

Supporting the emotional regulation of pupils with complex needs: What type of primary school intervention is most effective and what are the challenges of implementation and evaluation as a teacher-researcher?

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## Abstract

Early intervention is key to the prevention of childhood mental health difficulties continuing into adulthood. As a result, the role of a primary school teacher is key to the identification of vulnerable children, as well as the provision of appropriate intervention for pupils.

This study looked into effective intervention strategies for the emotional regulation of children with complex needs within a primary school in an urban area of the UK. A targeted intervention was delivered in collaboration with a children's theatre director that resulted in a comic strip that was designed by, and featured target pupils. This comic strip then formed the basis for universal intervention in which the target pupils also took part.

The findings suggest that the most effective programmes were delivered on a long-term basis integrating both targeted and universal interventions and utilised a collaborative and creative approach. There were a number of challenges faced by the school in the implementation and evaluation of the intervention however, including the hostile school environment, poor pupil conduct as well as demographic complexities. Furthermore, accountability and funding pressures had a considerable influence on the intervention and data quality. The researcher makes a series of suggestions as to how these potential barriers can be negated for future research, policy and classroom practice. The dual role of teacher-researcher was also seen to present challenges to research integrity, as a result of time and accountability pressures, as well as excessive workload. The study concludes that only through Local Authority funding for the purposes of school-based research can these difficulties be alleviated.

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## **Declaration**

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as References.

## **Chapter 1: Introduction**

### ***1.1 Children's mental health and wellbeing: a national picture***

The issue of children's mental health (MH) and emotional wellbeing (EWB) is an area of rising concern in the UK. It is reported that 50% of all mental ill-health starts by fourteen years old, and 75% of MH problems experienced in adulthood begin by the age of eighteen. The life chances of these children and young people (CYP) are considerably reduced with regard to their physical health and future life and work prospects. (Department of Health, 2015). It estimated that nearly 850,000 young people aged 5-16 years have a diagnosable mental disorder; that 340,000 of these individuals are aged 5-10 years and 510,000 are aged 11-16 years. Findings show that 12.8% (one in eight) of 5-19 year olds have at least one mental health disorder, with emotional disorders being the most prevalent (Murphy & Fonagy, 2012; Sadler, Vizard, Ford et al. 2017). These figures demonstrate the urgent need to make changes to current health and education services, in order to adequately support CYP..

### ***1.2 Context of study***

I embarked on this study whilst working in a large inner city mainstream UK primary school with approximately 360 pupils on roll. The proportions of pupils eligible for Pupil Premium (PP), from Black and Ethnic Minority (BEM) groups, with English as an additional language (EAL) and those who had a statement of special educational needs (SEN) were all above average (Ofsted, 2017).

At the time of intervention, the school was reviewing its behaviour policy, due to a school-wide rise in challenging behaviour. I began working in the school at the beginning of the academic year as a member of the Senior Leadership Team (SLT). In this role, I observed high levels of disruptive behaviour, resulting in lunchtime detentions, where up to 20 children from across the school would miss their playtime, often on a daily basis. During these detentions, pupils were required to complete 'reflection sheets' on which they would write what they had done wrong, why they had done it, and how they would rectify the situation. These pupils would frequently present challenging behaviour during these detention sessions, and would often refuse to complete reflection sheets, or do so without any effort, and without their contents being discussed with a relevant adult. In addition to this, there were regular internal exclusions (whereby pupils were isolated from their peers for a fixed period of time), particularly for pupils in Years 5 and 6, as well as fixed-term exclusions for violent behaviour.

The behaviour management policy of sanctions and rewards in place was evidently ineffective, and levels of disruption and hostility observed within classrooms were to the detriment of pupils' wellbeing, and in turn, their academic attainment.

One year 6 teacher in particular was having considerable difficulty in the teaching and behaviour management of her class. Pupils were making insufficient progress and the behaviour of certain pupils was deteriorating rapidly. I took over as class teacher every weekday morning, and it was intended that a teacher would be recruited on a long-term supply basis to teach the class every afternoon. Five teachers took on the role in total, four of whom subsequently withdrew from the position within two weeks. In the first weeks of taking on the role, I observed the classroom to be a hostile environment, and one in which children reported feeling unsafe, emotionally vulnerable and had difficulty learning. Similarly, adults working in the classroom, including myself, reported feeling intimidated by individual pupils.

All of these factors; hostility within classrooms, the lack of an effective whole-school behaviour policy, and the lack of consistent teaching staff, contributed towards a challenging school environment, and one in which children's needs, many of them complex, were not being adequately addressed. It could be argued that the environment posed significant risk factors to the MH and EWB of both the pupils and school staff. It became clear that research into the most positive and effective approaches to intervention for MH and EWB would be beneficial to the school. In discussion with the SLT, emotional regulation was seen to be of highest priority.

### ***1.3 Supporting children's mental health and wellbeing in primary school***

As teachers we had a responsibility to provide emotional support to *all* our pupils, particularly those who were seen to be vulnerable (of which there were many). However, teachers frequently lacked the confidence and expertise to do so. For the most-part, problems were addressed reactively; referrals were made to local Children and Mental Health Services (CAMHS), and due to the sheer volume of referrals, and a lack of funding, it could take excessive amounts of time before pupils could even be assessed. This is a common picture in schools. Added to this are the pressures of accountability and school funding limitations, which frequently cause schools to neglect areas of the curriculum, such as Personal Social Health Education (PSHE) in favour of core subjects (Maths and English). What can often be missed is the interconnectedness of attainment and emotional wellbeing; without one, the other is difficult to achieve. It is therefore in pupils' best interests, as well as those of the school, to ensure that there is parity in the provision provided for both areas. Without early intervention, there is significant risk of vulnerable CYP developing MH difficulties into adulthood. It could be argued that primary schools teachers, in particular, are ideally placed

to support children in their emotional development, if for no other reason than they spend so much time with them.

Much of the research in this field focuses on adolescents, or pupils of secondary school age and therefore there is a gap in the research for the effectiveness of EWB interventions at a primary school level. Further to this, there is scope to carry out more in-depth research into the effects of integrated approaches to intervention design, as well as those specifically addressing a single area of EWB, such as emotional regulation as was the focus for intervention in this school.

#### **1.4 Research aims and chapter outline**

This research aims to answer the following research questions (RQs):

1. What type of intervention is most effective in supporting the emotional wellbeing and in particular, emotional regulation, of children with complex needs in mainstream primary school?
2. What are the challenges of implementing and evaluating school-based intervention research for children with complex needs in mainstream primary school?

For the purposes of clarity, all abbreviated terms are detailed in a list of abbreviations (p.94).

Chapter 2, the Literature Review considers research into risk and protective factors for emotional wellbeing (EWB), and considers the impact of deprivation and the disadvantages experienced by children from Black and Ethnic Minority (BEM) communities, two areas pertinent to the participant school. The chapter goes on to look at the implications of Attachment Theory (AT) and discusses conduct problems and emotional regulation and their potential impact on adult outcomes. Subsequently, the focus shifts to the role of schools in the provision of support for EWB, and highlights the pressures faced by primary schools in this endeavour. Finally, the chapter discusses various intervention designs and considers the effectiveness of each. It concludes with details of the research questions underpinning this study.

The Methodology chapter outlines the research design of this study. It describes the approaches taken for targeted intervention (TI) and universal intervention (UI).. It goes on to explain how data was gathered, and the materials used to do so. Next the chapter details how intervention outcomes were measured, and subsequently analysed. It also looks at the timeline of events, from start to finish of data collection, and describes considerations which had to be made prior to intervention, for example potential stigmatisation, as well as fidelity to research design.

The Results chapter presents findings in relation to the RQs. In addressing RQ1, findings from Situation Judgement Tests (SJTs) for target pupil participants (TPPs) and universal pupil participants (UPPs) are discussed comparatively, as are results for Strengths and Difficulties Questionnaires (SDQs) for both groups. The chapter goes on to look at participants' perceived usefulness of the project as well as their opinions regarding research design. In response to RQ2, the chapter presents data which serve to highlight the complexities of working with participants with complex needs, as well as looking at evidence from interviews with parents which provides insight into the influence of parental engagement on pupil participants. With regard to intervention evaluation, the chapter highlights the effects of pupil and teacher engagement, as well as school-based pressures on the quantity of data collected, and the challenges of attributing intervention outcomes.

The Discussion chapter draws conclusions from data collected in relation to each RQ. It discusses findings that long-term, integrated approaches are more impacting for vulnerable pupils, and recommends taking a creative and collaborative approach to intervention design in order to maximise outcomes. Next, the chapter considers the challenges faced by primary schools in the implementation and evaluation of interventions to support children's EWB. It discusses the impact of pupil demographics and emotional regulation, parental engagement, differing perceptions between participants as well as the significant challenges presented by time and accountability pressures as well as staff training and school funding. Subsequently the chapter discusses the pressures faced specifically by the teacher-researcher in terms of workload and dual responsibilities. It considers potential bias and influence, suggesting ways in which these challenges can be addressed. In conclusion the chapter outlines the study's limitations and suggests possible implications for future research, educational policy and classroom practice.

The concluding chapter reflects on the evolution of the project as a whole, and presents the main findings in response to the RQs followed by key recommendations. Finally it reinforces implications for the future of children's MH and EWB.

## **Chapter 2: Literature Review**

### **2.1 Introduction**

This chapter looks at the emotional wellbeing (EWB) of children, and the importance of understanding their behaviour in order to provide timely and effective support. It considers the implications of Attachment Theory (AT) and how this can impact upon key social and emotional skills in childhood, such as emotional regulation. The chapter goes on to look at the role of schools in supporting the emotional health of their pupils, and considers the strengths of varied school-based mental health (MH) interventions, as well as the challenges faced by schools in this endeavour. Finally the chapter looks at literature concerning the dual role of the teacher-researcher and its implications for school-based intervention research.

### **2.2 Mental health and wellbeing**

#### ***2.2.1 Definition of terms: what is meant by children's mental health?***

The World Health Organisation (WHO, 2014: p.1) defines MH as 'a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'. A child's MH can be seen as their capacity to grow in intelligence, confidence and enjoyment, and their ability to learn from experience and overcome difficulties. It is also said to include children's ability to live a full and creative life, play and learn at the appropriate level, and sustain meaningful friendships and relationships (Burton, Pavord & Williams, 2014; Jackson, Hill & Lavis, 2008). For the purposes of this study, the terms MH and EWB will be used interchangeably.

### **2.3 Protective factors and risk Factors**

#### ***2.3.1 Protective and risk factors for mental wellbeing***

Rutter (1985, p.600) describes protective factors for MH as elements that modify a person's response to adversity that could ordinarily provoke maladaptive behaviour. Friedli and Parsonage (2007, p.6) contend that good MH itself offers protection from 'unhealthy behaviours', and discusses the significance of early family life and experiences. They suggest that factors such as financial circumstances, interpersonal relationships, social support and parental encouragement all act as protective factors against mental ill health in childhood. Goodman, Joshi, Nasim et al. (2015) found a number of skills in childhood corresponded with positive outcomes for adult life, namely, self-control and emotional regulation; self-awareness and self-perception; good social and emotional skills and good childhood EWB.

It is estimated that 2.3 million children are currently growing up in vulnerable family backgrounds, 829,000 of whom are 'invisible' to services (Children's Commissioner, 2019). It

has long been recognised that negative life experiences and stressful events may contribute to the development of mental disorders (Rutter, 1985). Campbell and Cobb (2016) argue that the single largest risk factor in developing adult MH problems, is a history of untreated or inadequately supported childhood MH problems.

Plomin (1990) recognised that mental disturbances have many causes as a result of the intricate interaction of genes and experience. As Dunn and Layard (2009:p. 116) point out, if genetics are taken into consideration, some CYP will be more vulnerable to MH difficulties than others. Conversely, those who are not so genetically vulnerable may have traumatic life experiences. They suggest that the only way to influence the potential outcome for these more vulnerable CYP is to change their 'pattern of experience'. Similarly, Asbury and Plomin (2014, p. 136) suggest that by 'nurturing natural potential' in children, their environment and experiences can serve to interact with genes positively, irrespective of genetic predispositions.

The DfE (2018, p. 13) issued advice regarding mental health and behaviour in schools in which they referred to the 'complex interplay' between risk and protective factors in a child's life. They contended that schools must understand and promote the protective factors which enable children to be more resilient, particularly for those who lack stability and support in their homelives. Domitrovich, Bradshaw, Greenberg et al. (2010) recognise that as risk factors increase, so do the chances of developing a disorder, however they also point out that some individuals, despite exposure to multiple risk factors, remain healthy. This, they contend, is because the risk occurs alongside a number of protective factors, which act as a buffer and reduce the chance of negative outcomes. It is useful to consider why some children from similar backgrounds, living in similar circumstances will go on to develop mental ill-health, and some will not. It must be asked what protective factors are in action for the resilient child, and whether or not their coping skills and strategies can be identified and then fostered other more emotionally vulnerable CYP (Rutter, 1985; Walker, 2016).

### ***2.3.2 Impact of disadvantage and deprivation on children's mental health***

Social and economic disadvantage can have a considerable influence on the EWB of a child, and act as substantial risk factors in the development of mental disorders into adulthood. The Children's Society (2017) reported that 200,000 children aged 10-17 years were experiencing emotional neglect, and more than one third of families were living in poverty. One million 10-17 year olds it said faced seven or more serious problems in their lives, and that these children would be ten times more likely to be unhappy than those who experienced none of them. It is argued that single problems are rarely faced in isolation, and that those children who encounter disadvantages are likely to have worse outcomes later in

life. Rutter (1985) argues that chronic family adversities, when faced in isolation do not affect psychiatric risk, however when several of these adversities are experienced simultaneously, the risk rises sharply.

Dunn and Layard (2009) suggest that despite some pupils doing well in adverse circumstances, the majority experience significant educational inequalities that correlate to social deprivation. They contend that children from poor backgrounds experience more negative outcomes, for example in terms of MH and academic achievement. Through their analysis of the British Cohort Study started in 1970, Goodman et al. (2015) consistently found differences by socioeconomic status between skills of self-control, emotional regulation and awareness, which they deem to be essential for EWB: even in earlier childhood, by age 3, children from disadvantaged backgrounds displayed worse conduct than their wealthier counterparts, and those differences continued into adolescence.

### ***2.3.3 Black and Ethnic Minority (BEM) communities and their experience of mental health***

People from BEM groups living in the UK are more likely: to be diagnosed with a MH disorder; to be admitted to hospital; to experience a poor outcome from treatment; to disengage with treatment and to be socially excluded (MH Foundation, 2013). Adbowale, Farmer, Rose-Quirie et al. (2014, p.17), support these findings arguing that BEM communities should be a particular focus for MH provision in the UK because they are 'over-represented in secondary MH services, and under-represented in primary care.' Campbell and Cobb (2016, p. 114) agree and argue that BEM children are featured disproportionately in 'at risk' categories such as Looked-After, Excluded or Young Offender, and suggests that this can have a negative impact on efforts to intervene.

Kurtz and Street (2006) studied young people from BEM communities who reported that the stigma of seeking help from MH services would be marked amongst parents from BEM backgrounds, and that pressures such as this from their local community would therefore prevent them from seeking support. Coleman (2011) offers another potential explanation for the disparity between ethnic origins, arguing that BEM children are negatively impacted by racism and discrimination. He contends that these CYP can develop an inferiority complex as a result of their treatment, feeling isolated and marginalised and unsure of their identity.

## **2.4 Seeking to understand children's behaviour**

### ***2.4.1 Importance of understanding a child's behaviour***

Greene (2009; 2016) argues that in order to support a child with challenging behaviour, it is essential to first understand why it is occurring. He focuses on what skills the child is lacking to behave appropriately and the 'unsolved problems' that provoke poor behaviour. Greene

contends that because so often attention is given to the behaviour rather than its cause, behaviourally challenging CYP often remain that way, and their problems remain unsolved. Very simply put by Lever (2011, p.1) 'you cannot effect a 'cure' if you don't know what is causing the problem'.

Geddes (2006) discusses the wide range of social and emotional experiences which children are subjected to in relation to their externalised behaviour. She suggests that behaviour can often be a clue as to the child's own emotional distress: that what they are doing to others, is often what they have personally experienced themselves. As described by Bombèr (2007), those children who have been through trauma can behave as though they were in danger 'right now' and therefore can present with disruptive behaviour.

#### ***2.4.2 Attachment Theory (AT) and its implications for child development***

Relationships and the ability to connect, understand and interact with people, is fundamentally key to EWB. This concept is rooted in AT, first discussed by psychologist John Bowlby, who emphasised the importance of early relationships to children's emotional development. Bowlby's AT is widely supported by those working in professional psychology, psychiatry and psychotherapy, but it still relatively unknown to education professionals. Bowlby's work encourages those working with vulnerable children to take time to understand a child and the context from which they have come.

*No form of behaviour is accompanied by stronger feeling than is attachment behaviour. The figures towards whom it is directed are loved and their advent is greeted with joy ... A threat of loss creates anxiety, and actual loss sorrow; both moreover, are likely to arouse anger (Bowlby, 1969, p.209).*

Sroufe and Siegel (2011, p.3) explain that those children with attentive parents can gain a glimpse into the child's inner experience and then respond effectively, meaning that the child is more likely to thrive. In contrast, Bombèr (2007, p.7) describes a child as having attachment difficulties 'when their early relationships have been characterised by neglect, abuse, trauma and loss, rather than love and attunement.' Sroufe (1983; 1986) suggests that children with a history of anxious attachment have lower self-esteem, higher levels of dependency, show more negative affect and behavioural signs, show less positive engagement with others and are less popular amongst their peer groups: they are emotionally less healthy than those with a secure attachment. Geddes (2006) asserts however that patterns of Attachment behaviour can be altered later by new relationships with Attachment figures, for example, teachers.

### **2.4.3 Supporting children who present challenging behaviour**

Shaughnessy (2012, p. 94) argues that current government policies on behaviour management in schools are based on a limited evidence base, and do not address the social and emotional needs of CYP, particularly those who are seen to be high-risk. The Department for Education (DfE) document 'Behaviour and Discipline in Schools' (2016), uses terms such as 'power', 'discipline', 'punishment' and 'force' repeatedly, and there are nine detailed examples of acceptable punishments for misbehaving students. Heavy emphasis is given to detentions, confiscations, isolation and the use of reasonable force. This is in stark contrast to a single bullet point amid the 14-page document that suggests that 'pupil support systems' could be used in order support pupil behaviour. Rose, Gilbert and Mcquire-Sniekus (2015, p. 86) argue that if only behaviourist principles (such as those outlined in the DfE document) as well as sanctions and rewards systems are implemented for visible behaviour, then the underlying emotions are disregarded. In doing so, adults communicate to the child in distress that their feelings 'cannot be helped, are wrong, inappropriate or invalid.' This research is supported by Reid (2017) who argues that proactive behaviour management strategies take into account the social and emotional development of pupils, their Attachment needs as well as individual and group characteristics.

Nash, Schlösser and Scarr (2016) investigated teachers' views on disruptive behaviour from 21 primary schools, and 69 secondary schools and found pupils were frequently perceived by teachers to be in control of their emotions and therefore 'choosing' to be disruptive, more so in participant secondary schools than primary. They advocate that schools should use sanctions and rewards *alongside* a more problem-solving, collaborative approach in supporting students who persistently disrupt lessons (at a high level), rather than the punitive approach that many schools adhere to. In doing so, Nash et al. recognise the significance of AT, and its potential impact on children's behaviour and emotional development and advocate the importance of understanding the psychological underpinning of disruptive behaviour (Nash, 2017).

### **2.4.4 Emotional Regulation and importance of early intervention**

Emotional regulation is a key aspect to this study, and can be defined as an individuals' ability to manage their emotions appropriately, in order to achieve their goals in a given situation. It involves reflection and modification of responses to an event, and can be focused on both negative and positive emotions (Gullone & Taffe, 2011). Schore (2001) contends that one's ability to emotionally regulate begins at birth through a secure attachment relationship, and through the use of co-regulation, children are able to develop the skills to manage dysregulation. Similarly, Causadias, Salvatore and Sroufe (2012) contend that childhood self-regulation behaviour is indicative of behaviours into adulthood. They advise intervention to

promote appropriate self-expression as well as developing emotional control when distressed. Goodman et al. (2015) suggest that overcoming short-term impulsivity is essential in prioritising higher pursuits, and taking full advantage of opportunities.

Greene (2014, p. 27) developed a model of intervention that aims to provide teachers with the tools to work alongside CYP presenting challenging behaviour in order to really understand them. He contends that some children find it difficult to regulate their emotions in certain situations because they don't have the skills, referring to these skills as 'lagging skills', and to the specific situations in which they occur as 'unsolved problems'. He argues that without understanding why the behaviour is occurring, and exactly when, it is impossible to deal with, or to really help the child concerned.

#### ***2.4.5 Nature of conduct problems and persistence into adulthood if not addressed***

Conduct problems and persistently challenging behaviour are commonplace in schools and cover a wide range of antisocial behaviours, for example, defiance, lying, violence and stealing (Brown, Alyson, Learmonth et al. 2014). Like Greene, Gansle (2005) draws attention to the idea that children who display angry behaviour, do not have the skills to succeed in social environments. She outlines the large number of negative outcomes for these children as they enter into adulthood such as: physical damage to themselves, others and their environments; poor quality of interpersonal relationships, poor quality of work; poor social experiences; anxiety and depression, drug abuse and associated health problems. Given the severity of these outcomes, and the potentially life-inhibiting consequences, she argues that it is essential that interventions to address children's anger problems are addressed earlier rather than later.

In their 40-year follow-up of the national cohort, Colman, Murray, Abbott et al. (2009) carried out a study with the aim of describing the long-term outcomes of adolescent conduct problems. A total of 3652 teenagers aged 13-15 years were assessed by their teachers for symptoms of conduct problems. 348 of the pupils were assessed as having severe conduct problems, and 1051 were assessed as having mild conduct problems. Of those pupils with severe conduct problems, 65% left school without any qualifications, and 52% of pupils with mild conduct problems left school without any qualifications. Evidently there is a strong correlation here between conduct problems and future academic achievement, however the study also showed that those adolescents also had poorer mental health, less successful family lives, and poorer socio and economic outcomes in adulthood. They also found strong links between adolescent conduct problems and the presence of depression and anxiety symptoms in adulthood. Although a very large sample size, findings of this study must be treated with caution however: as is recognised by the researchers themselves, the initial data

was collected over fifty years prior to the study completion, and all assessments were made by teachers, with no input from the children themselves, their parents, or clinical professionals (Colman et al., 2009). Despite this, there are important lessons that can be learnt; most importantly that adolescent conduct problems can significantly impact negatively on the future life chances of those experiencing them.

## **2.5 Role of schools in supporting the emotional health and wellbeing of children**

### ***2.5.1 Government Green Paper: Transforming Children and Young People's Mental Health Provision***

The authors of the government's most recent Green paper regarding children's MH (DfE & DHSC, 2017) strongly advocate schools taking a major role in the identification and prevention of mental ill health in children and adolescents. The first key proposal is the introduction of a 'Designated Senior Lead for MH in schools' (DHSC & DfE, 2018: 19). The initiative is to incentivise and support all schools to train a member of staff for this role, in order to oversee provision for MH and wellbeing. It is made clear however that this should not be mandatory, and therefore it must be questioned whether or not the role would be implemented in schools where funding is already limited (unless funding were ring-fenced), and staff already work extensive hours within their current roles. There is also significant support for the training of *all* teachers in supporting the EWB and MH of pupils (Adbowale et al. 2014; Carter, 2015; Geddes, 2006; Loades & Mastovannopolou, 2010; Vostanis et al. 2013) and it could be argued that by introducing the role of a designated senior lead teacher, such training could be neglected, and therefore key opportunities to support vulnerable pupils missed.

The Green paper goes on to detail plans to make health education (including MH) a compulsory element of the National Curriculum by September 2020. It is claimed that in order to support schools in this endeavour, that schools will '... have access to the best, most innovative teaching materials developed by experts,' (DHSC & DfE, 2018, p. 33). Again, it must be questioned how limited funding would allow for this pursuit, and in addition, how teachers would be trained, in order to feel confident in delivering these new materials to potentially vulnerable students (DHSC & DfE, 2018).

### ***2.5.2 Early intervention and potential benefit to children's mental health and wellbeing***

A key statistic reported by NHS Digital (2018) is that one in eight (12.8%) 5-19 year olds had at least one mental disorder when assessed in 2017. There is a significant body of research that suggests that the key to tackling childhood MH problems, and their development into lifelong illness, is through early identification and intervention (Adbowale et al., 2014; Bombèr, 2007; DoH, 2015; Geddes, 2006 & Jackson et al., 2008). Geddes (2016, p. 145)

recommends 'integrated early identification and intervention systems' within primary school settings, in order to maximise support for vulnerable children and minimise the impact of early negative life experiences. Bomber (2007) suggests that through early intervention, vulnerable children may become more empowered to make good choices; to manage their emotions; and to engage more positively in thinking and learning. Similarly, The Pursuit for Happiness report (2014) recommends timely identification and access (for *all* those that need it) to appropriate treatment through collaboration between schools and Children and Adolescent Mental Health Services (CAMHS). Shucksmith, Summerbell, Jones et al. (2007) argue that early intervention is particularly important where conduct problems are concerned. Left unsupported, they contend that these difficulties are the most persistent, and deteriorate with age and duration into adulthood.

### **2.5.3 Interrelationship between attainment and mental health**

*... there is no conflict between the objectives of harmonious living and academic excellence. When inner calm is enhanced, better studying results'* (Dunn & Layard, 2009, p.106).

It is commonly argued that in order for a school to be effective, pupils must be supported in the achievement of social competence as well as academic success, both being seen to be interwoven (Elias, Zins & Weissberg, 2007; Weare, 2010; Durlak, Weissberg, Dymnicki et al. 2011; Dix, Slee, Lawson et al. 2012; Bonnell, Humphrey, Fletcher et al. 2014). Weare (2010) asserts that social and emotional skills are more likely to determine IQ, than academic attainment, and that by focusing on EWB and MH, a school is far more likely to succeed in their mission to promote effective learning. Durlak et al. (2011) also argue that mastery of social and emotional competencies is strongly linked to greater EWB and academic performance. From their meta-analysis of 213 school-based SEL programs, the study found that they brought about positive results such as increased pro-social behaviour; less emotional distress and improved academic performance. Results must be viewed with some caution however, because despite targeting SEL, only 32% of participant schools assessed SEL skills as an outcome of intervention, and only 16% collected information regarding academic achievement post-intervention in order to assess the longevity of impact.

Similarly, Dix et. al (2012) looked at a meta-analysis of over 200 school-based interventions for SEL, and reported an 11 percentile point improvement in test scores. These data must be examined with caution however. Schools providing support for SEL may also have alternative, academic-focused interventions in place simultaneously, and therefore it would be problematic to suggest that provision for EWB was the only contributor to these statistics.

Michaelson, Abdallah, Steuer et al. (2009) suggest that learning itself has a positive impact on mental wellbeing. They argue that it encourages social interaction, builds self-esteem and feelings of competency, and therefore contributes to life satisfaction. Bonell et al. (2014, p. 1) refer to education and health as 'synergistic'. This theory can be seen to be reflected in recent changes to education policy in England with a proposed shift in Ofsted priorities, from a data-focused approach to inspections, to a more holistic one in which schools can only be rated 'good' if pupils are observed to 'enjoy learning about how to stay healthy and about emotional and mental health, safe and positive relationships' (Ofsted, 2019).

If one considers that conduct disorder is the most common MH problem in children and adolescents in the UK, it would make sense, as Domitrovich et al. (2010) suggest, that if a school were to attempt to reduce adolescent risk behaviours found to be undermining academic achievement (and therefore impacting on their future life chances), that the most effective risk factor for schools to target would be that of disruptive behaviour.

#### ***2.5.4 Role of teachers and teaching assistants in supporting children's mental health***

Brooks (2014, p. 5) contends that teachers and schools have a duty to promote CYP's wellbeing, citing section 78 of the Education Act 2002, which says that the curriculum should: 'promote the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and prepare pupils at the school for the opportunities, responsibilities and experiences of later life'. Teachers increasingly face the significant responsibility of identifying vulnerable pupils, and subsequently either providing intervention to support their MH, or making the appropriate referral. This puts them in the role of 'front-line tier one' MH professionals – a role for which the vast majority are not trained (Roth, Leavey & Best, 2008, p.1217). Milner and Carolin (1999, p.98) recognise that because all children have to attend school by law, they are in great numbers, and this simple fact in itself places great responsibility into the hands of teachers. They discuss the multifaceted nature of the role of a teacher: '... teachers must balance being in loco parentis, educator, public servant, keeper of the peace and welfare worker.'

Weare (2000: p.6) is in agreement recognising the many roles a teacher must take on within a single school day. Evidently such roles require a great number of competencies on behalf of a teacher, and show the extent to which teachers can come under pressure to effectively support their pupils. Weare suggests that pressures on young people are also increasing, and this she argues, is making them more difficult to teach. She suggests that not only are children more depressed, they are more disruptive, less likely to accept authority or to value their education. It is commonly argued that teachers are frequently the best-placed people to support children's EWB due to the relationships they are able to foster with their pupils and that through effective support, engagement with school is enhanced, as is academic

achievement (Greene, 2009; 2016; Davis, 2013; Mclaughlin & Clarke, 2010). Geddes (2006) suggests that through these relationships, children are able to experience themselves in a more positive light, as well as experiencing learning. This she argues gives young people motivation and a sense of belonging, which then contributes to future life. Though all these arguments are valid, the pressure on schools to offer such provision is significant, and such an endeavour is not easily achieved, particularly when faced with considerable financial constraints. As will be explored later, many teachers and teaching assistants feel inadequately trained to support the EWB of their pupils. Additionally, teacher workload and pressures of time and accountability must also be taken into account when considering the feasibility and quality of school-based interventions.

In stark contrast, Ecclestone and Hayes (2009, p. 382-5) argue that schools' 'preoccupation with EWB', which they refer to as a fad, puts the emotional self at the centre of children's learning, because they are perceived to be incapable of coping with a traditional, subject-based curriculum. This therapy culture they contend, reinforces these perceptions and 'is a dual attack on CYP as potential agents in the world, and on what they can learn.' Evidently, such an extreme argument must be treated with caution however. Nowhere in the research are there any case studies, or tangible evidence that such therapeutic interventions are causing harm to their participants, nor is there any evidence to suggest that a subject-based curriculum has diminished and been replaced or even dominated by Personal, Social and Emotional (PSE) education.

### ***2.5.5 Impact of Ofsted and pressures of accountability on schools***

Despite recent changes to the Ofsted framework, schools in the UK remain under substantial pressure to perform academically, and results of schools are published and compared. This, Geddes (2006) argues, can obstruct the EWB of pupils. She suggests that through preoccupation with data and results, the emotional experience of learning can be lost, and therefore vulnerable pupils who do not have their needs met at home, also lack the support they need at school. Greene also contends that through the prioritisation of 'high-stakes testing' and attainment, teachers are forced '...to neglect the skills that help humans display the more positive side of human nature'. (Greene, 2016: p. 182). Jackson et al. (2008) argue that teachers are no longer trained in holistic approaches to education, and are instead led to feel that their success can only be measured according to data. This they argue detracts from the positive ethos of a school and can create a climate of pressure and stress and contend that teachers ought to be 'freed from this academic straitjacket' in order to really promote the wellbeing of CYP. (Jackson et al., 2008: p. 15) A thought-provoking question is asked where this is concerned by Dunn & Layard (2009, p.103): 'if the main aim of the educational process is to produce exam results, what does this do to a child's curiosity and excitement about what she learns?' They claim that testing lowers the self-esteem of many less academic children as

well as lowering quality of life as they experience it. Weare (2010) draws upon evidence that in some schools, those children who are deemed as being a risk to school results through poor attainment, are ever more frequently neglected and even excluded.

### ***2.5.6 Training and funding implications for school-based interventions***

In a recent study of school MH provision in England, two thirds of primary schools reported that the teachers or teaching assistants responsible for pupils' MH has no specialist training (Vostanis, Humphrey, Fitzgerald et al. 2013). Adbowale et al. (2014) recommend all teachers and educational staff should be trained in child development, MH and psychological resilience, in order to support identification of vulnerable children and make referrals as necessary. They propose MH related training should be included within Initial Teacher Training (ITT) by 2020, but also through longer-term continuing professional development (CPD). This proposal is supported by the Carter Review of ITT (2015, p. 29) which recognises the importance of trainee teachers understanding a wide range of MH issues. The report also recommends that priority is given to behaviour management, so that trainee teachers are well-trained in children's emotional development and therefore more confident in providing a supportive environment for all pupils, including for those who may be vulnerable or present challenging behaviour. Various researchers concur, and suggest that all teachers would benefit from training so as to further develop their ability to identify MH problems and support them appropriately (Loades & Mastroyannopolou, 2010; Geddes, 2006; Vostanis et al. 2013). Geddes (2006) points out that often one member of staff is assigned to a 'specialist role' in which they are given ultimate responsibility for the wellbeing of the entire school population, and the rest of the staff remain untrained. She argues that frequently support is located externally, staff training is dominated by attainment goals and teachers do not receive support themselves for dealing with challenging pupils. In a study into schools' promotion of EWB among their pupils, Vostanis et al. (2013) found that less than 3% of schools surveyed used external MH specialists

Crucially, the GCR (2017) states that there is an increasing funding gap between the scale of need, and the funding available for schools however, and therefore the need for teacher training inevitably comes under pressure. Unless ring-fenced, funding is likely to be spent on areas seen to be more urgent or in greater need within school settings.

## **2.6 School-based mental health interventions**

### ***2.6.1 Influence of the school environment on pupil mental health and wellbeing***

Brooks (2014) argues that a schools' culture, ethos and environment all considerably influence the MH and EWB of its pupils and that the positive relationships fostered between teachers and pupils, and between pupils themselves, are critical in the promotion of

wellbeing as well as the avoidance of risky behaviours. These relationships, as well as providing a sense of belonging, all help a child to feel positive about the school, and this in turn enhances engagement in learning. In contrast, a school in which there is disruption in classrooms, can negatively effect on pupil wellbeing and attainment. Durlak et al. (2011, p. 418) highlight the impact of ‘interpersonal, instructional, and environmental supports’ on children’s EWB and academic attainment. They suggest that safe and orderly classrooms, and teachers which promote positive classroom behaviour, can all contribute towards positive change in pupil EWB. Bombèr (2007) advises that pupils are taught to manage their distress and adapt their behaviour within the classroom, ensuring that all pupils are provided with a learning environment that is conducive to their needs. In support, Jackson et al. (2008) argue that schools must promote ‘independence, self-determination, reflection, critical thinking and self-control’, in order to fully support MH and learning.

### ***2.6.2 Benefits of whole-school approaches to mental health interventions***

All schools are legally bound to support children’s emotional, spiritual and moral development. Many researchers argue that whole-school approaches to MH intervention are the most powerful in the prevention of long-term MH problems in young people. (Vostanis et al. (2013), Weare & Markham (2005), Campbell et al. (2016)). Weare (2010) argues that whole school approaches ought to be high-profile and coherent, in order to be effective, permeating from the senior management of a school into every aspect of school life and learning. She contends that this can only be achieved through school-wide approaches to discipline; effective classroom management; explicit teaching of social skills; management of anti-social behaviour in the playground; and essentially, collaboration with parents and the wider community.

Vostanis et al. (2013) examined research from a large-scale survey of MH provision in England and contended that by providing *all* pupils with MH support, later difficulties can be avoided. This, they argue, is a more cost-effective approach, avoiding any need to train specialist teachers, or use the services of external agencies. Although convincing, there should be some element of caution when considering the evidence collected. The researchers indicate possible inaccuracies due to differences in participant perceptions, subjective ratings and overestimation of rates and types of interventions being delivered.

Campbell and Cobb (2016) contend that a socially-inclusive model such as whole-school intervention, can avoid stigmatisation of individuals and groups, as do Weare and Markham (2005). In their analysis of the most effective school programmes they identify common characteristics such as the provision of MH support for all and TI for SEN pupils, supportive school environments, early identification and subsequent long-term intervention. The most positive evidence they claim comes from programmes that were delivered continuously over

the course of a year or more, and aimed at promoting mental health, rather than preventing mental illness. Zins and Elias (2007) also emphasise that systematic, *long-term*, fully-integrated interventions have the most impact on pupil wellbeing, however they note that many schools provide multiple prevention and promotion initiatives which are often fragmented. They suggest this is to the detriment of their collective effectiveness due to a lack of co-ordination.

The PSHE Society (2015) assert that amongst other things, all pupils in Key Stage Two (KS2) should have the opportunity to learn the following:

- what affects their physical and emotional health
- understand good and bad feelings and how to talk about them
- to recognise and understand conflicting emotions
- when to ask for help
- to understand the consequences of negative behaviours

It is apparent that if all pupils, through a whole-school approach and dedication to the PSHE curriculum were to be taught these skills across KS2 on a regular and long-term basis, then their EWB would inevitably benefit. It must be noted however that due to time constraints, external pressures for attainment, and the non-statutory nature of the subject, that PSHE is a subject frequently overlooked within the curriculum (Bonell et al. 2014).

Dix et al. (2012) analysed an Australian MH initiative that was trialled in 100 primary schools, and used a whole school approach to support all members of the school community, including pupils, teachers and parents. They reported that successful schools improved learning outcomes for students equating to six months of learning, and those schools that were committed long-term to the initiative also achieved better outcomes. Again, it is important to approach this evidence with caution: schools who had positive results may have had strengths in a large number of areas, and this, as well as the socioeconomic status of the school, may greatly affect the success of intervention.

### ***2.6.3 Integrated approaches to mental health and emotional wellbeing intervention***

Shucksmith et al. (2007) advocate that primary schools should take a combined approach to intervention, using both universal (UI) and targeted intervention (TI) in order to achieve maximum impact on pupil EWB and MH. It is important to bear in mind however, that all the interventions included in their review were devised and delivered by psychologists, *not* teachers, and therefore the practicality and quality of such an approach must be questioned. This model, of UI for all, as well as TI for specific individuals, is also advocated by NICE

(2013), who suggest that all primary schools should ensure such this approach in order to contend with social, emotional and behavioural problems in their schools.

Domitrovich et al. (2010, p. 83) also recommend an integrated approach to school-based intervention and also advise teachers to combine proven independent strategies or programs into one. They argue that single interventions may often fail to address the needs of individuals, however by merging a variety of strategies, a broader impact can be achieved, and the entire population of students supported. Additionally, they assert that through taking an integrated approach, intervention exposure is maximised, for example, pupils who receive TI are exposed to the language and techniques used within a UI as well, and therefore concepts are reinforced, and positive behaviours encouraged across settings. The researchers recognise the limitations of the study however, and suggest that further research is required into the sustainability of an integrated intervention model, acknowledgement that there may be risk of overburdening teachers and having an 'iatrogenic' (adverse) effect on students as a result.

Deighton, Patalay, Belsky et al. (2013) completed a study into the targeted MH provision of children with behaviour difficulties in primary schools. Participating schools (of which there were 266 in 65 Local Authorities across England) provided targeted MH support for Year 4 pupils, taking a range of approaches. This was on top of PSHE programmes being universally delivered. Their findings showed a positive impact on at-risk children's behavioural difficulties, and they consequently suggested that schools adopt an integrated approach, using a range of strategies according to need. It must be noted however that data reported within the study relied entirely on children reporting about changes in their own mental health, and therefore perhaps there could be some concerns regarding reliability.

#### ***2.6.4 Emotion Coaching, Attachment Aware Schools and Nurture Groups***

Emotion Coaching (EC) is based on the work of Katz, Gottman & Hooven (1996) and focuses on two key elements: empathy and guidance. Rose et al. (2015, p. 1768) describe emotional guidance as providing the tools for a child to problem-solve in order to support their ability to self regulate. They carried out research into the effectiveness of EC within a rural disadvantaged school in England over the course of one year. They found that through training participants in EC techniques, and providing support during booster meetings, they were able to sustain the programme and adults subsequently reported being more able to communicate with and support children in stressful situations. The study found that EC had improved children's self-awareness and regulation, and had promoted nurturing relationships. In light of their research, they argue that children who have not had adequate access to emotional co-regulation, can be supported through EC in 'catching up' with these

essential social skills (Parker, Rose & Gilbert, 2016). These findings must be treated with an element of caution however, in that there was a relatively small sample size that was also limited in its cross-cultural and socio-economic representation, and therefore evidence may not be comparable depending on the school setting in question. In addition, there was no observational data recorded, and instead the researchers relied entirely on self-reporting. As the researchers also recognised, it would be impossible to exclude the impact on pupils of other external variables.

EC is central to the Attachment Aware Schools (AAS) ethos which uses a four-step approach to behaviour management:

1. *Becoming aware and empathising with the emotion*
2. *Labelling and validating the emotion*
3. *Limit setting*
4. *Problem solving* (Gus, Rose, Gilbert et al. 2017, p. 92)

By following these steps consistently during long-term, on-going intervention, pupils are supported to understand their emotions and empowered to find solutions (Gus et al. 2017). Parker and Levinson (2018, p.889) are in support of AAS and refer to 'the (false) separation of between the *learning child* and the *feeling child*' and argue that the two are interconnected. Their study suggests that classroom relationships and enjoyment of learning are far more effective in raising levels of pupil engagement and improving behaviour, than any behaviour management mechanisms..

Nurture Groups, developed by Boxall in 1969, are small groups of children who experience a range of SEL and Attachment difficulties, who are offered specialist support outside the mainstream classroom. The approach aims to meet the emotional needs of the children and build self-esteem, so that they may then begin to learn effectively within the mainstream classroom (Colley, 2017). There are arguments however that NGs are not an inclusive model of provision, and that involvement in these groups could lead to negative labelling (Howes, Emanuel, Farrell et al. 2002). Ecclestone and Hayes (2008, p. 2) contend that NG give children the message that they are fragile or damaged and encourage the perception of 'diminished selves', however as seen in their research already discussed, at no point is there any evidence to support these claims and they must therefore be treated with caution.

### ***2.6.5 Effectiveness of school-based mental health interventions***

Askill-Williams, Slee and Van Deur (2013), recognise that although many EWB programmes are well-designed and implemented and can be highly effective, there are many which are poor and may compromise short-term objectives and lack sustainability. They suggest a series of factors influencing the sustainability of MH initiatives within schools amongst which

are fidelity to intervention design; staff engagement and skills; student engagement; and a school's environment and ethos.

Durlak and Well (1997) found that the best interventions both decreased MH problems, but also increased coping skills and strategies, therefore reducing the likelihood of long-term difficulties. Those which were less effective were found to only reduce the symptoms. It is argued that whilst this may be the case, there is a low likelihood that interventions in this area can have a negative impact, and it is suggested that follow-up data is collected over a long period of time to truly assess a programme's success. PHE (2015) drew on a study that looked at 39 different SEL interventions across the UK. Findings suggested that the best-evidenced programmes had specific goals and desired outcomes, trained facilitators and were implemented over an extended period of time. Gansle (2005) examined twenty peer-reviewed journal articles that looked at the outcomes of school interventions focused specifically on anger. She concluded that programmes which were more methodologically robust, longer and more socially focused were likely to be of greater benefit to those recipients who were most at risk.

Domitrovich et al. (2010) urge caution in the operation of interventions in isolation. They claim that these can lack engagement from participants as well as staff, training and fidelity to design. They also suggest that these more short-term programmes can risk being dissolved over time. Zins and Elias (2007) emphasise the importance of social-emotional instruction being delivered in the way it was planned, demonstrating that fidelity to design leads to better outcomes, and conversely, a lack of fidelity results in reduced effectiveness. They advise that programme developers anticipate and plan for possible modifications, however the implications of this suggestion are not discussed and therefore it must be questioned as to its plausibility when carrying out whole-school intervention.

#### ***2.6.6 Collaboration with pupils in intervention design and delivery***

*Education should not happen around students, nor should it be performed on them; they should be active agents in a collaborative process (Parker & Levinson, 2018, p. 890).*

There are a number of researchers who advocate collaboration with CYP in the establishment of intervention in order to increase its success (Dunn & Layard, 2009; Greene, 2009; Weare & Markham, 2005). Reid (2017, p. 261) discusses 'compassion-focused approaches', and suggests that rather than punishing poor behaviour in the classroom reactively, it is essential instead to understand the behaviour, and work collaboratively with the student in the delivery of intervention. Greene (2014) advises that teachers employ reflective listening, so that children feel truly heard, understood, and that their concerns are valid. Without doing so

he suggests that problems may remain unsolved. In order to avoid missed opportunities to support CYP, the GCR (2018), emphasises the importance of talking directly to children, and not just their parents or teachers, with regard to their EWB, referring to this first-hand data as the 'gold-standard'.

Weare (2000, p. 7) argues that if children are to have a sense of self-efficacy and control, they need to feel they have a 'voice' and work collaboratively with their teachers in the decision-making about their own learning. She supports the idea of 'peer education', which serves to empower young people to work with each other, and draw on each other's strengths through buddying, therefore increasing the likelihood of intervention success. Shucksmith et al. (2007, p.3) also advocate a system of buddying, where in the context of an anger management intervention for example, an 'aggressive and non-aggressive' child are partnered as a deliberate strategy to help modify the other's behaviour, and act as a positive role model. This strategy could also serve to avoid the possible stigmatisation of being identified and receiving support. Interestingly, Burton et al. (2014) suggest that some level of self-disclosure from the group leader or teacher can encourage a child to feel safe in making a disclosure, and in doing so, can make the process in itself a more collaborative one.

### ***2.6.7 Creative approaches to intervention and their impact on pupil engagement***

Hoey (1997) makes a case for a psychodramatic approach to child therapy and intervention. She discusses the use of therapeutic stories, which allow children to deal with complex and often troubling concepts, without the pressure of having to talk about themselves, or disclose information if they feel unready to do so. Similarly, Bombèr (2007) advocates the use of Social Stories, originally developed by Carol Gray in 1991. These are short narratives with images alongside which help children to understand what behaviour would be appropriate in various different situations. They are designed to help children see an alternative perspective to their own, and again, through story-telling, direct talk is avoided and therefore any pressure lifted from the child.

In her meta-analysis of school-based anger interventions, Gansle (2005) found that practice, role play and imagery were common in the final stages of intervention, which would suggest that as Hoey (1997) contends, by using drama and stories, children are able to cope with potentially distressing content in a non-threatening, non-pressurised way. Clarke et al. (2015) also identified the use of interactive teaching methods such as role play, games and group work as a feature of successful SEL interventions. Jennings (1987) discusses the benefits of dramatherapy, and suggests it can be used to modify behaviour; to re-educate and to rehabilitate. She talks about using dramatherapy as a means to project past, present and future lives, therefore enabling young people to re-experience themselves, and perhaps see an event, or their behaviour, from another perspective.

### ***2.6.8 Role of teacher-researcher: benefits and challenges***

Research for this project was conducted in the dual role of teacher-researcher. There is a body of research into the benefits and challenges of this approach. Taylor (2017, p. 16) sees the role of the teacher-researcher as being highly beneficial. She argues that through a teacher embarking on research, there can be a shift away from 'teacher-centred positioning of transmission models' towards more child-centred approaches. This she contends enables teachers to become the creators of knowledge, rather than the receivers. Munn and Drever (2004, p. 3) also argue that there are many strengths of practitioners researching their own school, in that they already have an in-depth knowledge of the school, the staff and the pupils, unlike an external researcher. In contrast, Borg and Sanchez (2015) acknowledge the potential barriers to the effective implementation of teacher-led research, including the feasibility of the task alongside the role of teacher, the limitations of knowledge, skills and working conditions. They also argue that teachers can lack objectivity, and therefore data can be difficult to analyse critically and thus lacks reliability. Similarly, Wragg (1999, p.128) describes teacher-researchers as viewing events 'through a distorted lens, having their own perceptions, experiences and prejudices to draw on.'

Loughran, Mitchell and Mitchell (2002) provide crucial evidence for the debate in their examination of the Perspective and Voice of the Teacher (PAVOT) Project that was set up in 1994 to help teachers to research aspects of their own practice. They found that many teacher-researchers approach to gathering data and subsequent reporting was very different from that of 'traditional' educational researchers, and whilst they viewed teacher-research as valuable, they recognised potential challenges. For example, teachers were rarely paid for their research, and had to carry out formal data collection alongside their teaching responsibilities, meaning that their research was often 'not as systematic and complete' as they might have liked due to time and pressure constraints of their job. (Loughran et al. 2002, p. 252). Xerri (2018) explains the importance of recognising these possible challenges and biases and the inevitable influence that a teacher-researcher would have on participants or within written interpretations of results.

### **2.7 Research questions**

Having reviewed the literature within the area of children's EWB and primary school provision of support, there appear to be a number of gaps in the research literature. The following RQs seek to address some of these gaps and are the focus for this study.

1. What type of intervention is most effective in supporting the emotional wellbeing and in particular, emotional regulation, of children with complex needs in mainstream primary school?
2. What are the challenges of implementing and evaluating school-based intervention research for children with complex needs in mainstream primary school?

## **Chapter 3: Methodology**

### **3.1 Introduction**

This chapter will detail the methodology adopted for this study, in order to investigate the research questions outlined. It will describe the research design, the study participants, how they were selected and ethical considerations in conducting the research. Subsequently the process of data gathering will be described in detail, as well as materials used to this end. Finally the chapter will discuss the intervention procedure itself, providing a timeline of events within the research process.

### **3.2 Research design**

The project adopted a mixed methods approach, utilising qualitative and quantitative data for comparison and to enhance the reliability of findings. Due to the complex emotional needs of its pupils, the school, alongside the researcher, decided that pupils could significantly benefit from intervention to support their emotional literacy, and in particular, emotional regulation (ER). The decision to focus on emotional regulation was informed by rising levels of internal exclusions (periods of isolation from peers), fixed-term exclusions for violent behaviour, as well as high incidence of referrals for behaviour from class teachers to senior management.

Having examined the research literature, it was thought that an integrated approach to intervention, using both universal and targeted approaches, would have the most success within this study. It could be said that both interventions used within the study were targeted or selected in some way, however for the purposes of clarity, the intervention for all Y5 and Y6 pupils will be referred to as universal (involving an entire population of children without exception).

#### ***3.2.1 Targeted intervention***

A targeted intervention (TI) of three workshops was delivered by the researcher alongside a children's theatre director. In order to avoid stigmatisation of the pupils invited to take part, it was propositioned to them that they had been chosen in order to help other children with difficulty regulating their emotions. This served to enhance engagement within the workshops (Appendix I-a details the structure of each workshop; Appendix II-a-h shows some of the work produced). The content of these workshops was informed by research that promotes the use of social stories and dramatherapy, in order to provide a non-threatening environment in which children can discuss potentially distressing themes (Bombèr, 2007; Hoey, 1997; Jennings, 1987).

Burton et al. (2014) argue that there should be some level of self-disclosure by group leaders in order to make children feel that they were safe themselves to make disclosure and encourage them to talk more openly. This approach was adopted, and so many of the activities within the first workshop began with discussion from the researchers about themselves, and their personal experiences regarding emotional regulation (see Appendix II-f in which the theatre director's problem is written, and underneath TPP's suggested solutions).

Geddes (2006, p.122) recommends the use of sequencing activities as a useful starting point for intervention. She described them as being 'concrete, mechanical and rhythmic' and therefore non-threatening for students who can engage easily and safely. This concept is reflected in the second workshop, where two short stories, focused around issues of emotional regulation, were split into sections, and the children asked to order them correctly (see Appendix I-g).

In the final workshop, children were given a character within their shared narrative, and then acted out each section of the story, taking still images throughout. These images were then used to create a comic strip, using the storyline the pupils had developed together, the final version of which can be seen in Appendix II-b. This comic strip, with images *of* the targeted pupils themselves, and a story written *by* them, became the focus of a series of six lessons, to be delivered to the wider Y5 and Y6 cohort within a universal intervention (UI). It was hoped that through such a collaborative approach between pupils and teachers, children would feel genuinely heard, and have a sense of control over their learning, as advocated by a number of researchers (Dunn & Layard, 2009; Greene, 2014; Reid, 2017; Weare & Markham, 2005). Such an approach also echoes Weare's (2000) suggestions for 'peer education', helping to empower young people to draw on each other's strengths.

### **3.2.2 Universal intervention**

The focus material for the universal intervention (UI), was work produced within the TI, by target pupil participants (TPPs) (see Appendix II-h). Activities mirrored those completed within the TI drama workshops. It was hoped this would enable TPPs to feel they were the experts in the subject, and therefore further enhance engagement in the topic, again linking to the concept of 'peer education', and further motivating TPPs to take a leading role in the lessons. This is supported by recommendations made by Domitrovich et al. (2010), who assert that through such an integrated approach, the benefits of intervention are maximized. TPPs are exposed to the language and techniques within both types of intervention, and therefore concepts are reinforced, and positive behaviours encouraged. (Appendix I-b shows

the lesson planning given to Y5 and Y6 class teachers; Appendix I-c-i show the resources detailed in each of the lessons).

### **3.3 Participants**

This project took place in a single, above average-sized primary school in an urban area of England. The proportions of pupils eligible for PP, pupils from BEM groups, pupils who spoke EAL and pupils who had a statement of SEN were all above average (Ofsted, 2017). These statistics demonstrate the potentially complex needs of the pupils within the participating school.

With the school's senior leadership team (SLT), the teacher-researcher selected pupils in Y5 and Y6 to participate in both TI and subsequent UI. For these year groups there were heightened levels of internal exclusion (isolation) and fixed-term exclusion, as well as a high incidence of referrals for behaviour from class teachers to the SLT.

In selecting pupils for TI, the teacher-researcher used Greene's (2009) *Assessment of Lagging Skills and Unsolved Problems (ALSUP)* with a group of colleagues who had worked closely with Year 5 and 6 pupils. The ALSUP is a tool intended to be used as a guide for discussion about pupils, and aims to aid identification of children's 'lagging skills' (skills they have difficulty with), and 'unsolved problems' (expectations the child struggles to meet) (Greene, 2014: p. 76-77).

In applying specific ALSUP criteria, six children were selected for TI. These children were identified as having similar difficulties, and all were seen to have 'difficulty managing emotional response to frustration so as to think rationally' and 'difficulty considering the likely outcomes or consequences of actions (impulsivity)', (Greene, 2014: p. 76-77). (Appendix I-j shows the ALSUP proforma used). After completing pre-intervention interviews with TPPs, the parents of Child 6C retracted their permission for him to take part, only allowing their son to take part in UI, and not TI. This development reduced the number of TPPs to five children.

#### **3.3.1 Profile of target pupil participants**

Table 3.1 details the profile of the five TPPs.. All the children were on the school's SEN register, four out of five (80%) were from BEM groups, and three out of five (60%) were eligible for PP (see Appendix I-k for detailed profiles of each TPP).

Table 3.1: Profile of target pupil participants

Pupil Profile	TPP					
	5A	5B	5C	6A	6B	Total % of group
Gender	Female	Male	Male	Male	Male	
BEM	✓	✓	✓	×	✓	80.0%
EAL	✓	×	✓	×	✓	60.0%
SEN	✓	✓	✓	✓	✓	100.0%
PP	×	✓	✓	×	✓	60.0%

Alongside the five TPPs, in order to provide balance to the group, another six pupils were chosen by their class teachers. These children will be referred to as ‘peer partners’. These children were perceived to have good communication skills, and regularly made positive contributions to general class discussion. They were also friends with the focus children, and therefore it was hoped they would encourage them to take an active role in the project. Similarly Weare (2000) and Shucksmith et al. (2007) suggest that children being partnered in such a way, helps to modify the behaviour of the target child, with the partner acting as a positive role model for change and avoiding possible stigmatisation of TPPs.

### 3.3.2 Profile of universal pupil participants (UPPs)

All pupils in Y5 and Y6 were given permission by parents/carers and took part in the second UI. Table 3.2 profiles UPPs (including five TPPs). It also shows the equivalent national statistics for the same year.

Table 3.2: Profile of universal pupil participants compared to national figures

Year	Number of pupils in Y5 and Y6					
	Male	Female	Pupils eligible for PP	Pupils with SEN	Pupils who speak EAL	BEM pupils
Y5 (n = 46)	24 52.2%	22 47.8%	21 45.7%	12 26.1%	19 41.3%	36 78.3%
Y6 (n = 45)	30 66.7%	15 33.3%	29 64.4%	15 33.3%	25 55.6%	41 91.1%
Total	54 59.3%	37 40.7%	50 55.0%	27 29.7%	44 48.3%	84.6%
National (%)			12.9%	13.5%	20.6%	24.9%

### 3.3.3 Profiles of teacher participants

Table 3.3 below profiles the teacher participants. It details their characteristics as well as the extent of their contribution.

Table 3.3: Profile of teacher participants

Teacher profile	Teacher participants								Total % of group
	1	2	3	4	5	6	7	8	
Role	Assistant head teacher	Class teacher	Head teacher	Supply teacher	Class teacher	TA	TA	TA	
Gender	Male	Female	Female	Female	Male	Female	Female	Male	
BEM	✓	×	×	✓	×	×	✓	✓	50.0%
EAL	×	×	×	×	×	×	×	×	0.0%
Delivery of UI	✓	✓	×	×	✓	×	×	×	37.5%
Interview	✓	✓	✓	✓	✓	×	✓	×	75.0%
SDQ	✓	✓	✓	×	✓	✓	✓	✓	87.5%

### 3.4 Ethics

As emphasised in the ethical guidelines issued by the British Educational Research Association (BERA), the primary consideration for research within a school must be the best interests of the pupil participants (BERA, 2018). Due to the age of the participants and their potential vulnerability, it was essential to seek parental consent, as well as consent from the school and participating members of staff to implement interventions. Consent letters detailed what would be involved in the study, what would be asked of participants, and what would happen to the data once collected. It was decided that no incentives would be offered to pupils so as not to influence their decisions to participate. Initially, parents/carers of all twelve pupils selected (six TPPs, and six peer partners) received a letter detailing the project and asking for written consent. (An example of each consent letter can be found in Appendix II-n). Initially permission was received from parents for all twelve pupils, as it was from all teacher participants. As detailed however, permission for one TPP was retracted, therefore reducing the number of TPPs to five. For the second stage of intervention (UI), parents received letters explaining the project, and an opportunity to opt out, preventing their child from taking part. No parents chose to do so, and therefore all pupils in Y5 and Y6 were able to participate (see Tables 3.2 and 3.3). In addition, all participants were made aware of their right to

withdraw from the project (with or without explanation) by the teacher-researcher in the initial stages of both interventions.

Adhering to BERA guidelines (2018), prior to commencement, it was important to identify any potential risks for pupils in order to minimise any emotional distress or discomfort. It was decided that if unforeseen problems arose as a result of the project, parental consent for participation would be renegotiated. In line with school safeguarding policy, the teacher-researcher made it clear to all participants and their parents that any disclosures or behaviour raising concern regarding the child's welfare would be passed on to the school's designated safeguarding leader. With regard to the welfare of teacher participants, the teacher-researcher ensured that they would encounter no extra workload, with all teaching materials and lesson plans provided for them.

For the purposes of anonymity, given the setting and participants of the research, school safeguarding policy was followed. In order to preserve anonymity of the school and individual pupils, the school is not identified and target pupils are referred to using anonymous abbreviations. The photographic materials included in the appendices (Appendix II-h) are all anonymised, including children's faces, school uniforms and school buildings. Data was collected and stored in adherence with General Data Protection Regulation. Further consideration was also given to the potential power relationships arising from the role of teacher-researcher. This was addressed through the collaborative approach taken to intervention and is subsequently discussed in greater depth.

### **3.5 Data gathering and materials used**

#### ***3.5.1 Strengths and Difficulties Questionnaire (SDQ)***

Alongside letters of consent, parents and guardians and participating teaching staff were in receipt of a paper questionnaire, the first part of which was Goodman's SDQ (1997) (see Appendix I-k). This is a tool, widely used and recommended by researchers, to identify children and adolescents (aged 3-16 years) who may have specific needs in terms of their emotional development (Goodman et al. 2015; Adbowale et al. 2014). It comprises of twenty-five questions across five sub-scales: Emotional symptoms, Conduct problems, Hyperactivity, Peer relationship problems and Prosocial behaviour (SDQ, 2014). Due to the practicality of administering the questionnaire twice within one half-term, as well as the short-term nature of the intervention itself, the SDQ was only completed prior to intervention, and not post-intervention. All parents/carers of Y5 and Y6 pupils received SDQ questionnaires to complete (n=86). A total of thirty-nine (45.3%) parents returned them completed. All pupils were asked to complete a shortened version of the SDQ (adapted by the researcher) with a selection of ten questions

that were pertinent to the research focus (see Appendix I-o). Questions chosen came from each of the five scales mentioned above. Of all the UI Y5 and Y6 pupils, including TPPs (n=91), 61 (67.0%) completed this shortened version of the SDQ both pre- and post-intervention (reasons for which are explained in the Results chapter). Because SDQ data was collected from parents, teachers and pupils, this could be triangulated.

### ***3.5.2 Situation Judgment Tests (SJT)***

The second part of the questionnaire was a SJT devised by the researcher (see Appendix I-i-q), and required respondents to consider how they thought TPPs might react in five different situations. Bombèr (2007) likened this technique of questioning to the use of social stories – using daily interactions as focuses for teaching. The PSHE Association (2015) also advocates the use of real-life contexts, with which children can connect. SJTs were given to TPPs, UPPs and teachers, both pre- and post-intervention. The situations were based on common incidents observed in school, which frequently gave rise to emotional outbursts and therefore a loss of emotional regulation. For example, one of the questions is based on a game called ‘Champ’, in which children have to bounce the ball within a square without their opponent catching it. On a daily basis, pupils were observed in some level of conflict about the game, and therefore it was logical to include this as a basis for one of the questions (see Appendix I-l). In this instance, children were asked if they would choose to tell a teacher and resolve the problem (most desirable response); choose to remove themselves from the game and play alone (neutral response); or choose to spoil the game for the other children as a result of being angry (least desirable response). Using this multiple-choice design, respondents could choose one of the three possible answers to the situations presented. If a child selected the most desirable response, this would indicate good emotional regulation in that context. If the child selected the least desirable response, it would indicate a lack of emotional regulation. Teachers also responded to SJT questions within interviews, answering how they would expect TPPs to react in each situation. Of all the UI Y5 and Y6 pupils, including TPPs (n=91), 61 (67.0%) completed SJTs pre- and post-intervention.

### ***3.5.3 Interviews***

In order to harvest qualitative data, TPPs and their teachers were interviewed prior to the initial TI. Within these interviews, questions focused around the same SJT scenario detailed above. Interviews were approximately 10 minutes long. It was hoped that the information

gathered would provide effective comparison between the views of pupils and their teachers. (Interview schedules can be found in Appendix I-r-v).

### ***3.5.4 Measuring outcomes***

TPPs were interviewed for a second time, using an identical set of questions to those asked pre-intervention. All five children’s parents/carers were invited for interview. Of the five (the majority of whom spoke EAL), two of the pupils’ mothers also agreed to be interviewed. (See parent interview schedule in Appendix I-o). In addition, teachers and support staff were interviewed for a second time, again using an identical set of questions. The cohort of UPPs (including all twelve children from the TI) completed an identical set of questions to those found in the pre-intervention SDQ and SJT, in order to measure progress. The final question within the questionnaire was open-ended, to encourage children to give more expansive responses and provide qualitative data. It asked for a summary of UPPs’ thoughts about the project and whether or not they perceived their emotional regulation to have improved.

## **3.6 Procedure**

### ***3.6.1 Timeline of events***

*Table 3.4: Timeline of events for intervention and data collection*

STEPS TAKEN	TIMELINE OF EVENTS
	SPRING TERM
1	Permission to conduct research sought from headteacher of the school
2	Focus for intervention decided upon with school SLT
3	Participants selected using ALSUP tool
4	Permission sought from teachers and parents of TPPs and UPPs
5	Targeted pupils and their teachers interviewed
	SUMMER TERM (FIRST HALF-TERM)
6	TI (three workshops)
7	Development of UI using final product (comic strip) created by TPPs
8	Training for teachers in the delivery of UI
	SUMMER TERM (SECOND HALF-TERM)
9	Pre-intervention questionnaires completed by all Y5 and Y6 pupils
10	UI (six, one-hour lessons)
11	Post-intervention questionnaires
12	Post-intervention interviews with TPPs, their teachers and two parents

Table 3.3 details the timeline of events from first formally seeking permission from the headteacher of the school to conduct research, to collecting post-intervention data. As highlighted in red, due to time constraints within the school timetable, and the wishes of the headteacher, TI took place in the first half of Summer Term, coinciding with Y6 statutory assessments (SATs). UI did not take place until the second half of summer term, and post intervention questionnaires and interviews did not take place until the final week of the academic year. Coincidentally, this was also the week in which the school was inspected by Ofsted.

### ***3.6.2 Intervention considerations prior to commencement***

The setting for this research project was a primary school situated in urban England. There were high proportions of PP, BEM groups, children with EAL, as well as children with SEN. The children receiving TI had multiple and complex needs. As evident within the literature, children from deprived backgrounds, and those from BEM groups, are less likely to engage with intervention, despite being more vulnerable to MH problems. This posed a significant challenge for this project. One approach to combat disengagement was that of the dual intervention (universal and targeted) in the hope of reducing stigmatisation.

As detailed, the parents of one pupil identified for TI (who were from a BEM group) retracted their permission for his involvement, despite his eagerness to be involved. They did however allow him to take part in the UI. It could be argued that perhaps this was a result of stigmatisation, and the common feeling that being singled out for support in this area is something to be ridiculed or shamed in some way. (Burton, 2014)

Kurtz and Street (2006) assert that children who are raised in a society in which they are not privileged, or experience discrimination, may feel unable to reveal information about themselves to a white worker. In this case, although the researcher in this study was a white female, and the participants predominantly boys from BEM groups, because of the dual role of teacher and researcher, positive relationships were already established with the children concerned, so it was hoped that this potential problem was negated.

### ***3.6.2 Fidelity to research design***

The researcher for this study was a teacher within the school itself. TI was delivered solely by her, however UI was delivered by class teachers with varying degrees of success, as reported in the results. Various steps were taken to reduce any lack of fidelity, as advised by Durlak et al. (2011), who suggest that issues such as teachers not implementing interventions correctly,

or not delivering them over the suggested timeframe, mean that some interventions can be less successful than others. Some variation in outcomes is inevitable, in that all teachers have different skill-levels, teaching styles and relationships with the children in their classes, as well as having different personal values and beliefs about MH and EWB. As discussed, teachers may also feel under-trained, or under time constraints where the rest of the curriculum and attainments targets are concerned. In the hope to negate these external variables, all teachers were provided with full sets of lesson resources and were all trained by the researcher individually, so as to reduce teacher workload and aid their confidence in the delivery of intervention.

### 3.7 Data analysis

The analysis of data adopted a mixed-methods approach, with the researcher analysing findings from quantitative and qualitative data collection. Table 3.4 details all forms of data collected pre- and post-intervention. Quantitative data were analysed using Statistical Package for the Social Sciences (SPSS) with a focus on frequency counts to look for change over time. It was decided not to use statistical tests such as T-tests or ANOVA to compare the mean average outcomes for TI and UI due to the difference in sample sizes (5 participants for TI; 91 for UI), and therefore reducing the significance of mean differences, as well as the short-term nature of the intervention. Instead qualitative data analysis employed a thematic approach as advocated by Braun & Clarke (2006) and was used in conjunction with quantitative data to identify trends. Emergent themes from the data were identified and analysed in order to address the RQs. These are detailed in the Results chapter (Table 4.2).

*Table 3.5: Methods of data collection and analysis*

Methods of data collection	Pre-intervention	Post-intervention
TPP and teacher interviews	Thematic analysis	Thematic analysis
TPP parent interviews		Thematic analysis
SDQ (in full) for TPP parents & teachers	SPSS frequency counts	
SDQ (shortened) for UPPs	SPSS frequency counts	SPSS frequency counts
SJT for UPPs	SPSS frequency counts	SPSS frequency counts
Teacher-researcher observations	Thematic analysis	

## Chapter 4: Results

### 4.1 Introduction

This chapter will present the findings of the study in relation to the two research questions (RQs). Quantitative data for both the target (TPP) and universal pupil participants (UPP) will be presented alongside a synopsis of notable findings. Qualitative data from interviews and open-ended questions in the post-intervention questionnaires will also be documented, along with thematic analysis of the data. In order to provide comparison between targeted intervention (TI) and universal intervention (UI), findings from TPP are followed by UPP data throughout the chapter.

*Table 4.1: Data to be reported*

Data to be reported within results		
Data collected	TI	UI
TPP and teacher interviews	✓	✓
TPP parent interviews	×	✓
SDQ (in full) for TPP parents & teachers	✓	×
SDQ (shortened) for UPPs	✓	✓
SJT for UPPs	✓	✓
Teacher-researcher observations	✓	✓

### 4.2 Research question 1: What type of intervention is most effective in supporting the emotional wellbeing and in particular, emotional regulation, of children with complex needs in mainstream primary school?

In addressing this question, the researcher implemented two types of intervention: a TI proceeded by a UI. A number of themes emerged during thematic analysis of pertinent qualitative data (Table 4.2). The findings for each theme are presented later in the chapter.

Table 4.2: Themes for thematic analysis

Emergent themes	Participant responses & teacher-researcher observations
An integrated approach to intervention is more impacting than a stand-alone intervention (whole-school or targeted).	Class teacher: <i>Just children seeing themselves – something they could be proud of. It meant their friends could identify ...</i>
A long-term approach to intervention is more impacting than a short-term one.	Class teacher: <i>I think it's worked but how permanent it is, is a bit harder to tell.</i>
Collaboration between pupils and teachers results in more positive outcomes for interventions.	TPP5A: <i>... what I really liked the most is ... putting the stories together to make our own.</i> TPP5C: <i>Sharing with everyone and talking and agreeing with them.</i>
A lack of parental engagement negatively impacts the EWB of a child.	TPP6A: <i>... all we did was act and write down some emotions.</i> Parent of TPP6A: <i>... something to do with behaviour. You did provide me with some documentation but it's filed. I haven't read it recently</i>
A school's ethos and environment have a direct impact on pupil EWB	Teacher-researcher observations: - Daily incidences of violence in school - Children and teachers reported feeling unsafe and scared of other pupils
Children with complex needs can present disruptive behaviour and varied levels of engagement with intervention.	Theatre director: <i>Routinely ... they would stop and say ... "I don't get it" or "I'm not doing it" and ... would verbally or physically engage other participants ...</i>
A creative approach to intervention results in higher levels of pupil engagement.	TPP5B discussing the comic strip he had made: <i>Happy, happy... Yeah, I was proud.</i>
Integrity to research design, and therefore intervention success, can be impacted upon by time and accountability pressures within schools.	Class teacher discussing impact of UI: <i>It's difficult to know with the timings because it was the end of the year...</i>
Attributing the impact of an intervention for EWB is challenging.	Headteacher: <i>... there's been a definite improvement in him...but one also has to remember, he has also had some CAHMS sessions ...</i>
The dual role of teacher-researcher presents challenges in data collection and analysis.	Teacher researcher observations: - Workload - Time and accountability pressures - Objectivity

#### 4.2.1 Situation Judgement Test results: Target pupil participants

Participants were given a SJT to measure their emotional regulation. All of the situations presented had been observed within the school by the researcher, some on multiple occasions, and were therefore relevant to the pupils concerned. Children were given three option responses for each situation: one most desirable, one neutral and one least desirable (see Appendix III-a). In Table 4.2, SJT data are presented as a total number of most desirable responses, to total number of least desirable responses, pre- and post-intervention. A mean change of all TPP responses is given in the final column. (The full version of the data with individual responses to each question can be found in Appendix II-a).

Table 4.2: Situation Judgement Test scores for target pupil participant: Pre- and post-universal intervention.

TPPs										
5A		5B		5C		6A		6B		Mean change
PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST	
4 80.0%	2 40.0%	0 0.0%	5 100.0%	4 80.0%	4 80.0%	0 0.0%	0 0.0%	2 40.0%	3 60%	+0.8 +16%
1 20.0%	3 60.0%	0 0.0%	0 0.0%	1 20.0%	1 20.0%	3 60.0%	1 20.0%	1 20%	1 20%	0 0%
0 0.0%	0 0.0%	5 100.0%	0 0.0%	0 0.0%	0 0.0%	2 40.0%	4 80.0%	2 40%	1 20%	-0.8 -16%



Findings for the group as a whole show that there were 16% more of the most desirable responses given post-intervention, and 16% less of the least desirable. Three of the 5 TPPs (60%) gave none of the least desirable responses post-intervention and one pupil (20%) gave only one least desirable answer. Most notably TPP6A doubled the number of least desirable responses between pre- and post-intervention, with 4 (80%) of his responses as the least desirable post-intervention. Despite this anomaly, the data suggest that on the whole, TI had a positive effect on TPPs and their ability to regulate emotions. The findings for TPP5B and TPP6A are noteworthy. TPP5B responded positively to each SJT, showing the greatest change and suggesting that he achieved the most positive outcome from the intervention of all the target children. He gave the least desirable answer to each question pre-intervention, and the most desirable answer to each answer post-intervention. In contrast, however, TPP6A's responses did not show *any* positive change as a result of the intervention. Pre-intervention, 40% of this child's responses were the least desirable; post intervention, this figure increased to 80%. None of TPP6A's responses were the most desirable option, either pre- or post-intervention. These findings will be discussed further in the subsequent Discussion chapter.

#### **4.2.2 Situation Judgment Test results: universal pupil participants**

The following data show responses to UPP SJTs. These data were challenging to collect as will be described later in the chapter, and therefore there were gaps in the quantity of data collected pre- and post-intervention. For those pupils from whom full data sets were collected, their responses for each situation are reported showing the range of responses elicited. (Complete data sets collected can be seen in full in Appendix III-b).

*Situation 1: You are queuing up in the line to have your lunch served. Another child pushes in front of you. How do you react?*

The number of children giving the most desirable answer of seeking the help of a teacher, remained unchanged between pre- and post-intervention at 26 pupils (42.62%). There was a positive change in response however, in that 5 children (8.20%) who initially reported that they would push the child back, at post-intervention said that they would ignore the behaviour. The wording of this option 'You ignore the child. They're always doing that, and you know he'll only be mean to you if you say something,' makes this response still somewhat undesirable however.

*Situation 2: You haven't completed all the work in an English lesson, and your teacher asks you to stay in at break time to do it. What would you do next?*

There was very little variation in response to this question, with 46 out of 61 pupils (75.41%) maintaining that they would accept that they had not done enough work, and stay in at break time to do so. Notably there remained 6 pupils (9.84%) who reported that they would leave the classroom despite the teacher's instructions.

*Situation 3: You're slightly late out to play, and your friends are already playing a game of Champ. They say that you can't join in, because you don't know the new rules. What would you do next?*

Results for this question were surprising, with 7 fewer pupils (11.48%) choosing to ask a teacher for help, and 9 more (14.75%) reporting that they would now remove themselves from the game, and sit alone, upset by what had happened. Ten pupils (16.39%) maintained that they would still steal the ball from the game to prevent anyone from playing at all.

*Situation 4: You are in an assembly led by the head teacher. There is another pupil sitting behind you who is poking you in the back. You turn around to tell them to stop, but the head teacher sees you, and asks you to stand up in front of everyone. She sends you to her office. What would you do next?*

There were positive results from this question, with 7 more pupils (11.48%) choosing to follow the head teacher’s instructions and explain what had happened, rather than walking out of the assembly and seeking revenge on the other pupil involved.

*Situation 5: You are working on some Maths that you’ve been finding quite tricky. You think you’ve finally got it, and you’re concentrating hard. Suddenly a pen strikes you on the back of the head. You look up to see your classmate laughing at your expense. What would you do next?*

Results for this question were somewhat surprising, in that although 7 less pupils (11.48%) said that they would throw a pen back at their peer, rather than reporting the incident to a teacher, they would get upset and give up on the work they had been doing. Notably, out of 61 pupils in total, 15 (24.59%) still maintained that they would throw the pen back, and 18 (29.51%) said that they would be upset. Less than half of the respondents (45.90%) answered that they would report the incident to a teacher, both pre- and post-intervention.

Table 4.3 shows a summary of results for the same SJT completed by UPP. (The data collected can be seen in full in Appendix III-b). Of the 85 pupils within Year 5 (Y5) and Year 6 (Y6) (excluding TPP), 56 responded to both pre and post-questionnaires.

*Table 4.3: Situation Judgement Test results for universal pupil intervention*

SJT Results for UPP (TPP not included) (n= 56)		
Pre-intervention mean %	Post-intervention mean %	Difference in mean %
35.0 57.4%	34.8 57.1%	-0.2 -0.3%
10.6 17.4%	15.2 24.9%	+4.6 +7.5%
15.4 25.3%	11.0 18.0%	-4.4 -7.2%



The data suggests minimal changes for the UI on the SJT findings at post-intervention assessment. As evident, there was a slight decrease of 0.33% in the most desirable responses, an increase of 7.54% of the neutral response (not most or least desirable), and a decrease in the least desirable responses of 7.22%. These findings will be discussed in greater depth in the Discussion chapter.

### 4.2.3 Strengths and Difficulties Questionnaire results: target pupil participants

Table 4.4: Shortened strengths and difficulties questionnaire: pre- and post-universal intervention

	Response options	Pre – intervention number of pupils (mean & %)	Pre-intervention score (mean)	Post – intervention number of pupils (mean & %)	Post-intervention score (mean)	Difference in number of pupils (mean & %)	Difference in mean score between pre- and post-intervention
Pro-social (2 items)	Not true	2.5 4.1%	1.4	2.5 4.1%	1.32	0.0 0.0%	-0.08
	Sometimes true	31.5 51.6%		36.5 59.8%		5.0 8.2%	
	Certainly true	27.0 44.3%		22.0 36.1%		-5.0 -8.2%	
Conduct (4 items)	Not true	26.0 42.6%	0.75	28.3 46.3%	0.74	2.3 3.69%	-0.01
	Sometimes true	24.0 39.3%		20.5 33.6%		-3.5 -5.7%	
	Certainly true	11.0 18.0%		12.3 20.1%		1.3 2.1%	
Peer Problems (3 items)	Not true	20.3 33.3%	0.49	23.7 38.8%	0.50	3.3 5.5%	+0.01
	Sometimes true	19.3 31.7%		16.0 26.23%		-3.3 5.5%	
	Certainly true	21.3 35.0%		21.33 35.0%		0.0 0.0%	
Hyper-activity (1 item)	Not true	2.0 3.3%	0.75	3.0 4.9%	0.87	1.0 1.6%	+0.12
	Sometimes true	42.0 68.9%		47.0 77.1%		5.0 8.2%	
	Certainly true	17.00 27.9%		11.0 18.0%		-6.0 -9.8%	

Pupils were asked to complete a shortened ten-item version of the SDQ (adapted by the researcher). These items were considered to be pertinent to measuring emotional regulation (see Table 4.4). There were discrepancies between data quantities pre- and post-intervention due to difficulties outlined later in the chapter. Findings for those pupils for whom there are full data sets have been collated into the SDQ scales to which they pertain, to give an overall score for each area of difficulty. As is evident, there were minimal changes to these scores as a result of the UI. The most significant change, although still relatively minimal, was for Hyperactivity, with a pre-intervention mean of 0.75 compared with a post-intervention mean of 0.87 showing a 0.12 point gain over time. (Results for full SDQs completed by parents and teachers of TPPs can be found in Appendix III i-m).

#### 4.2.4 Perceived usefulness of targeted and universal interventions

##### 4.2.4.1 Target pupil participant perceived usefulness

The final question on the post-intervention questionnaire asked pupils to rate how much the project had helped them. TPPs were asked the same question in post-intervention interviews. Table 4.5 shows their responses. TPP6A assessed that the project had had very little influence on his emotional regulation; TPP5B and 6B both perceived that the project had made considerable changes to their emotional regulation. Findings for TPP5B, 5C, and 6A correspond with those of the SJT, however for TPP5A and 6B, these responses could be seen to be inflated or that perhaps they had experienced difficulty in understanding the SJT items, with their responses showing relatively minimal change pre- and post-intervention.

Table 4.5: Target pupil participant perceived usefulness of intervention: scores and interview responses

Interview Question: Did you find our project about emotional regulation useful?		
TPP	Score	Response by Target Pupil Participant (TPP)
5A	4	<i>5A: Yeah ... Cause when we was acting it was about how ... if you do get angry you'll keep on getting angrier and ... it's all about feelings so it helped me.</i>
5B	5	<i>5B: A little bit ... because before I used to get so angry, and it helps me to get less angry.</i>
5C	3	<i>5C: The project that I was doing yeah, it was kinda fun, working together and growing. R: Yeah ... do you think it helped you? 5C: A lot.</i>
6A	2	<i>6A: Not really...cause I don't really think it was to help us; I think it was to help other children ... cause all we did was act and write down some emotions.</i>
6B	5	<i>6B: Yeah it was really useful actually. It was really fun ... I'd say it's helped me in calming down. And also like, I've been meditating quite a bit.</i>

KEY				
1 Not useful	2	3	4	5 Extremely useful

Despite these discrepancies, there is a close association between these numerical self-assessments and responses given to interview questions (Table 4.5). As can be seen, Child 6A maintained that the project made no change to his emotional regulation, whereas the four other TPPs assessed that the project had brought about positive change. TPP6B demonstrated that he was using a coping strategy suggested by his peers within the intervention. Similarly, teachers were asked if they thought that the intervention had influenced the emotional regulation of the TPPs. (Their responses to this question can be

seen in full in Appendix II-b, alongside their initial pre-intervention perception of the emotional regulation of the pupil in question). With the exception of Child 5C, all TPPs were seen to have made an improvement in their emotional regulation and could give an example of when this had been evident.

#### ***4.2.4.2 Teacher perceived impact of targeted intervention***

A good example of perceived impact can be seen in interviews with the assistant headteacher regarding TTP 5B. Prior to intervention when asked if he would say TPP5B had good emotional regulation, the assistant headteacher said, *No ... I think he really struggles ... I think that's what gets him into a lot of trouble ... he will start raising his voice. Sometimes chairs may go over and then he'll storm out of the classroom, get himself in such an angry state ...* In contrast, in his post-intervention interview, the assistant headteacher said the following about TPP's emotional regulation: *Yes he still does have moments where he volcanoes but they're far less. Far less. And they're not as volatile and when he does explode he calms down a lot more easier and is able to reason quicker than he could before.*

#### ***4.2.4.3 Parent/carer perceived impact of targeted intervention***

Two parents of TPPs were also asked whether or not they thought their child had improved emotional regulation (having had the term explained to them pre-intervention) as a result of the project. Both parents recognised a positive change in their child's emotional regulation and suggested that it was unusual for them not to have heard from the school regarding their child's misbehaviour and therefore saw this as evidence of an improvement over the course of the term. (Their responses can be seen in full in Appendix II-c). An association is evident between parental perceptions and those of the teachers: both mothers considered the project to have positively influenced their child's emotional regulation.

#### ***4.2.4.4 Target pupil participant and universal pupil participant perceived usefulness of intervention***

TPPs and UPPs were all asked to provide a scaled score between 1 and 5 for their perceived usefulness of the intervention in terms of its effect on their emotional regulation, with 1 being 'not useful' and 5 being 'extremely useful'. Table 4.6 below shows the responses for UPP in comparison to TPP with regard to their perceived outcomes of the intervention. The mean of perceived effectiveness by UI pupils was 3.43 (SD 1.19), slightly lower than that of 3.80 for TPPs. A total of 46 pupils (82.15%) perceived that the project had had an effectiveness of 3 or greater. A minority of 8 pupils (17.27%, SD 1.30) said that the project had had no effect or only a slight effect on their emotional regulation .

*Table 4.6: Perceived usefulness of intervention by target pupil participants compared to universal pupil participants*

Scaled score	Pupil Response					Mean score (SD)
	1 (not useful)	2	3	4	5 (extremely useful)	
TPP (n=5)	0 0.0%	1 20.0%	1 20.0%	1 20.0%	2 40.0%	3.80 (1.30)
UPP (n=56)	4 7.1%	6 10.7%	16 28.6%	22 39.3%	8 14.3%%	3.43 (1.19)

#### **4.2.4.5 Teacher perceived impact of universal intervention**

During interviews, teachers were asked how they felt the UI had affected their class, with the exception of Class 6A, for whom the researcher delivered the intervention. For this class a long-term supply teacher was interviewed. All teacher participants assessed the UI as having had some positive influence, but all acknowledged that there were limitations to this, such as the longevity of outcomes and the timing of the intervention. Both the headteacher and the long-term supply teacher of Class 6A considered participants to have more control over their emotions in response to an incident and greater ability to calm down after afterwards, since taking part in the UI. The headteacher reported that *there are a lot who have improved ... [they are] probably slower to be ignited, and faster to come down and explain themselves.* (Teachers' responses can be seen in full in Appendix II-d).

#### **4.2.5 Intervention design: pupil and teacher perceived effectiveness**

Interventions were designed to have a two-fold approach, with TPPs taking part in TI, and then helping to develop material to be used in UI on the same theme. Within interviews, teacher participants and TPPs were asked for their opinions on this format for intervention, with TI, leading into and informing UI (see Appendix II-e for responses in full). Respondents spoke largely positively about the format of the intervention. TPPs were enthusiastic about having their comic strips seen and used by their peers in the wider UIs and referred to their sense of pride in their work. Teachers commented on the relevance of the comic strip developed within the TI, suggesting that this enhanced the outcomes of the UI, with the characters, events and setting of the comic strip being immediately more relatable for UPPs. Class teacher 6B said that he *...liked the fact that they could see that it was actually real*

*children that they know, on their own playground and could relate to it, and say actually that does happen to me, and I should be trying out these strategies to get away from it.*

The researcher took a creative approach to both TI and UI, using both social stories and dramatherapy as a means to provide a non-threatening environment in which children could discuss potentially distressing topics. In post-intervention interviews, TPPs were asked what they had enjoyed most about the project as a whole. (Appendix II-f shows their responses in full). Four of the five TPPs (80%) reported that their favourite part of the intervention had been the creative element, be that the use of Lego to create an animated film about emotional regulation, developing the narrative for the comic strip itself, or acting out the scenes to be photographed for the comic strip.

In addressing RQ1, a number of themes have emerged. Data show that in comparison to UPPs, TPPs made more notable improvement according to their responses to SDQ and SJT. They also rated the usefulness of the project more favourably at 3.80 on average, compared with 3.43 by UPPs. Teachers and parents spoke positively about the influence they believed the project to have had on TPPs, however teachers were less positive regarding UI, and were less sure of its long-term effectiveness. They also spoke of the limitations of the UI, such as the time at which it had been delivered within the school year, as well as its short-term nature.

In contrast however, all teachers were very positive about the intervention design itself, which took an integrated approach of a TI leading into informing a UI. Children spoke positively about developing the materials for their peers, about featuring in the comic strip themselves, and about the creative aspects of the project. The collaborative nature of the project was also viewed favourably by two TPPs, and by several UPP.. Eight of the UPPs wrote about their enjoyment of the story portrayed in the comic strip, created by their peers. The implications of these findings will be discussed in the subsequent chapter. Broadly speaking, data collected address RQ1 (qualitative data more successfully so), although it could be argued that it would be impossible to reach a definitive answer. As a result of the findings, recommendations for future research, education policy and classroom practice can be made.

#### **4.3 Research Question 2: What are the challenges of implementing and evaluating school-based intervention research for children with complex needs in mainstream primary school?**

In order to answer this RQ, attention focused on parent and teacher responses to SDQs and the school's demographic as detailed by Ofsted (2017). These statistics provide a profile of TPPs and UPPs, and demonstrate some of the challenges faced in the implementation of intervention within the school. As well as this, evidence from parent interviews is used to show the influence of parental engagement on their child's own engagement with the project

but also with school as a whole. In considering the evaluation of intervention effectiveness, the amount and quality of data collected for both TI and UI is addressed. Fidelity to research design emerges as a significant factor affecting the evaluation of the interventions implemented. Furthermore, the issue of multiple interventions running in parallel is an area of focus when considering the accuracy of intervention evaluation. These challenges are summarised in Table 4.7.

*Table 4.8: Summary of challenges to implementation and evaluation of research*

Challenging factor	Evidence	Challenge to intervention success	Challenge to measuring outcomes
Challenging behaviour of TPPs and UPPs	SDQ completed by parents and teachers	✓	×
Variable opinions between parents and teachers of TPP behaviour	SDQ completed by parents and teachers	×	✓
Incomplete data sets; fidelity to research design; data quality	SDQ completed by parents and teachers; SJT completed by UPPs	✓	✓
Low levels of parental engagement	Post-intervention interviews	✓	✓
Variation in pupil engagement, perception and experience	SJT completed by TPPs and UPPs; interviews with TPPs	✓	✓
Parallel interventions	Interviews	×	✓

#### ***4.3.1 Strengths and Difficulties Questionnaire: Parents of target pupil participants***

Table 4.9 below combines SDQ results for all five TPPs, completed by three of their teachers, as well as one of their parents – in each case the child’s mother (the full versions, including raw scores, can be found in Appendix III i-m). The reader is reminded that these data were collected pre-intervention only.

Table 4.9: Aggregated Strengths and Difficulties Questionnaires completed by parents and teachers for target pupil participants (pre-intervention)

SDQ sub-scales (25 items)							
TPP	Mean scores	Emotional problems	Conduct problems	Hyperactivity	Peer problems	Pro-social	Total difficulties
5A	Mean total	B	A	N	N	N	A
	Teacher mean	A	A	A	N	N	A
5B	Mean total	B	A	N	N	B	A
	Teacher mean	B	A	N	N	A	A
5C	Mean total	N	B	N	N	N	N
	Teacher mean	N	N	N	N	N	N
6A	Mean total	N	A	A	N	B	A
	Teacher mean	N	A	A	N	A	A
6B	Mean total	B	B	N	N	N	B
	Teacher mean	N	B	N	N	N	B
TOTAL %	Mean total	2 N (40.0%)	0 N (0.0%)	4 N (40.0%)	5 N (100.0%)	3 N (60.0%)	1 N (20.0%)
		3 B (60.0%)	2 B (40.0%)	0 B (0.0%)	0 B (0.0%)	2 B (40.0%)	1 B (20.0%)
		0 A (0.0%)	3 A (60.0%)	1 A (20.0%)	0 B (0.0%)	0 A (0.00%)	3 A (60.0%)
	Teacher mean	3 N (60.0%)	1 N (20.0%)	3 N (60.0%)	5 N (100.0%)	3 N (60.0%)	1 N (20.0%)
		1 B (20.0%)	1 B (20.0%)	0 B (0.0%)	0 B (0.0%)	0 B (0.0%)	1 B (20.0%)
		1 A (20.0%)	3 A (60.0%)	2 A (40.0%)	0 A (0.0%)	2 A (40.0%)	3 A (60.0%)

KEY:	NORMAL	BORDERLINE	ABNORMAL
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Comprised of 25 questions across 5 sub-scales, the SDQ assesses children and adolescents for Emotional problems, Conduct problems, Peer problems as well as Pro-social behaviours. As defined by the SDQ, the bandings 'Normal', 'Borderline' and 'Abnormal' are based on a population-based UK survey of 403 children. The survey implemented cut points, so that 80% (n≈322) of children scored 'Normal', 10% (n≈40) 'Borderline' and 10% (n≈40) 'Abnormal' (Goodman, 1997). In the table, each response has been used to find a total score for difficulties in that particular SJT scale. For example, for TPP5A, the mean score of all four adults for Emotional problems was 4.5, which would give that area a rating of 'Borderline'

using the SDQ scoring system. For each TPP, there can be seen a mean taken from all four scores (those of parent and teacher). In addition, to provide comparison, there is a mean taken *only* from teacher scores.

All SDQ assessments were completed pre-intervention, but not post-intervention. The results demonstrate the range of difficulties experienced by each of the TPPs prior to intervention, as well as the considerable variances in opinion of teachers and parents. The data also give a picture of the challenges faced by the teacher-researcher in implementing effective intervention (see Appendix III i-m for results in full).

#### 4.3.2 Strengths and Difficulties Questionnaire: Parents of universal pupil participants

Table 4.10: Strengths and Difficulties Questionnaire completed by parents of universal pupil participants pre-intervention

Range	SDQ sub-scales – Parent version (25 items) (n = 38)					
	EMOTIONAL PROBLEMS	CONDUCT PROBLEMS	HYPER-ACTIVITY	PEER PROBLEMS	PRO-SOCIAL	TOTAL DIFFICULTIES
	n	n	n	n	n	n
Normal	27 71.1%	27 71.1%	28 58.3%	31 81.6%	35 92.1%	28 73.7%
Borderline	4 10.5%	4 10.5%	2 5.3%	3 7.9%	2 5.3%	7 18.4%
Abnormal	7 18.4%	7 18.4%	8 21.1%	4 10.5%	1 2.6%	3 7.9%
Total	38 100.0%	38 100.0%	38 100.0%	38 100.0%	38 100.0%	38 100.0%

Table 4.10 shows the results of the pre-intervention SDQ (25 items) completed by parents of UPP. As can be seen, 92.11% of parents scored their children favourably on the Pro-social scale, and 81.58% scored positively on the Peer problems scale. Scoring less favourably were the areas of Emotional and Conduct problems, with seven parents (18.42%), scoring their child within Abnormal parameters for these areas, and a further four parents (10.81%) scoring their child within the Borderline category. The area which parents deemed to cause the most difficulty for their children was Hyperactivity, for whom eight parents (21.05%) rated their child within Abnormal parameters, and two (5.26%) as Borderline.

### 4.3.3 Parental support and engagement with school and intervention (interviews)

During interviews (5-10 minutes long), parents of TPP5B and 6A were asked about their understanding of the project and how they felt their child had enjoyed it. Their responses provide an insight into their levels of engagement with the research. As is clear from Table 4.11, neither parent could describe the intervention nor could either parent determine whether or not their child had enjoyed it.

Table 4.11: Interview responses from parents of target pupil participants

Parents of TPP (R= researcher; P = parent)	
Interview Question: From what your child has told you, what is your understanding of the project they have taken part in?	
Parent 5B	Parent 6A
<p><i>P: He hasn't really told me anything, so I don't really know anything to be honest</i>  <i>R: So as far as you're aware ... has he enjoyed it?</i>  <i>P: Yes. He hasn't said otherwise, so I think he's enjoyed it.</i></p>	<p><i>P: Just for clarification, this is the stop animation project? ... Yes so they were making a little film using Lego figures for stop animation ... something to do with behaviour. You did provide me with some documentation but it's filed. I haven't read it recently ... I think he liked the idea of the concept, but he didn't really talk about it all, so I'm not really sure.</i></p>

Later during the researcher's interview with the mother of Child 6C, she recounted a story of when she believed her son to have shown improved emotional regulation as detailed below.

*Yeah, yeah ... the one example was when he'd got his mobile phone on him in school. He hadn't even entered the class so he hadn't handed it over. The head decided to have a go at him, take it off him, take him to her office, give him one of her five minute chats that lasts 20 minutes ... I mean like it was a fairly unfair situation because he hadn't even got to the point in the school day where he handed it over. But he kind of like just went 'pffff, you're on one again' and let them do their thing, and then walked off.*

This particular comment was noteworthy because the teacher-researcher had been present at the event the parent was describing, and therefore knew that there were significant inaccuracies in the story that was being told. In reality, TPP6B had walked through the school with his headphones on, rapping loudly, using inappropriate language. When asked to hand in his phone by the headteacher he shouted abusively, and then threw the phone at her. He was then asked to go and see her later that morning after he had calmed down. The two most notable factors here are firstly, that the parent wholly believed the child to have been telling the truth about the incident, and secondly that the parent spoke so negatively about the headteacher to a known colleague and teacher. Interesting comparisons can be drawn between the comments of the mother, and those of her son, Child 6B who said the following

during his post-intervention interview: *I don't like the headteacher ... She doesn't like me and I don't like her ... She has a problem with me. She just doesn't like me ...* As is evident, both parent and child appear to have negative opinions towards the Head Teacher. This parental influence on behaviour will be discussed in the next chapter as a possible factor presenting further challenges to implementing and evaluating school-based interventions.

#### ***4.3.4 Evaluating data: data quality and pupil engagement***

TPP engagement in the project was varied. Due to the nature of some of the children selected, their behaviour proved to be a significant barrier to progress within the sessions. Table 4.2 (as seen on p. 47) goes some way to demonstrating this. Two children in particular provided notable findings: Regarding the SJT, TPP5B gave the least desirable answer to each question pre-intervention, and the most desirable answer to each question post-intervention. These findings suggest that he had gained the most positive outcome. This was in contrast to TPP6A, whose responses did not show *any* positive change as a result of the project, with the number of least desirable responses doubled post-intervention. These findings call into question the reliability of the data gathered, and are discussed in further detail in conjunction with thematic analyses of pre- and post-intervention interviews with target pupils in the subsequent chapter.

The same theme emerges with regard to evaluation of effectiveness can be seen in UI SJT data (see Appendix II-1. The integrity of the data is questionable if one considers the profile of the findings. As can be seen, for Questions 1, 2 and 4 there appears to have been negative changes as a result of the intervention, with more children opting for the least desirable answer post-intervention. This is in contrast to Question 4 which demonstrates a positive effect of intervention, with more children opting for the most desirable answer, and Question 3 for which there was a significant increase in children opting for the middle answer (not most or least desirable). These apparent anomalies are discussed in further detail within the next chapter, with particular reference to the complexity of the children concerned and the school environment itself. Similarly, when looking at responses to the final question within the post-intervention questionnaire, which asked for children's opinions of the UI (as described above), children gave very mixed responses. The quotes below are all from Y6 male UPPs in the same class. All received identical intervention, delivered by the researcher. The variations in perception and experience serve to further highlight the challenges of evaluating the effectiveness of primary school-based interventions. Furthermore, they call into question the effectiveness of UI, particularly when one takes into consideration those pupils who explained that the project lacked relevance for them, despite it being such a large focus for the school as a whole.

**UPP 1:** *I found the project very useful because it changed how I act and now I rarely get angry or get in a fight. I'm very happy nowadays – I'm a bit more positive.*

**UPP 2:** *This has been a useful thing for me because when someone angers me I don't usually react but before I didn't tell and I was finding it hard to calm down – not any more thanks to the project.*

**UPP 3:** *I think the project was useful for some people but not for me because I know I can control my feelings such as anger. Maybe my emotion regulation has changed. The comic strip had an impact on me because it made me realise how other people can think or feel. It was quite fun as well!*

**UPP 4:** *My thoughts on this so called 'project' are quite bad; by which, I mean really bad. I didn't like the project, since I got nothing out of it. I didn't find this project useful because it didn't help me in the slightest.*

#### 4.3.5 Quantity of data collected by researcher for target pupil participants

Table 4.12 below details the data types collected for TPPs, with totals detailed for each data type, as well as totals per TPP. It is included here as it provides key data in addressing RQ2, as to the difficulties of implementing and evaluating intervention for children with complex needs, and in challenging environments. The reader is reminded that due to withdrawal of parental consent for one TPP, only five pupils (83.33%), three from Y5 and two from Y6, took part. Notably, full data sets were only collected for two (33.33%) of these five TPP. The parents of TPP5A, 5C and 6C (all of whom spoke EAL) all declined to take part in interviews.

Table 4.12: Quantity of data collected for target pupil participants

Data collected	Target Pupil Participant						Total n=6
	TPP5A	TPP5B	TPP5C	TPP6A	TPP6B	TPP6C	
Parental consent	✓	✓	✓	✓	✓	× Withdrawn	5 83.3%
Pre-intervention (TI) interview	✓	✓	✓	✓	✓	✓	6 100.0%
Post-intervention (UI) interview	✓	✓	✓	✓	✓	×	5 83.3%
Parental SDQ completed	✓	✓	✓	✓	✓	×	5 83.3%
Pre- and post- UI SDQ (shortened) and SJT	✓	✓	✓	✓	✓	✓	6 100.00%
Post-UI interview with parent	×	✓	×	✓	×	×	2 33.3%
<b>Total (6 assessments)</b>	<b>5 83.3%</b>	<b>6 100.0%</b>	<b>5 83.3%</b>	<b>6 100.0%</b>	<b>5 83.3%</b>	<b>2 33.3%</b>	

#### 4.3.6 Data collected by class teachers for universal pupil participants

Table 4.13 below shows the number of questionnaires completed by UPPs. Class 6B had their intervention led by the researcher, whereas Class 5A, 5B and 6A were all delivered by class teachers. As detailed earlier, 61 pupils out of a possible 91 pupils (67.0%) completed both questionnaires (including TPPs). These incomplete data sets are evidence in themselves of the challenges of evaluating research. As can be seen, all pupils (100%) in Class 6A completed the pre-intervention SDQ and SJT. In all three other classes, a number of participants did not complete the questionnaire, despite taking part in the intervention itself. The reasons for this are varied, and the implications of this will be discussed in the subsequent chapter. Numbers of respondents decreased further for the completion of the post-intervention questionnaires, with a mean of 73.64% of Y5 pupils, and 77.27% of Y6 pupils. Table 20 also shows that 50% or fewer parents of children in each class completed an SDQ for their child.

Table 4.13: Quantity of data collected for universal pupil participants

Data collected	UPP			
	Class 5A n=22 and % total class 5A	Class 5B n=24 and % total class 5B	Class 6A n=22 and % total class 6A	Class 6B n=22 and % total class 6B
Pre-intervention SDQ (shortened) and SJT	18 81.8%	20 83.3%	22 100.0%	20 90.9%
Post-intervention SDQ (shortened) and SJT	16 72.3%	18 75.0%	19 86.4%	15 68.2%
Number of extended responses in post SJT	7 31.8%	16 66.7%	19 86.4%	15 68.2%
Parent SDQ (full)	9 40.9%	9 37.5%	9 40.9%	11 50.0%

Further lack of fidelity to research design is notable when looking at the number of respondents to the final questions posed in the UI questionnaire, as detailed in Table 4.11. The question asked for a summary of thoughts about the intervention and whether or not pupils perceived their emotional regulation to have improved. 100% of Y6 pupils, and 88.89% of pupils in Class 5B responded to the question, however, this outcome is in contrast to Class 5A from which there was only 43.75% of participants who attempted to answer. The contents of children's responses are discussed later.

#### 4.3.7 Interventions running in parallel: challenges for accurate intervention evaluation

A number of the pupils were recipients of support from multiple agencies. Two TPPs (Child 5B and 6A) and their families were receiving support from CAMHS. One of these boys was also receiving counselling sessions in school provided by an external agency. This poses difficulties for the researcher when considering the success of the TI in isolation. This was recognised by the parent of TPP6A as well as the headteacher who both commented on the fact that this intervention had taken place in parallel with CAMHS intervention, and therefore it would not be possible to identify the exact cause for her son's improved behaviour.

In addressing RQ 2, there are a number of factors affecting the implementation and evaluation of primary school-based interventions for children with complex needs. Factors that emerged from the data were the difficulties of working with children with challenging behaviour within group settings, as well as the engagement of parents and its subsequent influence on their children. Further influences on data evaluation were also apparent including barriers to data collection itself, for example school-based time constraints and fidelity to research design. The implications of these findings will be discussed in the next chapter.

## Chapter 5: Discussion

### **5.1 Introduction**

This chapter draws together data collected for the targeted (TI) and universal interventions (UI) in relation to each research question (RQ). Having examined the findings, the chapter considers the limitations of the study and subsequently looks at the implications of the findings for future research, educational policy and classroom practice.

### **5.2 Research Question 1: What type of intervention is most effective in supporting the emotional wellbeing and in particular, emotional regulation, of children with complex needs in mainstream primary school?**

#### ***5.2.1 Long-term intervention***

In support of findings from the PHE (2015) and Gansle (2005), the most notable finding is that long-term intervention appears to have greater effect on its participants than short-term, stand-alone interventions. Outcomes for target pupil participants (TPPs) Situation Judgement Tests (SJT) showed positive change in emotional regulation (Table 4.1 and Appendix II-a). This was in contrast to results from the UI that showed minimal change in outcomes of the SJT (Table 4.2 and Appendix II-b). A potential reason for this is the longevity of the intervention: TPPs took part in intervention for twice as long as universal pupil participants (UPPs). In support of these findings are the results of the shortened SDQ completed by UPPs that also showed negligible change with regard to each of the SDQ scales (Pro-social, Conduct, Peer problems and Hyperactivity) (Table 4.3). As has been discussed, the SDQ is intended to be completed on a six-monthly basis, and therefore changes in responses to these questions would be minimal over a period of six weeks, or even 12 weeks (as for TPPs). This again suggests, that in order to have a positive effect on children's emotional wellbeing (EWB), intervention ought to be sustained over a substantial period of time.

The perceived effectiveness of the intervention by respondents mirror these findings, in that all the teachers interviewed, both parents, and four out of five (80%) TPPs, believed the intervention to have positively impacted on their emotional regulation (Table 4.4, 4.5 and Appendix II-b). Pupils gave a mean rating of 3.80 (SD 1.30) for perceived effectiveness out of a possible 5.00. This was slightly lower for UPPs whose mean rating was lower at 3.43 (SD 1.19) (Table 4.5). Teacher perceptions of the effectiveness of the UI were also somewhat less positive and despite all recognising that there had been some positive impact, all acknowledged limitations with regard to longevity and timing (Appendix II-e). The teacher of Class 5A said that she believed the intervention had helped children to improve their

emotional regulation in the short term, however she contended that many of them would 'revert back' after the summer holidays (Appendix II-d), and with a new class teacher. The same observation was made by the teacher of Class 6B (Appendix II-e): *I think it's worked but how permanent it is, is a bit harder to tell. In terms of how they apply what they've learnt long term. Short-term, definitely.*

These findings are supported by several researchers commenting on the efficacy of long-term, on-going and consistent interventions to support children's EWB (Dix et al., 2012; Gus et al., 2017; PHE, 2015; PSHE Society, 2015; Weare, 2005). Domitrovich et al. (2010) urge caution in the implementation of interventions in isolation and over a short period of time, arguing that these can result in a lack engagement from participants as well as staff. This was evident in this study, with levels of engagement observed as being higher for TPPs, with the exception of TPP6A (to be discussed below).

### ***5.2.2 Integrated intervention: targeted and universal***

Much of the research examined supports whole-school approaches to intervention (Campbell et al., 2016; Dix et al., 2012; DoH, 2015; PSHE Society, 2015; Vostanis et al., 2013; Weare & Markham, 2005), however, the data collected for this study challenge this assertion.

Substantial benefit was seen in the dual implementation of targeted *and* UI, and despite numerical data demonstrating somewhat limited changes for universal participants, it could be argued that had the project been sustained over a longer period of time, its benefits would have been seen to be more substantial. As has been highlighted, outcomes were seen to be more positive for TPPs, who reportedly improved in their emotional regulation as a result of the double-stranded intervention, some significantly so (for example TPP5B. See Table 4.2). This would suggest that this approach to intervention was effective in that those children that needed it the most, gained the most benefit.

Prior to commencement of the TI, the children's theatre director first came into school. The teacher-researcher asked TPP6A to take him on a tour of the school and he did so in a polite and friendly manner. After the tour however, the theatre director did a workshop with all of Class 6A, and immediately TPP6A's behaviour deteriorated and he shouted that he was bored and did not want to participate. This would suggest that perhaps this child in particular would have responded more favourably had the intervention been carried out on a 1:1 basis, rather than within a group. These findings would contradict the arguments of Campbell et al. (2016); Dix et al. 2012; Vostanis (2013) and Weare and Markham (2005), in that had this intervention been solely implemented using a whole-school approach, a child such as TPP6A, with his particular difficulties, would fail to make progress, and would actually hinder the progress of others in a whole-class setting.

One child who was identified to be a sixth TPP from Y6 was initially given permission to take part in the TI, and then withdrawn by his parents. This parent was from a BEM group and spoke EAL. It could be argued that this withdrawal was related to a sense of stigmatisation as described by Kurtz and Street (2006) who reported that the stigma of seeking help from MH services is more marked amongst parents from BEM backgrounds, and can prevent vulnerable children from accessing support. The child in question was however permitted to take part in UI, and his answer to the final extended question in the SJT demonstrated that he perceived the UI to have been significantly impacting:

*The project helped me so much ... I won't forget these skills. One of the best skills is knowing the difference between being assertive or aggressive ... this project that helped me so much.*

These findings support research conducted by Domitrovich et al. (2010), NICE (2013) and Shucksmith et al. (2007) who advocate a combined approach to intervention (TI and UI), suggesting that this results in a broader influence on pupil EWB and maximises exposure to intervention. Using this child as an example, where involvement in a TI was seen to be stigmatising, he was still permitted to take part in the UI, and therefore still accessed support for a key area of his EWB. Deighton et al. (2013) support this, arguing that schools which adopt an integrated approach to intervention using a range of different strategies, are most successful in supporting the emotional health of primary pupils, as well the behaviour of at-risk pupils. Certainly TPP's key role in the development of UI clearly gave the pupils a sense of empowerment and pride, further consolidating key messages from the intervention and therefore enhancing its efficacy (Appendix II-e).

In contrast, Vostanis et al. (2013) assert that UI for mental health (MH) is preferable to TI due to its cost-effectiveness, in that schools would not have to fund training for specialist teachers or use external agencies in the provision of TI. The results of this study however support the argument that rather than cost-cutting in this way, extra funding is essential to provide integrated intervention. Without doing so vulnerable pupils in particular need would fail to receive the personalised support they require, for example TPP5B.

Campbell et al. (2016) and Weare & Markham (2005) argue that whole-school intervention avoids stigmatisation of individuals and groups. Eccleston and Hayes (2009) suggest that targeted pupils would perceive themselves to be damaged or fragile in comparison to their peers. Interestingly, in opposition to both these arguments, when asked whether or not they had liked having their comic strip as a focus for UI, all the TPPs responded positively and with a sense of pride in what they had achieved, for example, TPP6B (Appendix II-e): *... It gives me fun memories and whenever people are looking at it and they see that it's me ... And like now everyone knows me ... It was fun.*

Furthermore, the teacher-researcher observed that within UI lessons, UPPs reacted positively towards the comic strip produced by and featuring TPPs, saying the resource was 'cool' and complimenting their peers on its quality and content. When first recruiting pupils to take part in the TI, children were keen to be involved, and actively sought out the researcher to request inclusion in the project. This suggests that not only were pupils happy to take part in TI, but that their peers were also respectful as well as supportive of their involvement.

Teachers were also positive in their assessment of the dual intervention format and commented on the relevance of the comic strip developed within the TI. They suggested that this enhanced the outcomes of the UI, with the characters, events and setting of the comic strip being immediately more relatable for UPPs (see Appendix II-e).

*I liked the fact that they could see that it was actually real children that they know, on their own playground and could all relate to it, and say actually that does happen to me, and I should be trying these strategies to get away from it.*

The teacher-researcher also observed a substantial rise in levels of engagement from pupils in Class 6A, both TPPs and UPPs, when the comic strip was introduced as a focus for the lessons. In addition, the class teacher of Child 5B and 5C discussed the effect this had on TPPs, who he observed to have felt proud of what they had achieved: 'just children seeing themselves – something they could be proud of,' (Appendix II-e).

Responses to questionnaires from UPPs were varied, however 63.93% of pupils answered positively, explaining that either the intervention had helped their own emotional regulation, or that of their peers. Significantly one Year 5 pupil wrote:

*I'm a bit lonely and sad and some call me idiot and fat and I wanna go home and at play I try to play football but X says I'm dead and I hate my life and no one likes me, not even my teacher. I'm a loner.*

Fortunately because the pupil had disclosed this information within UI, targeted action could be taken to try to support the pupil's EWB on an individual, targeted basis. Such a disclosure in this context would support the use of integrated approaches to intervention, ensuring maximum outcomes for all pupils.

### ***5.2.3 Seeking to understand a child's behaviour***

The research for this study was carried out in a school in an urban area of England, in which many pupils had complex needs, and vulnerabilities and there was significant challenge in the support of academic and emotional needs. Prior to intervention, the school had been experiencing significant challenges in the behaviour of its pupils, particularly those in Year 5

(Y5) and 6 (Y6), and had acknowledged that a change of approach in behaviour support was required. Particularly evident was the lack of emotional regulation for many of the children, with frequent incidents of aggressive outbursts and violence. As well as this, or arguably as a result, there was a high staff turnover, with supply teachers often refusing to return to the school, and teachers having substantial periods of time off sick due to stress. As argued by Public Health England (2014), the culture and environment of a school, as well as the relationships fostered within it are key to children having a sense of belonging and help them to feel positive about the school and in turn, engage in learning. The levels of disruption and hostility observed within the classrooms in the school were to the detriment of pupils' EWB and in turn, their academic attainment.

The teacher-researcher took on the role of Y6 class teacher in February, after the resignation of their existing class teacher. Over time, the behaviour in the classroom was seen to improve, and the teacher-researcher was able to establish positive relationships with the pupils. There were fewer violent incidents (although not eradicated entirely), fewer pupils left the classroom without permission, there was greater consistency of teaching staff, and vitally to the school, pupil engagement in learning improved and academic progress was made by many children. These findings align with a large body of research which suggests that the establishment of positive relationships with class teachers and a secure school environment can provide children with a consistent source of EWB (Geddes, 2006; Davis, 2013).

Much research into children's MH and EWB advocates that in order to help a child, it is essential to understand *why* they may be presenting challenging behaviour, seeing the behaviour as a method of communication (Greene, 2009 & 2016 and Lever, 2011). In addition, there are compelling arguments by Nash et al. (2016), Rose et al. (2015) and Shaughnessy (2012), who suggest that rather than using traditional rewards and sanctions systems for behaviour management, more emphasis should be placed on the social and emotional needs of the pupil and the possible implications of Attachment Theory. The findings of the teacher-researcher would strongly support this contention, in that traditional methods of sanctions and rewards were proven to be ineffective within the school. Where successful support was being implemented by teaching staff and external agencies, pupils were seen to improve in their emotional regulation.

The most convincing evidence to support this assertion would be the responses of pupils and teachers to interview questions regarding intervention impact. All TPPs with the exception of TPP6A considered the intervention to have helped their emotional regulation (Table 4.4). Three of the children spoke about an improved ability to calm down in difficult situations. If one considers teachers' initial responses regarding the emotional regulation of TPP, then the outcomes of the intervention could be said to be substantial. Teachers had previously

described children having 'meltdowns', tantrums, throwing items across the room, kicking, screaming, storming out of the room, pushing over tables and chairs, frustration and anger. Incidents of a loss of regulation did not cease to happen entirely, however they were assessed by teachers as being far less frequent, less explosive and quicker to be resolved.

Parents also assessed their children as having improved in their emotional regulation (Appendix II-c). The mother of TPP5B said that he was more able to walk away from arguments with his sister rather than the situation escalating. She was particularly happy because before the project, she was regularly called into school regarding her son's challenging behaviour, however since the intervention, had not heard from the school at all with regard to any behaviour incidents. TPP6A's mother also reported that her son was more able to accept that people make mistakes, and was reacting in a less volatile way to challenging situations. She too reported a reduction in the number of behaviour incidents in school. She assessed his improvement in emotional regulation as being a result of both the TI, as well as concurrent CAHMS intervention provided externally.

The findings would support the argument that reliance on traditional behaviour systems such as rewards and sanctions is ineffectual. Instead the research suggests that children benefit from TIs and UIs for EWB, in which supporting adults work collaboratively with pupils and attempt to understand their feelings, delivering interventions and developing whole school initiatives which are tailored to meet their needs, and subsequently build resilience.

#### ***5.2.4 Creative approaches to intervention***

Findings regarding the creative approach to intervention were largely in line with pertinent literature (Bombèr, 2007; Gansle, 2005; Hoey, 1997; Jennings, 1987). Through the use of drama and story-telling, pupils were able to deal with what could have been challenging content, without having to talk about themselves or disclose information. Instead they could offer solutions for fictional characters in similar situations to their own, and see events from another perspective to their own. All pupils spoke positively about the creative approach taken, and in particular about the comic strip produced and used as the focus for UI (see Appendix II-f).

#### ***5.2.5 Collaboration between teachers, participants and their peers***

Findings from the TI and UI suggest that collaboration between teachers, participants and their peers is beneficial to intervention engagement and resultant impact. As Parker & Levinson (2018) argued, children should be actively engaged and collaborate in their education. In initial discussion with TPPs, the teacher-researcher suggested that their involvement in the project was as experts in order to collaboratively develop the media for

their peers taking part in the UI; as a result, TPP were seen to be more highly motivated and openly discussed strategies to aid increased emotional regulation. This would support findings by Reid (2017) who suggests that by involving vulnerable children in the development of intervention, success is increased, and rather than punishing their poor behaviour, understanding this behaviour and working collaboratively with the pupil is far more impacting. Within the UI, the teacher-researcher also observed increased levels of engagement by UPP when they were asked to advise one another as to how they might emotionally regulate in a challenging situation (Appendix I-b).

As TI was carried out on a small group basis, pupils did not feel stigmatised by their inclusion in the project; their opinions were not only being listened to, but also acted upon. This echoes findings made by a number of researchers in the same field (Dunn, 2009; Greene, 2009; Weare & Markham, 2005). As previously outlined, a 'peer partner' group also took part in the TI to provide balance and cohesion to the group, and also decrease any potential stigmatisation. This further served to help the children to draw on each other's strengths, as advocated by Weare (2000) and Shucksmith et al. (2007), and therefore made the intervention more successful, helping to modify children's behaviour, with the peer partner group acting as positive role models for TPPs.

In support of the findings of Burton et al. (2014) self-disclosure from the workshop leaders when discussing emotions and plotting them onto graphs, helped pupils to feel safe in making their own disclosures and the process became more collaborative. Appendix II-f demonstrates an example of such disclosure, when a teacher gave an example of when they struggled to emotionally regulate and pupils offered possible strategies to cope in that situation. The teacher-researcher observed that pupils became more willing and able to talk about their emotions, and by working collaboratively with their peers and teachers, engaged positively and proactively. Furthermore, their key role in the development of UI gave the pupils a sense of empowerment and pride, further embedding key messages.

### **5.3 Research Question 2: What are the challenges of implementing and evaluating school-based intervention research for children with complex needs in mainstream primary school?**

#### ***5.3.1 Influence of pupil demographics on implementation of intervention research***

As has been highlighted, at the school there were above average levels of BEM, EAL, PP and SEN pupils meaning many were experiencing multiple risk factors to their EWB. One potentially significant challenge to the success of the research could be seen to be the contrast in demographic between the teachers delivering the intervention, and the pupil participants. All but two members of teaching staff in the entire school were white British, the

majority of which were from outside the local area (from which some pupils had never ventured), and evidently they were professionals in their roles as teachers. It could be argued that these differences presented a significant barrier to the relationships between pupils and their teachers across the school, and that perhaps children saw their teachers as being too profoundly different from themselves to make meaningful disclosures or develop trusting relationships. Furthermore, the role of the teacher-researcher as a white, female academic may have further exacerbated this perception, when one considers that 61.18% of UI were male and 84.6% were from BEM groups; 80.0% of TPP were male and 80.0% of TPP were from BEM groups

This finding supports Coleman (2011) who argued that BEM children can develop an inferiority complex and feel isolated from the majority culture. It could be argued that despite the pupils in the school being from predominantly BEM groups, the large majority of teaching staff were not, and this perhaps reinforced the perceived differences between teachers and pupils, and therefore impacted on the establishment of relationships key to success in school.

### ***5.3.2 Influence of school environment and pupil conduct and behaviour***

The environment and ethos fostered within a school can have a significant impact on its pupils' MH and EWB, and subsequently their learning (Askell-Williams et al. 2013; Bombèr, 2007; Brooks, 2014; Durlak et al. 2011; Jackson et al. 2008; Weare & Markham, 2005). Evidently if children view their schools as supportive environments in which they feel safe, then they are more likely to flourish, both socially and academically. Within this school however the environment was frequently hostile, and children reported feeling unsafe or scared of some of their peers. Not only this, but a number of teachers said that they too felt scared of individual pupils, one of whom was TPP6A. Whilst the TI and UI went some way to addressing this lack of emotional support for pupils, this was temporary, and it is questionable how long-lasting the outcomes would be.

As reported, in response to the SDQ (Table 4.7), of 38 UPP parents, 18.42% reported their child to be within Abnormal parameters for Emotional problems, 18.42% for Conduct problems and 21.05% for Hyperactivity. With these findings in mind, it is apparent that the school environment was a challenging one (bearing in mind that figures could well be much higher if completed by teachers).

Since PSHE lessons were often omitted from the curriculum to facilitate core subjects (in which pupils were significantly underachieving), lessons focusing on emotional literacy were infrequent and therefore pupils lacked the language, and also the confidence with which to express their feelings. This was observed by the children's theatre director who co-led the TI

with the teacher-researcher within his written reflections (the full version of which can be found in Appendix III-h):

*It was clear that accessing arts and creating arts-media was a novelty for the majority of [children] ... whenever pupils were asked to work alone, to create alone or to create in pairs or small groups, without absolutely detailed markers from myself or teacher-researcher, almost always they failed to even attempt the task.*

The argument that traditional behaviour management systems of sanctions and rewards lack efficacy and instead should be replaced by or run alongside a more problem-solving, collaborative approach is supported by these findings (Nash et al. 2016; Rose et al. 2015). Systems in place such as lunchtime detentions and exclusions were ineffective, and the teacher-researcher observed them to heighten negativity from pupils towards their teachers. As so many pupils attended lunchtime detentions (up to 20 at a time with one member of staff to supervise) they were not seen as a punishment. In fact it was observed that the behaviour of younger pupils would deteriorate further in these sessions in a perceived effort to gain the attention and respect of older children. Because the reward system in place only rewarded one pupil per week, this too lacked impact, and persistently disruptive pupils appeared to be disinterested in the system, deeming it to be infantile or even embarrassing to receive.

In addition, because pupils (most often boys) frequently resorted to violence when experiencing conflict with their peers, there was an atmosphere in which boys were seen to be 'cool' or to be afraid of if they took part in fights. An example of the influence this had on the UI was seen in the first lesson when the teacher-researcher was discussing the term 'emotional regulation' with Class 6A. One pupil who had shown good regulation was picked out and praised for his actions earlier in the day when another boy had been attempting to provoke him, and he had reported the incident to the teacher-researcher, rather than retaliating. At that point and in what was perceived to be an attempt to re-gain respect from his classmates, the same child picked up their pen and thrust it hard into the face of the boy next to him; a fight ensued with the class having to be evacuated, and the TR, who was heavily pregnant at the time was threatened with violence. This incident demonstrated the significant barrier to this intervention in particular, in that regulating one's emotions was seen by many pupils as being not only unnecessary, but actually something to be derided, and therefore a significant shift in pupil perceptions and belief-systems were needed for the lessons to have their desired impact.

The same issue proved challenging to evaluating the outcomes of the intervention: in Class 5B in particular, only 7 pupils completed the final question on the SJT questionnaire. Some of the boys in the class refused to answer any of the questions, or wrote 'none', 'none', 'none' to each

of the SJT question responses. This demonstrated a lack of engagement in the project, but also a refusal to be seen to be engaging with it amongst their classmates. Their responses also served to reinforce the importance of staff training and monitoring in order to maintain high-quality delivery of intervention in-keeping with the research design. Both these findings support the assertion that schools which provide a supportive environment for all their pupils can expect to experience greater levels of engagement, satisfaction and behaviour. They also demonstrate that without a positive and supportive whole-school environment, significant challenges to intervention to support children's EWB are somewhat inevitable.

### ***5.3.3 Target pupil participant conduct and emotional regulation***

TPP engagement in the project was varied, as evident in the SJT results (Appendix II-a) when comparing participant responses. This is particularly apparent when comparing data for TPP5B and TPP6A. In discussion with the children's theatre director, he suggested that the reason for these variances was down to pupils' self-confidence:

*Routinely when left with a blank paper/blue sky situation they would stop and say something along the lines of "I don't get it" or "I'm not doing it" and several of the group would "act up" and verbally or physically engage other participants as a diversion away from the task. This for me is poverty of confidence, poverty of experience ...*

The SDQ profiles of TPPs themselves presented a challenge to the implementation of the TI. Teachers assessed 60% (n=3) of TPP within Abnormal parameters for Conduct, 20% (n=1) for Emotional Problems, 40% (n=2) for Hyperactivity, 40% (n=2) for Pro-social and 60% (n=3) for Total Difficulties using the SDQ scoring system (Table 4.7). As defined by the SDQ, the bandings 'Normal', 'Borderline' and 'Abnormal' are based on a population-based UK survey which implemented cut points (Goodman, 1997). These statistics make clear the extent to which TPPs struggled with their emotions prior to intervention, and in particular with conduct and emotional regulation. Inevitably, although the TI addressed these issues, they remained areas of challenge for the pupils.

This was demonstrated by TPP 6A who scored 'Abnormal' for Conduct problems, Hyperactivity, Pro-social and Total Difficulties pre-intervention. Throughout the TI his engagement was limited. When he did contribute to group discussion he often shouted his ideas over his peers, and berated others for suggestions with which he did not agree. When taking photographs for the comic strip, TPP6A refused to take part unless he was allowed to be the main character. When another child was selected for this role, TPP6A became very disruptive, shouting '*boring, boring, boring*' over the theatre director and threw footballs at the children acting in the scene. Fortunately, the inclusion of a 'peer partner' group, meant that other children could act as role-models for positive behaviour and therefore his poor

behaviour was ignored by his peers on the most-part. At times however, his actions impeded on the progress of the group and meant that certain pupils may have felt dominated or intimidated. Evidently his influence on the group detracted from the sense of safety and collaborative problem-solving at times. Somewhat unsurprisingly, his assessment of the intervention and its effect on his emotional regulation was noticeably more negative than his fellow TPPs. It could be argued that this was due to his lack of engagement within workshop lessons and his persistently challenging behaviour, or that like the pupil in the UI discussed above, TPP6A wanted to maintain a sense of pride in his record of poor behaviour, and did not want to admit to having improved emotional regulation, despite the observations to the contrary of the teacher-researcher, headteacher and his mother.

#### ***5.3.4 Parental support and engagement***

Two parents (40%) of TPPs agreed to be interviewed post-intervention (Table 4.9). Neither parent could describe the intervention their child was participating in, despite having received written clarification and signing consent forms, nor could they say whether or not their child had enjoyed participation in the project. It could be argued that their own lack of engagement could have influenced their child, particularly where TPP6A was concerned, and that had they discussed emotional regulation and the TI with their child, then results could have been more positive.

Another example of the influence of parental support, or lack of it, emerged when interviewing the mother of TPP6A when she described an example of what she perceived to be her son's improved emotional regulation. In reality the situation she described was far from accurate and her son had been verbally and physically abusive towards the headteacher after being asked to take his headphones out and hand over his mobile phone. Not only did the mother of TPP6A praise his actions (she believed that he had done as requested by the headteacher), but she also spoke derisively about the headteacher. This was significant in that during a later interview with her son, he too spoke very negatively about the same headteacher suggesting that his mother's opinions about the school and his teachers served to justify his persistently disruptive behaviour, and to some extent, encourage it, despite the efforts of teaching staff.

#### ***5.3.5 Differences in perception between participants***

Results from SDQs completed by teachers and parents showed marked differences in their opinions of TPPs. It is to be expected that children will behave differently when in different situations suggesting that positive relationships are key to EWB. For example the mother of TPP5A assessed her as being within Normal parameters for each scale of the SDQ, as opposed to her teachers who assessed her within Abnormal parameters for Emotional problems,

Conduct problems, Hyperactivity and Total Difficulties. It could be argued that this was due to some level of denial from the parent who did not want to admit that her daughter was experiencing emotional difficulties, or it could be that TPP5A rarely exhibited these behaviours at home, only at school. If looking more closely at the SDQ results for this child, her class teacher also scored her more favourably in each SDQ scale. The headteacher assessed her as having a lack of pro-social behaviours, reporting that she was inconsiderate of other people's feelings, and was not kind to younger children, however this was in opposition to all three of the other respondents.

These findings highlight the complexity of assessing children's emotional strengths and difficulties with accuracy, in that all adults working with them will have different experiences of the child's behaviour. The adults who assessed TPP5A most favourably were her mother and class teacher, suggesting that as many researchers have argued, secure attachments are key to EWB and development (Bombèr, 2007; Geddes, 2006; Sroufe & Siegel, 2011). However it must be questioned what was causing TPP5A to behave so disruptively for other adults. These findings add further support to the argument that understanding the causes of a child's disruptive behaviour are key to helping them to overcome their difficulties. They also demonstrate the difficulty of not only identifying pupils for intervention, but the complexity of providing effective and impacting intervention to suit individual needs, as well as evaluating intervention impact.

### ***5.3.6 Intervention timing and pressures of accountability***

As detailed, the TI was implemented in the first half of summer term, and the UI in the second half. The headteacher reasoned that statutory assessments (SATs) would have been completed by that point, and therefore the UI would not interfere with time needed to prepare. As discussed by a number of researchers (Jackson et al. 2008; Weare, 2000), this is a common approach taken by headteachers, in that schools are under so much pressure to perform academically, that the broader curriculum can be neglected and as is often the case, that includes the provision of PSHE. Ironically, this is likely to be the time when emotional support is actually the most needed, when children are facing high-stakes tests such as SATs which can negatively impact on children's EWB (Bonnell et al. 2014; Geddes, 2006; Greene, 2016).

As a result of accountability pressures, the timing of the intervention itself presented two separate challenges: 1. The TI took place alongside SATs – a time of significant anxiety for both pupils and teachers. 2. The UI took place when SATs had finished and term was coming to a close, meaning that children's behaviour on the whole had deteriorated with the summer holidays approaching and formal lessons for Y6 ceasing to make way for their end of year play rehearsals and numerous trips out of school. Had the intervention been scheduled to

take place over a longer time frame and begun in the autumn term, it could be argued that these factors may not have affected the success of the TI and UI as significantly as they did. This could have served to allow pupils to engage more deeply with the subject matter, and also improve EWB at a critical point in the year, particularly for Y6 pupils. Perhaps starting at the beginning of year would also provide a longer period of time in which key concepts could be consolidated before the summer holiday break, thus increasing the longevity of the impact.

In terms of accountability pressures, it must be noted that the school was anticipating an imminent Ofsted inspection throughout the academic year, and was inspected in the final week of summer term. This was perceived as a source of considerable stress for teachers. It should be noted that such was the pressure felt by the headteacher, that she withdrew consent for the teacher-researcher to deliver one of the TI workshops alongside the theatre director, meaning that the teacher-researcher had to teach her class, rather than collect data and carry out observations as scheduled. The stress of an impending Ofsted inspection could account for poorer outcomes recorded in Class 5B (who were being taught by SLT) as well as incomplete post-intervention data which were gathered in the final week and coincided with the inspection itself.

### ***5.3.7 Identifying and attributing impact***

As commented by a number of researchers with regard to the limitations of their studies (Dix et al. 2012; Rose et al. 2016), if a number of protective factors are working in parallel (as is often the case), it is a complex, if not impossible task to identify a single cause for positive change in a child's EWB. For example, with regard to this study, did the mother of Child 6A and the teacher-researcher perceive an improvement in his emotional regulation as a result of the TI, his improved relationship with the teacher-researcher, the external support of CAMHS, or as his mother explained, her recent conversations about the subject with him? In all likelihood, all of these contributed to his observed improvement. This would support the assertions of Domitrovich et al. (2010) who argue that by using a variety of strategies to support pupil wellbeing, there is the potential for greater combined impact, negating the need for one single intervention to do everything.

## **5.4 Challenges of dual role of teacher-researcher**

Whilst the dual role of teacher-researcher presented a number of benefits to the research such as an already in-depth knowledge of the school and pupils (as discussed by Munn & Drever, 2004 and Taylor, 2017), it also posed a number of challenges.

#### ***5.4.1 Time and accountability pressures***

Borg and Sanchez (2015) discussed the feasibility of teacher-led research, in terms of workload and the challenges of balancing day-to-day teaching responsibilities alongside formal data collection and intervention. The teacher-researcher found their findings to be accurate in that the two roles of responsibility in parallel resulted in a considerable workload and meant that traditional approaches to educational research could not necessarily be adopted (as also acknowledged by Loughran et al. (2002)). Initially research could be carried out relatively systematically as the TI was led in entirety by the teacher-researcher (with the exception of one TI workshop previously detailed), however this was not the case for UI intervention. Because three of the Y5 and 6 classes were being taught by class teachers, the teacher-researcher had to rely on them to maintain integrity to research design, and deliver the lessons as stipulated within an initial training session. As already highlighted, there was inevitable variability in delivery of these lessons, as well as in the collection of data.

Ordinarily, a researcher would have been able to not only deliver the UI interventions themselves (or failing that monitor their delivery to ensure research integrity), but also ensure that all data sets were collected in full and completed in entirety. This however was not the case, because the teacher-researcher only had the opportunity to teach one class within the timetable, and due to time and accountability pressures from the impending Ofsted inspection and a role in the SLT, could not be released to facilitate the completion of SDQ and SJTs for every UPP. There were therefore significant gaps in the data sets as well as variability of data quality as presented in Table 9 and 10. These findings support those of Loughran, Mitchell and Mitchell (2002) who argue that research completed by a teacher-researcher often lacks a systematic approach as a result of the time and pressure constraints of their job.

#### ***5.4.2 Data analysis, objectivity and influence***

Wragg (1999, p. 128) spoke of the 'distorted lens' through which a teacher-researcher interprets their findings. It is difficult to say whether or not this is the case in the instance of this project, writing from the perspective of a teacher-researcher, however it is important to recognise the possible implications of this. Possibly the most problematic aspect of the role in terms of its influence on the research findings is the inevitable (and unintentional) influence the teacher-researcher has on interviewees as discussed by Xerri (2018). Despite emphasising the importance of being honest in their responses to interview questions, it would stand to reason that perhaps teachers who were in fact friends of the teacher-researcher could speak positively about the intervention whether or not they believed it to have been successful. In addition, pupils who had been regularly taught by the teacher-researcher might also moderate their responses to questions in a bid to please the teacher-

researcher. Furthermore, potential power relations brought about by this dual role must be considered. Despite the collaborative approach taken to TI, the only way to really counter these potential influences and biases is to consider observational data collected alongside formal data collection, for evidence of changes to emotional regulation in action.

## **5.5 Study limitations**

In addition to the limitations already discussed in relation to RQ2, further mention must be made of intervention timetabling, fidelity of research design and the quantity and quality of the data collected.

### ***5.5.1 Intervention timetable and fidelity to research design***

The timing of the TI and UI in the summer term proved problematic for their implementation and evaluation. This meant that some UI lessons were shorter than designed or not delivered with the intended approach due to time constraints. As has been discussed, long-term interventions are more impacting on their participants than those which are isolated and short-term. The short-term nature of the UI was a limitation to this study therefore.

In addition, fidelity to research design was variable. Ideally this would have been negated by the monitoring of UI lessons by the teacher-researcher, however due to the nature of the dual-role of teacher-researcher, it was impossible to do so on this occasion.

### ***5.5.2 Quantity and reliability of data collected***

Since the SDQ is designed to be completed on a six-monthly basis, parents only completed a SDQ pre-intervention and not post, meaning that although an assessment of their child's needs pre-intervention could be obtained, parents' perceived effectiveness of the UI could not be measured quantitatively. Due to the short-term nature of the intervention, the shortened SDQ given to pupils pre- and post-intervention cannot be seen to give an accurate assessment of results.

The design of the SJT was based around observations by the teacher-researcher of real-life incidents that repeatedly occurred around the school.. On reflection, the questions lacked consistency in their design, meaning that although the least and most desirable responses assessed emotional regulation, the third response lacked neutrality. For example, in response to Situation 2, both the least desirable response and the 'neutral' response would both demonstrate a lack of emotional regulation for the respondent. In contrast however, the 'neutral' responses for the other four questions referenced emotional resilience, not regulation.

Due to time pressures and multiple roles of responsibility, some teachers failed to collect full data-sets and to supervise the completion of questionnaires for UI. In addition, relatively large numbers of pupils were absent from school at the end of term meaning that they did not complete end of intervention questionnaires. Pupils were also understandably fatigued by this point of the academic year, and potentially experiencing higher levels of anxiety regarding transition between year groups or from primary to secondary school. It could therefore be argued that UPPs lacked concentration and engagement by this point, and therefore the potential efficacy of the intervention was impeded, or their responses to questionnaires lacked detail or consideration.

In terms of data analysis, it could be argued that it is problematic to compare data between UI classes, due to the fact that one of the class teachers was the teacher-researcher and therefore had greater expertise in the delivery of the intervention, as well as more invested interest in its success. Similarly, it is important to bear in mind that data analysis was carried out by the teacher-researcher, and therefore unavoidably, there is potential for bias in terms of the researcher's perception of intervention success, and also their potential influence, although unintentional, on children's responses within interviews and questionnaires.

No control group was used as a means of assessing intervention impact. It was decided that such an approach would not be plausible due to the integrated intervention design, as well as time and accountability pressures, such as staff availability and the advent of statutory assessments. Instead, throughout the study comparisons are drawn between the outcomes of the TI and the UI. Quantitative data comparisons must be treated with caution where this is concerned however, in that there were only five TPPs (TPP), as opposed to sixty-one UPPs, meaning that each TPP would equate to 20%, in contrast to each UPP who would equate to only 1.64%. Comparisons between qualitative data for the two interventions are therefore more reliable.

As commented on by many other researchers, the impact of interventions for EWB is inherently difficult to identify and measure due to the complex nature of children's emotional development, and the overlapping of multiple interventions, relationships and life events. It is therefore important to treat post-intervention findings with caution.

## **5.6 Implications of findings for future research, educational policy and classroom practice**

It is clear from the findings of this study that urgent help is required to support primary schools in the provision of timely and effective support for MH and EWB. With regard to future research and classroom practice in this area, findings indicate that long-term, integrated approaches to intervention are more successful in achieving this endeavour.

Furthermore, it is important to note the significance of the school environment and parental engagement with the school. Regarding the role of teacher-researcher, it must be recognised that school-based pressures such as time and accountability, as well as researcher objectivity may influence research findings and therefore should be accounted for in the planning stages of intervention.

Outcomes also demonstrate the need for substantial changes to future education policy in terms of behaviour management and Initial Teacher Training (ITT); it is clear that the current promotion of behaviourist approaches to behaviour management are inadequate. The findings of this study would support the argument that teachers should be made aware of the implications of Attachment Theory on child development, and thus encouraged to take a more compassionate and collaborative approach to supporting the social and emotional skills of their pupils.

## **Chapter 6: Conclusion**

### **6.1 Project evolution**

The initial focus for this research was emotional resilience, and whether or not primary schools could sufficiently support children in enhancing their resilience in the face of adversity. As the project progressed, it became clear that this was too broad an endeavour, and after completing assessments of individual pupils, and considering whole-school behaviour and discipline priorities, the focus of emotional regulation emerged as a priority. It was apparent that due to the varied demographics within the school, many children were facing a complex series of risk factors for their mental health (MH) and emotional wellbeing (EWB). It was decided that assessing different types of school-based interventions that could provide increased protective factors would become the focus for the study. It was hoped that in doing so, the school would be provided with the tools with which they could further support their most vulnerable pupils in particular, as well as a framework with which they could approach future interventions of this nature.

### **6.2 Main findings and recommendations**

In addressing the RQs, the study has been broadly successful, in that a clear set of recommendations or observations have been made for future research and school-based interventions. With regards to RQ1, the researcher experienced greater success using an integrated approach to intervention, in which target pupils (TPPs) participated in TI, and then subsequently in UI, meaning that key learning was consolidated. Additionally, findings supported existing research which contends that long-term intervention is more successful than stand-alone, short-term intervention. Findings also support the notion that interventions should be implemented collaboratively and creatively, in order to fully understand recipient children's emotions and achieve high levels of participant engagement. It must be noted however, that the researcher did not carry out directly comparative interventions. For example, the findings suggest that interventions that utilise drama and story-telling are preferential, however the researcher did not implement an alternative intervention that used a non-creative approach to provide comparison. This would suggest that although the findings for this question provided a series of recommendations for future intervention design, these cannot be seen to definitively answer RQ1. Despite these potential drawbacks to the research, the following recommendations can be made with the regard to the implementation and evaluation of interventions to support the emotional regulation of primary-aged children with complex needs:

1. Integrated approaches utilising TI and UI serve to embed key principles for target pupils, and help to avoid stigmatisation.
2. Long-term interventions are likely to be more impacting than short-term, stand-alone interventions.
3. Collaborative approaches to TI and UI help to deepen pupil engagement and thus enhance success.
4. Creative approaches to TI and UI mean that participants can engage with potentially upsetting material objectively.

In addressing RQ2, the researcher was able to identify a number of barriers to research implementation including the complex nature and emotional needs of the pupils themselves, the influence of the school environment, behaviour systems and parental engagement, as well as the pressures faced by schools in terms of accountability, staff training and funding. Where evaluation of interventions was concerned, the researcher found further challenge in the diverse range of parent, teacher and pupil perceptions, as well as the challenge of pinpointing and attributing outcomes to specific interventions when multiple protective factors were working in parallel. Evidently this cannot be seen to be a definitive list of challenges that will be encountered when embarking on such research, due to the fact they are pertinent to the particular school-setting in which the research was conducted. They do however go some way to demonstrating the potential obstacles faced in the implementation and evaluation of intervention research, and provide future researchers with a basis on which they might plan for and therefore prevent potential challenges becoming a barrier. In response to findings for RQ2, the following recommendations can be made for future research:

1. In the context of EWB, TPPs will have complex needs and backgrounds, and therefore when identifying pupils for intervention, it is important to consider pupil relationships, as well as numbers.
2. When carrying out TI, it may be beneficial to include other children who do not require intervention for EWB to act as role models for their peers. This will also serve to reduce potential stigmatisation.
3. Try to carry out interventions across the whole academic year, launching new initiatives at the beginning of the academic year to avoid time and accountability pressures faced in the summer term.
4. Staff training and monitoring is essential to ensure integrity to intervention design, and thus enhance impact.
5. Enhanced parental engagement in the project will in turn enhance that of TPPs. If plausible, spend time with parents discussing intervention aims and content. This will also serve to help data collection pre- and post-intervention in that parents will be more likely to agree to be interviewed.

6. When evaluating data gathered from pupils, parents and teachers, understand that there may well be multiple perceptions of the same aspect, and therefore data must be viewed alongside observations of behaviour.
7. Consider the potential impact of multiple influences on children's EWB – do not try to identify one single cause in isolation for any improvement or deterioration of social and emotional learning (SEL)

In addressing RQ1 and RQ2, the challenges of the dual role of teacher-researcher became apparent. There were again a number of obstacles, for example financial, time and accountability pressures faced by the school, as well as the subjective nature of the role potentially affecting data analysis and influence on pupils in their responses to interview questions and questionnaires. The latter of these difficulties is a complex one to assess, and therefore there can be no definitive answer to this question. Despite best efforts, it is impossible to know exactly how pupils may have been influenced by their relationship with the teacher-researcher, or the extent to which data has been analysed with bias. The following recommendations can be made to attempt to negate the difficulties encountered by the teacher-researcher:

1. Ensure that interventions are planned and implemented at the beginning of the academic year, when time pressures may be less substantial, particularly for those teacher-researchers working in external assessment year groups (Y2, Y6).
2. Ensure that senior staff are involved in the planning and timetabling of TI and UI in an attempt to improve their levels of engagement, and therefore increase the chances of intervention success.
3. Ensure that once staff are trained in the use of UI materials and lesson plans, that lesson monitoring by the teacher-researcher is consistent throughout UI.
4. The teacher-researcher may find higher-levels of consistency if facilitating pre- and post-assessments themselves, rather than class teachers doing so.
5. Repeatedly explain to participants that their responses to questionnaires and interviews should be entirely honest with the aim of negating the influence of the teacher-pupil relationship.
6. In order to reduce possible bias, look at quantitative data alongside qualitative to provide balance. Discuss findings with a colleague from outside the school to ensure objectivity.

### 6.3 Implications for future

Whilst conducting this research it became apparent that there were various routes in which the research could progress. In order to assess effectiveness of the integrated intervention model, the most obvious next-step would have been to replicate the structure used (TI feeding into a UI) over the course of a whole academic year, changing the focus from emotional regulation to another area of EWB. This would confirm or deny the assertion that long-term interventions are preferable and more impacting than short-term, as well as further support or contradict the argument that an integrated approach to intervention has more impact on TPPs. Even better would be to implement this model of intervention across the whole school, with teachers steering the focus of each intervention depending on the assessed need within their year group. Further research could also be beneficial into the stigma around accessing support for MH, both for parents and pupils, looking at how this can be diminished and therefore cease to be a barrier to the provision of MH support for vulnerable children.

As was outlined in the study, there are various barriers to the provision of MH and EWB support in primary schools. It is hoped that the research gathered highlights some of the major challenges faced by schools in their endeavour to ensure pupil wellbeing. It could be argued that the main contributing factors to these difficulties are a lack of funding and the pressures of accountability placed on schools for academic attainment, as identified by several researchers (Geddes, 2006; Jackson et. al, 2008; Dunn & Layard, 2009; Weare, 2010; GCR, 2017). Interesting comparisons can be drawn between English education policy and school systems in Finland, Sweden, Australia and Singapore where academic attainment is higher than in the UK, but personal development and wellbeing receive more attention within the curriculum, supporting the argument that attainment and emotional wellbeing are synergistic (Bonell et al, 2014).

In an ideal world, funding for schools in the UK would be increased and ring-fenced, specifically for the provision of school-based MH and EWB support systems. In such an instance it could be easily argued that children's EWB would rise; schools would become 'Attachment aware' (Gus et al., 2017) and therefore more successful in their support of children's emotional needs; attainment would also be greater and fewer children would develop MH problems into adulthood. Unfortunately, this would seem to be unlikely with the latest figures from the Children's Commissioner Report (April, 2019) stating that in some areas of the country, spend per child for low-level MH services by the Local Authority has in reality fallen by over a third (37%), despite more funding being put into Children and Adolescent Mental Health Services (CAMHS) at a national level. With this in mind therefore, and the so-called 'postcode lottery' for funding as discussed by the Children's Commissioner,

it is essential that in-school interventions are manageable in terms of time, accountability and financial pressures.

One realistic approach might be to have one member of staff allocated as the champion of children's EWB, as promoted by the government's Green paper (2017), offering them CPD and allowing them time in which they might train other members of staff and monitor TIs and UIs. Even more simply than this, and relatively cost-free, would be to ensure on the most basic level a dedicated Personal, Social, Health Education (PSHE) lesson for *every* pupil in school, on a weekly basis. Perhaps rather than following schemes of work in a formulaic approach, as is often the case, teachers could assess the needs of their class as a whole, and deliver more targeted lessons, tailored to the needs of their class.

Where the role of teacher-researcher is concerned, it is clear that despite the potentially significant benefits of this approach, teachers are unlikely to take on the task of conducting academic research within their school settings unless funded externally to do so. The significant workload on top of their own substantial teaching commitments is extensive, and it could be said that to carry out the roles simultaneously would undermine the success of both. One solution to this problem would be through the financial support of the Local Authority, or academy as may be the case, to fund the research, therefore up-skilling the workforce and providing schools with sufficient teaching staff to support CPD across the school.

As is evident, there have been areas of this research project that have proven challenging, however, the findings give important insight into the urgent need for change. The child below is calling out for our help; it is essential that a far more compassionate and collaborative approach is taken to supporting his emotional wellbeing and that of other children with complex needs. Early intervention by primary schools is vital to achieving this endeavour, and it is crucial that they receive support in doing so.

*I just burst out ... like a big bomb ... Sometimes I just walk out of the class without telling the teacher cause I want to calm down but I don't wanna get in trouble ... I don't want other people thinking that I'm a bad kid. I don't wanna be treated like a bad kid ...*

*(Pupil 5B)*

## References

- Adbowale, V., Farmer, P., Rose-Quirie, A., Jenkins, P., Greatley, A., & Bailey, S. (2014). The pursuit of happiness: A new ambition for our mental health. CentreForum.
- Carter, A. (2015). Carter review of initial teacher training (ITT). Crown Copyright.
- Asbury, K., & Plomin, R. (2013). *G is for genes: The impact of genetics on education and achievement*. Chichester: John Wiley & Sons.
- Askill-Williams, H., Slee, P. T., & Van Deur, P. A. (2013). Social and emotional wellbeing programs: The nexus between sustainability and quality assurance. *The Psychology of Education Review*, 37(2), 48-56.
- British Educational Research Association (2018). Ethical Guidelines for Educational Research (4<sup>th</sup> ed). Retrieved August, 2019, from <https://www.bera.ac.uk/publication/ethical-guidelines-for-educational-research-2018>
- Bombèr, L. M. (2007). *Inside I'm hurting : practical strategies for supporting children with attachment difficulties in schools*. London: Worth.
- Bonell, C., Humphrey, N., Fletcher, A., Moore, L., Anderson, R., & Campbell, R. (2014). Why schools should promote students' health and wellbeing. *British Medical Journal*, 348: g3078
- Borg, S., & Sanchez, H. (Eds.). (2015). *International perspectives on teacher research*. Basingtoke: Palgrave Macmillan.
- Bowlby, J. (1969). *Attachment and Loss*. London: Hogarth P; Institute of Psycho-Analysis.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Brooks, F. (2014). The link between pupil health and wellbeing and attainment: a briefing for head teachers, governors and staff in education settings. London: Public Health England.
- Brown, J. S., Alyson, M., Learmonth, A. M. & Mackereth, C.J. (2014). *Promoting Public Mental Health and Well-being: Principles into Practice*. London: Jessica Kingsley Publishers.
- Burton, M., Pavord, E., & Williams, B. (2014). *An introduction to child and adolescent mental health*. Los Angeles; London: Sage.
- Campbell, S., & Cobb, J. (2016) 'Who can I turn to?' Making Healthcare More Relationship-centred and not System-centred. In Campbell, S., Catchpole, R. & Morely, S. (Eds.), *Critical issues in child and adolescent mental health*. London: Palgrave Macmillan.
- Causadias, J. M., Salvatore, J. E., & Sroufe, L. A. (2012). Early patterns of self-regulation as risk and promotive factors in development: A longitudinal study from childhood to adulthood in a high-risk sample. *International Journal of Behavioral Development*, 36(4), 293-302.
- Children's Commissioner (2019) *Early access to mental health support*. Children's Commissioner for England report, London, April.
- Children's Commissioner (2019) *Childhood vulnerability in England*. Children's Commissioner for England report, London, July.
- Coleman, J. C. (2011). *The nature of adolescence*. (4<sup>th</sup> ed). London: Routledge.

Colley, D (2017). Emotional Development and Missed Early Experiences: The Nurture Group Approach. In Colley editor, D., & Cooper., P. (2017). *Attachment and emotional development in the classroom : theory and practice*. London: Jessica Kingsley Publishers.

Colman, I., Murray, J., Abbott, R. A., Maughan, B., Kuh, D., Croudace, T. J., & Jones, P. B. (2009). Outcomes of conduct problems in adolescence: 40 year follow-up of national cohort. *Bmj*, 338, a2981.

Davis, S. K. (2013). Can 'emotionally intelligent' coping promote adaptation in young people?. *The Psychology of Education Review*, 37(2), 5-12.

Deighton, J., Patalay, P., Belsky, J., Humphrey, N., Vostanis, P., Fugard, A., & Wolpert, M. (2013). Targeted mental health provision for children with behaviour difficulties in primary schools: Results of a national randomised trial. *Psychology of Education Review*, 37(2), 40-45.

Department for Education (2016). Behaviour and discipline in schools. Retrieved January, 2019, from <https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools>

Department of Education. (2016). Mental health and behaviour in schools. Retrieved March, 2019, from [www.gov.uk/government/publications/mental-health-and-behaviour-in-schools-2](http://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools-2)

Department of Health and Social Care and Department for Education. (2017). Transforming children and young people's mental health provision: A green paper. Retrieved April, 2019, from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/664855/Transforming\\_children\\_and\\_young\\_people\\_s\\_mental\\_health\\_provision.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf)

Department of Health and Social Care and Department for Education (2018). Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps. Retrieved April, 2019, from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf)

Department of Health. (2015). 9 Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. Retrieved April, 2019, from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

Department of Health. (2015). Key Findings from the Professionals' Engagement Exercise: The Children and Young People's Mental Health and Wellbeing Taskforce. Retrieved, April, 2019, from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413407/Professionals.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413407/Professionals.pdf)

Dix, K. L., Slee, P. T., Lawson, M. J., & Keeves, J. P. (2012). Implementation quality of whole school mental health promotion and students' academic performance. *Child and Adolescent Mental Health*, 17(1), 45-51.

Domitrovich, C. E., Bradshaw, C. P., Greenberg, M. T., Embry, D., Poduska, J. M., & Ialongo, N. S. (2010). Integrated models of school-based prevention: Logic and theory. *Psychology in the Schools*, 47(1), 71-88.

Dunn, J., & Layard, R. (2009). *A good childhood: Searching for values in a competitive age*. London: Penguin.

- Durlak, J. A., & Well, A. M. (1997). Primary Prevention Mental Health Programs for Children and Adolescents : *American Journal of Community Psychology*, 25(2), 115-152.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child development*, 82(1), 405-432.
- Ecclestone, K., & Hayes, D. (2009). Changing the subject: the educational implications of developing emotional well-being. *Oxford Review of Education*, 35(3), 371–389.
- Ecclestone, K., & Hayes, D. (2008). *The dangerous rise of therapeutic education*. London: Routledge.
- Elias, M. J., Zins, J. E., & Weissberg, R. P. (1997). *Promoting social and emotional learning: Guidelines for educators*. Ascd.
- Friedli, L., & Parsonage, M. (2007). Building an economic case for mental health promotion: part I. *Journal of Public Mental Health*, 6(3), 14-23.
- Friedli, L., Jackson, C., Abernethy, H., & Stansfield, J. (2008). Social prescribing for mental health—a guide to commissioning and delivery. Care Services Improvement Partnership North West Development Centre.
- Gansle, K. A. (2005). The effectiveness of school-based anger interventions and programs: A meta-analysis. *Journal of School Psychology*, 43(4), 321–341.
- Geddes, H. (2006). *Attachment in the classroom : the links between children's early experience, emotional well-being and performance in school*. London: Worth Publishing.
- Goodman R (1997) *The Strengths and Difficulties Questionnaire*. Retrieved 18<sup>th</sup> April, 2019, from [www.sdqinfo.org](http://www.sdqinfo.org)
- Goodman, A., Joshi, H., Nasim, B., & Tyler, C. (2015). Social and emotional skills in childhood and their long-term effects on adult life. *London: Institute of Education*.
- Greene, R. W. (2016). *Lost and Found Helping Behaviourally Challenging Students*. San Fransisco: Wiley.
- Greene, R.W. (2016). *Lost at school: Why our kids with behavioral challenges are falling through the cracks and how we can help them*. New York: Scribner.
- Gullone, E., & Taffe, J. (2012). The Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA): A psychometric evaluation. *Psychological assessment*, 24(2), 409.
- Gus, L., Rose, J., Gilbert, L., & Kilby, R. (2017). The introduction of emotion coaching as a whole school approach in a primary specialist social emotional and mental health setting: Positive outcomes for all. *The Open Family Studies Journal*, 9(1).
- Hoey, B. (2002). *Who calls the tune?: A psychodramatic approach to child therapy*. London: Routledge.
- Howes, A, Emanuel, J & Farrell, P in Farrell, P., & Ainscow, M. (Eds.). (2002). *Making special education inclusive: From research to practice*. London, New York: Routledge.
- Jackson, C., Hill, K., & Lavis, P. (2008). *Child and adolescent mental health today: a handbook*. Brighton: Pavilion Publishing.

- Jennings, S. (1987). *Dramatherapy : theory and practice for teachers and clinicians*. London: Croom Helm; Cambridge, Mass: Brookline.
- Katz, L. F., Gottman, J. M., & Hooven, C. (1996). Meta-emotion philosophy and family functioning: Reply to Cowan (1996) and Eisenberg (1996). *Journal of Family Psychology*, *10*(3), 284-291.
- Kurtz, Z., & Street, C. (2006). Mental health services for young people from black and minority ethnic backgrounds: the current challenge. *Journal of Children's Services*, *1*(3), 40-49.
- Lever, C. (2011). *Understanding challenging behaviour in inclusive classrooms*. Harlow: Pearson Education.
- Loades, M. E., & Mastroyannopoulou, K. (2010). Teachers' recognition of children's mental health problems. *Child and Adolescent Mental Health*, *15*(3), 150-156.
- Loughran, J., Mitchell, I., Mitchell, J. (2002). *Learning from teacher research*. Sydney: Allen & Unwin.
- McLaughlin, C., & Clarke, B. (2010). Relational matters: A review of the impact of school experience on mental health in early adolescence. *Educational and Child Psychology*, *27*(1), 91-103.
- Michaelson, J., Abdallah, S., Steuer, N., Thompson, S., Marks, N., Cordon, C., & Potts, R. (2009). *National Accounts of Well-being: bringing real wealth onto the balance sheet*. London: New Economics Foundation.
- Milner, P., & Carolin, B. (Eds.). (1999). *Time to listen to children: Personal and professional communication*. London; New York: Routledge.
- Munn, P., & Drever, E. (1990). *Using Questionnaires in Small-Scale Research. A Teachers' Guide*. Edinburgh: Scottish Council for Research in Education.
- Murphy, M., & Fonagy, P. (2012). Mental health problems in children and young people. *Annual Report of the Chief Medical Officer*, 1-13.
- Nash, P. (2017). Disruptive Behaviour and Unsolved Problems. In Colley, D., & Cooper., P. W. (eds). *Attachment and emotional development in the classroom : theory and practice*. London: Jessica Kingsley Publishers.
- Nash, P., Schlösser, A., & Scarr, T. (2016). Teachers' perceptions of disruptive behaviour in schools: a psychological perspective. *Emotional and Behavioural Difficulties*, *21*(2), 167-180.
- National Institute for Health and Care Excellence. (2013). *Social and emotional wellbeing for children and young people*. Retrieved January, 2018, from [www.nice.org.uk](http://www.nice.org.uk)
- NHS Digital (2018) *Mental Health of Children and Young People in England, 2017 [PAS]*. Retrieved August, 2019, from <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>
- Ofsted (2019) *Education inspection framework 2019: inspecting the substance of education*. Retrieved April, 2019, from <https://www.gov.uk/government/consultations/education-inspection-framework-2019-inspecting-the-substance-of-education>

- Parker, R., & Levinson, M. P. (2018). Student Behaviour, Motivation and the Potential of Attachment-Aware Schools to Redefine the Landscape. *British Educational Research Journal*, 44(5), 875–896.
- Parker, R., Rose, J., & Gilbert, L. (2016). Attachment Aware Schools: an alternative to behaviourism in supporting children's behaviour?. In *The Palgrave International Handbook of Alternative Education* (pp. 463-483). London: Palgrave Macmillan.
- Plomin, R. (1990). The Role of Inheritance in Behavior. *Science* 248(4952), pp.183-188
- PSHE Association. (2015). Teacher Guidance: Preparing to teach about mental health and emotional wellbeing. Retrieved October, 2016 from <https://www.pshe-association.org.uk/sites/default/files/u26918/Teaching%20about%20mental%20health%20Guidance%20March%202019%20update.pdf>
- Public Health England. (2015). Promoting children and young people's emotional health and wellbeing. A whole school and college approach. Retrieved April, 2019, from <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>
- Reid, J. (2017) Emotional Development and Approaches to Classroom Management. In Colley,D., Cooper., P. (eds). *Attachment and emotional development in the classroom : theory and practice*. London: Jessica Kingsley Publishers.
- Rose, J., Gilbert, L., & McGuire-Snieckus, R. (2015). Emotion Coaching-a strategy for promoting behavioural self-regulation in children/young people in schools: A pilot study. *The European Journal of Social & Behavioural Sciences*, 13, 1766-1790.
- Rothì, D. M., Leavey, G., & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. *Teaching and Teacher Education*, 24(5), 1217–1231.
- Rutter, M. (1985). Resilience in the face of adversity: protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147, 598–611.
- Sadler, K., Vizard, T., Ford, T., Marchesell, F., Pearce, N., Mandalia, D., Davis, J., Brodie, E., Forbes, N., Goodman, A., Goodman, R., McManus, S.(2018). Mental Health of Children and Young People in England, 2017. NHS Digital. Retrieved April 2019, from <https://dera.ioe.ac.uk/32622/1/MHCYP%202017%20Summary.pdf>
- Schore, A. N. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22(1-2), 201–269.
- Shaughnessy, J. (2012). The challenge for English schools in responding to current debates on behaviour and violence. *Pastoral care in education*, 30(2), 87-97.
- Shucksmith, J., Summerbell, C., Jones, S., & Whittaker, V. (2007). Mental wellbeing of children in primary education (targeted/indicated activities). *Teeside: University of Teeside*.
- Sroufe, A., & Siegel, D. (2011). The verdict is in. *Psychotherapy Networker*, 35(2), 35-39.
- Sroufe, L. A. (1983). Infant-caregiver attachment and patterns of adaptation in preschool: The roots of maladaptation and competence. In *Minnesota symposium in child psychology* (Vol. 16, pp. 41-83).

Sroufe, L. A. (1986). Appraisal: Bowlby's Contribution to Psychoanalytic Theory and Developmental Psychology; Attachment, Separation, Loss. *Journal of Child Psychology and Psychiatry*, 27(6), 841-849.

Taylor, L. A. (2017). How teachers become teacher researchers: Narrative as a tool for teacher identity construction. *Teaching and Teacher Education*, 61, 16-25.

The Children's Society (2017). *The Good Childhood Report 2017*. Retrieved April, 2019, [www.childrenssociety.org.uk/sites/default/files/the-good-childhood-report-2017\\_full-report.pdf](http://www.childrenssociety.org.uk/sites/default/files/the-good-childhood-report-2017_full-report.pdf)

Vostanis, P., Humphrey, N., Fitzgerald, N., Deighton, J., & Wolpert, M. (2013). How do schools promote emotional well-being among their pupils? Findings from a national scoping survey of mental health provision in English schools. *Child and Adolescent Mental Health*, 18(3), 151-157.

Walker, S. (2016) Cultural Context and Socially inclusive Practice. In S. Campbell, D Morley & R Catchpole (Eds.) *Critical issues in child and adolescent mental health*. (pp. 101-117) London: Palgrave Macmillan.

Weare, K. (2013). *Promoting mental, emotional and social health: A whole school approach*. London; New York: Routledge.

Weare, K. (2015). What works in promoting social and emotional well-being and responding to mental health problems in schools. *London: National Children's Bureau*.

Weare, K., & Markham, W. (2005). What do we know about promoting mental health through schools?. *Promotion & education*, 12(3-4), 118-122.

Wragg, T. (2011). *An introduction to classroom observation*. (2<sup>nd</sup> ed). London: Routledge.

Xerri, D. (2018). Two methodological challenges for teacher-researchers: Reflexivity and trustworthiness. *The Clearing House: A Journal of Educational Strategies, Issues and Ideas*, 91(1), 37-41.

Zins, J. E., & Elias, M. J. (2007). Social and emotional learning: Promoting the development of all students. *Journal of Educational and Psychological Consultation*, 17(2-3), 233-255.

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## List of Abbreviations

AAS	Attachment Aware Schools
ALSUP	Assessment of Lagging Skills and Unsolved Problems
AT	Attachment Theory
BEM	Black and Ethnic Minority
CAMHS	Child and Adolescent Mental Health Services
CPD	Continuing professional development
CYP	Children and young people
DfE	Department for Education
DHSC	Department of Health and Social Care
EAL	English as an Additional Language
EC	Emotion Coaching
EWB	Emotional wellbeing
KS2	Key Stage Two
MH	Mental health
Ofsted	Office for Standards in Education
PAVOT	Perspective and Voice of the Teacher
PP	Pupil Premium
PSHE	Personal, Social and Health Education
RQ	Research question
SATs	Statutory Assessment Tests
SDQ	Strengths and Difficulties Questionnaire
SEL	Social and emotional learning
SEN	Special Educational Need
SJT	Situation Judgment Test
SLT	Senior Leadership Team
TI	Targeted intervention
TPP	Target pupil participants
UI	Universal intervention
UPP	Universal pupil participants
Y5	Year five
Y6	Year six