matched with the selected Thrive schools. Schools were matched according to socio-economic status of pupils (identified by number of free school meals) and by the number of children identified as having EBD in the school. Of the eight schools approached, four took part in the study. One school was dropped from the research at time point two of the research due to loss of pupils from the school.

Pupils selected from 'non Thrive schools' were treated as a 'control' group in the study. This means that changes in scores on the three outcome measures were compared for the pupils from non-Thrive schools and pupils from Thrive schools.

Due to practical and ethical reasons it was not possible to select pupils from non-Thrive schools who were not engaged in any type of intervention or approach in their school at the time of the study. The type of approach/intervention these 'control' pupils were experiencing included 'Social and Emotional Aspects of Learning (SEAL)', reward schemes and 'circle of friends'(see Appendix A.9 for more details). The control group could be better described as a comparison group as they are not a control group *sensu strictu* as they were receiving some other intervention/experience instead of Thrive. As the schools concerned had identified emotional and behavioural difficulties in all of the children, it would be unethical to withhold an intervention/experience from those not experiencing thrive. For ease of discussion I propose to refer to this comparison group as a control group throughout.

Staff

All staff who had contact with pupils in their everyday role at the participating schools were asked to complete the questionnaire to measure attitudes towards including children with EBD. This included teaching and non teaching staff.

A total of 153 questionnaires were completed. Ninety eight questionnaires were completed by staff from Thrive schools and 55 questionnaires were completed by staff from the control schools.

Staff who claimed to know participating pupils well and staff who had some involvement with the Thrive intervention were selected on an opportunistic basis for semi-structured interviews. This included Head Teachers, Deputy Head Teachers, SENCo's, Class Teachers and Teaching Assistants.

Procedures

Following participant selection procedures, letters of consent were sent out to schools, who in turn sought parental permission for individual pupils to take part in the study. Permission was received from the parents of thirty Thrive pupils and twenty seven control pupils. Two Thrive pupils and four control pupils were lost from the original sample over time due to pupils moving schools.

Pupils were met once individually by the researcher in either May or June 2011 (Time point one) and once by the researcher in either February or March 2012 (Time point two). The 'sense of relatedness' and 'emotional reactivity' assessments were completed with the pupils on each of these occasions.

When meeting the Thrive pupils for the first time, the researcher took the opportunity to conduct short semi-structured interviews to explore pupil awareness, thoughts and feelings about the Thrive programme.

The 'Readiness to learn' questionnaires were distributed to the Class Teachers of each of the individual pupils at 'Time point one' and 'Time point two' of the research. Eighteen fully completed questionnaires from both 'Time point one' and 'Time point two' were collected for pupils in each of the groups (Thrive and Control). These were returned to the researcher promptly in all cases.

At time point one the researcher met with at least one member of staff to collect additional qualitative information about the pupils, such as identified difficulties and details of current and/or previous support in place. Inclusion questionnaires were distributed at this time and these were returned for analysis by the end of term (July 2011).

Semi-structured interviews were carried out with staff from Thrive schools at time point one to explore experiences of the Thrive intervention.

At point two of the research a number of structured questions were posed to staff (verbally or written) to collect qualitative information about pupils in relation to observed changes over the research period, as well as any additional factors likely to have affected resiliency.

Ethics

Informed written consent was sought from the head teacher, the relevant school staff and from parents of pupils from each school to take part in the research. Verbal consent was

sought from individual pupils to take part. All participants were made aware of their right to withdraw from the study at any time including after the data had been collected.

Every effort was made to make interviews/questioning with participants a comfortable experience. Since the interviews and questionnaires with pupils related to the 'here and now' there was no expectation for a child to talk about unpleasant experiences from the past.

All participants were told that the data collected would be presented in a report that may be read by a wide range of professionals. They were also informed that data would be anonymous and information relating to the identity of the participants will be confidential to the researcher.

Data analysis

Quantitative data

Pupil outcomes (whole sample):

For each of the three pupil outcome measurements (Emotional Reactivity, Sense of Relatedness and Readiness to Learn) an ANOVA was run for a mixed design, with one repeated measures factor, time (point one and point two); and two between subjects factors, exposure to the Thrive intervention or not; and type of behaviour (internalising or externalising). Identification of internalising and externalising behaviours were based on the observations of staff who knew the pupils well. This information was gathered from staff at the start of the research period (time point one) via the preliminary interviews which aimed to collect a range of additional qualitative information about each pupil. Pupil behaviour was classified by the researcher as 'internalising' if staff verbally described the pupils as showing 'withdrawn' behaviours such as being sad, passive, dreamy or isolated (Montgomery, 2002); and classified pupils as 'externalising' if staff described the pupils as exhibiting 'outwardly disruptive' behaviours, such as aggression towards other people, fidgety or noisy (Cooper 2002).

Pupil outcomes (matched sample):

Participants whose scores on any of the three outcome measures (Emotional Reactivity, Sense of Relatedness or Readiness to Learn) indicated a level of vulnerability at time point one were matched across the two groups. An ANOVA was run for a mixed design, with one repeated measures factor: time (point one and point two); and one between subjects factor: Exposure

to the Thrive intervention or not. Due to the small sample sizes of vulnerable pupils identified, analysis of type of behaviour (internalising and externalising) was not carried out.

Staff Inclusion:

For each of the two staff outcome measures (staff attitudes towards the inclusion of pupils with EBD and staff confidence in relation to supporting children with EBD) an ANOVA was run with the following between subject factors:

- School having Thrive trained staff or not.
- Whether individual staff had the nine day Thrive training, Thrive INSET or no Thrive training.
- Number of previous training experiences staff had had, other than Thrive, aimed at supporting children with EBD (one, two, three or more experiences).

Thrive pupils only:

A regression analysis was carried out to find whether there was a relationship between the number of weeks pupils had been part of a Thrive programme (prior to the research period) and changes in the three outcome measures taken over the 8 month research period.)

Participants who had been exposed to the Thrive programme were then allocated to one three groups depending on the amount of time they had been exposed to Thrive. These groups were defined as: up to 6 months (up to 26 weeks); between six months and one year (27-52 weeks); and more than one year (53 weeks and over).

A one way ANOVA was carried out to find whether there was a significant difference between the amount of time participants had been exposed to the Thrive programme (as per the defined grouping) and changes over the eight month research period on the three outcome measures (Emotional Reactivity, Sense of Relatedness and Readiness to Learn).

(See Appendix A.13 for details of statistical tests chosen).

Qualitative data

Qualitative data gathered from staff in relation to pupil profiles, individual need and support were organised according to the nature and frequency of responses.

A thematic analysis approach was applied to the data collected from the semi-structured interviews (Braun & Clarke, 2006). (See Appendix A.14 for details of the steps taken for analysis)

Themes were generally identified within the surface meaning of the data, that is, analysis relied mainly on a detailed organisation and description of the entire data sets as opposed to in depth interpretations (Braun & Clarke, 2006).

It is acknowledged that within this process of determining themes the researcher played an active role and the initial research questions were recognised to be influential within this process. (See Appendix A.15 for an example of the process of thematic analysis).

The experiences of the Thrive intervention have not been previously well researched and so there was very little influence from theoretical preconceptions.

Staff observations about pupil changes over the research period were merged with the quantitative findings to explore compatibility.

Findings

Summary of quantitative findings: Pupil outcomes

Sense of Relatedness, Emotional Reactivity and Readiness to Learn

Whole sample

The ANOVA results show that the effect of Thrive on Emotional Reactivity was not significant compared to a Control, $F(1, 47) = 2.393$, $p = .129$ (see Table 1). They also showed that the effect of Thrive on Emotional Reactivity was not significant compared to a Control if pupils exhibited externalising or internalising behaviour, $F(1,47) = 0.000$, $p = .984$ (see Table 1).

The ANOVA results showed that the effect of Thrive on Sense of Relatedness was not significant compared to a Control, $F(1,47) = 0.002$, $p = .961$ (see Table 1). The effect of Thrive on Sense of Relatedness was also not significant compared to a Control if pupils exhibited externalising or internalising behaviour, $F(1,47) = 0.035$, $p = .853$ (see Table 1).

The effect of Thrive on Readiness to Learn was not significant compared to a Control, $F(1,32) = 4.872$, $p = .035$ (see Table 2). The effect of Thrive on Readiness to Learn was also not significant

compared to a Control if pupils exhibited externalising or internalising behaviour, $F(1,32) = 1.431, p = .240$ (see Table 2).

(See Appendix A.16 for trends of mean scores for the whole sample.)

Matched sample

The ANOVA results show that the effect of Thrive on Emotional Reactivity was not significant compared to a Control, $F(1, 12) = 0.508, p = .489$ (see Table 3).

The ANOVA results showed that the effect of Thrive on Sense of Relatedness was not significant compared to a Control, $F(1,18) = 0.709, p = .386$ (see Table 3).

The ANOVA results showed that there was a significant difference in change in Readiness to Learn scores for the pupils engaged in Thrive compared to a Control, $F(1,32) = 7.265, p = .027$ (see Table 3). However the direction of this finding was not as predicted, that is, changes in scores for the Control group were significantly greater than the Thrive group.

(See Appendix A.17 for trends of mean scores for the matched pupils.)

Hypotheses

The following null hypotheses were accepted in relation to the three measured outcomes for pupils.

Hypothesis 1:

- Over an eight month period, pupils aged between nine and eleven years with EBD who attend mainstream primary schools and who are experiencing the Thrive intervention, will not have significantly greater improvements in scores on the Sense of Relatedness resiliency subscale than a control group of pupils.

Hypothesis 2:

- Over an eight month period, pupils aged between nine and eleven years with EBD who attend mainstream primary schools and who are experiencing the Thrive intervention, will not have significantly greater reductions in scores on the Emotional Reactivity resiliency subscale than a control group of pupils.

Hypothesis 3:

- Over an eight month period, pupils aged nine to eleven years with EBD who attend mainstream primary schools and who are experiencing the Thrive intervention, will not have significantly greater improvements in scores on the Readiness to Learn in a mainstream classroom questionnaire than a control group of pupils.

Hypothesis 4:

- The effectiveness of the Thrive intervention will not be different according to whether the pupils exhibit difficulties in an internally withdrawn or outwardly disruptive manner.

Thrive pupils only

A regression analysis showed that the number of weeks that pupils were exposed to the Thrive programme is not a significant predictor of the *change in scores* for pupils over the eight month research period in relation any of the three outcome measures (see appendix A.18 for details).

A one way analysis of variance (ANOVA) showed that the effect of time on changes in pupil Emotional Reactivity over the eight month research period was not significant, $F(2,25) = .090$, $p = .915$.

A one way analysis of variance (ANOVA) showed that the effect of time on changes in pupil Sense of Relatedness over the eight month research period was significant, $F(2,25) = 3.722$, $p = .038$ (see Table 4).

A one way analysis of variance (ANOVA) showed that the effect of time on change in pupil Readiness to Learn over the eight month research period was not significant, $F(2,15) = .176$, $p = .840$.

Games-Howell post hoc comparisons of the three different exposure times to the Thrive programme indicated that changes in Sense of Relatedness scores were significantly different between pupils who had been exposed to the Thrive programme for up to six months (26 weeks) and pupils who had been exposed to the Thrive programme for over a year (53 weeks or more), $p = .037$.

Interestingly, it was the participants who had been part of the Thrive intervention for less than 26 weeks who made the greatest improvements with regards to developing a sense of relatedness ($M = 3.50$, $SD = 10.149$). Pupils who were part of the Thrive intervention for either 27 to 52 weeks, or for more than 53 weeks, appeared to deteriorate with regards to Sense of Relatedness ($M = -1.73$, $SD = 7.586$ and $M = -7.63$, $SD = 8.105$ respectively) (see Table 5).

It was unexpected for the mean change to be greater for pupils who had been exposed to the Thrive programme for less time. If the Thrive programme was effective in improving Sense of Relatedness one would expect that the more time pupils were involved with the programme the greater the Sense of Relatedness.

Table 1:

Emotional Resilience: Thrive group v. Non-Thrive group and by Type of Behaviour (Externalising or Internalising).

Groups: Behaviour types:	Thrive pupils (N=28) Externalising N=13 Internalising N=15				Non-Thrive pupils (N=23) Externalising N=6 Internalising N=17				F score	Significance
	Time 1		Time 2		Time 1		Time 2			
	M	SD	M	SD	M	SD	M	SD		
Emotional Reactivity^a	59.23	10.34	59.39	12.08	54.61	8.24	59.18	9.08	2.393	.129
<i>Externalising</i>	62.54	9.85	63.85	13.67	56.17	13.79	61.83	9.54	.000	.984
<i>Internalising</i>	55.93	10.87	54.93	9.06	53.09	5.59	56.53	8.80		
Sense of Relatedness^b	47.47	12.29	48.46	12.39	46.66	11.19	48.62	8.83	.002	.961
<i>Externalising</i>	43.08	13.50	43.85	14.39	47.67	16.61	50.00	7.46	.035	.853
<i>Internalising</i>	51.87	9.82	53.07	8.73	46.65	9.22	47.24	9.37		

^a Scores ≥ 56 indicate pupils may be vulnerable.

^b Scores ≤ 45 indicate pupils may be vulnerable.

Table 2:

Readiness to Learn: Thrive group v. Non-Thrive group and by Type of Behaviour (Externalising or Internalising).

Groups:	Thrive pupils (N=18)				Non-Thrive pupils (N=18)				F score	Significance
	Externalising N=8		Internalising N=10		Externalising N=5		Internalising N=13			
Behaviour types:	Time 1 M	SD	Time 2 M	SD	Time 1 M	SD	Time 2 M	SD		
Readiness to Learn^a	220.88	50.73	218.80	44.13	226.21	52.77	259.24	38.71	4.872	.035^b
<i>Externalising</i>	212.06	41.62	214.75	41.32	192.00	46.93	249.60	15.95	1.431	.240
<i>Internalising</i>	229.70	57.97	221.85	48.23	260.42	42.45	268.88	43.89		

^a Scores ≤ 17 indicate pupils may not have the skills to learn in mainstream classroom

^b Contrary to predictions, pupils from the control group were significantly more ready to learn after the eight month period.

Table 3:

Emotional Resilience and Readiness to Learn: Matched pupils, Thrive group v. Controls.

Groups:	Thrive pupils				Control pupils				F score	Significance
	Time 1 M	SD	Time 2 M	SD	Time 1 M	SD	Time 2 M	SD		
Emotional Reactivity^a (N=7)	63.00	6.58	59.43	8.38	62.71	7.71	63.00	9.02	.508	.489
Sense of Relatedness^b (N=10)	34.50	10.11	40.60	14.37	35.80	7.04	45.60	6.92	.709	.386
Readiness to learn^c (N=5)	179.40	22.79	202.20	20.14	175.80	36.43	263.20	27.93	7.265	.027^d

^aScores ≥ 56 indicate pupils may be vulnerable.

^bScores ≤ 45 indicate pupils may be vulnerable.

^cScores ≤ 217 indicate pupils may not have the skills to learn in a mainstream classroom.

^dContrary to predictions, pupils from the control group were significantly more ready to learn after the eight month period.

Table 4:

Sense of relatedness: Thrive participants by Time

Groups:	M	SD	F score	Significance
Up to 26 weeks (N=12)	3.50	10.15	3.722	.038 *
27-52 weeks (N=8)	-1.13	7.59		
53weeks or more (N=8)	-7.63	8.10		

*p<.05

Table 5:

Post Hoc Analysis of means. Sense of relatedness by time

	Change in sense of relatedness scores Significance
Up to 26 weeks vs 53 weeks or more	.037

*p<.05

Summary of quantitative findings: Staff outcomes

The ANOVA results show that the effect of being part of a school who had engaged with Thrive training did not predict significantly higher scores in relation to staff attitudes towards inclusion, $F(1, 151) = 2.145$, $p = .145$ (See Table 6). Also, being part of a school who had engaged with Thrive training did not predict significantly higher scores in relation to staff confidence towards meeting pupil needs, $F(1, 164) = 0.759$, $p = .385$ (see Table 6).

(See Appendix A.19 for trends of mean scores for staff.)

The ANOVA results show that staff scores in relation to attitudes towards the inclusion of pupils with EBD differed significantly across the five types of training, $F(5, 160) = 3.045$, $p = .012$ (See Table 6). Also staff scores in relation the confidence in meeting the needs of pupils with EBD differed significantly across the five types of training, $F(5, 147) = 6.697$, $p = .000$ (see Table 7).

Hochberg post hoc comparisons of the five types of training indicate that staff who had had the nine day Thrive training ($M = 81.10$, 95% CI [77.478, 84.731]) had significantly higher scores in relation to attitudes towards the inclusion of pupils with EBD, than staff who had had no training at all related to supporting pupils with EBD ($M = 73.72$, 95% CI [71.498, 75.939]); and staff who had had some form of Thrive INSET ($M = 73.96$, 95% CI [70.997, 76.919]) (see Table 8).

Hochberg post hoc comparisons of the five types of training indicate that staff who had had the nine day Thrive training ($M = 17.14$, 95% CI [15.945, 18.341]) had significantly higher scores in relation to confidence in meeting the needs of pupils with EBD than staff who had had no training at all related to supporting pupils with EBD ($M = 13.69$, 95% CI [12.986, 14.391]); and staff who had had some form of Thrive INSET ($M = 14.59$, 95% CI [13.635, 15.547]). Also, staff who had had three or more EBD training experiences ($M = 16.33$, 95% CI [14.748, 17.918]) had significantly higher scores in relation to confidence in meeting the needs of pupils with EBD than staff who had had no EBD training ($M = 13.69$, 95% CI [12.986, 14.391]) (see Table 8).

Comparison between the other types of training experiences were not statistically significant at $p < .05$ (see Appendix A.20).

The following null hypotheses were accepted:

Hypothesis 5:

- Schools in which the staff have been Thrive trained will not have significantly higher pro-inclusion scores on an inclusion questionnaire than staff in schools where there has been no Thrive training.

Hypothesis 6:

- Schools in which the staff have been Thrive trained will not have significantly higher confidence scores on an inclusion questionnaire than staff in schools where there has been no Thrive training.

Table 6:

Attitudes towards Inclusion & Confidence in meeting the needs of pupils with EBD: Staff from Thrive schools & staff from Control schools.

Groups:	Staff from Thrive schools		Staff from non Thrive schools		F score	Significance
	M	SD	M	SD		
Attitude to inclusion^a	75.01	9.77	77.20	8.16	2.145	.145
	(N=107)		(N=59)			
Confidence^b	15.12	2.97	14.67	3.21	.759	.385
	(N=98)		(N=55)			

^aMaximum score = 100

^bMaximum score = 20

Table 7.

Attitude towards inclusion and Confidence at meeting the needs of children with EBD: EBD training.

Training types:	No EBD (N=64)		1 EBD (N=19)		2 EBD (N=8)		3 + EBD (N=12)		9 Day Thrive (N=21)		Thrive INSET (N=33)		F score	Significance
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD		
Attitude to Inclusion^a	73.72	8.46	76.42	10.16	78.11	9.73	78.50	9.73	81.10	11.38	73.96	7.80	3.045	.012*
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	F score	Significance
Confidence^b	13.69	2.80	15.72	2.08	16.63	1.51	16.33	3.26	17.14	3.18	14.59	2.82	6.697	.000**

^aMaximum score = 100

^bMaximum score = 20

*p<.05 **p<.001

Table 8.

Post Hoc Analysis of means. Attitude towards Inclusion and Confidence in meeting the needs of children with EBD: EBD training.

	Attitude towards the inclusion of pupils with EBD Significance	Confidence in meeting the needs of children with EBD. Significance
9 day Thrive training Vs Thrive INSET	.044*	.019*
9 day Thrive training Vs No EBD training experiences	.011*	.000**
No training Vs 3 EBD training experiences	.672	.044*

*p<.05 **p<.001

Findings: Qualitative

See Appendix A.21 for a description of pupil difficulties, range of support and experiences of Thrive for the participating pupils and schools.

Summary of semi structured interviews with staff from Thrive schools

Staff accounts of being engaged with the Thrive programme clustered around 5 main themes: Impact on staff (e.g. self efficacy), Impact on pupils (e.g. social skills), How Thrive works (e.g. commitment), Family involvement (e.g. opens dialogue) and Assessment (e.g. pupil selection). See Appendix A.12 for an example of an interview extract with a member of staff. See Appendix A.22 for a description of the themes.

Interviews with pupils

Pupils were not always aware of being part of Thrive. They usually spoke positively about it and talked about some of the activities they did as part of Thrive. See Appendix A.11 for an example of an interview extract with a pupil. See Appendix A.23 for a description of findings from the pupil interviews.

Staff observations of pupils at Time point two of the research.

Staff from both Thrive and control schools were equally positive about improvements pupils had made over the research period in relation to the difficulties/concerns that were identified at the start of the research period. It was interesting to note that staff were more likely to rate pupils as having made progress than was suggested by the results of the research assessments.

There was no noticeable association between the changes in outcomes for pupils over the research period and any known significant life factors occurring for the pupils over the research period.

(See Appendix A.12 for an example of a staff report with regard to pupil progress.)

Discussion

Summary of merged findings

Pupil outcomes

This study offers the finding that Thrive is no more effective in improving pupil 'emotional reactivity' and 'sense of relatedness' and is less effective in improving 'readiness to learn in a mainstream classroom' than other typical interventions used to support pupils with EBD in primary schools within the same local authority over an eight month period. According to the findings of this study, pupils who are identified as not having the social and emotional skills considered important to learn in a mainstream classroom are more likely to be successful in developing these if they are not part of a Thrive programme, than if they are part of a Thrive programme (as perceived by class teachers).

The outcome findings have been further supported by the qualitative component of this study whereby school staff have reported uncertainty about the long term effectiveness of the Thrive intervention on pupil outcomes; and whereby staff have made similar heuristic proposals in relation to pupil improvements over time, regardless of the intervention pupils have experienced.

Interestingly, analysis of the quantitative findings suggest that although there is no clear linear relationship between the time that pupils engage in Thrive and its effectiveness over an eight month period (as per the measured outcomes in this study), changes in sense of relatedness are most likely to improve for those pupils who have been engaged with the Thrive programme for 27 weeks or less compared to those that have been part of the programme for a year or more. This finding would not have been predicted as it is expected that the longer time that pupils spend engaged with Thrive the greater their sense of relatedness. It is difficult to explain this finding, however, it could be that up to six months is the optimal time to spend engaged in the Thrive intervention in order to yield most positive changes in relation to sense of relatedness. It would be useful to explore this in more detail, for example, could it be that pupils who are experiencing large amounts of time engaging in Thrive outside of the classroom feel less connected with other pupils and their teachers in the school? It would also be useful to look at this effect of time in relation to the specific interruption that the Thrive assessment has identified.

Though the Thrive intervention is based on the well established theory of attachment (Bowlby, 1969; Hughs, 1985) in combination with neuro-scientific evidence in relation to the plasticity of the

brain (and therefore capacity for change) (Schore, 2001; Stern 2003), it could be argued that it has yet to demonstrate, empirically, the positive impact it can have on pupils compared to other possible approaches.

Staff outcomes

The findings from the staff survey in this study has shown that being a member of staff from a school where some Thrive training has taken place (i.e., some staff have had the nine day training and some may have had some INSET) does not predict significantly more inclusive staff attitudes towards pupils with EBD and does not predict significantly higher levels of staff confidence in terms of meeting the needs of pupils with EBD.

However, being a member of staff who has had the full nine day Thrive training significantly predicts a more inclusive attitude towards pupils with EBD and also predicts a significantly higher level of confidence in terms of meeting the needs of pupils with EBD, compared to being a member of staff who has had no training at all in relation to supporting pupils with EBD and compared to being a member of staff who has had some form of Thrive INSET.

This could mean that the full nine day Thrive training is instrumental in promoting inclusive attitudes towards children with EBD as well as promoting staff confidence in relation to meeting the needs of children with EBD; and Thrive INSET could be ineffectual in relation to these outcomes.

However, due to the lack of pre and post measures in this part of the study, causal relationships between training and outcomes cannot be reliably made. It is possible that antecedent conditions such as 'a state of readiness' or a 'philosophical bias' towards the training experiences could have had an influence on outcomes (Cooper & Whitebread, 2007). For example, staff may have been selected for the full nine day Thrive training based on their existing pre-disposition towards such an approach.

The findings from the staff survey has also shown that having three or more training experiences targeted at supporting pupils with EBD predicts higher levels of confidence in staff in terms of meeting the needs of pupils with EBD, compared to having no training at all of this nature. This could mean that repeated training experiences (three or more) in relation to supporting pupils with EBD is as effective in improving staff confidence as the nine day Thrive training. However, it could be that the nine day Thrive training is unique in shifting staff attitudes towards the inclusion of

pupils with EBD in mainstream primary schools. Once again, this is a tentative suggestion due to the lack of pre and post measures.

In addition to this, the absence of a control group in this study means it cannot be certain that the nine day Thrive training is any more influential than other approach which aims to support pupils with EBD when delivered over the same nine day time period. The opportunity to test this hypothesis was not available at the time of this study, as there were no groups of staff about to start the Thrive training.

Overall, it seems that the body of evidence is progressing towards something quite persuasive in relation to the positive impact the nine day Thrive training has on staff, though there are limitations to the existing evidence.

Further research with pre and post measures and a control sample needs to be conducted in order to make more confident claims in this area.

Discussion of findings

Pupil outcomes and staff training

It is possible that the findings in relation to pupil outcomes and staff outcomes in this study are indirectly related.

Individual staff training experiences targeted at supporting pupils with EBD have been shown in this study to be associated with staff attitudes towards the inclusion of pupils with EBD and associated with staff confidence in relation to meeting these pupils' needs. In particular, it seems to be the nine day Thrive training that is associated with higher scores on these attitudinal measures; not any other experience of Thrive training (INSET), such as sharing of information amongst staff, or a one day awareness training course.

In this study it was most typical for only a small number of staff in the Thrive schools to have had the full nine day training. This was most usually two or three members of staff and did not include class teachers. On the other hand, many staff in the Thrive schools had experienced some form of Thrive INSET. If it is the case that Thrive INSET is unsuccessful at promoting pro-inclusive staff attitudes towards pupils with EBD and promoting staff confidence in meeting these pupils' needs then it is not surprising that there was no significant differences on these attitudinal measures between the staff from the control schools and staff from Thrive schools. Furthermore, given the

nature of the Thrive intervention, i.e. that it is a 'relationship based intervention' it is likely that its success relies on inclusive and confident staff attitudes towards pupils with EBD.

Most typically, pupils in this study who were part of the Thrive intervention, spent two sessions (each less than an hour) a week in a small group with a nine day Thrive trained teaching assistant, engaging in Thrive activities outside of the classroom. These pupils were also characteristically said to be experiencing Thrive as a 'whole class' approach with their Class Teacher as well as a 'whole school' experience. It could be argued, however, that the quality of the Thrive approach as a 'whole class' and a 'whole school' was not sufficient if many of the staff, including class teachers, have not been fully trained in Thrive.

I conclude that it is possible that staff attitudinal factors confound the effectiveness of Thrive and on this basis I would argue that if more staff in schools experienced the full nine day Thrive training, then there may be more opportunity for the successful inclusion of pupils with EBD as well as improved pupil outcomes.

Pupil age and exposure time

Neurological evidence suggests that the time required to develop new neural pathways, which replace the old, increases with age (e.g. Score, 2001). Since this study observed changes in nine and ten year olds over an eight month period, this may have been insufficient time for neural changes to have taken place for this age group. It would therefore be interesting to conduct a similar piece of research with a younger group of participants, or conduct a similar piece of research over a longer time period.

Analysis of the data following the research does not support the suggestion that the longer pupils are part of the Thrive intervention the greater the impact in relation to changes in the three outcome measures chosen for this study. In fact it seems that being part of Thrive for 27 weeks or less, prior to an eight month intervention period is significantly preferable to being part of Thrive for over year in terms of improving sense of relatedness. Nevertheless, this type of analysis does not control for individual differences on the outcome measures prior to engaging in the Thrive intervention.

Pupil need

I consider that another likely explanation for the lack of impact of Thrive on pupil outcomes is associated with the suitability of the approach to pupil need.

Thrive is a programme underpinned by attachment theory and so perhaps it is more effective when it is targeted at supporting children with difficulties associated with attachment, such as self regulation, rather than the broader range of emotional and behavioural difficulties it seems to be currently employed for.

It is also important to consider that the Thrive assessment tool (which is designed to assess pupil need) has not yet been tested for validity or reliability; for example, it has not been correlated with any other assessment instrument. I would therefore strongly argue that there is further work to be carried out in relation to the reliability and validity of this assessment tool for assessing and meeting pupil need.

I propose that there is scope for further work around developing the Thrive assessment tool to ensure that this particular intervention is targeted at pupils who are most likely to benefit as there may be alternative more suitable support that could be offered within the school alongside Thrive. Educational Psychologists would be very well suited in supporting schools to make these decisions.

Similarity of approach

Another explanation for the findings of this research in relation to pupil outcomes is that the interventions employed by the control schools to support their pupils with EBD were very similar to the Thrive approach. That is, the Thrive approach offered nothing particularly unique in comparison to other ways in which schools support their EBD pupils.

If Thrive is a truly distinct intervention which has a significant impact on pupils then this should have been expressed in the overall findings.

Evaluation of the methodology

This study could be described as a small, relatively robust outcome study which contributes to a building body of knowledge in relation to the effectiveness of this intervention, Thrive.

Sample size

A major constraint of this study was that the assessment tools used to measure pupil outcomes did not detect significant difficulties for many of the participants at the start of the research. This was despite the fact that all of the pupils included in the study had been identified by their schools as having EBD (school action, school, action plus or with statement). This meant that capacity for

positive change on these measures was limited for these pupils - this could be described as a ceiling effect.

To control for these participant variables, a further matched participant analysis was carried out with participants who were assessed to have some difficulty in relation to the measured outcomes at the start of the research period. Interestingly the findings reflected those from the overall sample, however, the sample sizes were reduced to ten or less and therefore the chances of making type 1 and type 2 errors increased enormously. It is therefore difficult to draw confident generalisations from these findings.

Further research based on this matched design with larger samples would be highly beneficial.

Time exposed to Thrive

Another major confounding variable in the study was the variability in time that pupils had been already exposed to the Thrive intervention at the start of the study.

Wood's research findings (2011), though unreliable, suggested that pupils engaged with Thrive typically showed improvements within one term. Based on this finding, it could be argued that for some of the pupils already engaged in Thrive in this study, improvements would have already occurred and therefore significant changes would not be detected over the research period. Indeed an analysis of the time that pupils had been part of the Thrive intervention prior to engaging in the research suggested that being part of the intervention for 27 weeks or less before the research period was optimal in terms of changes in sense of relatedness, compared to being part of the Thrive intervention for more than a year.

At the time of carrying out this study there was a very limited number of pupils available (aged nine to ten years) who had had no prior involvement with Thrive and whom were due to engage in the Thrive intervention. A more accurate measure of the effects of time on the effectiveness of Thrive would be to find a sample of pupils who had no prior experience of being part of Thrive and to measure changes over time for these pupils, for example, after six months, after twelve months, after eighteen months and after two years. Bomber (2007) advocates two years of attachment intervention before observable improvements take place for children who have experienced previous relational trauma.

Outcome measures

The decision about which outcome measures to use in this study was not easy due to the lack of clarity around how the Thrive intervention actually works and what specific changes should be observed. There was also very little previous research on which to base decisions. It is possible that a different set of outcome measures may have picked up different changes in pupils. Since the Thrive assessment is used to identify specific emotional needs for pupils, it may be interesting to use this tool to assess changes in pupils in a sample of Thrive pupils and a sample of control pupils in order to make direct comparisons.

The resiliency scales seek to measure changes in 'sense of relatedness' and 'emotional reactivity', but may not be capturing other important indicators emotional well being changes for pupils over time, for instance anxiety; attitude towards school; or sense of belonging to peer group. This issue has been raised by other authors such as Seth-Smith (2010) who suggested that a lack of detected emotional progress for children taking part in a nurture group intervention could be explained by the limitations of the Strength and Difficulties Questionnaire (Goodman, 1997) as a measure of mental health.

Comparison of pupils

The group of pupils who acted as a control group in this study cannot be claimed to be a 'pure' control in that they were engaged in a range of other interventions during the research period such as SEAL, reward systems, or were generally supported with positive relationships with staff in their schools. Indeed some of the pupils engaged in Thrive were also experiencing SEAL. This means that the 'other interventions/approaches' that pupils were engaged with acted as extraneous variables, possibly influencing the outcomes of the study.

Although a pure control would have been preferable for the study, i.e. pupils following no intervention programme compared to pupils following the Thrive programme, this was not possible for practical or ethical reasons.

Conclusion and implications

Research into the effectiveness of Thrive as a therapeutic approach to support the emotional well being and inclusion of pupils in mainstream primary school is in its infancy. The findings of this research open up an opportunity for discussion in relation to possible factors which influence the effectiveness of this intervention as well as plans for more targeted, reliable future research.

The overall findings of this study are:

- Thrive does not have a significant positive impact on pupil emotional well being compared to a control group.
- Thrive does not have a significant positive impact on class teacher perceptions of pupil readiness to learn in a mainstream classroom compared to a control group.
- The nine day Thrive training may have a significant positive impact on staff attitudes towards the inclusion of pupils with EBD in mainstream primary schools, however, this is yet to be fully substantiated.
- The nine day Thrive training may have a significant positive impact on staff confidence in meeting the needs of pupils with EBD in mainstream primary schools, however, this is yet to be fully substantiated.
- Experiences of Thrive INSET could be ineffectual in significantly promoting positive staff attitudes towards the inclusion of pupils with EBD in mainstream primary schools, however, this is yet to be fully substantiated.
- Experiences of Thrive INSET could be ineffectual in significantly promoting improvements in staff confidence in meeting the needs of pupils with EBD, however, this is yet to be fully substantiated

It should be noted that a matched control group in this study were typically perceived by their class teachers to develop significantly better skills for learning in a mainstream classroom than pupils who were part of the Thrive programme. This has implications in relation to whether pupils may have their needs better met if they are supported with some of the approaches that were used in the control schools rather than being part of the Thrive intervention.

The findings in relation to pupil outcomes have been explained in a number of key ways and exploration into some of these ideas will be expanded in paper two. This includes further exploration of how Thrive works from the perspective of school staff and parents.

There are many ways in which future research could contribute further to understanding the ways in which Thrive can be most useful in supporting children with EBD. In the first instance, research to evaluate Thrive in relation to pupil outcomes would benefit from using a larger matched sample of participants who are identified to have measureable needs at the start of the research.

It would also be beneficial to carry out further research into the effectiveness of Thrive training on staff attitudes, which involves pre and post measures as well as a control, so that a cause and effect relationship can be more reliably established.

In addition to this it would be beneficial if the Thrive assessment, which is used to identify emotional interruptions for pupils who engage in the intervention (Thrive ftc), was tested for reliability and validity. This assessment could then be more confidently used as an accurate measure of pupil change.

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Paper Two.

Introduction

Aims

The aim of this study is to explore the experiences of a small sample of pupils, school staff and parents who are taking part in an intervention which sets out to support the emotional development of children with emotional and behavioural difficulties (Thrive).

In pursuing this aim it is anticipated that this will help towards a better understanding of the process by which the intervention (Thrive) may impact on children.

Current literature

A need for outcome evidence in relation to the effectiveness of psychotherapeutic approaches seems to have stimulated a surge of evaluation studies, most notably assessing the effectiveness of nurture groups. Published findings from these studies imply that nurture groups can be effective in addressing emotional, behavioural and academic needs, for example, Doyle (2004); Cooper, Arnold and Boyd (2001); Cooper and Whitbread (2007). However, a number of researchers have pointed to the value of understanding more closely, the process by which these approaches may be working. For example, Reynolds, Mackay and Kearney (2009) outlined the need for systematic enquiry into the key ingredients of nurture groups, such as the effect of class size and the application of nurture group principles into mainstream classrooms.

Natasi and Schensul (2005) discuss the contributions of qualitative research and go as far as to question the validity of any intervention research that does not use qualitative methods. They point to the importance of understanding the process of adaptation of an intervention to real-life contexts. They also describe the contribution of qualitative methods in identifying unintended positive and negative outcomes which may not be reflected in standard instruments.

Rich and Ginsberg (1999) also support the combination of the two fields of quantitative and qualitative research and maintain that the greatest strides in enhancing knowledge and generating hypotheses can be when both methods respond to a problem. They explain that qualitative research looks beyond diagnostic outcomes to explore a multitude of factors, such as individual experience, peer influence, culture or belief that can interact to form people's perspectives and guide their behaviour.

In their review of literature relating to interventions supporting children with EBD, Evans et al. (2003) cited seven studies which included process evaluations to examine factors relating to the implementation and acceptability of strategies. Within these studies views were sought from pupils, teachers or other providers of the intervention on their experiences of the strategies. A number of factors were identified as being important for successful implementation. For example, for teachers, the simplicity and acceptability of a particular strategy; the consistency of implementation by teams across the school; and the avoidance of implementing strategies 'top down' fashion were identified as important for successful implementation. Children's views on interventions indicated that consulting and listening to children were important for ensuring the acceptability of a particular strategy and in highlighting the difference between their definitions of a successful strategy compared with teachers or researchers.

Evans et al. (2003) urge that more attention is paid to why strategies work (or do not work) and recommend process evaluations be undertaken to ascertain the views of participants (e.g. teachers and children) about the strategies used.

Thrive: Current research

With the support of some brief exploratory interviews with the participants in paper one, a number of hypotheses were put forward in relation to factors that may have influenced the outcome findings for the Thrive intervention, for example, a lack of whole school commitment. However, as would be supported by researchers such as Natsi and Schenul (2005), further in-depth exploratory work, which looks more closely at the experiences of key people involved in the approach may illuminate a new or better understanding of how this approach operates in a real life context.

This current study employs a rigorous qualitative methodology to help describe and explain the application of Thrive within specific local, educational contexts. The study takes a naturalistic approach which through semi-structured interviews investigates first-hand the perceptions, understandings and beliefs that motivate and guide the behaviour of people involved in this intervention.

Research design and methodology

This phase of the research takes the form of three case studies and seeks to explore, over an eight month period, what it is like for pupils, parents and staff to be part of a Thrive programme. It addresses the aforementioned exploratory questions in relation to experiences of being part of the Thrive intervention

Qualitative data were collected at a number of intervals throughout the eight month research period by means of in-depth semi-structured interviews.

Checklists and measuring devices

Exploratory interviews:

Semi-structured interviews were conducted to explore the experiences of a small number of pupils, staff and parents who were involved in a Thrive programme. In capturing experiences there was an underlying assumption that there would be multiple views of experiencing Thrive, not one truth, since these views would depend on individual experiences and constructs of being part of Thrive. It was acknowledged that participants may reconstruct their understanding of being part of Thrive when they recall their interpretations.

A number of key areas for exploration were identified prior to the first interviews taking place and these were based on the qualitative findings reported from phase one of the research. These were as follows:

What does it feel like to be part of Thrive?

How do people make sense of Thrive?

In order to remain flexible and responsive to what was important to the interviewees (in relation to their experiences of Thrive), there was no fixed order to the questions posed during interviews and interviewees were encouraged to elaborate on any important or interesting areas that arose. There was an ongoing process of reflection following each interview which influenced the generation of questions for the next interview.

Inductive thematic analysis (Braun & Clarke, 2006) was used as a qualitative method of data analysis. This was chosen for its flexibility as a research tool in order to provide a rich and detailed

account of the data. The process of analysis will be outlined within the 'procedure' section and fully detailed in Appendix B.2.

Participant and Sampling procedures

Participants

Case study pupils:

The total sample of pupils comprised three boys, aged between nine and eleven years old from three different mainstream primary schools in the local authority. All three pupils had been identified by their school as having EBD (school action or school action plus) and had no other significant difficulty, such as speech and language. All three pupils were about to begin the Thrive programme at the start of the research period.

Identified pupil difficulties:

Pupil 1: Friendship and learning difficulties.

Pupil 2: Refusing to come to school.

Pupil 3: Friendship difficulties and low self esteem.

Staff:

A total of six staff (five females and one male) who worked at the three individual mainstream primary schools took part in the research interviews. All staff worked closely with the individual pupils who were part of a Thrive programme.

School 1: One class teacher/SENCo and one teaching assistant

School 2: Two teaching assistants and one class teacher.

School 3: One class teacher.

Parents:

Three parents (all mothers) of the selected pupils involved in a Thrive programme took part in the research interviews.

Selection procedure of sample

Pupils for interviews:

All participants were selected purposively on an opportunistic basis during school visits for paper one. All schools who took part in paper one were invited to take part in phase two of the research if they had any pupils aged between nine and eleven years and who were about to begin a Thrive programme. The three pupils selected for the case studies were the first and only three to be available before the end of July 2011.

Staff and Parents for interviews:

Once pupils had been identified, each pupil's parents and staff working with the pupil at school were also asked to take part in the research.

Procedures

Following participant selection procedures, letters of consent were given to the school, who in turn sought parental permission for the individual pupils to take part in the study. Verbal consent for staff and parents to take part was obtained over the telephone prior to meeting. All three parents gave consent for their children to take part as well as agreeing to take part themselves. All relevant staff who were approached also agreed to take part in the research.

Pupils, parents and staff were met periodically throughout the research period according to their availability. The aim was to meet every two months to track experiences and progress. Interviews took place in a private location at the individual schools during the school day. All with pupils and parents were carried out individually with the researcher. The majority of staff interviews were carried out individually with the researcher; two of the interviews carried out with staff were conducted with two members of staff together who worked closely with the pupil.

(Further details regarding the participants and the participant procedures can be found in Appendix B.1).

Ethics

Informed written consent was sought from the head teacher, the relevant school staff and from parents of pupils from each school in order for pupils to take part in the research. Verbal consent was sought from staff and parents to take part as well as from the individual pupils themselves

when they were met for interviews. All participants were made aware of their right to withdraw from the study at any time which included after the data had been collected.

Every effort was made to make the interviews with participants a comfortable experience. The interviews and questionnaires related to the recent times and therefore there was no expectation for any unpleasant experiences from the past to be raised.

All participants were told that the data collected would be presented in a report that may be read by a wide range of professionals. They were also informed that data would be anonymous and information relating to the identity of the participants will be confidential to the researcher.

Data analysis

The process of thematic analysis went further than simply organising and describing the data. The researcher played an active role in the selection and interpretation of themes that seemed interesting in relation to the original research question. Themes were identified based on their connection to the data themselves rather than to the specific questions asked or any theoretical interest. So although the interviews were initially set up within a broad conceptual framework in mind (influenced by the findings in paper one) the process of analysis was 'data driven' and did not necessarily fit into a pre-existing coding frame (Braun & Clarke, 2006).

Themes were identified firstly within each data set (interviews with each individual) and then across the data sets for each group of participants (parents, staff, pupils). By carrying out analysis across the data set it was intended to provide a rich overall description of this under-researched area.

See Appendix B.2 for a full description of the data analysis process.

Findings

Individual Case studies:

Case Study 1

Pupil

This individual's experiences of Thrive clustered around two main overarching themes. These were 'feeling good' and 'frustration'.

Feeling good

Despite having no awareness of being part of something called 'Thrive', the time this pupil spent carrying out the individual Thrive intervention seemed to feel good for him. This is evidenced by his frequent references to the time with the teaching assistant being "fun". He also reported this time to be the thing he most looked forward to in school. Thrive also seemed to be contributing to a positive self concept for this pupil, this was illustrated by his enthusiasm about the creation a 'tree of hands' which evidenced all the lovely things people had noticed about him.

Frustration

Paradoxically, despite having a seemingly great time with the Thrive intervention, this pupil expressed ongoing difficulties with friendships and did not seem to be getting the help he needed to tackle social problems. The following extract illustrates one of his problems with playtime and the ineffectiveness of his current strategy to manage this situation:

"...well sometimes I get annoyed when people take the ball from me and it makes me very angry...they always chuck it around and they always do this, when I grab it they move it into the other hand....and I get really angry, I feel like tears....I feel like punching someone when that happens and I can't control it.....so I try chasing them and get the ball...that makes me very sad when that happens"

Case study 1

Teaching Assistant (nine day Thrive trained, working directly with the pupil)

This individual's experiences of Thrive clustered around three main themes, which were, 'Affiliation' and 'Theory of importance of relationship'.

Affiliation

This member of staff expressed a strong affiliation with the Thrive approach which was evidenced by her repeated reference to the Thrive assessment and the Thrive action plan to describe the pupil's needs, strategies to support him and his progress. For example:

"...he came out as a 'being'...but he came out quite low on three 'safety' aspects and two 'being special' aspects and three 'having needs met'...so we started with 'focus on eyes – make your eyes light up'"

She believed that Thrive was having a great impact on the pupils she was working with. This is exemplified by her following comment about Thrive:

"I think it has made a lot of difference. I can't praise it enough. It makes a difference with the simplest of things".

She also referred to her school as a "Thrive school" and explained that she had been allocated guarded time to deliver Thrive to individuals and groups outside of the classroom. This implied that the approach was well supported by senior leadership and that there was a strong identification with the approach for her and some other staff:

"...we are a Thrive school, we want this to be all over the school with everybody doing it. Taking it on board, especially in the classroom...."

Theory of importance of relationship

This teaching assistant understood that Thrive worked through a positive relationship with an adult, however, she made no reference to underlying psychological theory. This is exemplified in the following extract:

"..the key task with 'being' is to have a positive relationship of being dependent and then being able to move on to make relationships. That is the thing with 'being' they make the

relationship with you and then they go off and can start making relationships with children and other adults”

In her opinion, the Thrive approach had helped staff to become more focussed on emotional aspects and reinforced some of things they might have done before, such as ‘greeting pupils’ or ‘taking an interest in individual pupils’. She also made reference to consistency across staff being important. This is exemplified in the following quote:

“Some things you do naturally don’t you? You would naturally say ‘how are you?’ ‘did you have a nice weekend?’ But with Thrive it needs to be the whole school doing it. So once everybody knows they’re all on board....it’s about doing it happening all the time whether in the classroom, out of the classroom, in the playground. So we are all doing the same thing, all signing the same tune, so it’s consistency.

Case study 1:

Class Teacher/SENCo (Had some experience of Thrive INSET but not the full nine day training)

This individual’s experiences of Thrive clustered around two main themes which were ‘Pupil need’ and ‘Novelty’.

Pupil Need

This class teacher/SENCo’s accounts of Thrive were generally positive, nevertheless her views about this pupil’s needs centred around support for learning in the classroom, rather than the emotional needs identified by the Thrive assessment. The pressures of attainment were alluded to and she expressed a lack of resources in relation to supporting his needs:

“he’s one of those I’m less involved with the Thrive in the classroom to be honest.....it’s more about differentiating, making sure the work’s accessible to him”

“it’s difficult at the moment to put a lot into place because I’ve got 29 in there from level 5 to level 2 and I can’t do everything I want to do for him at the moment. Once he is stated hopefully it will be easier and that I’ll be able to really put into practice a lot of the needs he needs. But at the moment it is really just trying to manage”

This suggests some possible inconsistency in relation to understanding pupil need as well as capacity to deliver Thrive across staff.

Novelty

This class teacher seemed to use Thrive as a general approach to supporting the emotional needs of pupils. She perceived this to be similar to 'mothering' or 'nurturing' and articulated it as no different to anything she would do naturally, though she felt she was now doing more of it.

"..I tended to do it anyway I suppose. But I think 'more' understanding and 'more' problem solving when issues come up...just being around, just observing, just seeing who's where, just keeping an eye on them. It's just mothering...nurturing....counteracting emotional squabbles before they become big deals'.

This suggests that staff may be applying Thrive in different ways across the school, some as a general 'nurturing' approach and some as a more targeted approach according to an identified interruption.

Case study 1:

Mother of pupil

This individual's experiences of Thrive clustered around two main themes, which were 'Clarity' and 'Optimism'.

Clarity

This mother's account suggested that parents are unlikely to be clear about Thrive if they are not fully involved or the time has not been taken by school staff to explain.

This parent was not confident that she understood the purpose of Thrive, how it was delivered and why her son was engaged with the intervention. She was also unsure of her role in supporting the approach. She tentatively told me:

"it's for his progression basically. His learning, social skills, I think...he's behind so it's to do with him helping him to build confidence, that sort of thing".

She was unsure whether the maths targets in her son's IEP were associated with Thrive.

This parent had been given some activities to do at home with her son that she described as "*things we do anyway*". She seemed quite reassured about this and had increased the frequency in which

she carried out the activities with her son. Nevertheless the lack of guidance in relation to 'how' to carry out any of the activities can be exemplified in the following statement:

"it's like his imagination and you know, blowing bubbles and imagine you are in a bubble, you know see what he says and do things like that with him.....we just make it up as we go along".

Optimism

Regardless of the lack of clarity around Thrive the following quote exemplifies this parent's apparent optimism in relation to her son's engagement with the approach:

"...yeh, I think it's a good thing. I think he'll benefit from it, massively".

Over time this mother noticed her son progress. She reported him to have become generally more mature and that he was using more sophisticated language to express his feelings. She attributed this to Thrive and told me she felt really happy with the approach.

Case study 2:

Pupil

This pupil's experiences of Thrive clustered around two main themes which were 'Attitude to school' and 'Sensation'.

Attitude to school

Thrive and art were the two aspects of school that this pupil enjoyed and were arguably the only reasons this pupil came to school. He explained that he wanted to find school easier and enjoy it, but he found learning really hard and did not want to come to school. He told me writing is not nice and made him feel really worried.

"I dread literacy. I know I have to do it and get on with it, but it's hard.I like planting (Thrive) with (Teaching Assistant), it's like play"

This can be further evidenced by the fact that this pupil's attendance improved once Thrive was introduced.

As a consequence, this pupil was offered more time working on the 'pond project with the teaching assistant' (Thrive time) as a reward for coming to school. This is illustrated in the pupil's following account:

"Well what we have now is we have a little chart and normally we have around ten pieces. And if I do a full week, cause I didn't use to do full weeks. So basically if I stay a full week I'll get an extra session (Thrive) with (Teaching Assistant). And that time will be added on to my normal session"

Sensation

This pupil was not aware of the name or the purpose of Thrive. Nevertheless he knew that it was something he enjoyed and was aware that it was being used as an incentive for him to come to school. His feelings about Thrive are exemplified by his sense of sadness and loss when individual intervention Thrive time was withdrawn.

"Well I guess I just do work now. I don't have anything I enjoy with it.....well I really liked being with (Teaching Assistant)...he really liked me and he was really nice"

One of the things that Thrive may have offered this pupil is a sense of competence and/or 'time out' from some of the uncomfortable experiences he was having in the classroom with regard to more academic aspects of learning. This is captured in his description of the pond project (Thrive) as "fun", "it's like play" and "easy and interesting".

Case study 2

Teaching Assistant (Delivering individual Thrive activities with the pupil. Has had the full nine day Thrive training)

This teaching assistant's experiences of Thrive clustered around three main themes which were 'Distinctiveness' and 'Consistency'.

Distinctiveness

It was difficult to disentangle the Thrive intervention with other approaches being used to support this pupil in the school. This could reflect a lack of staff commitment to Thrive and also makes it difficult to attribute outcomes to Thrive.

The teaching assistant noticed a number of changes in the pupil over time, for example, he was coming to school more happily; and the teaching assistant thought the pupil had become less controversial and was starting to be more willing to take on some of the less enjoyable tasks in the pond. A number of hypotheses could be formulated in relation to pupil outcomes. For example, the teaching assistant observed:

“it’s been useful with him, having that time out. Have some time in a busy school day to take his mind off the work, um I think that has contributed to his you know , better enjoyment in school”

Consistency

Based on the accounts of the teaching assistant, approaches to working with pupils in the school had changed since Thrive had been introduced, for example, staff being more positive and using names more across the school. Nevertheless, training experiences seemed to have an impact on the level of understanding and conviction in the Thrive approach across the school. For example, Thrive action plans not being followed.

Interviews with the staff revealed that some individuals within the school did not necessarily affiliate with the approach and imbalances of power seemed to influence the implementation of Thrive within the school. This is evidenced in the following account:

“yes, Yep. Yeh I think, I think um, we are a small school, teaching staff have been here a long time, some people have been here a long time, um. And um I think er I think you know, some people some people who have a lot of power here, not necessarily the head teacher aren’t ‘thrived up’ themselves.....and I think, I think that we are changing something in a small school for one or two people”

Over the 8 month research period two other members of staff started the nine day Thrive training and the teaching assistant noticed a big change in their enthusiasm for it.

“So it was interesting for me for two people to come back and ask me some questions about it and ‘suddenly’ appear very very connected and interested in it.”

Case study 2

Class Teacher (Not had the nine day Thrive training)

This class teacher's experiences of Thrive clustered around two main themes which were 'Understanding need', and 'Conviction towards Thrive'.

Understanding need

This class teacher assessed the pupil's needs based on her own knowledge and experiences rather than in terms of Thrive. She was confident that this pupil had a specific writing difficulty and that appropriately differentiating work, with the availability of scribe at certain times would meet his needs.

It was interesting that this member of staff perceived the pupil to be "manipulating" and "controlling". For example, she believed that the pupil was reporting to be less happy than he actually was.

"The expectation is 'you're asking that because I have a problem , therefore I'm going to make sure I've got a '4'or less'.....I think that's a bit negative, there's no way some of these days are a '4'!"

"....because sometimes when he speaks to the teachers, he has...I have to choose my words here, not allowed to have the control but he has assumed the control I'd had a couple of incidents where I thought well, that's a little bit rude, or that's a little bit demanding or a little bit above your place really"

Conviction towards Thrive

This class teacher expressed little interest or affiliation with the Thrive approach. For example, she confessed to having no knowledge of the teaching strategies for the classroom and no idea of the Thrive action plan.

I felt that this member of staff had a great deal of authority within the school and tended towards a more 'behaviourist' approach.

"....he has broken a bit of a pattern. It's a bit like you know if you have got a small child that won't sleep very well and you go away on holiday and sometimes when you come back again and they sleep"

She was confident that she knew what the pupil would be able to cope with in the classroom and what he could not and was commanding about when the teaching assistant should step in to scribe for the pupil. This is illustrated in her following statement:

“..you know imagine you are writing a paragraph, that would be, the ideas would be there but the mechanics would stop the ideas coming. So at that point I’d say right this bit now (Teaching Assistant), scribe!”

I wonder if this was disempowering for the teaching assistant and communicated a disregard for the Thrive approach.

Teaching Assistant (Supports the pupil in school. Began the nine day Thrive training during the eight month research period).

This teaching assistant’s experiences of Thrive clustered around two main themes which were ‘Clarity’ and ‘Suitability’.

Clarity

Before starting the nine day Thrive training this teaching assistant understood that Thrive was “a bit of counselling when you chat through problems”.

The following extract exemplifies a shift in thinking with regards to understanding child behaviour after two days of Thrive training. This suggests she was possibly most persuaded by the brain science:

“Before you think a child that plays up, you just think needs a good telling off. But until you understand what the brain activity; and it’s proved now, since brain scans have been invented, that things go wrong. That the little stems; the electrodes that are all there actually join together properly. Well I didn’t know any of that”

Interestingly, despite a changed understanding of child behaviour, she continued to lack an understanding of the Thrive activities which is exemplified in the following statement:

“So all really (Teaching Assistant delivering individual Thrive intervention) was doing with him was going out and doing the pond.”

This perhaps illustrates how Thrive and associated activities are not always well understood across all staff in a school.

Suitability

It seemed that this individual also continued to express the value of a more behaviourist approach to supporting the pupil's needs. This is illustrated as follows:

"I don't believe he should be going off to do activities like that....because he gets that at home. He should be made to work in the classroom. His thing is now is 'I can manipulate everyone....to get what I want , because I don't want to do any class work'."

Case study 2

Mother of pupil

This mother's experiences of Thrive clustered around three main themes which were 'Suitability' and 'Clarity'.

Suitability

This parent had been involved in the assessment procedure to identify an 'emotional interruption' for her son. The following quote illustrates her initial reservations about its suitability:

"I'm not sure how it suits him – I do have some reservations about its suitability, but I'm willing to give it a try"

Nevertheless she was positive about trying the approach, as is exemplified the following statement:

"I think it is a good programme, it builds self esteem and I think his opting out is associated with this."

"Having something in place for him (Pupil) when coming back to school from the holiday was definitely helpful. Because there were things going on like Thrive and other things there was a much more of a clear way of an approach, trying to make things work and all those things helped."

Clarity

This mother had gathered most of the information about Thrive through the internet. Her understanding of Thrive is as follows:

“It helps to come up with actions to help children better deal with emotions and deal with life”.

She expressed some disappointment in the limited amount of guidance and communication that there had been between school and herself whilst her son was engaged with Thrive. For example, she was given some activities to do but she felt they were things she had already been doing. She also had expected more opportunity for shared reviews. These points are evidenced in the following quotes from interviews with the mother:

“I’m not sure whether it has been completely followed through with (Pupil’s name).”

“I haven’t seen reviews or anything. So I thought Thrive was an ongoing updated programme but maybe that’s my misconception...”

“there was the first initial set out of what to do in the classroom and afterwards I haven’t had anything else to do which has to do with thrive since”

Case study 3

Pupil

This pupil’s experiences of Thrive clustered around two main overarching themes. These were ‘Awareness’ and ‘Satisfaction’.

Awareness

This pupil was not aware of being part of a Thrive programme. This was unsurprising since he was experiencing Thrive implicitly within the classroom group, with no small group or individual interventions out of the classroom.

He had noticed that his class teacher was good at listening to people when they were upset but he felt that he was not being noticed.

“...If she spots someone upset she’ll always do something about it. She’ll always ask you if you’re alright”

"I put my hand up quite a lot but she just didn't choose me, she didn't even look at where I was sitting"

Satisfaction

This pupil did not seem satisfied that his needs were being met. This was exemplified by his repeated reference to social difficulties he was having both at school and at home and was struggling to think of new ways to tackle difficult situations. The following extract illustrates his frustrations:

"...I kept getting really annoyed and they were moaning at me"

"..well they purposely handle it (the ball). It just annoys me and they think it's funny but it's not"

This pupil also referred to some difficulties in the classroom. He had a new class Teacher and he was struggling with the changes and all her new systems and ways of working. He described these as "confusing". Most markedly he described a need not be noticed and have his questions answered.

"She doesn't seem to answer any of my questions sometimes, or my answers, sometimes she doesn't. Like a couple of weeks ago....that was a little bit annoying and that made me a bit upset"

Case study 3

Class Teacher (Nine day training undertaken throughout the research period)

This Teacher's experiences of Thrive clustered around three main overarching themes. These were 'Distinctiveness', 'Consistency' and 'Sensation'.

Distinctiveness

For this Class Teacher, Thrive seemed to fit with her natural approach to working with her pupils, which focussed on social and emotional aspects. She did not seem to perceive Thrive be different or distinct to what she was already doing. This is evidenced by her references to 'good practice' and 'nothing new'.

"it's very much just me as a person as a teacher anyway and how I teach and my kind of classroom ethos, making them safe, making them feel special"

As she continued the Thrive training, subtle changes in her way of relating to children could be detected. For example, she seemed to do more of what she had always done, but trying to be more genuine with the children.

“it made me more aware that you really have to emphasise some of the things you say and kind of really really act on it. It’s not just a passing comment ‘good morning’, you actually stop and look at them and say ‘good morning, how are you today’, like you really mean it.)....I mean it’s about being a lot more dramatic and tuning in to how they are”

Her understanding of the importance of the child-adult relationship for the approach to be effective can be exemplified in the following quote:

“I think if you don’t have a relationship then the children aren’t gonna learn. They need that relationship. And obviously children with interruptions at whatever level have, you know, some kind of thing missing, so you need to retrack and you need to go back through that process and you need to demonstrate and model to children that it is OK to do things wrong.....it’s OK to cry, it’s OK to get angry, to feel happy”

The importance of the relationship and how to relate to children was explained in terms of Thrive theory, with no connection to other underlying psychological theories, for example attachment theory.

Many of the activities she explained she was doing sounded similar to other emotional literacy approaches, such as SEAL. She distinguished between SEAL and Thrive by explaining Thrive focussed more on the needs of the individual:

“but I think Thrive is much more on the individual, you know you can really focus on a child and you’ve got that action plan and you know exactly what to do and where that interruption is, whereas SEAL doesn’t address significant needs for an individual child”

Consistency

Although this class teacher described what she needed to be doing in order for the Thrive intervention to be delivered in the correct way, this did not seem to be always happening in reality. This is illustrated by the fact that whilst she articulated the importance of meeting the pupil’s needs and accepting his feelings, she reported that she was encouraging him to go away and try on his own when he sought out her help in the classroom. This is exemplified in the following quotation:

“sometimes I’ll say, I’m not very sympathetic and I’ll say, ‘you’ve heard what you’ve got to do and get on with it’, cause I want to see if he can do it and usually, he can,...but during the lesson he’ll come over and bring his book and say ‘can you check that I’m doing that right?’ ‘Can you make sure I’m doing it correctly?’”

“You know sometimes when I say ‘you can do this’, I think ‘that’s not very Thrivey!’ But then again it’s having 36 in the class having no time to do it all the time. That’s the difficult thing.....Thrive would be...‘right which bit don’t you understand?’, ‘right let’s go through it together’...share that experience..reassure him, model it with him’...so it’s the language you need to use as well, you know, ‘it’s OK to not know what you’re doing’, ‘it’s OK to come and ask’, ‘it’s really good if you come and ask to make sure you’re understanding or understand what you need to do or what you need to achieve’

Sensation

Thrive seemed to feel good for this class teacher. This is evidenced by her praise of the approach - she said she was ‘inspired’ and that it was ‘lovely’. She also referred to being ‘privileged ‘to have the training.

“I feel very privileged to do it, I think everyone should do it”

“it really inspired me because at the end of the day it is at the heart of my philosophy that I want children to enjoy school, and enjoy education not to achieve a set of grades but inspire them for long life learning”

Case study 3

Mother of pupil

This mother’s experiences of Thrive clustered around four main overarching themes. These were ‘Clarity’, ‘Involvement’ and ‘Impact’.

Clarity

Through communication with staff at school, this mother had adopted a few new approaches to support her son at home. She described these as things she had been doing anyway but that she was doing more, for example, more positive praise, more time with him, more cuddles and noticing

when he is getting upset and giving him some choices. However, she was not clear whether these were Thrive strategies or not.

“I think a lot of it we were already doing but I think what (member of staff) mentioned was picking out the smallest things that he was doing. So instead of saying ‘tidying your room that’s brilliant’. We always tried to encourage him but it really was picking out the small details and encourage those as well”

She was not confident that she understood what Thrive was about but thought that it would help build her son’s self esteem. Last year she understood her son had had counselling at school from the ‘talking lady’. She was not sure if this was Thrive. The following account exemplifies her understanding of Thrive.

“It is a basic computer programme where it asks questions and then it sort of regurgitates something out of the end and says ‘work on this area’ ‘or that area’ for whatever particular child it is”

Involvement

This mother expressed her concerns without reference to the Thrive assessment which perhaps reflected a lack of involvement with the approach.

She expressed her frustration with the lack of communication between school and herself. She was not getting any feedback and felt that there might be more she could do to help.

“No I don’t know what exposure now (Thrive). It’s been a few weeks, I haven’t sort of seen, his teacher she’s been doing forest school and things like that so I’m not sure”

“it would have been nice sort of to make sure that he’s sort of that there is a bit more things in place at school . His big thing is not being heard and he feels that about some of the dinner ladies you know that they don’t hear him and they don’t act so what’s the point in telling them and then he keeps it to himself”

Impact

Despite some her frustrations in relation to levels of involvement and communication between school staff and herself, her accounts suggested that she felt that her son had changed in a positive way since being involved with Thrive and she was happy that he was being supported in some way,

something was being done. Nevertheless she could not be certain that these effects could be solely attributable to Thrive. For example, she had noticed her son was more confident and sociable but then also knew that a pupil he had not got on well with last year had now left the school.

“So that boy’s now gone so that has made the biggest difference. And means you can see a whole different Jacob”

“I’m really pleased, I’m really pleased that something happened for him, because I was worried. I was worried for him”.

Summary of merged themes (Commonalities across the three cross case studies)

Pupils:

Pupils’ experiences of Thrive clustered around two main overarching themes with associated subthemes. The main overarching themes were ‘Sensation’ and ‘Satisfaction/Needs being met’. Subthemes for Sensation were ‘Awareness’ and ‘Impression’.

See Appendix B.8 for full description of themes and subthemes.

Parents:

Parents’ experiences of Thrive clustered around two main overarching themes with associated subthemes. The main overarching themes were ‘Clarity’ and ‘Supportiveness’. Subthemes for ‘Clarity’ were ‘Distinctiveness’ and ‘Communication and Guidance’. Subthemes for ‘Supportiveness’ were ‘Optimism’ and ‘Impact’

See Appendix B.9 for full description of the merged themes for parents (Case study one, two and three combined).

Staff:

Staff experiences of Thrive clustered around three main overarching themes with associated subthemes. The main overarching themes were ‘Distinctiveness’, ‘Consistency’ and ‘Impression’. Subthemes for ‘Distinctiveness’ were: ‘Theory’, ‘Delivery’ and ‘Explaining outcomes’. The subthemes for ‘Consistency’ were: ‘Conviction’ and ‘Communication’. Subthemes for ‘Impression’ were: ‘Knowledge’ and ‘Sensation’.

See Appendix B.10 for full description of the merged themes for parents (Case study one, two and three combined)

Staff: Unique theme

'Power' was identified as a unique but distinct theme which emerged from the staff interviews in case study two.

See Appendix B.11 for a description of the unique theme for members of staff (Case study one, two and three).

An interpretation of the cross case study themes can be found in the discussion.

Discussion

Summary of merged findings

The application of a rigorous qualitative methodology, which involved exploratory interviews with participants, has led to the consideration of a number of factors which could have contributed to the effectiveness or ineffectiveness of the Thrive intervention for these three pupils with EBD in their mainstream primary schools.

One significant contribution of employing this qualitative approach was the opportunity to explore how the Thrive intervention was implemented by the school staff and the parents in this study; as well as exploring how the Thrive intervention was received by the three pupils.

Due to the small number of cases from which these findings have been drawn, reliable generalisations cannot be made to others who engage in a Thrive programme. However, a number of hypotheses have been generated in relation to how Thrive may or may not have been working for the participants in this study. These hypotheses can provide a clearer way forward for future research which aims to evaluate Thrive, both in terms of process and outcomes.

Discussion of findings

Hypotheses about how Thrive could be working or could not be working to promote the inclusion and the emotional well being of children in mainstream primary schools:

Pupil Sensation

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

Thrive could give pupils something to look forward to; a chance to gain a sense of competence; to de-stress and self compose. For example, before engaging in the Thrive programme, the pupil in case study two had become very resistant about coming to school. But as part of a targeted Thrive intervention he spent time with a teaching assistant working on a 'pond project'. He talked about this time with the teaching assistant with high regard and enthusiasm. It was arguably the reason this pupil came back into school.

To explore this hypothesis further it would be interesting to test whether pupils, such as those who are anxious about school, benefit more from time spent on targeted Thrive activities compared to other favoured activities out of class such as meditation or choosing to spend time with a friend.

Pupil satisfaction

- Thrive does not work if it does not offer pupils what they need most.

This relates to whether the Thrive intervention is appropriate for all individuals with EBD; and raises questions about the reliability and validity of the Thrive assessment. These points were also discussed in paper one.

For example, the pupil in case study one expressed ongoing difficulties over the eight month period with friendships and solving social problems.

With regards to peer relationships, the Thrive intervention is embedded in attachment theory and from this perspective it may work to support pupils by first building a secure relationship with an adult (e.g. Furrer & Skinner, 2003). Indeed, the pupil in case study one did seem to develop a trusting relationship with a teaching assistant. Nevertheless, it may have been more beneficial for this pupil to have spent some time being supported with specific skills around social problem solving and assertiveness. In support of this idea, several authors have considered the need for social skills training as an essential component of any intervention program offered to children with EBD (e.g. Royer, Desbiens, Bitaudeau, Maltais & Gagnon, 1999).

In considering the development of peer relatedness specifically, it would be beneficial to investigate improvements in this area for pupils who are engaged in a targeted Thrive intervention compared to other interventions targeted at developing social skills. Equally, it might be worth exploring the effect of delivering a social skills intervention alongside Thrive for those pupils identified with friendship difficulties.

Parent supportiveness

- Thrive works by offering a way forward (a source of hope) regardless of its distinct features.

For example, parents from all three case studies expressed a sense of relief and happiness about their child being involved in Thrive, despite their limited understanding of the intervention. With this sense of positivity parents seemed somewhat energised about changing their behaviour and reported they were doing more of what they understand to constitute good parenting, for example, more positive praise.

It would be interesting to compare parental attitudes towards other interventions aimed at supporting children with EBD.

Parent clarity

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

The parents in all three of the case studies were not included in any of the Thrive reviews and were often drawing on their own intuition to support their children rather than following the guidance of the Thrive programme. This may have had the effect of weakening the potential exposure that pupils could have had to the intervention thus diminishing its effectiveness. Authors such as Mooij and Smeets (2009) would argue that there is a definite need for parental involvement for an intervention to be effective in supporting children with EBD.

It would be beneficial to obtain a better understanding of the value of parental involvement with Thrive in relation to pupil outcomes.

Distinctiveness for staff

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

For example, a Class Teacher in case study two could not articulate what Thrive was yet believed that she was 'doing Thrive' naturally by using her common sense to attend to the emotional needs of her pupils. Another Class Teacher was delivering Thrive as a whole class approach to meeting the emotional needs of her pupils. She described the act of giving a pupil a ball to play with as 'integrated Thrive'. If this is what Thrive is understood to be, then it is difficult to set it apart from any other general good practice happening in schools where Thrive is not being used. This could also explain the lack of difference between pupil outcomes for the Thrive and control schools compared in paper one. Using Thrive as a whole school approach could be likened to a general delivery of promoting resilience as part of the school curriculum (e.g. Lewis, 1999).

It would be interesting to compare pupil outcomes when staff at school share an understanding of Thrive to be something distinct and that needs to be targeted at individual pupils in a particular way. In order to achieve this staff would be likely to need further training to develop their understanding of the Thrive approach.

Staff Consistency

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

For example, in case study two a teaching assistant was delivering the Thrive programme as a targeted intervention for a pupil. This teaching assistant was the only member of staff in the school who had had the full nine day Thrive training and the only one to be delivering Thrive accordingly. Other staff, including the class teacher, seemed to be using their own ideas in relation to supporting the pupil, rather than following suggestions from the Thrive programme.

It would be interesting to compare pupil outcomes when school staff deliver the Thrive approach consistently across the school.

It is likely that consistency of delivery is related to a shared understanding of Thrive as being a distinct approach.

Staff Sensation

- Thrive may work when all staff feel good about it and believe in it.

The three staff who had had the nine day Thrive training described feeling really good about Thrive and believed in the approach. This was not the case for all the other staff who had not had the training. This point is likely to relate to staff understanding of Thrive as well as the consistency of Thrive being delivered across the school.

Limitations of the study

This study adopted a predominantly qualitative approach and in doing so provided a much closer understanding of what was actually happening for a small number of people in a real life context in relation to being involved in Thrive (Natasi et al., 2005). In this way it has facilitated a number of hypotheses in relation to how Thrive may or may not be working (Siegel, 2005). This may also help to explain the outcomes found in paper one.

Due to the small number of participants involved in this study cause and effect relationships between variables cannot be reliably established. The findings are restricted to the generation of hypotheses and therefore more appropriate methods would need to be applied if a more reliable understanding of causality was desired. The small sample as well as the nature of the sampling procedures, i.e. purposive and opportunistic, also means that the findings cannot be reliably generalised to the population from which they were drawn. That is, of nine and ten year olds pupils, identified as having EBD and attending mainstream primary schools in the local authority.

Reflexivity

It was acknowledged that my contribution to the construction of meanings throughout the research process, particularly in relation to the exploratory interviews, could have influenced the outcomes. This is applicable to the questions that I chose to direct towards the interviewees as well as my analysis of interviewee accounts.

Personal reflexivity:

The fact that I had not engaged in the nine day Thrive training prior to carrying out this research I believe had the advantage of enabling a more naive and neutral perspective on Thrive throughout the research process.

I acknowledge that my philosophical stance in relation to supporting the development of children attunes with an interest in emotional health and well being. I also recognise that the Educational Psychology Service in which I work has a vested interest in the Thrive programme. This means I may have had an underlying desire to discover positive outcomes for Thrive. Nevertheless, I had no personal commitment or strongly pre-disposed hypotheses about Thrive before engaging in the project. I was aware that throughout the entire process of the research I believe I maintained a critical position.

Epistemological reflexivity:

The qualitative findings from paper one were used to generate a broad conceptual framework and helped pre-formulate semi-structured questions for the interviews carried out for study 2. This aided structure to the interviews and helped to keep the discussions focussed around Thrive. I would argue that whilst there was this pre-defined structure to the interviews, I was mindful to modify these in the light of a participant's responses and probe interesting and important areas as they arose (e.g. Smith, 2003). In addition to this, I carried out a process of reflection following each interview which helped to improve attentiveness towards the content of interviewee accounts and which generated new questions for elaboration in areas that had not been pre-empted in proceeding interviews.

During the final stages of analyses of the interviews in study two I became aware that some of the data that I had gathered throughout study one and possibly conversations I had had with various people outside of the research may have influenced my decisions in relation to creating themes. This became noticeable when I found it difficult to explain and illustrate some of my themes. In

attempt to rectify this situation, I re-read all of the interviews and refined the themes so to ensure they more accurately represented what had been said by the participants.

Conclusions and implications

Using a qualitative approach to explore experiences of individual's experiences of being involved in a Thrive intervention, this current study provides a contribution towards the understanding of how a psychotherapeutic intervention (Thrive) may or may not be working within a real life educational context to support the inclusion and emotional well being of children with EBD in their mainstream primary schools.

Qualitative exploration of the Thrive intervention in this study has led to the identification of a number of key factors involved in the process of implementation for the three pupils in the case studies. These are as follows:

Pupil sensation – how Thrive feels

Pupil satisfaction – whether Thrive met pupil needs

Parental clarity – the extent to which parents were kept involved with Thrive

Parental support – how parents felt about Thrive

Staff distinctiveness – the extent to which staff understood Thrive to be a distinct programme

Staff consistency – the extent to which Thrive was delivered consistently

Staff Impression – what staff think and feel about Thrive

A number of hypotheses have been generated in relation to how these factors may influence the effectiveness of Thrive. These could be applied to understanding the outcomes from phase one of the research.

The findings of this phase of the research demonstrates the value of qualitative research for understanding the effectiveness of an intervention such as Thrive in relation to the process of implementation as well as outcomes. For example, Evans (2003) identified the importance of consulting with those involved in an intervention, such as the children themselves in order to understand factors such as acceptability, and maintenance in the given context. Natasi et al. (2005)

points to the need to understand cultural and contextual factors to facilitate or inhibit an intervention.

This research (paper one and paper two) responds to an identified need for research which combines quantitative and qualitative methods to evaluate interventions in relation to outcomes for pupils as well as the process of implementation within a given context (e.g. Evans 2003; Rich et al., 1999; Natasi et al. 2005).

Within a number of identified research limitations, the findings from paper one suggest that Thrive does not have a significant positive impact on pupils in relation to quantitative measures of 'sense of relatedness', 'emotional reactivity' and readiness to learn in a mainstream classroom. This may be surprising or disappointing for those people who have already invested in the intervention and therefore raises a number of questions in relation to explaining how the intervention may or may not be working in this educational context.

The findings from paper two offer some possible explanations for these findings, for example a lack of consistent application of the approach among school staff and parents.

The overall findings impact on the work of Educational Psychologists and other professionals who work with schools to support pupils with EBD in that it brings into focus the need to consider the process of implementation of an intervention within a given context.

Thrive is currently being delivered by a number of staff in primary schools in a South West local authority and further Thrive training is being rolled out across many more schools in the learning communities. Educational Psychologists are well placed to support schools, within a process of consultation, to consider the most effective ways of meeting the needs of children with EBD. And the findings of this research provide a useful framework in which to hold an informed discussion around the appropriateness of a Thrive intervention, including possible ways in which to maximise its efficacy. For example, when talking to schools about the implementation of Thrive it may be useful to have a discussion around staff commitment to the intervention. It may also be helpful to think about other interventions, for example those which support the development of friendships, which could better meet an individual's needs, or to run alongside Thrive.

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Appendices: Paper One

Appendix A.1

Attachment theory: Further details

Bowlby's original descriptions of attachment theory (1969) focussed primarily on the role of an attachment figure (usually an adult carer) as providing safety and security for the purposes of survival and emotional health for a developing infant. For example, Bowlby argued that a critical function of an attachment figure is the provision of a secure base from which infants can explore their world relatively free of anxiety and a safe haven to which the infant can return when distressed.

Recent neurological evidence confirms that infancy is a critical time for individuals to form attachment relationships (Schore, 2001) and it is also generally accepted that these infant attachment relationships are significant in relation to future interpersonal relating and emotional regulation (cited in Mikulincer, Shaver & Pereg, 2003). Repeated attachment experiences are said to become organised as scripts or 'internal working models' which anticipate the future for the individual such as pre-empting the level of distress experienced in the face of a potential threat. For example, Bowlby (1969) describes how the experience of significant others being available at times of need, being sensitive to needs and responsive to bids of proximity (attachment figure availability) facilitates the formation of a sense of secure attachment for an infant. This allows the individual to develop positive expectations about the availability of others and a positive view about self as competent and valued. However, he also describes that when significant others are not available or are unresponsive to needs, proximity seeking fails to relieve distress and a sense of attachment security is not attained. This results in a negative representation of self and of others (e.g. worries about the goodwill of others and doubts about self worth).

Coan (2008) explains that throughout childhood and adulthood, the effects of attachment relationships are likely to be felt in two ways. One is when the attachment figure is actually physically present and the other is when the attachment figure is in the form of a mental representation. As we get older it is assumed that there is an increased ability to gain comfort from a symbolic representation of an attachment figure though it is generally accepted that no one of any age is completely free of reliance on others.

Appendix A.2

Further details of Thrive

Thrive identifies and teaches those that work with children general optimal ways to be in relationship with a child which, I would argue, are akin to features of relationship typically endorsed in counselling or psychotherapy. For example, drawn from Sunderland (2006) and Stern (1998), the approach refers to the 'vital relational functions', i.e. attunement (demonstrate attuning to the child's emotional state), validation (validate the child's perspective), regulation (demonstrate emotional regulation), soothing (soothe and calm distress) and containment (showing to catch and understand their feeling or mood, share it and make it survivable).

Another fundamental aspect of the Thrive approach is the application of a staged developmental model put forward by Illsley Clarke and Dawson (1998), which stems from a Transactional Analysis concept (Berne, 1964). Transactional Analysis is described as a theory of interpersonal communication, development, growth and change. It is based on the concept that everyone has the ability to learn and potential to change with mutual respect and acceptance from others (Berne, 1964). Illsley Clarke and Dawson (1998) extended a Transactional Analysis concept known as 'Cycles of Development' which describes how developmental processes beginning in childhood prescribe the tasks we need to learn; and that these remain active and important throughout our lives. Illsley-Clarke & Dawson (1998) define six main stages of development with associated approximated ages, these are, 'Being', 'Doing', 'Thinking', 'Identity and Power', 'Structure' and 'Identity, Sexuality & Separation'. These stages have been adopted by the Thrive approach and are described as 'developmental blocks/strands'.

Thrive seeks to identify and target specific areas/stages of emotional development which an individual child may not have fully accomplished. It is assumed that stages not been fully accomplished or being 'interrupted' can be explained in terms of unmet needs within interpersonal relationship. Having needs successfully met at each developmental strand allows an individual to grow and develop in an emotionally balanced way.

Appendix A.3

Thrive in relation to supporting emotional well being

Thrive borrows from attachment theory the understanding that through a secure, responsive relationship with an adult a child can develop the ability to regulate negative states of arousal and construct means of coping with stress, such as taking comfort from others. It is understood that during positive interactions with others individuals can learn that distress is manageable and obstacles can be overcome. They learn to express feelings and seek emotional support which then allows the regulation needed for problem solving. These are ways in which resources are built for maintaining mental health. As a person gains experience and develops cognitively more of the role of a security enhancing figure can be internalised and become part of the person's personal strength and resilience. Indeed research has shown that low scores on anxiety and avoidance (i.e. secure attachment) are related to optimistic beliefs about distress management, positive views about self and others and maintenance of mental health and effective functioning at times of stress. They are more likely to acknowledge and disclose emotion, more likely to seek support in times of need, explore new stimuli and environment, be more accepting of others and more empathic.

Appendix A. 4

How Thrive is delivered in schools

The Thrive programme is described as ‘a systematic approach to the early identification of emotional development need in children so that differentiated provision can be put in place by the adults working most closely with the child’ (Thrive ftc).

It was created by a multi-agency team who have worked with staff in education and care settings and is designed to identify children who are unable to settle, feel safe, concentrate, be curious or willing to work alongside their peers at school because their stress management, emotional regulation and seeking/exploring systems have not yet been sufficiently developed. Thrive is particularly aimed at children at risk of exclusion as it claims to increase their likelihood to be kept in school and to re-engage in learning.

The Thrive programme provides a web based assessment and action planning tool. The assessment tool is comprised of a number statements in relation to a range of pupil behaviours (more than 500 behaviours within different contexts) such as ‘does not complete tasks’, ‘anger towards toys/resources when frustrated’ and ‘driven need to control activities with peers’. Responses to these are based on observations from the adults who know the pupil well (usually class teacher and parent). By inputting responses concerning these observed behaviours the assessment serves to identify existing gaps in a child’s social and emotional development according to their age (i.e., ‘being’, ‘doing’, ‘thinking’. ‘power and identity’, ‘skills and structure’. ‘separation and sexuality’). The next stage of the assessment uses a rating scale to identify, more closely, pupil needs specific to the gap/interruption in social and emotional development. For example, within the ‘being’ interruption the assessment rates the child’s needs in relation to ‘feeling safe’, ‘feeling special’ and ‘having their needs met’. These are, again, based on observations from the adults who know the pupil well. Possible ratings for each of the behaviours are ‘rarely’, ‘occasionally’, ‘often’ or ‘almost always’. An action plan is then generated in response to this and provides simple strategies to address these needs.

Any child can be referred for a Thrive assessment within a school, though usually it is the children who have noticeable emotional behavioural difficulties; whether that be pupils exhibiting withdrawn or disruptive behaviours. It is possible for a Thrive-trained practitioner to use the computer based assessment to screen the whole class to check their emotional and social skills against age-related expectations, as well as carry out individual pupil assessments. If the computer

based assessment identifies a need for additional focus on emotional and social development for an individual it will then generate differentiated plans to guide teaching and provision. Progress can be reviewed through re-assessment using the computer based programme.

By applying the vital relational functions, Thrive can be delivered across the whole school by all staff. It can also be delivered as a more targeted approach across the school, and the whole class, as small groups or individually. This could be equated to wave one, wave two and wave three provision within a school. Any adults can adopt a Thrive approach but it is expected that staff who have had the nine day training will take responsibility for the assessment procedures and action plans. Some schools create a 'Thrive base' where children can work in small groups or be seen individually. The key point is that the strategies are implemented regularly, repeatedly and consistently.

Strategies include the delivery of the vital regulation functions, or more targeted strategies, for example, if a child is identified as having a Being need, strategies will include activities to develop a close relationship between adult and child which allows the children to develop a sense of safety, of feeling special and having their needs met by consistent, trusted adult. This could be something fun activities to encourage eye contact and noticing special things about the individual. For a child with a 'doing interruption' a strategy might include accompanying a child in curious play with sensory materials, being available and observant to the child, giving language commenting on the child's experiences and feelings. There are no fixed resources required for Thrive activities but useful equipment would be anything associated with play and creativity, for example, balloons, instruments, sand trays, small figures, paints, shaving foam, feathers, craft materials, cooking equipment, clay and so on

Thrive claims to provide a common language which facilitates improved communication within schools. It also claims to reduce stress as relationships between children and adults improve and staff feel more confident and competent to deal with disruptive challenging children. It is said to facilitate closer collaboration with parents.

Thrive can be used age appropriately in the early years or in a reparative way with older children. It supports ongoing social and emotional development.

The approach is said to be informed by up to date neuroscience, attachment research, learning theory and child development studies as well as research into risk and resilience factors.

The Thrive training takes place over nine days and is targeted at any adult working with children, though this is pre-dominantly school staff such as teachers and teaching assistants. The training includes theory, skills and supervision of practice. It claims to provide activities and procedures that are practical, simple and safe for members of non specialist staff to use. Thrive is intended for use with any child with an emotional interruption and considered to be harmless if used with children of normal development (Thrive ftc).

Appendix A.5

Current evidence related to the impact of Thrive.

A primary school survey

One primary school in the local authority has been using Thrive since 2003 (Thrive was known as 'Enable' at this time). In 2005 they carried out a survey to investigate people's experiences of the programme. Although the results reflected highly positive experiences of being part of Thrive from the perspective of the pupil, the parent and the teacher; these findings have to be treated with some caution in relation to reliability and validity as details of the precise methods and procedures employed to conduct the research are not available. The findings could also be prone to bias given that the research was carried out by the school with participants from the school.

Testimonials and school case studies

A number of schools who have engaged in the Thrive programme have provided testimonials in relation to improvements they have observed in children's behaviour. For example, a child identified as having a 'being interruption' was described as "blossoming, growing in confidence and trust, trying new foods, smiling at staff and spending more time in groups with other children".

One school has provided detailed observations of a pupil who was part of the Thrive intervention over an 11 month period. This case study included some attempt to make pre and post measures of behavioural incidents (recorded weekly), attendance and fixed term exclusions. Although improvements are reported on all these outcomes, measurement procedures are not detailed, for example, there is no operationalised definition of 'behavioural incidents', nor clear reference to how and when exclusion and attendance data were collected.

Educational Psychology research

Paul Williams (2005) (Educational Psychologist, Torbay) implemented a pre and post measure design to assess changes in staff attitudes towards inclusion, having been part of the Thrive training. Using a Likert rating questionnaire he found that staff commitment to inclusion, attribution of behavioural difficulties and confidence in supporting children with EBD changed dramatically before and after the Thrive training. For example, there was a 36% decrease in the proportion of staff who believed that EBD pupils needed specialist provision; there was a 40% increase in the proportion of staff who thought that the school could meet the needs of EBD pupils; and there was over a 50%

increase in the amount of knowledge staff felt they had gained in relation to understanding children with EBD. Staff who took part in the training felt that the neuroscience had been most persuasive in helping them to understand the link between the intervention and the child's development.

Jim Wood (2011) (Independent Educational Psychologist) was commissioned by Thrive ftc and the TaMHS project to carry out an evaluation and 'scoping' study of the Thrive intervention. In doing this a number of methods were used to assess the impact that Thrive had on staff and pupils. This included analysis of staff feedback forms following the Thrive training, a number of staff focus groups, the measurement of 'staff sense of efficacy' and staff attributions to pupil behaviour; as well as measurement of pupil emotional literacy and emotional health and well-being.

A number of encouraging findings were reported, such as staff feeling less anxious about managing the behaviour of children with EBD and having a better understanding of children's behaviour; as well as improvements in pupil emotional literacy and well-being. However, conclusions drawn from these findings were said to be only 'tentative' due to a number of design issues. For example, there was a very limited amount of pre and post data in the study; and where it did exist (in relation to pupil emotional health and well being), pre- test dates and details of pre-test procedures were not reported. It is therefore unclear whether observed changes could be reliably attributed to the intervention. And although some attempt was made to collect comparative data by means of introducing a control, the sample size was so small (N=2) that the differences observed had a high probability of occurring by chance. Wood (2011) acknowledges the limitations to his research from the outset; he identifies a small sample size, a lack of effective pre and post comparison data, as well as the need for an effective control comparison. He therefore recommends that further quantitative work is carried out with pre and post measures and the use of comparative schools who have not been Thrive trained in order to provide a better-evidenced practice.

Online surveys

Devon TaMHS conducted a Survey Monkey questionnaire in March 2012 with practitioners who had completed the Thrive training. Again, although feedback was very positive, for example, 80% of people who responded reported an improvement in the behaviour of children who had individual Thrive work, 65% reported it to have a positive impact on the rest of the class; and 70% reported it had improved their knowledge and skills; this was based on a small sample of 20 responses making retrospective judgements. The reliability of this information should therefore be brought into question.

A similar survey was carried out in April 2012 with practitioners in one learning community. Similar, though more encouraging findings were reported, for example, 100% of practitioners felt that they had observed an improvement in the behaviour of children who had had individual Thrive work; and 100% felt that it had improved their knowledge and skills of working with children with EBD. However, these figures are based on only nine responses which may not be representative of all staff trained in Thrive.

It was interesting to note practitioners' perceptions of 'when' changes occurred for children involved in individual Thrive work. Most practitioners felt there was a great deal of variation, with some children showing changes immediately and others up to a year; but it was generally agreed by all practitioners completing the survey (29 in total) that children usually showed a change within a half term or a term. This has implications for this piece of research, which will be discussed later.

Appendix A.6

Measurement tools: Quantitative assessment

Resiliency Assessment:

The 'Sense of Relatedness' and 'Emotional Reactivity' subscales were taken from the Resiliency scales (Prince-Embury, 2007). These are stand alone scales of 20-24 questions and rely on self report for the child. The 'Sense of Relatedness' scale measures trust, support, comfort and tolerance. The 'Emotional Reactivity' scale measures sensitivity, recovery and impairment.

These scales have been standardised against 450 children aged 9-14 years and 11 months from a stratified sample of children in the U.S.A, not receiving treatment for psychiatric disorder. Testing took place between October 2005 and June 2006.

The resiliency scales have been tested for both reliability and validity. With regards to internal consistency, the scales showed moderate to high alpha coefficients for the total standardised sample of 9-11 year olds. In relation to test-retest stability, coefficients were based on a sample of 49 children tested over a mean 12 day period (5-61 days). Corrected correlation coefficients were also moderate to high indicating some stability over time. The standard error of measurement for Emotional Reactivity is 3.16; and for Sense of Relatedness is 3.32.

Confirmatory factor analysis confirms that the factor structure for the resiliency scales is valid. Scores on the resiliency scales were also correlated with scores on other assessment instruments such as the Piers-Harris Children's self concept scale and the Beck Youth Inventories. The results were as predicted which supports the validity of the scales.

Reintegration Readiness Scale:

The reintegration readiness scale (Doyle, 2001) is a self report measure for the teacher to complete. The scale was originally designed to assess how ready a pupil is to move from a nurture group to a mainstream classroom. It breaks down into five main areas of concern which are 'self control and management of behaviour', 'social skills', 'self awareness and confidence', 'skills for learning' and 'approach to learning'. Each of these areas are then divided into a series of statements. An overall score of 70% or above indicates a child to have the skills to be successfully returned to mainstream class.

The Reintegration Readiness Scale is a customisation of elements taken from other materials such as the Boxall profile (Bennathan & Boxall, 1998) the portage early education programme (White & Cameron, 1987), a reintegration programme for children with EBD (McSherry, 1999) and the early learning goals (QCA, 2000). Its creation also relied on staff views about what they would realistically like children to be able to do following input from the nurture group. The scale was created by Rebecca Doyle (2001) in response to finding the Boxall profile too broad for identifying which children from her Nurture group should move into mainstream class and therefore gives a more precise measure of readiness for integration. The scale was piloted by a nurture group at a primary school in Thetford where case studies found that 100% of children assessed to be ready for integration were successfully integrated.

For the purposes of this research the questionnaire was renamed as the 'Readiness to Learn' questionnaire.

Inclusion questionnaire:

A Likert scaled questionnaire was used to measure staff attitudes towards children with EBD (adapted from Paul William's research, 2005 and Avramidis, Bayliss & Burden's survey, 2002). This questionnaire has not been standardised nor tested for reliability or validity, however, the questions were selected and adapted to create face validity. (See appendix for questionnaire). The questionnaire was piloted successfully on an opportunistic selection of two school staff in relation to its ease of use and clarity.

Appendix A.7

The inclusion questionnaire:

Inclusion questionnaire

Thank you for agreeing to complete this questionnaire. When completed please return to me (Michaela Cole, Trainee Educational Psychologist) or to the school reception for me to collect. Any questions please contact me on: michaela.cole@devon.gov.uk.

The purpose of this questionnaire is to obtain information about the views and attitudes mainstream staff hold towards the inclusion of children with emotional and behavioural difficulties in their school. The findings will be used to explore the relationship between staff attitudes to inclusion, the training they have received and the experiences of the children with emotional and behavioural difficulties in those schools.

The questionnaire is designed to be confidential and anonymous. The views of individual members of staff and of individual schools will not be identified. The results will be written up as part of a broader piece of work exploring the inclusion of children with emotional and behavioural difficulties.

Please answer the following questions carefully and honestly. There are no right or wrong answers – I am interested in your views and attitudes based on your own personal experience.

Section A

1. Please indicate your role/s in the school by marking in the box/es below:

CT Senior management Other (please specify)

TA Meal Time Assistant

HLTA SENCo

2. How long have you been with the school?

Less than one year 1-4years 5-9 years

10-14 years more than 14 years

3. How many children are you aware of that have been identified as having emotional and behavioural difficulties in your school?

0 1-4 5-9 more than 10

Don't know

4. Have you ever undertaken any training or professional development courses in relation to supporting or teaching children with emotional and behavioural difficulties (Including nine day Thrive training or any Thrive training within school)?

If Yes, please specify their content and duration:

-

Section B

Please circle the number under the column that best describes your agreement or disagreement with the following statements. Remember there are no correct answers; the best answers are those that honestly reflect your feelings.

The term EBD refers to children who are known to have emotional and behavioural difficulties. These are children that are identified by the school as having behaviour and emotions which prevent them and others from learning to their potential.

1= Strongly disagree 2=Disagree 3= Undecided 4= Agree 5= Strongly Agree.

		SD	D	U	A	SA
1	Children with EBD need specialist schools.	1	2	3	4	5
2	Inclusion of children with EBD offers mixed group interaction which will foster understanding and acceptance of differences.	1	2	3	4	5
3	The needs of children with emotional and behavioural difficulties are best served through special, separate classes.	1	2	3	4	5
4	Being taught in a special class has a negative effect on the social and emotional development of a child with emotional and behavioural difficulties.	1	2	3	4	5
5	Children with EBD need other children who are positive role models for behaviour.	1	2	3	4	5
6	Our school is the wrong place for children with EBD.	1	2	3	4	5
7	It is unfair to the other pupils to have children with EBD in their class.	1	2	3	4	5
8	I change my approach/way of working to accommodate children with EBD.	1	2	3	4	5
9	Being in an ordinary mainstream classroom will promote	1	2	3	4	5

	the academic growth of children with EBD.					
10	All teachers should have training and expertise in teaching children with EBD.	1	2	3	4	5
11	I spend too much time dealing with behavioural problems in my school.	1	2	3	4	5
12	I feel compassionate towards the needs of children with EBD.	1	2	3	4	5
13	As a school I feel we have a strong commitment to the inclusion of children with EBD.	1	2	3	4	5
14	I believe it is my responsibility to teach/work with children with EBD in this school.	1	2	3	4	5
15	Children with EBD have the right to be educated in the same classes as typically developing children.	1	2	3	4	5
16	Children with EBD monopolise staff time.	1	2	3	4	5
17	Children with EBD should be given every opportunity to learn in the general mainstream classroom setting.	1	2	3	4	5
18	The individual needs of children with EBD cannot be addressed adequately in an ordinary mainstream classroom.	1	2	3	4	5
19	Children with EBD are likely to be isolated by typically developing students in ordinary mainstream classrooms.	1	2	3	4	5
20	Children with EBD in ordinary mainstream classrooms develop a better self-concept than in self-contained classrooms.	1	2	3	4	5

Section C

Thinking about some of the possible reasons for children's emotional and behavioural difficulties, please rank the following from 1 to 13 to indicate your own personal explanations.

1 = your most likely explanation 13 = your least likely explanation.

Children's emotional and behavioural difficulties are mostly caused by.....

	the school system.
	over punitive/authoritarian parenting.
	neglect.
	a lack of discipline/boundaries.
	inconsistent parenting.
	past traumatic events.

	a lack of social skills.
	additives & food.
	low self esteem.
	the society we live in.
	by genetic factors.
	poor early relationships with their carers.
	a lack of suitable rewards and punishments.

Section D.

1. How confident do you feel about working with children with emotional and behavioural difficulties?

- Not at all confident
- Not very confident
- Neutral
- Quite confident
- Very confident

2. How confident do you feel about being able to respond appropriately to the behaviour of children with emotional and behavioural difficulties?

- Not at all confident
- Not very confident
- Neutral
- Quite confident
- Very confident

3. How confident do you feel about meeting the needs of children with emotional and behavioural difficulties?

- Not at all confident
- Not very confident

Neutral

Quite confident

Very confident

4. How confident do you feel about your ability to support the emotional development of children with emotional and behavioural difficulties?

Not at all confident

Not very confident

Neutral

Quite confident

Very confident

Appendix A.8

Details of pupils from Thrive schools

Pupil	School	SE N	Background	Difficulties	Int/Ext	Thrive Interr.	Thrive Exposure Time pt 1	Weeks of Thrive	Interventions/support
CS	S	ST	Witnessed domestic violence. Father drug dealer. Mum traumatised.	Gets very distressed. Refuses to work. Will run. Hides & becomes withdrawn. Seeks attention & reassurance. Negative.	Int	Doing	Whole class & small group at least once a week.	16	Previous Play Therapy from FSW. Women's aid supporting mum.
JF	S	SA	Mum finds it difficult to manage.	Disruptive. Finds it hard to concentrate.	Ext.	Being	Whole class & small group at least once a week.	24	None known.
SV	S	ST	Witnessed domestic violence (dad). Vulnerable mother with no confidence. Family live in fear as do not know where dad is.	Calls out, makes noises in class. Talks about very dark things. Has nightmares about the past.	Ext.	Doing	Small group 4 times a week.	4	CAMHS involvement. Part of the 'pamper' group to support children to care for themselves.
SJ	S	SA	Dad manic-depressive. 6 children in family.	Defiant. Struts and hits people. Friendship issues. Low self esteem.	Ext	Being	Whole class & small group at least once a week.	52	Yes but unknown.
JR	S	SA	Mum was alcoholic and died 2 years ago.	Obscure thoughts. Friendship issues. Passive.	Int.	Being	Whole class, small group and individual sessions more than 2 times a week.	120	Was previously in nurture group.

Pupil	School	SE N	Background	Difficulties	Int/Ext	Thrive Interr.	Thrive Exposure Time pt 1	Weeks of Thrive	Interventions/ support
RH	S	SA	Mum has personality disorder & often not up in the mornings. Questions about autism for both mum and R. Exposure to inappropriate TV & games at home.	Medicated for ADHD. Was temperamental and refused to take part. Very negative, hates life. Used to be under the table. School have seen lots of improvements already e.g. no longer under table.	Int.	Being	Whole class, small group & individual sessions more than 2 times a week.	120	Was previously in a nurture group. Incredible years in KS1.
BC	S	SA	Dad away a lot. Mum has drink problem.	Presents as ADHD but no assessment. Finds it difficult to concentrate and sit still. Extrovert, noisy, disruptive, rude, interrupting.	Ext.	Thinking	Small group sessions more than 2 times a week.	68	Was part of IY in KS1.
HR	S	SA	Fights with sister. Loud bossy family.	Concentration issues. Diagnosis of ADHD. Disruptive. Angry. Interrupting. Distracts others. Frequently in trouble (daily). Finds playground very difficult.	Ext.	Being	Small group more than 2 times a week.	24	None known.
JC	D	SA	Has very little contact with Dad who is an alcoholic.	Friendship issues. Was bullied last year.	Int.	Being	Whole class.	2	None known.
JP	OV	SA	Unknown to researcher	Does not get along with brother. Easily upset.	Int.	Being	Small group & Individual sessions at least 1 time a week.	32	None known.
OP	OV	SA	Unknown to researcher	Does not get along with brother. Friendship issues.	Int.	Being	Small group & individual sessions at least 1 time a week	32	None known.
DM	OV	SA	Mum lacks confidence & struggles with enforcing boundaries at home.	Disruptive. Difficulty with sticking to rules. Not taking responsibility for actions.	Ext	Being	Whole class.	76	None known.

Pupil	School	SE N	Background	Difficulties	Int/Ext	Thrive Interr.	Thrive Exposure Time pt 1	Weeks of Thrive	Interventions/ support
HW	L	SA	Adopted.	Difficulty with concentration & focus. Dreamy. Friendship issues. See he is happier since starting Thrive, better friendships.	Int	Being	Small group and Individual sessions at least once a week.	104	None known
EBD	L	SA	Unknown to researcher	Quiet and withdrawn. Have seen really big differences in Harley. Is more confident, engaging in class. Less anger and more imaginative play.	Int.	Doing	Small group & individual sessions at least once a week.	64	None known.
CM	L	SA	Unknown to researcher.	Could be Aspergers but no diagnosis. Kept bursting into tears, not able to take responsibility. Was over reactive. Issues with trusting others. Takes criticism from peers better now. Not so sensitive, less crying.	Int.	Being	Unknown	24	Silver SEAL
LS	L	SA	Unknown to researcher.	Easily distracted.	Int.	Being	Small group sessions at least 2 times a week.	24	Silver SEAL.
LG	L	SA +	Some learning difficulties.	Friendship issues. Can be reactive. Lacks confidence.	Int.	Being	Small group and individual sessions at least once a week.	0	Literacy & numeracy support.
JM	SB	SA	Parents are concerned about her internalising behaviour.	Withdrawn.	Int.	Being	Whole class and individual sessions about once a week.	28	None known.
CS	SB	SA	Parents concerned.	Worries a lot.	Int.	Being	Whole class and individual sessions about once a week	32	None known.
AD	SB	SA	Unknown to researcher.	Makes noises, is stubborn, disruptive. Lacks language to express self.	Ext.	Doing	Whole class and small group at least once a week.	164	None known.

Pupil	School	SE N	Background	Difficulties	Int/ Ext	Thrive Interr.	Thrive Exposure Time pt 1	Weeks of Thrive	Interventions/ support
TN	SB	SA	Unknown to researcher.	Rude, hits and kicks.	Ext.	Thinking	Whole class and small group at least once a week.	164	None known.
E	BT	SA	Supportive parents.	Struggles with listening, focussing. Tells lies. Inappropriate ways of getting attention. Struggles to resolve conflict.	Ext.	Power & Identity	Whole class and small group at least once a week.	24	Whole school SEAL & merit system
A	BT	SA	Unknown to researcher.	Lacks confidence. Worries.	Int.	Doing	Small group at least once a week.	24	Whole school SEAL & merit system
K	BT	SA	Father suffers from depression.	Friendship difficulties. Angry. Feelings of depression.	Ext.	Doing	Small group at least once a week.	24	Whole school SEAL & merit system
J	BT	SA	Unknown to researcher.	Difficulties managing feelings when he doesn't get his own way. Angry, explosive.	Ext.	Thinking	Small group at least once a week.	32	Whole school SEAL & merit system
L	DF	SA	Twin sister in school in class above. Some difficulties with literacy.	Refusing to come to school.	Int.	Doing	Individual at least once a week.	2	Literacy support.
CE	W	SA +	Dad had brain tumor. Disruption in his life around 18mths. Grandparents cared for him. Lots of love but he had much control & not much opportunity to socialise.	Reactive. Moves quickly from one mood state to another.	Ext.	Doing	Whole class and individual work at least once a week.	32	CAF which led to BST being involved. Circle of friends. Focuses on taking daily responsibility. Parents had IY training.
M	W	SA +	Mother had post natal depression from 0-6mths. Parents going through a divorce.	Disruptive and needy. Constantly seeking attention. She finds it difficult to socialise with others. Her behaviour fits that of a child with ADHD.	Ext.	Doing	Whole class and individual work at least once a week.	32	BST involved.

Appendix A.9

Details of pupils from the Control schools

Pupil	School	SEN	Background	Difficulties	Int/ Ext	Interventions/ support
JP	H	SA	Unknown to researcher.	Tearful. Perfectionist.	Int.	School use: Circle time, reward schemes, friendship groups, gardening, behaviour reflection activities, circle of friends, draw & talk, PSHE, behaviour books, behaviour zones, art therapy groups.
JS	H	SA	Unknown to researcher.	Withdrawn. Worries.	Int.	As above.
MM	H	SA	Unknown to researcher.	Aggressive. Rude. Lacks eye contact. Friendships difficulties. Immature.	Ext.	As above.
AN	H	SA	Poor home life.	Passive. Not engaged. Immature. Selective mute at times.	Int.	As above.
PW	H	SA	Unknown to researcher.	Not engaged. Tells big lies. Over the top. Feels a victim.	Int.	As above.
MS	H	SA	Unknown to researcher.	Friendships. Claims being bullied.	Int.	As above.
DW	H	SA	Difficult at home.	Disruptive. Rough. Needs boundaries, rejects praise.	Ext.	As above.
BP	H	SA	Child in Care.	Loud, noisy, dominating. Already seen improvements over last 18mths but is bullying now.	Ext.	As above.
SL	H	SA	Lots going on at home. Brother moving out.	Teary. Easily wound up.	Int.	As above.
JR	H	SA	Poorly mum.	Withdrawn. Emotional/teary.	Int.	As above.

Pupil	School	SEN	Background	Difficulties	Int/ Ext	Interventions/ support
EBa	HT	SA	Unknown to researcher.	Friendship issues.	Int.	Non specific. Positive relationships with adults, positive praise and reinforcement, clear expectations, SEAL.
NC	HT	SA	Unknown to researcher.	Friendships issues.	Int.	As above.
CD	HT	SA	Unknown to researcher.	Lacks confidence, low self esteem.	Int.	As above.
RD	HT	SA	EXCLUDED after June 2011			
CG	HT	SA	Mum possibly over protective.	Friendship issues. Easily upset. Difficulties with accepting responsibility.	Int.	As above.
DP	HT	SA	Unknown to researcher.	Friendship issues. Gets easily upset. Low self confidence.	Int.	As above.
RP	HT	SA	Lots of children at home. Needs to shout out to be heard.	Social issues. Argues with friends. Easily upset.	Ext.	As above.
AS	HT	SA	Not known to researcher.	Withdrawn. Lacks confidence.	Int.	As above.
HWQ	HT	SA	Not known to researcher.	Noisy, confrontational. Difficulties with friendships. Low self esteem. Easily upset.	Ext.	As above.
LB	HT	SA	Not known to researcher.	Lacks confidence. Low self esteem.	Int.	As above.
BH	HT	SA	Not known to researcher.	Lacks confidence. Low self esteem. Difficulty expressing self.	Int.	As above.
KM	HT	SA	Not know to researcher.	Withdrawn. Friendships issues.	Int.	As above.
KB	A	SA	Child in Care. Big parent issues. Younger sibling seen as favourite.	Very low self esteem. Assumes she can't do.	Int.	Daily input from learning mentor (20-30 mins) for art activities, read books, work around emotional literacy. Class TA is a trained counsellor and has access to talk to this person when needed.

Pupil	School	SEN	Background	Difficulties	Int/ Ext	Interventions/ support
LF	A	SA	Unknown to researcher.	Low self esteem. Is disruptive. Will walk around the class and fuss over other children.	Int.	As above. Also getting some additional learning support.

KEY:

IY = The Incredible Years parenting programme.

Thrive interr. = Emotional interruption identified through the Thrive assessment at time point one.

Ext. = Externalising behaviour.

Int.=Internalising behaviour.

Appendix A.10

Example of a staff questionnaire to rate pupil progress over time.

Children following the Thrive programme who have been involved in research by Michaela Cole (TEP).

General school observations:

With Andrew in mind.....

1) In your opinion what has happened to the concerns/difficulties at school for this child since May 2011?

- a) Things are worse b) Things have not improved at all c) Things have improved a little
d) Things have improved quite a bit e) Things have improved very much

2a) If things have improved, please describe your observations below.

Andrew copes much better now with choices and is able to manage situations that don't always go well. He willingly talks about his feelings in a very considered, thoughtful way and also recognises feelings more in others. Andrew has 'matured' over the last 6 months and become more independent and developed resilience.

2b) What do you believe has been the most important contributing factor to this improvement?

Andrew being able to 'express' his feelings during group work - 'open' sharing with other children no experience similar difficulties.

2c) What else do you believe has helped?

Parents helping Andrew to be more independent .. Lots of positive recognition - when he manages situations + role modelling

3a) If things have not improved, please describe your observations below.

- .
- .
- .
- .
- .
- .

Appendix A.11

Example of interview with pupil at time point one.

Q: Tell me about thrive.

A: It's with loads of different people. We do different activities like cooking, puppets, sand play. Dylan likes crafts.

Q: How many of you do thrive?

A: 3 children together.

Q: Tell me some more about it.

A: Well we choose to do an activity on our own or (staff name) might take us out separately to play with her.

Q: What is your favourite thing about Thrive?

A: The big castle where I play Indians and the sand pit where I play Indians. They are enemies.

Q: What is your favourite thing at school?

A: Making.

Q: (Draw scale on paper 0-10, smiley face at '10'; sad face at '0' and explain that '0' would be the worst thing at school and '10' would be the best thing at school.). Think about the things that you do at school, where would you put Thrive on this scale of 0-10?

A: 9.5/10.

Q: Tell me why you have chosen 9.5.

A: There is nothing I don't like about it. I like the choosing and I like playing with children younger than me. I like finding out about them for example, their favourite sport. I also get to work with different people not just my brother. Maths would be 10/10.

Q: Why are you doing thrive?

A: To get along with my brother Jordon.

Q: How has Thrive helped?

A: It has been helping. And every other Wednesday I get to do the allotment.

Q: How has Thrive been helping?

A: It's helping me to do things together.

Q: Do you think doing Thrive has made any changes to you?

A: At school I'm fine now but at home I'm still not good.

Appendix A.12

Example interview with a member of staff at time point one.

Q: What is the biggest difference that Thrive has made to your school?

A: Empowering of TAs – they really believe it and have got better at using action plans. They are O.K. with the ethos/. It is practical, straight forward advice, it enhances the role, gives more job satisfaction and you can see progress throughout the year. It is also great that on multi-agency work we share the same language. It also improves family life.

It gives us concrete things to say to the parents. Really it has **validated** how we instinctively want to help children, rather than feeling like we're being too soft.

Q: What Thrive training has this school received?

A: Small inputs for whole staff. Half a day for the whole school. Visit to (name of school). At the beginning of term we have formal meetings. It is the brain science that has convinced staff. Learning about the vital functions of the brain and how this can change.

We attune and validate. Even in our nursery we do this so for example if a child is upset about being left at nursery we attune and validate rather than distract.

Q: What are the drawbacks?

A: It is time consuming. Lots of paperwork, keeping up with where children are, making sure that key people are honing in on the correct strategies.

We have not all had full staff training. 9 days is a lot. We modify the training, it is different for different people. We're thinking of shortening it for SMT. Get the right people to do it for a shorter time.

We are all aware of the interruptions and strategies.

Appendix A.13

Choice of Statistical tests:

ANOVA

A mixed design repeated measures analysis of variance (ANOVA) was used to compare the pupils' Emotional Reactivity T scores, Sense of Relatedness T scores and Readiness to Learn total scores. This analysis was carried out for the whole sample of pupils and then for a smaller sample of matched pupils. An alpha level of .05 was used for all tests.

A one way analysis of variance (ANOVA) was used to test for differences in staff attitudes towards the inclusion of pupils with EBD and staff confidence in supporting pupils with EBD among staff from schools who had had some engagement with Thrive training and staff from schools who had had no engagement with Thrive training. An alpha level of .05 was used for the test.

A one way analysis of variance (ANOVA) was used to test for differences in staff attitudes towards the inclusion of pupils with EBD and staff confidence in supporting pupils with EBD among staff who had experienced different types of training to support pupils with EBD (no training, one training experience, two training experiences, three or more training experiences, Thrive INSET or the nine day Thrive training). An alpha level of .05 was used for the test.

Analysis of Variance was chosen to reduce the chances of making any type one errors. Since this is a parametric test tests of normal distribution (Shapiro-Wilk) and homogeneity of variance (Levene statistic) were conducted for each of the outcome variables. Although conditions of normal distribution were achieved for the majority of outcome variables, this was not the case for all (e.g. post test pupil sense of relatedness for the Thrive group. However, it was decided to proceed with the ANOVA based on empirical evidence that shows the ANOVA to be robust enough to remain constant under violation of the normality assumption (Schmider, Ziegler, Danay & Buhner, 2010).

Hochberg GT2

The type of EBD training staff experienced was found to significantly predict staff scores on the questionnaire to measure attitudes towards inclusion and confidence in meeting the needs of children with EBD. In order to find where the differences lay, i.e. which type of training predicted significantly different scores on the question further analysis was carried out. The Hochberg GT2

was chosen as a post hoc test because there were no pre-specified hypotheses to predict the outcomes; and more specifically, the training group sizes were not equal.

Regression

A regression analysis was carried out on the data to estimate the relationship between the independent variable 'time' and the dependent variables 'emotional reactivity', 'sense of relatedness' and 'readiness to learn'. This analysis does not infer a cause and effect relationship between the variables but serves to predict the typical value of the dependent variable when the independent variable changes, for example, the extent to which emotional reactivity changes for pupils as the number of weeks a pupil has been involved in the Thrive programme changes.

Games-Howell post hoc analysis

The amount of time that pupils had been engaged with the Thrive programme prior to the research period was found to impact on changes in sense of relatedness scores for pupils. The Games-Howell post hoc analysis was carried out to find which amount of time (up to 26 weeks, 27 -52 weeks or more than 52 weeks) predicted significantly different scores. The Games-Howell test was chosen as it is designed for unequal variances as well as unequal group sizes.

Appendix A. 14

Process of thematic data analysis

- Interviews with individual pupils and staff were recorded using a Dictaphone. These took between five and thirty minutes depending availability and engagement.
- Recordings of the interviews were transcribed.
- Individual transcribes were coded according to interesting or distinct comments, for example, a member of staff talked about the fact that Thrive had generated more understanding for her in terms of pupil behaviour. This was coded as 'staff understanding'.
- Codes were combined into themes based on organisation of similar comments from interviewees. For example, improving staff understanding of pupil behaviour was expressed by a number of staff and was themed as 'attribution'. A number of references were made to improved job satisfaction and confidence in working with children with EBD and this was themed as 'self efficacy'.
- Themes were then merged together into clusters according to their commonalities, for example, 'attribution' and 'self efficacy' were clustered together as 'impact on staff'.
- The process of organising data into themes and clusters were checked for inter-rater reliability with one other trainee educational psychologist. Some minor adjustments were made in order to reach an agreed consensus.

Appendix A.15

Example of process of thematic analysis.

Q: How has thrive been successful?	Codes	Themes	Clusters
<p>It has generated more understanding - seeing beyond the behaviour. We feel in a good place. I feel we're making progress. We have been given something to work with. It's a licence to find an alternative for the child where things not working. It justifies why it is important a child should play for an hour. It gives an evidence based explanation.</p> <p>Q: What are the drawbacks? Lack of resources, that is, people. And teachers being resistant. For example when there are 3 children in the class who are on the thrive programme and the teacher is not wanting the TA to leave the room. This can be frustrating. Financially, it has been difficult to provide the materials and the space. IN the summer time we have been able to use outside, for example, the nature reserve. WE withdraw children once a week. Some children 3 times a week. We also take a whole school approach. I think this is key – it makes the most difference. So we keep reminding staff at least once a term. The understanding that it is 'never too late' has been a big influence. Yes I would recommend this to another school.</p> <p>Q: What is the biggest difference it has made? Communication with parents, each has been positive it has brought school and parents together, we feel more trust from parents. It has changed staff attitudes to working with the children. They have more confidence and in making sense of behaviour</p>	<p>Staff understanding Job satisfaction/making a difference Tool Validation/permission to do what feels right Lack of resources. Lack of support. Lack of resources Need/willingness to be creative Delivery Need to share the approach & remind people Trust in approach Brings people together Trust Staff understanding Confidence</p>	<p>Attribution Self efficacy Practical Validation Challenge Commitment Whole school changes Belief Relationships with parents Attribution Self efficacy</p>	<p>Impact on staff What is needed for it to work Relationships</p>

Appendix A.16

Pupil outcomes: Mean trends for the whole sample.

Mean score changes over time (Time point one, Time point two) were compared for pupils who were part of the Thrive intervention (Thrive group) and pupils who were not part of the Thrive intervention (control group) in relation to the three outcome measures (Emotional Reactivity, Sense of Relatedness and Readiness to Learn).

Emotional Reactivity:

At the start of the research period (Time point one), pupils in the control group were typically found to be within the average range in relation to Emotional Reactivity, but by the end of the eight month period (Time point two) they were typically within the above average range. This suggests that pupils from the Control group became potentially vulnerable in relation to this area of emotional resilience over time.

In contrast, pupils who were part of the Thrive intervention were typically within the above average range at Time point one of the research, which indicates vulnerability and this did not change over the eight month period (see Figure 1).

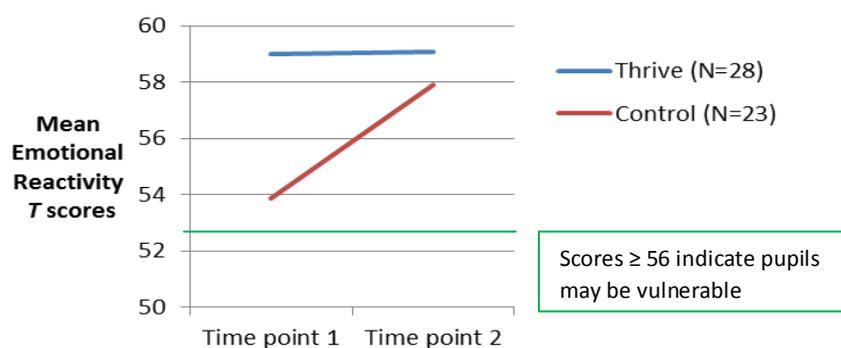


Figure 1. Change in pupil Emotional Reactivity over the eight month period

Sense of Relatedness:

Participants in both the Thrive group and the control group were typically found to be within the average range in relation to sense of relatedness at Time point one of the research. This suggested this was a potential area of strength in relation to emotional resilience for these pupils at the start of the research.

This score typically improved very slightly for pupils in both the control group and the Thrive group over the eight month period, which meant that pupils tended to remain within average range (see Figure 2).

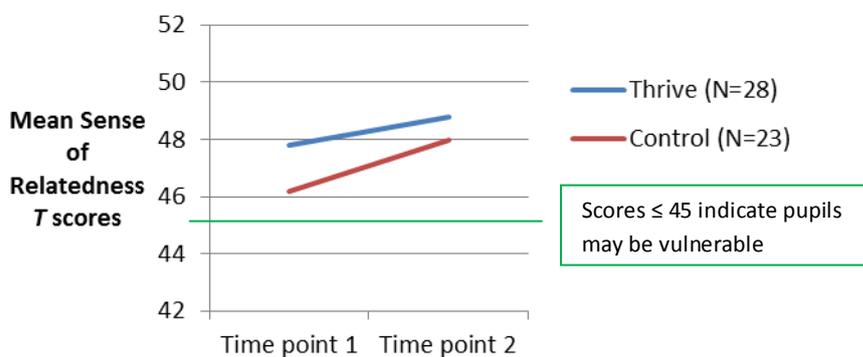


Figure 2. Change in pupil Sense of Relatedness over the eight month period

Readiness to Learn

At time point one in the research pupils in the Thrive group and the control group were typically rated by their classroom teachers to have the skills to learn in a mainstream classroom, although pupils in the control group tended to be rated as more ‘ready to learn’ (mean score=241) than pupils engaged in the Thrive intervention (mean score= 222). At Time point 2, pupils in the control group were rated by their teachers to have improved their skills in this area to a greater degree (+22) than the Thrive pupils. In fact pupils from the Thrive group were typically rated by their teachers to become slightly less ready to learn in a mainstream classroom than they were at the start of the research period (-3) (see Figure 3).

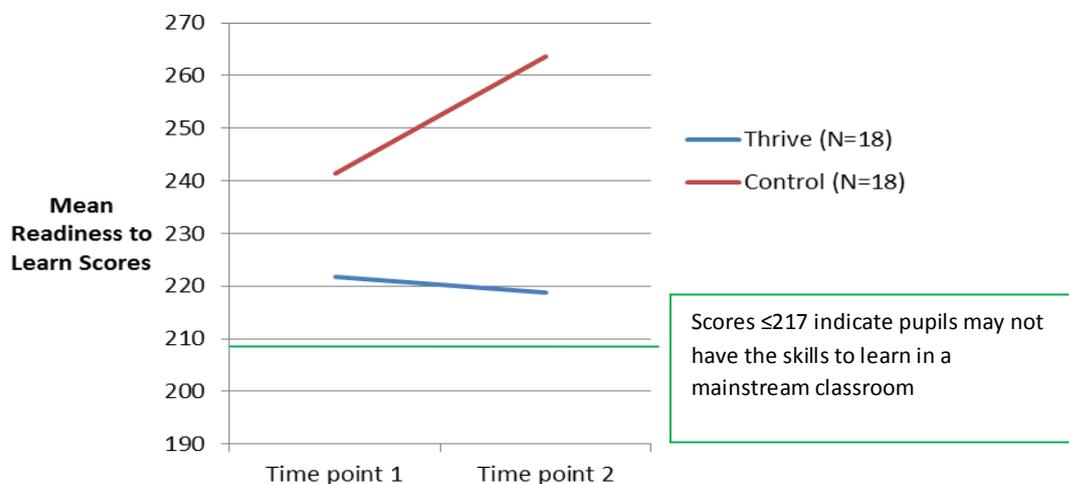


Figure 3. Change in pupils ‘Readiness to Learn’ over the eight month period.

Appendix A.17

Pupil outcomes: Mean trends for the matched sample.

Emotional Reactivity:

Although this is a much smaller sample (N=7), the findings show that pupils who were part of the Thrive intervention typically made slight improvements and became slightly less emotionally reactive over time (-3). However, this group of participants remained highly vulnerable. In contrast, pupils from the control group typically became very slightly more emotionally reactive over the time period (+0.5). This group of participants also remained highly vulnerable (see Figure 4).

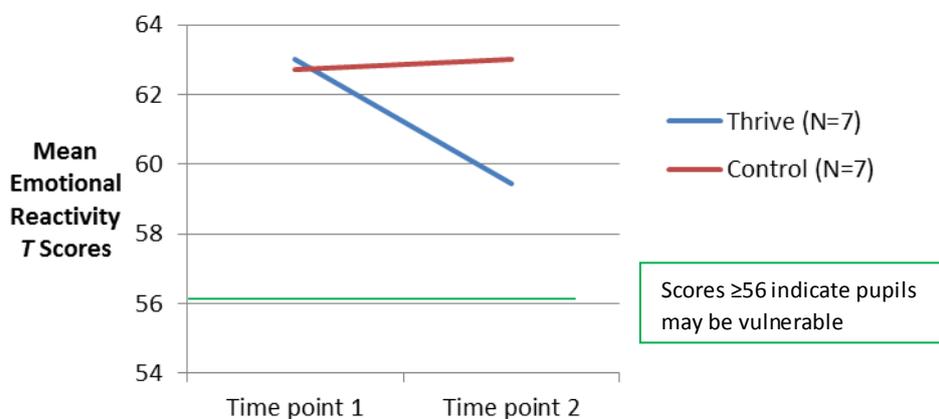


Figure 4: Change in Emotional Reactivity over the eight month period (matched pupils).

Sense of Relatedness:

Pupils in the Thrive group and the Control group tended to make improvements in relation to Sense of Relatedness over the eight month period. This effect was slightly greater for pupils in the Control group who typically became not vulnerable over time. This contrasted to pupils who were part of the Thrive intervention who remained vulnerable across time (see Figure 5).

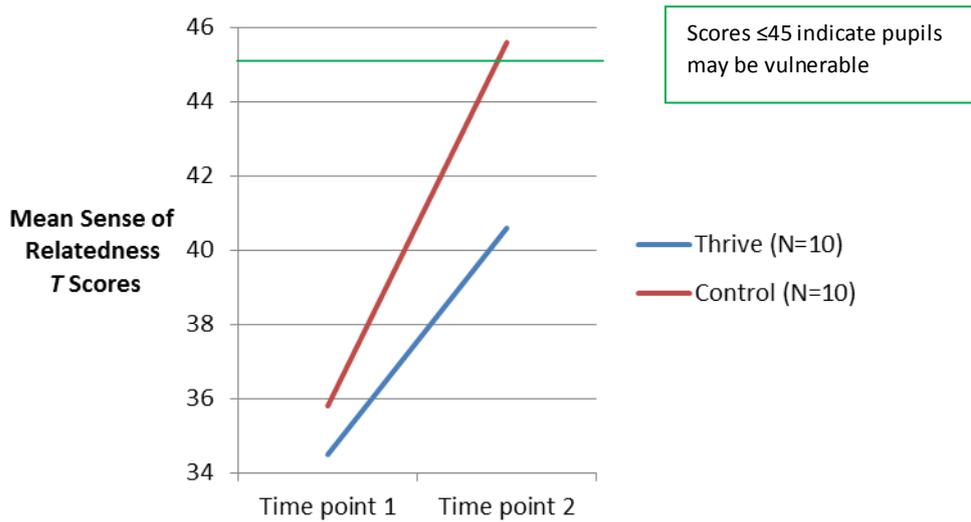


Figure 5: Change in Sense of Relatedness over the eight month period (matched pupils).

Readiness to Learn:

The sample of matched pupils who were identified as being not Ready to Learn at ‘Time point one’ in the research was particularly small (N=5). These findings should therefore be treated with a higher level of caution. However, the findings suggest that pupils who were part of the Control group were perceived by their class teachers to have acquired the necessary skills to learn in a mainstream classroom over the eight month period. This compares to pupils who were part of the Thrive intervention, who also seemed to also improve their skills over time, but at the end of the eight month period they continued to be perceived by their class teacher to not have the skills to be ready to learn in the mainstream classroom (see Figure 6).

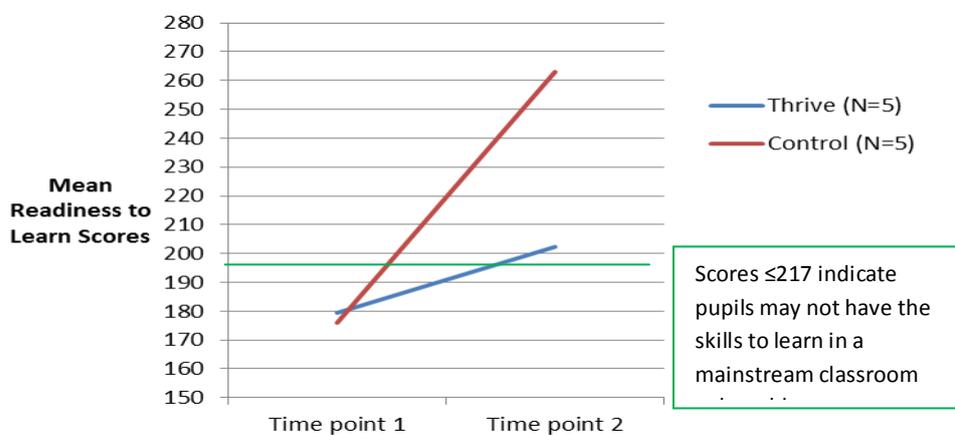


Figure 6. Change in ‘Readiness to Learn’ over the eight month period (matched pupils).

Appendix A.18

Details of regression analysis: The association between time on Thrive prior to the research and outcomes

The results of the regression indicated that the time that pupils were exposed to the Thrive programme accounted for approximately 1% of the variance in the change in pupils' Emotional Reactivity scores over the eight month research period.

The time that pupils were exposed to the Thrive programme did not significantly predict change in pupil Emotional Reactivity scores over the eight month research period, $R^2 = .011$, $F(1,26) = .285$, $p = .598$.

The results of the regression indicated that the time pupils were exposed to the Thrive programme accounted for approximately 6% of the variance in the change in pupil's Sense of Relatedness scores over the eight month research period.

The time that pupils were exposed to the Thrive programme did not significantly predict changes in Sense of Relatedness over the eight month research period, $R^2 = .06$, $F(1,26) = 1.654$, $p = .210$.

The results of the regression indicated that the time pupils were exposed to the Thrive programme accounted for approximately 2% of the variance in the change in pupil's Readiness to Learn scores over the eight month research period.

The time that pupils were exposed to the Thrive programme did not significantly predict changes in Readiness to Learn scores over the eight month research period, $R^2 = .016$, $F(1,16) = 1.582$, $p = .222$.

Appendix A.19

Staff outcomes: Mean trends for inclusion and confidence

Compared to staff from Control schools, staff from schools where Thrive training had been delivered typically scored lower in relation to their attitudes towards the inclusion of pupils with EBD and scored higher in relation to their confidence in meeting the needs of pupils with EBD.

Staff Training Experiences

By way of further analysis, the entire sample of staff (from both Thrive and Control schools) were categorised according to their experiences of training related to supporting pupils with EBD. These categories were: The full 9 day Thrive training; Thrive INSET; No relevant training; One relevant training experience; Two relevant training experiences; Three or more relevant training experiences.

Number of EBD training experiences:

Typically, the more training experiences staff had had in relation to supporting pupils with EBD (i.e. either no training experiences, one training experience, two training experiences, or three or more training experiences) the higher the staff scores in relation to attitudes towards inclusion of children with EBD in mainstream primary school; and the higher the staff scores in relation to confidence in meeting the needs of children with EBD.

Thrive training:

Staff who had experienced the nine day Thrive training typically had the highest scores in relation to the inclusion of pupils with EBD in mainstream schools compared to all the other identified training experiences. Staff who had had the none day Thrive training also typically had the highest scores in relation to confidence in meeting these children's needs compared to staff who had had any of the other identified training experiences.

Interestingly, staff who had had the Thrive INSET typically had scores similar to staff who had had no training experiences in relation to supporting pupils with EBD.

Appendix A.20

Post hoc analysis of means (Hochberg GT2): Attitudes towards the inclusion of children with EBD and Confidence in meeting the needs of children with EBD with EBD training experiences.

	Attitude towards the inclusion of pupils with EBD	Confidence in meeting the needs of children with EBD.
9 day Thrive training Vs Thrive INSET	.044*	.019*
9 day Thrive training Vs No EBD training experiences	.011*	.000**
9 day Thrive training Vs 1 EBD training experience	.755	.826
9 day Thrive training Vs 2 EBD training experience	.999	1.000
9 day Thrive training Vs 3+ EBD training experiences	.999	1.000
Thrive INSET Vs No EBD training experiences	1.000	.878
Thrive INSET Vs 1 EBD training experience	.997	.929
Thrive INSET Vs 2 EBD training experiences	.972	.626
Thrive INSET Vs 3+ EBD training experiences	.820	.623
No training Vs 1 EBD training experience	.985	.101
No training Vs 2 EBD training experiences	.936	.080
No training Vs 3 EBD training experiences	.672	.044*
1 EBD training experience Vs 2 EBD training experiences	1.000	1.000
1 EBD training experiences Vs 3+ EBD experiences	1.000	1.000
2 EBD training experiences Vs 3+ EBD training experiences	1.000	1.000

*p<.05 **p<.001

Appendix A.21

Descriptive information in relation to participating schools

Pupil difficulties:

Given the broad label of EBD it was not surprising to find that school staff used a wide range of descriptors to express difficulties that pupils in the study were experiencing, for example, 'friendship issues', 'rude', 'easily upset'. Friendship issues were most frequently cited, regardless of the school or group (control or Thrive).

Range of support:

The majority of schools using Thrive supported pupils either with the Thrive intervention only or with SEAL in addition to Thrive. The majority of pupils were supported within school. Only two pupils from the Thrive group were also supported by outside agencies, namely the Behaviour Support Team and CAMHS.

The Control schools used a range of approaches to support pupils such as rewards and sanctions, emotional literacy programmes (such as SEAL) and Draw and Talk (a therapeutic approach).

Experiences of Thrive:

Schools tended to deliver the Thrive programme to pupils as either a combination of whole class, small group and individual sessions at least once a week; or a combination of whole class and small group sessions at least once a week. However, there were also a minority of pupils who experienced Thrive in slightly different ways, for example, as a whole class only, as a whole class combined with weekly individual sessions, or as part of a small group combined with individual sessions. In three cases pupils were meeting for Thrive sessions outside of the classroom more than twice a week.

There was some variability across the schools in relation to staff experiences of Thrive training. Between two and twenty two staff had had the full nine day Thrive training in the individual schools, however, most typically there were two or three staff fully trained Thrive staff and typically most staff had experienced the Thrive INSET on at least one occasion. Class teachers of the pupils involved in the study had not usually had the nine day Thrive training.

Pupils in the study had been experiencing the Thrive intervention for various amounts of time at the start of the study (Time point 1). These ranged from 0-164 weeks across the different schools.

Appendix A.22

Description of Themes

Impact on school staff:

School staff talked positively and enthusiastically about the changes they had experienced from the Thrive training. They commonly referred to an improved understanding of pupil behaviour and some felt that it had given them permission to focus on the development of social and emotional aspects. For example “...it justifies why it is important a child should play for an hour”.

Staff also spoke about the practical advice and tools that Thrive provided.. For example, “...we tell parents ‘life happens’”; “ ...so you choose two or three activities from the list which are appropriate for the child”.

Impact on pupils:

Staff had mixed feelings about how effective the approach had been with pupils. Some staff felt that although they could see children making improvements, these had not always been long lasting. For example, “...children make progress but they regress back”. Staff typically referred to improved social skills, such as improved eye contact.

How Thrive works:

There were challenges around finding space, time and human resources to deliver Thrive. Staff talked about the need to be creative and committed. For example, “..resources have been a big problem for us”; “...we created a Thrive area though it is very small. It meant splitting the Reading Recovery area”.

A whole school commitment to Thrive was believed to be needed for Thrive to be effective. For example, “..we take a whole school approach. I think this is key – it makes the most difference. So we keep reminding staff at least once a term”. However, it was felt that some staff in schools were not fully committed to the approach. For example, “...about 40% of our staff are not committed”; “...when there are 3 children in the class who are on the Thrive programme and the teacher is not wanting the TA to leave the room. This can be frustrating”.

Staff described the role of the ‘relationship’ between adult and pupil in terms of how Thrive works. They spoke about how the Thrive activities were important mediums in which this relationship

could develop. Thrive activities were similar across the different schools and included blowing bubbles, feather painting, cooking, messy play and exploring objects such as potatoes. Repetition of activities was understood to be important.

Family involvement:

In some cases staff described how Thrive had developed relationships between school and families; it had opened up dialogue and allowed trust. For example, “ it has brought school and parents together; we feel more trust from parents”. On the other hand some staff described very limited involvement from parents. It was felt that there was not yet enough support for families, for example, “Part of the action plan is home activities but parents are not helped to understand and react and respond”.

Assessment:

Pupils are selected for a Thrive assessment for a wide range of reasons including difficulties with learning, difficulties with interaction, behaviour in class, (passive or disruptive). The assessment procedure was described as being lengthy and took some time to get to grips with. Only some schools involved the parents with the assessment. Staff explained that the assessment identifies the emotional interruptions for the pupils and also recommends activities to carry out with the pupils.

Appendix A.23

Description of findings from interviews with pupils

Awareness of Thrive

The majority of pupils interviewed were aware of being part of Thrive and could even go as far as to explain why they were doing it, for example ‘...to learn to behave properly and not shout out’. Many could articulate how it had been helpful for them, e.g. ‘..last year I was fighting, swearing, everything; angry. This year I’m better, I can hold back my anger’. There was frequent reference to learning to be able to get on with people, for example “..learning to share and not argue”. Around a quarter of the pupils interviewed were not aware of being part of Thrive.

Attitude to Thrive

Most pupils, who were aware of being part of Thrive talked about it very positively. Many used the word ‘fun’ to describe it. There were, however, a small number of pupils who were negative about Thrive, for example, reporting it to be boring and that they would rather be doing something else such as learning in class. Pupils described a range of activities associated with Thrive, most of which centred around playing and some around listening and talking. These included circle time, cooking, games, playing with Lego or scooters and blowing bubbles.

Most children described Thrive happening in a group. One school seemed to take a slightly different approach and was using Thrive as an opportunity for pupils to come and talk to a member of staff about their feelings. This could be compared to ‘counselling’.

Appendices: Paper Two

Appendix B.1

Details of procedures: Pupils, Parents, Staff.

Case study one

Pupil 1:

This pupil was met in June 2011, November 2011 and February 2012. Semi-structured interviews that lasted approximately thirty minutes each were conducted at each meeting point. The interviews explored pupil experiences of being part of the Thrive programme as well as general exploration of how things were at school, including identification of things that were going well and things that the pupil was finding difficult.

Parent 1:

This parent was met in June 2011 and November 2011. She was not available to meet in February 2012. Semi structured interviews that lasted approximately forty five minutes were conducted at each meeting point.

Teaching Assistant 1, Class Teacher/SENCo 1:

The teaching assistant had had the nine day Thrive training and carried out regular individual Thrive intervention time with the pupil. She was met for semi-structured exploratory interviews in June 2011, November 2011 and February 2012 which lasted between forty five minutes and an hour and fifteen minutes.

The class teacher had not had the nine day Thrive training but had regular contact with the pupil in her class. She was met for semi-structured exploratory interviews in November 2011 and February 2012. The first interview lasted for about twenty minutes and the second interview approximately thirty minutes. The second interview was carried out together with the teaching assistant.

Case study 2

Pupil 2:

This pupil was met in June 2011, September 2011 and February 2012. Semi-structured interviews that lasted approximately thirty minutes each were conducted at each meeting point. The interviews explored pupil experiences of being part of the Thrive programme as well as general exploration of how things were at school, including identification of things that were going well and things that the pupil was finding difficult.

Parent 2:

This parent was met in June 2011, September 2011, November 2011 and January 2012. Semi structured interviews that lasted approximately forty five minutes were conducted at each meeting point.

Teaching Assistant 2a, Teaching Assistant 2b, Class Teacher 2:

Teaching assistant (2a) had had the nine day Thrive training and carried out regular individual Thrive intervention time with the pupil. He was met for semi-structured exploratory interviews in June 2011, September 2011 and November 2011 which lasted between forty five minutes and an hour and fifteen minutes.

Teaching assistant (2b) had not had the nine day Thrive training when we met for our first interview in June 2011, but had had two days of the nine day Thrive training on our second meeting in January 2012. The first interview lasted approximately thirty minutes; the second interview lasted approximately one hour and fifteen minutes.

The class teacher had not had the nine day Thrive training but had regular contact with the pupil in her class. She was met for a semi-structured exploratory interview in September 2011 together with teaching assistant (2a). This interview lasted for about twenty minutes.

Case study 3

Pupil 3:

This pupil was met in July 2011, October 2011 and February 2012. Semi-structured interviews that lasted approximately thirty minutes each were conducted at each meeting point. The interviews explored pupil experiences of being part of the Thrive programme as well as general exploration of

how things were at school, including identification of things that were going well and things that the pupil was finding difficult

Parent 3:

This parent was met in October 2011 and November 2011. Semi structured interviews that lasted between forty five minutes and an hour were conducted at each meeting point.

Class Teacher 3:

The class teacher had not had the nine day Thrive training when we met for our first interview in July 2011, but had had two days of the nine day Thrive training on our second meeting in December 2011 and had had five days of the training when we met for the third time in January 2012. All three interviews lasted approximately one hour.

Appendix B.2

Full description of the data analysis process.

Phase 1: Analysis of individual case studies.

Interviews with all relevant stakeholders, i.e. pupils, staff and parents, were analysed according to the following process adapted from Braun and Clarke (2006).

1. Familiarisation with data.

- Interviews were transcribed verbatim, including some non verbal utterances. The process of transcribing interviews involved listening and re-listening to interviewee accounts, thus becoming familiar with voice, intonation and meaning (see Appendix B.3 for a copy of an interview transcript).
- Initial thoughts and interpretations were identified and marked throughout the text, for example, noting the manner in which points were made; commenting on the rapport between interviewer and interviewee; and articulating any hypotheses generated in relation to what was being said. To illustrate this, as a member of staff was describing some of the activities she carried out with pupils, this stimulated a hypothesis about Thrive working as an opportunity for pupils to de-stress in the school day:

“...we share having a go...and he blows the bubbles away...it’s just fun, swinging round with them, going round using different wands, just enjoying each other’s company really. And he loves it”

- Interview transcriptions were then collated for each individual/participant, for example, the teaching assistant in case study one was interviewed three times over the course of the eight month research period and so transcripts from these three interviews were collated.
- Transcriptions were read and re-read to improve familiarisation with the data. Features of the data that appeared interesting were identified. These were hi-lighted with a pen throughout the transcriptions.

2. Coding of the data

- Hi-lighted features of the data were organised into meaningful groups and given a code. For example one member staff described a number of needs she had identified for a pupil she was working with using the Thrive intervention, such as ‘difficulty with peers’ and ‘safety needs’. Her accounts of pupil difficulties were collated and coded as ‘pupil need’ (see

Appendix B.4 for an extract from case study one's interview with a teaching assistant which exemplifies the coding process). For clarity, different hi-light colours were chosen to represent different codes.

3. *Sorting codes into themes*

- Once all the data had been coded, these were then collated into a long list. This was done by cutting and pasting all the coded data into a new document and inserting them into the left hand side of a table. This list of codes was then grouped into themes which were copied and pasted into the right hand side of a table. Decisions about themes were based on their prevalence (re-occurrence) of codes or similar codes, or the simple belief that a theme captured an accurate reflection of the data in some way. For example the codes 'Thrive is nothing new' and 'Teacher was already delivering the teacher strategies' were combined together to form the overarching theme 'novelty' (see Appendix B.5 for an extract of case study two's interview with a class teacher whereby examples of codes were grouped into themes).

4. *Creating thematic maps*

- In line with a process of thematic analysis put forward by Braun and Clarke (2006), thematic maps (mind maps) were created (manually drawn on paper) to help with the sorting and conceptualising of the themes. This clarified the significance of the different themes and how they were related to one another into clusters. It was possible to identify main themes and subthemes (themes within the main themes) through this process.

5. *Refining themes*

- Through re-reading codes re-consideration was given to whether the thematic map accurately reflected the meaning evident in the data set. Themes were refined according to judgements about which ones could be collapsed together meaningfully or if themes may need to be broken down into separate themes as they could become clearly distinct. This process involved some amending of the thematic maps including renaming of themes (see Appendix B.5 for an example of a thematic map created through analysis of the interviews carried out with a teaching assistant from case study one). This process was repeated, with some further merging, pruning and renaming of themes until it was satisfied that the key, most meaningful concepts of the data had been most accurately represented.

6. *Defining themes*

- The final part of the analysis process involved identifying the 'essence' of what each theme was about. This involved creating a narrative account to accompany each of the themes. These accounts are reported in the findings.

Phase 2: Analysis across the data sets (across the case studies)

Data were analysed across the case studies (i.e. all staff, all parents and all pupils) according to a similar process to analysis of the individual case studies. This was as follows:

1. Merging themes/creating thematic maps

- Themes were merged based on commonalities across the case studies. Decisions were therefore made about the similarities of themes, whether they should remain as a distinct or whether they could be better represented through re-organisation. Thematic maps (mind maps) were created (manually drawn on paper) to help with this process of sorting and conceptualising of the themes (see Appendix B.6 for an example of an initial thematic map created through the process of merging the themes from staff interviews). It was possible to identify main themes and subthemes (themes within the main themes) through this process.

2. Refining of data set themes

- Great care was taken throughout the process of merging themes to constantly reconnect with original codes from each case study and to ensure that the themes continued to capture the data well. This meant consideration was given to ensuring all significant aspects of the data had been accounted for and that new ideas had not been introduced that were not represented in the original case study accounts. Themes were pruned, merged, or separated accordingly by drawing them out as thematic maps on paper.

3. Defining of themes

- Final reflections were made about the naming of the themes and creating a narrative account of the themes according the main essence of what each theme and subthemes were about. These accounts are reported in the findings.

Appendix B.3

Example of interview transcript (Case study 1. Interview with Teaching Assistant)

R: You have been working quite closely with (pupil's name) on a Thrive programme?

TA: Yep.

R: Can you tell me about Thrive in relation to Levi?

TA: (Pupil) was um flagged up as needing Thrive at the end of last year and was assessed in June

R: OK.

TA: And he came out as a 'being'.

R: OK.

TA: Quite, I have got to look at his... (*looking in file*) test then. He had difficulty with peers, um obviously with classwork, um etc. But he came out in June quite low on three, well I'd say, three 'safety' aspects and two 'being special' aspects and three 'having needs met'.

R: OK.

TA: So it was decided to start him on Thrive in September,

R: Right.

TA: um which we did and we started with um 'focus on eyes -make your eyes light up'

R: yeh.

TA: and 'praise pot' well we did a tree. We did a tree for (pupil) where he had to do something he doesn't like to do which was getting messy and putting his hands in paint and doing the hand prints which he said 'I can't do that' and so I said 'that's fine, we'll go and get a rubber glove'. So we got some gloves from the office for blood incidents. So I said 'maybe you could do it that way', which he did and then after he'd done that he said I want to take the glove off and I want to do it without.

R: OK.

TA: And that was quite a step forward for him. That was one of the things he found quite really difficult.

R: So in Thrive terms, how would that be explained? Not being able to put your hands into messy things?

TA: Well that's just one aspect of um 'being', um, I haven't got, if I was on line I could look all these things up, that's just one thing 'not wanting to get messy'. I think that comes in one of the um questions within the assessment when you go in.

R: So does that sort of suggest that a child doesn't.... does it show, tell you something about that child's emotional development?

TA: Mmmmm. I suppose it may mean that he's never done that before.

R: Right.

TA: Or it was just the feeling of it. I didn't go very heavily into why he didn't want to he just didn't like the feeling of it and when his class teacher knew that was what we were going to do she said 'oh he won't want to do that' 'he won't want to get messy' 'he won't want to put his hands in it'.

R: Right.

TA: So for him to do it with the glove and then said 'I'll do it' and once tried it he was absolutely fine.

R: And is that sort of 'not wanting to get messy', is that tied in with a 'being' interruption or....?

TA: I think that is. Um I'd have to go back and look into all of them. I'm sure that is one of the questions that comes up on one of the things that is planned up 'not wanting to get messy', because a 'being' is umthe key task within a being is to have a 'positive experience of being dependent' and then 'being able to move on to make relationships'. That is the thing with 'being'. They make the relationship with you and then they go off and they can start making relationships with children and other adults. Which is I think this is going on from, this is obviously going away from the paint thing. Bu that is what Levi has started to do now.

R: OK.

TA: Within the playground.

R: Yeh. So before one of the issues was his friendships?

TA: Yes I don't think he played. He was on his own quite a lot.

R: Mmmmm. So how ...

TA: And he scored in June. Let's see, he scored under that (*looks at file*). ...he scored 'enjoys friendship with peers' -he scored 'rarely'.

R: Right.

TA: Which is the one above a no score.

R: Yeh.

TA: So he scored quite low on that.

R: And that is your observations of Levi in the playground.

TA: Definitely is. When I'm on playground duty one day a week I have noticed. Once we came back in September.

R: Yes. Who filled in the actual assessment?

TA: On the 26th June it was Miss Scoins, which was his class teacher then.

R: Right so that was an observation that she made.

TA: That was an observation he had made and it was 'enjoys friendships with peers' – and she'd ticked 'rarely'.

R: OK.

TA: And 'can initiate contact' – and that was rarely. And 'is confident and comfortable making eye contact with an adult' and that was rarely.

R: Right.

TA: And I would say now, that that he does that with me, no problem at all now.

R: Wow.

TA: And in actual fact, um when we were sharing a book or doing something Thrive room, he would actually be quite a way away. If we sat sharing a book, there would be no, he would not be near me. But the last time we shared a book he was right next to me and he actually put his hand on mine, I don't know whether to draw attention to something, but he obviously, actually put his hand on mine when we were looking at the book.

R: Yes, he was comfortable enough.

TA: Comfortable enough to actually touch me.

R: Yeh.

TA: I didn't comment on it, it was just, well. That was an improvement from being a way away .

R: My goodness. So who has done the latest assessment then?

TA: Um.

R: Because again it is based on observations isn't it?

TA: That was done. (Class Teacher) was on the 26th June and then one was done then in October by Mrs King, which is his teacher now.

R: Right.

TA: She did tick 'rarely' still for 'enjoys friendships with peers', but this was just when we had come back and he's really ..

R: Do you think that's changed since then?

TA: Yes it definitely has.

R: So you didn't do the assessment together then? You and teacher? It was just the teacher?

TA: Yes the teacher did her one on her own.

R: And you didn't involve (pupil's) mum that time?

TA: Sometimes we do, sometimes the parents come in. She has been given a letter regarding his latest assessment and she is going to come in and choose an activity.

R: Lovely. Was there any particular reason why you didn't invite mum in at the beginning to do the assessment?

TA: No it was no reason particularly, it was just the time element really in getting it done and getting the plan done because we started him with Thrive in September and I re-assessed in half term. Because there was no point in doing an assessment in the September when he hadn't really started. We had that assessment from June from his class teacher in year 5 and the idea was to work from that, go to half term then assess him then. Then I'll reassess him again after Christmas which will have given him another half term and see if any of these levels within the 'being' have actually gone up.

R: OK.

TA: But parents are always, in the letter I said I would her to come in and discuss the assessment and to choose an activity and she has not approached me with that yet.

R: OK.

TA: But I will try.. and get her to come in and do that. And if we can it's better. But it doesn't always ..

R: OK. So what you've told me is actually um you think it is really having an impact on (pupil), already, and it's only been two months.

TA: Yeh.

R: Cause he's being able to form friendships with people.

TA: Yep.

R: And he's been able to get close to you.

TA: Yep.

R: And he's been able to explore things a little bit more. A bit more courageous about getting messy.

TA: Yes about getting messy and whatever we've got to do, 'Shirley what are we going to do today? Are we going to the Rainbow room?' Sometimes he chooses the activities I chose when we went ahead after I did the assessment in October. I've now decided to do some rhythm work with him. Clapping songs, percussion instruments, games that involve mirroring, passing, blowing bubbles outside - we do that which he absolutely loves.

R: Tell me about those activities because I did see the music one and I was wondering why a musical activity, why clapping and rhythmic?

TA: I think it's within the 'being' it's making a relationship and doing things together. And your and he's copying me; and it's just mirroring, touching at the same time, touching arms and legs. So it's just getting that relationship going with just a simple activity.

R: Yes. Is it..

TA: Tactile.

R: Is it that you're having to make a connection with one another because in order for him to mirror you, he has to watch you.

TA: He has to watch me. And a big thing for the children when they don't give eye contact is to try to that with them without even realising. So when they are mirroring they are having to look at you, having to um, and the other one I chose was 'eye signals'. So we hold a balloon or a cushion or anything between us and we have to wink; one wink will be to take a step to the right - you can just make up the rules yourself, or two winks to go to the left. So that's obviously he needs to look at you as well.

R: So it's encouraging eye contact.

TA: So it's encouraging eye contact, just through doing things together, building that relationship together.

R: Right, I feel like I'm getting a better understanding of what's happening now. Because it is reminding me of early years attachment. I can see how attachment theory may be linking in with getting the eye contact with the infant and sort of connecting with one another actually as two people.

TA: And once...the theory behind it is once, with the 'being', once they have a relationships with an adult than you are quite happy to go away and do it with peers and other adults.

R: Which again is like attachment theory. Where is he feels safe. If you safe with the caregiver then you feel more confident about exploring your world.

TA: And that is what is is and with the 'doing' (*doing is the next interruption in the Thrive programme*) you are working alongside, co-adventurer.

R: Yes.

TA: In a way.

R: Yes.

TA: That working alongside doing things and then when you get to the 'thinking' (*thinking is the next interruption within the thrive programme*) that's a bit more 'what should we do? It's all the natural developments that children normally go through. And he may fly through 'doing' who knows.

R: Yes.

TA: It might not be something that's, he might go straight through to thinking.

R: Yeh.

TA: So this is where we are at the moment with this. Um and I decided to concentrate on the safety because I felt that was the lower marking criteria.

R: Mmmm

TA: Because there are three criteria in the 'being' which are 'safety', 'being special' and 'having their needs met'

R: Yeh.

TA: And he's occasionally on 'most' now. The only one that was low on the October, was the 'enjoys friendships with peers'.

R: Right.

TA: But I would say instead of 'rarely' that might have gone up to 'occasionally' and hopefully by Christmas he will be going onto 'doing'

R: So this is the 'safety' part did you say or the friendship bit? Was that about safety or was that about...?

TA: This was under safety. Yes. So the 1, 2, 3,4,5,6, 7,8, ..the ten headings under 'being' are 'begin to be willing to work with a partner', 'begin to share resources', 'appropriately trustworthy of others', 'can initiate contact' – which is what he did with me.

R: yes.

TA: Come over and... 'Copes well with changes in routine', 'enjoys friendships with peers' – which he is beginning to do now and he even said to me this morning. 'Shirley', I said 'Hi Levi how are you?' he replied, 'I've had a good, I've been playing 'it' in the playground'. So he's obviously now mixing with other children on his own. Another is 'knowing which activities are safe' or 'signal when he or she is not safe'.

R: Right.

TA: 'Is confident and comfortable making eye contact with an adult'. Definitely coming now. (short *interruption from another member of staff*). Sorry, 'Is confident and comfortable making eye contact with an adult' – which is definitely coming. 'Is confident and engaged with a trusted adult' which he's got 'almost always' on there anyway, now.

R: And are they all about safety ?

TA: Those are about safety. And the next section is 'being special'.

R: Right.

TA: Would you like me to read those out for you?

R: Um don't worry because I think I've got all of that, so I can have a look at that, but it's quite interesting to try and match up the activities with what it is you're trying to develop. So I understand the clapping and the music and the mirroring. But what about um bubble blowing? What is that trying to develop?

TA: I think the bubble blowing is building a relationship and a fun thing and when ...you... not so much with Levi I don't think, but with some children when you're blowing the bubbles you can ask them 'where is a safe place to go?'. You could still ask Levi but ...and so that is a safety thing. 'Where is a safe place to go if you could go in a bubble and go somewhere, where would you go?'

R: Mmmm

TA: I haven't actually asked (pupil) that.

R: And what if they answer with very negative ...

TA: You just... leave that.

R: You just leave it.

TA: You don't...

R: So you keep doing that?

TA: So that would be something I'd ask.

R: So do you offer your ideas. You don't say where you would like to go?

TA: Yes sometimes I do.

R: OK.

TA: 'A safe place for me is...' Sometimes children can't even imagine being in a bubble and going anywhere. You know for them that might be...and maybe for some children they might not know where a safe place might be.

R: No. So how does that change over time? How do they come to be able to be able to imagine what it is like to be in a bubble?

TA: Personally I think it is just the relationship they are building, they become able to do that.

R: OK, so they acquire over time. So what does Levi do when you are doing the bubbles with him?

TA: Well normally, we share having a go and I let him lead that as to who goes first, what have you. And he blows the bubbles away... it is just fun.

Thought: (I'm just wondering whether part of Thrive's effectiveness can be attributed to providing an opportunity for children to de-stress/to feel relaxed during the school day. Could the same effect be achieved through other means e.g. meditation or playing football with friends or does the interaction/support of an adult add something to this just like attachment theory would emphasise the significance of human contact?)

R: Yeh.

TA: Swinging round with them, going round using different wands, just enjoying each other's company really. And he loves it. And it's just building that relationship with somebody.

R: And is that building his 'trust' in somebody? Is that making him feel more safe or is that making him feel more special?

TA: I think so, I think that would be..

R: Or is he having his needs met?

TA: I would say being special.

R: Because?

TA: Because, it would come under 'takes part with ease in events'.....no....

R: I'm just wondering whether it's because you have taken time with him?

TA: Could be.

R: If someone is spending time with me so that means I must be special.

TA: 'Enjoys being noticed and valued'.

R: Yeh.

TA: It could come under that couldn't it?

R: Yeh.

(I feel now that we are now in a joint exercise, both trying to understand what is happening when a pupil engages in some of the activities promoted by the Thrive programme)

R: That would make sense wouldn't it?

TA: Or 'having needs met' 'is competent and appropriately trusting of self being with somebody in an activity'.

R: Do you ask him about the safe place with the bubbles?

TA: I haven't asked him about the safe place yet.

R: Right, why haven't you done that?

TA: I asked him once I think and he didn't really respond and I haven't got back to it. We don't do bubbles every time. I only see him once a week.

R: OK.

TA: So I've got the three activities that I go through. You know a different one every time. And sometimes they are led by him.

R: Right.

TA: He came in with a book and said 'Shirley this is a book a want to look at ' so I know it wasn't, you know, what was the activity but it was something he had taken time to bring in and that was still making our relationship. We sat down and we looked at the book we shared it and talked about things. So sometimes I let them lead as well.

R: Yeh.

TA: Especially if they have brought something in or it's something they want to show me.

R: yeh.

TA: I think that is important. And we keep revisiting his tree.

R: Ah yeh. I saw the tree. He is very proud of the tree.

TA: He is very proud of his tree.

R: Yeh, that's brilliant isn't it? He seems to have grown in confidence actually.

TA: I think the tree is good because anybody can, you know, he's done the handsand anybody can write anything down, either me or the class teacher ... and so it can be different aspects of what he has been doing.

R: Yeh.

TA: Which just makes him realise that you know, he's part of the school and there is lots of things he can do.

(This makes me think of Maslow's need for a sense of belonging and a sense of achievement)

R: I think for a child it could send the message of 'people are noticing me',...um and 'they are noticing some good things about me' and 'that makes me feel quite special'. I wonder if that is sort of tied in with some of the things you are doing?

TA: Yes it could be.

R: What you think you are trying to develop.

TA: And the teaching strategy for this time is 'check and comment frequently', 'find something positive on which to comment'. So again that is feeding him with positivity.

R: Yeh.

TA: About what he is doing. Making him feel special because you are actually taking time to do that. And the other one is go over activity instructions one to one and make it possible and easy for the child to get guidance and advice. So it is just to reinforce everything to make him feel safe. And hopefully, as I say because we're, we've got a lot of 'almost always' and a lot of 'oftens' so hopefully he'll go up to the 'doing'.

R: So before Thrive, how would things be without Thrive in the school? What difference has it made, to people like Levi?

TA: I think it has made a lot of difference. I can't praise it enough. It makes a difference with just the simplest of things.

R: Right.

TA: So within a 'being' just to make your eyes light up for a child in the morning, just bright eyes 'morning! How are you!' such an easy easy thing and a lot of the activities with 'being' are quite simple. Things where you know when you're building the relationship you're letting them know you're there for them, you're making them feel safe, you're noticing what they're doing, and it's so many things are so easy to do and even um the home activities, if you would like me to mention a couple?

R: Yeh.

TA: They're quite easy...'play peek-a-boo', 'make funny faces', 'play camping games', 'lots of high fives', 'hold hands while walking'. It's all initiating that relationship is there. Andcooking and eating together that is in being because that is all in a relationship with doing things together.

R: Yeh. So you are sort of suggesting that those things weren't happening before. Before Thrive came along?

TA: Um they say there can be an interruption and that's where the interruption can be with the 'doing' or 'being' or 'thinking'..... Within school do you mean it wasn't happening?

R: I was thinking of school actually when I asked that question. I see what you mean you were trying to imagine it..

TA: Yeh imagine it before ..

R: What was going on at home, kind of thing.

TA: Yeh, well in school, no it wouldn't,..it may have been a little bit but not so focussed.

R: OK.

TA: Because when you know that for that child this is what you're doing, this is what you want to do. 'Eye spy time', 'smile'. Yes you might do it to children, those you know, but once you've actually honed in on that child.

R: And what if before thrive, would you have been given the time, before you were thrive trained, would you have had that time with the child?

TA:Not the one to one.

R: No.

TA: But definitely as you walk down the corridor, working in the classroom, yes.

R: So you would have had children coming to work with you..

TA: Some things you do naturally don't you? You would naturally say 'how are you?', 'did you have a nice weekend?'Once you, but with thrive it needs to be the whole school.

R: Yeh.

TA: doing it. So once everybody knows, they are all on board.

R: Why is that? Why does it have to be whole school?

TA: Because I just think it makes, that is what it is all about, it's about it happening all the time wither within the classroom, out of the classroom, in the playground. So we are all doing the same thing, all signing the same tune, so it's consistency.

R: He's getting repeated experiences I'm guessing.

TA: That's right.

R: Um so what would. Um I'm just thinking. Well there are two things going on in my mind now. On of them is, children who have previously had to come out of class to have intervention work and you might have been delivering that intervention work. So is there anything different you are doing now when you are working with that child, that since having the thrive training you might have changed?

TA: yep. The validation I think of how they feel.

R: OK.

TA: Um how you might validate if they say 'this is hard', you know 'I don't want to do it'.

R: Mmmm.

TA: Now it's 'I realise this must be really hard for you, this is really difficult'. You are validating their feelings and I think that makes a difference because they think 'Oh she's listening to me', 'she's actually paying attention'.

R: Yeh.

TA: It seems to really work, that validation, mirroring how they feel.

R: Tell me about mirroring how they feel. How do you do that?

TA: Well if um if they're really angry you sort of respond in the same way (*says in angry voice*) 'yes I know you're really angry! This is really hard for you and it must be very very difficult! You know, but not shouting back at them but you're mirroring their actions.

R: Yeh.

TA: Trying to...

R: So whereas before, what might you have done that was different? How might you have responded to a child before who came out and was upset because they could not do the work for example?

TA: It wouldn't have been more emotional it would be more of 'this is what we are doing' It would be more on a educational level. Does that make sense?

R: Yep.

TA: SO I would just say, 'you know, well, it's coming to lunch, we've got to get this done and..'

R: Yeh.

TA: 'Let's see if we can do it together. I'm here to help you'. Little bit of Thrive there, cause 'I'm here to help you' but not exactly the way they feel.

R: No so you were focussing on the actual problem,

TA: The problem

R: rather than how you are actually feeling about the problem.

TA: Yeh.

R: So you would be tackling the task? Let's break the task down, let's get on with it. Try it this way, try it that way.

TA: Far more. Yeh.

R: Is that right?

TA: Yeh.

R: So now you would be more 'I can see you are finding this really difficult'.

TA: Go more on the way they feel.

R: OK.

TA: I mean you probably, you know there are some things I realise I might have done without realising it was like Thrive. Like 'saying good morning', 'eyes light up'. You do that. But when you know you got to be doing that, you're doing it constantly, it's got to be drip drip drip. It happens all the time.

R: So it makes you more mindful of it by the sounds of it.

TA: It does. Yes it makes you more mindful of what you're doing, what you are saying.

R: Yeh and reinforcing some of those behaviours.

TA: Yeh.

R: What would ...the other thing I'm thinking is, what would your ..because you are obviously a teaching assistant and therefore who kind of directs what you are doing in a day? Who makes those decisions?

TA: Well I have my plan, I give them my plan. Plan's probably not the right word, my...I can't think of the word.

R: Time table?

TA: Time table, that's it. Brain's going dead! My timetable, so I work against my time table, you know that's when I'm either in class or doing thrive or my other groups that I do.

R: OK.

TA: But within that you can still do the Thrive as you walk along the corridor, seeing them out in the playground, out on playground duty.

R: Yeh. So does your timetable look any different?

(I'm now wondering if Thrive gives staff 'permission' to spend time with children off academic curriculum focussing on developing emotional aspects. Reinforces the value of emotional well being and therefore allows school to invest time in promoting this)

R: From when you...

TA: I'm very busy!

TA & R: *laugh.*

TA: I have 9 Thrive children.

R: OK.

TA: So I'm quite, yeh ...

R: SO before Thrive um was there less to do?

TA: Yes, probably. Because now I do a lot of Thrive. I haven't got my time table with me, to be honest, but I do, I've got Thrive sessions every day.

R: OK who's timetabling those for you?

TA: The head and deputy.

R: OK so they obviously, that tells me that they value Thrive in order to have that in your timetable.

TA: Yes, we are a Thrive school, we want this to be all over the school with everybody doing it. Taking it on board and especially within the classroom because those children come out with me for one session, 40minutes, depending, a week, although I do talk to them within the week and if not, when I see them I let them know, I've spoken to them about the Christmas play and just reassure them that is what is happening. So for it to be in the classroom as well, when it is so simple...

R: Mmmm

TA: It makes that difference.

R: So you have got 9 Thrive children, did you say?

TA: I had 9 children I think I've lost a couple cause a coupler left. Yes I've got (*looking in file*)...

R: And you see them...

TA: Yes and I see them for, if I can half an hour. 1,2,3,4,5,6,7 and I've got one about to come on, 8.

R: And so that is um half an hour

TA: Roughly

R: Once a week.

TA: Yep.

R: Half an hour, is that individual time with you?

TA: If they are the same level. So if I've got 'doing'. So I sometimes take them together.

R: OK.

TA: So even if you're doing a 'doing' you can do a 'being' with it as well, so they don't lose anything with that 'being'. And if I got a 'thinking' because I've got what 3 'doings', '3 beings' and a 'power and identity' and one 'thinking'. So the 'power & identity' and 'thinking' I'll take on their own for now but the 'doings' I can take together. And I can pick to do something to do together. So sometimes I take them on their own, sometimes I take them together which is really nice.

R: So um do you have a kind of say in the amount of time that you spend on Thrive or is that ...?

TA: Well I've got an allotted time for Thrive 9-9.30 in the morning so that's half an hour

R: And that's been decided.

TA: And that's been decoded, yeh.

R: By senior management.

TA: Yeh and I've got some other Thrive in the day.

R: They have obviously been trained, well the deputy head.

TA: yes the deputy and the head have been trained. And Alison in Key stage 1 is a practitioner like me, but she is a mentor as well so she actually is a mentor to spread the word in schools as well, so she has done staff meetings and had people come in and reinforce it in school and we work together and she does key stage 1 and I do key stage 2.

R; Um. I was just trying to imagine what it would have been like before Thrive training, if you had gone to your line manager and said 'I want to spend, I think this child needs to spend time out of the classroom building a relationship'. What do you think the reaction would have been?

TA: I think they might have thought that was a bit strange.

R: Yeh.

TA: I don't know, but it just doesn't seem . When you say it like that.

R: Yeh. Or I want to take the child out and do some cooking, and I want to do some painting. All the activities you have said. And bubble blowing. Um what would...

TAL Yes I'm sure they would think I was probably a bit mad.

R & TA: *Both laugh.*

R: So was there anything like that before Thrive came along?

TA: Well children often cooked and did all those things but it is not with that one individual was it?

R: Mmm

TA: It's that one person you are seeing regularly who is honing in with you, during the week, making sure you are OK, building that relationship with one person and then...

R: And what about SEAL, did you have that in the school?

TA: I do SEAL yes.

R: You still do SEAL?

TA: Yes I still do SEAL one morning a week.

R: So what happens in that session?

TA: SEAL is um, I do key stage 1 one half term and key stage 2 another half term, because I did do it two mornings but now I do the thrive and um it's just , the children are just, I have a classroom, a class to choose and I go to the class and I say which children would you like to come to SEAL, do you feel, depending on which theme we are teaching at that time because it starts from new beginnings and goes right through the whole year. So those children are chosen depending on what it is, um, like 'say no to bullying' you know there's all different ones in SEAL.

R: Yeh.

TA: And that's a small group.

R: Mmmm. So what is different about that to Thrive?

TA: That's more you're learning about a particular thing. I know, I know how to make a classroom safe, so it's more something within the classroom, with their peers, that they're doing and that's more structured and their working within a group together.

R: Mmmm right.

TA: And answering questions

(I'm thinking this has specific teaching targets/learning outcomes)

R: Mmm.

TA: It does go on within the school because SEAL is done in assemblies.

R: Yeh.

TA: And within the classroom. They all have their own packs of the SEAL activities. Classroom activities. And I do the Silver SEAL which is the group activities.

R: Yeh. So from what you are saying there. Cause I know SEAL is obviously an emotional literacy programme, so um and, there is an element there, I think you are telling me it is more knowledge based. So children are learning about.

TA: Yes they are learning the relevant words to feelings....

R: Yes.

TA:how to react to the feelings they've got.

R: Yes.

TA: It's all a lot of emotional isn't it? And as I say we go through all the different things, and all the language.

R; Yes because that sort of naming feelings, is that not part of thrive as well?

Ta: Yes we do, we do name feelings it comes within some of the activities.

R: Mmmm.

TA: We do do that. Um. It depends where the interruption is and where you are and who you are working with. It will be interesting because when we did the thrive training it was intimated that we go with the activities where they are the lowest on the little dial, but Alison said the thinking now is that you actually work on the one which is the highest and I haven't actually done that yet but I'm going to try that after Christmas and see whether....cause you wouldn't think that would work would you? Because to me that's like reverse if you're working where they are in the strongest I naturally go to where they are weakest and go with that.

R: Yes.

TA: Alison says the thought is that you actually go towards the strongest.

R: How did that come about then?

TA: I think it's just, maybe she's done the mentor training and you'd have to ask Alison really, but that's , so I'm going to have a go and see if that..

R: Yeh.

TA: I always go on where the lowest, cause you get the little dial on the print outs.

R: So if somebody said to you um 'we don't need Thrive in our school because we do SEAL' what would your response be to that?

TA: I think there still is a place for SEAL but it's justSEAL is just, you need to be able to.. take those children out and for them to learn, sometimes for the children within SEAL it is more a case of they just need to learn to speak in a small group because they are shy,

R: OK.

TA: You know it's not always the same ...reasons as for Thrive.

R: OK.

TA: I'm not saying that if you did an assessment for those children they wouldn't have a 'being' a 'doing' or a 'thinking'; how do you know or tell?

R: Right. OK

TA: I don't know whether that has answered your question correctly?

R: Well I think um it has because I don't think it is entirely clear how they differ. But, from what you're saying it sounds as if you need to be able to think to be able to ..

TA: To answer questions about what we are doing, to feel.. I'm not saying that all children, cause I have got an autistic child in my SEAL group and he's there just to learn about feelings and I bring a little bit of that in when we're working.

R: Yeh.

TA: you know, cause we've been talking about getting on and falling out and we've been talking about how we can do within the class, so within that we can talk about how somebody would feel for what ever .

R: Like problem solving?

TA: Yes it is in a way. You're answering questions.

R: Mmmmm and giving advice on what to do.

TA: And I do a little activity with a soft toy.

R: Yeh.

TA: Cause I follow the core activities within each theme and you know.. we do it, not with every activity but with some activities you'll saying 'oh well this Zotty is coming to the classroom and they want to do such and such and how do you think they might feel and what should they do?' something like that . It's all sort of problem solving really, whereas Thrive isn't really problem solving it might be when you get to thinking, but it is not quite the same thing.

R: No. OK

TA: I've never really analysed it.

R: No. I know I'm asking you probing questions. What do you think, does Levi know he's doing Thrive?

TA: Yes he does.

R: Does he know it's called Thrive?

TA: I don't think we've ever said it's Thrive to be honest.

R: No, so in what sense does he know he's doing that?

TA: He knows that he's coming out, he knows that he's playing bubbles, whether his mum's ever explained that to him, I have never actually sat him down and said 'this is a Thrive programme, you have a 'being' interruption'. Because I don't think that's necessary really.

R: No. OK. Um.

TA: Does he think he's doing Thrive?

R: No. he's never heard of it.

TA: He's never heard of it. Which is interesting to hear.

R: But you've not..

TA: No.

R: NO he's not aware. He knows he goes out with you and he loves it, but he hasn't said, you know, that is called Thrive.

TA: I'll speak to Alison. I don't ...some children are actually clever enough to realise they are going.

R: What's going on.

TA: Yeh what's going on. I had one child that's left now and he knew it was Thrive and he knew it was SEAL and he knew; ...we never went into what it all means because there is no need to do that, it is too complicated, but ...he did know.

R: And what do you think (pupil) thinks of it.

TA: I think he just thinks it's our time together ...to do something.

R: Yeh.

TA: And he just enjoys it, it makes him feel special. He enjoys what he does, um and hopefully it will give him that confidence. I think it will do.

R: Yeh. And what about the other people in the class? Do they know about it?

TAL Some children do. Some children maybe pick up on it but I don't think they all do.

R: No. What do they think about it do you think?

TA: Well they all want to come out.

R: Do they?

TA: I don't know why they want to, but they all want to come out (*laughs*)and be doing it. 'When am I coming with you? I want to come with you!' It's seen as being something special I think.

R: Yeh. That's nice isn't it? Um ..so my understanding is that most of Thrive is with you really?

TA: And Alison yeh.

R: Right and Alison being..

TA: Key stage 1.

R: Yeh. What about the class teacher, what input is she having?

TA: yes she fills in the form, we talk about it, I give her the activity, the class activity, check that that is OK with her.

R: Yeh.

TA: And she keeps that on file and she does those activities with him in the classroom. And we just talk about how things are going and she knows that I've done the letter to the family.

R: Yeh.

TA: saying how he's got on and how he is now.

R: Yeh.

TA: And I'd like them to come in and choose a home activity which, as I say hasn't happened yet. Sometimes you just need to ...chase them and ...

R: Yeh.

TA: But they are always invited in to come in and some choose to and some don't.

R: Yes absolutely. Mmmm. There were a few issues that the class teacher I spoke to last year identified, um, I'd just be quite interested to hear your views would be on these. She felt that one of the issues was 'fitness' for (pupil). What do you think about that?

TA: Well he is a slightly overweight child isn't he? I mean he's not stick thin but he's not... I wouldn't say he was particularly fit, no.

R: Would you say there has been any changes in his fitness, since starting Thrive?

TA: No I don't think fitness is got anything to do with it. Well I did the cross country run with him last week and he gave up after... but then everybody was streaks ahead so I don't know whether that's because, he said his feet hurt. But I think that can be, I think you can look at that it different ways. You could look at it in that he could see he was right at the back and he didn't want to make an effort; it was an excuse that his feet were hurting and he didn't want to run; and he just wasn't gonna, whatever way I tried to get him to jog slowly and run round it, he didn't want, and at the end he didn't want to go in where the others were, cause he knew they would see him, cause he was the last one he said 'I don't want to go that way, I don't want to go that way', so he was obviously aware that he was last.

R: OK. She also spoke about 'focus and concentration'.

TA: Well I think the class teacher would be better about that but I would say his concentration is better.

R: OK. 'Ambition'.

TA: I wouldn't know.

R: That's his motivation I guess.

TA: I'd have to ask his teacher, I don't know.

R: And his friendships.

TA: Well initially I would say at the beginning of Thrive, I'd say he didn't have any and he stood in the playground and he didn't really mix and he would look really quite unhappy sometimes. But this week Tuesday I was on playground duty and the teacher was with me and we both commented he was playing with a group of 2 or 3 children playing basketball and he came over to me and he said he was having a nice game and he'd invited somebody to play and we were watching to see how things were going because he's not always very good at ..if things go wrong and he was... really enjoying it and having that... and smiling.

R: Wow.

TA: What a change to the beginning.

R: He mentioned a ball.

TA: Yeh.

R: That seems to have made a bit of a difference.

TA: Yeh.

R: What happened there?

Ta: Well he was just shooting a ball, I don't know if it was a ball he was given, I don't know.

R: I think his class teacher has given him a ball.

TA: What a difference that has made this week. Yes because if I think back, if he couldn't have one he probably did stand on his own because obviously there are only so many balls and everybody's got to have a turn, so maybe that has been his change, that he has actually got one of his own.

R: Yeh. Tell me about his anger, temperament. Does he lose his temper very easily?

TA: No I wouldn't say he loses his temper, but I could say he could maybe sulk sometimes, be a bit down sometimes, but ..

R: He doesn't get angry with people?

TA: No.Within a group,it would have been, it must have been the beginning when I was with him a couple of times, and think within a group initially he wasn't very good if something, if they weren't sharing a book, or I'm just trying to think back, um, or if he didn't have a paper, or..he would be a little but touchy about that.

R: Yeh.

TAL But I wouldn't say that happens now.

R: OK.

TA: But as I say I'm not sitting on his desk being with him all the time.

No.

TA: SO the teacher would probably know that more. But I would say he was probably calmer.

R: Ok.

TA: In that way.

R: So in the playground when he hasn't got any friends what do you see him doing?

TA: Just standing around watching everyone.

R: And if something went wrong within a friendship kind of, whilst interacting what would he do then?

TA: I haven't, I think if he had been playing ball, before, if he had been playing ball and something had gone wrong he might've sulked a bit, but ...this week things were going on and he was absolutely fine. It was really fine.

R: OK. Thank you.

Appendix B.4

Initial coding - extract from an interview with a member of staff.

Transcript	Initial Coding
<p>R: You have been working quite closely with (<i>pupil</i>) on a Thrive programme?</p> <p>TA: Yep.</p> <p>R: Can you tell me about Thrive in relation to (<i>Pupil</i>)?</p> <p>TA: (<i>Pupil</i>) was um flagged up as needing Thrive at the end of last year and was assessed in June</p> <p>R: OK.</p> <p>TA: And he came out as a 'being'.</p> <p>R: OK.</p> <p>TA: Quite, I have got to look at his... (<i>looking in file</i>) test then. He had difficulty with peers, um obviously with classwork, um etc. But he came out in June quite low on three, well I'd say, three 'safety' aspects and two 'being special' aspects and three 'having needs met'.</p> <p>R: OK.</p> <p>TA: So it was decided to start him on Thrive in September,</p> <p>R: Right.</p> <p>TA: um which we did and we started with um 'focus on eyes -make your eyes light up'</p> <p>R: yeh.</p> <p>TA: and 'praise pot' well we did a tree. We did a tree for (<i>Pupil</i>) where he had to do something he doesn't like to do which was getting messy and putting his hands in paint and doing the hand prints which e said 'I can't do that' and so I said 'that's fine, we'll go and get a rubber glove'. So we got some gloves from the office for blood incidents. So I said 'maybe you could do it that way', which he did and then after he'd done that he said I want to take the glove off and I want to do it without.</p> <p>R: OK.</p> <p>TA: And that was quite a step forward for him. That was one of the things he found quite really difficult.</p> <p>R: So in Thrive terms, how would that be explained? Not being able to put your hands into messy things?</p> <p>TA: Well that's just one aspect of um 'being', um, I haven't got, if I was on line I could look all these things up, that's just one thing 'not wanting to get messy'. I think that comes in one of the um questions within the assessment when you go in.</p> <p>R: So does that sort of suggest that a child doesn't.... does it show, tell you something about that child's emotional development?</p> <p>TA: Mmmmm. I suppose it may mean that he's never done that before.</p>	<p>Pupil need Being interruption Difficulty with peers Thrive assessment flagged up 'safety' needs 'being special' needs and 'having needs met' needs.</p> <p>Meeting pupil needs/strategies Making eyes light up when we see Praise pot -tree Gradually built up getting messy using a rubber glove</p> <p>Pupil changes Didn't like getting messy but over time OK</p> <p>Explaining how Thrive works Uncertain what link there is between getting messy & emotional need. Knows it means 'being' but doesn't know why.</p> <p>Thinks it might show lack of experience or just that he doesn't like the feeling of it.</p>

Appendix B.5

Creating themes from codes (Example of staff interview).

Codes	Themes
<p>Thrive is nothing new started using it before knew what it was about</p> <p>The approach is good practice. CT considers herself to use this approach anyway.</p> <p>Thrive works by repairing brains Having been to meetings realises that it is also about being able to work towards repairing some of the issues that children have had.</p> <p>Focus is on emotional and social needs</p> <p>Teacher was already delivering teacher strategies that were in the action plan. Just needed to develop what already doing</p> <p>Thrive has changed teacher to emphasise greater what she was doing before more enthusiasm. Repeating, use feelings that they are expressing. More dramatic. Tuning into how they feel & reflecting it back.</p> <p>It's about reflecting back feelings to pupils. The message is 'it's OK to feel that way'.</p> <p>Subtle difference in language. Change from "what's the matter you look sad?" to "I'm feeling really sad..."</p> <p>Likens the interaction with children to acting.</p> <p>CT is unsure why pupil is on the Thrive programme. Would not have noticed any difficulties.</p> <p>Thrive assessment picked up difficulties Would not have noticed difficulties if had not been for the Thrive assessment.</p> <p>Pupil difficulties</p>	<p>Novelty started using it before knew what it was about The approach is good practice. CT considers herself to use this approach anyway. Teacher was already delivering teacher strategies that were in the action plan. Just needed to develop what already doing</p> <p>How Thrive works: The theory Thrive works by repairing brains Having been to meetings realises that it is also about being able to work towards repairing some of the issues that children have had. Focus is on emotional and social needs there is more to know: a 'puzzle'. Approach is not as obvious as it might initially seem. There is more to it if we understand it properly. Bit of a muddle. Not as obvious as it might initially seem. There is more to it if we understand it properly.</p> <p>Thrive has raised awareness of good teaching practice & reinforced what was already being done more enthusiasm. Repeating, use feelings that they are expressing. More dramatic. Tuning into how they feel & reflecting it back. Focus shifts from academic to emotional: self esteem understands the need for the pupil to be thinking positively about himself in order to learn, otherwise he won't try. Thrive has explained why the teacher might be doing things she was doing naturally. Has reinforced her behaviour.</p> <p>What staff are actually doing when using the approach: It's about reflecting back feelings to pupils. The message is 'it's OK to feel that way'. Subtle difference in language. Change from "what's the matter you look sad?" to "I'm feeling really sad..." Likens the interaction with children to acting. Delivering Thrive as a whole class. Uses commendations for social & emotional aspects as well as academic. Uses 'star of the week' whereby pupils nominate each other for something they have done well. Have to say why. Uses specific/descriptive praise.</p>

Low self esteem.

The programme makes you think about the child in a different way so you will notice other things.

Focus shifts from academic to emotional: self esteem & confidence.

The assessment specifically focuses on social & emotional aspects e.g. 'talks about self positively'. This hi-lighted difficulties for the pupil as CT has noticed he always says he's rubbish and can't do things.

CT understands the need for the pupil to be thinking positively about himself in order to learn, otherwise he won't try.

Delivering Thrive as a whole class. Uses commendations for social & emotional aspects as well as academic.

Uses 'star of the week' whereby pupils nominate each other for something they have done well. Have to say why.

Uses specific/descriptive praise.

Not just 'brilliant' but how it was brilliant. More descriptive.

Thrive has explained why the teacher might be doing things she was doing naturally. Has reinforced her behaviour.

there is more to know: a 'puzzle'. Approach is not as obvious as it might initially seem. There is more to it if we understand it properly. Bit of a muddle.

Lack of resources to deliver the Thrive programme individually or as a group.

unaware of action points – has to look in the file.

Using traffic light system to show difficulty for his feelings. Comment frequently on something positive (*Parent is doing this at home*)

Has not implemented yet because wanting to get to know the class.

Delivers the 'positive' strategy with all children

Not just 'brilliant' but how it was brilliant. More descriptive

Lack of resources to deliver the Thrive programme individually or as a group

Delivers the 'positive' strategy with all children

Thrive assessment for picking up difficulties that might not have been noticed/reinforced ideas about issues

Would not have noticed any difficulties.

Low self esteem

The programme makes you think about the child in a different way so you will notice other things

The assessment specifically focuses on social & emotional aspects e.g. 'talks about self positively'. This hi-lighted difficulties for the pupil as CT has noticed he always says he's rubbish and can't do things.

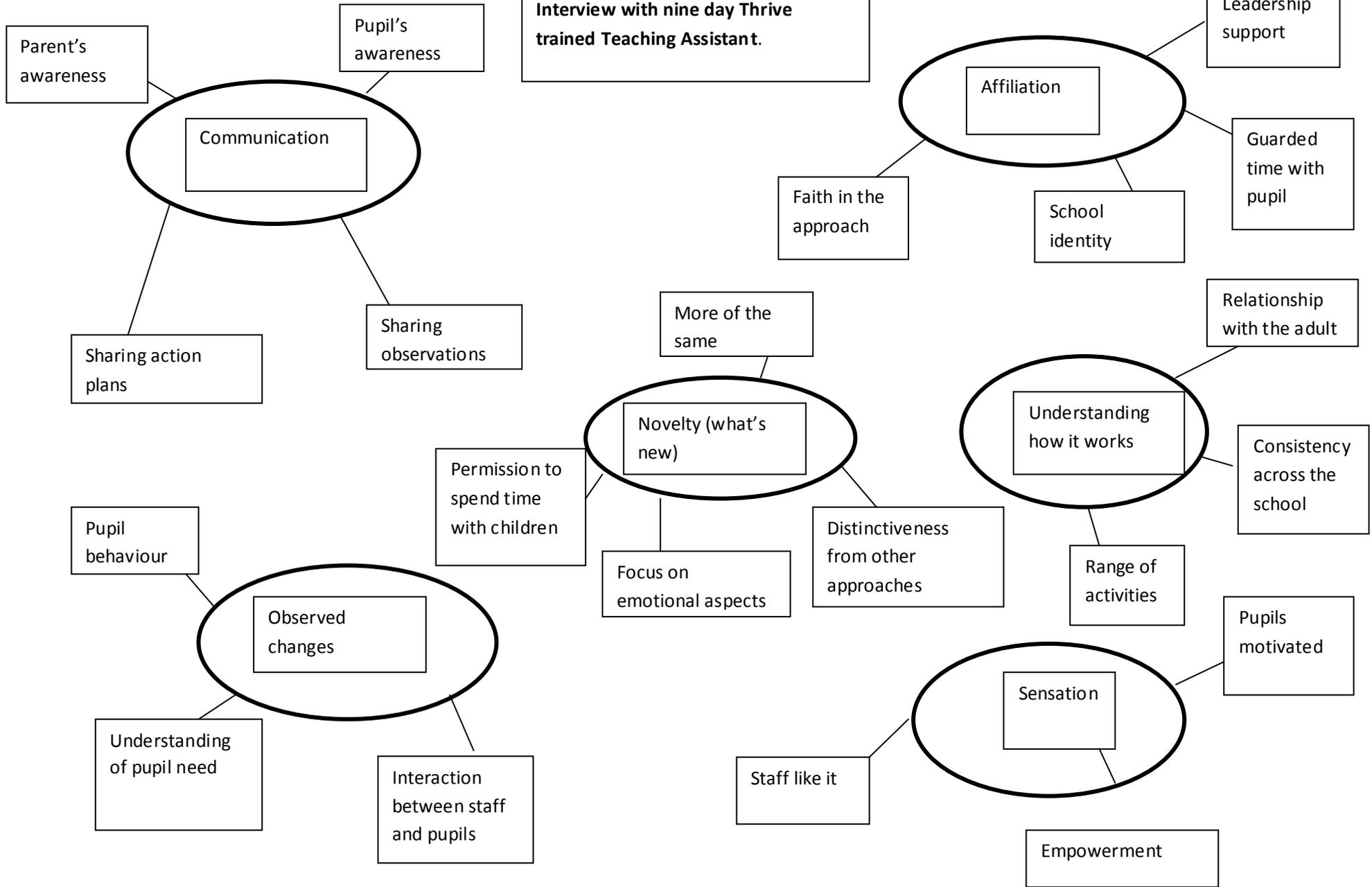
Lack of awareness of/keeping to the Thrive action plan

unaware of action points – has to look in the file.

Using traffic light system to show difficulty for his feelings. Comment frequently on something positive (*Parent is doing this at home*)

Has not implemented yet because wanting to get to know the class.

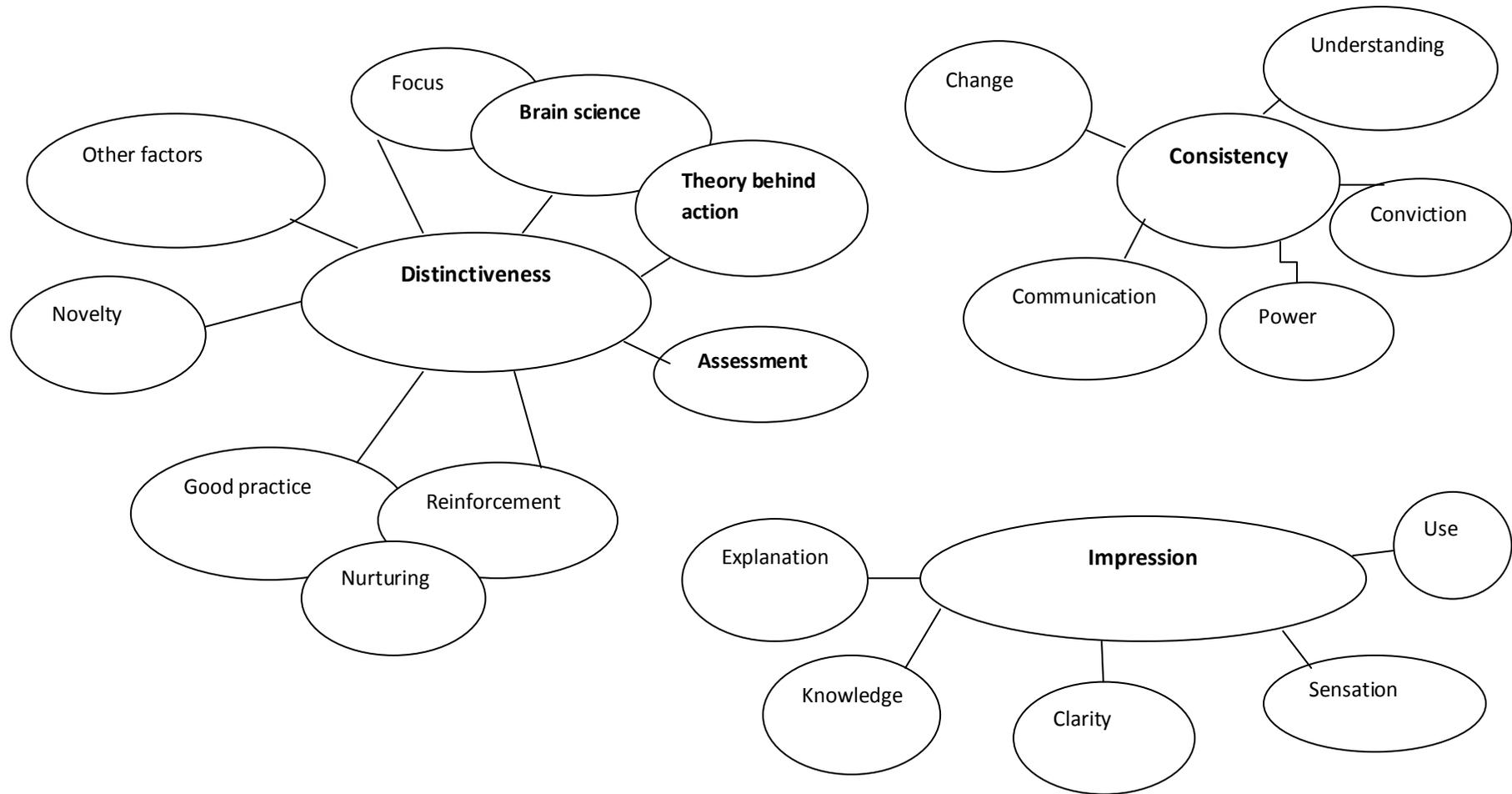
Thematic map. Case study 1.
Interview with nine day Thrive trained Teaching Assistant.



Appendix B.7

Example of a thematic/mind map created from merging themes from the staff interviews from case studies one, two and three.

Staff accounts of being part of the Thrive programme clustered around three main themes: 'Distinctiveness', 'Consistency' and 'Impression'.



Appendix B.8

Full description of merged themes from pupil interviews (Case study one, two and three)

Sensation

Awareness

For all the pupils who were interviewed, Thrive was not something they had an explicit awareness of, that is, they did not know the name 'Thrive'. Two pupils (case study one and case study two) were taking part in targeted Thrive activities outside of the main classroom and they talked about their experiences of these as being distinct events in the school day but with no awareness of why they may be taking part in them. All pupils' experiences of Thrive within the classroom and around the school seemed to be implicit and indistinct.

Impression

The two pupils who experienced targeted Thrive activities outside of the main classroom (case study one and two) described these as creative, playful and different to what they would normally do within the main classroom. The pupils described these targeted Thrive activities with positivity. They used words such as 'fun', 'interesting', 'enjoyable' and 'look forward to it'.

The following dialogue taken from an interview with the pupil from case study two illustrates the sense of loss when a Thrive activity with a teaching assistant had been withdrawn.

Researcher: *"So how is your school day different now that you haven't got (Teaching Assistant)?"*

Pupil: *"Well I don't really enjoy it."*

Researcher: *"So what do you do that is different now?"*

Pupil: *"Well I guess I just do work. I don't really have anything that I enjoy with it."*

The pupil from case study three who experienced Thrive within the main classroom did not express this sense of joy in relation to Thrive. His account suggested that he had not yet developed a good relationship with his class teacher and he described a sense of annoyance and not always being noticed.

Satisfaction/Needs being met

Pupils talked about some of the things that they were finding difficult at school. Two of the pupils (case study one and three) referred to problems with friendships, particularly around feeling victimised. When probed, these pupils described some unsuccessful ways in which they were trying to deal with difficult social situations. For example, the pupil from case study one talked about getting upset when people took his ball and could only try chasing the children to get it back.

Pupil from case study one talked about how well he felt he was doing with his learning at school. It was interesting to note that he was receiving academic support from a teaching assistant, who had had the full nine day Thrive training. The other two pupils who were interviewed seemed to feel a little abandoned in the classroom. It was interesting that they were supported by staff who were not fully trained in Thrive. The pupil from case study three described how he felt not listened to in the classroom:

Case study three: "Well sometimes she doesn't answer any of my questions sometimes, or my answers, sometimes she doesn't. Like a couple of weeks ago I only asked a few questions and that was a little bit annoying and that made me a bit upset."

Appendix B.9

Full description of merged themes from parent interviews (Case study one, two and three).

Clarity

Distinctiveness

All three parents who were interviewed were able to describe at least one Thrive activity that they had been given to carry out with their child at home. However, there were a number of things that these parents were doing at home or things that the parents understood the school to be doing that they could not clearly define as Thrive. For example the parent from case study three described some advice she had been given by a member of staff at the school in relation to supporting her child with his anger, but she did not know whether this was a Thrive approach or something else. Parent from case study two described a reward chart that was being used at school to encourage her child's attendance; again, she was not clear whether this was Thrive or not.

All three of the parents found it difficult to attribute the changes they had noticed in their children to the Thrive programme alone. For example, the parent from case study two felt that other factors such as a change in class and a summer break may have made the difference.

Communication and Guidance

Each of the three parents understood Thrive to be different things. The parent from case study two had looked on the website and understood Thrive to be about building emotional resilience; the parent from case study three other talked about it being about building self esteem; and the parent from case study one believed it to be about social skills.

The following explanation from a parent about how Thrive works illustrates the point that it is perhaps unclear to parents:

Case study three: "...there is a basic computer programme where it asks questions and then it sort of regurgitates something out of the end and says 'work on this area or that area for whatever particular child it is'.

All three of the parents talked about using their own initiative to carry out the recommended home activities. For example, the parent from case study two had been told to play games with her child

and she described how she had invented some of her own strategies to help him cope with losing. She didn't know if her ideas were correct.

All of the three parents who were interviewed reported that they had been involved in the initial Thrive assessment with the school to identify needs. However, none of the parents who were interviewed were involved in any re-assessments or any other type of review in relation to Thrive throughout the eight month research period. The parent from case study one had received some targets through the post but was unsure if these were related to Thrive. The parent from case study two had had a parents' evening which had focussed purely on academic aspects and not Thrive. The following comments made by parents illustrate the lack of communication in relation to Thrive.

Case study three: "I haven't seen anything about how he might have progressed or not, so I don't know whether it is still happening."

Case study two: "I thought Thrive was more about his emotional resilience building and I mean he does do some sessions um, there hasn't been, like I haven't been given new ideas for at home."

Supportiveness

Optimism

All three parents who were interviewed talked positively about their children being part of the Thrive intervention. The following quotes from the interviews illustrate a general sense of optimism and security in relation to Thrive:

Case study three: "I'm really really pleased that something happened for him, because I was worried, I was worried for him".

Case study one: "I think it's a good thing. I think he'll benefit from it massively."

Case study two: "Because there were things like Thrive and other things there was a much more of a clear way of an approach, trying to make things work and all those things helped."

Impact

The following quotes exemplify parents' feelings that Thrive had not offered them anything new or different to do at home with their child, but that it may have reinforced what was being done already:

Case study two: "...it's I mean the Thrive work, the three points we have with um we were just having little conversations which is something we do as a family anyway, so that didn't...change."

Case study three: "Well I think I have always had quite clear rules, but I think I became a bit stricter again with a direct consequence."

Case study one: " So it makes me think about it more and then we do it more. If you see what I mean?"

All three of the parents who were interviewed described some positive changes that they had observed in their children throughout the eight month research period, those these did not all endure.

Appendix B.10

Full description of merged themes for all staff interviews (case study one, two and three).

Distinctiveness

Theory

All six school staff interviewed understood that Thrive focused on children's emotional needs, but the understanding of a distinct theory underpinning Thrive was less certain. It was noticeable that staff who had experienced the nine day Thrive training (from case study one, two and three) were the ones who referred to the importance of building a relationship between an adult and child. The following quotes from interviews with school staff (case study one and case study two) who have not yet started the nine day Thrive training illustrates a simpler understanding that Thrive is associated with meeting emotional needs:

Case study two: *"It's a bit of counselling where you chat through problems"*

Case study one: *"So it's really getting children settled in class before they're ready to learn"*

The following quote from an interview with the teaching assistant from case study one, who had had the full nine day Thrive training, exemplifies a more distinct understanding, that the Thrive intervention is based on a theory around the need to build a relationship between an adult and child.

Case study one: *"It's making a relationship and doing things together. And you're and he's copying me; and it's mirroring, touching at the same time, touching arms and legs. So it's getting that relationship going with just a simple activity"*

Delivery

The way in which school staff described the delivery of the Thrive intervention was dissimilar. It was perceptible that this variability had some relationship with general understanding of Thrive.

Untrained (i.e. not Thrive trained) class teachers who were interviewed from each of the case studies seemed to feel that they were "doing Thrive naturally" or "without thinking about it" and appeared to take a general approach to supporting pupils emotionally. They depicted an awareness of the emotional state of children and believed themselves to be positive, available and helped

children with problem solving. This delivery of Thrive as a general approach is exemplified in the following quote taken from an interview with the class teacher from case study one:

Case study one: *"I think happiness and well being is pretty crucial to how they learn. And if they're not happy they won't be able to."*

Case study one: *"...just being around, just observing, just seeing who's where, just keeping an eye on them, It's just mothering...nurturing".*

This can be contrasted to the more distinct and targeted approach that some of the other staff described towards supporting children. This more targeted approach was markedly described by the staff who had experienced the nine day Thrive training. When discussing the delivery of Thrive these staff referred more specifically to things they were doing and saying; and described the need for pupils to have repeated targeted experiences. There was a greater sense of alliance with the Thrive assessment and the Thrive recommendations with these staff. The following quote from an interview with a teaching assistant from case study one, who had experienced the full nine day training, illustrates this point:

Case study one: *"So with the 'being' (a 'Thrive' emotional interruption) just to make your eyes light up for a child in the morning, just bright eyes 'morning!' 'How are you? You're building the relationship, you're letting them know you're there for them, you're making them feel safe, you're noticing what they're doing".*

The following dialogue demonstrates how staff descriptions of Thrive seemingly merged with other approaches and interventions but how the Thrive training seemed to elicit a subtle change in thinking. In this dialogue the class teacher from case study three had just described 'commendations' and a 'star of the week box' happening in her classroom:

Researcher: *"So are those things that you would do naturally, or are they things that Thrive recommend you do?"*

Class Teacher: *"Um. I've always done 'Star of the week'"*

Class Teacher: *"But this year I've kind of taken on; the Thrive has helped me to actually think more, the deeper meaning of it, so actually give that description of why they should have this"*

Some staff, most notably those with more training experience, made reference to 'validation' and 'attunement' as distinct features of Thrive and are suggested ways of relating to children.

'Attunement' was described as mirroring the child's feelings (so that the child feels listened to) and 'validation' was described as supporting children to have their feelings accepted. For example, the interviewee from case study three explained, "*So that they feel like it is OK to feel grumpy*".

Explaining outcomes

None of the staff could not be sure that the changes that they had observed in children could be attributed to Thrive alone. Other factors such as general maturity, a summer break or changing classes were also considered to have made the difference for children.

Consistency

Interviews with staff from all three schools gave the impression that Thrive was not being used consistently within the schools included in this study. It was interesting that a member of staff from case study one referred to the school she worked in as a 'Thrive school'. She described this as a school where they 'want to' have everyone delivering Thrive consistently across the school. But even in this 'Thrive school' it was acknowledged that there were members of staff who were not fully committed to the approach.

Some of the staff talked about a shift in emphasis towards emotional needs within the schools, for example, the use of names, eye contact and more positivity.

Conviction

Staff talked about Thrive with varying levels of conviction and this appeared to be related to their level of understanding of the Thrive intervention. It was apparent that the staff who had not had the nine day Thrive training (from all schools) were the ones who expressed reservations about the intervention, such as its suitability for certain children.

The class teacher from case study three, who had not had any Thrive training explained how she used her own 'common sense' in order to meet the pupil's needs. This can be illustrated with the following extract from an interview with this class teacher:

Class Teacher: (Pupil) wants to be in control and I don't actually think that is very comfortable for him. I don't know too much about Thrive so this is just common sense coming at it. I actually think that makes him quite nervous. I think he's been given almost a

little bit too much control.....Because obviously having the control makes him feel more confident but I think sometimes it's a bit negative because he's little and it is too worrying, so I've taken back quite a lot of the control."

Class Teacher: *"...what I tend to do is make sure (Pupil) does contribute to his writing, so he knows that is his task. I know he finds it tricky, but there are expectations that he has to get better at it..."*

Researcher: *"So ...what is your understanding about Thrive?"*

Class Teacher: *"My understanding is um I don't know too much about it really, do I? (Looks towards Teaching Assistant) Which I actually think, (Teaching Assistant) you know all about it (Teaching Assistant), don't you? Whereas I'm just using as a Class Teacher and I'm treating (Pupil) as I would the rest of the class with the knowledge that (Teaching Assistant) is coming underneath if needed.*

The following extract from an interview with a teaching assistant from case study two, who had not had the nine day Thrive training' also reinforces this point:

Teaching Assistant: *"I don't believe he (Pupil) should be going off to do activities like that...because he gets that at home. He should be made to work in the classroom. His thing is now is 'I can manipulate everyone...to get what I want, because I don't want to do any class work'.....And I don't believe he has missed out on the 'being' the 'doing' or anything."*

Communication

The interviews suggested that staff who had had the nine day Thrive training were attempting to share their knowledge with the other staff in the school, but it was not clear how successful this had been.

It was apparent that staff did not always have a shared knowledge of the Thrive targeted teaching strategies for pupils. The same could be said for communicating observations in relation to progress for the pupils.

One Class Teacher talked about how she had given a pupil (who was on the Thrive programme) a special ball to support him during playtimes. She described this as 'Thrive practice as an integrated approach'. Despite this ball appearing to make a significant difference to this pupil, the teaching assistant who carried out individual targeted intervention work with the pupil outside of the

classroom and who co-ordinated the Thrive assessments had no knowledge of the ball. This may have distorted her attributions in relation to the child's progress at playtimes.

Impression

Knowledge

Staff talked about the Thrive training in relation to acquiring new knowledge, changing understating of pupil behaviour and reinforcing current good practice. The following extracts capture this sense of acquired knowledge:

Class Teacher: "Everyone can do it, but it's knowing what to do and I don't think anybody does know straight away what to do...because not everyone is positive all the time. And Thrive is very positive because these children get so much negative. So unless you understand that or know about it, you are not going to do it naturally".

Teaching Assistant: "...you know there are some things I realise I might have done without realising it was like Thrive. Like saying 'Good morning', 'eyes light up'. You do that. But when you know you got to be doing that, you're doing it constantly, it's got to be 'drip, drip, drip'. It happens all the time....it makes you more mindful of what you're doing, what you are saying".

Teaching Assistant: "Well the main thing really is 'why' they are like they are, the behaviour...And until you know why and what was missing from the first stages of their life, you can't ...once you know that, then it is very much easier to help them I suppose. You can have a much better understanding of what went wrong really"

"Before you think a child that plays up, you just think needs a good telling off. But until you understand what the brain activity; and it's proved now, since brain scans have been invented, that things go wrong. That the little stems, the electrodes that are all there actually join together properly. Well I didn't know any of that".

Sensation

Despite apparent inconsistency in relation to understanding and delivering Thrive, all staff (with the exception of one member) talked about Thrive with enthusiasm and positivity. Noticeably the more Thrive training staff had had the more enthusiastic they were. The one member of staff who was

not positive about Thrive seemed to feel sceptical about it. The following extracts illustrate the sense of positivity that was expressed by five out of the six members of staff who were interviewed:

Teaching Assistant: *"It's brilliant really. I'm very impressed with it. It's a real eye opener".*

Class Teacher: *"Well for me Thrive has not just gone into me, it has gone into my home life, it goes into how I relate to people; it's had a 'huge' effect. It makes you're world so much happier to be in because you give out, you know, sort of positivity, you give out positivity."*

Class Teacher: *"Everything we have done so far (Thrive training) has been really really valuable"*

Class Teacher: *"I feel very privileged to do it and I think everyone should do it".*

Appendix B.11

Non common distinct theme

Staff interviews

Power

It was clear from the interviews with staff from case study two that a power imbalance within the school may have been influencing the extent to which Thrive was being used consistently in schools.

For example, the teaching assistant in case study two was the only member of staff who had had the nine day Thrive training in his small school. He described that there was some resistance from other staff in relation to Thrive. This is captured in the following extract from an interview with this member of staff during which we talked about plans that fell through to create a private indoor area for Thrive intervention:

Teaching Assistant: *“Why didn’t that happen? I think um, I think er some people thought that we couldn’t reposition the hats and bags space, so space would be an answer from some of the teaching staff, from people who have been here quite a long time.”*

Researcher: *“Do you think that is, that view, represents um how confident people feel about Thrive or how supportive they are of the programme?”*

Teaching Assistant: *“Yes, yep. Yeh, I think, I think um, we are a small school, teaching staff have been here a long time, some people have been here a long time, um. And um I think er I think you know, some people some people who have a lot of power here, not necessarily the Head Teacher aren’t ‘Thrived up’ themselves.”*

The power imbalance between a class teacher (who was not Thrive trained) and a teaching assistant (who was Thrive trained) from case study two was visible during an interview with both members of staff together. The following extract illustrates how the class teacher has taken control over the situation in the classroom; she has made her own judgements about how to meet the needs of the child, and is directing the teaching assistant based these.

Class Teacher: *“No there is a definite process in that...it’s the session, that he has to have a go doesn’t he?”*

Teaching Assistant: *“Yes.”*

Class Teacher: *"If he gets stuck you help."*

Teaching Assistant: *"Yep."*

Class Teacher: "He tries.....the ideas would be there but the mechanics would stop the ideas coming. So at that point I say 'Right this bit now (Teaching Assistant)!"

It was interesting that in this particular school, a decision was made to withdraw the individual Thrive intervention time between the pupil and the teaching assistant as staff felt that the pupil was becoming too controlling. Another member of staff explained that the only reason the pupil had been engaged in the Thrive programme was due to pressures from the parent.

Appendix B.12

Summary of pupil experiences of Thrive

	Case study 1	Case study 2	Case Study 3
Reason for Thrive	Friendship difficulties; Motivation; Focus	School refusal	Friendship difficulties; Low self esteem
Staff in school with nine day Thrive training	2 Teaching Assistants 1 Head Teacher 1 Deputy Head	1 Teaching Assistant	6 staff including Head Teacher.
Class Teacher attitude towards Thrive	Positive	Very little understanding. Does not support Thrive for this Pupil.	Positive. Undergoing nine day training during research period.
Class Teacher Thrive delivery	General whole class approach. Not targeted.	Uses own approach. Not targeted Thrive.	General whole class. Became more targeted over time.
Pupil exposure to Thrive	Weekly, 30 minutes, individual, targeted out of classroom for the 8 mth research period.	Daily, 20 minutes, individual, targeted outside of classroom (4 mths), followed by weekly, 45 minutes, targeted outside of classroom (2 mths), followed by targeted Thrive withdrawn (2 mths)	Within classroom. Became more targeted towards end of research period.
Parental attitude towards Thrive	Positive	Positive	Positive
Parental understanding of Thrive	Unclear. For social skills.	For emotional resilience.	For self esteem.
Parental activities/strategies	Yes. Blowing bubbles.	Yes. Playing games; Identifying clear rules & boundaries; Reflecting on the day together.	Yes. Praise & encouragement; Consistency with boundaries.
Parental guidance	Very little	Little	Some.
Parental involvement in Thrive reviews	None	None	None

(See Appendix B. 13 for further details in relation to pupil context.)

Appendix B.13

Pupil contexts in which Thrive was experienced.

Case study 1:

This pupil's class teacher initially requested a Thrive at the end of the summer term 2011 due to concerns around the pupil's friendships, focus, concentration and motivation in the classroom.

The Thrive assessment indicated that this pupil had a 'being' interruption which suggests difficulties around 'feeling safe' 'feeling special' and 'having needs met'.

Over the eight month research period this pupil worked on a Thrive programme with a targeted 'being' interruption. This involved meeting with a teaching assistant, who had had the nine day Thrive training, usually individually once a week for 30mins; and sometimes additionally as a small group. The targeted activities focused around building a positive, trusted relationship with an adult and involved eye contact, smiles, 'eyes lighting up' and positive praise.

The class teachers for this pupil were not Thrive trained but had been part of Thrive INSET within the school, led by a member of staff specifically trained to support staff with Thrive in the school. The pupil's class teacher from September 2011 spoke highly of Thrive and considered herself to be very emotionally supportive towards all the children in her class but felt she did not have the time to support this pupil on the individual level she believed he needed. She believed that this pupil needed a statement.

The Thrive assessment recommended that the teaching strategies for this pupil were 'frequent positive praise' and 'going over details of activities /instructions with the child, provide visual reinforcement, make it possible for the young person to get guidance and advice'.

The class teachers were unable to remember the teaching strategies when asked.

The parent was occasionally engaging in a home activity with the pupil, which was blowing bubbles together and felt that she had a good, fun relationship with her child. She had very little knowledge and understanding about Thrive which included not knowing the purpose of the home activity. She was not involved in the assessment procedure or progress review.

Case study 2

A Thrive assessment was initially carried out for this pupil in May 2011 due to concerns around school refusal and the pupil saying the work was too difficult for him. At the start of the Thrive programme the pupil was attending school five mornings a week.

The Thrive assessment indicated that this pupil had a 'thinking' interruption which suggested difficulties around 'understanding cause and effect', 'problem solving and 'expressing a view appropriately'.

Over the eight month research period this pupil worked on a Thrive programme with a targeted 'thinking' interruption. From May until October this involved meeting individually for 20 minutes, four or five days a week with a teaching assistant who had had the nine day Thrive training. From October to December the time that the Pupil met individually with the same teaching assistant was reduced to, usually, once a week for 45 minutes. During these individual Thrive sessions the teaching assistant worked with pupil outside on a 'pond project'. This real life scenario was used to encourage the pupil to practice responding to directions in order, to think about what happens next and to set rules together. From December to the end of the research period in January 2012, there was no individually targeted Thrive intervention outside of the classroom.

Within the classroom, the Thrive trained teaching assistant was available for support for the pupil from September until December, however, support in the classroom was restricted according to the instructions of the class teacher, who had had no Thrive training. One teaching strategy was adapted from the original Thrive suggestion from 'have negotiable rules to which the child contributes' to 'setting rules in the classroom'. The reason for changing this was because staff at the school had concerns about him being in control and in charge.

The class teacher from September 2011 was using her own knowledge of best teaching practice to support the pupil. She had no awareness of the targeted teaching strategies for the Thrive programme and over time she expressed her concerns that the pupil was becoming too controlling and that the Thrive intervention may not be suitable. Another teaching assistant, within the same classroom, also agreed that the pupil was getting too controlling, that he was giving up too easily and was avoiding situations that he found difficult. This teaching assistant started the full nine day Thrive training in October 2011 and had had two days training by the end of the research period in January 2012.

The parent was a driving force behind the Thrive intervention taking place for the pupil. She was very concerned about the well being of her child and spoke frequently to the school about this. The home activities for the parents were 'identifying clear rules and consequences', 'take some time with the child to reflect on the day', and 'games to learn about taking turns and realising they won't win every time'. These were carried out frequently at home, though it was felt that these were things that had been happening anyway, but reinforced doing them more consistently. There was no parental guidance on 'how' to carry out these activities. Parents were not involved in the reassessment or a review of the pupil's progress. Parents felt that further guidance or information in relation to continuing activities at home would have been useful.

Case study 3:

This pupil's class teacher initially requested a Thrive assessment in May 2011 due to concerns around the pupil's friendships and low self esteem.

The Thrive assessment indicated that this pupil had a 'being' interruption which suggests difficulties around 'feeling safe' 'feeling special' and 'having needs met'.

Over the eight month research period this pupil worked on a Thrive programme with a targeted 'being' interruption. For the summer term (2011) this pupil had regular opportunity to meet individually with a member of staff who had had the nine day Thrive training and took the role of 'listening lady' or 'counsellor' in the school. The pupil's class teacher at this time was not fully Thrive trained but had had Thrive INSET in the school and was said to be using the Thrive approach to the whole class. From September 2011 this pupil had a new class teacher and experienced Thrive within the main classroom only, so no individual or small group activities. The class teacher was using Thrive as a whole class approach though she admitted to not really understand the approach fully. She started the full nine day Thrive training just before Christmas and it seemed that she started to target the pupil's emotional needs according to the Thrive programme a little closer, however, there were still some uncertainties about whether what she was doing was Thrive or something else. The targeted activities focused around building a positive, trusted relationship with an adult and involved eye contact, smiles, 'eyes lighting up' and positive praise.

The pupil's class teacher considered herself to be very emotionally supportive towards all the children in her class but felt she did not have the time to fully support this pupil in the way he needed, for example, creating 1:1 time and attention for the child.

The Thrive recommendations revolved around showing real interest in the child, communicating pleasure, creating 1:1 time to give them attention, smiles and eye contact, noticing feelings and helping them to regulate them by being calm and reassuring, checking and commenting frequently, find something positive to comment, greet.

The parent was positive about Thrive and had been part of the initial assessment. She was engaging in a home activity with the pupil, which was praising and encouraging the child more at home; and being more consistent with boundaries. These were things that she felt she had been doing previously but she was now doing more. The pupil's mother had some knowledge and understanding about Thrive and understood that the purpose of the home activity was to help her son feel more positive. She was not involved in further assessments or progress reviews. She felt that the pupil had benefitted from the individual work in the previous year and wanted it re-introduced.

Appendix B.14

Literature review carried out prior to starting the research.

This review has been marked separately from the examination of the thesis and is appended here for completeness.

Introduction

This literature review has been conducted to inform the aim of a piece of research which will evaluate the effectiveness of a psychotherapeutic approach to promote inclusion for children in mainstream primary schools who have been identified as having emotional and behavioural difficulties.

The literature search has used the following key terms:

- Children with EBD, SEBD, EBSD (or any combination of these terms)
- Strategies/interventions
- Mainstream primary school
- Evaluating effectiveness
- Inclusion

I did not include:

- Interventions that use drug or psychiatric treatments
- Interventions/strategies which involved teaching children entirely in special classes
- Interventions/strategies that focussed on general whole school discipline problems
- Interventions/strategies evaluated in pre-schools, secondary schools, further education colleges or special schools
- Interventions/strategies undertaken out of school

Searches were conducted over a full range of publication years using the University of Exeter Electronic Library and included the following data bases:

- PsycLIT, ERIC, EBSCO EJS, JSTOR, PsycARTICLES

Government department websites were searched for relevant publications and policy documents specifically linked to this area, e.g. DCSF research publications.

These searches were supplemented by several other strategies such as hand searching journals and books, scanning relevant reports for further relevant citations, personal contacts with researchers in the field, recommendations made by academic tutors at the University.

The review that follows will be organised as follows:

- 1) History and legislation of EBD
- 2) Defining EBD
- 3) Strategies to support children with EBD in mainstream primary
 - a) Behavioural
 - b) Cognitive
 - c) Therapeutic
 - d) Other approaches or combinations of approaches
- 4) Conclusion
 - Aim of the research proposal
 - Background and aims of Thrive

History and legislation

Prior to the 1981 Education Act, children with disruptive behaviour tended to be pathologised as 'maladjusted' and seen to need treatment. Consequently these children were educated in special schools, much of it residential (e.g. Jones, 2003).

A rise in ecological thinking (e.g. Bronfenbrenner, 1979), family systems approaches and social scientific discourse helped to reconstruct problematic behaviour as being more context dependent, transient and its severity a matter of subjective judgement (Jones, 2003). For example, Rutter (1979) argued that differences in incidences of truancy and disruptive behaviour can be explained in terms of school ethos.

In conjunction with this, the 1981 Education Act led to, what would now be called, 'inclusive' education, that is, mainstream schooling for all children, wherever possible. The term 'maladjusted' was replaced with 'emotional and behavioural difficulties' and this group of children were seen to have 'special educational needs' (Jones, 2003). As a result, many more children with emotional and behavioural difficulties were educated in mainstream rather than in segregated settings (DCSF, 2008).

Legal enforcement of segregation on the grounds of disability including learning difficulties or emotional needs became against international human rights agreements, as set out by the

UNESCO Salamanca Statement and Framework for Action (1994), the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (1993) and the UN Convention on the Rights of the Child (1989) (CSEI, 2010).

In addition to this, the Special Needs and Disability Act (2001) set out a stronger right for 'all' children to be educated in mainstream schools. The SEN Code of Practice (2001) continues to provide practical advice towards carrying out this statutory duty to identify, assess and make provision for children with special educational needs, including children with EBD. It also emphasises the need for schools to engage in preventative work to ensure that children are identified as having special educational needs as early as possible and that early action is taken to meet these needs. (DCSF, SEN Code of Practice, 2001).

There is clearly strong impetus for mainstream schools to educate all children regardless of their educational needs, however, due to the disruptive impact on learning of both self and others, children with EBD have been cited as being one of the most difficult groups for teachers and other professionals working in schools and LEAs to include in mainstream school (e.g. Evans & Lunt, 2002; Meijer, 2003). To add to the tension, whilst government policies encourage schools to include as many pupils as possible in mainstream, they also expect ever-higher academic standards (DCSF, 2008). Interestingly, a relaxation in the rules governing exclusions seems to have coincided with a rise in pupils excluded from mainstream primary schools (Parsons, 2001).

Behaviour management is high on the education policy and practice agenda in England and the rest of the UK, as well as other areas of the world. There is pressure both on schools and local authorities to find new ways of enabling teachers to support children with EBD in order that they can be included in the ordinary classroom with their peers.

Defining EBD

Terminology has undergone several incarnations, from 'maladaption' in the first half of the century to 'Emotional and Behavioural Difficulties' (EBD) and Social, Emotional and Behavioural Difficulties (SEBD) late on in the century. It seems that SEBD is used interchangeably with BESD (Behavioural, Emotional and Social Difficulties) in policy documents and theoretical writing (Evans, 2010).

Essentially, the terms are broad labels which encompass behaviour that interferes with a child's own or other's learning; signs of emotional turbulence; and difficulties in forming and

maintaining relationships. Schools tend to use the term EBD and 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 review.

Many children classified as having EBD will also be considered to be experiencing, or are at risk of experiencing mental health problems (DfES, Guidance on promoting mental Health within Early Years and School Settings, 2001). But although a child may have a medical diagnosis such as conduct disorder, hyperkinetic disorder, attachment disorder, anxiety, school phobia or depression, there does not have to be a medical diagnosis to be identified as having EBD. It is also possible that other factors such as a learning difficulty may lead to or exacerbate behavioural emotional difficulties. The distinction between an educationalists description of EBD when referring to children who pose a challenge in the classroom and a psychiatrist's diagnosis of EBD will not necessarily be synonymous (Evans, 2010). The majority of children identified as having EBD at school will be unknown to the child and adolescent mental health services (CAMHS), while a number of those who are being treated by CAMHS with internalising disorders may not have been identified by the education system (Gower, 2000, cited in Evans, 2010).

The more recent revision of the Code of Practice (DfES, 2001b) does not give a clear definition of EBD, but suggests that evidence of significant emotional or behavioural difficulties is indicated by:

Clear, recorded examples of withdrawn or disruptive behaviour: a marked and persistent inability to concentrate; signs that the child experiences considerable frustration or distress in relation to their learning difficulties; difficulties in establishing and maintaining balanced relationships with fellow pupils or adults; and any other evidence in a significant delay in the development of life and social skills. (DfES, 2001b, p.83)

Strategies to support primary aged children with EBD in mainstream schools.

There appear to have been many attempts to provide advice and strategies to support teachers to maintain children identified as having EBD, in their classes and these are located within a range of psychological and pedagogic paradigms. With a wide range of approaches advocated in the literature, questions arise as to which strategies are effective.

A systematic review of research evaluating strategies to support children with emotional and behavioural difficulties in mainstream primary schools was carried out by Evans et al. (2004). Studies were only selected for the review if the design and implementation were considered capable of providing reliable or trustworthy estimates of the effectiveness of the interventions. For example, studies were excluded if experimental and control groups in a trial were not equivalent. The search resulted in 28 research studies undertaken between 1975 and 1999 which evaluated various strategies based on a range of theoretical frameworks. Findings of the studies were synthesised according to the theoretical framework that underpinned the strategies evaluated. Evans et al. (2004) surmised that although a number of strategies and advice have been advocated for supporting children with EBD in mainstream schools, there seems to be a small amount of research activity that describes itself as evaluating the 'effectiveness' of these strategies. In addition to this, the majority of these studies have been carried out in the United States.

The following approaches to managing disruptive behaviour, including children with EBD were identified:

Behavioural - resting on the principles of learning theory, i.e., a linear relationship between behaviour and its outcomes.

Cognitive behavioural - based on principles of modifying thinking, taking account of an individual's capacity to understand and reflect on their behaviour.

Systemic (or ecological) – emphasising the importance of situational/organisational context e.g. classroom layout.

Psychotherapeutic – emphasising deeper and more complex roots of behaviour and emphasising building relationships.

I will use the broad categories created by Evans et al. (2004) to summarise the findings of their work as well as present the findings generated from my own more recent literature search.

Strategies based on behavioural models

Evans (2004) describes behavioural approaches as involving the provision of rewards for on task, non-disruptive behaviour and loss of rewards for off task disruptive behaviour. Evans et al. (2004) remarked that these behavioural approaches were easy to implement but only two out of four of these strategies showed to have positive effects on the behaviour of children

with EBD, as measured by reduction in off-task and disruptive behaviour. The beneficial effects of these interventions also seemed limited to the restricted period that the strategies were in place which suggests that behavioural strategies may need to be ongoing to sustain effect. No sound studies which evaluated behavioural strategies targeting aggressive behaviour or social difficulties were found.

Contingent with Evan's work, I found that more recent research which evaluates the effectiveness of behavioural approaches tends to focus on whole school strategies, with no specific focus of impact on children with emotional and behavioural difficulties e.g. Hayes et al. (2007); or has been carried out in special schools for children with emotional and behavioural difficulties, for example, Swinson and Cording's (2002) evaluated the effectiveness of the 'assertive discipline' strategy in a special school for children with EBD. The strategy involves presenting classes with clear ambiguous rules and directions, giving continuous positive feedback and publishing a hierarchy of mild but irksome sanctions. For this group of children the approach showed to be effective in increasing on task behaviour and decreasing disruptive incidents, as well as increasing positive praise and reducing negative statements from the teacher. Although this is encouraging as this approach has been previously suggested to be ineffective for children who are very discouraged or disaffected (e.g. Hanko, 1993, cited in Swinson & Cording, 2002), it would be useful to carry out a similar evaluation with children who have been identified as having emotional and behavioural difficulties in mainstream school.

Despite the paucity of research supporting the long term effectiveness of behavioural approaches for children with EBD, this often appears to be the only strategy in place in mainstream primary schools to support this group of children; and as pupils get older, exclusion seems to become a common disciplinary response (Seth-Smith, 2010).

Cognitive Behavioural models

Evans et al. (2004) found a number of studies which discuss the use of cognitive-behavioural strategies to support children with EBD in mainstream schools, but considered only a few to be sound evaluations in terms of likely validity. Unlike evaluations of behavioural approaches, these studies cited targeted off task or disruptive behaviours as well as aggressive behaviours and social difficulties.

One example is a study carried out by Manning (1988) (cited by Evans et al., 2004) which explored the effectiveness of 'self instruction' on off task or disruptive behaviour. The

intervention group received an eight-hour training programme consisting of modelling, practising and cueing with the use of self instruction. The control group did similar activities, such as, saw good behaviour modelled; but these activities did not involve self instruction. The findings showed that 'self instruction' was effective in reducing off task or disruptive behaviour for this group of seven to nine year olds.

Four other studies using cognitive behaviour strategies were found to be effective in promoting children's social skills and dealing with anger and frustration, however, whether these effects were sustained in the long term were not been investigated. For example, Omizo et al. (1988) (cited in Evans et al., 2004) found that helping children to develop an understanding of anger, understand incidents that had precipitated anger in the past and practising appropriate behaviour in response to feeling angry, led to a reduction in aggressive behaviour as rated by their teachers. However, measurements were taken very soon after the sessions and no further testing was carried out to see if the gains were maintained over the longer term.

Studies emerging from my own more recent search yielded similar positive findings of the effects of CBT approaches. This included an evaluation of CBT by Squires (2001) who looked at the effects of a six session group project conducted by an Educational Psychologist to improve pupil self concept, peer relations, self control and class behaviour. The results showed significant improvements in pupils' perceptions of self control as well as teachers' perceptions of class behaviour. However, this study used a relatively small sample of eighteen pupils with no control group which brings question to the reliability and generalisability of the findings. Also, although the pupils who took part were selected for being disruptive, they did not include any children who were on the verge of being referred to an Educational Psychologist or being excluded for their behaviour. Like many of the studies cited in Evans's work I would suggest that this offers an example of how interventions underpinned by cognitive behavioural models can be delivered with potential success, but that some caution should be taken in relation to the validity and reliability of generalising the findings. Further rigorous evaluations are required to be confident whether these strategies will be effective.

Another piece of research rising from my literature search, carried out by Denham (2006) could be argued to be slightly more rigorous. This study evaluated two social skills training programmes and Denham (2006) concluded both interventions to be effective in improving children's social skills. These positive changes were found to be maintained up to 6 months after the interventions took place. However, despite some of the methodological strengths

(such as a large sample), the study did not involve a control group. Although the researchers feel that it was unlikely that social skills would have matured as significantly over such a short period of 12 weeks without the intervention, it is difficult to claim this with any certainty. Also, because children were selected for the different interventions based on their different needs, i.e. 'peer mentoring' intervention involved those identified as having challenging behaviour ; and 'skill training' involved those identified as lacking in social skills and confidence; this restricts generalisations.

Denham (2006) point out that despite the positive outcomes to the children, they were unable to identify specific group processes in these interventions that led to their success. They suggest that the increase in attention pupils gained from being involved in an intervention may have been the key factor in promoting feelings of social competency. Another key issue identified is that of staff attitudes. They refer to Frederickson and Clines work (2002) (cited in Denham et al., 2006) which suggests that systemic factors driven by a whole school ethos to inclusion is an essential factor to consider in the promotion of inclusion and the effectiveness of social inclusion interventions. I think this is another valid point, particularly since both interventions were equally successful. To address this issue, it would be necessary to repeat a similar study but include a control group and explore systemic processes.

Emotional literacy programmes such as SEAL, could be described as cognitive approaches which aim to teach children social and emotional aspects of self and others in the same way that they would be taught maths and how to read.

Despite the growing interest and school engagement in the teaching of emotional literacy, there seems to be a lack of consistent evidence supporting its effectiveness, particularly amongst children with emotional and behavioural difficulties. For example, Zeidner et al (2002) felt that there were very few systematic interventions which could be actually considered to be developing emotional skills, due to the sparse inclusion of emotional content. They also commented that these studies tend to be methodologically flawed. Since the time of Zeidner's review there appears to be further attempts to evaluate strategies to support social and emotional development, although these do tend to focus on whole school effectiveness, rather than specifically looking at the benefits for children identified as having EBD. For example, there is some supportive evidence for the Promoting Alternative Thinking Strategies (PATHS) curriculum in the U.K. (e.g. Curtis & Norgate, 2007), however, this is limited to key stage 1 children and cannot draw any conclusions in relation to supporting children with EBD specifically. Also, Dr. Banerjee from the school of psychology, University of Sussex carried out

an evaluation of the effectiveness of the SEAL programme (Social and Emotional Aspects of Self) across 53 primary and secondary schools. The findings were that SEAL was most effective when delivered as a whole school approach. The effects of SEAL on the development of emotional and social skills, particularly those vulnerable to EBD were not mentioned.

Evaluating any intervention related to improving social and emotional skills in children can be seen as a difficult task, due to the lack of an agreed operational definition of what these skills actually are and how they are best measured (Wigelsworth et al. 2010). Although it seems that these definitions are largely used interchangeably, the lack of clear parameters to the definition of social and emotional skills, makes it difficult to accurately measure the relevant domains. Wigelsworth et al. (2010) suggests differentiating between broad level uni-dimensional measures of social and emotional skills, and more detailed, multi-dimensional measures which provide a more detailed profile of skills. Wigelsworth et al. (2010) propose that when evaluating the impact of an intervention, broad, multi-dimensional measures may be inappropriate due to the lack of change sensitivity, whereas a single, uni-dimensional indicator of a specific social or emotional skill domain, may be more beneficial. This is clearly an important issue to consider when in the process of evaluating interventions associated with developing social and emotional skills in children.

Systemic models

Evans et al (2004) cite only one sound study which evaluated the effectiveness of systemic models. This was carried out by Hastings and Scheiso (1995) and measured the impact of classroom layout on the time children spent 'on-task' in two classrooms. It was found that on task behaviour was higher when the children were seated in rows rather than groups and this was most marked for the pupils that were identified as being most easily distracted.

My own search of the more recent evidence yielded a study by Swinson, Woof and Melling (2003) who found that a change in school setting, from an EBD school to mainstream, had a major positive influence on the behaviour of a group of children identified as having EBD. In response to these findings Swinson et al. (2003) criticise 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. They suggest that a distinction can be drawn between children with primarily emotional needs and children with behavioural needs and propose that emotional problems could be the focus of therapeutic work and children with behavioural problems would best respond to interventions which focus on changes in their

immediate environment. The children in their study appeared to benefit from a change in their immediate environment and for this reason they conclude that their needs were primarily behavioural. I personally feel that although this ad hoc judgement may be valid, it does nothing to contribute to our ability to accurately predict which need a child should be categorised into and therefore which intervention would be best suited to them.

Psychotherapeutic

At the time of Evans et al.'s review (2004), no research relating to the evaluation of psychotherapeutic interventions to support children with EBD in mainstream school was found. They were, however, aware of nurture studies being underway.

This more recent review identified a number of evaluations of nurture groups as well as other therapeutic strategies. This possibly reflects a popularisation of nurture groups over the last decade (Seth-Smith, 2010), as well as a growing awareness about the mental health problems of children and an increasing focus on the promotion of mental health in schools (DCSF, 2001). Also, as MacKay (2007) highlights in his paper, 'Educational Psychology: The rise and fall of therapy', an awareness of high prevalence of mental health issues in children and young people and the value of therapeutic work being identified. He proposes that Educational psychologists are a key therapeutic resource for young people in providing psychological initiatives including preventative and systemic interventions.

I will now detail some of the current findings in relation to effectiveness of therapeutic interventions below.

Nurture groups

A recent survey (2008) found over 1000 nurture groups now operating in the U.K. mainly in primary schools, but also in secondary schools (Seth-Smith, 2010). Nurture groups are informed by a psychotherapeutic model and aim to address the underlying causes of EBD (O'Connor & Collwell, 2003; Seth-Smith et al. 2010). They are centrally informed by attachment theory (Bowlby, 1969) and implemented in attempt to replace missing or distorted early learning experiences through creating child-teacher attachment systems. There is also a strong emphasis on social learning and modelling social skills (Set-Smith et al, 2010). Children usually receive a two term intervention before gradual progression back to mainstream classroom and overall studies have shown positive results for this progression (Doyle, 2001; O'Connor & Colwell, 2002; Sanders, 2007; Seth-Smith, 2010;). It is argued that many studies

evaluating nurture groups have been limited by the methodology, sample size and lack of rigor in design and measures, however, they are said to be highly valued among teachers and provide a more positive ethos towards dealing with children 'at risk' of exclusion (Seth-Smith, 2010).

One relatively rigorous investigation was carried out by Sanders (2007) from the Hampshire Psychology Service. The findings showed that the children in nurture groups made significant social and emotional gains compared to the children in the comparison school. Gains were said to be recognised by the children themselves, the parents and the teachers and these included greater motivation to learn, establishing more positive friendships and better able to manage and reflect on behaviour.

Whilst this evaluation highlighted positive gains for children attending a nurture group, as well as benefiting other children and staff in the school, Sanders (2007) recognises limitations of the study. For example, it is possible that the schools who implemented the nurture groups may have been more keen to place emphasis on children's social and emotional development, thereby more likely to have an impact on the children. Sanders (2007) also suggested potential bias of interpretation as the data was collected by the educational psychologist who was involved in establishing the nurture groups.

More recently, Seth-Smith et al (2010) measured changes in social, emotional and behavioural functioning in 44 children within a nurture group and a comparison group of 36 children. In line with other studies exploring the effectiveness of nurture groups, the intervention was found to improve children's functioning with particular changes in children's social skills, empathy and awareness of the feelings and minds of others.

This study seems to be unique in identifying specific features of EBD that nurture groups address, e.g. improving empathy; and recommends that more work should be carried out like this but using more sensitive measures to identify the most effective aspects of these groups. This appears to tie in with recommendations made by Wiggelsworth (2010) who suggested that more sensitive measures of social and emotional skills should be employed to identify more specific changes for children in this area.

The Quiet Place project

This intervention aims to provide a holistic, person-centred approach, including massage where children attend weekly sessions in a therapeutic room for an agreed number of sessions

per week, usually for around six weeks. The child is considered the primary client but since the context of his or her environment is also understood to be an important influence, therapeutic support is also offered to the teacher and the parent. Like the 'nurture group' approach it is concerned with healthy emotional development and there is a focus on the child's inner world.

Renwick and Spalding (2002) found that the children who took part in the Project displayed noticeable decreases in negative behaviours such as bullying, being disruptive, rule breaking, and increases in positive behaviours such as obeying instructions, joining in with a group and asking for help in class.

Although the findings are positive for this intervention, a long term follow up would be beneficial to determine whether improvements are maintained.

Interestingly, the authors identify two distinct categories of children who were referred to take part in this study. One category was defined as children who were exhibiting 'acting-out' types of behaviour such as violent and destructive behaviours or bullying behaviours; and the second category was children who required support for poor self esteem, difficult home circumstances, bereavement and victimisation – this category was described as 'emotional and psychological level'. Analysis by these referral categories showed that there was a slightly greater improvement seen for children referred for support on emotional and psychological levels, such as poor self esteem than for those referred for behaviour problems, however, it should be pointed out that these differences were not significant. Most gains for both categories were seen in relation to interpersonal skills.

Renwick and Spalding's (2002) notion of categorising children with emotional behavioural difficulties into 'emotional need' and 'behavioural need' seems to mirror suggestions made by Swinson, Woof and Melling (2003) who criticised the broad label of EBD and also proposed a differentiation between 'emotional' and 'behavioural' need. In addition to this Renwick and Spalding's (2002) findings go towards supporting Swinson et al.'s (2003) suggestion that children with emotional needs should be supported through interventions that focus on therapeutic work. However, I feel that the distinction between emotional and behavioural need is not always easy to disentangle. As McSherry (2001) points out in her book 'challenging behaviours in mainstream schools', children exhibiting challenging behaviour are undoubtedly finding this leads to social and emotional difficulties; and children 'diagnosed' as having emotional difficulties are generally presenting challenging behaviour to those around them.

I think that without careful assessment, there could be a danger of misattributing behaviour and emotional needs to those of 'externalising' and 'internalising' behaviour. When in fact, both behaviours may stem from emotional needs and benefit from therapeutic intervention.

Interestingly, Vannest et al. (2008) have also recommended a number of intervention strategies depending on the specific internalising or externalising behaviours exhibited by children. These seem to be in line with the definitions made by the Diagnostic and Statistical Manual -IV (DSM-IV) that divide children's disorders into 'disruptive or externalising behaviour disorders' such as attention deficit hyperactivity disorder or conduct problems and 'emotional or internalising behaviour disorders such as anxiety or depression'.

In carrying out this review initially I set out to search for interventions under the broad category of EBD. However, I became interested in the concept of aiming interventions at specific need and discovered an intervention called 'Sallywags' which was aimed at improving outcomes for children labelled as having 'conduct disorder'. The DSM-IV classification of children with conduct disorders is an externalising behavioural disorder and typical behaviours include disobedience, tantrums, fighting, destructiveness, lying or stealing. The 'Sallywags' intervention takes place over 6 months and is multi-component, with a basic cognitive-behavioural approach. This involves working with the parents, the child and the teachers, including regular home visits, regular professional meetings and a holiday club. Follow up monitoring takes place one month, three months and six months after the scheme has ended.

Broadhead et al. (2009) evaluated this intervention and found it to be successful in improving specific behaviours targeted for each individual child and these effects were maintained at a six month follow up. The outcomes show that the Sallywags scheme significantly reduced conduct problems as rated by teachers and parents. Qualitative evaluations also show positive outcomes, such as parents who reported their children no longer being afraid to go to school, or children who became part of their mainstream class again.

This study adds to growing evidence that multi-component interventions can be more effective than parent or child training alone. It may also be indicative of the benefits of identifying specific need and targeting interventions accordingly.

It should be noted that this study did lack a control group and although the authors recognise the advantages of a randomised controlled trial, they argue this has never been a feasible option due to resource limits.

The self discovery programme

The self discovery programme is another mixed approach intervention and like most interventions in school it targets children within the broad category of EBD. The approach encompasses cognitive and behavioural elements and works with children's physical, social, emotional, moral and spiritual growth and development. It is designed to take children on a journey of discovery about the self and provides a range of practical skills and techniques to enhance emotional well being, increase confidence and regulate their emotions and behaviours. For example, in the context of a safe environment children will be taught relaxation techniques such as breathing techniques and hand massage as well as taught positive thinking. Taken together the various elements of the self discovery programme assist children to develop a sense of self worth (Cullen-Powell & Barlow, 2005).

Powell and Barlow (2005) evaluated the effectiveness of this intervention it seemed to be effective in improving children's social confidence with teachers, eye contact, contribution in class and better ability to consider other's feelings compared to a non intervention group. Despite both groups falling into the broad category of EBD, I would argue that characteristics of the children chosen for non intervention group and the intervention group were quite different, for example, the non intervention group were mainly characterised as having low academic attainment and low self esteem and the intervention groups were characterised as having more challenging behaviours as well as being behind academically. It could be argued then that the intervention was most appropriate for children with 'externalising behavioural needs'. Re-testing of the intervention would be needed to explore this, particularly as the sample size was so small (9 participants in each group).

There are a whole host of other interventions that take place out of the school setting that have shown to be effective in improving inclusion of children with EBD in mainstream primary schools, such as 'Pyramid' (Ohl et al., 2008) and 'Tuning into kids' (Havighurst et al., 2010) plus other parenting support interventions. I will not discuss these in any detail as this review is mainly concerned with interventions that take place in school.

Conclusion

Despite the expectation for mainstream schools to support children with EBD to be taught alongside their peers, there appears to be a limited amount of rigorous research around the effectiveness of suitable interventions to support this specific group of children. For example,

Gulchack et al. (2007) declare that there is a lack of quantitative research around the effectiveness of interventions to support children with EBD in schools.

Educational psychologists (EPs) are called upon to make professional judgements about interventions aimed at supporting pupils whose behaviour is of serious concern. It is therefore important that there is evidence-based knowledge for EPs to draw upon in order to make their judgements and offer advice.

Overall it seems that many schools employ a behavioural approach to supporting children with EBD, yet most of the evaluative work around this approach has focussed on off task behaviour rather than aggression or social skills. Where a behavioural approach has shown to be effective, this has been short lived (e.g. Evans, 2004).

Evaluations of cognitive behavioural interventions to support children with emotional and behavioural difficulties are abundant and explore effectiveness in relation to a much wider range of outcomes than behavioural approaches, including off task behaviour, social skills and aggression. A number of different cognitive behavioural interventions have found to be effective and for some of these interventions this effect has been maintained over time. However, the designs of these studies restrict the ability to generalise and compare findings, for example, a lack of a control, a difference in outcome measures and different participant characteristics. It could be said that collectively, interventions taking a cognitive behavioural approach seem promising, but more rigorous research is needed to confirm this.

The last decade seems to show a growing enthusiasm for therapeutic approaches which may be in response to a greater awareness to support children's mental health and well being in schools. Evaluations have been popular in relation to nurture groups and the published research indicates these to be effective in improving outcomes for children identified as having EBD. However a need to identify the processes by which these interventions are working has been recommended (e.g. Seth-Smith, 2010).

Measuring the development of social and emotional skills has been hi-lighted in the literature as being challenging due to the lack of parameters to the definition and there is a need to select tools which are uni-dimensional and focus on specific skills (e.g. Wigelsworth, 2010). By improving sensitivity and specificity of assessments, a better understanding of the process by which interventions are working could perhaps be achieved.

Overall, where evaluative studies in the literature exist in relation to supporting children with EBD in mainstream primary schools, they have mostly demonstrated significant positive outcomes for children, if only for a time limited period. It could be argued that a whole school ethos to inclusion may be the essential factor, regardless of the intervention (e.g. Denham, 2006). Further investigation around the relationship between whole school attitudes and attributions would be useful to explore. Work already carried out in this area has indicated that teachers' attributions and attitudes to children with EBD does seem to impact on their interactions with these children (Poulou & Norwich, 2002; Avramidis et al. 2000).

It seems to be a common theme that research takes place within a great number of restraints, including economic limitations and ethical constraints. Randomised controlled trials are often recommended by researchers in order to gain more reliable and valid results, but these can be costly and therefore not realistic. It could be argued that many smaller, albeit less robust outcome studies that share similar results show some promise and can contribute to an evidence base.

EBD is generally used as a broad term and there have been recent suggestions that it could be beneficial to be more specific about identifying children's needs as either 'emotional' or 'behavioural' and target interventions accordingly (Swinson, Woof & Melling, 2003).

Due to this need for evidence based approaches to improve outcomes for children with EBD in mainstream primary schools, I plan to undertake a piece of research which explores the effectiveness of a therapeutic programme named 'Thrive'. Despite being already implemented and being very well received in many schools in Devon, Torbay, Rotherham and Cornwall, evidence of its effectiveness currently relies mainly on anecdote.

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; Hughs, 2004; Illsey- Clarke, 1989; Stern, 2003). Like nurture groups, it 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 (e.g. Stern, 2003; Sunderland, 2006). But unlike nurture groups, the intervention is based on the assumption that a child moves through a number of stages to reach their emotional potential and aims to assess the specific 'interruptions' in this development. It then recommends targeted relational experiences to promote this development.

Attachment theory (e.g. Bowlby, 1969; Hughs, 1985; Schore, 2001; Stern 2003) proposes that interpersonal relationships which promote trust, exploration and the ability to self regulate are paramount to a child's social and emotional development. This is substantiated by neurological evidence described by researchers such as Schore (2001) and Perry (2009) who have explained how relational experiences impact on brain development. For example, Schore (2001) points out that there are direct links between secure attachment, development of efficient right brain regulatory functions and adaptive infant mental health; as well as links between traumatic attachment and inefficient right brain regulatory function and maladaptive mental health. There is also a general understanding that the brain is highly plastic and that significant new connections form all the time, even in adulthood, in response to new learning or environmental events (e.g. Perry, 2009). The Thrive intervention uses this evidence to argue that it is possible to make positive neurological changes which develop affect regulating capacities and positively impact infant and adult mental health through a relationship based intervention.

Goswami (2004) has argued, while neuroscience has learnt a lot about neurons and synapses, it has not learnt nearly enough to guide educational practise. I would agree that although there seems to be neurological evidence that points to localised areas in the brain that are associated with attachment experiences, but there seems to be a paucity of evidence that demonstrates positive changes in the brain as a result of a particular intervention.

Aside from neuroscience, there seems to be some evidence that treatment approaches, based on attachment theory, are effective in improving emotional well being and behaviour, for example, Hughs (1998). Although many professionals who have been trained to use THRIVE seem to be very much persuaded by information about potential neurological changes (Williams, 2005) my quantitative evaluation will measure self reported specific changes in emotional reactivity and relatedness; as well as teacher observations in relation to the child's behaviour in the classroom. This will involve on task behaviour, social skills, self control, self awareness, confidence and approach to learning. Neurological changes will not be and cannot be an outcome measure. This is partly in response to the need to measure specific domains of social and emotional skills (e.g. Wigelsworth, 2010). Although I am also responding to a need for 'quantitative data' in this area, I will be accompanying my research with qualitative data which will take into account people's experiences of using the approach, including that of the children themselves.

Interestingly, THRIVE is recommended for children with a broad range of emotional and behavioural needs, but describes itself as a programme to improve 'emotional' development. It therefore implies that the main cause of behavioural difficulties is due to emotional needs. In response to suggestions by Swinson, Woof and Melling (2003) and Spalding et al. (2007) it would be really interesting to carry out some analysis around the effectiveness of the approach in relation to externalising and internalising behaviour.

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Ethical approval.

STUDENT HIGHER-LEVEL RESEARCH



Graduate School of Education

Certificate of ethical research approval

STUDENT RESEARCH/FIELDWORK/CASEWORK AND DISSERTATION/THESIS
You will need to complete this certificate when you undertake a piece of higher-level research (e.g. Masters, PhD, EdD level).

To activate this certificate you need to first sign it yourself, and then have it signed by your supervisor and finally by the Chair of the School's Ethics Committee.

For further information on ethical educational research access the guidelines on the BERA web site: <http://www.bera.ac.uk/publications/guidelines/> and view the School's statement on the GSE student access on-line documents.

READ THIS FORM CAREFULLY AND THEN COMPLETE IT ON YOUR COMPUTER (the form will expand to contain the text you enter). **DO NOT COMPLETE BY HAND**

Your name: Michaela Cole

Your student no: 520028043

Return address for this certificate: 39 Ellerhayes, Hele, Exeter, Devon, EX54PU.

Degree/Programme of Study: D.ED.Psych. Educational, Child and Community Psychology

Project Supervisor(s): Andrew Richards and Margie Turbridge

Your email address: m.j.cole@exe.ac.uk

Tel: 01392 881758/ 07872580803

I hereby certify that I will abide by the details given overleaf and that I undertake in my thesis to respect the dignity and privacy of those participating in this research.

I confirm that if my research should change radically, I will complete a further form.

Signed: .....date: 15/3/11.....

NB For Masters dissertations, which are marked blind, this first page must **not be included** in your work. It can be kept for your records.

Chair of the School's Ethics Committee
updated: July 2010

Certificate of ethical research approval

Your student no:

Title of your project: Promoting inclusion for children with Emotional and Behavioural Difficulties in mainstream primary schools: An evaluation of a psychotherapeutic approach (THRIVE).

Brief description of your research project:

There are 2 parts to the research.

The first part of the research is quasi-experimental and will be looking at the extent to which a therapeutic intervention called 'THRIVE' improves resilience and readiness to learn in children with EBD. It also will examine the extent to which the intervention is associated with attitudes to inclusion for children with EBD.

The second part of the research is exploratory and aims to track the experiences of two children over a period of up to 4 months who are involved in the THRIVE intervention. This will be looking at general experiences of THRIVE and more specifically at changes in resilience, readiness to learn, as well as changes in self perception, peer and teacher relatedness. This part of the research will also explore teachers experiences of THRIVE as well as peer perceptions of THRIVE.

Give details of the participants in this research (giving ages of any children and/or young people involved):

Children aged 9, 10, 11 from mainstream primary schools, identified by their school as having Emotional and Behavioural Difficulties (40 taking part in the THRIVE intervention, 40 not taking part in the THRIVE intervention).

Children aged 9,10,11 from mainstream primary schools who are peers to two of the children involved in the THRIVE programme.

Staff (Teachers, TA's, Head Teachers, MTA's) from mainstream primary schools whose children have been selected for part one and part two of the research.

Give details (with special reference to any children or those with special needs) regarding the ethical issues of:

- a) **informed consent:** Where children in schools are involved this includes both headteachers and parents). An example of the consent form(s) must accompany this document.

It will be essential to obtain written informed consent from pupils, parents of pupils and the staff selected to take part in both part one and part two of the research.

Written informed consent will be sought from the school (via the Head Teacher) as well as from the parents of the children (via the school) by explaining, in writing, the true purpose of the research, as well as giving details of the methods of data collection (see below for details of data collection).

I will ensure that terminology such as 'resilience' in the consent forms is clearly explained for any lay person to understand. Children will only be included in the study if the school and their parents agree in writing for them to take part.

Chair of the School's Ethics Committee
updated: July 2010

A simplified version of the consent form given to schools and parents will be presented to the children themselves both verbally and in writing before beginning any data collection. This is to ensure clarity of the purpose of the research as well as to inform participants of what to expect. Only children who agree to take part in the study will be included.

Individual members of staff selected to take part in the study (both parts one and two) will also be informed of the true purpose of the research and given details of the method of data collection before asking for their written consent to take part (see details of data collection below).

All participants will be informed of the right to withdraw at any stage of the research and that the data will be confidential and anonymous.

Deception

- There will be a very minimal amount of deception in this research. However, in study two I will be interviewing peers of children involved in THRIVE about peer relatedness and although I will inform them that I am interested in peer relationships I will not be revealing that I am specifically interested in their perceptions of the 'THRIVE children'. This is done for ethical reasons as well as to protect the validity of the children's responses. To ensure that the identity of the children I am interested in is not obvious I will ask pupils to tell me about a selection of pupils from the class.

Protection from harm

- Although every effort will be made to make interviews with the child a comfortable and even enjoyable experience for them, it may be that unpleasant feelings are stirred up. I will ensure that pupils are clear that they can withdraw from the research at any point and if I detect they are becoming distressed in any way I will suggest taking a break or proceeding no further.
- The interviews and questionnaires mainly relate to the 'here and now' and so I do not expect a child to talk about unpleasant experiences from the past.

Right to withdraw

- All participants will be given the right to withdraw from the research at any time, including after the data has been collected.

b) anonymity and confidentiality

Confidentiality & anonymity

- All participants will be told that the data collected will be presented in a report that could be read by a wide range of professionals, however, the data will be anonymous in all cases and information relating to the identity of the participants will be confidential to the researcher. Participants will be informed that their individual data may be shared with their parents or class teacher if it is requested or if I feel they are in danger of causing harm to themselves or others.
- Records of the data collected (including transcripts and any audio recordings) will be stored in a secure and safe place. Electronic information will only be accessed by the researcher with their username and password. This information will be stored on a secure system with recognised virus protection. Information will also be coded to ensure anonymity. This will remain anonymous in the write up of the research. Collected written information will be

destroyed by shredding and securely disposing when it is no longer required. Any audio recording will also be disposed of digitally.

Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress:

Study one involves the following methods of data collection:

- Completion of resiliency scales with pupils. This is a self report questionnaire which requires the pupil to select responses on a Likert scale ('never' to 'almost always'). There will be 44 statements in total, 24 statements relating to a measurement of 'relatedness' and 20 statements relating to a measurement of 'emotional reactivity'.

I will sit with pupils individually to complete the resiliency scales and will read the statements for them, unless they express a preference to read the statements independently. I will offer the use of response cards to encourage engagement in the assessment if necessary.

Pupils will be told that the purpose of my research is to see if there are any changes over time in children's ability to deal with difficult life situations and that I'm interested in whether some of the activities that the children take part in at school helps this change. I will explain that the questionnaire will ask them to choose one response out of five following the presentation of a statement. I will inform the pupils that the questionnaire should take approximately 15 minutes in total.

I will explain to children that they can choose to stop answering the questions at any time. If I notice the pupils are becoming at all distressed I will offer them a break or bring the questioning to an end.

I will explain to the children that their individual answers will not be shared with anyone else, unless they tell me something that I feel will put them or any one else in danger. Their total score may be shared with their own parents and /or teachers at the school if requested, but otherwise the scores will be collected together with responses from other children, without names, to share with schools, parents and other professionals. If I want to share individual responses with any other person I will make sure that they will not be identifiable i.e. do not have their name with the scores.

- Completion of 'readiness to learn' questionnaires with the class teachers. The Class Teacher of each pupil included in the research will be asked to complete a 78 item scale of 'readiness to learn'. This consists of statements to which the Class Teacher will choose a numerical score between one and four in relation to 'rarely fulfils this criterion' up to 'almost always fulfils this criterion'.

Teachers will be advised that this questionnaire will take approximately 20 minutes to complete and that they have the right to withdraw from taking part at any time. Data about individual children may be shared with relevant staff at the school (e.g. SENCo, head) and parents of the children if requested. This data will otherwise be kept entirely anonymous and confidential. The data will be collated together with responses in relation to other pupils to give summary scores for children at THRIVE schools and children at non THRIVE schools.

- Completion of the 'attitudes to inclusion' questionnaire. All staff at each school included in the research will be asked to complete a questionnaire which measures their attitudes to the inclusion of children with Emotional and Behavioural Difficulties in mainstream school. This will consist of 45 statements which they will be asked to

respond to on a Likert scale of 1-5 (strongly agree to strongly disagree). There will also be a few open questions for them to express additional views on this matter.

Staff will be informed that the questionnaire will take approximately 20 minutes and that they have the right to withdraw from this part of the research at any time.

All individual data will be entirely confidential and anonymous. Data will be collated at the end data collecting process to give overall scores of inclusion for schools who have had THRIVE training and schools that have not had THRIVE training. Names of schools will not be revealed.

Study two is exploratory and involves the following data collection methods for only two pupils:

- Completion of resiliency scales with pupils.
As in study one, however, the scores from the completion of this scale in this part of the study will not be collated with other children's scores. The data will be anonymous and the pupil will be described in the research in such a way that the reader will not be able to identify the pupil or the school.
- Completion of 'readiness to learn' questionnaires with the class teachers.
As in study two, however, the scores from the completion of this scale in this part of the study will not be collated with other children's scores. The pupil and the teacher (who completes the scale) will be kept anonymous. They will be described in the research in such a way that the reader will not be able to identify the pupil, the teacher or the school.
- Interview with pupils
Semi-structured interviews will be carried out with pupils to explore the following:
 - their understanding, perceptions and feelings towards the THRIVE programme.
 - self concept
 - relatedness to peers
 - relatedness to teachers

Questions about experiences about THRIVE will include 'tell me about THRIVE', 'what do you enjoy about it/not enjoy about it?' etc.

To explore self concept and relatedness to others I will attempt to make the interview process as easy, engaging and enjoyable as possible. To explore self concept, I will present the children with a 'blob playground' picture which is an illustration of 'blob' figures in a playground carrying out a number of activities and ask questions about what they see going on and who they identify with.

I will also use 'strength and difficulty cards' which are cards with various adjectives used to describe a person. The children can sort these into piles of 'like me', 'not like me', 'sort of like me'.

I will also use these cards to ask children to tell me how they think their peers see them and how they think their teachers see them.

Despite my efforts to make the interview process safe and enjoyable, it is possible that the children may feel uncomfortable and become distressed. If this is the case I will remind the child that they do not have to continue with the interview or that they could take a break. I will endeavour to help children to feel at ease and finish each interview on a positive and light note. Any signs of distress will be reported to the school and parents.

Pupils taking part in this part of the research will be asked for their informed consent and advised that their responses will be entirely anonymous, but shared with other professionals in my final research report.

- Interviews with peers

Children who are in the same class as the pupils selected for interview in study 2 will be presented with pictures of all the children on their class and asked questions about relatedness to those children. For example, 'who would you most like to sit next to?', 'who is the most co-operative?', 'who is the least co-operative?'

The children in this part of the research will only be selected if I have consent from their parents and from them. The data will be entirely anonymous and confidential. The data will be collated with other children's responses and only shared with other professionals anonymously in my final research report. Children will be made aware of this from the start.

- Interviews with teachers

The teacher's of the children who are selected for part two of the research will be interviewed to explore their knowledge and perceptions of the THRIVE programme and their relatedness to the child. Questions such as 'tell me 3 things you would say to describe this child', 'have you noticed any changes in this child since they have been in your class?' 'tell me about THRIVE'.

Teachers will be advised that their responses will be anonymous and confidential, but that I will be sharing some of what they tell me anonymously in my final research report. They are reminded that they can withdraw from taking part at any time.

- Tracking the pupil's development as indicated by the THRIVE programme

The school, as part of the THRIVE programme, will naturally be assessing pupils for their development over time, as measured by the THRIVE assessment package. I will ask permission for this data to be shared with me for the two pupils selected for study two. Anonymity and confidentiality will be assured, but it will be explained that some of the details of the data may be used in my final research report.

Give details of any other ethical issues which may arise from this project (e.g. secure storage of videos/recorded interviews/photos/completed questionnaires or special arrangements made for participants with special needs etc.):

- As explained above, records of the data collected (including transcripts and any audio recordings) will be stored in a secure and safe place. Electronic information will only be accessed by the researcher with their username and password. This information will be stored on a secure system with recognised virus protection. Information will also be coded to ensure anonymity. This will remain anonymous in the write up of the research. Collected written information will be destroyed by shredding and securely disposing when it is no longer required. Any audio recording will also be disposed of digitally.

Give details of any exceptional factors, which may raise ethical issues (e.g. potential political or ideological conflicts which may pose danger or harm to participants):

None foreseen.