

IN SCHOOL ENHANCED INCLUSION PROGRAMME - ISEIP

Evidence-based Interventions

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Context

Social, emotional and mental health needs impact a significant number of children and young people (C/YP). Many C/YP (around 25%) have an identifiable mental health need (Weare & Nind, 2011) and one in ten has a clinically diagnosed mental health disorder (Department for Education, 2016). Half of lifetime mental illnesses are suggested to start before the age of 14 (Department of Health, 2013).

It is widely documented in research that C/YP's social, emotional and mental health (SEMH) needs have a significant impact on their learning and lifelong outcomes. Therefore, intervention needs to be focused on understanding and addressing pupils SEMH needs and on supporting academic attainment through the promotion of protective factors and resilience.

Challenging behaviour in the classroom is growing (Hutchings et al 2013), requiring schools to constantly try and develop and sustain positive behaviour through a variety of approaches, policies and programmes. More recently, government policy has seen an emphasis on a more behaviourist approach, rather than a relational approach. However, children's behaviour is complex (especially for those at risk) and more focus needs to be on internal factors, rather than an emphasis on external control.

Research has indicated that pupil-teacher relationships are a key component for C/YP's wellbeing (Chu, Saucier, & Hafner, 2010; Cornelius-White, 2007; Pianta, Hamre, & Stuhlman, 2003) and learning motivation (Pianta et al., 2003). Davis (2003) highlighted studies showing that it is the quality of teacher-child relationships that shape classroom experiences and influence children's social and cognitive development. Research showed that when teachers are responsive, nurturing and attuned to their students' needs, there is a positive impact on their behaviours. It is noteworthy for secondary schools (where teacher-pupil relationships may be less intensive as pupils are not taught by just one teacher) the association between supportive teacher-pupil relationships and wellbeing is considered to increase with age (Chu et al., 2010). This suggests that there may be a greater need to focus on teacher-pupil relatedness in secondary schools. School staff should be considered a school's most vital resource. Therefore, it is important to consider how school culture and staff can impact on C/YP's SEMH.

Our emotions and relationships are thought to influence our motivation and give meaning to our knowledge (Freiler 2008). It is suggested that children who can understand and regulate their emotions are socially competent and therefore achieve higher academic success when compared to children with poor social skills and impulsive behaviour (Graziano et al 2007, Linnenbrink et al 2011). Havighurst et al (2013) suggest that behavioural difficulties for children are linked to poor emotional competence and that better educational outcomes are achieved by targeting skills relating to emotional and behavioural self-regulation (McCann et al 2010). Interventions teaching social and emotional competencies are suggested to help reduce behaviour problems (Weare and Gray 2003). Durlack et al (2011) found that social and emotional competencies were associated with improved well-being and better school performance.

Concerns continue to grow over the high rates of mental health need among C/YP. There is an increasing acceptance of the need for more holistic educational approaches. The last two decades have seen the development of many school based SEMH interventions. Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, (2011) carried out a large meta-analysis of universal SEMH interventions and identified that only 13% of reviewed interventions were based in secondary schools. This could indicate that fewer SEMH interventions are being conducted in secondary schools and that fewer secondary school-based interventions are researched (Weare and Gray (2003). Interventions chosen by schools should therefore be evidence based as much as possible and be shown to be effective at improving outcomes for C/YP. The following document analyses and evaluates the research base for key interventions commonly used in schools.

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Introduction

To start the process of collating and analysing key school-based interventions, reference was made to the '*Toolkit of evidence-based interventions to promote inclusion of children with SEMH needs*' (Babcock LDP, 2018) to outline the types of approaches and interventions that were being used in schools.

The interventions were grouped into two categories:

- Universal approaches
- Targeted approaches

Universal approaches were identified as those which could be introduced as a whole-school approach and could be beneficial for all C/YP, whereas Targeted approaches were thought to be more specific approaches for some children who may be experiencing greater SEMH difficulties.

The specific interventions identified under each category were:

- **Universal approaches**; Coaching and Mentoring, Mindfulness, PACE, Restorative Practice, SEAL, Thrive
- **Targeted approaches**; emotion coaching, ELSA, MAPs, Nurture Groups, Solution Circles, Attachment based Mentoring, Circle of Adults/Friends, Motivational Interviewing

Further to the specific types of intervention, we thought it was also important to consider how ISEIP could be effectively and successfully implemented in participating schools in Newcastle, giving thought to the preparatory work required to support the program's initial implementation.

Chatwin (2018) carried out a systematic literature review of social and emotional interventions in schools and based on the findings of the review, developed a model of the factors that support or hinder their implementation. These are demonstrated in the table below (*Table 1*) which are organised into the pyramid model (*Figure 1*). Each level of the pyramid comprises of the factors which make up that overarching level.

The ISEIP project is currently in the '**Foundation**' stage.

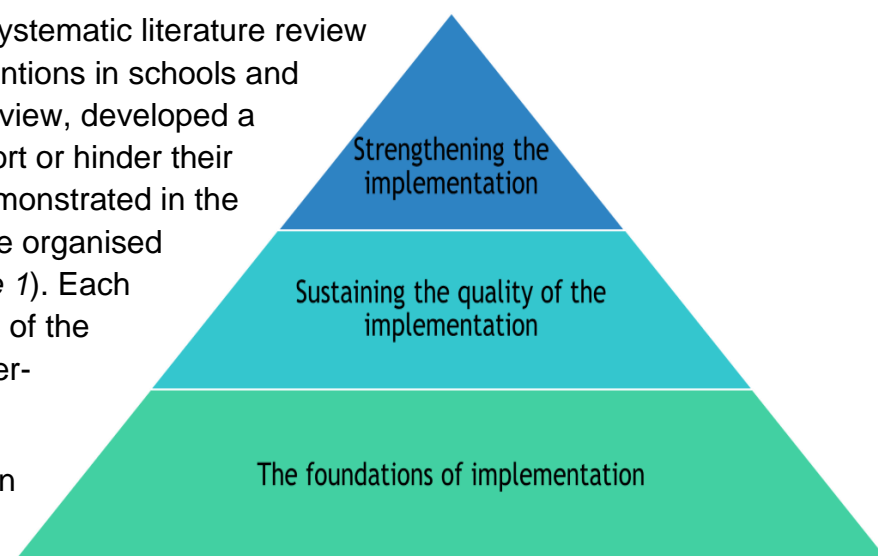


Figure 1: Model of implementation of SEMH interventions (Chatwin, 2018)

Chatwin's (2018) review, highlighted the importance of having facilitating factors already present within the school to support the implementation of SEMH interventions and having a strong 'foundation' on which to build upon. We considered this model to be integral to the implementation of the ISEIP work at Kenton school and beyond to ensure its strength and success.

The table below demonstrates the wider 'themes' that are incorporated in each level and highlights the importance of the consideration of implementation at a variety of levels to ensure the intervention is sustained and is successful.

Table 1: Factors that support or hinder intervention implementation in schools (Chatwin, 2018)

Themes	Meta-Construct
Whole school integrated approach/ ethos/ vision Staff perception, attitude and engagement Management of implementation, strong leadership and staff role Resources, staffing, time and top down pressures	The Foundations of Implementation
Staff professional development and training (internal and external) Evaluation and monitoring Teaching and learning	Sustaining the Quality of Implementation
Parents and the community Relationships, teamwork and communication	Strengthening the Implementation

The purpose of this project, however, was to explore a range of specific interventions, highlighting their evidence base, as well as the facilitating factors and barriers to their implementation.

In the next section, the Universal Interventions that can be incorporated into a whole school approach will be outlined, followed by the Targeted Interventions. Each intervention will be described, and the evidence base for the intervention provided. The facilitating factors and barriers to implementation will also be listed.

Universal Interventions

To promote emotional wellbeing and to prevent mental health needs from developing schools can do things which benefit all students (DfE, 2014). The wellbeing of staff and pupils can be significantly impacted upon by the school environment and ethos (Public Health England, 2014). Therefore, a whole school approach is vital in promoting social and emotional wellbeing for all students and the wider school community. Positive relationships between students and between staff and students and developing a sense of belonging and connectedness in school have been linked to high levels of emotional wellbeing and academic attainment (Public Health England, 2014).

The following TED Talk highlights the importance of connectedness between school staff and pupils

https://www.ted.com/talks/rita_pierson_every_kid_needs_a_champion

Over the following pages, the interventions listed below will be explored:

- PACE
- Mindfulness
- SEAL (Social and Emotional Aspects of Learning)
- FRIENDS for Life
- Thrive
- Coaching and supervision
- MAPS (Making Action Plans)
- Restorative Approaches

PACE

PACE stands for **Playfulness** (building and enjoying relationships), **Acceptance** (of a child's internal world), **Curiosity** and **Empathy**.

PACE is a trauma-informed approach which is central within Dyadic Developmental Practice (DDP). DDP is a model recognising the way significant adults act as attachment figures for C/YP. DDP is considered as a 'way of being', to help over time (a whole practice model). The approach was developed by Dan Hughes and is based on attachment research (Hughes, 2006).

Many children who have experienced trauma lack basic security; a deep lack of trust and safety gets in the way of them learning and developing. PACE is a way of thinking, feeling, communicating and behaving in order to make a child feel safe.

Traditionally, schools focus on behaviour whereas this approach advocates a focus on connection and security (getting the foundations right). PACE is an attitude that can help adults (parents, teachers, mentors, key adults) to engage with C/YP who've experienced neglect, abuse, trauma.



PACE is used to:

- Help those with relational needs, SEMH needs and attachment difficulties
- Focus on relationships between teachers and children; Help children feel safe and to experience adults as being interested in them
- Build positive, secure relationships and connection which facilitate emotional safety and trust; so that a C/YP can be open, engaged and receptive
- Focus on the whole child, and not just the behaviour
- Reduce conflict, defensiveness and withdrawal
- Enable adults to see a child's strengths
- Build patience and understanding; help adults understand a child's emotional experience and when/why it makes them behave a certain way

- Help staff understand their own reactions and behaviours (thoughts, feelings and behaviours) and to notice how the child reacts to them (to question why they are responding as they are, to consider the triggers and reflect upon them)
- “*SLOW down ... to get there quicker*” (encourage adults to slow down and make sense of the child and the situation in the first instance)
- Help adults and children attune to themselves and each other

Evidence base

- PACE fits with Bowlby’s recommendation for adults to be reliable, attentive, sympathetic and empathic in their responses. PACE focuses on reciprocal relationships (Trevarthen and Aitken 2001); the experience of the child and that of the adult impact on each other.
- PACE is a new approach and underdeveloped area within DDP so evidence is largely anecdotal. Currently there is no UK school-based research.
- Anecdotally it is reported that PACE approaches facilitate the emotional safety required to help children move from distrust of adults, to trust and towards a more secure attachment (see Dan Hughes 2017 for information on attachment and PACE).
- There is limited research on the use of PACE principles in isolation as they tend to form part of wider interventions to support relational needs. However, the ideas from PACE have been widely shared and there is considerable practice-based evidence in terms of parents, staff and professionals finding them useful when considering their interactions with vulnerable children and young people.
- In the US, Becker and Weidman (2006) demonstrated the efficacy of DDP compared to treatment as usual with groups of children matched on demographic and clinical measures. Improvements were sustained in DDP group at 4 year follow up.
- A DDP informed adoption support service (UK) worked with 125 children between 2002 and 2010. It was suggested that DDP informed practice was linked to no adoption breakdowns and concluded it to be a beneficial model to use with adopted children (cited in Caswell et al 2014).
- The Nurturing Attachments Training Resource (NATR) developed by Dr Kim Golding (2014) has been independently evaluated by Prof. Julie Selwyn and delivered by Adoption Plus. Findings support this DDP informed group based intervention; NATR helps parents to develop their parenting skills in line with DDP principles. Participants are taught about attachment theory, relationship development and the impact of trauma on children’s development and security. For copies of this research see the DDP network website.

- Foundations for Attachment developed by Dr Kim Golding provides a shorter programme which can complement Nurturing Attachments. Pilot work involving around 100 foster carers, adopters and residential workers across seven sites in England indicates small but statistically significant positive changes for wellbeing, feelings of efficacy and reflective functioning with statistically significant positive changes on measures of stability, confidence, child-parent relationships and responsiveness to care. There were some differences between residential workers and carers/parents.
- Phillips (2014) The Belong Classroom Initiative; 'Belong' is a programme in schools led by Dr Sian Phillips in Canada for children who have experienced abuse and neglect and are struggling in their schools. The staff are trained to use aspects of DDP, especially PACE as a means of creating safety and constructing healthier relationships. Early analysis indicates promising markers of change in terms of executive function, behavioural function alongside positive improvements in attendance and literacy. It also helped the adults to see the strengths and positive features of children, which were often masked by negative and challenging behaviours. This research is ongoing and there is a plan to progress the approach with older students.
- Currently, there is no research being done in UK schools.

Other relevant resources:

- BOOK: Casswell, G., Golding, K., Grant, E., Hudson, J., & Tower, P. (2014) Dyadic Developmental Practice: A framework for therapeutic intervention and parenting.
- BOOK: Phillips, S., Melim, D., and Hughes, D. (2020) Belonging: A relationship-based approach for trauma-informed education.
- Kim Golding: On PACE, DDP and Connection
<https://www.youtube.com/watch?v=3EPdg0dBaqU#action=share>

Supporting factors to implementation	Barriers to implementation
Development of a safe network of people working together.	This is reflective practice and therefore needs an environment that supports reflection and time for individuals to think about themselves.
Training and regular supervision/consultation to ensure the attitude of PACE remains primary in interactions with students.	The adults must have what they need so that they can think about what the child needs.

An attachment focused teaching environment; Attachment/trauma aware schools	
The curriculum and structure of the classroom developed to ensure emotional and physical safety, e.g. mindfulness and sensory activities, a regular curriculum and a focus on literacy, time outdoors, consistent teaching staff, positive communication with parents	

Mindfulness

Mindfulness is based in Buddhist traditions and has developed in many areas of psychology, such as positive psychology and emotion focused approaches. The aim of mindfulness intervention is to learn to develop awareness of one's thoughts and accompanying physical sensations in order to be able develop better coping when faced with daily emotions and challenges. Mindfulness has been shown to be beneficial for all children. It can promote resilience, self-awareness, empathy, attention, self-control and compassion. It is particularly useful for children with SEMH needs including anxiety, depression, behaviour difficulties

In the UK, most widespread intervention is the 'Mindfulness in Schools' project for primary and secondary schools (and adults) which focuses on developing attention, self-regulation and empathy (Mindfulness in Schools, 2009). There are other projects such as 'Wake-Up School' which focuses on teacher support and whole school approaches, 'Stop-Breathe-Be' (developed for Secondary school pupils in the UK), and 'Mindup' which integrates mindfulness with social and emotional learning. As well as these specific programmes, there are shorter mindfulness-based courses available which explain the theory behind mindfulness.

Evidence Base:

Evidence suggests that short, focused, classroom based Mindful Based Interventions (MBI) in school settings are popular ("acceptable") with students and teachers and show very little evidence of any adverse effects. Mindfulness can reliably impact on a wide range of indicators of positive psychological, social and physical wellbeing and flourishing in children and young people (Weare, 2015; Zenner, Hermleben and Walach, 2014).

Outcomes have most often been measured in relation to psycho-social health and wellbeing/mental health, and aspects of cognition, where they are suggested to reliably show small to medium impacts in both domains. There is promising emerging evidence for impacts on academic grades, on problem behaviour, and on physical health and wellbeing, but the numbers of group studies are too small to claim a reliable impact as yet.

Weare (2015) reviewed the evidence for MBIs in schools:

- A small to medium impact on the signs and symptoms of child and adolescent depression in a school context was typically shown, across the age ranges, including on underlying ruminative and suicidal thoughts (10 studies, 7 of them Randomised Control Trials (RCTs), 1 controlled trial). There is some evidence of greater impact on those with a higher level of difficulty, and supportive evidence from work in clinical contexts.

- Small positive effects on anxiety are typically shown, across all age ranges (6 studies, 3 of them RCTs, 1 controlled trial).
- Small to medium impacts on stress are typically shown, in terms of both perceptions and dysfunctional reactions, across age ranges (5 studies, 1 of them an RCT, 3 controlled trials).
- Small to medium impacts on emotional self-regulation are typically shown (13 studies, 7 of them RCTs, 2 controlled trials),
- Small to medium impacts on the development of caring and compassion (10 studies), self-perception and self-care (5), relationship skills and empathy (5).
- An increasing number of MBIs measure aspects of cognition, and the evidence is becoming fairly convincing that they typically have a small to medium impact. Fourteen MBIs (7 of them RCTs, 4 controlled trials) showed impacts on aspects of cognition, learning, executive function and cognitive processes, particularly on the ability to focus and sustain attention.
- Six studies (4 of them RCTs) included evidence for a small to medium impact on academic grades.
- Two studies (1 an RCT, 1 controlled trial) found evidence for impacts on meta-cognition (reflecting on thought processes).
- Five group based MBIs in school settings (2 controlled trials) found small impacts on behaviour. There is more evidence from single case studies and in clinical and community contexts, including parenting, where 5 studies show early, promising evidence for impacts on problem behaviour, with small to medium impacts on aggression, hostility and Attention Deficit Hyperactivity Disorder (ADHD).
- There is promising early evidence for impacts on signs of physiological health. There are not yet enough studies to calculate overall significance.
- Six MBIs (4 of them RCTs) have shown impacts on physiological indicators of health and wellbeing in children and young people including heart rate, blood pressure, cortisol production and sleep quality.
- Two MBIs (both RCTs) showed a positive impact on eating problems, one on obesity prevention, one on the signs of eating disorder, both with adolescents.

Other relevant resources:

MYRIAD project and. The MYRIAD Project is a qualitative study looking at processes of implementing mindfulness in 7 schools in England during 2015/16

<https://www.youtube.com/watch?v=AE4wl-HAolk#action=share>

<https://www.tes.com/teaching-resource/mindfulness-in-schools-6290783>

Supporting factors to implementation	Barriers to implementation
Training provided for staff	The research in this area is still in its infancy and a greater focus is needed to measure the impact of mindfulness on behaviour, academic performance and physical health.
Adults practising mindfulness themselves before teaching and supporting others.	Time and resources; pressure on the curriculum (how to make it genuinely part of the curriculum)
Ongoing supervision and professional development.	Training and preparation to conduct the mindfulness interventions; without the requisite experience, treatment fidelity of mindfulness-based interventions cannot be assured.
People (commitment and support from the Head and SLT),	Individual teaching style, preferences and beliefs
Embedded into the curriculum (not a 'bolt on'; investment in the curriculum time and space and funding	The time involved in the interventions and home practice, competing with time demands of busy classrooms and family lives.
Frequent practise outside of planned sessions (brings positive impact)	Intervention needs to be standardised and delivery defined by frequency, duration, timing and mode.
Not a deficit model	
The type of MBI implemented needs to take into account the unique needs of the setting and population. The demand for the MBI needs to be analysed, including the perceived need and benefit, staff self-efficacy in delivery and motivation of the staff at all levels.	
Seeing implementation as a journey	
Perceptions of mindfulness	

SEAL (Social and Emotional Aspects of Learning)

SEAL provides a curriculum, focused on developing the social and emotional skills needed for effective learning for all children. SEAL is designed to develop skills linked to emotional intelligence. There are five domains which are proposed to in the model of emotional intelligence: self-awareness, self-regulation, motivation, empathy and social skills which are explained in more depth in Table 2 below.

Table 2: Definitions of the five social and emotional skills promoted through SEAL (DfES, 2007, p. 5-6)

Skill	Definition
Self-awareness	Knowing and valuing myself and understanding how I think and feel. When we can identify and describe our beliefs, values, and feelings, and feel good about ourselves, our strengths and our limitations, we can learn more effectively and engage in positive interactions with others.
Self-regulation (managing feelings)	Managing how we express emotions, coping with and changing difficult and uncomfortable feelings, and increasing and enhancing positive and pleasant feelings. When we have strategies for expressing our feelings in a positive way and for helping us to cope with difficult feelings and feel more positive and comfortable, we can concentrate better, behave more appropriately, make better relationships, and work more cooperatively and productively with those around us.
Motivation	Working towards goals, and being more persistent, resilient and optimistic. When we can set ourselves goals, work out effective strategies for reaching those goals, and respond effectively to setbacks and difficulties, we can approach learning situations in a positive way and maximize our ability to achieve our potential.
Empathy	Understanding others' thoughts and feelings and valuing and supporting others. When we can understand, respect, and value other people's beliefs, values, and feelings, we can be more effective in making relationships, working with, and learning from, people from diverse backgrounds.
Social skills	Building and maintaining relationships and solving problems, including interpersonal ones. When we have strategies for forming and maintaining relationships, and for solving problems and conflicts with other people, we have the skills that can help us achieve all of these learning outcomes, for example by reducing negative feelings and distraction while in learning situations, and using our interactions with others as an important way of improving our learning experience.

SEAL also aims more generally to increase positive behaviour, attendance rates, staff effectiveness and the emotional well-being of the staff and pupils in schools. To implement a SEAL intervention there needs to be a strong commitment to involving all pupils, parents and staff.

SEAL has been shown to improve the following skills:

- Ability to control emotions including anger.
- Confidence.
- Social skills.
- Communication skills.
- Conflict resolution skills.

- Behaviour in the classroom and on the playground.
- And to decrease bullying behaviour.

SEAL has also been shown to impact staff by:

- Increasing staff confidence of how to manage pupil's behaviour
- Increasing staff understanding of social and emotional needs

SEAL is somewhat unique in relation to the broader literature on approaches to social and emotional learning in that it is envisaged as a loose enabling framework for school improvement (Weare, 2010) rather than a structured 'package' that is applied to schools. Schools are actively encouraged to explore different approaches to implementation that support identified school improvement priorities rather than following a single model, meaning that they can tailor it to their own circumstances and needs. In a sense, this means that SEAL is essentially what individual schools make of it rather than being a single, consistently definable entity.

Evidence Base

From the evaluation carried out by Humphrey, Lendrum, & Wigelsworth (2010) it was found that:

- The secondary SEAL programme (as implemented by the schools in their sample) failed to impact significantly upon pupils' social and emotional skills, general mental health difficulties, pro-social behaviour or behaviour problems.
- There was some difficulty in assessing SEALs impact due to the differences in delivery between schools.
- Qualitative data around perceptions of impact indicated a feeling that SEAL had not produced the expected changes across schools. However, school climate data also showed a significant increase in pupils' feelings of autonomy and influence, and this was supplemented by anecdotal examples 88 of positive changes in general outcomes (e.g. reductions in exclusion), as well as more specific improvements in behaviour, interpersonal skills and relationships.

Supporting factors to implementation	Barriers to implementation
A school ethos that provides a climate and conditions to promote social and emotional skills	Evaluations of SEAL in secondary schools has been less positive and the authors of these studies have hypothesised that this may be linked to

	secondary schools finding it more difficult to embed new whole school approaches and interventions.
High levels of leadership support for SEAL	A lack of buy-in from staff and a lack of staff involvement as a result of attitudes towards SEAL
Resources and materials provided as well as a helpful, accessible website.	Openness to change amongst staff
	Time constraints to implement the program
	How SEAL is presented – is it presented as an add-on, or something that can be embedded into existing structures and practices

Research in the area suggests that the foundations for implementation, school leadership, staff attitudes and skills, and the availability of resources and support, are crucial factors that can serve to help or hinder progress (Humphrey et al, 2010).

FRIENDS for Life

FRIENDS for Life is a whole school cognitive-behavioural intervention that promotes emotional resilience in school children. It was developed in Australia by a clinical psychologist, Dr Paula Barrett. It is a school-based positive mental health programme that promotes emotional resilience and reduces anxiety in children and adolescents. It is the only anxiety prevention programme acknowledged by the World Health Organization for its 12 years of comprehensive evaluation and practice (WHO, 2004).

FRIENDS stands for:

- F** Feelings
- R** Remember to relax
- I** I can do it
- E** Explore solutions and coping step plans
- N** Now reward yourself. You've done your best
- D** Don't forget to practice
- S** Smile. Stay calm for life

FRIENDS is a ten-session programme which has been designed to prevent, and provide early identification for, anxiety and depression. It is based upon the same theoretical model as CBT, looking at how the mind, body and behaviour interact to influence our experience of anxiety. The sessions aim to develop core emotional literacy skills, through fun activities which are appealing to the age group the materials are designed for which is typically for primary to preadolescent age (up to age 13).

Evidence Base

- Children with high and low anxiety, showed significant reductions in anxiety symptoms at 12 months after programme delivery (Stallard, P., Skyrabina, E., Taylor, G., Phillips, R., Daniels, H., Anderson, R., and Simpson, N, 2014),
- Somerset Educational Psychology Service reported that in South West primary schools, results showed that CBT based anxiety prevention programmes are effective in the reduction of anxiety in children. Children with low symptoms benefitted from the universal approach (delivered by health professionals in everyday school settings).

- As part of an Evaluation of FRIENDS Interventions in Northamptonshire between April 2009 – March 2011, FRIENDS was found to be successfully delivered into Northamptonshire schools with a positive impact on children who are vulnerable to experiencing difficulties with mental health or who are already experiencing such difficulties, and to an extent on the school overall (Simons, 2011)
- Simons (2011) reported that FRIENDS enabled children to benefit in terms of improved emotional literacy skills and learning helpful skills that can transfer to real-life situations. It was therefore argued that their mental health and resilience improved. Participants reported that they enjoyed and valued the programme.
- Henefer and Rodgers (2013) explored if 'FRIENDS for Life' could be successful in reducing anxiety levels with young people in Irish post-primary schools (secondary age).
 - Significant reductions in anxiety levels were demonstrated following the 'FRIENDS for Life' programme.
 - Students and their parents reported gains in YP's emotional wellbeing. Before the programme, 1 in every 5.3 students reported elevated levels of anxiety. This reduced to 1 in every 9.8 students following completion of the 'FRIENDS for Life' 10 session programme.
 - Booster sessions were completed 4 months later and showed continued improvement.
 - Teachers across the 14 schools reported improved self-confidence in YP, an increased willingness to speak about feelings and YP being more settled in school.
 - Teachers also stated that the programme had helped to normalise feelings of anxiety for the students.
- Green (2013) evaluated Friends for Life as implemented in a mainstream secondary school, by school staff trained as part of the local Targeted mental health in Schools programme (TAMHS). The programme did not result in the anticipated reductions in emotional distress, anxiety and negative coping skills or the hypothesised improvement in active coping skills. However, analysis of the results noted that some aspects of the programme had not been delivered due to lack of time and space, experience and training.
- Devitt (2016) looked at whether the FRIENDS for Life programme could help with the secondary school transition in Ireland; it was concluded that the programme could help in terms of learning skills that could be generalised to other areas of life. Effect sizes were statistically small but were felt to be 'large' in terms of real-world impact.

Supporting factors to implementation	Barriers to implementation
Low cost	Needs to be delivered at the right developmental level (time to plan)
Time for preparation and delivery, e.g. to adapt and supplement content	Data suggested the same programme can result in different effects depending on who delivers it. Some have found that the programme is only effective when delivered by health staff (in primary schools) (Stallard, 2014)
Understanding of CBT principles	Provision of ongoing supervision is needed (not just one-off training)
Involvement of the school community through school wide events	

Thrive Approach

The Thrive Approach to assessment and intervention aims to bring about change in the behaviour and emotional development of children with SEMH needs by increasing adults' understanding of children's needs and providing adults with therapeutic strategies and techniques. The intervention aims to support young people to develop their social and emotional well-being, by becoming more self-assured, capable and adaptable and is used to promote positive outcomes for vulnerable children. It is based on attachment psychology and is underpinned by the theory that children progress through six stages of development in early life. When attachments between the infant and the primary caregiver are disrupted at a particular stage, emotional and social development is affected in a particular way.

Thrive is a therapeutic intervention devised by Banks, Bird, Gerlach and Lovelock (1994). Thrive is a therapeutic approach that aims to provide support for children and young people regarding their social and emotional development. According to Banks, Bird, Gerlach and Lovelock (2001) the Thrive approach provides practical and targeted strategies that are generated from online assessments conducted by Thrive practitioners, these assessments are used to identify issues in children's emotional development. The information gathered to complete the assessment is assumed to be obtained from individuals who know the pupil best (Banks et al. 2001). The Thrive online assessment tool provides action plans in an attempt to meet individual needs (Banks et al., 2001).

Evidence Base

According to the Thrive website (<https://www.thriveapproach.com/>), there is a growing body of evidence being collated as a result of the Thrive-Online data collection. The results of this have not yet been made available. There are also some case studies available on their website.

However, there has been no published research evaluating the impact of Thrive on outcomes for children and young people. Unpublished research however, using non-standardised tools has found that following training, teachers were more likely to:

- Advocate for the inclusion of children with SEMH needs within mainstream provision
- Advocate that they were more personally committed to including children with SEMH needs in the classroom
- Recognise children's behaviour as resulting from early developmental factors

Two research studies (Cole, 2012; Bonitto, 2019) conducted by educational psychologists as part of their doctoral theses evaluated the impact of Thrive:

- Quantitative analysis found that children who received Thrive made no significant gains in any of the three areas measured when compared to the control group.
- Qualitative analysis found that parents and school staff identified personal gains in understanding the behaviour of the children who took part in the Thrive intervention.
- Increase in trainees' perceived relationship quality, and self-efficacy in managing children's SEMH needs.
- Thrive practitioner trainees attributed the existence of challenging behaviour to causes thought to be beyond the child's control yet within the provision control.
- Williams (2005) found that following Thrive training, teachers were more likely to attribute children's behaviour as a result of early developmental factors and were more likely to advocate the inclusion of children with Emotional Behavioural Difficulties (EBD) within mainstream settings. However, it is not conclusive as to whether the EBD groups met children's needs
- Cole (2012) concluded that, it is hard to distinguish Thrive from other approaches being used with vulnerable children whereby professionals are responding to such children in a nurturing and sensitive nature. Opposed to taking an overarching approach to supporting all children with SEBD, Cole (2012) argued that Thrive may be more effective when it is targeted at a more particular need e.g. attachment needs.

There is very limited independent research on Thrive (or ENABLE as it was previously known).

Supporting factors to implementation	Barriers to implementation
Testimony from staff valued the trained and considered it influential on their professional practice	Thrive and associated activities are not always well understood across all staff in a school
Consistency of implementation across the school	Cost
Simplicity and acceptability of a particular strategy	Whole school approach rather than targeted intervention
Avoiding 'top down' implementation	The need to be delivered consistently
Consideration of suitability for particular children	

<p>Cole (2012) infers that when Thrive is being used as an overarching approach to support SEBD needs, rather than the targeted intervention it is intended to be, its method may advocate for general good practice as seen with supporting pupil resiliency</p>	
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Coaching

Teaching and working in schools can be physically tiring and mentally exhausting. Staff report stress and pressures relating to vulnerable students and an agenda for inclusion.

Coaching is essentially a two-way dialogue involving another person in finding solutions through effective questioning and listening (rather than informing and instructing). Effective questioning helps to raise awareness of the situation and options moving forward. It encourages others to think for themselves. Coaching can be used with staff and students in schools. Coaching can be used to support staff/students to develop their skills and practice through goal setting. Through Coaching people are supported to identify their own strengths and areas for development and build targets around them. As part of this process growth and confidence develops and there is inevitably the passing on of knowledge and experience but in the main Coaching is based on self-reflection with support.

Coaching can contribute to improved teacher wellbeing, reductions in stress and increased resilience skills. Coaching can bring about improved practice, improved leadership and performance management skills.

Evidence base:

There is an emerging evidence-base that coaching is a powerful tool to support learning and development for students, teachers, school leaders and their educational establishments.

- Green, Grant & Rynsaardt (2010) explored the impact of a 20-week coaching programme for high school teachers in Australia. Participation in Coaching was associated with increased goal attainment, reduced stress, enhanced workplace wellbeing & resilience, and improved leadership style.
- Lee (2013) explored the benefits of peer coaching in Bristol secondary schools. Both CPD co-ordinators and coachees reporting a positive impact on teachers' wellbeing, teachers' daily practice, and collaboration across the school.
- Grant, Green & Rynsaardt (2007) found that Coaching for female high school students (mean age 16 years) from trained teacher coaches led to significant increases in levels of cognitive hardiness and hope, and significant decreases in levels of depression.
- Adams (2016) reported on the impact of solution-focused coaching on leadership and management performance and wellbeing (Adams, 2016).
- Solution focused coaching has been shown to enhance students' problem-solving skills, coping skills, resilience, well-being, study skills and learning goals

achievement as well as decreasing depression (Campbell & Gardner, 2005; Green et al., 2007).

Supporting factors to implementation	Barriers to implementation
Clarity and structure of sessions	Time
Frequency	Workload
Relationships built on trust	Culture and ethos
	Staff attitudes

MAPS (Making Action Plans)

MAPs are a Person-Centred Planning tool. It aims to create a shared vision of a positive future for the YP and their family. Different possible outcomes for the future are discussed in the context of the YP's individual strengths and talents. MAPs can be used to support children or young people in a range of challenging situations. It offers a space for YP to tell their story, affirm their strengths and agree actions that could lead them to positive outcomes and opportunities. MAPs is an 8 step process that starts with the 'story so far', working towards positive action planning to work towards the YP's identified goals. A graphic record is kept of each step, to capture what was said (the graphic facilitator) and the process facilitator guides the process to help the YP identify new goals and the actions needed to achieve those goals. Key people, chosen by the YP can provide a supportive group of problem solvers.

- 1) What is a MAP?
- 2) What is the story?
- 3) What is the dream?
- 4) What is the nightmare?
- 5) Who is the person?
- 6) What are his/her gifts, strengths, talents?
- 7) What are his/her needs?
- 8) What is the plan of action?

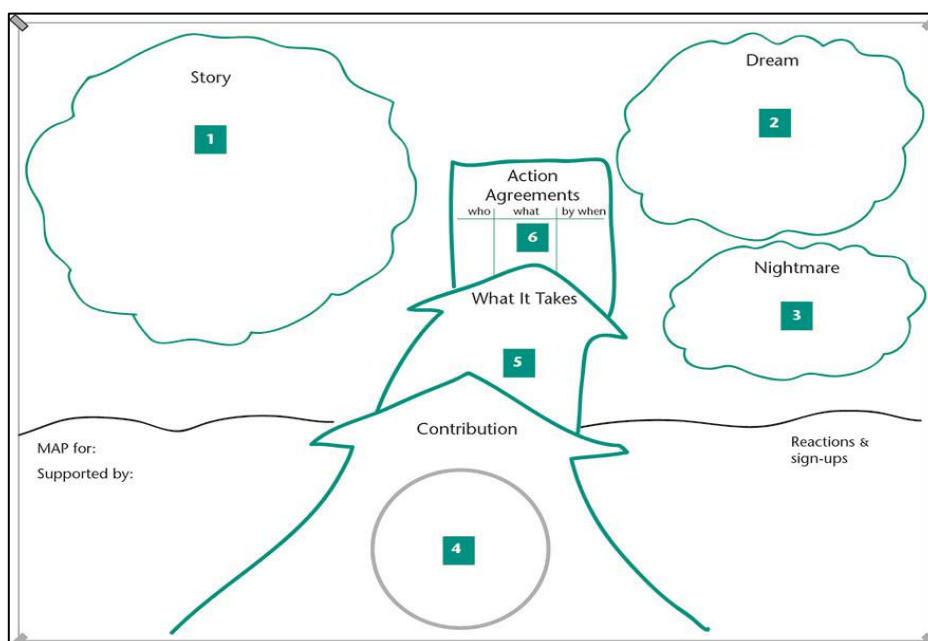


Figure 2: Example of a MAP



Figure 3: Example of a completed MAP (www.Inclusive-Solutions.com)

MAPS are most useful when there is a plan for reconvening on a regular basis to review and update the Action Plan.

Evidence Base

- Shuttleworth, et al (2017) reported on participants' experiences of person-centred planning meetings as part of the EHCP process and found four themes to be relevant; 1) the process placed the child at the heart of things and prioritised their thoughts and feelings. 2) the relationships of those present were pivotal, 3) focus on the positive (affirming and celebratory), 4) meetings were productive, brought wider benefits and effective actions.
- Corrigan (2014) explored the use of person-centred planning in supporting young people who have experienced exclusions during transition and reintegration into mainstream school settings. Participants reported a positive impact on young people's social and emotional wellbeing, attendance in school and educational achievement; Participants reported that PCP enabled young people to be fully involved in transition planning and facilitated a positive ethos of equality and collaboration. Impact was considered to be effective over time and there were clear indicators of positive development for young people across key outcome areas.

Other relevant resources:

- <https://inclusive-solutions.com/person-centred-planning/maps/>
- <https://www.uvm.edu/sites/default/files/CDCL-Interdisciplinary-Team-I-Team/MAPSQuickFacts.pdf>

- <http://helensandersonassociates.co.uk/person-centred-practice/maps/>

Supporting factors to implementation	Barriers to implementation
The role of key others as 'agents of change'; positive caring relationships, help and support when needed and a sense of belonging	Time consuming
Graphic element makes process memorable and leads to effective actions	Reliance on language
	Reliance on a degree of self-awareness and self-advocacy
	It is mainly used as a tool, rather than an intervention

Restorative approaches

Restorative approaches focus on creating and maintaining healthy environments. Children and young people are encouraged/supported to take responsibility for their choices, actions and relationships. Those who have been harmed in some way by the behaviour and decisions of others communicate the impact this has had on them to those responsible. Those responsible acknowledge the impact of their choices/actions and then take steps to resolve issues and move forward. In schools the focus of restorative approaches is on improving and repairing relationships and on listening, empathising, sharing opinions and valuing those of others.

Restorative approaches aim to develop pro social behaviour, repair damaged relationships and focus on maintaining those relationships.

“...To enable learning to take place, preventative action is most effective; but when this fails, schools must have clear, firm and intelligent strategies in place to help pupils manage their behaviour” (Skinns, Du-Rose & Hough, 2009, p. 3).

Evidence Base

The Restorative Justice Council reported the following in ‘Restorative Practice in Secondary Schools’ (Restorative practice in schools | Restorative Justice Council)

- Thompson, F., & Smith, P. K. (2011) reported 97% of schools surveyed rated restorative approaches as effective
- The RAiS programme in Bristol Schools (Skinns, Du Rose & Hough 2009); An evaluation of restorative approaches in Bristol schools found an increase in school attendance and a reduction in exclusions in schools running this RAiS programme, in comparison to rates in schools not running the programme. Improved emotional literacy of staff, but particularly pupils (e.g. their ability to empathise and to take responsibility for their actions) was also reported. Improved well-being for staff and pupils (e.g. greater confidence) was found in RAiS schools.
- In Barnett, an evaluation of restorative approaches by the local authority found that primary schools trained in restorative justice had a 51% reduction in exclusions, compared to a rise of 65% in exclusions in those 32 Barnett schools that had not received training in restorative justice. They also found an increase in staff confidence in managing issues of bullying and conflict.
- Andy Williams, Deputy Head Teacher at Monmouth Comprehensive school in Wales explained the benefits restorative practice has brought to his school in (2015) <https://www.sec-ed.co.uk/best-practice/restorative-practice-in-schools>).

1. The number of students receiving a fixed-term exclusion has dropped by 95 per cent.
2. The number of days lost through exclusion has dropped from 160.5 to two.
3. Referrals to the youth offending service are at an all-time low and recent figures show only one referral from Monmouth Comprehensive.
4. Attendance figures at the school are at their highest level in its history, with 95.2 per cent of students attending and 96 per cent targeted for this academic year.
5. The school has achieved a significant increase in Level 2 threshold attainment and Level 1 threshold attainment, amounting to 98 per cent. Importantly, all students at the school have left with a qualification, the vast majority with five Level 2 qualifications or more.
6. Staff illness with a stress-related tag has dropped by 82 per cent over the same period.
7. Furthermore, anti-social behaviour involving youths in Monmouth has dropped by 48 per cent in three years.

Supporting factors to implementation	Barriers to implementation
A framework offering direction and momentum; consolidation with existing practices	Staff concerns re time pressures Staff anxieties that change could remove their power and authority (a move away from conventional forms of punishment)
Perceptions of this being 'better' and 'fairer'	
Approaches must be in place across the whole school, with training extended to teaching and non-teaching staff	
Management and the wider school community need to understand the approach and their role within in	
Regular monitoring and meetings between key staff from different roles	
Refresher training	

Further to the factors noted in the table above, Hay (2019) carried out a literature review exploring specifically 'How can restorative approaches be successfully implemented in schools?'. Figure 2 below visually demonstrates the factors he found to support successful implementation of restorative approaches in schools with further explanation.

Figure 4: Factors for successful restorative approach implementation (Hay, 2019)



Aims – McCluskey, Lloyd, Kane, et al. (2008) and Kane et al. (2009) found that Implementation of restorative approaches was most successful in schools which had aims of improving positive relationships throughout the school community. Schools that had clear and specific goals as well as broad aims for restorative approaches experienced the most effective implementation. Timescales, targets and milestones were set within the planning process so that progress could be monitored.

Ownership – Leadership and responsibility help to promote successful implementation. Ownership also extends across both staff and pupils where pupils being active subjects in the process, contributed to a successful implementation.

Policy and Pedagogy – implementation was most successful in schools where practices were seen to complement restorative approaches and shared similar philosophical underpinnings. Many schools' pre-existing discipline approaches are punitive in nature and can be seen as a barrier to the inclusive, discursive and psychosocial underpinnings of restorative approaches.

Readiness – Key features associated with successful implementation included not only the recognition of the need for things to change but also that staff felt that they had the capacity and means to improve things. Further to this, it is crucial to understand restorative approaches as a culture that permeates all aspects of school and is not just an 'add on'.

Resources – Having a core group of highly skilled staff to help provide support and develop resources to support children to develop restorative skills all helped successful implantation and maintenance of restorative approaches.

School Management – The acceptance and belief in restorative approaches from school management was seen as important in ensuring an emphasis in developing restorative approaches school wide. This included encouragement, high expectations and the way in which leadership interacted with pupils, parents and staff.

Staff Development – A commitment from the school management team to ongoing training was seen as paramount in establishing successful restorative approaches. Additional time reserved for reflection was also seen as important. These opportunities helped to enthuse and motivate staff.

Values and Philosophy – Restorative approaches, and school values and ethos are an indicator for successful implementation as it connects values with behaviours. When schools adopt a broad understanding of restorative approaches and reflect its underlying philosophy and principles, in contrast to an outcome driven implementation such as the reduction of exclusion and/or attendance data, the implementation is more likely to be successful.

Restorative Practice in Secondary Schools:

<https://restorativejustice.org.uk/restorative-practice-schools>

Targeted Interventions

Nurture Groups

Nurture Groups were included within the 'targeted' intervention section within the SEMH toolkit.

The principal theoretical psychological underpinning of nurture groups is that of attachment and the provision of a secure base.

- Bowlby's basic premise was that good mental health in later life was dependent on the attachments made in early life. Access to warm and intimate relationships in the very early stages of child development were, Bowlby argued, preconditions for positive emotional well-being in later childhood.
- The work of Bowlby and Ainsworth served to highlight the importance of developing secure attachments and the consequences of poor or insecure attachments. These are reflected in the principal emphasis in a nurture group, that of the development of secure attachments. This is achieved via:
 - maintaining consistent staffing (usually a teacher and classroom assistant);
 - modelling of positive behaviour and social skills by the adult staff;
 - providing predictable routines;
 - limiting the numbers of pupils to no more than 12 (a group usually contains 10–12 children);
 - providing developmentally appropriate activities, where the curriculum is matched to the developmental level of the child, rather than expecting the child to fit in with the curriculum (Doyle, 2004);
 - providing a secure base;
 - considering the importance of transition in children's lives

Evidence Base

There is limited literature exploring nurture groups (NGs) in secondary schools, however, NGs are 'increasingly being established in Scottish secondary schools' (Kourmoulaki 2003, p. 60). 'Nurture' has been a key approach used by the Scottish Government to improve pupil behaviour and relationships, as well as ensure the needs of the majority are supported in mainstream education.

The following points outline the main barriers and supportive factors as noted by school staff when implementing and sustaining a nurture group provision in 7 different Scottish secondary schools (Grantham and Primrose, 2019).

Other relevant resources

<https://www.nurtureuk.org/nurture/what-nurture-group>

<https://www.youtube.com/watch?v=BCb8JoR0H3E>

Supporting factors to implementation	Barriers to implementation
Relationships and communication between the NG and the wider school'.	Participants felt timetabling was a barrier to the implementation of a NG as it resulted in students missing whole subjects due to the length of time spent in the group.
By not existing in isolation, staff awareness of nurturing principles was raised, and 'a greater understanding of the benefits of the NG achieved'.	This led to disgruntled staff who felt that pupils should be attending class – participants felt that whole school awareness and understanding of the importance and potential impact of nurturing principles were important to counteract this.
To gain support from the wider teaching staff, participants felt that support from the SMT was crucial – many felt that if the message came 'from the top', others would 'take note'.	Difficulties ensuring a consistent adult was available to facilitate the group, and time was available for peer support and supervision with the NG team.
The profile of the NG teacher and support for learning worker was also important. NG staff had to have a positive attitude and be 'flexible', 'responsive to the needs of YP', 'resilient' and have a 'sense of humour'.	Timetable changes, staff turnover and volume of paperwork were said to have an impact on the completion of outcome measures. Further difficulty appeared to arise when observations of YP in the group did not match scores on the outcome measures.
Engaging in training prior to involvement in a NG was imperative, according to participants, to ensure NG staff had 'an understanding of psychological theory,	Reintegration back into mainstream classes was a barrier given the time required to facilitate and plan.

and how to meet the needs of vulnerable YP'	
Better outcomes were achieved when vulnerable YP were identified during the transition to secondary school. In doing so, communication with primary schools could be had regarding the needs of the child, to give a more holistic interpretation of need	All participants noted the lack of parental involvement and how this was a potential barrier to the success of the group.
Regular meetings amongst NG staff were beneficial for support and supervision.	
The development of a 'Nurture Committee', where NG staff, the SMT, and support for learning staff helped to imbed nurturing principles in the wider school using a Nurture policy developed within the establishment, 'Nurture Champions' in each department were said to support this further.	
The 'Nurture Network meetings', held within the Local Authority, were also noted to help 'build good relationships amongst all secondary schools involved and facilitated solutions to difficulties faced'.	

Motivational Interviewing

“Motivation is a vehicle to behaviour change.”

MI evolved from Carl Roger’s person-centred approach to counselling/therapy as a method to help people commit to the difficult process of change (to increase motivation and to commit to change). MI originated as a counselling technique developed within medical settings to help people with addictions and eating disorders, substance abuse, depression and self-harm. It is based on the idea that people are not always in a state of readiness to change their patterns of behaviour. It does not assume that a person has the desire to change. It acknowledges that individuals may have reasons to maintain their behaviours.

MI is based in Self Perception Theory (the idea that people develop attitudes/beliefs about themselves by observing their own behaviour, i.e. speaking about behaviour change helps them re-evaluate their position towards change and they are more likely, therefore, to follow through with actions (they see reasons for change). Self Determination Theory (autonomy, competence and relatedness) is also embedded in the approach.

MI aims to increase knowledge, concern, self-efficacy, self-esteem and internal attribution. Effective language is used to talk about change, to explore and challenge one’s own behaviour (so people talk themselves in to change, based on their own values and interests). There is a strong relational component.

MI in Education; Kaplan (2014) suggested MI may work well with C/YP as valuing an individuals’ autonomy and using a collaborative approach aligns well with the needs of adolescents for independence and identity formation. MI is a useful where a student sees no problem with their behaviour, but others disapprove.

MI has been used in the context of education to support student engagement, persistence and outcomes. It is a tool to enhance intrinsic motivation and change behaviour - ‘a collaborative, student centred conversational style to strengthen a person’s motivation and commitment to change’ (Miller and Rollnick 2012).

- MI requires a different way to talk to students
- MI requires empathetic, reflective listening to affirm strengths (adult expresses empathy, warmth, genuine positive regard, care and concern)
- MI provides opportunities to problem solve and regulate

How does it work?

- The student is guided through phases of change
- Pre-commitment phase – talk is focused on the current situation to understand lifestyle, stresses, values, goals and ideals

- Space to recognise values and ideals and elicit personal reasons for change - Explore good things and less good things, i.e. if behaviour stays the same or changes...
- Change talk to explore the advantages of change and disadvantages of status quo.
- Provision of information
- Consideration of the present and the future
- Exploration of worries around behaviour change
- Support and encouragement of personal choice
- Help with decision making
- Response to resistance with reflection, an emphasis on choice, coming alongside, shifting focus and reframing
- Avoidance of persuasion and confrontation

MI achieves the following

- Elicits thoughts and feelings by reflecting back what is said
- Honours autonomy
- Recognises strengths
- Scaffolds learning
- Enhances interpersonal collaboration; how one interacts with people has significant effects on intrinsic motivation that leads to better change outcomes
- Supports the development of a growth mindset for academic skills
- Improves outcomes
- Communicates to student that what they say is important, that they are worthy/valued
- Summarises, structures and guides to provide insight into behaviour
- Reflects back thoughts and feelings
- Makes use of open questions, affirmations, reflections and summaries
- Emphasises choice

Evidence Base

Motivational interviewing was a technique originally developed to help people struggling with addiction including alcoholism. Further research specifically about its impact in education settings is needed.

- Snape and Atkinson (2016) reported good evidence for the use of student focused, student based MI and support for the use of MI in educational settings; review of research provided positive evidence for MI. 4 UK based

studies reported on effectiveness of MI in relation to increased school based motivation in disaffected students;

- Atkinson and Woods (2003) reported improvements in attendance and punctuality, confidence with schoolwork and general attitude to school after a Y9 student had 5 sessions of MI.
- Kittles and Atkinson (2009) used MI as part of initial consultation and found 2 out of 3 students to be positive about the process.
- 3 US studies used MI as intervention to increase academic outcomes. Strait et al (2012) showed one session of MI to show significant improvements in post-test maths score. Replication by Terry et al (2013) showed same positive effect on maths grades.
- Terry et al (2014) showed 2 sessions of MI and feedback to significantly improve grades in maths, science and history post intervention than those who had 1 session of MI (2 sessions showed a larger and broader improvement in academic grades).
- Sheftel et al (2014) students with LD engaged in 10 sessions of group-based MI. Positive and significant change was shown in vocational skills self-efficacy, self-determination and vocational outcome expectations.
- Frey et al (2011) suggested MI be used to promote academic achievements and to prevent behavioural risk factors from jeopardising school success (e.g. peer conflict, poor engagement, poor connectedness, bullying, etc)
- Terry et al (2020) reported on the use of a Motivational Interviewing based programme (Footprints); significant increases were reported in behavioural and emotional functioning, self-efficacy to regulate behaviours, positive expectations for success, academic motivation, and grades in mathematics.

Supporting factors to implementation	Barriers to implementation
Cost effective	Language based (have to express feelings) so may not be effective for those with social and communication difficulties or low literacy levels
Involves school mental health workers, e.g. counsellors, EPs but MI techniques can also be used informally in conversation by teachers, for e.g. to encourage students to consider personal reasons for change, to recognise their ideas/values and intentions, to support/encourage personal choice	Requires some degree of abstract reasoning (probably not as helpful for preteens).

Training and implementation of MI and regular feedback/supervision	Time and resources – remarkable results can be time consuming
Administrative support	Lack of commitment to a non-punitive approach
Practitioners professional background influencing success i.e. MI is easier for those who have experience of working 1:1 with student	Benefits of MI not immediately visible and therefore MI is not valued or prioritised; Simple but not necessarily easy to practice
	School roles and system limitations

Emotion Coaching

Thinking and reasoning and emotional processing are fundamentally integrated (Goswami 2011); cognition and emotions are not separate. Teachers need to engage pupils' emotions, attend to their emotional needs in order to maximise success and promote learning through positive relationships (Shaughnessy 2012).

A disregarding and punitive parenting style has a negative impact on emotional regulation and behaviour outcomes (Gottman et al 1996). Schools too need to recognise the consequences of 'emotion dismissing' (being insensitive and unresponsive). Consistent responsiveness promotes social and cognitive growth (Landry et al 2001) and teachers are well placed to offer understanding to pupils, offering rapport before reason and advice (Riley 2010). Teacher warmth and empathy have been shown to strongly associate with positive school outcomes (Cornelius-White 2007).

Emotion Coaching is a relational and skills-based approach. Recognising, labelling and validating children's emotions creates a context of security and responsiveness which allows for the adult to guide and scaffold reasonable solutions and problem solving to manage feelings.

Emotion coaching provides a structured framework for adults to respond to children's emotional needs 'in the moment'.

Emotion Coaching is based on the work of Gottman and Katz and colleagues (Gottman et al., 1996). It is essentially comprised of two key elements - empathy and guidance. These two elements underpin the adults' approach whenever 'emotional moments' occur. Emotional empathy involves recognizing, labelling and validating a child's emotions, regardless of the behaviour, in order to promote self-awareness of emotions. The circumstances might also require setting limits on appropriate behaviour (such as stating clearly what is acceptable behaviour) and possible consequential action (such as implementing behaviour management procedures) but key to this process is guidance: engagement with the child in problem-solving in order to support children's ability to learn to self-regulate and to seek alternative courses of action, preventing future transgressions.

Gottman has described Emotion Coaching as involving 5 steps:

1. Be aware of child's responses
2. Recognize emotional times as opportunities for intimacy and teaching
3. Listen empathetically and validate child's feelings

4. Help child to verbally label emotions – helps soothe the nervous system and recovery rate
5. Set limits while helping child to problem-solve

Evidence Base

- EC has contributed towards better emotional regulation, more competent problem solving, higher self-esteem, better academic success, more positive peer relations, fewer behaviour problems (Gottman et al 1997).
- Evidence shows that emotion coaching has positively impacted those with behaviour difficulties (Havighurst et al 2013), those exposed to violent experiences (Cunningham et al 2009), those with depression (Katz and Hunter 2007).
- EC has positively correlated with secure attachments (Chen et al 2011), reduced externalising behaviours of those with ASD (Wilson et al 2013) and acted as a protective factor for children with ODD (Dunsmore et al 2012) and for children at risk (Ellis et al 2014).
- Gottman, Katz and Hooven (1996) found that children who were emotion coached engaged in self-soothing strategies, developed good attention and concentration, inhibited actions when needed and made a quick recovery from stress. They achieved more academically, were more popular, presented with fewer behaviour problems and infectious illnesses and were more resilient and emotionally stable.
- Parker et al (2016) reported on Attachment Aware Schools and how they reflect a humanistic, relational framework that promotes universal and targeted intervention in a pyramid of support to meet the attachment needs of all pupils. Emotion Coaching was used as a whole school strategy and key aspect of the project. Over the course of 1 year, there were significant improvements in pupil academic achievement, a decrease in the use of sanctions, a decrease in exclusions, a decrease in hyperactivity and difficulties generally (using the Strengths and Difficulties Questionnaire). Professionals changed their practice and reported improved confidence and skills and understanding and a more consistent approach.
- Rose (2015) provided emotion coaching training in schools and settings and one year of application. Pre and post impact questionnaires were completed.
 - Statistically significant improvements were shown on participants scores on an EC questionnaire, pre and post training; a positive impact reported in terms of adult self-regulation and behaviour impact on the child.
 - There was decreased emotion dismissing by adults and reductions in behaviour incidents. EC enabled adults to communicate more effectively

- and consistently with children in stressful situations, to use less emotion dismissing approaches and helped to de-escalate volatile situations.
- Adults felt EC gave a framework and a script that enabled a positive, person centred and consistent approach.
 - Adults reported feeling empowered, calm, confident and they felt more empathy when able to validate and acknowledge children's feelings, using a shared language.
 - Adults reported difficult situations to be less stressful and exhausting with a positive impact on adult wellbeing.
 - Consistent and sensitive communication promoted positive, nurturing relationships, prompted children's self-awareness of emotions and self-regulation of behaviour, facilitated resilience by helping children to recognise, regulate and improve and take ownership of their behaviour.
- Rose (2015) - in the secondary school; call outs and exclusions reduced, the number of consequences and rewards reduced. Therefore, EC contributed to a reduction in disruptive behaviour and improved pro social behaviours. A more relational model reduced the need for sanctions and rewards (the focus was on the feelings underlying the behaviour rather than behaviour modification)
 - Rose (2015) - case studies with 6 children at risk of PEx; reduced number of exclusions and callouts and head of year reported 'real improvements'
 - Rose (2015) concluded that Emotion Coaching promotes the development of social and emotional competence in children and young people and encourages more humanist and affective relationships between practitioners and pupils.
 - Rose (2015) emotion coaching resulted in an improvement in young people's stress response system and an ability to process their emotional experiences.
 - Gus et al (2017) case study in one SEMH school; Emotion Coaching resulted in decreased use of physical restraint, improved development of children's emotional literacy, improved children's ability to recognise, label and process their emotions, improved communication and trust between children and adults. Families felt more competent, confident and empowered and communicated more with school. Pupils calmed quicker and engaged in more positive problem solving. Children were better able to accept praise and positive comments. Positive relationships and improved trust between staff and pupils was identified. There was accelerated academic progress, reduced staff stress and absence, a calmer environment and improved staff morale.
 - Gus et al (2017) "Emotion coaching contributes to the promotion of sustainable, holistic improvement in wellbeing of pupils, staff and families."

- Digby et al (2017) showed that by using Emotion Coaching when children experience 'emotional moments' which may manifest as challenging behaviour, significant improvements can be made in adults' attitudes to children's behaviour as adults become less 'dismissive' of children's emotions, generating a more relational model of behaviour management; reducing the number of behavioural incidents by improving children's behaviour and ability to regulate their behaviour. Staff wellbeing and efficacy improved via the way adults managed children's behaviour and its effect on adults' reduced stress levels

The following points from Gus & Meldrum-Carter (2016) provide a comprehensive overview of some of the barriers and supporting factors to implementation of Emotion Coaching in schools:

- Senior leaders must take the lead and promote a belief in the approach by supporting small pilots within school, modelling and using emotion coaching, providing supervision to staff (recognising the emotional impact this may have on staff and challenges it may have on professional confidence), ensuring staff are on board, encouraging mutual support and shared language, rewarding staff who embrace the approach via public and individual feedback.
- Prioritise emotion coaching in school through developing a cascading plan for the school, involving all staff at an equal level, giving it a regular focus and protected time, e.g. on-going CPD and less formal meetings, referring to it in school policies, improvement plans and student documentation, including emotion coaching training/support in the induction of new staff, using emotion coaching skills as an indicator in performance management.
- Acknowledge that skills and expertise may take time to develop and support this through providing scripts and visual reminders around school, offering refresher sessions, sharing practice within and between schools, emphasising that time needs to be spent on the empathy stage, identifying "experts" in and out of school who can provide reassurance, being mindful of "reversion" to old ways for some staff who find the approach more challenging.
- Manage resistance through providing reassurance that behaviour management "consequences" can still apply, sharing any positive impact on learning data and behavioural successes, using language that challenges the idea that behaviours are always under a child's control, continuing to highlight the neuroscience evidence-base.
- Develop an "engaged community" through pupil, parent and governor information-sharing, explicit pupil involvement.

Supporting factors to implementation	Barriers to implementation
EC is universal and sustainable and provision that can be overlaid on schools existing system.	Emotion coaching needs to be more widely known.
There is no curriculum or resources to purchase	Research regarding the impact of emotion coaching when used in education settings in the UK is limited and currently there is no longitudinal information.
Simple and coherent approach that can be implemented over time	Timetabling and staffing implications
The range of staff and pupil encounters in secondary school means that some access is likely even if EC is not applied consistently by all staff.	Staff skills
	EC needs to relate to school core values and ethos

Other relevant resources:

See www.emotioncoaching.co.uk/ for more information

School-based Counselling (SBC)

The Youth Sport Trust reported in July 2020 an increase in anxiety in C/YP since COVID -19; 41% of young people reported that they are lonelier than before, 38% more sad and 37% more stressed. Many don't meet the threshold for CAMHS but they do need a higher level of help than that provided by mental health teams.

School-based counselling is a talking therapy in which a person is encouraged to discuss their feelings, emotions and behaviours, within the context of a trusting therapeutic relationship (British Association for Counselling and Psychotherapy, 2010). It is delivered in school by qualified counsellors. Counselling is predominantly delivered in a one-to-one setting.

School-based counsellors tend to work with young people with a range of SEMH. Information from over 20,000 young people who have accessed SBC (Cooper, 2013) found it to be an effective intervention for young people experiencing difficulties relating to:

- depression
- anxiety
- self-harm
- conduct problems
- ADHD

However, there is no set criteria for who can access counselling.

Nondirective supportive therapy is a NICE recommended intervention for mild depression and there is emerging evidence that school based humanistic counselling is effective in reducing psychological distress and in supporting YP to achieve their goals in life. In Scotland, Wales and Northern Ireland statutory funded school counselling services are provided. This has been for over a decade in Wales and Northern Ireland. The British Association for Counselling and Psychotherapy (BACP) are campaigning for the government to commit to school-based counselling. They want every secondary school, academy and FE college in England to have a paid counsellor. The BACP reported studies to show school-based counselling can increase confidence, resilience, wellbeing and mental health, reduce school exclusions and increase pupil attainments and support positive friendships and family relationships.

Evidence Base

The BACP claims the following benefits:

- School-based counselling can stop mental health problems from developing further – this early intervention treatment can stop conditions accelerating into something more serious and complex and offer children the tools to recognise when they are experiencing difficulties with their mental wellbeing.
- School-based counselling is easy for children to access – children and young people are seen usually in two to three weeks; it would be unusual to wait longer than four weeks to be assessed by a school counsellor.
- Children and young people are more likely to see an in-house school-based counsellor compared to non-school-based services; it cuts down their fears of stigma.
- School-based counselling helps with behaviour and learning.
- School-based counselling works as a parallel support alongside CAMHS and reduces referrals to these specialist and costly services.
- School-based counselling is cost effective. One session of CAMHS costs the same as five sessions of school counselling.

Source: BACP <http://www.bacp.co.uk/news/?newsId=4076>

- North East Counselling Services (NECS) website; schools reported improvements in C/YP mental health for those supported by NECS (35% in behaviour, 51% in social interaction, 52% in attendance and 27% in academic results).
- A systematic review of sixteen research studies carried out in Scotland, Northern Ireland and England identified a significant decrease in the levels of psychological distress experienced by young people who had accessed, on average, eight sessions of SBC (Cooper, 2009). Hill et al. (2011) reported a similar significant reduction from data collected from young people engaging with SBC throughout the whole of Wales over a three year period.
- McArthur et al. (2013) reported that, over a period of twelve weeks, young people accessing weekly SBC sessions reported a significant reduction in psychological distress compared to those in a waiting list condition. Similarly, Cooper, Fugard, Pybis, McArthur & Pearce (2015) found that SBC was associated with a significant decrease in the levels of emotional and behavioural difficulties than would be anticipated without access to the service.

Key changes which young people have reported as a consequence of engaging with SBC are:

- Emotional changes such as increased confidence and feeling happier (Lynass, Pykhtina & Cooper, 2012).
- Behavioural changes such as improved engagement and performance in schoolwork (Lynass, Pykhtina & Cooper, 2012).

- Inter-personal changes such as being able to talk about their feelings more easily and better relationships with friends and family (Lynass, Pykhtina & Cooper, 2012).
- Cognitive changes such as improved concentration in lessons (Cooper, 2006; Rupani, Haughey & Cooper, 2012).
- Fox and Butler (2009) reported there to be fewer problems and less distress for individuals after counselling compared to before, in other words counselling was found to be effective.
- Fox & Butler (2009) and Pybis et al (2014) indicated that positive effects remain 3 months after counselling ends, but further research is needed to demonstrate whether the positive effects of SBC are longer lasting.
- There is evidence to suggest that targeted school-based interventions have led to improvements in wellbeing and mental health, yielding reduced levels of school exclusion by 31% and improved pupil attainment (Banerjee et al., 2014).
- Research indicates that school-based counselling is perceived by children and pastoral care staff as a highly accessible, non-stigmatising and effective form of early intervention for reducing psychological distress (Cooper, 2009).
- Secondary school students have reported that attending school-based counselling services had positively impacted on their studying and learning (Rupani et al., 2013).
- School management have reported perceived improvements in attainment, attendance and behaviour of young people who have accessed school-based counselling services (Pybis et al., 2012). Emotional, behavioural, social and school wellbeing also predict higher levels of academic achievement and engagement in school (Gutman & Vorhaus, 2012).
- School-based counselling interventions in Northern Ireland were effective for pupils who have been bullied (McElearn et al., 2013).
- Cooper (2009) carried out a review of school-based counselling studies exploring the experiences and outcomes of more than 10,000 children from across the UK. The review found that school-based counselling is associated with significant clinical improvement from pre to post counselling. More than 90% of children and young people report that they experienced an improvement which they attributed to counselling. More than 82% of children and young people reported that counselling was helpful. More than 92% of children and young people were satisfied with their counselling intervention. Up to 90% of teachers reported that counselling had a positive impact upon concentration, willingness to participate in class and increased motivation for young people to attend school and study. Teachers and head teachers found counselling an invaluable resource in schools, due to the professional training of counsellors, the time that they could give to young people, their expertise, their ability to provide a confidential service and their independence from the core business of the school.

- Cooper (2013) found that SBC was positively evaluated by staff and service users; it was perceived to be effective and improved mental health and emotional wellbeing and it was also perceived by them to enhance the individuals' capacity to engage with learning.
- Welsh Government (2011) Evaluation of School-based Counselling; Counselling was associated with significant reductions in psychological distress. Approximately 85% of respondents felt more positive about going to school after experiencing counselling. Similarly, 85% of respondents said that they felt more able to cope since going to counselling. Senior teachers reported counselling services had made a positive impact on the attainment, attendance and behaviour of young people. Counselling was seen as highly accessible, allowing children to easily attend counselling sessions and leaving teachers to concentrate on teaching.
- Cooper et al (2015) reported SBC to be associated with large and significant greater change than would be expected without intervention.

Supporting factors to implementation	Barriers to implementation
Easily accessible	Schools confusion as to the scope of their role in the context of other pressures/demands which often take priority, e.g. rising pupil numbers, curriculum change, staff shortage and recruitment, attainments, OFSTED, etc.
Non stigmatising/safe space	Outcome monitoring
Focus on individual needs/YP centred	Equity of access for Black and ethnic minorities
Provides an independent/supportive professional for YP to talk to	Integration with other mental health provisions
School is the 'hub' bringing together key adults around the C/YP	Decisions regarding when and for whom is it most effective?
	Funding

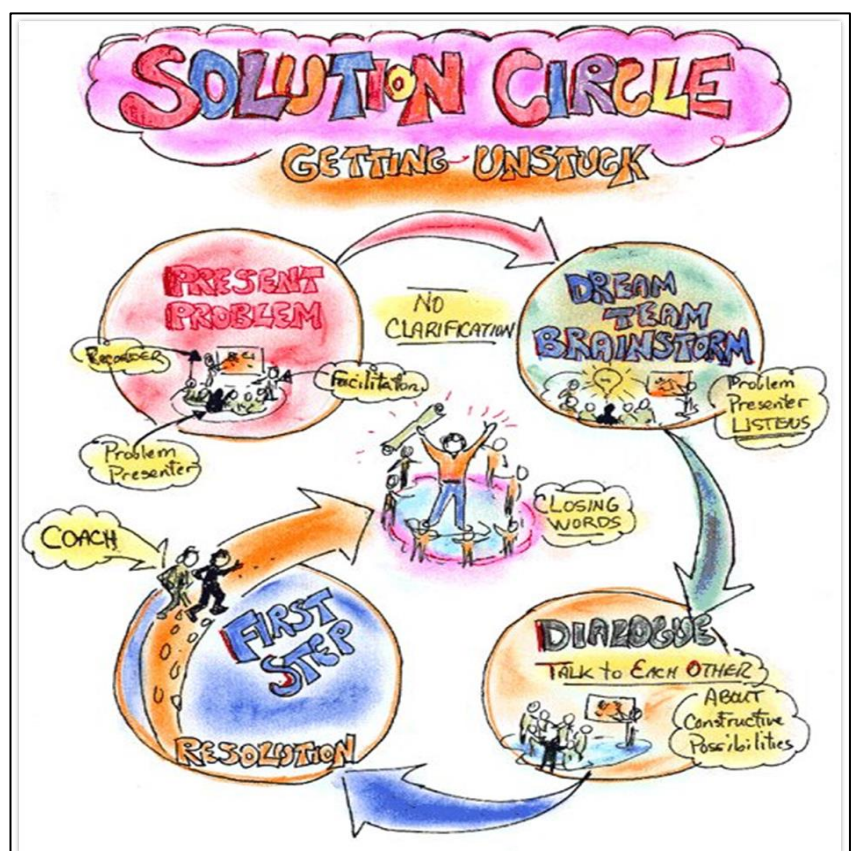
Solution Circles

In schools there are rising expectations of staff performance and high stress levels in teachers (Tung et al 2013). Roffey (2015) stated 'there are multiple indications that teachers are overworked, undervalued and highly stressed'. Jennings and Greenberg (2009) reported levels of teacher stress is linked to pupil outcomes. Solution circles can support the retention of staff and their resilience and wellbeing. Solution Circles offer group supervision/peer support, provided through its problem-solving framework. It is nondirective and focused on the resources of the peer group. It uses social support, provides opportunities for collaboration and helps to develop shared goals, good communication and orientation towards action. Essentially, it is a tool of community capacity underpinned by solution-oriented thinking and solution focused work. It focuses on resources/not deficits.

Self-Efficacy (Bandura, 1977) is defined as the 'belief in one's own capabilities to organise and execute the courses of action required to produce given attainments'. High levels of self-efficacy are associated with persistence, interest, and commitment (Bandura et al 1996) and effective teaching (Caprara and Malone 2006). Boosting the self-efficacy beliefs of school staff about their ability to work effectively with C/YP should increase their competence to do so (Wood 2016).

Solution Circles is a creative problem-solving tool to support inclusion. It is a simple approach that assumes people are experts in their own lives and are able to exert agency where there are issues/problems.

Solution circles is an evidence-based problem-solving approach, which is supportive and collaborative and offer a reflective space, structure and a record of ideas. Solution circles is group-based activity that follows six stages. A circle takes about 30 minutes to complete, following a set structure. The circles are supportive and encourage participants to challenge and reflect on practice.



Solution Circles involve:

- One individual outlining a difficulty or feelings of being 'stuck'. The group listens.
- The group are then invited to ask questions that clarify the problem situation.
- Next the group are invited to generate and pose a range of solutions. The person who presented the problem does not respond.
- Then there is the opportunity for a group discussion, to explore and clarify with the 'Problem Presenter', which solutions brainstormed might be helpful and to discuss these further.
- The group together decide on the first steps that are achievable within the next 3 days. It is crucial that at least one step is initiated within 24 hours.
- To finish, the group are asked for their final rounds of words to describe their experience. The 'Graphic Recorder' then provides the 'Problem Presenter' with the visual record of the discussion.

Steps outlined on the following YouTube clip:

www.youtube.com/watch?v=QCnZVlgHKPc

Evidence Base

- Brown & Henderson (2012) trialled SC in primary and secondary schools (challenging behaviour in secondary) and reported on the strengths of the approach; a reflective space, structure, a record of ideas, a focus on solutions and the supportive and collaborative nature.
- Grahamslaw and Henson (2015) reported on the comparisons of Solution Circles and Circles of Adults– participants found the collaborative nature of SCs supportive and useful and SCs worked well as short, in-house, ideas generating sessions (rather than for in-depth analysis).
- Wood (2016) Solution circles improved staff wellbeing, problem solving skills and staff self-efficacy. Wood found self-efficacy to be susceptible to influence; a small effect size for self-efficacy was found with the largest proportion of participants showing improvement (13/16 improved or stayed the same) in their belief in their own ability to achieve something. This suggested that participation in SC, experience and peer interaction can alter self-efficacy (exposure to success).
- Wood (2016) participants valued the structure of SC and the chance to talk about work, 'team' feeling, meaningful interaction and support from the wider school. They liked the opportunity to think and reflect, reported it to be 'empowering' and found trust in the team. They also liked the short, in-house, clear cut sessions, that don't rely on expert facilitator.

- Roffey 2013 – SC provides equality and democracy (for everyone), safety (choice to talk or not, no blame, opportunities to share), inclusion (the right to participate), respect, agency (opportunities to discuss. Not told what to think/do), positivity (focus on aims/strengths). Problem solving skills and collaboration foster a sense of belonging and positive feelings).
- Approach used in Australia in 8 schools (McCarthy 2009) – positive change in ethos, relations between staff and students, problem solving and increased responsiveness, changes in social behaviours.
- Roffey (2012) – links to wellbeing of teachers

Supporting factors to implementation	Barriers to implementation
Wood (2016) reported on the areas influencing the success of Solution Circles; the structure (steps, solution oriented, positive ethos, trusting team, facilitates reflection and action), the People (enthusiastic, motivated, learning/supporting together, non expert, easy to set up) and school (ethos, priorities, processes and personnel)	Taylor (2003) – teachers have to believe in social and emotional issues and that they are critical and can change behaviour. Solution Circles have limited impact if relational values not embedded in everyday interactions
A school context where solution circles is understood and supported by whole staff.	Some can find solution circles too prescriptive. It could depend on the skill of the facilitator (Wood 2016).
Non-hierarchical (no expert needed)	
Shared trust and stability	
School ethos needs to value staff wellbeing and the need for staff to talk, a solution-oriented approach. Research showed that a group supervision programme is likely to be most successful when consciously and thoughtfully embedded in the whole school landscape and everyone has got to want it (Wood 2016).	
A stable and supportive staff that is able to creatively and innovatively solve problems. Wood (2016) stated that success depends on a consistent team with clear aims, roles, rules and responsibilities.	

There needs to be communication between the group and the rest of the school.	
The facilitator needs to have energy, relationship building skills and communication skills.	

ELSA (Emotional Literacy Support Assistant)

ELSAs are teaching assistants in schools who receive training and ongoing supervision from educational psychologists and work to improve the emotional development of children and young people. ELSAs are trained to work with pupils individually or in small groups in order to develop their emotional literacy skills. ELSAs can help pupils of all ages learn to better understand and manage their own emotions and respect the feelings of those around them (Burton, 2008).

ELSA was developed by Sheila Burton (Educational Psychologist) and is now a national project used in more than 25 local authorities around the country. ELSA was introduced in Somerset in September 2014 and has grown rapidly since this time with over 200 ELSAs taking part in five days of training and on-going supervision to date. For more information about the ELSA project please see www.elsanetwork.org.

The ELSA project aims to support primary and secondary school-age pupils who are experiencing 36 difficulties, either emotionally and/or behaviourally, to develop EL skills and strategies that help them regulate their emotional responses, through individual or small-group sessions. Schools involved in LA-led ELSA projects are expected to identify suitable TAs to receive ELSA training. The 'ELSA person specification' (Burton, 2009) outlines core qualities that a potential ELSA should hold (p. 47). Qualities not dissimilar to those expected within the humanist therapeutic tradition (Rogers, 1957), such as warmth, calmness and attunement, are mentioned as key. Alongside these personal qualities, organisation and resourcefulness skills are also highlighted. Such qualities indicate that a highly skilled TA is required to effectively fulfil the ELSA role.

It is recommended that pupils' ELSA interventions consist of approximately 6-10 weekly, 30-minutes to 1-hour sessions (Burton, Trail & Norgate, 2009). During this time, ELSAs are expected to track C/YP's progress towards specific goals and use this information, and their supervision discussions, to decide an appropriate time for the ELSA intervention to end (Burton et al 2009).

Evidence Base

There is a growing body of research and evaluation conducted by Educational Psychologists and other researchers around the country demonstrating the positive impact of ELSA intervention in schools. Research has consistently found ELSA intervention to have a positive impact on the following aspects of pupil development when compared to pupils who have not received ELSA intervention (Krause, Blackwell and Claridge, 2020; Nicholson, 2019):

- Development of emotional literacy (including empathy, self-awareness, and self-regulation, self-esteem).

- Improved social behaviour and friendships.
- Decrease in behaviours that cause concern (including hyperactivity and conduct problems).
- Increase in positive behaviours (e.g. asking for help).

Further research has suggested ELSA has a positive impact on:

- Attendance
- Academic achievement, learning, and concentration
- Reduction in bullying
- Transition
- Support for emotional wellbeing throughout the whole school

ELSA training and intervention has also been suggested to:

- Increase the knowledge and confidence of school staff to support the emotional needs of pupils.
- Save time in school (emotional needs being addressed proactively, rather than reacting when things go wrong).
- Have been recognised by Ofsted.
- Be cost efficient (when compared to projected cost of supporting a pupil with no school-based intervention e.g. involving other agencies).
- have It's been suggested that pupils may become more aware of their own difficulties through involvement in the intervention (as perceptions of their own emotional literacy has not developed positively following ELSA intervention)
- There is no longitudinal research at this stage to suggest long term benefits of ELSA.

Headteacher's in Grahamslaw's (2010) research indicated that secondary schools can find it hard to adapt the ELSA project to fit this school context. For example, one head teacher reported 'The ELSA has struggled to adapt the learning from the training and the resources to a high school environment' (p.131). There is limited evidence and research of ELSA in secondary schools, however a recent doctoral thesis has explored this from the perspectives of pupils (Nicholson-Roberts, 2019).

Supporting factors to implementation	Barriers to implementation
Understanding of the ELSA role and ethos throughout the school.	The emotional impact on ELSAs
Having a specific, quiet place for ELSA to work with pupils	The difficulty of working with pupils in complex systems such as large secondary schools

ELSAs need dedicated time for planning and working with pupils in school.	Lack of support from senior leadership team in school
Sufficient time for planning and delivering consistent intervention.	Time constraints
Support from senior leaders within school and through supervision.	Negative impacts on the pupil such as absences from lessons to take part in ELSA intervention and unwanted inquiries from peers.
ELSAs need to develop positive communication and relationships with pupils.	Wider impacts from home on the C/YP
Deployment of skilled and attuned ELSAs	Difficulty tracking pupil outcomes
Support from EP and SENCO supervision	With the ELSA project the expectation for change is often focused at the level of C/YP, with ELSA activity happening away from C/YP's social contexts (classroom, peer group and home).
Support from the schools' senior leadership team	The level to which ELSA-teacher collaboration can be achieved is considered to be dependent on the degree to which teachers and school staff understand the ELSA project. School staff were often believed to harbour the view that C/YP's emotional needs were now exclusively catered for by the ELSA (Grahamslaw, 2010).
ELSA-teacher collaboration supports C/YP to transfer newly learned skills to classroom and peer group contexts.	

Attachment Based Mentoring

This intervention stems from concerns relating to the achievement and inclusion of vulnerable groups (children in care and adopted children, children with attachment difficulties and/or known to Social Care), the outcomes for whom are known to be significantly lower than their peers. They often have difficulty engaging and making progress with interventions. ABM is a relational approach to support C/YP with social and emotional development. Impact can be realised through what is done and how people are with the child. The model of mentoring draws on research from attachment theory, solution focused coaching, social learning theory and resiliency and has three components: 'Attachment and Relationships', 'Development' coaching using a solution focused approach and 'Practical Support', with the mentor acting as significant adult, coach and parent in school.

Evidence Base

This intervention has been very successful in Devon; between 2016 and 2018, 240 mainstream school staff were trained and over 300 special school staff (Devon Council, 2016). Evaluation indicates that the mentoring had a positive impact in several areas:

- School staff working with the children (both teachers and mentors) commented that the mentoring had a positive impact on the children's ability to be open and trusting.
- School staff noticed increased feelings of self-worth, confidence and happiness in children being mentored. This manifested itself in a greater ability to reflect on behaviour, take responsibility and to understand and regulate their emotions.
- Teachers reported increased ability to concentrate, ask for help, accept challenges and admit mistakes, work with others and take part have most commonly been reported.
- Strong indications that providing a significant adult for the children in school is supporting them to develop a greater sense of security and belonging and a healthy self-esteem.

Supporting factors to implementation	Barriers to implementation
Training as a whole school to ensure a shared understanding	Time commitment and staffing, to mentor effectively and to facilitate the approach
	A lack of understanding in the wider school can impact effectiveness

Circles of Adults

This approach aims to enhance teacher capacity to respond to difficult behaviours by providing adults with mutual support and understanding to promote inclusion of YP.

This intervention is to support staff with problem-solving around challenging social, emotional and behavioural needs. Circle of adults is a meeting where all relevant professionals can discuss issues, experiences, and concerns with a view to joint problem solving and finding ways forward. Solutions are fed back to parents and the C/YP afterwards.

A structured process is used to guide staff through a set of key questions, designed to achieve a deeper understanding of the YP's situation and needs. This process is designed to generate new strategies for the team to work with the YP. It is important to maintain the view of the problem being separate to the C/YP.

There are 8 sections that are explored and represented graphically

1. Ground rules (respect, confidentiality, sensitive language, empathy, listening)
2. Presenting problem: a rich picture of pupils' behaviour, circumstances, difficulties
3. Child/Young person's viewpoint (represented by an adult present) developing empathy
4. Helpful metaphors (walking on eggshells, Jekyll and Hyde, Firework etc.)
5. Exploring relationships, (school family, friends, wider community)
6. Organisational Factors (helpful vs hindrance)
7. Hypotheses (what's happening?)
8. Strategies (including First Steps to start immediately)

Evidence Base

There is a limited evidence base and mainly anecdotal support for implementation in schools. However, the approach is based on the processes of group supervision and consultation, the benefits of which are detailed in literature.

- Newton (1995) ran a teacher support group for reflection and problem-solving regarding pupil emotions and behaviour that was difficult and challenging to understand. The group met 3 times and term, for 4 terms, for 90 minutes a session. Understanding and tolerance increased. Issues were fully explored and therefore premature solutions were avoided. All participants rated the process very highly and positively, as did observer and school management team. Individuals reported that they had acquired skills and understanding and felt that they were then better able to ask questions and reflect.

- Syme (2011) reported tentative evidence that CoA can have an effect on pupil's behaviour and can potentially lead to changes in adults' attitudes and perceptions regarding pupil behaviour.
- Dempsey (2012) reported a statistically significant difference between an experimental and control group in terms of the extent to which they attributed the challenging behaviour to child factors. They also presented some evidence to suggest that participation in CoA may prevent a decrease in self-efficacy when supporting pupils with challenging behaviours. It was also reported that participants of CoA highly rated the approach in terms of their deeper understanding of the YP and the development of strategies to support the. They also valued the approach and opportunities to work in groups.
- Dawson (2013) reported participant increased feelings of confidence and understanding of pupils following CoA.
- Sunrise Psychology is an Independent Educational Psychology Practice for school settings in Devon and the South West. They reported results of a long term study using looking at the impact on staff of using this approach as follows; a 70% reduction in their level of concern, a 65% increase in their confidence in managing pupils' behaviour, a 70% increase in knowledge of working with pupils with Social, Emotional and Behavioural difficulties
- Turner (2014) reported there to be a statistically significant increase in the perceived success of actions from CoA participants (but no evidence for change regarding teacher efficacy or causal attributions).

Supporting factors to implementation	Barriers to implementation
Team approach/multi agency problem solving	Lack of time for this process
Shared problem solving in a safe climate; Supportive colleagues and reflective practitioners (less personally threatening)	Lack of value placed on the process by the school
Time limited and clear boundaries	
Visual representation and structure	
CPD for those working with challenging behaviours	
Reflective practice	
Generation of own solutions (not advice giving that can lead individuals to feeling de-skilled and overwhelmed)	
Pupil planning brought into the pastoral process with additional time provided	

Other relevant resources:

For more information see:

https://www.babcockldp.co.uk/babcock_ldp/Educational-Psychology/Downloads/Circle-of-Adults.pdf

Circle of Friends

This approach aims to develop a support network around a C/YP who is experiencing social difficulties in school. Volunteers from the C/YP's peer group (who are willing to support them) are identified. The group meets regularly, with the member of staff, to address any social difficulties and to problem solve with the target pupil.

The Circle of Friends can vary in terms of whether the target child is or is not present at the initial discussion or future meetings.

The main aims of the approach are:

- To increase the level of acceptance and inclusion of pupils who are currently deemed to be excluded from the peer group
- To harness and further develop the skills of pupils who are already considered to be highly skilled in terms of providing friendship and support to others
- To encourage staff to reflect upon their own views and practices in order to develop more inclusive approaches, resources and policies
- To impact positively upon whole school structures and systems via encouraging a review by the whole school community as to how these can be made more inclusive
- To promote a cultured ethos of social support which encourages all staff and pupils to utilise and develop their own skills in terms of valuing and supporting others
- To encourage the continued and on-going use of 'support teams' in order to ensure the inclusion of all pupils in the school context
- To further develop the social and emotional skills of those pupils identified as members of the group, for example, the ability to listen, to reflect, to evaluate, to empathise, to problem solve, to understand, identify and cope effectively with feelings (of self and others)

Evidence Base

A number of studies that have reported positive benefits in peer relationships and social skills for C/YP after participating in this approach. However, outcomes have been varied.

- The study by Fredrickson & Turner (2003) found few changes on other measures of perceptions or behaviour other than social acceptance.
- The impact of the approach is likely to be affected by factors such as teacher attitudes, classroom climate and whole school ethos (Taylor & Burden, 2000).

- Carol Greenway concluded that Social Stories and CoF were the most promising interventions for pupils on the autistic spectrum.
- Frederickson and Turner (2003) effectively used CoF processes to bring about effective change in peer understandings and behaviour change,
- Fredrickson (2003) reported the potential value of the CoF for improving the social inclusion of children with disabilities. The CoF intervention appeared to have positive effects on social acceptance by classmates, but few changes were obtained on other measures of perceptions or behaviour.
- James and Leyden (2010) reported extremely positive outcomes following the implementation of Circles of Friends for isolated children. They found that with effective circle interventions, within the context of a supportive school ethos, group influence extended beyond the actual meetings, e.g. watchfulness, verbal and nonverbal prompts, social intervention with peers, praise and signalling to adults. In other words, being a circle member enhanced capacity to intervene positively. The circle group was able to influence class perceptions of the child, increasing levels of acceptance for the child and ways in which they can contribute. Miller (2003) described this as the 'ripple effect'.

Supporting factors to implementation	Barriers to implementation
Cost effective	Absences of the focus child or group members
Socially supportive and connected peers	Attitude/behaviour of group members or focus child
Proactive	Teacher attitude
Enhances a sense of community/group cohesion	Classroom climate
Open communication	Whole school ethos
Role of facilitator	

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