EPS VIEWS ON THRIVE

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'EP views on Thrive'

EPs views regarding the perceived utility of the Thrive approach: A chi square and thematic analysis

Doctorate in Educational Psychology

2019

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Abstract

School staff and external professionals such as educational psychologists (EP) can use programs designed to support children and young people with social, emotional and behavioural difficulties. Thrive is a program that has been used in schools and Educational Psychology Services (EPS) to promote positive outcomes for vulnerable pupils. This paper aims to examine the following question: Through the use of qualitative and quantitative analysis, what are Thrive and non-Thrive Educational Psychologist practitioners' perceptions of the Thrive programme regarding its proposed utility in supporting children and young people with SEBD?

This paper reports the two phases of an explorative study looking at EPs views toward the Thrive approach. Data were taken from both EPs who were Thrive practitioners and EPs who were not Thrive practitioners but had some understanding and experience with Thrive. Results indicated that Thrive promotes an increased understanding of social, emotional and behavioural difficulties. Another strength was that the questions in the Thrive online (assessment tool) help to enable dialogue. Limitations included the lack of evidence to support Thrive and the cost of Thrive training.

Summary

This thesis consists of three parts: a major literature review, an empirical study and a critical appraisal.

In Part One, the literature review begins with a brief introduction which outlines the importance of the topic, in particular the initiatives that contributed to acknowledging the importance of promoting emotional wellbeing. This is followed by an overview of the identification of SEBD needs and the various terms used to define these needs. This is followed by an overview into the underpinning theories that are linked to the foundations of the Thrive approach. Later, the EP role is discussed, taking into account of the range in which EPs work and what that work looks like when supporting children and young people with SEBD. Finally, the literature review is summarised in order to provide the rationale for this thesis and to lead into the research questions.

In Part Two, following a brief overview of the literature, the empirical study provides a detailed account of the research undertaken. This includes an outline of the methodology and method and presents a chi square analysis of questionnaire responses and analysis of semi-structured interviews with three thrive practitioners and three non-thrive practitioners. This analysis is explored in relation to psychological literature, before a discussion of the implications for future research and for educational psychology practice.

In Part Three, a critical appraisal of the overall research is discussed. A rationale for the study is explored following with an account of methodological considerations. Selection and recruitment of participants is discussed before an overview of other ethical considerations is examined. Lastly, contributions to knowledge are summarised to encapsulate how the study could help further an understanding of the Thrive approach.

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PART ONE: MAJOR LITERATURE REVIEW

(Word Count:11,000)

1 Introduction and background

The Department for Education and Skills (DfES; now the Department for Education, DfE) recognised that schools should be focused on the emotional wellbeing of children and young people as well as academic achievement (Burton, 2008). This was conveyed via the introduction of the Every Child Matters (ECM; DfES 2004) initiative, Rights to Action (Welsh Assembly Government, 2004) and the development of the Social, Emotional Aspects of Learning (SEAL; DfES, 2005) outcome measures for secondary and primary schools. In 2009, the National Institute for Health and Clinical Excellence (NICE) established recommendations for those who have a role in children's emotional and academic wellbeing. The guidance from this initiative suggests that good mental health is not only a protective factor for social, emotional and behavioural difficulties but also supports children and young people's academic attainment (NICE, 2009).

As part of the support that an EP (Educational Psychologist) provides to children who have difficulty managing their emotions, Educational Psychology Services (EPSs) across the United Kingdom (UK) include some EPs who are trained in Thrive[1]. Once Trained in Thrive, EPs can be called Thrive practitioners. According to Fronting the Challenge Projects Limited (2014) the Thrive approach consists of Thrive practitioners delivering targeted action plans to support individuals referred to Thrive due to social emotional and behavioural (SEBD) or Social and Emotional Mental Health (SEMH)[2] needs. Fronting the Challenge Projects Limited (2014)

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[1] 'Thrive- Fronting the Challenge' (Thrive FTC) is the full name of the limited business and intervention, however for ease of reading, 'Thrive' will be used throughout the current document.

[2] At the time that this research was conducted SEMH needs were referred to as SEBD in some local authorities

stipulates that qualified EPs can use Thrive to assess children and/or young people with these needs. Then, through the assessment outcomes, action plans are generated that can be provided to those who work closely with these children and/or young people (Fronting the Challenge Projects Limited, 2017).

The review that follows will be organised as such: 1) Social, emotional and behavioural difficulties for children and young people,2) Thrive in schools, 3)School rationale for the use of Thrive, 4) Existing Thrive research, 5) The Thrive intervention, a) The six strands, b) Proposed positive uses of the Thrive approach, c) Proposed limitations of the Thrive approach, 3) Psychological theories of development, a) Psychodynamic, b) Behavioural, c) Humanistic, d) Attachment, e) Early trauma, f) Cognitive, g) Biological, 4)Combination of approaches, 5) Aim of the research proposal and research questions.

The literature review will discuss social, emotional and behavioural difficulties and the proliferating use of Thrive in schools in an attempt to facilitate change, across the UK. Then the review will discuss school's perceptions of Thrive and how they use the approach. This will be followed by the limited research that has been conducted to evaluate the effectiveness of Thrive. Consequentially, the Thrive programme will be discussed regarding what it purports to be in order to understand the rationale behind school responses to Thrive. This then allows for a description of Thrive and what it draws on – e.g. different models of wellbeing, resilience development, child development and disruptions to development. This leads to a critical summary of how Thrive appears to take from these models. To conclude, a rationale for this study is established to explore whether Thrive is effective and if so, how.

1.1 Description of Key Search Terms and Literature Sources

This literature review follows a narrative review format. According to Ferrari (2015), narrative reviews look to collate and summarise research published previously with the intention of identifying gaps in research not yet addressed. The narrative review in this study helped to

establish new study areas of Thrive. Ferrari (2015) proposed that the preferred format for a narrative review contains the introduction, methods, results and discussion sections as seen in this study. A narrative literature searching strategy utilises databases and keywords (Ferrari, 2015). Furthermore, inclusion/exclusion criteria for searches can include types of studies, languages, and time periods in which research were retrieved. As seen in Appendix K, narrative literature review searches tend to verify the availability of all the selected studies. Narrative reviews include citing and a list of the researched references as seen in the reference section of this study.

Electronic databases were explored for literature applicable to this thesis which includes: *Google Scholar* and *Cardiff Library on the Intranet*. Amalgamations of the following groups of search terms were looked at: vulnerable pupils; Social Emotional Behavioural development, Social and Emotional Mental Health,
whole school approach: to Social Emotional Behavioural development, to Social Emotional Behavioural development, coping, wellbeing,
developmental approaches and interventions; attachment theory, early trauma, neuroscience, biological, cognitive behavioural, humanistic, psychodynamic; Educational Psychologist, Schools, Teachers, children and young people, parents

Additionally, a lecturer from Cardiff University sent research papers directly to my university email. The research papers consisted of findings regarding Thrive evaluation. Chosen literature was restricted to that published in English, in peer-reviewed journals. Details of searches are given in Appendix K. In addition, a hand search was conducted regarding *Thrive* as research has highlighted that electronic searches are less likely to note all central sources (Greenhalgh & Peacock, 2005,), the Thrive booklet from Thrive online was particularly helpful (Fronting the Challenge Projects Limited, 2017).

Exclusion criteria involved articles that used SEBD/SEMH government policies not derived from Western cultures, to describe a rationale for an intervention/theory. Literature

regarding diagnostic criteria for SEMH, separate from historical overviews, was linked to that

relating to actual criteria from the SEND Code of Practice 2015 (DfE 2015). Literature related to

SEMH difficulties took into consideration SEBD diagnostic criteria and definitions from Carroll

and Hurry (2018) and Cefai & Cooper (2009) by ensuring discussions regarding defining

SEBD/SEMH was reflective of their definitions of SEMH and SEBD.

The literature review included research focusing on Western cultures as Thrive appears

to be founded on these theories e.g. (Bowlby, 1988). Cross cultural comparison regarding the

differences in developmental research were also included ensuring that other cultures had

attempted to adopt Western theory. Examining cultural adaptations of Western theory and

interventions helped to explore whether Western theories of development are applicable to

other cultures.

The literature search was a procedure in which literature identified as applicable to this

thesis was adopted to hone in on the search terms. As highlighted by Greenhalgh & Peacock

(2005), relevant literature can be identified using the reference lists of articles, this method were

used for the literature search. In total, 138 references are used in the literature review.

1.2 Social, emotional and behavioural difficulties for children and young people

The Thrive approach can be used to support children who have behavioural, social and

emotional difficulties (Banks, Bird, Gerlach and Lovelock, 1994).The terminology used to

describe children and young people who experience behavioural, social and emotional

difficulties has been debated in recent literature such as Carroll and Hurry (2018). Terms for

these difficulties include, for example, Social Emotional and Behavioural Difficulties (SEBD),

Emotional and Behavioural Difficulties (EBD), Behaviour, Emotional and Social Difficulties

(BESD) and Social and Emotional Mental Health (SEMH). Tensions regarding ambiguity, lack of

consensus and clarity around thresholds and the construction of the term behaviour in

educational contexts remain (Norwich and Eaton, 2015). Behavioural difficulties or SEMH as described in the revised 2015 SEND Code of Practice 2015 (DfE 2015) is defined as:-

"Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties . . .[or] disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder."

(Section 6.32, p. 98).

The (SEND) Code of Practice (DfE &DoH, 2015) stipulated that behavioural concerns may be regarded as the result or expression of needs in one or more underlying SEN difficulties that have not been met. With this understanding of behavioural, social and emotional difficulties, Carroll and Hurry (2018) argue that children and young people can be labelled with various difficulties with clearer definitions and thresholds for identification such as depression, anxiety, attachment disorder, ADHD, and Opposition Defiant Disorder (ODD). For the purposes of clarity and continuity, this research paper will use the term SEBD to describe the needs highlighted in this section.

Negative risk factors associated with SEBD can include: low educational attainment; learning difficulties; lower life prospects; school failure and mental health difficulties later in life (Cefai& Cooper, 2009). Cefai and Cooper (2009) propose that young people with SEBD:-
"become victim to a system that labels them as failures, and does not provide the academic, social or emotional support that they need"(p. 48–49).

Researchers and policy makers have investigated what supports young people with social, emotional and behavioural difficulties (Spiteri, 2009; O'Riordan, 2011). The Thrive approach was developed by Banks, Bird, Gerlach and Lovelock (1994) to provide support for SEBD pupils. Thrive attempts to draw from the psychological underpinnings of social, emotional and behavioural development to provide an overarching theory. The following section of the literature review aims to discuss assessment and intervention programs similar to Thrive to provide an appropriate context for its use.

1.3 Assessment and Intervention programs similar to Thrive

Similar to Thrive, the Boxall Profile can be used to assess children and young people's social, emotional and behavioural development. The Boxall Profile is a two-part assessment tool that aims to monitor the cognitive and behavioural progress of children and young people (Bennathan& Boxall, 2000). The two-part checklist is completed by staff that are closest to the pupil, highlighting the level of skills that children and young people possess to access learning and identifying strategies to support their development (Bennathan& Boxall, 2000).

Comparable to Thrive, Bennathan& Boxall (2000) claim that the Boxall Profile aims to provide the following:

- Early identification assessment – building capacity by helping staff to obtain observational skills and their understanding of children and young people's needs

- Target setting and intervention - setting tailored targets that are shared with relevant stakeholders via action plans

- Monitor progress –Continuous plan do review cycles through the use of assessment to check if progress is occurring and that targets are relevant

- Whole-class assessment - identifying trends in behaviour can enable staff to create tailored learning plans to encourage whole class learning.

How the Boxall Profile works

Similar to the Thrive assessment, the Boxall Profile is available as an online tool. The user clicks the appropriate score next to a question and a measurement against the 'norms' is created (Bennathan & Boxall, 2000).Group assessments can be conducted to measure class progress (Bennathan & Boxall, 2000).

Nurture groups

Similar to the Boxall profile, according to Bennathan & Boxall (2000), the aim of Nurture Groups is to support the pupil in successfully engaging in class. However, Nurture groups seem to present more as an intervention than an assessment tool. Both Thrive and Nurture groups involve children with SEBD difficulties gaining access to withdrawal sessions and intervention within mainstream provision (Banks, Bird, Gerlach and Lovelock (1994) ;Bennathan & Boxall, 2000).   Nurture Groups tend to focus on aspects of the National Curriculum that are designed to support emotional and social development (Bennathan & Boxall, 2000). Bennathan & Boxall (2000) propose that the Boxall profile can be used to monitor the progress of pupils in Nurture groups.

Cooper, Arnold and Boyd's (2001) study included 216 pupils with SEBD who accessed Nurture Groups, these pupils were matched with 64 SEBD pupils who did not access Nurture Groups and 62 pupils who did not identify with SEBD issues. Pupils were between four and ten years old. The results showed that after one year, the intervention positively affected whole school ethos and had a positive effect on outcomes. However, it is hard to gauge whether it was the Nurture Group alone that directly caused these effects. Cooper et al. (2001) commented that the schools included in the study were confident in supporting SEBD pupils before the

introduction of nurture groups, which helped to spur the majority of outcomes. Findings could be a result of external factors other than the presence of nurture groups.

Similar to Thrive, a reoccurring concept in the Nurture Group literature is the importance of fostering a relationship between the practitioner and the pupil (Cooper & Lovey, 1999; Doyle, 2001; Boxall, 2002; O'Connor & Colwell, 2002;Cooper & Tiknaz, 2005; Sanders, 2007).

The Boxall Profile and Nurture Groups aim to equip professionals with tools to facilitate social, emotional and behavioural development in vulnerable pupils. Both resources rely on school staff to implement interventions within the child's educational setting to promote progress (Cooper & Lovey, 1999). Similar to Thrive, schools can implement the Boxall Profile and Nurture Groups as resources to promote emotional wellbeing outcomes (Cooper & Lovey, 1999) .Thrive provides both an assessment tool and an intervention with aims to support pupil outcomes in school (Banks, Bird, Gerlach and Lovelock, 1994). The following section looks to discuss the use of Thrive in schools.

1.2.2 Thrives reported use in schools

The Thrive approach advocates that strategies from Thrive helps to re-engage pupils in learning who are at risk of underachieving or exclusion from school (Fronting the Challenge Projects Limited, 2014). In the South West of England, 56 children with SEBD, aged 11-16, had been excluded from their previous school and placed in a day school (Fronting the Challenge Projects Limited, 2014). The day school organised children according to their emotional/developmental need instead of their age (Fronting the Challenge Projects Limited, 2014). Thrive action plans were used to support children within these classes, which appeared to boost the academic progress of these children (Fronting the Challenge Projects Limited, 2014). From September 2013 to June 2014, on average, these children were able to increase in 2 academic levels in reading, writing and math(Fronting the Challenge Projects Limited, 2014).A

primary school in East Sussex found that 50% of children involved in Thrive made academic

progress over a school year (Fronting the Challenge Projects Limited, 2014).

1.2.3 School rational for the use of Thrive

Thrive appears to be packaged well and there seems to be much positive talk about

from schools. A Thrive member service coordinator visited a studio school for adolescents, the

deputy head teacher reported that Thrive helped students to achieve higher grades than

predicted in their GCSE exams (Fronting the Challenge Projects Limited, 2017). One of the

Year 12 students with access to a Thrive practitioner wrote a poem detailing her difficulties with

having a panic attack and how accessing Thrive and the emotional support provided by a Thrive

practitioner has helped her (Fronting the Challenge Projects Limited, 2017) The Thrive member

service co coordinator added that the school focused on valuing the relationship with the

individual and this attitude is also adopted from the senior leadership team (Saint Barnabas

Multi Academy Trust, 2019) At a primary school the Thrive intervention is not provided in a

Thrive Room for a few children, it is considered it to be a whole-school approach (Saint

Barnabas Multi Academy Trust, 2019). At this school, Thrive is incorporated into assemblies

and getting to know all children and their families (Saint Barnabas Multi Academy Trust, 2019)

Another primary school noted that the pastoral lead and Thrive practitioner uses Thrive

to develop children emotionally so that they are able to identify their emotions and learn

methods of responding to their feelings appropriately (Greenhouse School Websites, 2015)

Class teachers at a school reported that Thrive is a method of assessing and helping

children's emotional and social development, which can then be used to provide targeted

intervention for classes, groups and individuals (Primary School, 2019). All class teachers within

the school used a Thrive-Online assessment to screen their classes to identify social and

emotional needs (Primary School, 2019). The school have used these measures to plan their social and emotional curriculum and adapt to best meet the needs that are highlighted. Thrive strategies and activities are then incorporated into lessons (Primary School, 2019).

Despite proliferating use of Thrive in schools, there is very limited published research focusing on Thrive effectiveness.

1.2.4 Proposed positive uses of the Thrive approach

Despite there being references to the Thrive intervention in publications (Edmund & Stuart-Brown, 2003), papers (Department of Health and Social Care and Department for Education,2017; Farmer & Dyer, 2016; Department of Health, 2015) and research has been conducted about the Social Return On Investment (SROI)(Fronting the Challenge Projects Limited, 2014) that Thrive potentially offers. There is currently limited published research on Thrive. The majority of existing literature about the impact of Thrive in schools tends to be published via Thrive researchers. Issues of vested interest and propaganda can be argued as Thrive may showcase the positive effects of Thrive to encourage schools to attend Thrive training. This review aims to add to the small body of unpublished research evaluating Thrive that has not been conducted by Thrive itself.

For example, a small-scale study conducted by 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.

The Thrive approach attempts to provide a systematic approach to the early identification of need in children so that differentiated provision can be put in place quickly by the adults working most closely with the child (Fronting the Challenge Projects Limited, 2014) .

The Thrive approach attempts to equip stakeholders with targeted strategies to help children and young people to re-engage with life and learning (Fronting the Challenge Projects Limited, 2014). Research by Wood (2011) suggested that Thrive does positively affect teachers' attitudes, teachers' causal attributions and whole school ethos.

The Thrive approach claims to decrease the risk of mental illness in regards to social emotional mental health and seeks to address emotional developmental needs early by building resilience in children and young people (Fronting the Challenge Projects Limited, 2014). Thrive proposes that through adopting the approach systemically, there will be a reduction of school referral rates to external agencies (Banks et al., 1994). Thrive postulates that if Thrive is used as a whole school systemic approach, the school will be equipped with the skills that they need to manage behaviour without the need to consult external agencies (Banks et al., 1994).

1.2.5 Proposed limitations of the Thrive approach

Thrive attempts to offer strategies drawn from attachment research for the development of a positive relationship between a caregiver and a child. Cole (2012) infers that there are ethical implications linked with attributing SEBD difficulties to child - caregiver relationships, whereby caregivers could feel blamed for their child's needs. Additionally, incorporating an intervention which is founded on attachment may assume that SEBD can be linked in all circumstances to relational difficulties when there could be another causal explanation.

The DFE (2018) paper 'mental health and behaviour in schools' conveys a range of factors that can affect emotional wellbeing[3]. Harris (2009) argued that attachment theory

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[3]

illuminates parental influence when the influence of peer pressure and genetics could also contribute. Other interventions could be as appropriate as Thrive in that case, such as those based on the cognitive behavioural approach or social learning theory, for example social skills training (Denham, 2006).

Though Thrive is embedded in the well-established theory of attachment (Bowlby, 1988) alongside neuro-scientific evidence in relation to the plasticity of the brain (and hence capacity for change) (Schore, 2015), it could be proposed that it has yet to show, empirically, the positive effect it can have on children compared to alternative approaches.

As aforementioned, there are currently limited research papers that aim to provide an evaluation to add to Thrive's evidence base. Tronick (2007) argued that a child's development tends to not form a series of sequential tasks to be achieved until full development is mastered and complete. Rather, Tronick (2007) postulated that social, cognitive, physiological, emotional and behavioral development are compiled processes that interact in dynamic, complex ways, as they each impact on each other. This is consistent with Wahba &.Bridwell's (1976) view on Maslow's (1943) hierarchy of needs, where needs can be achieved simultaneously in a parallel form.

Cole (2012) postulated that the Thrive assessment needs to go through the processes of reliability and validity measures by undergoing more research to be used to assess emotional wellbeing with confidence. The very nature of an online tool suggests that the Thrive practitioner

• Genetic influences • Low IQ and learning disabilities • Specific development delay • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships

List from DFE (2018)

is distanced from the individual and completed in a didactic manner which could threaten the validity of results.

Swinson, Woof &Melling (2003) criticised the broad label of SEBD and suggests a more distinct description of such children in relation to their needs to tailor interventions more effectively. Cole (2012) infers that his findings show 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 (Lewis, 1999). Cole concludes that, as such, 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.

Research by Cole (2012) examined the effect of Thrive on children's 'emotional reactivity', 'readiness to learn' and 'sense of relatedness' in an eight month period. Two subscales from the Reintegration Readiness Scale (Doyle, 2001) and the Resiliency Scale (Prince- Embury, 2008) were used to assess certain areas of resilience and readiness to learn (Cole, 2012). Quantitative analysis showed that children who experienced Thrive (n=28) made no significant progress in any of these areas measured when compared to the control group (n=24). Furthermore, findings showed that the control group made significantly greater progress in terms of their readiness to learn (Cole, 2012).

Cole (2012) interviewed a total of six staff (five females and one male) who worked at three individual mainstream primary schools and three parents. One class teacher had not undergone any Thrive training at all. All staff worked closely with the individual pupils who were part of a Thrive programme. Cole's (2012) qualitative data indicated that school staff and parents did recognise progress in the behaviour of the children who received Thrive. Five staff

members that had undergone a longer period of Thrive training were significantly more confident to include children, when compared to one staff member who had not undergone Thrive training at all (Cole, 2012). The study sample is small which indicates that findings may present issues when generalising data. Cole (2012) postulated the need for future mixed-method research to look at quantifying the effect of the intervention on staff beliefs, and establishing whether any changes observed are linked to Thrive in particular. It is recommended by Cole (2012) that this may provide a clearer way of adding to the Thrive evidence-base.

Howarth (2013) conducted a mixed method study with sixty Thrive trainees. Participants consisted of teachers, foster carers and social workers. Overall, the findings advocated that Thrive trainees perceived Thrive training to have a positive impact on their behaviour, thoughts and perceived personal attributes. However, as the study was not longitudinal it is unclear whether this positive impact was sustained over time. A number of participants suggested that they already shared feelings that they likened to those advocated in the Thrive training, prior to training. This suggests that for some, the training was not a beneficial use of time.

Through completing the Thrive training, Fronting the Challenge Projects Limited (2014) hypothesise that trainees became more confident to behave and think in a way harmonious with the values of Thrive. This effect can infer that Thrive training is a mediating factor to changing attitudes (Howarth, 2013). Overall, Howarth's (2013) small scale one group pre and post test evaluation showed that, following the training there was a statistically significant increase in Thrive trainees' self - perceived relationship quality with children with SEBD and self-efficacy in managing children's SEBD. The most significant limitation of Howarth's (2018) research relates to the lack of a control group. If the research design had included a control group, it is predicted that further insight about possible causal-links between the training and the finding might have been gained. Without a control group a wider range of potentially influencing factors may have affected the results. For example, Howarth (2018) suggested that sometimes by simply

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attending a course, a practitioner may start to reflect on his/her practice and skills, and adjust the way that they work. This implies that the same sorts of changes might have been found in participants regardless of whether they were attending Thrive or any other intervention training. From this implication it could be assumed that Thrive has a limited effect on changing practice or that it is difficult to measure the direct impact of Thrive.

As argued by researchers such as Natasi and Schensul (2005), further in-depth exploratory work, which examines detailed experiences of key people (e.g. EPs) involved in Thrive may establish a novel or better understanding of how this approach works in a real life context and not just theoretically.

Since there appear to be gaps in published literature and a rather positive response to Thrive from teachers (e.g. Saint Barnabas Academy Trust, 2019) it is important to clarify what it purports to be and to try and understand the its rationale.

1.2.6 The Thrive approach

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, Bird, Gerlach &Lovelock, 2001). The Thrive online assessment tool provides action plans in an attempt to meet individual needs (Banks et al., 2001).

The intervention appears to utilise many psychological approaches in an attempt to combine an overarching view toward SEBD and the promotion of emotional wellbeing. However, Thrive appears to not give an understanding of how different theories have been combined. Some theories appear to not easily mesh together and Thrive seems to pick from different theories in an adhoc manner. An issue then is that the approach might be considered to be theoretically muddled as Thrive does not discuss how cohesion between approached is obtained.

The intervention looks to spur change in the behaviour and emotional development of children with SEBD through reframing adults' understanding of children and young people's needs and providing key adults with therapeutic strategies to help support children with SEBD (Banks et al., 2001). Banks et al., (2001) proposed that Thrive is targeted at families, professionals and practitioners who work closely with children and young people with SEBD. Thrive heavily utilises attachment theory, neuroscience and its own child development model to train relevant stakeholders (e.g. EPs) to understand children and young people's emotional needs through observation of their behaviour in a setting. In addition, Thrive tends to draw from the psychodynamic, cognitive, humanistic and behavioural approaches to make sense of SEBD. Thrive attempts to make links between these approaches to form its theoretical underpinnings.

Thrive strategies are assumed to lend itself to a creative curriculum that can be used to build a positive relationship between a key worker and child (Banks et al., 2001). Thrive strategies include Vital Relational Functions (VRF): attunement (sensitivity), validation (acceptance), containment (creating a safe space) and regulation (monitoring and control) of a child's emotions (Fronting the Challenge Projects Limited, 2014). The strategies are reminiscent of Hughes& Golding (2012) PACE model, PACE is an acronym for Playfulness, Acceptance, Curiosity and Empathy. However, Hughes and Golding (2012) PACE model does not appear to translate into a creative curriculum. Hughes and Golding (2012) model appears to be indicative

of relational issues and how to be with another rather than a curriculum base, yet Thrive have re - interpreted this model as a basis for creative strategies with little explanation as to how.

Thrive also aims to support a whole school approach to SEBD (Banks et al., 2001). It encourages all staff members within an educational setting to employ an increased understanding of SEBD and to use a cohesive approach to support children with SEBD difficulties (Banks et al., 2001). Banks et al., (2001) claims that Thrive aims to increase Thrive practitioner's self-efficacy and confidence in professional practice as well as systemically building the capacity to work with children who have SEBD across the whole school. A whole school approach is one that goes beyond the teaching in the classroom to pervade all aspects of school life including: culture, ethos and environment, the health and wellbeing of pupils and staff is promoted through the 'hidden' or 'informal' curriculum, including leadership practice, the school's policies, values and attitudes, together with the social and physical environment; partnerships with families and the community: proactive engagement with families, outside agencies, and the wider community to promote consistent support for children's health and wellbeing(DfE ,2018). Banks et al., (2001) concluded that Thrive seeks to offer a whole school approach that is structured and easy to implement which can run alongside already adopted targets and initiatives.

1.2.7 The six strands.

It is conveyed by Banks et al., (2001) that the Thrive child development model has also drawn from parenting work by Illsley, Clarke and Dawson (1998) who suggest that children's experiences produce sequential building blocks of development, all of which need to be present for emotional wellbeing. This notion has similarities to the behavioural approach as Thrive proposes that experiences within the environment help to shape development.

Thrive uses the developmental model to convey the connections between emotional and social development, behaviour and learning (Fronting the Challenge Projects Limited, 2014). Thrive refer to different parts of development as a strand, stage or block (Fronting the Challenge Projects Limited, 2014).Thrive portrays child development into six building blocks/strands/stages of experience, each with accompanying strategies for growth (Fronting the Challenge Projects Limited, 2014). The building blocks attempt to encapsulate six fundamental aspects of learning for emotional and social development. Banks et al., (2001) have designated specified ages to accompany each block. The building blocks/strands along with proposed ages of development are as follows: age 0 – 6 months: learning to be (being block), age 6 – 18 months: learning to do (doing block), age 18 months to 3 years: learning to think (thinking block), 3 – 7 years Early Years Foundation Stage + Key Stage One: learning to be powerful and to have an identity (power and identity block), 7 – 11 years Key Stage Two: learning to be skillful and have structure (skills and structure block) and 11 – 18 years: learning to be separate and secure in your sexual identity (interdependence block) (Fronting the Challenge Projects Limited, 2014).(Banks et al., 2001) proposed that these blocks are accumulated through experience and that children are not fully developed until each block is sturdy enough to support the addition of another block to make a 'tower' of development. If a pupil's blocks are not fully developed or stable, the blocks in the tower block are said to wobble (Banks et al., 2001). Banks el al., (2001) use this metaphor to illustrate that a stable structure of development cannot be reached without completing each block of development.

The first three blocks reflect the triune brain model[4] (table 2) (Maclean,1973) seen in a biological approach to SEBD.

[4]Triune brain model (table 2)

Brain stem and cerebellum	Limbic system	Neocortex
Fight or flight	Emotions	Language, abstract thought, planning
Autopilot	Decisions	Reasons and rationalises

The first block is the *learning to be* category addresses being needs as being safe, special and having needs met (Banks et al., 2001). This is similar to Maslow's (1943) hierarchy of needs where, belongingness, physiological and safety needs are the basic needs that need to be met before moving on to higher needs. To help a child feel safe, Thrive advocates that the practitioner communicates of the child so that the child is confident that they have what they need. This is similar to client centred therapy (Rogers, 1980) regarding emotional congruency where it is important that a child feels heard through encouraged communication with a practitioner.

The second block is called *doing* which focuses on the child's ability to explore the environment. This is similar to Piaget's (1964) discovery learning in cognitive development. The Thrive strategies at this stage advocate a focus on discovery rather than end results and provide opportunities for safe boundaries and exploration (Banks et al., 2001).

The third block is called *thinking* which reflects on the child's ability to think abstractly about the consequences of their actions, dependent on the neocortex functions of the brain (Banks et al., 2001). This shares similarities with Piaget's (1964) theory of cognitive development. Piaget (1964) argues that during the latter stages of development children and young people begin to be able to think logically. Thinking beyond instinctual drives to consider the consequences of one's actions is reminiscent of the conflict between the id's instinctual drives and the morality of the superego identified in Freud's (1933) psychodynamic theory.

The fourth block is the *learning to be powerful and to have an identity* block which involves having the ability to separate 'fantasy' or fiction from reality(Banks et al., 2001). It also involves having the ability to understand and balance power dynamics in relationships and interactions(Banks et al., 2001).

MacClean (1973)

According to Thrive, A child or young person is thought to be establishing an increased sense of them self and establishing an individual identity (Banks et al., 2001). A child or young person is argued to be acquiring information about the world, their body and their gender identity/role at this stage (Banks et al., 2001).

For the fifth block, *learning to be skillful and have structure*, Banks et al., (2001) refers to a child and/or young person's ability to learn about his/her own and others' way of doing things; to acquire new capabilities. This is similar to 'accommodation' and 'assimilation' concepts highlighted by Piaget (1964) regarding adding new information into pre-existing knowledge about the world. The awareness of one's own thought processes is similar to the cognitive idea of metacognition (Flavell, 1979). A person who is developing on this block enjoys developing new skills and thinking of different methods (Banks et al., 2001). Banks et al (2001) reported that this child and/or young person may enjoy difference and may be curious about novel experiences. Banks et al (2001) postulated that at this stage, there is a fondness for undergoing appropriate responsibilities and children and young people can comprehend the need for standards and rules through observing others and their own development. Thrive strategies tend to incorporate role models (Bandura et al., 1961), reinforcement (Skinner,1953) and the use of extrinsic rewards similar to that of behaviourist approaches to motivate children's understanding of school rules and structure.

Banks et al., (2001) suggest that the last block involves learning to be separate and secure in your sexual identity (interdependence block) refers to this young person having positive experiences of being an individual and independent. Sometimes young people legitimately need support and are dependent. Banks et al., (2001) viewed that young people test their independence in the context of new experiences, opportunities and challenges. The young person may be interested in solving complex problems and may test and question rules to find a direction for him/herself (Banks et al., 2001). This young person may trust adults enough to

know when, where and how to go for help or information when necessary (Banks et al., 2001). They can be developing a comfortable sexual identity, know about risks and can make informed choices (Banks et al., 2001).

These blocks/strands can be thought of as six areas of competence in relation to resilience and emotional development (Fronting the Challenge Projects Limited, 2014). Each area of competence has desirable experiences and tasks in order to progress to the next developmental strand (Fronting the Challenge Projects Limited, 2014). These accompanying tasks and opportunities are typically presented in action plans generated by Thrive assessments (Fronting the Challenge Projects Limited, 2017). The tasks and opportunities are generated dependent on which strand a pupil is depicted as via observation or liaison with relevant stakeholders (Fronting the Challenge Projects Limited, 2014).

As the child matures, the developmental strands can be accessed sequentially, however, once they are obtained they remain accessible for growth throughout life (Cozolino, 2006). The developmental strands can be re - visited at any point in a pupil's life (Sunderland, 2016).

Each developmental strand has criteria that include three learning needs (Fronting the Challenge Projects Limited, 2014). Thrive then generates targeted strategies and creates an action plan for the school system as a whole (Fronting the Challenge Projects Limited, 2014). Thrive's online assessment identifies a child's developmental stage to provide strategies (Fronting the Challenge Projects Limited, 2014). However, as mentioned previously, Thrive online appears to have a limited evidence base to support this developmental model (Cole, 2012).

Thrive appears to utilise different psychological theories of development in an ad hoc manner. There does not appear to be a coherent thread running through Thrive that conveys

how different psychological theories are incorporated into its model. Thrive appears to be a-theoretical even though Banks et al., (2001) purport it follows psychological theories such as neuropsychological attachment and child development theories. Thus it can be argued that it is a combination of ideas, mainly from psychology that have been taken and put together without real coherence and does not really have a model for development behind it. Also it appears some aspects of practice have been taken and 're-interpreted' in a manner that does not seem to fit the Banks et al., (2001) ideas. The following section aims to highlight different social, emotional and behavioural development theories in psychology that Thrive purports to draw upon as a foundation for their approach.

1.3 Psychodynamic approach to understanding social, emotional and behavioural development

Freud (1933) demonstrated a theory called psychoanalysis; psychologists who use this approach highlight the psychodynamics of the mind (Van Nieuwenhove, Meganck, Cornelis & Desmet, 2018).Freud (1933) asserted that behaviour is a result of unconscious mental processes. Freud (1933) shed light on the importance of childhood development for adult functioning through his case studies. Freud (1933) assumed that the personality has three interrelated components consisting of the id, ego and superego. The id tends to be an instinctual and primitive drive which is a product of evolution, the ego aims to satisfy the id through defence mechanisms and the superego represents an individual's ideal self which is dependent on morality and society's norms and values (Freud, 1933). For Freud (1933), development occurs as a product of how an individual controls the conflicts between these components, with individuals attempting to increase instinctual gratification while decreasing guilt and punishment. Freud (1933) signified that development is influenced by this psychosocial conflict alongside a sexual drive in childhood. Freud (1933) devised a model of development

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defined in psychosexual stages. He categorised three early (pre-genital) stages of sexual development. Each stage is associated to the part of the body seen as the main erogenous zone during a specific version of the psychosexual conflict between instinctual drive and society: oral, anal and phallic(Freud, 1933).

Freud (1933) highlighted that too little or too much gratification at any stage can lead to an individual becoming 'fixated'. Freud (1933) postulated that stressors could onset 'fixation points' which are pre-dispositional. The precise impact of stress varies according to what stage was affected and what form the stress posed as, according to Freud (1933).

Dependent on the fixation point and impact of stress, each stage devises defence mechanisms to protect the individual from harm. These defences become strong if fixation happens.

Freud (1940) argued that the three pre-genital stages are not achieved sequentially, rather, "one may appear in addition to another; they may overlap one another, may be present alongside of one another" (p. 155).The concept of stages of development bares similarities regarding the stages conceptualised in Thrive. Although the stages propose different psychological theories, Freud helped to shed light on the concept of specific stages that children experience throughout early childhood which is a notion that Thrive draws on.

Freud's model introduced the concept of using case studies to develop a model for child development. However, the psychodynamic method of inquiry may not provide robust enough groundings to generalise to all people.

1.3.1 Behaviourist approach to understanding social, emotional and behavioural development

It appears that, the behaviourist approach offers a more scientific method of inquiry to understanding SEBD. The behaviourist approach assumes that all behaviour is a result of environmental experiences. Thrive propose that environmental experiences have an effect on child development(Banks et al., 2001). The behaviourist approach falls more under the nurture category regarding the nature - nurture debate. For example, behaviorists such as Pavlov (1902) and Skinner (1953) argued that behaviour is a response to environmental factors such as reinforcement and punishment. Pavlov (1902) and later Watson (1913) developed the concept of classical conditioning which involves learning to associate an unconditioned stimulus that already brings about a certain response (i.e., a reflex) with a new (conditioned) stimulus, so that the new stimulus brings about the same response. Operant conditioning speculated that reinforcers and punishments shape behaviour. Skinner (1953) stipulated that secondary reinforcers such as praise, class tokens or money are neutral incentives that are linked to primary reinforcers such as food.

One mixed methods evaluation of 36 BSCs' in post-primary schools in Ireland was able to identify the importance of robust communication channels, the use of reinforcement, explicitly teaching social and emotional skills and modelling positive support methodologies (Henefer, 2010). Modelling good behaviour is a concept drawn from social learning theory (Bandura, 1961). Vicarious reinforcement is when an individual observes that another model's behaviour is being reinforced or rewarded, Bandura et al., (1961) argued that this will increase the likelihood that the observer will imitate the behaviour of the model. Bandura et al., (1961) argues that people with low self-esteem are more likely to imitate a person's behaviour than those with high self-esteem. Bandura (1977) added that mediating cognitive factors such as attention, memory, self-efficacy and observed consequences have an impact on the imitation of modelled

behaviour. Congruent to the behaviourist approach, social learning theory relies on scientific

methods and cognitive processes e.g. mediating factors. For example, social learning theory

highlights that individuals are more likely to imitate a role model if the model has characteristics

that are attractive to the individual, the attractiveness of the model poses as a mediating factor

to development (Bandura et al., 1961). Both approaches tend to neglect the influence of biology

and genetics on individual differences. For example, an individual with Down syndrome (a

genetic disorder) may have learning difficulties that impact on the way they respond to types of

reinforcement.

1.3.2 Humanistic approach to understanding social, emotional and behavioural development

The humanistic approach argues that each person is unique and that interventions

should account for the subjective feelings of each individual (Rogers, 1980). The approach

assumes an idiographic position; it seeks to account for individual differences (Rogers, 1980). A

further criticism of the approach is that by focusing wholly on the individual, the humanistic

approach tends to overlook characteristics that are similar to all people. However a hierarchal

model was provided as an attempt to address needs that are similar to all people. Maslow's

[5](1943) hierarchy of needs summarised physiological (e.g. food and sleep), safety (shelter),

belonging (positive relationships), the belongingness/love needs, self-esteem, cognitive

(exploration, curiosity, knowledge and understanding, predictability and need for meaning),

aesthetic (admiration and search for beauty, balance, etc.) , self - actualisation (realising full

potential and seeking personal growth) and transcendence (A person who is motivated by

values which go further than the personal self-e.g., sexual experiences, service to others,

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[5] Maslow's hierarchy originally included 5 needs, however, self – esteem, cognitive, aesthetic and transcendence needs were added to the model through later research(Maslow, 1996)

religion, etc.) needs. Maslow (1943) referred to the first three needs as deficiency needs and the rest as growth needs. Maslow (1943) argued that people sequentially go up the hierarchy in an attempt to satisfy their needs, if people cannot achieve the most basic of needs e.g. physiological or safety, they may never achieve the higher needs e.g. belonging (positive relationships). Maslow (1943) postulated that schools should create a safe and welcoming environment so that students feel a sense of belongingness.

Maslow's (1943) belief that lower needs of the pyramid should be accomplished before a person can attain a state of self-actualization (or transcendence) is criticised because there are people who can attain a stage of self-actualization without accomplishing their deficiency needs (Fallatah & Syed, 2018). Fallatah & Syed (2018) found that people can attain levels of transcendence and self-actualization in poverty. Wahba &.Bridwell (1976) consider people having motivational needs in a multi-layer or a parallel form – this suggests that various needs can motivate humans at a single point in time. This more modern approach to Maslow's (1996) hierarchy asserts that we can return to 'lower' stages at any time. Taken together, the results of the factor analytic studies and the ranking studies reviewed in Wahba &.Bridwell's (1976) paper show limited support that human needs are classified in distinct categories, or that these categories are ordered in a specific hierarchy. Wahba &.Bridwell (1976) concluded that it is possible to be motivated by growth and deficiency needs simultaneously.

The humanistic approach assumes that self actualisation is achieved through the reception of unconditional positive regard or nonjudgmental love and acceptance from care givers (Rogers, 1980). Rogers (1980) argues that if a child behaves inappropriately, instead of scolding the child, a parent should continue to make the child feel loved and wanted. Rogers (1980) stipulates that to withhold love because a child is not behaving in an ideal manner creates conditions of worth. Roger's (1980) concept of client centred therapy assumes that therapists should not impose conditions of worth to promote positive SEBD. Client centred

therapy has proven effective in Murphy's (2009) case study, the non-directive therapy helped a child who had experienced post traumatic distress resulting from child abuse. Murphy (2009),proposed that client-centred therapy can help client adjustment to the consequences of severe and traumatic childhood abuse by altering the symbolic meaning of earlier experiences.

The humanistic approach tends to focus on the subjective experience and rejects objective methods of understanding behaviour (Rogers, 1980). Elkins (2009) argues that humanistic psychology lost its influence in America because it is inherently incompatible with the basic assumptions of modern and dominating psychological approaches as it has less of a focus on behavioural and biological approaches and is more person centred. Furthermore, Roger's (1980) concepts have been criticised for not considering cultural interpretations of need and is perceived to take an individualistic view to self - actualisation. Collective achievements may be valued as more important in some Eastern cultures (Hayashi, Kuno, Osawa, Shimizu, &Suetake, 1992); (Hayashi, Kuno, Morotomi, Osawa, Shimizu, &Suetake, 1998). However, Tomoda (2001) has explored methods of adopting Roger's (1980) approach into a Japanese context of Zen, utilising 'renku', a model of poetry collectively written by group members, exploring their perspectives and experiences together.

A unique facet of the approach is that there is an emphasis on free will, where people are not controlled by environmental forces or inner conflicts. The approach appears to be optimistic and acknowledges the importance of personal and conscious experiences.

1.3.3 An attachment theory perspective to understanding social, emotional and behavioural development

Bowlby's (1988) social development theory postulates that children who have positive relationships with their primary caregivers during their early personal experiences are more likely to form secure attachment styles or healthy relationships. Sunderland (2016), Cozolino

(2006) and Hughes and Baylin (2012) found that children with secure attachments will be more able to form positive relationships, be emotionally resilient and more able to develop empathy than those who are less securely attached to their primary caregivers. Bowlby describes the development of attachment in four phases (1969: 319–23):

• Phase 1: orientation and signals without discrimination (circa birth

to 3 months): The child will respond to any person in their proximity

through orientation towards them, eye tracking, smiling, babbling and cooing.

grasping and reaching,

• Phase 2: orientation and signals directed towards one (or more)

preferred figure(s) (circa 3 to 6 months): The child begins to

centre their attention on people they are accustomed to.

• Phase 3: seeking proximity with a discriminated figure by

means of movement as well as signals (circa 6 months to 3 years):

The child actively aims to maintain contact with the primary carer.

Phase 4: development of a goal-corrected partnership (3 years and

upwards): By observing the behaviour of the primary carer and

what influences it, the child begins to gain insight into the carer's feelings

and motives. This promotes a complex relationship

between them, which Bowlby terms 'partnership'. During this phase

the child increasingly copes with separation from the primary carer

and creates other close bonds.

The development process highlights that the child is adapting to the caregiver's responses. If a child seeks attention and is able to get their needs met in a secure manner as highlighted above e.g. crying, babbling etc. a secure attachment may form with the caregiver. However, if the primary caregiver cannot respond to the child's needs through these 'typical' means, the child could develop an insecure attachment with the caregiver. Environmental factors could have an impact on the parent's ability to meet their child's needs. For example, if a child is in an impoverished household and the mother does not feed an infant when they cry due to lack of food, the infant may learn to mistrust that the mother can meet their needs. Thus, the attachment between the infant and mother is disrupted, leading to an insecure attachment. The child may adopt an insecure attachment style as a coping mechanism to meeting their needs in difficult environments and toxic experiences.

Gottman & Katz' (1996) research has shown that children who receive consistent empathic listening from their parents are better able to learn and form relationships while being empathetic to others. It is argued, that repeated experiences of a child's stress being soothed by an empathic and consistent caregiver, supports the development of strong neuronal pathways from the limbic system up into the frontal lobes (Sunderland, 2016) Scientists such as Schore (2015) have discovered that the neural pathways of the brain and wider nervous system (e.g. prefrontal cortex) are relatively unestablished at birth, going through much of their development in the first few years of life in response, partly due to relational experiences with primary caregivers. A key development during this time is the formation of the body's stress-response system. For example, activation of the prefrontal cortex, is associated with inhibition of the stress system (Diorio ,Viau & Meaney, 1993). However, it can be argued that the establishment of neuronal pathways is correlated to early attachment relationships rather than a cause and effect relationship.

Ainsworth (1979) was interested in how individual differences in infant behaviour are influenced by the interaction between the child and mother. This work laid the groundings for the concept of maternal sensitivity (Ainsworth, Bell, & Stayton, 1974). Sensitivity was described as the mother's "ability to perceive and to interpret accurately the signals and communications implicit in her infant's behaviour, and given this understanding, to respond to them appropriately" (Ainsworth et al., 1974, p. 127). Ainsworth's research postulated three basic patterns of attachment - Type A, B and C (Ainsworth, 1979). People who are linked to Type A tend to omit emotions from processing to behave in alignment with expected outcomes (Ainsworth, 1979). This is the opposite of people who are linked to Type C, Ainsworth (1979) postulated that Type C individuals can act in alignment with their emotions, paying little attention to the outcomes. Ainsworth (1979) added that both tend to overestimate the possibility of danger and behave in an unnecessarily self-protective way. Ainsworth defined Type B as individuals who may have healthy adaptive behaviour and balanced mental processes. Attachment in the classroom by Heather Geddes (2006) highlighted the usefulness of adopting attachment friendly environments to stimulate healthy SEBD.

Meins, Centifanti, Fernyhough & Fishburn (2013) studied whether mind-mindedness; the carer's tendency to respond to the child as a person with a mind and speak in an attuned way on their child's putative internal states predicted lesser behavioural difficulties in the child. More levels of caregiver mind-mindedness in the first year of life are suggested to predict secure caregiver–child attachment (Arnott and Meins 2007; Lundy 2013) and better performance on the cognitive capacity to attribute mental states to self and others at ages two and four (Laranjo, Bernier, Meins & Carlson. 2014) and 4 (Meins et al., 2013). Meins (2013) argues that attachment research has tended to lose focus on Ainsworth's (1979) conception of what constitutes sensitivity regarding emotional bonding. Meins (2013) attempts to embody the essence of Ainsworth's (1971) sensitivity concept in a new measure of the quality of infant–

mother interaction. Meins (2013) argues that attachment is heavily influenced by the sensitivity and attuning of the primary caregiver. The notion of attachment, attuning and sensitivity between key adult and child is emphasised in nurture groups. Nurture group literature tends to acknowledge the significance of creating a relationship between the Nurture Group practitioner and the child (Cooper, & Lovey, 1999; Doyle, 2001; Boxall, 2002; O'Connor & Colwell, 2002; Cooper & Tiknaz, 2005; Sanders, 2007). The use of nurture groups in educational settings have been found to be successful for children (Reynolds, MacKay, & Kearney, 2009; Bishop, & Swain, 2000) and cross culturally (Cefai & Cooper, 2011).

Main's (1990) ABCD model identified individuals who fall outside of the Ainsworth patterns as cannot be classified or disorganised. Empirically, Main's (1990) model assumed most Type C children fall within the "D" (disorganised) category (van IJzendoorn, Goldberg, Kroonenberg, & Frenkel, 1992).

A Dynamic-Maturational Model (DMM) of attachment (Crittenden, 2006) has expanded the categorical strategies to include obsessive Type C and compulsive Type A strategies. Crittenden (2006) postulated that people using a Type A strategy tend to organise around expected consequences. Crittenden (2006) stipulated that Type A individuals tend to minimise awareness of emotions and repeat behaviour which is reinforced and inhibit behaviour which is punished. Crittenden (2006) added that individuals using a Type C strategy are motivated by emotions. Those who use a Type C strategy tend to lack confidence in predicted outcomes, they rely on emotions to comprehend behaviour (Crittenden, 2006). Crittenden (2006) stipulated that Type B tends to combine the information gathered from Type A and Type C and involves genuine, open, direct, and reciprocal communication of expectations and emotions. Crittenden (2006) argued that compulsive and obsessive strategies can reflect maladaptive behavior. They tend to differ from symptom-based diagnoses in that strategies are perceived as a functional way to inhibit danger as experienced by the individual (Crittenden, 2006).

Crittenden (2006) proposed that maturation integrated with experience helps children to form different strategies that more healthily link the relation of self to situation. Crittenden (2006) postulated that until the onset of adulthood, however, children may not properly process all the incoming information, past and present, which is experienced. Furthermore, Crittenden (2006) assumed that situations continue to change as children mature, i.e., the same problem may not persist and different problems are encountered in life. As a result, Crittenden (2006) assumed that each developmental step forward involves both the opportunity to regenerate solutions and create more adaptive behavior and also the possibility that the novel problems experienced with increasing age may cause insurmountable challenges. Crittenden (2006) argued that in infancy, the challenges are to (1) find links between the self with others, (2) attunement, and (3) emotional regulation. Crittenden (2006) added that failure to attain these strategies with attachment figures may lead to a reduction or increase of affective behaviour (i.e., Types C or A strategies). If these strategies don't function to change the expectations on parental responses, Crittenden (2006) proposed that the child may become adverse to using strategies (i.e., depressed with low arousal, confused with high arousal, or disorganised with sporadic moments of high arousal in an inhibitory strategy). In infancy, Crittenden (2006) asserted that these three states can appear as (1) sad, withdrawn, passive, (2) boredom without interpersonal focus and, sometimes, with self-stimulation (e.g., autistic spectrum characteristics), and (3) spontaneous and brief losses of control at periods of high stress from which there is rapid recovery (e.g. tourette syndrome). In the preschool years, Crittenden (2006) argues that the possibilities are that some infants may fail to develop positive relations with novel people that they encounter (Type A) and that those who choose a strategy of exaggeration of affect may harm themselves while trying to gain a desired reaction from parents (Type C). In addition, Crittenden (2006) assumed that preschool-aged children may make the transition from action to language. The risk is that Type A children may not express themselves at all out of fear that their feelings are not conforming to societal norms or parental expectations. Therefore, Crittenden (2006)

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postulated that Type A children may use language to impress the listener rather than express themselves. Crittenden (2006) proposed that Type C children are more likely to learn that language is a deceptive tool, used to manipulate for desired outcomes. Crittenden (2006) argued that there is risk of Type C children using action to express themselves e.g. aggressive acts of violence. During the school years, Crittenden (2006) posed that the prefrontal cortex matures in novel ways so that it may allow children to reflect on their own behaviour. Crittenden (2006) assumed that children who are not supported to do this by their carers/attachment figures may find it increasingly challenging to self-regulate; this will affect both their internal representation of self and their experience of interpersonal relationships and attachments. Usually, Crittenden (2006) assumed this failure occurs when (1) the fear of failing to be good is so overwhelming that the child relies too much on adults' wishes or (2) the outcomes are so unpredictable that the child places too strong a dependence on their own representations. Crittenden (2006) argued that the former appears to please adults (without being acknowledged or celebrated) whereas the latter tends to disappoint adults and leads to punishment and referrals to youth services. To avoid the latter consequences, Crittenden (2006) surmises that some Type C children begin to use language to deceive others.

Bowlby (1988) argued that attachment therapies should focus on obtaining 'secure' (Type B) attachment in their approach. The DMM of attachment theory brings forth a different approach to supporting children with attachment difficulties. Crittenden (2006) asserted that 'security' is partially reliant upon external experiences beyond the control of individuals, Crittenden (2006) argued that the goal of therapy should be psychological balance and not security. This could be seen as quite optimistic, since the service user is not limited by their experiences and that they can adopt an appropriate use of strategies with support. From psychoanalytic theory, the DMM approach borrows the following ideas: the power of underlying emotions to spur behavior, the notion that symptoms can be presenting different functions and

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that it is the function, and not the symptom, that should be the focus of attention and use of the service user - therapist relationship as a part of the treatment (Freud, 1933; Crittenden, 2006). Lazurus & Zur (2002) argued that trust and rapport are often part of well-constructed treatment plans within psychotherapy and, as such, they can increase therapeutic effectiveness through therapeutic alliance. However, there is a risk that the service user may become too dependent on the therapist, the therapist may want to ensure professional boundaries continue to exist throughout treatment.

Behavioural research has shed light on the importance of temporal order and reinforcement parameters and routines (Skinner, 1953), particularly as Crittenden (2006) assumed that unpredictable reinforcement impacts on the organization of the Type C strategy. Crittenden (2006) surmises that the use of reinforcement routines implicitly may confirm the significance of interpersonal relations for behavioural development. Cognitive therapy lends a contribution to DMM via the notion of semantic (meaningful) representations (Kaplan et al., 1995). Crittenden (2002) argued that the main focus of support should be in helping the child to generate and adopt the right strategy to suit the right context. Crittenden (2006) emphasised protection which could highlight the importance of providing in treatment an environment of safety in which new strategies can be learnt without threat or fear .Crittenden (2006) postulated that the service user's existing strategy may be beneficial in some situations and can be repaired, stripped of false information, and used with more specificity. Crittenden (2006) proposed that facing future challenges, however, means that the service user must be ready to use reflective integration before the therapy can be confirmed as successful. Crittenden (2006) fathomed that this is accomplished by the therapist's function as a transitional attachment figure for service users by supporting them from the service user's reality of threat to the therapist's knowledge of the idea of safety.

Crittenden (2006) argued that in this relationship, the therapy can be co-created. That is, therapies cannot be decided, planned and manualised before the service user is seen, Crittenden (2006) suggested that the therapy should be tailored to the service users understanding of strategies. This assertion indicates that therapists need to be trained in the therapeutic technique that suits the service user, this might be quite challenging given the range of techniques available. Lastly, Crittenden (2006) argued that it is imperative that service users must affect the occurrences in their lives or they cannot feel safe. Crittenden (2006) argued that for children, the parents must be included in the therapeutic process to help to communicate the importance of this notion. In treatment, therapists may want to avoid putting the parent down, or replicating the same attitude as the parents, whereby the therapist acts towards the parents in a manner that the parent has acted towards his / her child. This may negate the therapeutic process. Therapists may want to enable dialogue with parents, providing a model of dialogue for parents to adopt.

The DMM acknowledges human survival when encountering danger as the norm for people, rather than the advantages of secure attachment as seen in the traditional attachment approach. Crittenden (1995) emphasised that insecure attachment strategies do not always lead to severe psychosocial issues in life; and when they function strategically, insecure attachment strategies can act as a coping/defence mechanism against psychosocial difficulties in difficult environments (Crittenden, 1995; Rutter, Kreppner, &Sonuga-Barke, 2009). Crittenden (1995) argued that when such difficulties do happen, they are likely to result from the dysfunction of the organized Type A and C strategies due to unresolved loss or trauma.

1.3.4 Early trauma and its impact on social, emotional and behavioural development

Louise Bomber (2007) reflected on the impact that early trauma can have on children:-

"Children who have experienced trauma and loss learn very early that their needs are experienced as irritating, unimportant or overwhelming. Since the child is dependent and has to find a way to survive, he or she is forced to adapt their behaviour around the responses of the adult" pg24

Murphy, Steele, Dubec, Bate, Bonuck, Meissner, Goldman & Steele (2014) argued that exposure to Adverse Childhood Experiences (ACEs) including parental neglect, household dysfunction, and abuse is associated with long term mental health difficulties. Findings from the ACE Study indicated that childhood trauma exposure was commonly reported and categories of ACEs were highly correlated with one another (Dube, Dong, Giles & Anda., 2003; Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, & Marks., 1998). Moreover, Murphy et al., (2014) surmised that the ACE score, which is a total count of the number of ACE categories reported, can provide a measure of cumulative stress experienced during childhood.

Bomber (2007) stipulated that children survive their childhood experiences by learning to respond to their abusive or neglectful parents in ways that help to get their basic needs met. Bomber (2007) argued that whichever methods of communication/strategies that ensure a chance of survival are utilised and become their preferred means of relating. Bomber (2007) argued that this process conveys how early trauma can result in attachment difficulties and lead to disrupted SEBD.

1.3.5 Cognitive approach to understanding emotional, social and behavioural development

The cognitive approach regarding SEBD, similar to Crittenden (1995), focuses on the mental processes involved when an individual learns how to cope with fear or trauma. The

cognitive approach sheds light on how mental strategies are adopted and how individuals use these strategies to adapt to challenges in the environment. Deficits in cognitive processes, such as an incapability to engage in problem solving or planning, have been seen in youth with self-control difficulties and in children with interpersonal difficulties (Spence and Donovan, 1998). Children with aggressive tendencies have been seen to have deficits in problem-solving skills and choose fewer verbal solutions to manage problems in their environment (Lochman, Meyer, Rabiner, & White, 1991)

Piaget (1963) defined a schema as an evolving set of knowledge which is used to interpret and respond to the environment. Piaget (1963) argued that children adapt to their environment through the mental process of assimilation (add to an existing schema) or accommodation (change a schema or create a new schema to cope with novel information from their environment). Piaget (1963) proposed that children go through stages of learning, at each stage the child has different experiences and uses different strategies to face these challenges. Piaget (1963) stipulated that the strategies used are seen to be more mature as the child develops and progresses through the stages. According to Piaget (1964), the stages that children go through reflect the age of the child. Please see table 1 below for an outline of the stages[6].

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[6] Table 2 Piaget (1964) stages of development

Stage	Age Range	Description
Sensorimotor	0 -2 years	- Sensory curiosity - Use of motor skills to communicate, interact and explore - Language for demands and categorising - Object permanence developed
Preoperational	2 – 7 years	- Symbolic thinking introduced - Imaginative play - Conservation developed

Piaget (1964) posed that children learn through independent discovery learning and that classrooms should support a more child centred approach where classrooms can be tailored to suit a child's readiness to learn.

Critique of Piaget's approach have suggested that a child centred approach may lead to an assumption that any problems experienced in learning are within child (Burman,1994). Burman (1994) added that individualised concepts of learning may lead away from group work where social skills can be developed. Researchers such as Vygotsky (1978) viewed that children learn through social experiences and that support from adults is essential to guide children through learning and their environment. However, this criticism is at odds with some reports made by Piaget: "The individual would not come to organize his operations in a coherent whole if he did not engage in thought exchanges and cooperation with others" (Piaget & Inhelder, 1947, p. 174). Furthermore, Piaget (1977) accounted for social factors when considering changes in cognitive development and for the construction of schemas. Additionally, the equilibration process—which includes the assimilation and accommodation strategies to integrate information to develop and/or maintain schemas was considered by Piaget (1975) to be a main component in the construction of knowledge because its main function is to organise into a cohesive framework the traditional factors of development and social factors.

| Concrete Operational | 7 – 11 years | • Ideas are rooted in concrete thinking
• Can comprehend time, space and quantity to an extent |
| Formal Operations | 11+ | • Abstract thinking, child can make connections between different concepts
• Can think theoretically, hypothetically, counterfactually
• Planning and organisation skills |

Piaget's (1964) stage based approach has been criticized for being too inflexible, his theory introduced the concept of horizontal decalage. Horizontal decalage argues that a child could have abilities of more than one stage at a time (Kreitler & Kreitler, 1989).

The cognitive approach aims to be scientific and objective, it has looked to investigate mental processes in this manner. However the approach tends to be theoretical and abstract, it tends to be quite mechanical and lacks certain human attributes such as the concept of self-awareness. Until recently, the cognitive approach neglected how emotions and thoughts interact e.g. how thoughts may have a role in the stress management system (Monat & Lazarus, 1991). Ellis' (1973) rational - emotive therapy attempts to explore this interaction.

1.3.6 Biological approach to understanding emotional, social and behavioural development

Biology and the functions within the brain is a core aspect of the biological approach. This approach partly focuses on how the central and peripheral nervous systems have an impact on SEBD. The biological approach is also concerned with the 'fight or flight' response which refers to a physiological stress response that happens in the presence of something that is threatening (Cannon, 1915). However, it is argued that early trauma can lead to disrupted brain development. Research in clinical populations of adult survivors of early trauma has shown alterations in hippocampal structure and function (Bremner, 1999). Bremner(1999) argued that early stress can have a long-term impact on brain structure and systems that hold an important part in stress response.

It is argued that brain development has an influence on social and emotional development throughout life, which has an effect on healthy stress management (Fronting the

Challenge Projects Limited, 2014). Research pertaining to affective neuroscience seeks to confirm hypotheses derived from MacLean's (1973) triune brain model[7] seen in table 2.

Panksepp (1998) stipulated that emotional (limbic) systems are situated in the centre of the brain to dynamically exchange information with more evolved cognitive parts of the brain (neocortex) and lower-level motor and behavioural output (brain stem and cerebellum). As a result, Panksepp (1998) argues that emotion and thoughts are interlinked, the dynamics of these two leading to a behavioural outcome. According to Panksepp's (1998) hybrid model of emotional functioning, some of the brain's emotional component systems collaborate as a function of learning. In Panksepp's (1998) opinion:-"emotions are learned states constructed during early social development from more elemental units of visceral-autonomic experiences that accompany certain behaviour patterns" (p. 44–45).

Panksepp (1998) viewed that there are at least four basic emotional systems in the mammalian brain (seeking, rage, fear, panic), Panksepp made reference to other systems such as care, play, lust, social dominance (Panksepp, 1998, p. 48) .Panksepp (1998) stipulated that within evolved restrictions, the routine of the emotional circuitry in the brain is founded in earlier stages of life, specifically due to caregiver interaction. Recent findings acknowledge the poignant significance of earlier life experiences on gene expression in emotional circuitry (e.g., Champagne &Meaney, 2006), cognition (Greenspan & Shanker, 2004) and personality formation (Schore, 2003). Panksepp (1998) speculated that dependent on the behaviour of the caregiver towards the child, genes may or may not be switched on, SEBD and cognitive development may or may not begin on a healthy path.

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[7]Triune brain model (table 2)

Brain stem and cerebellum	Limbic system	Neocortex
Fight or flight	Emotions	Language, abstract thought, planning
Autopilot	Decisions	Reasons and rationalises

MacClean (1973)

The biological approach can appear to be somewhat reductionist in describing human behaviour. However, research also indicates that the brain has plasticity– an ability to create new neural connections in response to experience (Kolb, Gibb, & Robinson, 2003*).*

Thrive indicate that positive and present experiences can help to rewire synaptic connections (Fronting the Challenge Projects Limited, 2014). The Thrive approach optimistically sees the potential for a rewiring of connections in the brain, where brain development was less than optimal (Fronting the Challenge Projects Limited, 2014). The Thrive Approach argues that strategies can intervene to provide missing relational experiences and help to rewire stress response systems for optimal brain development in vulnerable and challenging pupils (Fronting the Challenge Projects Limited, 2014). Goswami (2004) has suggested, while neuroscience has learnt much about synaptic connections, it has not learnt enough to support educational practice. Cole (2012) added that there appears to be limited evidence that conveys positive changes in the brain due to a specific intervention. Furthermore, the relationship between changes in the brain structure and social emotional behavioural development could be correlational rather than a cause and effect relationship. It can be argued that a central point of the biological approach is that people may be persuaded that the behaviour is not within the control of the individual and therefore this could promote more sympathy.

1.3.7 Combination of approaches
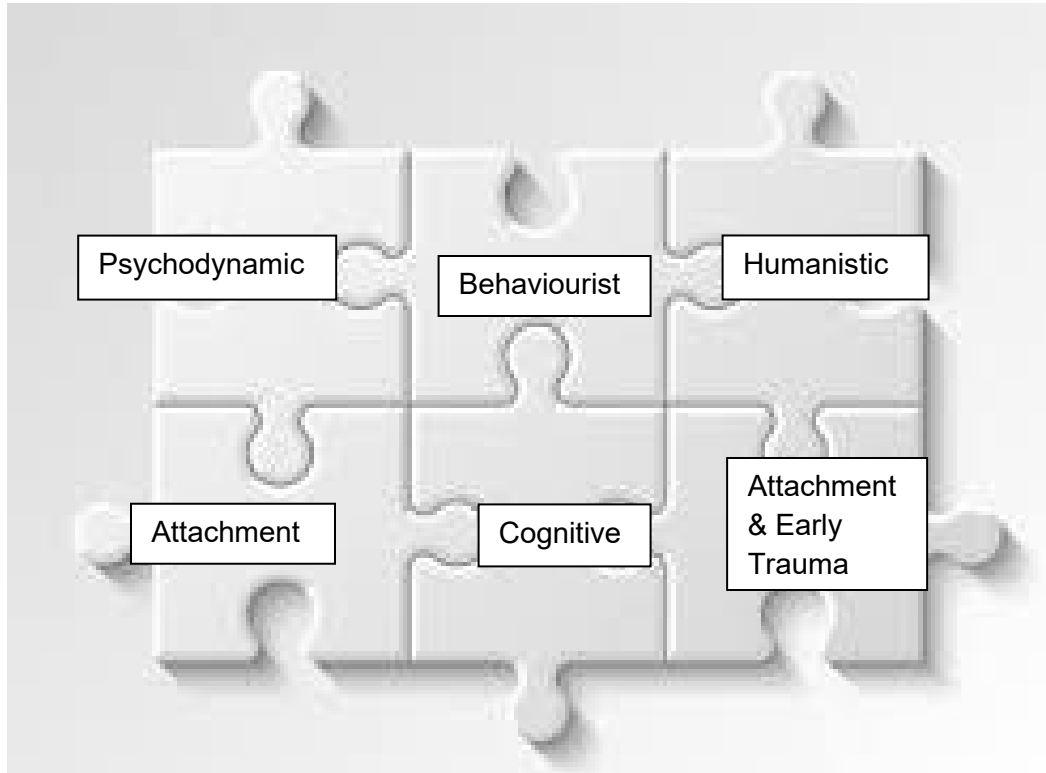
Figure 1 A conceptual look at how Thrive appear to view psychological approaches to development

Thrive appears to use psychological approaches to present an overarching theory of development. Thrive presents the assumption that these different theories can combine and slot together in a puzzle in the manner presented in figure 1. However, psychological theories on development have conflicting assumptions that Thrive do not appear to address. As highlighted previously, there does not appear to be a cohesive framework of development that encapsulates how each psychological theory fits together, specifically. This poses difficulties regarding evaluation as it is hard to identify the thread running through Thrive. There appears to be little theoretical coherence regarding Thrive. For example, if a child is throwing a tantrum in a classroom, various psychological approaches would provide different understandings to explain

this behaviour. Social Learning Theory may assume that the child is imitating a peer who threw a tantrum earlier, whereas psychodynamic models may suggest that the child's ego has caused the child to throw a tantrum to satisfy their instinctual needs. It may be hard for practitioners to distinguish which psychological explanations to apply in given situations when using Thrive. Another difficulty is that Thrive appears to be valued amongst schools but there is little published research that provides an evaluation of Thrive outcomes that are not conducted by Thrive itself. Through the EP lens, it is hoped that this paper can add to the growing body of research associated with the uses of Thrive and if it supports schools the way that Thrive suggest.

This study explored the views of EPs understanding and use of Thrive. This study was conducted on a web based service called [8]EPNET which helped the study to obtain an opportunistic sample of participants. EP's who have been trained in Thrive and who have not been trained in Thrive were included in this study for comparison of views. Therefore, the present study will investigate the effectiveness of Thrive across EPSs in the UK. Research results will look to further the understanding of the use of Thrive for EPs and how it benefits those involved in the Thrive approach.

2 Research questions

2.1 Research aim

The current research aims to explore the positive uses and limitations of the Thrive approach according to EP views as there appears to be a gap in research regarding these professionals' perspectives. The research aims to obtain views that EP's have regarding Thrive practitioners' practice with children and young people with SEBD, Thrive practitioners' understanding of managing children and young people's SEBD and Thrive practitioners' causal

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[8]a web platform that EPs can use to share research and ideas

attributions towards SEBD in children and young people regarding the use of the Thrive

approach.

2.2 Research question:-

Through the use of qualitative and quantitative analysis, what are Thrive and non-Thrive

Educational Psychologist practitioners' perceptions of the Thrive programme regarding its

proposed utility in supporting children and young people with SEBD?

3 References

Ainsworth, M. D. S., Bell, S. M., & Stayton, D. F. (1974). Infant-mother attachment and social development: Socialization as a product of reciprocal responsiveness to signals.

Ainsworth, M. S. (1979). Infant–mother attachment. *American psychologist*, *34*(10), 932.

Arnott, B., & Meins, E. (2007). Links among antenatal attachment representations, postnatal mind–mindedness, and infant attachment security: A preliminary study of mothers and fathers. *Bulletin of the Menninger Clinic*, *71*(2), 132-149.

Ashton, R., & Roberts, E. (2006). What is valuable and unique about the educational psychologist? *Educational Psychology in Practice, 22*(2), 111–123.

Banks, T., Bird, J., Gerlach, L., Henderson, M., & Lovelock, R. (2001). ENABLE: Emotional Needs, Achieving, Behaving and Learning in Education. *Modbury, Devon, UK: The Modbury Group*.

Bowlby, J. (1988). Attachment, communication, and the therapeutic process. *A secure base: Parent-child attachment and healthy human development*, 137-157.

Bandura, A., Ross, D., & Ross, S. A. (1961).Transmission of aggression through imitation of aggressive models. *The Journal of Abnormal and Social Psychology*, *63*(3), 575.

Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological review*, *84*(2), 191.

Bennathan, M., & Boxall, M. (2000). Nurture groups: Effective intervention in primary schools. *London: David Fulton*.

Bishop, A., & Swain, J. (2000). 'The bread, the jam and some coffee in the morning': Perceptions of a nurture group. *Emotional and Behavioural Difficulties*, *5*(3), 18-24.

Bombèr, L. M. (2007). *Inside I'm hurting: practical strategies for supporting children with*

attachment difficulties in schools. Worth.

Bower, T. G. R., &Wishart, J. G. (1972). The effects of motor skill on object

permanence. *Cognition*, *1*(2-3), 165-172.

Bowlby, J. (1988). Developmental psychiatry comes of age. *The American journal of*

psychiatry, *145*(1), 1.

Boxall, M. (2002). *Nurture groups in school: Principles & practice*. Sage.

British Psychological Society. (2002). *Professional practice guidelines: Division of educational*

and child psychology. Leicester: BPS.

Brown, E. L., Powell, E., & Clark, A. (2012).Working on what works: Working with teachers to

improve classroom behaviour and relationships. *Educational Psychology in Practice,*

28(1), 19–30.

Burman, E. (1994) Deconstructing Developmental Psychology. London: Routledge.

Burton, S. (2006). 'Over To You': Group work to help pupils avoid school exclusion.

Educational Psychology in Practice, 22(3), 215–236.

Burton, S. (2008).Empowering Learning Support Assistants to enhance the

emotional wellbeing of children in school. *Educational& Child Psychology,*

25 (2), 40 – 56.

Cannon, W.B. (1915) *Bodily Changes in Pain, Hunger, Fear and Rage*. D. Appleton and

Company, New York, NY

Carroll, C., & Hurry, J. (2018).Supporting pupils in school with social, emotional and mental

health needs: a scoping review of the literature. *Emotional and Behavioural Difficulties*,

1-16.

Cefai, C., & Cooper, P. (2009). *Promoting emotional education: Engaging children and young*

people with social, emotional and behavioural difficulties. London, England: Jessica

Kingsley Publishers.

Cefai, C., & Cooper, P. (2011). The introduction of nurture groups in Maltese schools: a method

of promoting inclusive education. *British Journal of Special Education*, *38*(2), 65-72.

Champagne, F. A., &Meaney, M. J. (2006). Stress during gestation alters postpartum maternal

care and the development of the offspring in a rodent model. *Biological

psychiatry*, *59*(12), 1227-1235.

Clarke, J. I., & Dawson, C. (2009).*Growing up again: Parenting ourselves, parenting our

children*.Simon and Schuster.

Clarke, R. A., & Dawson, A. H. (1989).*Poland: the Economy in the 1980s*. Gale

Cengage.

Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and

developing strategies for effective learning. *The psychologist*, *26*(2), 120-123.

Cole, M. (2012)*Promoting emotional well being and inclusion for children identified with

Emotional and Behavioural Difficulties in mainstream primary schools: An evaluation of

a psychotherapeutic approach (Thrive)*.Unpublished doctorate's thesis, Exeter

University.

Cooper, P., Arnold, R., & Boyd, E. (2001). The effectiveness of Nurture Groups: preliminary

research findings. *British Journal of Special Education*, *28*(4), 160-166.

Cooper, P., & Lovey, J. (1999). Early intervention in emotional and behavioural difficulties: the

role of Nurture Groups. *European journal of special needs education, 14*(2), 122-131.

Cooper, P., &Tiknaz, Y. (2005). Progress and challenge in nurture groups: Evidence from three

case studies. *British Journal of Special Education*, *32*(4), 211-222.

Cozolino, L. O. U. I. S. (2006). The social brain. *Psychotherapy in Australia*, *12*(2), 12.

Crittenden, P. M. (1995). Attachment and psychopathology. *Attachment theory: Social, developmental, and clinical perspectives*, 367-406.

Crittenden, P. M. (2006). A dynamic maturational model of attachment. *Australian and New Zealand Journal of Family Therapy*, *27*(2), 105-115.

Denham, S. A. (2006). Social-emotional competence as support for school readiness: What is it and how do we assess it?.*Early education and development*, *17*(1), 57-89.

DfES (2004).*Every Child Matters: Change for Children in Schools*. Nottingham: DCSF Publications Centre.

DfES (2005).*Social and Emotional Aspects of Learning*. Nottingham: DCSF Publications Centre.

DfE and DoH. (2014). *Special educational needs and disability code of practice: 0–25 years*. London: DfE.

DfE (2015). SEND Code of Practice 0–25 Years. *Statutory Guidance for Organisations which Work with and Support Children and Young People with Special Educational Needs and Disabilities*.

DfEE. (2000). *Educational psychology services (England): Current role, good practice and future directions*. London: DfEE.

DfES. (2006).*A review of the functions and contribution of educational psychologists in England and Wales in light of "Every child matters: Change for children"*. London: DfES.

DfE (2018*) Transforming Children and Young People's Mental Health Provision green paper.*Nottingham: DCSF Publications Centre.

DoH (2015) *Future in Mind.Promoting, protecting and improving our Children and Young People's Mental Health and Wellbeing.* Nottingham: DCSF Publications Centre.

Donaldson, M. (1978). *Children's minds* (Vol. 5287). Glasgow: Fontana/Collins.

Doyle, R. (2001). Focus on Practice: Using a readiness scale for reintegrating pupils with social, emotional and behavioural difficulties from a Nurture Group into their mainstream classroom—a pilot study. *British Journal of Special Education*, *28*(3), 126-132.

Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. *Pediatrics*, *111*(3), 564-572.

Elkins, D. N. (2009). Why humanistic psychology lost its power and influence in American psychology: Implications for advancing humanistic psychology. *Journal of Humanistic Psychology*, *49*(3), 267-291.

Ellis, A. (1973). *Rational-emotive therapy* (pp. 32-44).Big Sur Recordings.

Farmer, P., &Dyer,J. (2016). *The Five Year Forward View for Mental Health.*A report from the Independent Mental Health Taskforce to the NHS in England.

Fallatah, R. H. M., & Syed, J. (2018). A Critical Review of Maslow's Hierarchy of Needs. In *Employee Motivation in Saudi Arabia* (pp. 19-59). Palgrave Macmillan, Cham.

Fallon, K., Woods, K., & Rooney, S. (2010). A discussion of the developing role of educational psychologists within Children's Services. *Educational Psychology in Practice, 26*(1), 1–23.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many

of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, *14*(4), 245-258.

Ferrari, R. (2015). Writing narrative style literature reviews. *Medical Writing*, *24*(4), 230-235.

Flavell, J. H. (1979). Metacognition and cognitive monitoring: A new area of cognitive–developmental inquiry. *American psychologist*, *34*(10), 906.

Forman, S. G., Shapiro, E. S., Codding, R. S., Gonzales, J. E., Reddy, L. A., Rosenfield, S. A., &Stoiber, K. C. (2013). Implementation science and school psychology. *School Psychology Quarterly*, *28*(2), 77.

Freud, S., Strachey, J., & Gay, P. (1933).The dissection of the psychical personality. *Introductory Lectures on Psycho-Analysis*, 71-100.

Freud, S. (1940) An Outline of Psycho - Analysis. In J. Strachey (Ed. and Trans.)*The complete psychological works of Sigmund Freud*, Vol. 23. London: Hogarth. The Hogarth Press

Fronting the Challenge Projects Limited (2014).*The Thrive Approach Research and Evidence Base.*Devon: Research and Evidence Base.

Fronting the Challenge Projects Limited (2017) a. *Thrive room school visit*!. Retrieved, April 2018, from, https://www.thriveapproach.com/thrive-room-school-visit/

Fronting the Challenge Projects Limited (2017)b. *Introducing the Thrive Approach.* Thrive.

Geddes, H. (2006). *Attachment in the classroom: The links between children's early experience, emotional well-being and performance in school*. London: Worth Publishing.

George, C., Kaplan, N., & Main, M. (1996).Mills College, Oakland: Adult attachment interview.

Goswami, U. (2004). Neuroscience and education. *British Journal of Educational Psychology*, *74*(1), 1-14.

Greenhalgh, T., & Peacock, R. (2005). Effectiveness and efficiency of search

methods in systematic reviews of complex evidence: Audit of primary sources. *British Medical Journal*, *331*, 1064–5.

Greenhouse School Websites (2015) *Thrive approach*. Retrieved, April 2018, from,http://www.cockingtonprimary.org.uk/Thrive-Approach/.

Greenspan, S., &Shanker, S. (2007). The developmental pathways leading to pattern recognition, joint attention, language and cognition. *New Ideas in Psychology*, *25*(2), 128-142.

Harris,J.R. (2009). Attachment Theory underestimates the child. *Behavioral and Brain Sciences,*32(01),30-30.

Hayashi, S., Kuno, T., Osawa, M., Shimizu, M., &Suetake, Y. (1992). The client-centered therapy and person-centered approach in Japan: Historical development, current status, and perspectives. *Journal of Humanistic Psychology*, *32*(2), 115-136.

Hayashi, S., Kuno, T., Morotomi, Y., Osawa, M., Shimizu, M., &Suetake, Y. (1998). Client-centered therapy in Japan: Fujio Tomoda and Taoism. *Journal of Humanistic Psychology*, *38*(2), 103-124.

Howarth, K. (2013). Thrive training and Thrive trainees' perceived relationships with children with BESD, self-efficacy in managing children's BESD and causal attributions about BESD in children: a two-phase evaluation.Exeter:Exeter University.

Hughes, D., & Golding, K. (2012). *Creating loving attachments: Parenting with PACE to nurture confidence and security in the troubled child*. Jessica Kingsley Publishers.

Hart, R. (2010). Classroom behaviour management: Educational psychologists' views on effectivepractice. *Emotional and Behavioural Difficulties, 15*(4), 353–371.

Hayes, B., Hindle, S., & Withington, P. (2007).Strategies for developing positive behaviour

    management.Teacher behaviour outcomes and attitudes to the change

    process.*Educational Psychology in Practice,23*(2), 161–175.

Hayes, B., Richardson, S., Hindle, S., & Grayson, K. (2011).Developing teaching assistants'

    skills in positive behaviour management: An application of Video Interaction Guidance

    in a secondary school.*Educational Psychology in Practice, 27*(3), 255–269.

Hayes, M., & Stringer, P. (2016).Introducing Farouk's process consultation group approach in

    Irishprimaryschools.*Educational Psychology in Practice, 32*(2), 145–162.

Henefer, J. (2010). A research study of 36 behaviour support classrooms. *Navan: National*

    Behaviour Support Service.

Hannen, E., & Woods, K. (2012). Narrative therapy with an adolescent who self-cuts: A case

    example.*Educational Psychology in Practice, 28*(2), 187–214.

Hughes, D. (2004). An attachment-based treatment of maltreated children and young

    people.*Attachment& Human Development*, *6*(3), 263-278.

Hughes, D. A., &Baylin, J. (2012). *Brain-Based Parenting: The Neuroscience of Caregiving for*

    Healthy Attachment (Norton Series on Interpersonal Neurobiology). WW Norton &

    Company.

Illsley Clarke, J. and Dawson, C. (1998). *Growing Up Again* 2nd Ed, Minnesota, Hazleden

Jones, D., Monsen, J., &Franey, J. (2013).Using the Staff Sharing Scheme to support school staff

    inmanaging challenging behaviour more effectively.*Educational Psychology in*

    Practice, 29(3), 258–277.

Katz, L. F., &Gottman, J. M. (1996).Spillover effects of marital conflict: In search of parenting

    and coparenting mechanisms. *New Directions for Child and Adolescent Development*,

    1996(74), 57-76.

Kazdin, A. E., & Weisz, J. R. (1998). Identifying and developing empirically supported child and

    adolescent treatments. *Journal of consulting and clinical psychology*, *66*(1), 19.

Kendall, P. C. (1991). Guiding theory for therapy with children and adolescents. *Child and*

    adolescent therapy: Cognitive-behavioral procedures, *2*.

Kreitler, S., &Kreitler, H. (1989). Horizontal decalage: A problem and its solution. *Cognitive*

    Development, *4*(1), 89-119.

Laranjo, J., Bernier, A., Meins, E., & Carlson, S. M. (2014).The roles of maternal mind-

    mindedness and infant security of attachment in predicting preschoolers' understanding

    of visual perspective taking and false belief. *Journal of experimental child*

    Psychology, *125*, 48-62.

Lazarus, A. A., &Zur, O. (2002). *Dual relationships and psychotherapy*. Springer Publishing

    Company.

Lee, K., Partt, K., Weidberg, F., &Davis, R (2018) *Supporting the emotional and mental health*

    of your school community. Supporting emotional wellbeing and promoting positive

    behaviour and mental health within educational settings using evidence-based practice.

    Somerset Educational Psychology Service.

Lee, K., & Woods, K. (2017). Exploration of the developing role of the educational psychologist

    withinthecontext of "traded" psychological services. *Educational Psychology in*

    Practice, 33(2), 111–125.

Levin, H. S., Culhane, K. A., Hartmann, J., Evankovich, K., Mattson, A. J., Harward, H., ... &
    Fletcher, J. M. (1991). Developmental changes in performance on tests of purported
    frontal lobe functioning. *Developmental neuropsychology*, *7*(3), 377-395.

Lewis, J. (1999). Research into the concept of resilience as a basis for the curriculum for children
    with EBD.*Emotional and behavioural difficulties*, *4*(2), 11-22.

Lochman, J. E., Meyer, B. L., Rabiner, D. L., & White, K. J. (1991).Parameters influencing
    social problem-solving of aggressive children. *Advances in behavioral assessment of
    children and families*, *5*, 31-63.

Love, P. (2009). Educational psychologists: the early search for an identity. *Educational
    Psychology in Practice*, *25*(1), 3-8.

Lundy, B. L. (2013). Paternal and maternal mind mindedness and preschoolers' theory of mind:
    The mediating role of interactional attunement. *Social Development*, *22*(1), 58-74.

MacKay, T. A. W. N., & Boyle, J. M. (1994).Meeting the needs of pupils with learning
    difficulties.Whatdo primary and secondary schools expect of their educational
    psychologists? *EducationalResearch,36*(2), 187–196.

MacLean, P. D., *A Triune Concept of the Brain and Behavior*, Toronto: University of Toronto
    Press, 1973.

Main, M. & Solomon, J., 1990.Procedures for Identifying Infants asDisorganised/disoriented
    during the Ainsworth Strange Situation. In M. Greenberg, D. Cicchetti& E. M.
    Cummings (Eds), *Attachment in the Preschool Years*, Chicago, University of Chicago.

Maslow, A. H. (1943). A theory of human motivation. *Psychological review*, *50*(4), 370.

Maslow, A. H. (1966). *The psychology of science: A reconnaissance*. New York: Harper
& Row.

Maxwell, J. A., &Mittapalli, K. (2010).Realism as a stance for mixed methods research. In A. Tashakkori& C. Teddlie (Eds.), *Sage handbook of mixed methods in social and behavioral research* (2nd ed., pp. 145-167). Thousand Oaks, CA: Sage

Meins, E., Centifanti, L. C. M., Fernyhough, C., & Fishburn, S. (2013). Maternal mind-mindedness and children's behavioral difficulties: Mitigating the impact of low socioeconomic status. *Journal of Abnormal Child Psychology*, *41*(4), 543-553.

Mertens, D.M. (2014). *Research and Evaluation in Education and Psychology: Diversity with Quantitative, Qualitative, and Mixed Methods*. Los Angeles: Sage publications.

Monat, A., & Lazarus, R. S. (Eds.). (1991). *Stress and coping: An anthology*. Columbia University Press.

Monsen, J., & Frederickson, N. (2008).TheMonsen et al problem solving model ten years on. In B. Kelly,L. Woolfson, & J. Boyle (Eds.), *Frameworks for practice in educational psychology- a textbook for traineesand practitioners* (pp. 69–93). London: Jessica Kingsley Publishers.

Murphy, A., Steele, M., Dube, S. R., Bate, J., Bonuck, K., Meissner, P & Steele, H. (2014). Adverse childhood experiences (ACEs) questionnaire and adult attachment interview (AAI): Implications for parent child relationships. *Child Abuse & Neglect*, *38*(2), 224-233.

Murphy, D. (2009). Client-centred therapy for severe childhood abuse: A case study. *Counselling and Psychotherapy research*, *9*(1), 3-10.

Natasi, B. K., &Schensul, S. L. (2005).Contributions of qualitative research to the validity of intervention research.*Journal of School Psychology*, 43(3), 177-195.

NICE (2009). *Promoting Young People's Social and Emotional Wellbeing in Secondary Education.* NICE Public Health Guidance.

Norwich, B., & Eaton, A. (2015). The new special educational needs (SEN) legislation in

England and implications for services for children and young people with social, emotional

and behavioural difficulties. *Emotional and Behavioural Difficulties*, *20*(2), 117-132.

O'Callaghan, P., & Cunningham, E. (2015). Can a targeted, group-based CBT intervention

reducedepression and anxiety and improve self-concept in primary age children?

Educational Psychologyin Practice, 31(3), 314–326.

O'Connor, T., & Colwell, J. (2002).Research Section: The effectiveness and rationale of the

'nurture group'approach to helping children with emotional and behavioural difficulties

remain within mainstream education. *British Journal of Special Education*, *29*(2), 96-100.

O'Riordan, Z. (2011). Living in the 'real world': the experiences and support of school-leavers

with social, emotional and behavioural difficulties. *Emotional and Behavioural*

Difficulties, *16*(3), 303-316.

Panksepp, J. (1988). Brain emotional circuits and psychopathologies. In *Emotions and*

psychopathology (pp. 37-76).Springer, Boston, MA.

Pavlov, I. P. (1897/1902).*The Work Of The Digestive Glands*. London: Griffin.

Piaget, J., &Inhelder, B. (1947).Diagnosis of mental operations and theory of the

intelligence.*American Journal of mental deficiency*, *51*(3), 401.

Piaget, J., &Inhelder, B. (1956). *The child's concept of space*. Routledge& Paul.

Piaget, J. (1964). Part I: Cognitive development in children: Piaget development and

learning. *Journal of research in science teaching*, *2*(3), 176-186.

Primary School (2019) *Let's help every child Thrive.* Retrieved, April 2018, from,

http://www.pitmaston.co.uk/download/inclusion/inclusion_files/Thrive-Page.pdf

Prince-Embury, S. (2008). The resiliency scales for children and adolescents, psychological

    symptoms, and clinical status in adolescents. *Canadian Journal of School Psychology*,

    23(1), 41-56.

Regan, H., & Howe, J. (2017). Video self-modelling: An intervention for children with

    behaviouraldifficulties.*Educational Psychology in Practice, 33*(1), 93–102.

Reynolds, S., MacKay, T., & Kearney, M. (2009). RESEARCH SECTION: Nurture groups: a

    large scale, controlled study of effects on development and academic attainment. *British*

    Journal of Special Education, *36*(4), 204-212.

Rogers, C. R. (1980). Growing old—or older and growing. *Journal of humanistic*

    psychology, *20*(4), 5-16.

Rose, S. A., & Blank, M. (1974). The potency of context in children's cognition: An illustration

    through conservation. *Child development*, 499-502.

Roth, A., Fonagy, P., & Parry, G. (1996).*Psychotherapy research, funding, and evidence-based*

    practice.Guilford Press.

Rutter, M., Kreppner, J., &Sonuga Barke, E. (2009). Emanuel Miller Lecture: Attachment

    insecurity, disinhibited attachment, and attachment disorders: where do research findings

    leave the concepts?. *Journal of Child Psychology and Psychiatry*, *50*(5), 529-543.

Sanders, T. (2007). Helping children thrive at school: The effectiveness of nurture

    groups. *Educational Psychology in Practice*, *23*(1), 45-61.

Schore, A. N. (2015). *Affect regulation and the origin of the self: The neurobiology of emotional*

    development. New York: Routledge.

Scottish Executive.(2002). *Review of provision of educational psychology services in Scotland*.

    Edinburgh: Scottish Executive.

Skinner, B. F. (1953). *Science and human behavior* (No. 92904).Simon and Schuster.

Smith, C., & Cooke, T. (2000).Collaboratively managing the behaviour of a reception class

    pupil. *Educational Psychology in Practice, 16*(2), 235–242.

Spence, S. H., & Donovan, C. (1998).Interpersonal problems. *Cognitive behaviour therapy for*

    children and families, 217-245.

Spiteri, D. (2009). Forging an identity over the life-course. *Emotional and Behavioural*

    Difficulties, *14*(3), 239-249.

St Barnabas Multi Academy Trust (2019) *The Thrive/TIS approach*. Retrieved, April 2018, from,

    https://st-martins.cornwall.sch.uk/provision/the-thrive-tis-approach/

Stallard, P. (2019). *Think Good, Feel Good: A Cognitive Behavioural Therapy Workbook for*

    Children and Young People. Hoboken, NJ: John Wiley & Sons.

Sunderland, M. (2016).*What Every Parent Needs To Know: Love, nurture and play with your*

    child. London:Dorling Kindersley Limited.

Swinson, J., Woof, C., &Melling, R. (2003).Including emotional and behavioural difficulties

    pupils in a mainstream comprehensive: A study of the behaviour of pupils and

    classes.*Educational Psychology in Practice*, *19*(1), 65-75.

Squires, G. (2001).Using cognitive behavioural psychology with groups of pupils to improve self

    controlofbehaviour.*Educational Psychology in Practice, 17*(4), 317–335.

Tronick, E. (2007). *The Neurobehavioral and Social-Emotional Development of Infants and*

    Children (Norton Series on Interpersonal Neurobiology). London: WW Norton &

    Company.

VanIjzendoorn, M. H., Goldberg, S., Kroonenberg, P. M., &Frenkel, O. J. (1992). The relative

> effects of maternal and child problems on the quality of attachment: A meta analysis of

> attachment in clinical samples. *Child development*, *63*(4), 840-858.

Van Nieuwenhove, K., Meganck, R., Cornelis, S., &Desmet, M. (2018). Core conflictual

> relationship patterns in complex trauma: A single-case study. *Psychodynamic*

> *Practice*, *24*(3), 245-260.

Vygotsky, L. (1978). Interaction between learning and development. *Readings on the*

> *development of children*, *23*(3), 34-41.

Wahba, M. A., &Bridwell, L. G. (1976). Maslow reconsidered: A review of research on the need

> hierarchy theory. *Organizational behavior and human performance*, *15*(2), 212-240.

Watson, J. B. (1913). Psychology as the behaviorist views it. *Psychological review*, *20*(2), 158.

Welsh Assembly Government (2004) *Children and Young People: Rights to Action.* Retrieved,

> April 2018, from, http://www.assembly.wales/Committee%20Documents/HSS(2)-02-

> 04%20Paper%201%20%20Children%20and%20Young%20People%20Rights%20to%20A

> ction-04022004-14558/n0000000000000000000000000016990-English.pdf

Williams, P. (2005). Does training school staff about relationships, attachment and emotional

> development affect teachers' attitudes towards the inclusion of children with emotional and

> behavioural difficulties*? Unpublished master's thesis, Open University.*

Wood, J. (2011). Thrive evaluation and scoping study: A report of an evaluation methodology

> applied to the use of Thrive as an intervention, in a range of primary school

> settings.*Unpublished report, Independent Educational Psychologist.*

'EP views on Thrive'

EPs views regarding the perceived impact of the Thrive

approach: A chi square and thematic analysis

PART TWO: EMPIRICAL STUDY

(Word Count :6600)

1 Abstract

Educational psychologists (EP) can use interventions and assessments designed to support and monitor the progress of children and young people with social, emotional and behavioural difficulties. Thrive is an approach that has been used in Educational Psychology Services (EPS) to help promote positive outcomes for vulnerable pupils. This paper reports the two phases of an evaluative study evaluating EPs views toward the Thrive approach. This research is looking to examine: - Through the use of qualitative and quantitative analysis, what are Thrive and non-Thrive Educational Psychologist practitioners' perceptions of the Thrive programme regarding its proposed utility in supporting children and young people with SEBD?

Data were taken from both EPs who were Thrive practitioners and EPs who were not Thrive practitioners but had some understanding and experience with Thrive. A total of 73 EPs completed the questionnaires, Thrive practitioners (n=46) and non-Thrive practitioners (n=27). The questionnaire comprised of three scales, investigating the two areas listed above.

In phase one of the study, data gathered from questionnaires, indicated that both Thrive practitioners and non-Thrive practitioners viewed that positive uses regarding Thrive were: Thrive has an impact on children and young people with SEBD/SEMH and that Thrive engaged school staff to reframe their views on pupils with SEBD/SEMH. Data gathered indicated that both Thrive practitioners and non-Thrive practitioners viewed that limitations regarding Thrive were: Thrive is not a systemic approach to the early identification of emotional developmental need in children and Thrive has not effectively incorporated neuroscience to support the understanding of SEBD.

In phase-two, six participants self-selected to take part in a semi structured interview. Three Thrive practitioners and three non-Thrive practitioners took part to help the researcher examine responses between the two groups.

Results from phase two show that both EPs view that regarding positive uses: Thrive promotes increased understanding of SEMH and that the questions within Thrive online enable dialogue. The main limitations that EPs highlighted was the lack of evidence to support Thrive and the cost of the Thrive training and CPD.

1.1 Introduction

Thrive is described as a therapeutic intervention developed by Banks, Bird, Gerlach and Lovelock (2001). The intervention seeks to facilitate change for children and young people with SEBD through reframing adults' approach to managing behaviour, increasing adults' understanding of children's needs and providing adults with therapeutic and creative strategies to support children with SEBD (Banks et al.,2001). It is aimed at professionals who work with children with SEBD (Banks et al.,2001). The approach attempts to provide a systemic way of working with vulnerable children who may have experienced early trauma (Banks et al.,2001). Thrive proposes that it can serve as a whole school approach to promoting emotional wellbeing for these pupils (Banks et al.,2001).

Thrive suggests that children and young people advance sequentially through six stages of development (Banks et al., 2001). This model of development has drawn from writings by Illsley-Clarke and Dawson (1998) and Levin, Hartmann, Evankovich, Mattson, Harward,

&Fletcher, (1991). Thrive asserts that if a stage is interrupted due to environmental factors relating to attachments between the infant and the primary caregiver (e.g. poverty impacting on a mothers ability to meet a child's needs if they are hungry), emotional and social development is affected as well as brain development (Banks et al., 2001).Thrive draws on attachment research and neuroscience (Schore, 2015) to support its programme. Banks et al. (2001) draws from Schore's (2015) research and inferred that attachment interruptions cause a delay in neuronal pruning within the stress management system of the brain and an excessive release of cortisol (stress hormone) which can lead to presentations of challenging behaviour. However, correlations regarding disruptions in brain development and social emotional development may not necessarily indicate a cause and effect relationship between these two factors.

Though Thrive is embedded in the well-established theory of attachment (Bowlby, 1988) alongside neuro-scientific evidence in relation to the plasticity of the brain (and hence capacity for change) (Schore, 2015), it could be proposed that it has yet to show, empirically, the positive effect it can have on children compared to alternative approaches.

An assumption within the Thrive model is that if an interruption is identified at any of the stages, relevant intervention can be provided during later life to support the child in 'filling in' this interruption, 'rewiring' synaptic connections in the brain and moving to the next developmental stage(Banks et al.,2001).

The Thrive approach includes a computer-based assessment tool called Thrive online (Banks et al., 2001). This tool assesses where a pupil's interruption is in relation to the six stages and relays specific therapeutic and creative strategies and activities to use with the pupil

for progression to the next stage in development. The model is founded on theories

conceptualised by various psychological approaches (Banks et al., 2001). For example,

activities relating to the 'learning to do' stage (this stage focuses on a child's ability to explore

the environment)tend to encourage that the adult becomes the pupil's "co-adventurer" and

supports the child in exploring his/her surrounding environment and how the child impacts upon

this environment(Banks et al.,2001). This part of the Thrive model is reminiscent to the 'little

scientist' conveyed in Piaget's (1964) concept of discovery learning seen in cognitive

developmental psychology. Activities relating to the 'learning to think' stage focus on the use of

language and reasoning skills to explore thoughts, feelings and behaviours (Banks et al., 2001).

The strategies are formatted into an action plan which can be shared with the whole school,

external professionals and parents (Banks et al., 2001).

     A professional undergoes Thrive training to gain access to the Thrive assessment

(Thrive online) and become a licensed Thrive practitioner (Banks et al., 2001).A paper by

Somerset Educational Psychology Service (EPS) reported that Educational Psychologists(EPs)

in the service became trained in Thrive to support children who have SEBD difficulties

(Lee,Partt, Weidberg & Davis, 2018).

     This thesis looks to explore the views of EPs across the UK in regards to their use of the

approach. The paper explores the views of EPs who are Thrive practitioners and EPs who have

not been trained in Thrive to draw comparisons between responses.

1.2 Research aim

The current research aims to explore the positive uses and limitations of the Thrive approach according to EP views. The research aims to obtain views that EP's have regarding Thrive practitioners practice with children and young people with SEBD, Thrive practitioners understanding of managing children and young people's SEBD and Thrive practitioners causal attributions towards SEBD in children and young people regarding the use of the Thrive approach.

1.2.1 Research question

Through the use of qualitative and quantitative analysis, what are Thrive and non-Thrive Educational Psychologist practitioners' perceptions of the Thrive programme regarding its proposed utility in supporting children and young people with SEBD?

The overall aim of the study is to evaluate the efficacy of the Thrive approach in supporting the needs of children who have SEBD, particularly regarding its utility in EP practice. The information can provide evidence for professionals, relating to the utility of the Thrive approach and what could be improved upon. It is predicted that information sourced through conducting this exploratory study will also be valuable to the innovators and providers of the Thrive intervention.

2 Method

This section explains how the views of participants were gathered to address the aforementioned research questions.

2.1 Critical realism

One of the most central aspects of critical realism is that ontology (i.e. the nature of reality or what is real) is not reducible to epistemology (i.e. our knowledge of reality). Fletcher (2017) suggests that human knowledge obtains only a small section of a vaster reality. In this respect, critical realism differs from positivism and constructivism. Bhaskar (1998) critiqued positivism for reducing knowledge or 'reality' to what can be empirically known (e.g. via scientific experiments). The same notion can be linked to constructivist outlooks that view reality as wholly constructed through and within human knowledge (Fletcher, 2017). Fletcher (2017) posed that positivism and constructivism reduce reality to human knowledge. In contrast, critical realism does not refute that there is a 'reality' we can attempt to understand through social science (Danermark, Ekström, Jakobsen, & Karlsson, 2002), but some knowledge can be a 'truer' representation of reality compared to other knowledge. Critical realists can capture knowledge 'in terms of theories, which can be more or less truth like' (Danermark et al., 2002, p. 10). The theories that can help researchers get closer to reality (i.e. theories that can help us identify causal mechanisms driving activities) are chosen using rational judgment of these social events (Margaret, Bhaskar, Collier, Lawson, & Norrie, 1998). Fletcher (2017) argued that the capacity to employ explanation and causal analysis (rather than employing empirical description

of a specified context) can make critical realism useful for evaluation and suggesting solutions for social change.

Fletcher (2017) posed that in critical realism ontology, reality is categorised into three levels:-

1. At the empirical level, events can be measured empirically and are often explained through 'common sense,' but critical realists suggest that these events are always understood through the views of human interpretation and experience. This lends itself to the dynamic level of reality, where meanings, social ideas, decisions, and actions occur and can be causal.

2. The next level includes the 'actual', where there is no filter of human experience. Events occur independent of whether or not humans experience or interpret them, and these true occurrences tend to differ from what is seen at the empirical level (Danermark et al., 2002).

3. The final level is the 'real'. At this level, 'causal mechanisms,' exist. These are the intrinsic properties in a phenomenom that pose as causal forces to produce events (i.e. those observed at the empirical level).

Fletcher (2017) argued that critical realism attempts to explain social events or in this case, the Thrive approach, through reference to 'causal mechanisms' and the effects these mechanisms can have throughout the three layers of reality. Research techniques utilise mixed methods - qualitative and quantitative - to gain a tendential prediction based on an understanding of causal mechanisms (Shannon-Baker, 2016).

2.2 Research design

Congruent to critical realism, it is considered appropriate to use a mixed method design to evaluate Thrive, based on EP views. The research adopted a questionnaire composed of open questions and closed Likert scale questions. The use of Likert scales may allow EPs to rate how strongly they agree or disagree with statements. Pennington & Mcloughlin (2008) suggest that closed question responses are easy to summarise and compare. This can allow for comparison of EP views toward Thrive. However, to provide views with more detail, the open ended questionnaire can allow EPs to explore their constructions of Thrive via in-depth responses.[9]

After questionnaires were completed, semi-structured interviews were conducted with EPs who are trained in Thrive and some who are not. This allowed for comparison of responses across these two groups to determine whether the Thrive approach has a different effect on EP practice when supporting children and young people with SEBD. A semi-structured interview is an informal conversation where the researcher aims to obtain information from the participant by asking a set of open questions (Rubin & Rubin, 2012). Although the researcher has a list of preset questions, the interview allows for impromptu follow up questions to further explore responses (Rubin & Rubin, 2012). Cohen & Crabtree (2006) argue that, to an extent, semi-structured interviews can provide comparable and reliable qualitative data. Thematic analysis was adopted to analyse the interviews, thematic analysis searches for repeated patterns of meaning to compare responses (Braun & Clarke, 2006).

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[9]Due to ambiguity in answers where the majority of responses were 'N/A' to these open questions, some particular data did not contribute to the study. See limitations section for more detail.

2.3 Validity, reliability and trustworthiness of findings.

To ensure reliability in research, Seale (1999) argued that examination of trustworthiness is necessary. Seale (1999) proposed that while maintaining good quality studies through validity and reliability in research, the trustworthiness of a research report depends on the issues surrounding validity and reliability. Finding truth through measures of validity and reliability can be addressed though trustworthiness (Mishler, 2000), which is "defensible" if the trustworthiness can be tested by more "defensible" research reports (Johnson, 1997, p. 283). This may lead to generalizability; Stenbacka (2001) suggested this as a concept for both doing and recording high quality qualitative research. The quality of research can be related to generalizability of the findings as a result of quality testing, increasing the trustworthiness of the research. Maxwell (1992) argued that the extent to which results are believed to be generalizable is a factor that distinguishes quantitative and qualitative research approaches. Generalization of findings to wider groups is a common feature of validity for quantitative research, but Patton (2001) suggests that generalizability is a criterion for quality case studies, depending on the case.

With this in mind, the validity in quantitative research can be linked to the quality of testing. It can be assumed that the way to achieve validity and reliability of research is impacted by qualitative researchers' perspectives. Mathison (1988) highlighted that qualitative approaches to evaluation look to control bias by "establishing valid propositions because traditional scientific techniques are incompatible with this alternate epistemology"(p.13). Denzin (1978) argued that triangulation can reduce bias and increase the truthfulness of research. Patton (2001) claimed that triangulation maximizes research by merging methods. This can mean using mixed method designs that contain both quantitative and qualitative approaches. Triangulation is defined to be "a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study" (Creswell & Miller, 2000, p. 126). Triangulation was adopted in this study through the use of a

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mixed methods design to support the validity, reliability and trustworthiness of the data and research methods.

2.4 Participants and recruitment

The questionnaire recruited participants via EPNET. EPNET is an online forum that allows for the sharing of information among those working in the field of Educational Psychology and EPs throughout the UK. The research recruited a total of 73 EPs via widespread distribution of the questionnaire to various EPSs in the UK; the research included an opportunity sample. Afterward, 6 EPs were selected to participate in an interview after they had chosen to contact the researcher to voluntarily .These EPs were selected from the sample of EPs who responded to the previous questionnaire. 3 Thrive practitioners and 3 non thrive practitioners took part in interviews.

2.5 Ethical considerations and Procedure

The questionnaire was distributed via EPNET. A link was provided to EPs which allowed them to access the questionnaire online. The EPs were not required to state the EPS that they worked in so as to keep the responses anonymous.

Responses were analysed via Qualtrics software that is available on Inside Psych. Inside Psych is a web page on the Cardiff University website.

Afterward, three EPs who were trained in Thrive and three EPs who were not trained in Thrive volunteered to participate in individual semi structured interviews. Some of the EPs who were volunteered to take part in the interview aspect of this research had a previous relationship with the researcher. As the researcher, I have previously worked with some EPSs which could have led to assumptions regarding how Thrive is delivered in the EPS. A working relationship with these local authorities may provide more of an understanding of the service that EPs offer in relation to Thrive. However, to avoid bias, the researcher was mindful that there may be more

of an understanding of how Thrive is used in these EPSs compared to others.

Interviews were taped and then transcribed within 2 weeks and thereafter information was anonymous and may be kept for 5 years etc.

The BPS guidelines helped to inform ethical decision making and considerations (British Psychological Society Ethics Committee, 2009). Ethical approval for the research project was obtained by the School of Psychology Ethics Committee at Cardiff University. All EP's informed consent was sought and given by all those who took part in the research project.

2.6 Questionnaire.

EPs were given an information letter with details of the project directly from the online questionnaire (Appendix A). The letter gave EPs a choice to be contacted afterwards for participation in a face-to-face or telephone interview. The EPs were given their own copy of the consent form (Appendix B) directly from the online questionnaire. Participants were then asked to give their consent through an explicit tick box on the online form.

Following this, EPs took part in the questionnaire in response to the pre-set questions (Appendix C). EPs were given an online copy of the debrief sheet (Appendix E) as soon as the questionnaire had been completed.

2.7 Interview

The interview took place in a quiet setting within an office with the door closed. The office was situated in an EPS within the participants LA. Interviews were audio recorded with a mobile device and transcribed as soon as possible. The consent form (Appendix B) stressed that as participants took part in an interview, it is considered that the researcher will maintain confidentiality and then when the information has been transcribed it is anonymous. However, data remains confidential as participant identity will not be shared. Data was locked within a

case to aid confidentiality. This was made clear by the researcher prior to facilitating the interview. Following this, EPs took part in the interview in response to the pre-set questions (Appendix D). The debrief sheet (Appendix E) contained the researcher's contact information so that EPs could raise any queries or make further comments about the project. The debrief sheet explained that participants have the right to withdraw from the study at any time.

2.8 Analysis

Statistical analysis using SPSS (Statistical Package for the Social Sciences) (International Business Machines, retrieved July, 2013) was employed to identify significant patterns in quantitative data. A chi-square test for independence was employed to compare two variables in a contingency table to see if they had a relationship. More generally, it tests to see if distributions of categorical variables are different from each other.

Thematic analysis was employed to identify significant patterns in qualitative data. Inductive thematic analysis was used to minimise a large amount of data to practical themes (Braun & Clarke, 2013). An inductive approach means the themes identified are strongly linked to the data themselves (Patton, 1990).The six steps identified by (Braun & Clarke, 2013) were used to search for patterns in qualitative data :-

1. familiarising oneself with the data

2. generating initial codes

3. searching for themes

4. reviewing themes

5. defining and naming themes

6. and producing the report.

To reduce potential bias on the part of the original researcher external checks were carried out. The original researcher and external researcher developed themes independently. The

initial themes created by the original researcher were checked by the external researcher and agreement attained to ensure themes were "coherent, consistent, and distinctive" (Braun & Clarke, 2006, p.96).

For normality results and descriptive data please see Appendix 'G'

3 Results

3.1   Results for questionnaire

Data collected from the questionnaires were analysed to evaluate EPs views regarding the effectiveness of the Thrive approach. A chi-square test of independence was performed to examine the relationship between EPs and their views pertaining to statements about Thrive. The relationship between these variables was significant for some of the statements. Tables 3 and 4 convey how many EPs agreed or disagreed with the statements alongside the statistical significance.

This section aims to explore the positive uses of the Thrive approach according to EPs agreement and/or disagreement with statements about Thrive. The chi square analysis measured how many Thrive practitioners disagreed and agreed with statements about Thrive found in the questionnaire (Appendix C). The chi square analysis also measured how many non-Thrive practitioners disagreed and agreed with the same statements. Percentages in the following table display the majority view regarding whether EPs disagreed or agreed with the Thrive statements in the questionnaire (Appendix C).

Significant results from the questionnaire are presented in the following. For more information regarding all results from the statistical analysis please see Appendix G.

Statement	Statistical significance	Thrive practitioners	Non Thrive practitioners
Thrive has effectively incorporated neuroscience to support the understanding of SEBD	X^2 (1, N = 71) = 10.077, p <.002	88% disagreed with this statement	51% disagreed with this statement
Thrive promotes a shared language across services	X^2 (1, N = 73) = 9.072, p <.003.	66% disagreed with this statement	69% agreed with this statement
Thrive strategies have helped children to progress through the developmental strands	X^2 (1, N = 71) = 7.869, p <.005	65% disagreed with this statement	68% agreed with this statement
Thrive has improved children's social experiences within schools	X^2 (1, N = 73) = 20.981, p <.000	81% disagreed with this statement	73% agreed with this statement
Thrive has helped to improve children and/or young people's emotions/feelings	X^2 (1, N = 73) = 6.991, p <.008	51% disagreed with this statement	78% agreed with this statement
Thrive engaged school staff to reframe their views on pupils with SEBD/SEMH	X^2 (1, N = 70) = 6.020[a], p <.014	62% agreed with this statement	76% agreed with this statement
Thrive has an impact on your role	X^2 (1, N = 73) = 16.085, p <.000	92% agreed with this statement	54% disagreed with this statement.
Thrive has an impact on children and young people with SEBD/SEMH	X^2 (1, N = 72) = 8.571, p <.003	96% agreed with this statement	66% agreed with this statement

Table 3

A large majority of Thrive practitioners agreed that Thrive has an impact on their role and on children and young people. However it is difficult to gather from the fixed responses what impact is made. Unsurprisingly, around half of non-Thrive practitioners disagreed with Thrive having an impact on their role. This could be because non-Thrive practitioners do not practise Thrive.

A large majority of Thrive practitioners disagreed that Thrive improves children's social experiences. Around half of Thrive practitioners disagreed that Thrive improved pupils' emotions and feelings compared to a vast amount of non-Thrive practitioners who agreed with this statement. However, the majority of non-Thrive and Thrive practitioners agreed that staff feelings toward SEBD/SEMH are reframed via Thrive.

Both types of EPs tended to disagree that Thrive effectively explains the neurological aspect of the approach. Interestingly, Thrive practitioners often disagreed that Thrive promotes a shared language across services compared to non- Thrive practitioners who tended to agree that Thrive does promote a shared language. Similarly, Thrive practitioners often disagreed that Thrive strategies have helped children to progress through the developmental strands whereas more than half of non – Thrive practitioners agreed that pupils have moved up the strands.

This section aims to explore the limitations of the Thrive approach according to EPs agreement and/or disagreement on statements about Thrive.

Statement	Statistical significance	Thrive practitioners	Non Thrive practitioners
Thrive has not been effective in promoting resilience in pupils	X^2 (1, N = 72) = 16.691, p <.000	92% disagreed with this statement	55% agreed with this statement
Thrive is not a systemic approach to the early identification of emotional developmental need in children	X^2 (1, N = 72) = 3.742, p <.05	88% agreed with this statement	68% agreed with this statement
Thrive has not been effective in engaging pupils in positive change	X^2 (1, N = 73) = 8.871, p <.003	59% disagreed with this statement	89% agreed with this statement.

Table 4

A large majority of Thrive practitioners disagreed that Thrive has been effective in promoting resilience in pupils. Only around half of non-Thrive practitioners agreed with this statement. A large amount of both types of EPs agree that Thrive is not a systemic approach to the early identification of emotional developmental needs in children. This may be because Thrive online tends to rely on the observations of one key worker and/or the Thrive practitioner in a specific context to identify need (Banks et al.,2001) which poses issues regarding it being used as a systemic approach. A large amount of non-Thrive practitioners agreed that Thrive has not been effective in engaging pupils in positive change. Just around half of Thrive practitioners disagreed with this statement.

3.2 Results for interview

Data collected from the semi structured interview were analysed to evaluate EPs views regarding the effectiveness of the Thrive approach.

The interview consisted of five questions of data collection, 'What are the positive uses of the Thrive approach?', 'What are the possible limitations of the Thrive approach?', 'What is your understanding of the Thrive approach?', 'What do you think Thrive offers service users?' and 'Does Thrive have an impact on children and young people who have SEBD/SEMH?'.Responses to these questions were thematically analysed according to Braun and Clarke's guidelines. Please see further information regarding this analysis in Appendix I which details how themes were formed from interview transcripts. Appendix H details how themes and subthemes were established. Tables will look at non Thrive practitioner and Thrive practitioner responses to the questions mentioned previously.

Research question one investigated Thrive practitioners and non-Thrive practitioners understanding of the Thrive approach, the following commentary in this section aims to note comparisons between the two types of EPs.

For Thrive practitioners, thematic analysis uncovered four main themes in answer to interview question one.

Theme	Subtheme	Example interview extracts
SEMH understanding	1. SEMH model 2. Changes attitudes	1. It's a model that has been developed that draws on a range of existing theory and research in Child Development and then it's all been brought together into a sequential model that they packaged up and called Thrive. (Interview 2, appendix) 2. Then they use that (Thrive) model to support other

Theme	Subtheme	Example interview extracts
		people's understanding of SEMH (Interview 2, appendix)
Assessment	1. Thrive assessment to identify need 2. Behavioural observation	1. I use the online screening tool available in Thrive then afterwards I come out with an area of need depending on the area they fall under according to the strands. (Interview 4, page 11) 2. Those principles that you use to calm a baby down are the same principles that you use with children at the 'being' stage, eye contact, rocking etc. . . .(Interview 4, page 13)
Neuroscience	1. Stress management system 2. Cognitive regulation	1. I find the approach really helpful when working with early years because it looks at how you build the stress management system. (Interview 4, page 11) 2. And the thinking stage is about cognitive regulation, thinking through problems. (Interview 4, page 11)
Targeted intervention	1. Strategies are tailored 2. Building relationships	1. My understanding of Thrive is that it's a targeted intervention. (Interview 4, page 16) 2. So 'being' is about understanding yourself through a trusted relationship with an adult. (Interview 4, page 16)

Table 5

For non-Thrive practitioners, thematic analysis uncovered five main themes in answer to

interview question one.

Theme	Subtheme	Example interview extracts
SEMH understanding	1. Child development model 2. Changes attitudes	1. My understanding is that they use their research on child development and emotional development to create a hierarchy of development. (Interview 6, page 23) 2. It's about capacity-building I think both for the child and for the people closest to the child. (Interview 3, page 10)

Assessment	1. Thrive assessment to identify need	1. So using the Thrive assessment questionnaire to find out what level that child is at to start with. (Interview 6, page 6)
Neuroscience	1. Stress management system	1. The Thrive approach to me is a way of developing a child's stress management system so that they are able to independently be able to regulate their emotions, triggers and their behaviours. (Interview 3, page 5)
Targeted intervention	1. Targeted strategies	1. You can visually see progress by providing strategies that are specifically targeted to those areas of the tube or areas of development. (Interview 6, page 22)
Whole school approach	1. Systemic level 2. Positive experiences	1. and use the Thrive approach at a systemic level as well. (Interview 3, page 5) 2. Providing children with those experiences of being independent.(Interview 3, page 6)

Table 6

Both non -Thrive practitioners and Thrive practitioners reported that they understood that Thrive

aimed to support SEMH understanding through the use of its model. Both types of EPs

mentioned that the Thrive assessment tool is assumed to identify need. Both types of EPs

commented that Thrive attempts to utilise neuroscience research such as the concept of stress and

cognitive regulation to support its approach. Both types of EPs mentioned that Thrive aims to

provide targeted interventions, Thrive practitioners added that Thrive aims to build relationships

between children and key workers through these interventions. Non -Thrive practitioners

mentioned that Thrive is assumed to be used systemically and provides positive experiences via a

whole school approach.

For Thrive practitioners, thematic analysis uncovered three main themes in answer to interview

question two.

Theme	Subtheme	Example interview extracts
SEMH understanding	1. Increases parents understanding 2. Increases school understanding 3. Changes attitudes 4. Optimistic 5. Theories packaged in an accessible manner	1. So schools have been able to encourage parents to come in to learn more about Thrive to support their understanding of their child's needs. (Interview 2, appendix) 2. I think Thrive helps people who work with young children to understand where these children are at without providing a within deficit model. (Interview 5, page 18) 3. It also puts confidence in families and those who work closer to the children (Interview 5, page 18) 4. Thrive offers a detachment, as in a detachment from blame of what ever happened before has influenced where this child's at now. (Interview 5, page 19) 5. Yeah, it's quite accessible. (Interview 4, page 14)
Assessment	1. Schools feel confident in measuring emotional wellbeing outcomes 2. Pre and post measures for research 3. Provides emotional wellbeing outcomes	1. Yeah, I know that the earlier setting staff that I work with like the online questionnaires. (Interview 4, page 14) 2. So at the Beginning we did a Thrive assessment for the first intake and then we looked at their Foundation profile to see their academic progress over time. And now the data is being cleaned to see if Thrive had an impact on their academic progress. (Interview 4, page 14) 3. But in terms of their emotional development they did very well. (Interview 4, page 14)
Targeted intervention	1. VRF's are not unique to Thrive	1. I think the VRFs are a bit fluffy. I think all children should be attuned to and have their feelings validated and be contained and regulated. That's something I

	2. Helpful to Children in care/ looked after 3. Helpful to vulnerable at risk CYP	don't think is unique when it comes to the Thrive approach. (Interview 4, page 14) 2. You've got other families that we're looking into as well as the looked after and adopted. (Interview 5, page 18) 3. We are now looking at families who have children that may be at high risk of experiencing emotional difficulties or at risk of receiving a high level of services which may affect their long-term care needs. (Interview 5, page 18)

Table 7

For non - Thrive practitioners, thematic analysis uncovered two main themes in answer to interview question two.

Theme	Subtheme	Example interview extracts
SEMH understanding	1. Changes attitudes 2. Optimistic 3. Raises awareness of Adverse Childhood Experience's (ACEs) 4. Parental understanding	1. My experience of it is that it gives schools more confidence in terms of the targeted bit of the approach. (Interview 6, page 23) 2. I think the optimistic side of it is a good thing. (Interview 1, page 2) 3. A real positive I think is that Thrive raises the awareness of the impact of adverse childhood experiences. (Interview 1, page 2) 4. Obviously when adopting the strategies it requires the knowledge, the skills and expertise that parents might not have or understand or be able to access. (Interview 6, page 24)
Assessment	1. Schools feel confident using the assessment to evidence their input	1. Yes, and I've seen as a local authority (LA) that the LA will provide interventions before allocating any funding. But I found that a lot of applications, when they come through for funding, say the pupil accesses thrive but it's hard to tell what that means. (Interview 1,

	in line with the graduated response	page 2)

Table 8

Both non – Thrive practitioners and Thrive practitioners noted that Thrive offers service users an increased understanding of SEMH. Both types of EPs reported that the Thrive approach can provide an optimistic outlook on these difficulties. Both noted that Thrive supports parental understanding and changes attitudes. Thrive practitioners reported that Thrive is packaged in an accessible manner. Non -Thrive practitioners reported that Thrive can raise awareness of ACEs. Both types of EPs reported that the Thrive assessment can help schools feel confident in measuring emotional wellbeing outcomes. Thrive practitioners added that the Thrive assessment can provide pre and post measures of academic progress. Thrive practitioners noted that Thrive is helpful to children and young people in care. However, the VRFs offered to service users are not unique to Thrive as reported by a Thrive practitioner.

For Thrive practitioners, thematic analysis uncovered that there were two overall components for interview question three. These were how Thrive makes an impact and what impact it makes.

How Thrive makes a perceived impact?

Theme	Subtheme	Example interview extracts
Hard to measure impact	1. Different environments have a different impact on CYP.	1. But it's difficult to say then that Thrive is impactful in a way because it's not having an impact across different contexts in the same way. (Interview 2, appendix)
Assessment	1. Monitor progress	1. I suppose a teacher filled in the questionnaire and then does activities and then fills it in again, I don't know if

Targeted intervention	1. Strategies help strand progression 2. Helped to reach emotional wellbeing outcomes	1. They will need to understand why certain strategies could be put into place. It helps if certain things are explained in order to build an understanding of child development. (Interview 4, page 15) 2. The report showed that the child had moved very, very quickly in terms of her development due to the Thrive strategies. (Interview 6 , page 20)

Table 9

What impact does Thrive make?

Theme	Subtheme	Example interview extracts
Children in care / looked after	1. Strategies for LAC	2. I think Thrive promotes the thinking that adopted parents are doing the best they can, looking at how far a child has come already and providing strategies to continue that progress. (Interview 5 , page 19)
Emotional wellbeing	1. Outcomes	1. Thrive approach to show to school and carers how those young people were progressing. These are often shown through percentages so you can, in my opinion, easily monitor progress. (Interview 5 , page 20)
Criterion for provision	1. Specialist placement	1. I've seen Thrive used as an entry and exit criteria for an SEBD class. (Interview 2, appendix)
Builds relationship	1. rapport with key worker	1. It's almost as if the relationship builds and they feel more secure but then as soon as they go back into a full group Thrive session when they've got to share attention they go back so it's not sustainable in some ways. (Interview 2, appendix)

Table 10

For non – Thrive practitioners, thematic analysis uncovered that there were two overall components for interview question three. These were how Thrive makes an impact and what impact it makes.

How Thrive makes a perceived impact?

Theme	Subtheme	Example interview extracts
SEMH understanding	1. Changes attitudes	1. The Thrive questions promote a scaffolding in which to have space and time to think differently. (Interview 6, page 30)
Assessment	1. Encourages schools to provide support in line with graduated response 2. Enables dialogue 3. Not cost effective 4. Hard to convey results to parents	1. Schools collect a lot of data and sometimes it can be overwhelming but actually it's making schools look at wellbeing and measure wellbeing in a different way. (Interview 6, page 25) 2. Yes, it provided some questions that created a framework that allows the class teacher to talk a bit more freely about aspects of the context that she was not considering previously. (Interview 6, page 25) 3. If it wasn't so expensive it would be more useful. (Interview 3, page 7) 4. For the being stage Thrive proposes that a child is typically aged from the third trimester to six months. That was really hard to report back.(Interview 3, page 8)
Targeted intervention	1. Hard to measure impact 2. Enables dialogue 3. Build relationships 4. Positive experiences 5. Demands are reduced	1. However the assessments are quite subjective as it's based on different people's opinions. (Interview 3, page 7) 2. But what Thrive did do is give us a basis for consultation, it allowed me as an EP to talk about the why of the behaviour rather than the frequency of it. (Interview 6, page 25) 3. Thrive has an impact in that sense in terms of fostering relationships for children and young people with SEBD and the key member of staff. (Interview

	6. Sense of belonging 7. Used as a reactive response not preventative 8. Parents employ strategies	1, page 3) 4. Having that positive time with a key member of staff and experiencing happiness in that time is not harmful for children with a SEBD. (Interview 1, page 3) 5. It may be helpful to have the demands reduced during that protected period of time with a key member of staff. (Interview 1, page 3) 6. They felt the sense of belonging in school. (Interview 1, page 3) 7. It could help a child's needs to be met preventatively. The Thrive approach does seem quite reactive. (Interview 3, page 8) 8. It was helpful for those parents to know that we could do certain strategies via the action plan to meet the child's needs. (Interview 3, page 8)

Table 11

What impact does Thrive make?

Theme	Subtheme	Example interview extracts
Behaviour	Behavioural change in children	1. positive changes occurred with this particular child's behaviour (Interview 1, page 4)
Engagement	Positive change in children	1. positive changes occurred with this particular child's behaviour and engagement. (Interview 1, page 4)

Table 12

Both Thrive and non – Thrive practitioners were asked how Thrive makes a perceived impact on children and young people if any at all. Both types of EPs mentioned that it is hard to measure the impact of Thrive. Thrive practitioners mentioned that this is because different environments have a different impact on pupils. Non - Thrive practitioners noted that this is because different people will have varied perspectives regarding a student's progress. Non –

Thrive practitioners reported that the Thrive assessment helps to encourage schools to provide support in line with a graduated response and enables dialogue between relevant stakeholders. Thrive practitioners reported that the Thrive assessment helps to monitor progress. However, non Thrive practitioners argued that it is hard to convey results to parents regarding the 'age' of a child's development according to the Thrive strands. A non – Thrive practitioner added that the Thrive assessment is not cost effective as it is expensive to access.

Thrive practitioners reported that Thrive strategies help 'strand' progression. Non – Thrive practitioners mentioned that targeted interventions with a key worker help to build relationships, increase a sense of belonging, provide positive experiences and reduce demands for pupils. A non – Thrive practitioner reported that Thrive can enable dialogue in consultation and encourages parents to employ strategies to support pupils. However, a non – Thrive practitioner reported that Thrive appears to be used reactively rather than preventatively.

Regarding the impact that Thrive makes, Non – Thrive practitioners assumed that Thrive makes a difference to pupil's behaviour and engagement. Thrive practitioners reported that Thrive can support adopted parents in providing care. They reported that rapport with a key worker is increased via Thrive. Thrive practitioners noted that Thrive assessment outcomes provide a criterion for provision (e.g. specialist placement).

For Thrive practitioners, thematic analysis uncovered three main themes in answer to interview question four.

Theme	Subtheme	Example interview extracts
Assessment	1. research 2. Identify need	1. I suppose use it as an assessment tool in terms of research purposes in regards to Thrive online. (Interview 2, appendix)

	3. Behavioural profile 4. Enables dialogue	2. I think when school staff are presented with challenging situations that put them under stress and pressure it's easier to reflect back and look for underlying reasons or needs that are causing behaviour is presented in challenging children. (Interview 4, page 15) 3. If you don't know the child you can speculate on what kind of behaviour they're coming up with. As you're filling in the assessment you can almost anticipate the response that the key stakeholder is going to give because you've built up that profile. (Interview 5, page 21) 4. I think Thrive provides a way to stray from that sort of talk and provides a framework where it's not about parents or key members of staff having a rant and vent about the last five years of a child's life. (Interview 5, page 21)
Targeted intervention	1. Engaging activities for younger children	1. I think a lot of the activities link themselves well to working with younger children in terms of Key Stage 1 and Key Stage 2. (Interview 2, appendix)
SEMH understanding	1. Changing attitudes 2. Inclusive of parents 3. Shared language 4. Understanding of CYP needs	1. Overtime as you work through the strands you feel as though you have an understanding of the young person. (Interview 5, page 22) 2. Involvement of parents is also a good thing. (Interview 4, page 16) 3. It's useful as you go through the questions for you to elaborate when key stakeholders may not understand some of the language used. This allows for further discussion. (Interview 5, page 21) 4. We can help staff to put themselves in children's shoes, put themselves in children's positions. (Interview 4, page 16)

Table 13

For non - Thrive practitioners, thematic analysis uncovered four main themes in answer to interview question four.

Theme	Subtheme	Example interview extracts
Assessment	1. Enables dialogue 2. Monitors progress	1. As an EP it is ideal to have a member of staff who has a certain knowledge of the theories represented in Thrive and then using that knowledge to gain a picture of a child's needs during consultations with that member of staff. (Interview 1, page 4) 2. It offers a monitoring procedure as well. (Interview 3, page 8)
Targeted intervention	1. Engaging activities for younger children 2. Nurture focused	1. But the Thrive practitioner has the theory due to their training and understands why certain strategies have been picked out for that child. (Interview 3, page 8) 2. I think it's more nurture focused. (Interview 1, page 4)
Underlying theories	1. Neurological 2. Introduction to theories changed EP practice 3. Thrive fostered further research and interest regarding theories 4. Theories are packaged	1. There is a neuropsychological side of it and linking it to the brain and that makes something that could be quite fluffy into something that is more scientific and this will change the physiological constructs of the person's brain. (Interview 3, page 8) 2. I'm using that information from Thrive which has changed my practice. (Interview 3, page 9) 3. I think it's really fostered the interest that I have developed for theories that Thrive draws upon. (Interview 3, page 9) 4. But the Thrive training do make the theories accessible. (Interview 3, page 9)

	in an accessible manner	
Whole school approach	1. Systemic	1. I think the idea of a whole systemic school approach is great, the idea of getting a whole school involved is great it's not just passing a responsibility to a member of staff, its getting the whole school to change their approach in order to cater to a child's needs. (Interview 1 page 4)

Table 14

Thrive practitioners and non – Thrive practitioners were asked what the possible positive uses of Thrive were. Both types of EPs reported that the Thrive assessment can enable dialogue via the questions used. Thrive practitioners added that Thrive can identify need and help create behavioural profiles to understand children better. A Thrive practitioner noted that the assessment tool can be used for research purposes.

Both types of EPs reported that the Thrive intervention engages younger children through its activities. Non – Thrive practitioners noted that Thrive provides 'nurture – focused' activities. Thrive practitioners reported that Thrive promotes a shared understanding of pupil needs and is inclusive of parents. A Non – Thrive practitioner commented that Thrive is helpful in motivating the whole school to change their approach to SEBD.

One non – Thrive practitioner mentioned that the neurological aspect of the approach gives a scientific and biological grounding. Another non – Thrive practitioner reported that Thrive introduced them to underlying theories which fostered further research.

For Thrive practitioners, thematic analysis uncovered five main themes in answer to interview question five.

Theme	Subtheme	Example interview extracts
Assessment	1. Time consuming to do a behavioural profile 2. Language is too complicated 3. Questions are repetitive leading to misrepresentation of results 4. Scoring is subjective	1. It is time consuming to do an assessment using the behaviour profile. (Interview 4, page 16) 2. I think that's a problem in terms of reliable interpretation. (Interview 4, page 17) 3. I think some of the questions are repetitive. (Interview 4, page 17) 4. the results are not very representative of everyone's concerns(Interview 4, page 17)
Targeted intervention	1. Strategies are missing for some areas of need 2. Strategies are not tailored 3. Difficult to measure which strategies are making an impact 4. May not be implemented correctly 5. Schools may not understand rationale	1. But if you click certain areas of need within the online assessment there are no strategies that are associated with them. (Interview 4, page 16) 2. I don't think the strategies are specific enough for children. (Interview 4, page 16) 3. I'm not quite sure where the activities came from to facilitate change. (Interview 2, appendix) 4. What I find with Thrive is that three workers are barely supervised because there supervision is not built into the Thrive approach. (Interview 2, appendix) 5. The colleagues who asked for the Thrive approach are normally not trained and are not sure of what Thrive provides. (Interview 5, page 22)

	behind strategies without training	
Limited evidence	1. Factor analysis 2. effectiveness	1. I'm not 100% sure that there is any research in terms of factor analysis. (Interview 2, appendix) 2. There is not a lot of evidence out there that supports the effectiveness of the Thrive approach(Interview 5, page 22)
Expensive	1. Have to do CPD to maintain license 2. Expensive to do assessment 3. CPD courses are too basic	1. There are issues around how the assessment operates because you have to be a licensed Thrive practitioner to keep up your practice, so you have to do CPD training. (Interview 5, page 22) 2. From the school point of view they can't always fund the Thrive practitioner to do weekly Thrive. (Interview 2, appendix) 3. The CPD courses I found quite basic they weren't really helpful. (Interview 4, page 17)
Inflexible	1. Colleagues trained in Thrive (e.g. EPs) may not be flexible enough to provide strategies consistently	1. I feel as though you need to have an extremely flexible role in order to use the approach so that it becomes universal in access as it is a much targeted approach. (Interview 5 , page 22)

Table 15

For non - Thrive practitioners, thematic analysis uncovered four main themes in answer to interview question five.

Theme	Subtheme	Example interview extracts
Targeted intervention	1. Strategies are not	1. Every child is different and I worry that the

	tailored 2. Thrive is not implemented as intended	categories are too broad but seem to give the same strategies to each child and I don't think it is tailored to necessarily suit each child. (Interview 2, appendix) 2. In my opinion, these Thrive rooms become a space in school where staff send the naughty children for time out. (Interview 1, page 5)
Underlying theories	1. Does not include Dynamic Maturation Model (DMM) 2. Not helpful for complex attachment difficulties	1. Also I know that they say Thrive implement new psychology into their approach as new developments are made but the psychodynamic maturation model which is Crittenden's model of attachment doesn't seem to fit with the Thrive approach. (Interview 2, appendix) 2. It might be a great first step for children who are just bubbling but I think for the ones with the most significant attachment difficulties they might need a bit more than what Thrive offers. (Interview 2, appendix)
Lack of evidence	1. Validity – categorisation of pupils 2. Percentages	1. Yes, the validity of the assessments, because from my experience each child has come out as being. Surely I think that can't be right. (Interview 2, appendix) 2. Most of the queries that EPs brought up was the concept of putting a number or a percentage on a child's developmental level. (Interview 2, appendix)
Expensive	1. Have to do CPD to maintain license 2. Expensive for school to access assessment 3. Cheaper alternatives	1. But if I was going to carry on to access the CPD in order to continue being a Thrive practitioner and to gain access to the online resources that Thrive provides it would have been my funding. (Interview 2, appendix) 2. From a practical perspective were asking schools to spend over 1000 pounds for a practitioner. (Interview 6, page 27) 3. I find other approaches just as useful as the Thrive

		approach, these approaches are more cost effective…(Interview 6, page 28)

Table 16

Thrive and non – Thrive practitioners were asked what the possible limitations of Thrive were. Both types of EPs reported that some of the Thrive strategies are not tailored appropriately to suit individual need. Both added that Thrive may not be implemented as intended. One Thrive practitioner noted that if members of staff have not received the Thrive training, they may be reluctant to adopt Thrive strategies without an in-depth understanding of its purpose. Another Thrive practitioner commented that some strategies are missing in certain areas of need on the online assessment. A Thrive practitioner added that it is hard to measure whether certain activities are having a direct impact.

Both types of EPs highlighted that Thrive has limited evidence to support its approach. Thrive practitioners questioned the assessment in terms of factor analysis and non – Thrive practitioners questioned the validity of the Thrive strands.

Both types of EPs reported that Thrive is expensive regarding access to the assessment and training to obtain and maintain the practitioner license. Thrive practitioners added that CPD courses are too basic regarding the information shared. Non – practitioners suggested that there are cheaper alternatives to Thrive that are just as useful. Another non – Thrive practitioner added that Thrive needs to include the DDM into its approach if it relies on attachment theory as grounding for its intervention. Further, a non – Thrive practitioner reported that Thrive is not helpful for complex attachment difficulties.

A Thrive practitioner commented that the EP role may not be flexible enough to provide strategies consistently.

4 Discussion

The findings are discussed below. The main findings for the research questions were taken from the questionnaire and interview excerpts presented above. The results from both methods of data collection are discussed to see if EPs had similar views in the questionnaire and the interview. The following section aims to discuss these results regarding the main research question: -

Through the use of qualitative and quantitative analysis, what are Thrive and non-Thrive Educational Psychologist practitioners' perceptions of the Thrive programme regarding its proposed utility in supporting children and young people with SEBD?

The majority of Thrive and non-Thrive practitioners disagreed that 'The Thrive approach has effectively incorporated neuroscience into the understanding of SEBD' according to one of the questions within the questionnaire. However, within the interviews a non-Thrive practitioner reported that 'There is a neuropsychological side of it and linking it to the brain and that makes something that could be quite fluffy into something that is more scientific and this will change the physiological constructs of the person's brain' (Interview 3, page 8). A Thrive practitioner reported that 'I find the approach really helpful when working with early years because it looks at how you build the stress management system.' (Interview 4, page 16)

Banks et al., (2001) suggest that Thrive strategies can help rewire brain structure for optimal brain development. However, Banks et al., (2001) may need to provide evidence regarding how these strategies help to restructure the brain. 'But if you click certain areas of need within the online assessment there are no strategies that are associated with them' (Interview 4, page 21). 'I don't think the strategies are specific enough for children.' (Interview 4, page 21).Banks et al., (2001) may need to consider that people may not understand the reasoning behind the strategies chosen; a Thrive practitioner reported that 'They will need to understand why certain strategies could be put into place. It helps if certain things are explained in order to build an understanding of child development. '(Interview 4, page 20).The Thrive practitioner and a chosen staff member may choose strategies based on a specific context and view of a child or young person's needs(Banks et al., 2001), however these strategies may not be suitable in all contexts.

The majority of Thrive practitioners and non-Thrive practitioners within the questionnaire agreed that 'Thrive engaged school staff to reframe their views on pupils with SEBD/SEMH'. Within the interview a non-Thrive practitioner reported that 'My experience of it is that it gives schools more confidence in terms of the targeted bit of the approach.' (Interview 6, page 28) A Thrive practitioner commented that 'It also puts confidence in families and those who work closer to the children' (Interview 5, page 23).Banks et al., (2001) has attempted to incorporate relevant research regarding SEMH into the Thrive approach to support relevant stakeholders understanding. 'A real positive I think is that Thrive raises the awareness of the impact of adverse childhood experiences.' (Interview 1, page 1) However a non-Thrive practitioner

reported that although Thrive has included attachment theory to support SEBD understanding, Thrive has neglected to include Crittenden's theory of attachment: - 'Also I know that they say Thrive implement new psychology into their approach as new developments are made but the psychodynamic maturation model which is Crittenden's model of attachment doesn't seem to fit with the Thrive approach.' (Interview 2, page 4) they added:-'It might be a great first step for children who are just bubbling but I think for the ones with the most significant attachment difficulties they might need a bit more than what Thrive offers.'(Interview 2, page 4)

Banks et al., (2001) argue that the nature of the Thrive approach is quite optimistic regarding the premise that despite early trauma a child or young person's present environment and relationships could facilitate change for better outcomes. A Thrive practitioner reported that 'Thrive offers a detachment, as in a detachment from blame of what ever happened before has influenced where this child's at now.' (Interview 5, page 23) A non Thrive practitioner reported that 'I think the optimistic side of it is a good thing.'(Interview 1, page 2).

According to the questionnaire, the majority of non-Thrive practitioners agreed that 'Thrive has improved children's social experiences. The relationship between a key worker and child is reported to increase a child's sense of belonging. Non Thrive practitioners reported that 'having that positive time with a key member of staff and experiencing happiness in that time is not harmful for children with SEBD. (Interview 1, page 3), 'It may be helpful to have the demands reduced during that protected period of time with a key member of staff.' (Interview 1, page 3) and 'They felt the sense of belonging in school.'

Banks et al., (2001) suggest that the approach is systemic and action plans should be shared throughout the whole school. This is to provide a consistent approach to SEBD so that all staff members are well equipped to manage behaviour and understand need (Banks et al., 2001). 'I think the idea of getting a whole school involved is great it's not just passing a responsibility to a member of staff, it's getting the whole school to change their approach in order to cater to a child's needs.' (Interview 1 page 4) However the majority of Thrive and non-Thrive practitioners reported that 'Thrive is not a systemic approach to the early identification of emotional developmental need in children.' Perhaps Thrive is not implemented as a whole school approach within all schools. But, when Thrive is used systemically, it can make an effect on the whole school's approach to pupil's needs.

The assessment used to identify need has been criticised by both Thrive and non-Thrive practitioners. Thrive practitioners reported that 'I think that's a problem in terms of reliable interpretation.' (Interview 4, page 22) 'I think some of the questions are repetitive.' (Interview 4, page 22) and 'the results are not very representative of everyone's concerns' (Interview 4, page 22). However the outcomes of the assessment can be used to monitor progress regarding emotional wellbeing. A non-Thrive practitioner reported that 'Schools collect a lot of data and sometimes it can be overwhelming but actually it's making schools look at wellbeing and measure wellbeing in a different way.' (Interview 9, page 30) A Thrive practitioner reported that the assessment outcomes are helpful for research purposes 'I suppose I use it as an assessment tool in terms of research purposes in regards to Thrive online.'(Interview 2, page 5). A non-Thrive practitioner reported that most children that who are assessed using Thrive fell

under the 'being' stage :-'Yes, the validity of the assessments, because from my experience

each child has come out as being. Surely I think that can't be right' (Interview 2, page 4). A non-

Thrive practitioner reported that 'For the being stage Thrive proposes that a child is typically

aged from the third trimester to six months. That was really hard to report back.'(Interview 3,

page 13).It may be difficult to report that an older child is at the *being* stage which reflects a

much younger stage of development, according to Thrive. 'Most of the queries that EPs brought

up was the concept of putting a number or a percentage on a child's developmental level.'

(Interview 2, page 15)   There appears to be limited evidence regarding the use of percentages

to identify a child's stage on the Thrive model of development. Research into how these

percentages are calculated may benefit service user's understanding.

Banks et al., (2001) has provided limited evidence regarding the Thrive child

development model. A Thrive practitioner noted that 'I'm not 100% sure that there is any

research in terms of factor analysis.'(Interview 2, page 8).However, non -Thrive practitioners

agreed that the use of the model has helped to 'promote shared language' when using Thrive

online. 'It's useful as you go through the questions for you to elaborate when key stakeholders

may not understand some of the language used. This allows for further discussion.' (Interview 5,

page 26) The Thrive approach appears to help enable dialogue through the language used

within the Thrive model and assessment.

Just under half of Thrive practitioner's and the majority of non-Thrive practitioners

agreed that 'Thrive has helped to improve children and young people's emotions/feelings' within

the questionnaire. According to the questionnaire the majority of Thrive practitioners and non-

Thrive practitioners agreed that 'Thrive has an impact on children and young people with

SEBD/SEMH'. The majority of Thrive practitioners disagreed that 'Thrive has not been effective

in promoting resilience in pupils' and agreed that 'Thrive has not been effective in engaging

pupils in positive change.' Perhaps Thrive practitioners have more experience of the impact

Thrive has and have noticed that Thrive has made positive changes on young people's

outcomes and resilience.

Thrive practitioners reported that Thrive has an impact on factors other than the young

people themselves such as helping to change parents approaches, monitor progress and

access to provision. 'I think Thrive promotes the thinking that adopted parents are doing the

best they can, looking at how far a child has come already and providing strategies to continue

that progress.' (Interview 5 , page 24), 'I use the Thrive approach to show to school and carers

how those young people were progressing. These are often shown through percentages so you

can, in my opinion, easily monitor progress.' (Interview 5 , page 25) and 'I've seen Thrive used

as an entry and exit criteria for an SEBD class.'(Interview 2, page 7).

Thrive practitioners added that it is hard to see the impact Thrive makes as Thrive is not

implemented in the same way in different schools. 'But it's difficult to say then that Thrive is

impactful in a way because it's not having an impact across different contexts in the same way.'

(Interview 2, page 7)

The majority of Thrive practitioners reported that Thrive had an impact on their role as an

EP according to the questionnaire. The majority of non-Thrive workers disagreed with this

statement. Thrive workers may have access to Thrive online and CPD sessions which could be

a reason for the contrast in responses. A Thrive practitioner commented that, 'But if I was going to carry on to access the CPD in order to continue being a Thrive practitioner and to gain access to the online resources that Thrive provides it would have been my funding.' (Interview 2, page 3, page 15). A non-Thrive practitioner reported that 'if it wasn't so expensive it would be more useful.' (Interview 3, page 12) Another non Thrive practitioner reflected that 'I find other approaches just as useful as the Thrive approach; these approaches are more cost effective' (Interview 6, page 33)

5 Conclusion

Some EP's reported that most pupils fall under the *being* stage when they are assessed via Thrive online. It could be argued that most vulnerable children need to feel safe, secure and special which could be why most children fall under this *being* category. The more modern approach to Maslow's (1996) hierarchy asserts that we can return to 'lower' stages of Maslow's (1996) pyramid of needs at any time (Wahba &.Bridwell, 1976). It may be that there is always a need to feel safe and secure and therefore when assessed, the 'being' stage is likely to be the conclusion. The notion that a child has inherent difficulties which can be identified via stages indicates a within child deficit model. The child developmental model appears to have provided limited evidence regarding factor analysis according to EP responses which raises issues regarding the developmental age that Thrive assumes a child should be for each stage. EPs reported that the strategies are not tailored to reach individual need, older children who are at

the *being* stage are presented with strategies suitable for a much younger child e.g. face

painting. It may come across as patronising if an older child was presented with activities suited

to a younger child. Age appropriate materials were at one point a major issue with literacy

development materials and were addressed through developing 'simple' literature with a more

mature theme (Moats, 2001).Thrive may need to revise their interventions so that each stage

suits the needs of all ages.

Thrive may need to take into account that development may not be sequential but in fact

is much more dynamic than Banks et al., (2001) suggest. The research results indicate that EPs

view that the child development model has a lack of evidence base which has an impact on their

confidence regarding the use of the Thrive online assessment tool.

Thrive attempts to encompass pre exiting theories and novel research regarding SEBD

and emotional wellbeing into one approach (Banks et al, 2001), which may be helpful for service

users regarding their understanding. However, it is questionable as to whether Thrive have

successfully managed to marry up the theories to develop an overarching approach, as it

appears to have combined approaches together seemingly randomly. This may lead to more

confusion as different theories can present alternative viewpoints on development, leaving the

service user in a predicament as to how facilitate change according to Thrive itself. On the other

hand, schools may feel more confident with understanding SEBD because of the accessible

manner in which Thrive is packaged and through the use of the assessment tool to measure

emotional wellbeing outcomes with recommended strategies. However, EPs suggest that

schools may not be competent regarding meeting need through the use of the Thrive approach

without all staff and parents undertaking Thrive training. According to EP views, Thrive appears to promote a community understanding rather than the development of the individual.

EPs reported that Thrive is not implemented as intended, in other words, Thrive is not being used as a whole school approach in some schools. Rather, Thrive is relied upon as an assessment tool for emotional wellbeing outcomes. EPs added that staff and parents may not have access to the strategies outlined in a Thrive action plan if it is not shared with them. Therefore, in different contexts such as at home or in a class outside of the designated 'Thrive room' (protected space for key worker and pupil to work on Thrive strategies), Thrive strategies may not be applied. This negates the notion of a systemic approach for emotional wellbeing. Furthermore, EPs highlighted that an action plan can be generated solely on the viewpoints of certain staff members, this may not be an entirely reliable reflection of the child's needs.

Thrive appears to be costly according to EP views, EPs query whether Thrive is cost effective as the approach appears to be a culmination of pre exiting theories with content within CPD courses appearing to cover 'basic knowledge' which EPs may be well versed in. In addition, EPs reported that Thrive needs to provide more evidence depicting that the approach has facilitated change not just in reframing relevant stakeholder's attitudes to SEBD, but also to children and young people's emotional wellbeing. For Thrive to be able to be seen as effective, more research may need to be gathered for EPs to use the approach as part of evidence based practice.

However, EPs highlighted that Thrive helps to reframe staff member's attitudes to SEBD, increasing their understanding, specifically for vulnerable children who have experienced early

trauma. This coincides with previous suggestions by Cole (2012) who suggested that Thrive may be better suited to helping children with attachment difficulties as a result of early trauma rather than an overarching approach to SEBD.

These results are tentative due to the limitations of the methods used in the current exploratory study.

5.1 Limitations and future research

Limitations associated with the current evaluation are listed here to ensure the reader is provided with a critical view of the results. Future research to show how these limitations should be overcome is suggested where appropriate.

For some of the open questions in the questionnaire such as 'What is your understanding of the vital relational functions?' most participants responded by stating 'N/A' (Non Applicable). This may be due to the notion that some participants may not explicitly use the terms that Thrive pose. Rather, EPs may implicitly use Thrive theories within their work without direct reference to the terms. For example, a practitioner may advocate 'attunement' seen in VRF but may use the term 'attunement' without direct reference to Thrive. Some open questions sought to gain a more detailed grasp of how EPs understood the various components of Thrive such as 'What is your understanding of the developmental strands?' On reflection, the question may have been too broad as EPs tended to give responses such as 'it is a concept Thrive created based on attachment and neuroscience'. For these reasons, responses from question 8 to 13 on the questionnaire were omitted from the study as the responses were limited in detail, perhaps due to the phrasing of the questions. However, the interviews allowed

for the researcher to gain a more detailed insight into EPs view on the various components of Thrive.

'What are the positive uses of the Thrive approach?' as an indicative question within the interview may have led interviewees to provide positive uses when they might not have initially thought of any positive uses. A more improved and neutral question for future research could be 'What are the possible uses of the Thrive approach?'

The researcher thought it best to analyse a total of six EPs' responses due to reaching a point of saturation. Although the research was semi structured, which allowed the researcher to ask impromptu questions, this could have led to differences in responses and this may need to be taken into account. Future research could draw from interviewing techniques that are seen in constructivist theory such as Personal Construct Psychology as suggested by Day, Calderhead and Denicolo (2012). This method of inquiry could give more in-depth results.

EPs highlighted that Thrive is implemented in different ways in different schools; this could have an effect on EPs' views regarding their experiences of Thrive. For example, one EP may have worked with a school that uses Thrive as a whole school approach and another EP may have only worked with schools who use strategies within a Thrive room with a key worker.

Future research should look into the implementation of Thrive and how it is used in schools through the inclusion of teacher's responses. This would provide further insight into how Thrive should be used to be most effective for children and young people. Future research regarding children and young people's views on their experiences of Thrive may be helpful. It

would be interesting to know how an older child feels about the *being* stage should s/he fall

under this category.

Due to the time constraints of the current research the data collection was limited to a

short period. Over this time, seventy- three responses were gathered from the online

questionnaire. Participants tended to write obscure responses or N/A to the questions that were

omitted from the research paper e.g. 'What is your understanding of the vital relational

functions'. Future research should use terms that are familiar to the respondents to ensure ease

of readability and to encourage responses.

5.1.1 Implications for educational psychology practice

The current research is valuable for professionals working within the field of education,

and those who work with children with SEMH/SEBD, such as educational psychologists (EPs).

Within the field of educational psychology there is considerable literature about the importance

of evidence-based practice (Forman, Shapiro, Codding, Gonzales, Reddy, Rosenfield&Stoiber,

2008). The current findings provide evidence that Thrive helps to reframe attitudes toward

SEBD, according to some EPs in this study. However, if EPs continue to utilise Thrive as in

practice, robust evidence needs to be collated to support the approach. EPs could conduct

further research on Thrive to support its evidence base.

According to EP reports, Thrive can serve as a preventative resource, informing schools

and parents about the importance of positive early experiences to prevent early trauma. Since

Thrive can also provide strategies for younger children to encourage positive relationships between children and relevant stakeholders.

Banks et al., (2001) argue that Thrive can inform service users about theories on attachment, neuroscience and the other approaches highlighted within the literature review. Thrive appears to convey these approaches in an accessible and attractive training package for service users. EPs could design training packages in an attractive manner and offer these packages at a lower cost to engage service users.

The current research can provide practitioners who seek to create their own training packages with a selection of theories that look to effect and help practice when working with children with SEMH/SEBD.

6 References

Banks, T., Bird, J., Gerlach, L., Henderson, M., & Lovelock, R. (2001). ENABLE: Emotional

Needs, Achieving, Behaving and Learning in Education. *Modbury, Devon, UK: The Modbury*

Group.

Bhaskar, R. (1998). Philosophy and scientific realism. *Critical realism: Essential readings*,

16-47.

Bowlby, J. (1988). Attachment, communication, and the therapeutic process.*A secure base:*

Parent-child attachment and healthy human development, 137-157.

Braun, V., & Clarke, V. (2006).Using thematic analysis in psychology. *Qualitative research in*

psychology, *3*(2), 77-101.

Calderhead, J., Denicolo, P., & Day, C. (2012). *Research on Teacher Thinking (RLE Edu N):*

Understanding Professional Development. Routledge.

Cohen, D., & Crabtree, B. (2006).*Qualitative research guidelines project*. New Jersey: Robert

Wood Johnson Foundation

Cole, M. (2012)*Promoting emotional well being and inclusion for children identified with*

Emotional and Behavioural Difficulties in mainstream primary schools: An evaluation of a

psychotherapeutic approach (Thrive).Unpublished doctorate's thesis, Exeter University.

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into practice*, *39*(3), 124-130.

Danermark, E., &Ekstrbm, M. Jakobsen, &Karlsson (2002).Explaining society.*Critical realism in the social sciences.* London, England: Routledge

Denzin, N. K. (1978). Triangulation: A case for methodological evaluation and combination. *Sociological methods*, 339-357.

Fletcher, A. J. (2017). Applying critical realism in qualitative research: methodology meets method. *International Journal of Social Research Methodology*, *20*(2), 181-194.

Forman, S. G., Shapiro, E. S., Codding, R. S., Gonzales, J. E., Reddy, L. A., Rosenfield, S. A., &Stoiber, K. C. (2013). Implementation science and school psychology. *School Psychology Quarterly*, *28*(2), 77.

Fronting the Challenge Projects Limited (2014).*The Thrive Approach Research and Evidence Base.*Devon: Research and Evidence Base.

Illsley Clarke, J. and Dawson, C. (1998).*Growing Up Again* 2nd Ed, Minnesota, Hazleden

Lee, K., Partt, K., Weidberg, F., & Davis, R (2018) *Supporting the emotional and mental health of your school community.*Supporting emotional wellbeing and promoting positive behaviour and mental health within educational settings using evidence-based practice. Somerset Educational Psychology Service.

Levin, H. S., Culhane, K. A., Hartmann, J., Evankovich, K., Mattson, A. J., Harward, H.,&

    Fletcher, J. M. (1991). Developmental changes in performance on tests of purported frontal

    lobe functioning. *Developmental neuropsychology*, *7*(3), 377-395.

Margaret, A., Bhaskar, R., Collier, A., Lawson, T., & Norrie, A. (1998).*Critical realism:*

    essential readings. London: Routledge.

Maslow, A. H. (1943). A theory of human motivation. *Psychological review*, *50*(4), 370.

Mathison, S. (1988). Why triangulate?. *Educational researcher*, *17*(2), 13-17.

Maxwell, J. (1992). Understanding and validity in qualitative research. *Harvard educational*

    review, *62*(3), 279-301.

Mishler, B. D. (2000). The phylogenetic species concept (sensuMishler and Theriot):

    monophyly, apomorphy, and phylogenetic species concepts. *Species concepts and*

    phylogenetic theory, a debate, *44*, 54.

Moats, L. C. (2001). When older kids can't read. *Educational Leadership*, *58*(6), 36-40

Patton, M. Q. (1990). *Qualitative evaluation and research methods*. SAGE Publications, inc.

Pennington & Mcloughlin (2008) *AQA(B) Psychology for A.* Hodder Education: London.

Piaget, J. (1964). Part I: Cognitive development in children: Piaget development and

    learning. *Journal of research in science teaching*, *2*(3), 176-186.

Rubin, H. J., & Rubin, I. S. (2011).*Qualitative interviewing: The art of hearing data*. Sage.

Schore, A. N. (2015). *Affect regulation and the origin of the self: The neurobiology of emotional*

    development. New York: Routledge.

Seale, C. (1999). Quality in qualitative research. *Qualitative inquiry*, *5*(4), 465-478.

Shannon-Baker, P. (2016). Making paradigms meaningful in mixed methods research. *Journal of Mixed Methods Research*, *10*(4), 319-334.

Stenbacka, C. (2001). Qualitative research requires quality concepts of its own. *Management decision*, *39*(7), 551-556.

Vygotsky, L. (1978). Interaction between learning and development. *Readings on the development of children*, *23*(3), 34-41.

Williams, P. (2005). Does training school staff about relationships, attachment and emotional development affect teachers' attitudes towards the inclusion of children with emotional and behavioural difficulties*? Unpublished master's thesis, Open University.*

Wood, J. (2011). Thrive evaluation and scoping study: A report of an evaluation methodology applied to the use of Thrive as an intervention, in a range of primary school settings. *Unpublished report, Independent Educational Psychologist.*

'EP views on Thrive'

EPs views regarding the perceived impact of the Thrive approach: A chi square and thematic analysis

PART THREE: CRITICAL APPRAISAL

(Word count: 6000)

Critical Account of Research Practitioner

1.1 Rationale for Thesis

1.1.1 Inspiration

Inspiration for this thesis derived from my experience with coordinating and delivering interventions as a Teaching Assistant (TA). As a TA, I delivered interventions that focused on the academic aspect of schooling. Other than circle time and ad hoc conversations with children, I had not delivered a manualised intervention designed to promote emotional wellbeing. As a trainee educational psychologist (TEP) I was first introduced to Thrive, an intervention that sought to promote wellbeing, in my first placement. My process account for university involved a looked after child (now adopted) who had Social Emotional and Behavioural Difficulties (SEBD)[10] and the school sought advice on how to support her. Through liaison with the child's adopted mother and class teacher, I noticed that the child's early experiences might have been having an impact on her ability to cope in class. With this hypothesis, my Year 1 placement supervisor introduced me to Thrive.

The second placement I worked in allowed me to view the Thrive online assessment tool and how outcomes are relayed to school and parents. With this experience, my concerns regarding the reliability and validity of the assessment grew. The way in which the Thrive action plans were devised and shared was heavily reliant on the Thrive practitioner and that made me question how much Thrive was being used systemically.

In my experiences of using Thrive, the approach sought to support children and young people with Social Emotional and Behavioural difficulties (SEBD). Also, my first encounter with Thrive practitioners

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[10] SEMH (social and emotional mental health) was referred to as SEBD at the time in which this research was conducted

happened to be Educational Psychologists (EPs). As a TEP, I wanted to understand if EPs shared the same

concerns as me regarding the approach. I found myself wondering how this approach supports children

with SEBD. I sought to find an understanding of how this approach is being promoted for systemic use

and I wanted to understand the effectiveness of Thrive online. Thrive claims that professionals can use

this approach to reduce referral rates regarding SEBD (Fronting the Challenge Projects Limited, 2014),

with particular emphasis on EP professionals, I wanted to find out how.

1.1.2 Initial literature search

An initial literature search left me with little to draw on regarding Thrive evaluations. I contacted Thrive

and received pre and post measures of the effect Thrive had on emotional wellbeing and academic

outcomes (Fronting the Challenge Projects Limited, 2014). A Cardiff lecturer also provided me with

previous theses that had looked into Thrive. Research by Cole (2012) examined the effect of Thrive on

children's 'emotional reactivity', 'readiness to learn' and 'sense of relatedness' in an eight month period.

Quantitative analysis showed that children who experienced Thrive made no significant progress in any

of these areas measured when compared to the control group. Howarth (2013) conducted a mixed

method study with Thrive trainees. Howarth's (2013) findings advocated that Thrive trainees perceived

the Thrive training to have a positive impact on their behaviour, thoughts and perceived personal

attributes. A small-scale study conducted by 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. Wood (2011) conducted an evaluation into Thrive highlighting a shift in

teacher's attitudes. The research above has incorporated either qualitative or quantitative or mixed

methods to obtain data. I wanted to adopt a mixed method research design to complement previous

research methodology. Research regarding Thrive other than these documents was relatively limited.

A paper acknowledged the use of Thrive within an EPS in Somerset (Lee, Partt, Weidberg & Davis, 2018), other than my own experiences this encouraged my thinking that EPs do in fact use Thrive. However, research exploring EP views regarding its use appeared to be scarce. Therefore, I felt there was a gap in the literature in exploring EP views in regards to how Thrive is used to support children with SEBD. I sought to understand how non Thrive practitioners and Thrive practitioners viewed Thrive. I sought to identify the positive uses and limitations regarding Thrives effectiveness. I wanted to use my position as a TEP to gain a closer understanding of its professional use by consulting with EPs through interviews. However, I also wanted a wide spread of participants to include a variety of views from different experiences. This will be discussed below in relation to the ontology and epistemology of the thesis.

The gaps in previous literature helped to narrow and refine my informal questions into the overarching research question:

Through the use of qualitative and quantitative analysis, what are Thrive and non-Thrive Educational Psychologist practitioners' perceptions of the Thrive programme regarding its proposed utility in supporting children and young people with SEBD?

1.1.3 Personal position

My interest in Thrive is professional. I expected to hear that Thrive was an effective approach and to be given a detailed description of its positive uses within EP practice. I expected that EPs would be able to reduce my concerns regarding its systemic use and Thrive online. I did not anticipate that EPs would offer a large amount of limitations and add to the concerns I had already started to have regarding Thrive.

1.2 Methodological Considerations

1.2.1 Ontology

As I wanted to critique Thrive through the eyes of EPs and their relative experiences, I adopted a critical

realist ontology, acknowledging that there are multiple ways of interpreting one single reality.

Therefore, EPs could have different experiences of Thrive (e.g. non Thrive practitioner and Thrive

practitioner) each of their experiences building an understanding of Thrive's effectiveness. Critical

realism suggests that although there is a reality we can never measure it accurately because there is

always a measurement instrument between the measurer and the reality (Margaret, Bhaskar, Collier,

Lawson, & Norrie, 1998). Therefore it is difficult to capture 'reality'. However, we can get close to reality

through understanding the structures and social perspectives which surround given phenomena.

1.2.2 Epistemology

Alternative research paradigms such as positivism and constructionism could have been adopted in this

study. The following table details the differences between the two paradigms as highlighted by

(Easterby -Smith, Thorpe, Jackson, & Lowe, 2008).

	Positivism	Constructionism
Basic notions	The world is seen as objective and external Independency of the researcher from the observed	The world is seen to be subjective and socially constructed Researcher is seen as a part of that which is observed

	Emphasis on facts	Emphasis on meanings
Responsibilities of researcher	Aiming to understand cause and effect	Focus on the meaning of events
	Reductionist approach to phenomena	Holistic exploration of each individual case
	Hypotheses are formed and tested	Concepts are created by induction from data
Most suitable research methods	Ideas tend to be operationalized, tend to be quantitative	Greater detail and richness, tend to be qualitative
Sampling	Tend to use large samples	Small samples can be analysed over a longer period of time and greater depth

Table 17 Comparison of paradigms (constructivism and positivism)

I rejected alternative epistemology such as positivism and constructionism because Bhaskar (1998) critiqued positivism for reducing knowledge or 'reality' to what can be empirically known (e.g. via scientific experiments). I aimed to enable an understanding of reality through EPs relative experiences which led me to reject this position. Constructivist outlooks view reality as wholly constructed through and within human knowledge (Fletcher, 2017). I acknowledge that there can be a single reality regarding Thrives effectiveness and I may not have been able to get closer to that truth if I had adopted a constructivist stance.

Critical realists can capture knowledge 'in terms of theories, which can be more or less truth like' (Danermark et al., 2002, p. 10). The theories that can help researchers get closer to reality (i.e. theories

that can help us identify causal mechanisms driving activities) are chosen using rational judgment of these social events (Margaret et al., 1998). EPs tend to be trained to be critical practitioners as part of their role, for example EPs use critical skills to evaluate interventions to reach a 'truer' understanding within their research e.g. O'Callaghan & Cunningham (2015). I aimed to utilize that skill set to gain critical views on the Thrive intervention. I thought that I could gain a 'truer' understanding of reality (Thrive effectiveness) by obtaining views from professionals who were trained in assessing interventions.

1.2.3 Chi square analysis

Parametric statistical procedures depend on the assumption of the shape of a normal distribution in the population and parameters (i.e., standard deviations and means) of the assumed distribution (Sheskin, 2003). Conversely, nonparametric statistical procedures depend on fewer assumptions about the parameters or shape of the population distribution from which the sample was drawn (Siegel and Castellan, 1988). The data in this study used a sample that was not normally distributed as the amount of Thrive practitioners and non-practitioners who are EPs is difficult to assume in the population. This led me to adopt a nonparametric test to analyse responses from the questionnaire. Furthermore, parametric tests measure continuous data and results can be significantly impacted by outliers (Sheskin, 2003). On the other hand, some nonparametric tests can handle qualitative variables such as ranked/ordinal dichotomous/nominal data, and not be seriously impacted by outliers (Siegel and Castellan, 1988). The data collated in this study was nominal as discussed below.

Pearson (1900) referred to chi square as a non-parametric test and it tends to be used in social sciences to study relationship patterns between two social characteristics or categorical variables such as 'type of EP' (e.g. Thrive practitioner and non-Thrive practitioner) & 'whether the EPs agreed or disagreed with statements that applied to Thrive'. The chi-square test is mostly used to study the significance of

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relationship between two categorical variables (Pearson, 1900). This analysis was used to assess nominal levels of measurement regarding whether EPs agreed or disagreed with the statements in the questionnaire (Pearson, 1900).

1.2.4 Thematic analysis

In keeping with the research aims of exploring EPs experiences to gain knowledge of Thrive (Margaret et al., 1998) and the ontological and epistemological positions outlined above, the chosen methodology is that of thematic analysis. Braun& Clark (2013) suggest that thematic analysis is a way to identify, analyse and report patterns (themes) within data. This research used thematic inductive constructivist analysis.

Themes within data can be identified in either of the following methods: in an inductive way (e.g., see Frith & Gleeson, 2004), or in a deductive way (e.g., see Boyatzis, 1998). An inductive approach means the themes can be related to the data (Patton, 1990). In this approach, the data that was collected specifically for the research (e.g., via interview or focus group) may have run the risk of identifying themes that were not pertinent to the research questions. During the interview I tried not to impose a deductive frame, limiting the deduction of interview content. Inductive analysis can be a process of coding the data without attempting to fit it into a pre-existing coding reference, or my analytic predictions (Braun & Clark, 2013). The data leads to the production of themes; however, I was mindful that my own experiences of Thrive may not have freed me from my preconceptions of the approach. In contrast, a 'theoretical' thematic analysis would tend to be led by my analytic interest in Thrive, and is thus more reliant on previous analysis to develop themes (Braun & Clark, 2013).

With a semantic approach, the themes are identified within the surface meanings of the data without looking beyond what participants have said(Patton, 1990). I was heavily reliant on each EP's critical view of Thrive and I tried to gain an understanding of what they had said. The analytic process involved an initial description, where the data had been collated to show patterns in semantic content, then I

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attempted to interpret the significance of the patterns and their wider meanings and implications to

develop theories (Patton, 1990). On the other hand, a thematic analysis at the latent level attempts to

examine the underlying ideas beneath views to derive meaning (Braun & Clark, 2013). The formation of

the themes themselves involves searching for meaning in responses, the analysis that is carried out is

not just description, but is already theorised (Braun & Clark, 2013). The interpretive process at the latent

level could have led to a bias in themes as my preconception of Thrive may have skewed my

interpretation of views. For example, I may have adopted a preconceived theory that 'Thrive changes

attitudes' from previous research and teacher perspectives in the press. Then I could have intentionally

looked for reported responses of changes of attitude to confirm that theory. Instead, I chose to look for

patterns in data and then form theories.

1.2.5 Alternative methodologies

I could have adopted the grounded theory approach as it is an inductive method to seek patterns in the

data. Nevertheless, the aim of a grounded theory analysis is to produce a credible – and useful - theory

of the occurrences that is grounded in the data (McLeod, 2001). However, Braun & Clark (2013)

indicated that, grounded theory appears to develop patterns that are similar to thematic analysis. On

the other hand, Holloway & Todres (2003) argue that thematic analysis does not prescribe of coding

data to the same extent as grounded theory. Braun & Clark (2013) theorised that researchers need not

commit to the theoretical implications of adopting grounded theory if they do not seek to generate a

thoroughly worked-up grounded-theory analysis. As thematic analysis does not necessitate the

comprehensive technological and theoretical knowledge of grounded theory, it can provide a more

manageable form of analysis, particularly for myself as a TEP in the early stages of being a research

practitioner.

1.2.6 Semi-structured interviews

The ontological and epistemological approach with the theoretical underpinnings of thematic analysis, suggested semi-structured interviews as a useful method of data collection. Interviews allowed participants to lead discussion, encouraging a focus on what is of importance to the participant (Rubin & Rubin, 2012) rather than the choice of questions being wholly determined by the researcher. However, Cohen & Crabtree (2006) argue that, to an extent, semi-structured interviews can provide comparable and reliable qualitative data as the researcher can identify key areas to cover.

1.2.7 Questionnaires

Fitting with mixed methodology, questionnaires contained both closed and open questions for EPs to respond to. The open questions sought further elaboration on EPs' views, however on reflection the questions did not prompt detailed responses from EPs. The phrasing of these questions may have been too vague for EPs to respond to. However, some open questions helped to gather an insight into the spread of sample data e.g. how long EPs had been Thrive practitioners for. The closed questions helped for ease of comparison between EP's views.

1.3 Selection and Recruitment of Participants

1.3.1 Inclusion and exclusion criteria

Criteria

Participants needed to be EPs who had experience with Thrive so that they had an understanding of the questions that they were asked in the interview and questionnaire. Participants volunteered to take part in the questionnaire via an online forum called EPNET, the information sheet specified what type of EPs were required to take part.

1.3.2 EPs

As a TEP, I wanted to explore EP views about Thrive as pertinent to evidence based practice. As highlighted by (Chambless, Baker, Baucom, Beutler, Calhoun, Crits-Christoph, & Woody, 1998) evidence-based practice can indicate a decision-making process in which practice is informed by credible research evidence and can increase the extent to which interventions are reliable. As seen within my personal experience and Somerset EPS (Lee, Partt, Weidberg & Davis, 2018), if EPs were and are to use Thrive as a recommendation for stakeholders and as part of their practice, I aimed to conduct a study centred on EPs views about Thrive to provide evidence to support the use of Thrive in EP practice.

1.3.3 Recruitment

Gatekeeper letters (Appendix A) and consent forms (Appendix B) were attached to the questionnaires. The letters detailed what type of participants the research sought to include. Participants could email the researcher should they opt in to do an interview. Informed consent was agreed by checking a box on the online form.

Participants were recruited via EPNET which allowed me to directly administer questionnaires to EPs online. This helped me to obtain responses in an accessible manner. Initially, I worried that I would not obtain enough participants who were interested or trained in Thrive. However, the use of EPNET enabled me to access EPs from across the country and thus get a large sample. I was also concerned that not enough EPs would be able to answer some of the questions if their experience of Thrive was not in-depth enough to grasp the content of the questions. Initially, I used wording from the Thrive approach (Fronting the Challenge Projects Limited, 2014) to formulate open questions. I then shared the formation of my questions with my research supervisor. I was advised to change the wording of some questions and to include Likert scale questions that contained positive and negative statements of

Thrive. Most participants found it difficult to give detailed responses to some of the open questions, this could be due to the wording and/or the EPs depth of knowledge regarding Thrive. It appeared that participants grasped the Likert scale questions as this generated the most responses. Perhaps the open nature of the open questions prompted a requirement for detailed responses that EPs may not have had the time and/or knowledge to answer.

1.4 Data Collection

At the onset of the questionnaires and interviews, EPs were informed about their right to withdraw at any time and of their right not to answer any questions by either writing N/A on the questionnaire or not saying anything during the interview. EPs were informed that transcripts would be anonymised.

During interviews, account was taken if EPs felt uncomfortable e.g. if EPs felt as if they did not want to go further with the limitations of Thrive. At this point I would remind them that their views were presented anonymously and that they could retract their statements if they wished. One EP wished to retract his interview as the participant did not feel he had given enough detail in the time that the interview was conducted. The EP felt as though the researcher moved from one question to the next rather rapidly. The researcher sent an email with apologies, detailing that he could redo the interview or that his responses could be withdrawn from the study. I responded to this by ensuring further time was given, asking people if they had anything more to say. Also from then on interviews were done in a face-to-face manner rather than over the telephone. At the end of each interview, participants were debriefed. The debrief sheet in the questionnaire (Appendix E) provided EPs with further reading regarding Thrive should they want to explore the approach in their own time.

1.5 Analysis of Data

My main difficulty was the questionnaire with respect to the lack of detail that participants gave regarding open questions that included Thrive terminology. An example of one of these questions was 'What is your experience of using the vital relational functions in your work with children and/or young people who have SEBD/SEMH?' On reflection, I think I should have rephrased the questions so that Thrive terms were described to ease understanding. Furthermore, these questions were quite broad which may have discouraged EPs from giving responses. The data from these questions left me with little to analyse and compare against. Fortunately, I could cover the topics within the questionnaire in the interview. The face to face manner in which the interview was conducted allowed me to 'pick up' cues as to whether the participant understood the terminology I was using. The participants were free to signify if they needed further explanation by pausing or explicitly asking me to elaborate on the Thrive terms. Face to face interviews allowed me to prompt for clarification and elaboration of participant's use of certain elements of Thrive.

The next difficulty I faced was choosing the statistical method by which to analyse closed questions. The use of a Chi square non-parametric tests allowed for analysis of nominal data but I worried that I would not have enough participants in each 'square' to provide a significant comparison of responses. The sample was large enough to compare each 'square' in some cases which helped with the comparison of whether EPs disagreed or agreed with statements.

1.6 Other Ethical Considerations

The thesis proposal was developed whilst considering British Psychological Society (BPS) ethical guidelines (British Psychological Society Ethics Committee, 2009) and ethical approval was given by the Cardiff University School of Psychology Ethics Committee.

1.6.1 Informed consent

Informed consent was obtained via the consent form (Appendix B) however I made sure to restate what the study involved as research ensued. The BPS guidelines do suggest that ethical considerations can be an on-going process (British Psychological Society Ethics Committee, 2009). Conducting research ethically requires ethical awareness throughout the research process (British Psychological Society Ethics Committee, 2018). Behaving ethically can be impacted by a number of group and individual influences as well as contextual factors, so even though a researcher may be aware of ethical issues and has gained ethical consent, the ability to act ethically may be compromised (British Psychological Society Ethics Committee, 2018). Identifying what ethical issues can occur in research makes it more likely that ethical practice will follow if such issues arise (British Psychological Society Ethics Committee, 2018). For example, it was important for me to state that I would be asking about the limitations of Thrive even when I felt that this may be a deterrent when recruiting Thrive practitioners to take part in the study.

1.6.2 Anonymity

Details of the participants have been removed from the data to ensure anonymity. EPs were asked to give the location of their EPS (e.g. rural, urban and mixed) they worked for within the questionnaire but the name of the EPS was not elicited. Although participants who took part in interviews are of course known to myself, their responses have been entirely anonymised and all identifying features removed from analysis.

1.6.3 Harm

EPs may have been slightly unnerved about speaking on Thrive limitations within their local authority and EPS. For example, before an interview was conducted with a Thrive practitioner, they noted that

they were hesitant to talk about Thrive in a negative manner as the local authority they work for paid for

their Thrive training. However, through reminding individuals of the anonymity of their data, this

concern was overcome.

Contribution to Knowledge

2.1 Contribution to the Literature

This thesis has contributed to the literature by considering EP views about Thrive, looking at the positive

uses of the approach and the limitations. Rather than looking at Thrive trainees as a whole as seen in

Howarth's (2013) research, the thesis sampled views from a wider range of EPs, including those trained

in THRIVE and other EPs.

This thesis has also focused on the impact Thrive has on children and young people who have SEBD

through the lens of EPs' experiences. The thesis was able to capture EP's views regarding how Thrive can

change attitudes toward SEBD, which complements (Williams, 2005) research outcomes and is an

intended aim when using the intervention (Fronting the Challenge Projects Limited, 2014). The research

offers a unique insight into how EPs use Thrive and their reflections as to the impact Thrive does or does

not make. Finally, Thrive practitioner and non-Thrive practitioner views were compared to help the

researcher to evaluate if Thrive made a difference to EP practice regarding pupils with SEBD. The thesis

explored EP views using a mixed methods approach through the application of a range of analysis

methods were used, including statistical techniques and qualitative analysis.

Research by Wood (2011) suggested that Thrive does positively affect teachers' attitudes, teachers'

causal attributions and whole school ethos. This thesis builds on previous research by highlighting how

Thrive can help to change staff attitudes towards SEBD pupils. The majority of Thrive practitioners and

non-Thrive practitioners agreed that 'Thrive engaged school staff to reframe their views on pupils with

SEBD/SEMH' within the questionnaire. Within the interview a non-Thrive practitioner reported that

'My experience of it is that it gives schools more confidence in terms of the targeted bit of the approach.' (Interview 6, page 28).It can be assumed that staff confidence is built with the targeted strategies that Thrive provide. The provision of these strategies may equip staff members with the confidence to change their approach to pupils with SEBD.

A Thrive practitioner commented that

*'It also puts confidence in families and those who work closer to the children' (*Interview 5, page 23*).* It can be implied that Thrive can improve the attitudes of family members as well as staff members.

*'A real positive I think is that Thrive raises the awareness of the impact of adverse childhood experiences.' (*Interview 1, page 1*).*This comment highlighted that Thrive can work alongside the interventions that help to change perceptions of SEMH amongst staff, leading to an empathic approach to working with vulnerable children and young people.

The notion that Thrive can reframe practitioner's views toward Thrive is consistent with Howarth's (2013) study. However, a criticism of this thesis and Howarth's study is it only looks at the adult's perception, it does not consider the recipient's experience e.g. the children who receive Thrive. Overall, Howarth's (2013) evaluation showed that, following Thrive training, there was a statistically significant increase in Thrive trainees' perceived relationship quality with children with SEBD and self-efficacy in managing children's SEBD. In this study Non thrive practitioners anecdotally reported that

'having that positive time with a key member of staff and experiencing happiness in that time is not harmful for children with SEBD.'(Interview 1, page 3).

This thesis complements another mixed method study which has used quantitative analysis to identify pre and post outcomes for children and young people regarding the use of Thrive and qualitative methods of analysis to explore parents' perceptions of Thrive (Cole, 2012). This present study adds to

previous literature by exploring EP perceptions of the Thrive approach. This research particularly examines professionals who have been trained in using Thrive which may include some psychology. Thrive practitioners may have been trained in a practice, which may purport to be underpinned by psychology, but the extent to what and how psychology has been incorporated is questionable. The research looks into EPs' views on whether Thrive has incorporated psychology in a useful manner. This thesis suggests that Thrive may need to provide more evidence for its child development model before Thrive online is deemed useful to EPs.

Within the questionnaire, most Thrive practitioners felt that the approach had an impact on their role. However, a non-Thrive practitioner reflected that

 'I find other approaches just as useful as the Thrive approach, those approaches are more cost effective' (Interview 6, page 33). The cost of Thrive appears to have an impact on EP's ability and willingness to access Thrive, especially if EPs are already privy to the information that Thrive includes within its model of child development.

2.2 Contribution to Future Research

The experiences explored in this thesis emphasise the need that schools have to understand the underlying mechanisms regarding SEBD. As Thrive appears to be reshaping constructions regarding the approach, it suggests that school staff's previous constructions regarding SEBD may have been less helpful. As Howarth (2013) suggested, sometimes by simply attending a course, a practitioner may start to reflect on his/her practice and skills, and adjust the way that (s)he work. Future research would need to identify what it is in particular about Thrive that helps to reframe attitudes toward SEBD.

A further area which may need to be explored is pupil voice into whether Thrive is helpful for children and young people. Pupils could help to identify as to what Thrive strategies are most helpful. As this research suggested, pupils tend to be placed at the *being* stage, strategies at this stage may not be

suitable and engaging for older children. Research could look into how Thrive can support individual needs by interviewing pupils to gain their understanding.

None of the evidence suggests that staff do not have the best intentions regarding working with vulnerable pupils. Pantic and Florian (2015) highlight that teachers tend to develop a capacity to reflect on their own environments and inclusive practices when aiming to support the learning of all pupils. As Howarth (2013) commented in his research, participants suggested that they already shared feelings that they likened to those advocated in the Thrive training, prior to training. Research should add to what it is about Thrive that shifts attitudes to encourage a different way of working with children and young people.

2.3 Contribution to Professional Practice

The extent into which this thesis is generalisable is debateable as interviewees were only selected from England and Wales. EPs within other parts of the United Kingdom are not reflected within interview responses. Participants who completed the questionnaire were not required to give the location of their Educational Psychology Service (EPS), so it is uncertain as to how widespread this data is. However, with this in mind, the thesis did offer an insight into the varied way in which schools, parents and EPs use Thrive.

EPs mentioned that the language used within Thrive online enabled dialogue between Thrive practitioners and service users. EPs highlighted that this facet of Thrive is helpful when attempting to gain insight into a child's needs in a consultation.

EPs mentioned that when used systemically, schools are able to build capacity. However, due to only Thrive practitioners having access to the assessment it can be costly for schools to maintain access to

Thrive online. The identification of a child's stage of development appears to be heavily reliant on the view of whomever completes the questionnaire, the strategies chosen are also reliant on the Thrive practitioner's interpretation of the assessment responses.

2.3.1 Within educational psychology services

One main concern regarding Thrive is the cost of training. EPs may be able to offer the psychological knowledge that Thrive provides, at a lower cost. Schools may implement Thrive to boost their confidence with emotional wellbeing measures and as part of a graduated response. It appears unlikely that training by itself would enable relevant staff in schools to be well equipped to manage behaviour and evidence how this management is effecting change. EPs are in a pivotal position due to having frequent contact with schools and being trained to doctoral standard in research methods. It is recommended that EPs can help to inform practice regarding using the Thrive approach in these ways:-

- Contribute to research exploring the conception of each strand on the developmental model

- Explore the factor analysis procedures regarding the ages and stages of the child developmental model

- Provide training to schools that includes:

Attachment, the effects of early trauma, neuroscience, cognitive behavioural therapy, Adverse Childhood Experiences, mind – mindedness, social learning theory and operant conditioning.

- Use consultation as a means to emphasise the importance of positive and consistent relationships between pupils and staff

- Create opportunities for discussions pertaining to children and young people's interests, strengths and difficulties so that importance is placed on tailoring support to match pupil needs

2.3.2 Within schools

Thrive proposes that through adopting the approach systemically, there will be a reduction of school referral rates to external agencies (Banks, Bird &Gerlach., 2012). Thrive postulates that if Thrive is used as a whole school systemic approach, the school will be equipped with the skills that it needs to manage behaviour without the need to consult external agencies (Banks et al., 2012).

It is evident that EPs have a role in increasing the understanding as to how Thrive is used, ensuring that it is implemented as intended. Implementation science suggests that active purveyors can help to establish and remind schools of the core principles when implementing whole school interventions (Cook & Odom, 2013). EPs could serve as active purveyors, ensuring that a whole school approach is adopted when using Thrive.

Fundamental Principles

These principles were founded through this research and through reflection of the principles highlighted in DfE (2018) :-

- Schools play a vital role in equipping all students with resiliency to support better mental health and emotional wellbeing.

- A school's approach to mental health and behaviour should consist of a consistent whole school approach. This should include providing a structured educational environment with clear rules and expectations of behaviour, well explained social norms and routines, which are reinforced with consistent reward policies. This should be coupled with an individualised graduated response when the behavioural difficulties might be due to Special Educational Needs and Disabilities (SEND) and other vulnerabilities.

- Although Thrive online can help to identify 'gaps' in emotional development, staff should not try to diagnose conditions when presented with these needs. However, they should have clear processes in place for identifying possible mental health problems, including clear referral processes.

- Schools should adopt a preventative approach. Schools can aim to identify needs and provide early intervention to reduce mental health problems from escalating. Schools should create a safe, secure and calm environment to help strengthen resilience as a protective factor, before serious mental health problems occur.

- As written in Chapter 6 of the statutory SEND 0-25 years Code of Practice 2015, schools need to have an understanding of how mental health issues can underpin challenging behaviour to support staff attitudes when managing behaviour, liaising with external agencies where needed. Schools should be aware of their role under the Equality Act 2010, recognising that some mental health problems will meet the definition of disability.

- When schools query a mental health problem, the graduated response process (assess – plan – do – review) should be applied. Schools should use SMART targets to ensure actions are tailored to each pupil.

- It is important that schools have an understanding of the local offer available and how different agencies can support staff and the pupils they work with.

2.3.3 Within the classroom

In the South West of England, 56 children with SEBD, aged 11-16, who had excluded from their previous school and were placed in a day school (Fronting the Challenge Projects Limited, 2014). The day school

organised children according to their emotional/developmental need instead of their age (Fronting the

Challenge Projects Limited, 2014). Thrive action plans were used to support children within these

classes, which helped to boost the academic progress of these children (Fronting the Challenge Projects

Limited, 2014). Although certain schools, such as mainstream schools may not be able to organise their

classrooms in the same manner, this study promotes the importance of emotional wellbeing outcomes

through its focus on how Thrive can support SEBD pupils. To support emotional wellbeing class teachers

can adopt these recommendations:-

● Share action plans with all those who work in the classroom to promote a consistent approach

   (Fronting the Challenge Projects Limited, 2014)

2.4 Personal Practice

Throughout this thesis I have continually questioned the notion of evidence based practice. It can be

important to seek guidance from work colleagues so they can share their experiences regarding the use

of interventions. However, I reflect that I seem to place heavy weight on the constructions that qualified

EPs hold in regards to interventions. Really, I should consider these viewpoints but hold a critical stance

when seeking to learn more about an intervention. Through conducting this research, in the future, I will

look to explore empirical as well as anecdotal evidence to form my own critique of an intervention.

2.5 Conclusions

This thesis aimed to provide a critical look into an SEBD intervention that appears to be an attractive

resource for schools. EPs can recommend Thrive even though there is limited pre exiting literature to

support its use. EPs need to know about how EPs view Thrive and EPs need to evaluate it because it is so

widely used in schools. When implemented as a whole school approach, Thrive can reframe staff

attitudes and serve as a way to gain insight into a child's needs during consultation. However, the cost of training and CPD raises moral dilemmas and presents as a barrier to its access.

Thrive may serve as a tool that EPs can use to build capacity and confidence of staff, increasing the understanding of SEBD within schools. It can also help EPs to enable dialogue. But it is difficult to pinpoint what is novel about Thrive to compensate for the price it costs to adopt its use.

3 References

Act, E. (2010). c. 15. Retrieved, February 2019, from, http://www.legislation.gov. uk/ukpga.

Banks, T., Bird, J., Gerlach, L., Henderson, M., & Lovelock, R. (2001). ENABLE: Emotional Needs, Achieving, Behaving and Learning in Education. *Modbury, Devon, UK: The Modbury Group*.

Bhaskar, R. (1998). Philosophy and scientific realism. *Critical realism: Essential readings*, 16-47.

Boyatzis, R. E. (1998) *Transforming qualitative information: Thematic analysis and code development.* Thousand Oaks, CA: Sage.

Braun, V., & Clarke, V. (2006).Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

British Psychological Society Ethics Committee. (2009). *Code of Ethics and Conduct*. *Ethics*. Leicester: British Psychological Society.

British Psychological Society Ethics Committee*. (2018). Code of Ethics and*

*Conduct. Ethics.*Leicester: British Psychological Society.

Chambless, D. L., Baker, M. J., Baucom, D. H., Beutler, L. E., Calhoun, K. S., Crits-Christoph, P., & Woody, S. R. (1998). Update on empirically validated therapies, II. *The Clinical Psychologist*, 51(1), 3-16.

Cohen, D., & Crabtree, B. (2006).*Qualitative research guidelines project*. New Jersey: Robert Wood Johnson Foundation

Cole, M. (2012)*Promoting emotional well being and inclusion for children identified with Emotional and Behavioural Difficulties in mainstream primary schools: An evaluation of a psychotherapeutic approach (Thrive).*Unpublished doctorate's thesis, Exeter University.

Cook, B. G., & Odom, S. L. (2013). Evidence-based practices and implementation science in special education. *Exceptional children*, *79*(2), 135-144.

Danermark, E., &Ekstrbm, M. Jakobsen, &Karlsson (2002).Explaining society.*Critical realism in the social sciences*. London, England: Routledge

DfE, D. (2015). SEND Code of Practice 0–25 Years. *London: Department for Education, Department of Health*, 216-229.

DfE (2018).*Mental health behaviour and schools* Nottingham: DCSF Publications Centre.

Easterby-Smith, M, Thorpe, R. & Jackson, P. (2008) *Management Research* (3rd ed.). London: SAGE Publications Limited

Fletcher, A. J. (2017). Applying critical realism in qualitative research: methodology meets method. *International Journal of Social Research Methodology*, *20*(2), 181-194.

Frith, H. & Gleeson, K. (2004) Clothing and Embodiment: Men Managing Body Image and

      Appearance. *Psychology of Men & Masculinity*, 5(1), 40-48.

Fronting the Challenge Projects Limited (2014).*The Thrive Approach Research and Evidence*

      Base. Devon: Research and Evidence Base.

Holloway, I., &Todres, L. (2003). The status of method: flexibility, consistency and

      coherence. *Qualitative research*, *3*(3), 345-357.

Howarth, K. (2013). Thrive training and Thrive trainees' perceived relationships with children

      with BESD, self-efficacy in managing children's BESD and causal attributions about

      BESD in children: a two-phase evaluation. *Unpublished doctoral thesis.*

Lee, K., Partt, K., Weidberg, F., & Davis, R (2018) *Supporting the emotional and mental health*

      of your school community. Supporting emotional wellbeing and promoting positive

      behaviour and mental health within educational settings using evidence-based practice.

      Somerset Educational Psychology Service.

Margaret, A., Bhaskar, R., Collier, A., Lawson, T., & Norrie, A. (1998).*Critical realism:*

      essential readings. London: Routledge.

O'Callaghan, P., & Cunningham, E. (2015). Can a targeted, group-based CBT intervention

      reduce depression and anxiety and improve self-concept in primary age children?

      Educational Psychologyin Practice, 31(3), 314–326.

Pantić, N., & Florian, L. (2015).Developing teachers as agents of inclusion and social

      justice. *Education Inquiry*, *6*(3), 27311.

Patton, M. Q. (1990). *Qualitative evaluation and research methods*. SAGE Publications, inc.

Pearson, K. (1900). On the criterion that a given system of deviations from the probable in the case of a correlated system of variables is such that it can be reasonably supposed to have arisen from random sampling. *Phil. Mag.* (5) 50, 157-175. Reprinted in K. Pearson (1956), pp. 339-357.

Rubin, H. J., & Rubin, I. S. (2011).*Qualitative interviewing: The art of hearing data*. Sage.

Sheskin, D. J. (2003). *Handbook of parametric and nonparametric statistical procedures*.crc Press.

Siegel, S., & Castellan, NJ (1988).*Nonparametric statistics for the behavioral sciences* (2nd ed.). New York: McGraw-Hill. PsycINFO.

Williams, P. (2005). Does training school staff about relationships, attachment and emotional development affect teachers' attitudes towards the inclusion of children with emotional and behavioural difficulties*? Unpublished master's thesis, Open University.*

Wood, J. (2011). Thrive evaluation and scoping study: A report of an evaluation methodology applied to the use of Thrive as an intervention, in a range of primary school settings. *Unpublished report, Independent Educational Psychologist.*

Appendices

<u>Appendix A: Letter to EPs'</u>

Educational Psychology Service:
Date:

Dear staff

I am a postgraduate student in the School of Psychology, Cardiff University. As part of our postgraduate doctorate we are carrying out a study on the Thrive approach within Educational Psychology Services (EPS). I am writing to enquire as to whether you would be interested in/willing to participate in this research.

The research proposed is looking to understand how Thrive is conducted in different EPS. By focusing on what matters to each EP we can improve upon the Thrive approach to support the service each EP provides. Research results will look to further the understanding of the use of Thrive in EPS and how it benefits those involved in the Thrive approach. Investigating Educational Psychologist (EP) views toward the Thrive approach is the project title. The project supervisor is Dr Simon Claridge.

EPs will be required to take part in an online questionnaire which will take approximately ten minutes to complete. Questions will infer how EPs view Thrive in relation to positive uses and limitations. Questions will also ask about EPs experience and understanding of Thrive. EPs will be given contact details of the researcher should they wish to make additional comments. Following this, EPs will be given a choice to opt in to a follow up interview via a tick box Information provided from the questionnaires will be kept anonymously and separate from the interview data. If EPs opt in to an interview they will be asked to provide their email address/phone number so as to be contacted. Upon request, the interview will be held in an office within the EPS of the EP or on the phone. The interview will last approximately half an hour. Information provided by EPs in the interview will be guaranteed to be held confidentially. However, anonymity cannot be guaranteed as the researcher will be conducting face-to-face interviews. Also, EPs may provide details of their EPS in the initial questionnaire which could indicate the identity of the EP. Interviews will be taped and then transcribed within 2 weeks and thereafter information will be anonymous and may be kept for 5 years etc.

Many thanks in advance for your consideration of this project. Please let me know if you require further information. Contact details for the researcher, supervisor and ethics committee are displayed below. Please follow this link for access to the questionnaire.

Regards,
Cheneiss

CheneissBonitto	Dr Simon Claridge	Ethics commitee
Postgraduate student	Project supervisor and lecturer	Cardiff University
School of Psychology	School of Psychology	Tower Building
Cardiff University Tower Building	Cardiff University Tower Building	70 Park Place
Park Place Cardiff Wales	Park Place Cardiff Wales	Cardiff
CF10 3AT UK	CF10 3AT UK	CF10 3AT UK
+44 (0)29 2087 4007	*+44 (0)29 2087 4007*	+44 (0) 29 208 70360
BonittoC@cardiff.ac.uk	ClaridgeS@cardiff.ac.uk	psychethics@cardiff.ac.uk

Appendix B: Consent form

Consent form

I understand that my participation in this project will involve completing a questionnaire; which will require approximately 10 minutes of my time.

I understand that my participation in this project could involve being in an interview; which will require approximately 30 minutes of my time.

I understand that I am free to withdraw my responses to all/specific questions in the questionnaire and interview.

I understand that participation in this study is entirely voluntary and that I can withdraw from the study at any time without giving a reason.

I understand that I am free to ask any questions at any time. I am free to withdraw or discuss my concerns with Simon Claridge.

I understand that the information provided by me will be guaranteed to be held confidentially. I understand that anonymity cannot be guaranteed as the researcher will be aware of my identity during the interview. Also, my responses to the initial questionnaire may provide details of my EPS which could give indications of my identity.

I understand that anonymised data will be stored in a locked case after transcription for up to 5 years and data will be destroyed after this time.

I also understand that at the end of the study I will be provided with additional information and feedback about the purpose of the study.

I consent to participate in the study conducted by Cheneiss Bonitto School of Psychology, Cardiff University with the supervision of Simon Claridge.

Signed:

Appendix C: Online questionnaire

Please follow the link to view the online format of the questionnaire.

https://cardiffunipsych.eu.qualtrics.com/jfe/form/SV_1HMjAtpfvS27LqR

Otherwise, the word document of the questionnaire is presented below.

Welcome to the research study!

The Thrive approach attempts to provide a systematic approach to the early identification of emotional developmental need in children so that differentiated provision can be put in place quickly by the adults working most closely with the child. The Thrive approach proposes that it draws on insights from neuroscience, attachment theory and child development to provide a way of working with children and/or young people to support social-emotional and behavioural difficulties (SEBD) or social-emotional and mental health (SEMH). The Thrive approach attempts to equip stakeholders with strategies to help these children and young people to re-engage with life and learning.

Please answer the following questions if you are an Educational Psychologist (EP) who has some understanding of Thrive.

We are interested in understanding Thrive. You will be presented with information relevant to Thrive and asked to answer some questions about it. Please be assured that your responses will be kept completely confidential.

The study should take you around ten minutes to complete. Your participation in this research is voluntary. You have the right to withdraw at any point during the study, for any reason, and without any prejudice. If you would like to contact the Principal Investigator in the study to discuss this research, please e-mail Cheneiss Bonitto at BonittoC@cardiff.ac.uk

By clicking the button below, you acknowledge that your participation in the study is voluntary, you are above 18 years of age, and that you are aware that you may choose to terminate your participation in the study at any time and for any reason.

Please note that this survey will be best displayed on a laptop or desktop computer. Some features may be less compatible for use on a mobile device.

Q1

 What type of Educational Psychology Service (EPS) do you work for (E.g. surburban,

urban or rural)?

_____

Q2 What is the size of your EPS (how many EPs work in your EPS)?

_____

Q3 Have schools taken up Thrive in your local authority and if so, what are the number

of schools that have taken it up in your (LA)?

_____

Q4 What are the number of years you have worked as an EP? If less than one year, please

write the number of months, weeks or days you have worked as an EP.

_____

_____

_____

_____

Q5

What is your position in the EPS? (e.g. Main grade EP, Senior EP, Principle EP)

_____

_____

_____

_____

_____

Q6 How did you first discover Thrive?

_____

_____

_____

_____

_____

Q7a Are you a Thrive practitioner? If you select no, please skip to the next page.

Yes (1)

No (2)

Q7b How long have you been a Thrive practitioner for?

_____

_____

_____

_____

Q7c How did you become trained in Thrive? (e.g. self-funded or part of a service

development)

_____

_____

_____

_____

Q8 What is your understanding of the Thrive developmental strands?

_____

_____

_____

_____

_____

Q9 What is your experience of using the Thrive developmental strands in your work with

children and/or young people who have SEBD/SEMH?

_____

_____

_____

_____

_____

Q10 What is your understanding of the vital relational functions?

_____

_____

_____

_____

Q11 What is your experience of using the vital relational functions in your work with

children and/or young people who have SEBD/SEMH?

_____

_____

_____

_____

Q12 If any, what strategies from the Thrive approach have you used to facilitate change

with children and/or young people who have SEBD/SEMH?

_____

_____

_____

_____

Q13 How has the Thrive approach been used in your EPS? If the Thrive approach has not

been used in your EPS, please skip to the next page.

_____

_____

_____

_____

_____

Q14a Has the Thrive approach had an impact on your role as an EP? If you select no,

please skip to the next page.

Yes (1)

No (2)

Q14b How has the Thrive approach had an impact on your role as an EP?

_____

_____

_____

_____

Q15a Do you think the Thrive approach has an impact on children who have

SEBD/SEMH?If you select no, please skip to the next page.

Yes (1)

No (2)

Q16 What impact does the Thrive approach have on children with SEBD/SEMH?

_____

_____

_____

_____

Q17 Can you provide any positive uses of the Thrive approach?

_____

_____

_____

_____

Q18 Can you provide any limitations of the Thrive approach?

_____

_____

_____

_____

_____

Other than questions 14a and 15a, question numbers from 8-18 were omitted from the results section as not enough responses were provided from the participants. Participants often wrote N/A (non – applicable) for these questions or did not provide a substantial amout of information to analyse. Regarding question 17 and q18, the questions below helped to answer the research questions regarding the positive uses and limitations of Thrive.

Q19 Please choose the answer you feel most applies to the statement

The Thrive approach has effectively incorporated neuroscience into the understanding of SEBD/SEMH

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q20 The Thrive approach has effectively incorporated attachment theory into the understanding of SEBD/SEMH

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q21 The Thrive approach promotes a shared language across services

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q22 The Thrive developmental strands are hard for service users to understand

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q23 Thrive is not a systemic approach to the early identification of emotional

developmental need in children

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q24 EPs are able to better support children and young people with SEBD/SEMH by

using Thrive

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q25 Thrive strategies have helped children to progress through the developmental strands

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q26 Thrive does not help to improve the management of vulnerable & challenging

children

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q27 Thrive has improved children's social experiences within schools

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q28 Thrive has helped to improve children and/or young people's emotions/feelings

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q29 Thrive has helped improve pupil relationships

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q30 Thrive has been effective in improving children and/or young people's behaviour

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q37 Thrive has not been effective in engaging pupils in positive change

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q38 Thrive has not re engaged children with learning

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q39 Thrive has not been effective in promoting resilience in pupils

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q40 Thrive has helped to reduce EP referrals for SEBD/SEMH

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q41

Thrive engaged school staff to reframe their views on pupils with SEBD/SEMH

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q42 Thrive engaged families to reframe their views on pupils with SEBD/SEMH

Strongly agree (1)

Somewhat agree (2)

Neither agree nor disagree (3)

Somewhat disagree (4)

Strongly disagree (5)

Q43 If you would like to be contacted to take part in an interview, please select the first

option. If you would not like to take part in an interview, please select the second option.

I would like to take part in the interview (1)

I would not like to take part in the interview (2)

Q44 Please provide your contact details if you would like to take part in an interview.

Please be aware that participants will be randomly selected for the interview. There may

be a chance that you may not be part of those selected.

_____

Appendix D:Interview

1. What is your understanding of the Thrive approach?

2. What do you think Thrive offer service users?

3. Does Thrive have an impact on children and young people who have

SEBD/SEMH?

4. What are the positive uses of the Thrive approach?

5. What are the possible limitations of the Thrive approach?

Appendix E: Debrief sheet
Investigating ELSA supervision within Schools

Many thanks for taking part in this study. The research proposed is looking to understand how useful EPs view the Thrive approach. By focusing on what matters to each EP we can help to improve how the Thrive approach is used in light of comments as and when appropriate so that we can improve upon the Thrive approach to support the service each EP provides. Research results will look to further the understanding of the use of Thrive in EPS' and how it benefits those involved in the Thrive approach.

The research hopes to inform on how Thrive is being used within Britain at present by EPs. Thrive attempts to support those who work closely with children and/or young people with social and emotional behavioural difficulties/Social Emotional Mental Health. The research findings could hopefully be used to inform Educational Psychology Services about Thrive's positive uses and limitations. A further possibility is Thrive could use findings to inform ways to best support EPs in your local authority to support the Thrive approach for children and young people with SEBD/SEMH. Information provided by EPs will be guaranteed to be held confidentially. However, anonymity cannot be guaranteed as the researcher will be conducting face-to-face interviews. Also, EPs may provide details of their EPS in the initial questionnaire which could indicate the identity of the EP. Anonymised data will be stored in a locked case after transcription for up to 5 years and data will be destroyed after this time.

By way of further reading you may want to look at the works of the following authors within the field:
- Jane Illsley Clarke *Growing Up Again*;
- Daniel J. Siegel, M.D. and Tina Payne Bryson, Ph.D. *The Whole Brain Child*;
- the works of Dr Margot Sunderland;
- Daniel N Stern, *The Interpersonal World of the Infant*;
- and Sue Gerhardt *Why Love Matters*.

Regards,

Cheneiss

Appendix F: Descriptive Statistics

Please see pie charts below which convey the sample spread within this research.

Type of EPS

- LA rural
- LA urban
- LA mixed
- Private
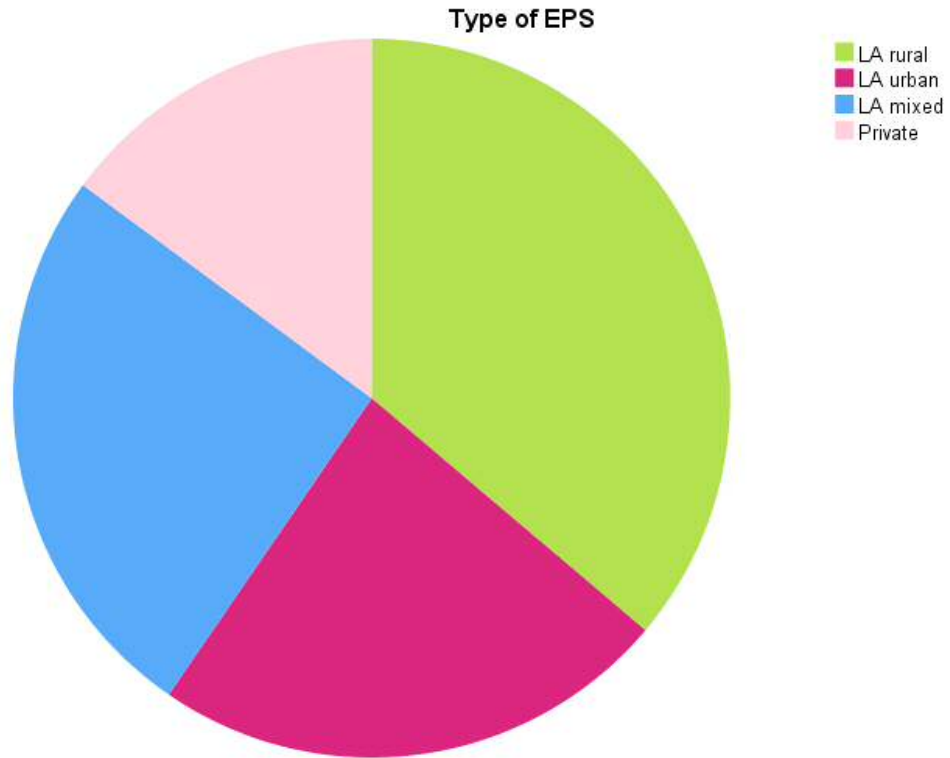
Percentages for each category:-

LA rural – 36.2% LA urban – 23.4% LA mixed – 25.5 % Private – 14.9%

Number of years as EP

Legend:
- under 1 year
- 1 -4
- 5-9
- 10-14
- 15-19
- 20-24
- 25 - 30
- 30 plus
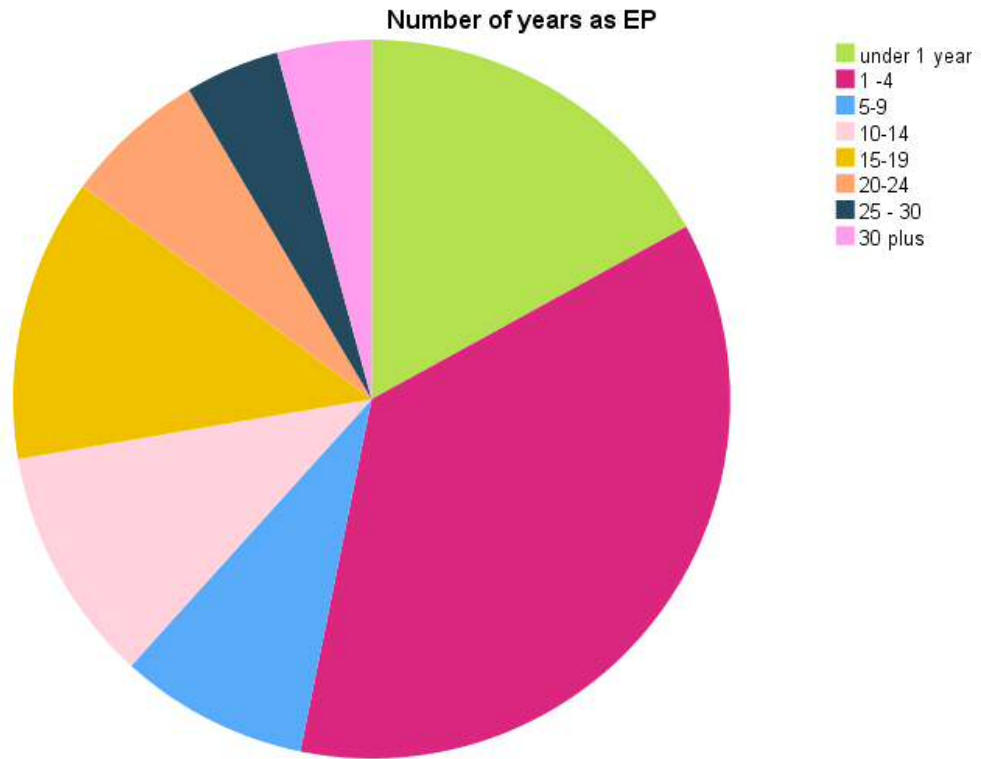
Percentages for each category:-

Under 1 year: 17% 1 - 4 years: 36.2% 5 – 9 years: 28.5% 10 – 14 years: 10.6%
15 – 19 years: 12.8% 20 – 24 years: 6.4% 25 – 30 years: 4.3% 30 plus years: 4.3%

how did you hear about Thrive?

Legend:
- school
- Thrive awareness traning session
- pacement
- university
- other youth service in LA
- other EPs
- EPs
- online research
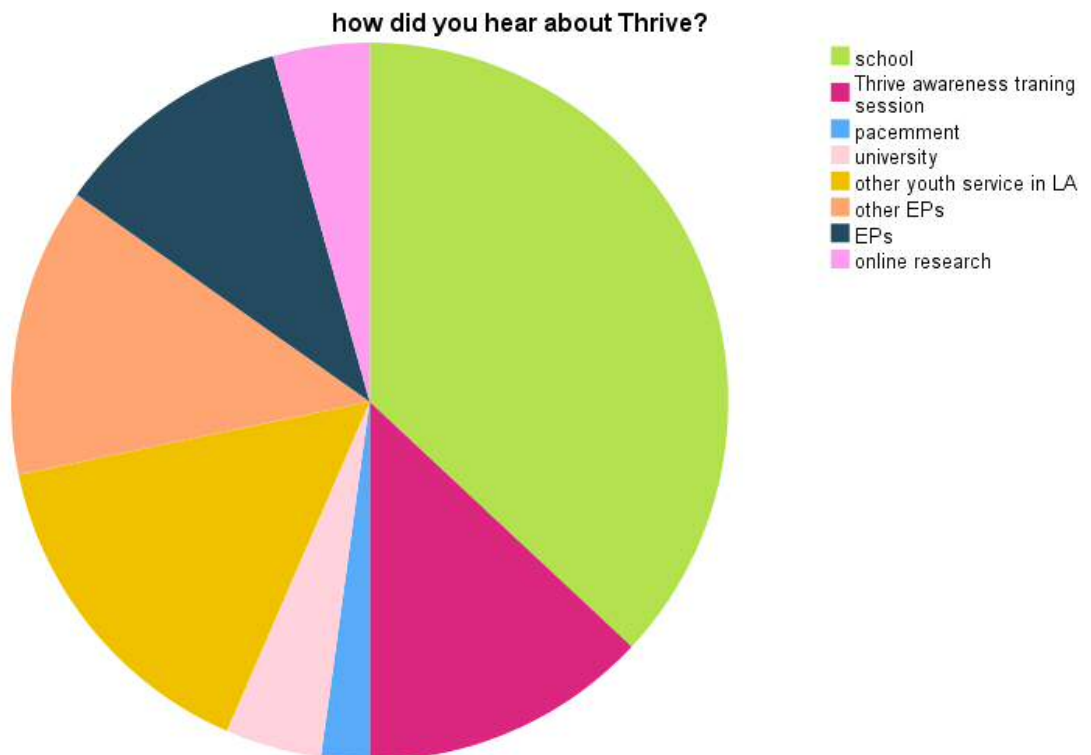
Percentages for each category:-

School – 36.2% Thrive awareness course – 12.8% Placement – 2.1% University – 4.3%

Other youth service in Local Authority – 14.9% Other EPs – 12.8% EPS – 10.6% Online research – 4.3%

thrive practioner length

Legend:
- 0
- under 1 year
- 1 - 5
- 6 - 10
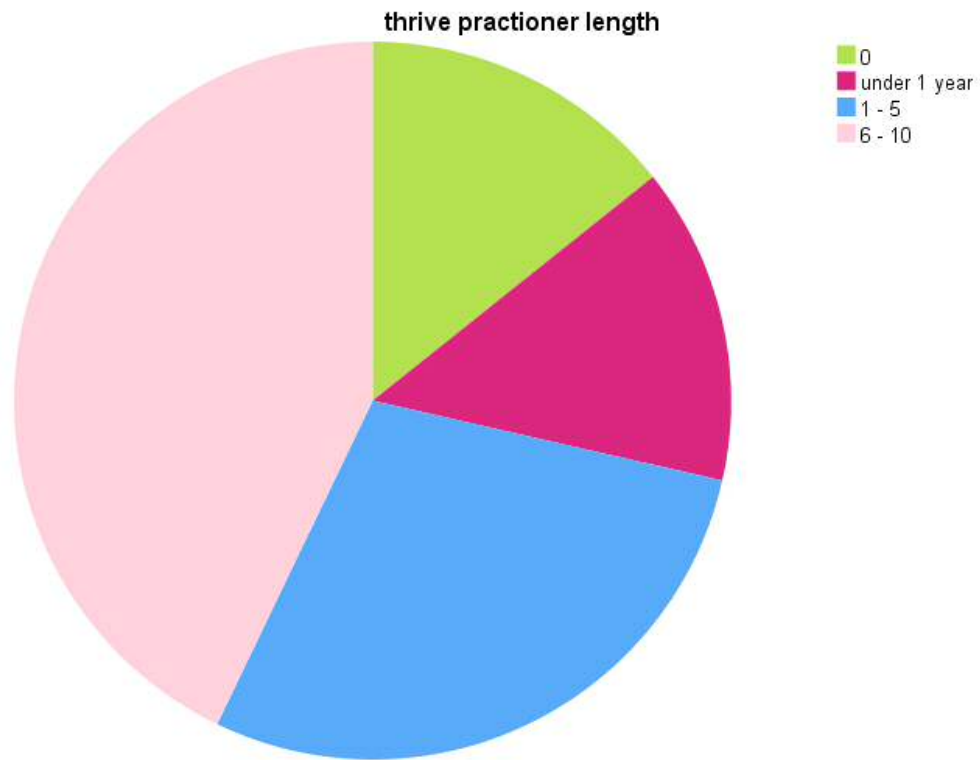
Percentages for each category:-

0 years: 15% Under 1 year: 15% 1 - 5 years:25% 6-10 years:45%

funding

LA funding
LAC funding
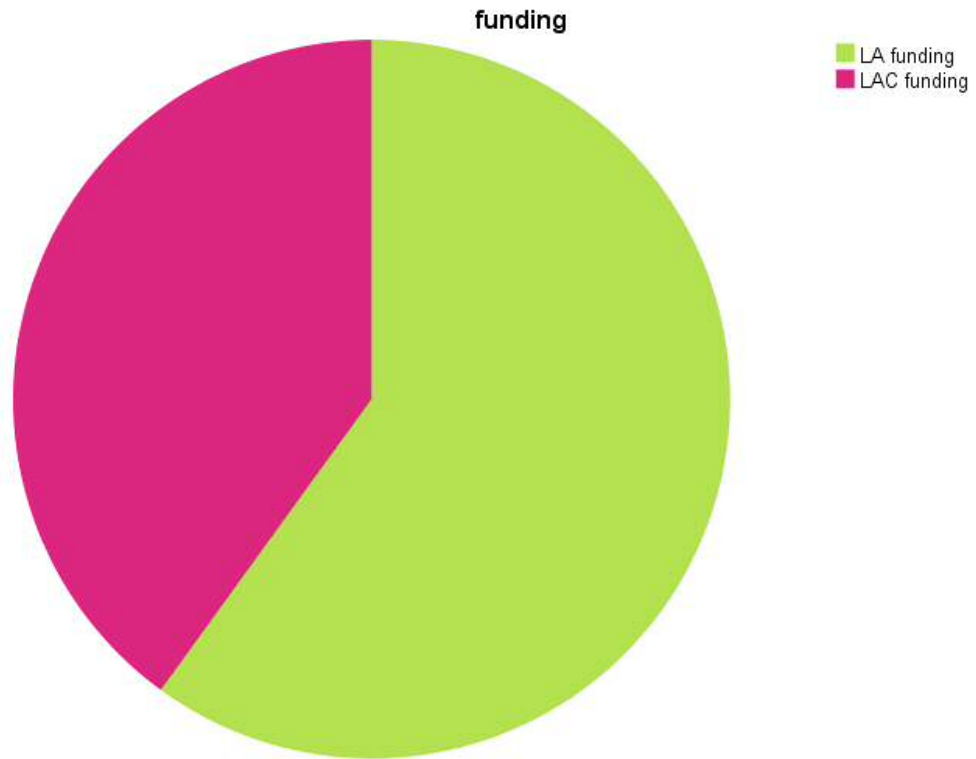
Funding to become Thrive trained was obtained from the Local Authority (LA) and funding regarding Looked After children (LAC)

Percentages for each category:-

LA funding – 70% LAC funding – 30%

Appendix G: Chi Square analysis SPSS data

CHI square tests

```
neuroscience * thrive practitioner
```

Crosstab

			thrive practitioner		
			yes	no	Total
Neuroscience	disagree	Count	23	23	46
		Expected Count	16.8	29.2	46.0
	agree	Count	3	22	25
		Expected Count	9.2	15.8	25.0
Total		Count	26	45	71
		Expected Count	26.0	45.0	71.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	10.077[a]	1	.002		
Continuity Correction[b]	8.506	1	.004		
Likelihood Ratio	11.164	1	.001		
Fisher's Exact Test				.002	.001
Linear-by-Linear Association	9.935	1	.002		
N of Valid Cases	71				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.15.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.377	.095	3.719	.000

Gamma	.760	.144	3.719	.000
N of Valid Cases	71			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

attachment * thrive practitioner

Crosstab

			thrive practitioner		
			yes	no	Total
Attachment	disagree	Count	8	13	21
		Expected Count	7.4	13.6	21.0
	agree	Count	17	33	50
		Expected Count	17.6	32.4	50.0
Total		Count	25	46	71
		Expected Count	25.0	46.0	71.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.109[a]	1	.742		
Continuity Correction[b]	.003	1	.954		
Likelihood Ratio	.108	1	.742		
Fisher's Exact Test				.789	.473
Linear-by-Linear Association	.107	1	.743		
N of Valid Cases	71				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.39.

b. Computed only for a 2x2 table

Symmetric Measures

	Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance

Ordinal by Ordinal	Kendall's tau-b	.039	.120	.326	.744
	Gamma	.089	.268	.326	.744
N of Valid Cases		71			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

shared language * thrive practitioner

Crosstab

			thrive practitioner		
			yes	no	Total
shared language	Disagree	Count	18	14	32
		Expected Count	11.8	20.2	32.0
	Agree	Count	9	32	41
		Expected Count	15.2	25.8	41.0
Total		Count	27	46	73
		Expected Count	27.0	46.0	73.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	9.072[a]	1	.003		
Continuity Correction[b]	7.660	1	.006		
Likelihood Ratio	9.181	1	.002		
Fisher's Exact Test				.004	.003
Linear-by-Linear Association	8.948	1	.003		
N of Valid Cases	73				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.84.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.353	.111	3.135	.002
	Gamma	.641	.153	3.135	.002
N of Valid Cases		73			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

```
difficult to understand * thrive practitioner
```

Crosstab

			thrive practitioner		Total
			yes	no	
difficult to understand	Disagree	Count	9	11	20
		Expected Count	7.4	12.6	20.0
	Agree	Count	18	35	53
		Expected Count	19.6	33.4	53.0
Total		Count	27	46	73
		Expected Count	27.0	46.0	73.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.759[a]	1	.384		
Continuity Correction[b]	.359	1	.549		
Likelihood Ratio	.748	1	.387		
Fisher's Exact Test				.424	.272
Linear-by-Linear Association	.749	1	.387		
N of Valid Cases	73				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.40.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.102	.119	.852	.394
	Gamma	.228	.254	.852	.394
N of Valid Cases		73			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

```
not a systemic approach * thrive practitioner
```

Crosstab

			thrive practitioner		
			yes	no	Total
not a systemic approach	disagree	Count	3	14	17
		Expected Count	6.4	10.6	17.0
	agree	Count	24	31	55
		Expected Count	20.6	34.4	55.0
Total		Count	27	45	72
		Expected Count	27.0	45.0	72.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.742[a]	1	.053		
Continuity Correction[b]	2.716	1	.099		
Likelihood Ratio	4.068	1	.044		
Fisher's Exact Test				.084	.046
Linear-by-Linear Association	3.690	1	.055		
N of Valid Cases	72				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.38.

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	-.228	.101	-2.161	.031
	Gamma	-.566	.235	-2.161	.031
N of Valid Cases		72			

b. Computed only for a 2x2 table

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

```
better able to support SEBD * thrive practitioner
```

Crosstab

			thrive practitioner		
			yes	no	Total
better able to support SEBD	disagree	Count	18	24	42
		Expected Count	15.4	26.6	42.0
	agree	Count	8	21	29
		Expected Count	10.6	18.4	29.0
Total		Count	26	45	71
		Expected Count	26.0	45.0	71.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.724[a]	1	.189		
Continuity Correction[b]	1.128	1	.288		
Likelihood Ratio	1.753	1	.185		
Fisher's Exact Test				.219	.144
Linear-by-Linear Association	1.699	1	.192		
N of Valid Cases	71				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.62.

b. Computed only for a 2x2 table

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Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.156	.115	1.352	.176
	Gamma	.326	.232	1.352	.176
N of Valid Cases		71			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Thrive strategies move children up strands * thrive practitioner

Crosstab

			thrive practitioner		Total
			yes	no	
Thrive strategies move children up strands	disagree	Count	17	14	31
		Expected Count	11.4	19.6	31.0
	agree	Count	9	31	40
		Expected Count	14.6	25.4	40.0
Total		Count	26	45	71
		Expected Count	26.0	45.0	71.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.869[a]	1	.005		
Continuity Correction[b]	6.538	1	.011		
Likelihood Ratio	7.942	1	.005		
Fisher's Exact Test				.007	.005
Linear-by-Linear Association	7.759	1	.005		
N of Valid Cases	71				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.35.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.333	.113	2.899	.004
	Gamma	.614	.163	2.899	.004
N of Valid Cases		71			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

```
does not help behavioral management * thrive practitioner
```

Crosstab

			thrive practitioner		Total
			yes	no	
does not help behavioral management	disagree	Count	9	11	20
		Expected Count	7.4	12.6	20.0
	agree	Count	18	35	53
		Expected Count	19.6	33.4	53.0
Total		Count	27	46	73
		Expected Count	27.0	46.0	73.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.759[a]	1	.384		
Continuity Correction[b]	.359	1	.549		
Likelihood Ratio	.748	1	.387		
Fisher's Exact Test				.424	.272
Linear-by-Linear Association	.749	1	.387		
N of Valid Cases	73				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.40.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.102	.119	.852	.394
	Gamma	.228	.254	.852	.394
N of Valid Cases		73			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

```
thrive has improved children's social experiences * thrive practitioner
```

Crosstab

			thrive practitioner		Total
			yes	no	
thrive has improved children's social experiences	disagree	Count	22	12	34
		Expected Count	12.6	21.4	34.0
	agree	Count	5	34	39
		Expected Count	14.4	24.6	39.0
Total		Count	27	46	73
		Expected Count	27.0	46.0	73.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	20.981[a]	1	.000		
Continuity Correction[b]	18.814	1	.000		
Likelihood Ratio	22.177	1	.000		

	Value			.000	.000
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	20.694	1	.000		
N of Valid Cases	73				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 12.58.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.536	.097	5.281	.000
	Gamma	.851	.082	5.281	.000
N of Valid Cases		73			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

improved children's emotional wellbeing * thrive practitioner

Crosstab

			thrive practitioner		
			yes	no	Total
improved children's emotional wellbeing	disagree	Count	14	10	24
		Expected Count	8.9	15.1	24.0
	agree	Count	13	36	49
		Expected Count	18.1	30.9	49.0
Total		Count	27	46	73
		Expected Count	27.0	46.0	73.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.991[a]	1	.008		

Continuity Correction[b]	5.693	1	.017		
Likelihood Ratio	6.899	1	.009		
Fisher's Exact Test				.011	.009
Linear-by-Linear Association	6.895	1	.009		
N of Valid Cases	73				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.88.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.309	.115	2.611	.009
	Gamma	.590	.171	2.611	.009
N of Valid Cases		73			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

```
pupil relationships * thrive practitioner
```

Crosstab

			thrive practitioner		Total
			yes	no	
pupil relationships	Disagree	Count	8	11	19
		Expected Count	7.1	11.9	19.0
	Agree	Count	19	34	53
		Expected Count	19.9	33.1	53.0
Total		Count	27	45	72
		Expected Count	27.0	45.0	72.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.234[a]	1	.629		
Continuity Correction[b]	.043	1	.836		
Likelihood Ratio	.231	1	.630		
Fisher's Exact Test				.783	.414
Linear-by-Linear Association	.230	1	.631		
N of Valid Cases	72				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.13.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.057	.119	.477	.634
	Gamma	.131	.268	.477	.634
N of Valid Cases		72			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

effective in improving CYP behaviour * thrive practitioner

Crosstab

			thrive practitioner		Total
			yes	no	
effective in improving CYP behaviour	disagree	Count	8	11	19
		Expected Count	6.9	12.1	19.0
	agree	Count	18	35	53
		Expected Count	19.1	33.9	53.0
Total		Count	26	46	72
		Expected Count	26.0	46.0	72.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.402[a]	1	.526		
Continuity Correction[b]	.126	1	.722		
Likelihood Ratio	.397	1	.529		
Fisher's Exact Test				.584	.357
Linear-by-Linear Association	.396	1	.529		
N of Valid Cases	72				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.86.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.075	.120	.621	.534
	Gamma	.172	.266	.621	.534
N of Valid Cases		72			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

positive change * thrive practitioner

Crosstab

			thrive practitioner		Tota
			yes	no	
positive change	Disagree	Count	11	5	
		Expected Count	5.9	10.1	
	Agree	Count	16	41	
		Expected Count	21.1	35.9	
Total		Count	27	46	
		Expected Count	27.0	46.0	

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.871[a]	1	.003		
Continuity Correction[b]	7.211	1	.007		
Likelihood Ratio	8.650	1	.003		
Fisher's Exact Test				.007	.004
Linear-by-Linear Association	8.749	1	.003		
N of Valid Cases	73				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.92.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.349	.114	2.797	.005
	Gamma	.699	.157	2.797	.005
N of Valid Cases		73			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

```
not re engaged learning * thrive practitioner
```

Crosstab

			thrive practitioner		Total
			yes	no	
not re engaged learning	disagree	Count	10	8	18
		Expected Count	6.7	11.3	18.0
	agree	Count	17	38	55
		Expected Count	20.3	34.7	55.0
Total		Count	27	46	73
		Expected Count	27.0	46.0	73.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.535[a]	1	.060		
Continuity Correction[b]	2.556	1	.110		
Likelihood Ratio	3.445	1	.063		
Fisher's Exact Test				.091	.056
Linear-by-Linear Association	3.486	1	.062		
N of Valid Cases	73				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.66.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.220	.119	1.800	.072
	Gamma	.473	.216	1.800	.072
N of Valid Cases		73			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

```
not boosted resilience * thrive practitioner
```

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
not boosted resilience * thrive practitioner	72	98.6%	1	1.4%	73	100.0%

not boosted resilience * thrive practitioner Crosstabulation

			thrive practitioner		Total
			yes	no	
not boosted resilience	disagree	Count	25	20	45
		Expected Count	16.9	28.1	45.0
	Agree	Count	2	25	27
		Expected Count	10.1	16.9	27.0
Total		Count	27	45	72
		Expected Count	27.0	45.0	72.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	16.691[a]	1	.000		
Continuity Correction[b]	14.700	1	.000		
Likelihood Ratio	19.180	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	16.460	1	.000		
N of Valid Cases	72				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.13.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-c	.451	.088	5.108	.000
	Gamma	.880	.090	5.108	.000
N of Valid Cases		72			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

```
reduced EP referrals for SEBD * thrive practitioner
```

Crosstab

			thrive practitioner		Total
			yes	no	
reduced EP referrals for SEBD	disagree	Count	15	15	30
		Expected Count	11.9	18.1	30.0
	agree	Count	12	26	38
		Expected Count	15.1	22.9	38.0
Total		Count	27	41	68
		Expected Count	27.0	41.0	68.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.376[a]	1	.123		
Continuity Correction[b]	1.669	1	.196		
Likelihood Ratio	2.378	1	.123		
Fisher's Exact Test				.142	.098
Linear-by-Linear Association	2.341	1	.126		
N of Valid Cases	68				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.91.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.187	.120	1.554	.120
	Gamma	.368	.218	1.554	.120
N of Valid Cases		68			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

```
reframed school staff SEBD perceptions * thrive practitioner
```

Crosstab

			thrive practitioner		Total
			yes	no	
reframed school staff SEBD perceptions	disagree	Count	14	10	24
		Expected Count	9.3	14.7	24.0
	agree	Count	13	33	46
		Expected Count	17.7	28.3	46.0
Total		Count	27	43	70
		Expected Count	27.0	43.0	70.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.020[a]	1	.014		
Continuity Correction[b]	4.817	1	.028		
Likelihood Ratio	5.973	1	.015		
Fisher's Exact Test				.020	.014
Linear-by-Linear Association	5.934	1	.015		
N of Valid Cases	70				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.26.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.293	.118	2.447	.014
	Gamma	.561	.181	2.447	.014
N of Valid Cases		70			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

```
reframed families SEBD perceptions * thrive practitioner
```

Crosstab

			thrive practitioner		Total
			yes	no	
reframed families SEBD perceptions	disagree	Count	8	12	20
		Expected Count	7.4	12.6	20.0
	agree	Count	19	34	53
		Expected Count	19.6	33.4	53.0
Total		Count	27	46	73
		Expected Count	27.0	46.0	73.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.107[a]	1	.743		
Continuity Correction[b]	.003	1	.955		
Likelihood Ratio	.107	1	.744		
Fisher's Exact Test				.790	.473
Linear-by-Linear Association	.106	1	.745		
N of Valid Cases	73				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.40.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.038	.118	.324	.746
	Gamma	.088	.267	.324	.746
N of Valid Cases		73			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
has thrive had impact on your role * thrive practitioner	73	100.0%	0	0.0%	73	100.0%
does thrive impact SEBD CYP * thrive practitioner	72	98.6%	1	1.4%	73	100.0%

has thrive had impact on your role * thrive practitioner

Crosstab

			thrive practitioner		
			yes	no	Total
has thrive had impact on your role	yes	Count	25	21	46
		Expected Count	17.0	29.0	46.0
	No	Count	2	25	27
		Expected Count	10.0	17.0	27.0
Total		Count	27	46	73
		Expected Count	27.0	46.0	73.0

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	16.085[a]	1	.000		
Continuity Correction[b]	14.134	1	.000		
Likelihood Ratio	18.517	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	15.865	1	.000		
N of Valid Cases	73				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.99.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.469	.085	5.001	.000
	Gamma	.874	.093	5.001	.000
N of Valid Cases		73			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

```
does thrive impact SEBD CYP * thrive practitioner
```

Crosstab

			thrive practitioner		
			yes	no	Total
does thrive impact SEBD CYP	YES	Count	26	30	56
		Expected Count	21.0	35.0	56.0
	NO	Count	1	15	16
		Expected Count	6.0	10.0	16.0
Total		Count	27	45	72
		Expected Count	27.0	45.0	72.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.571[a]	1	.003		
Continuity Correction[b]	6.943	1	.008		
Likelihood Ratio	10.437	1	.001		
Fisher's Exact Test				.003	.002
Linear-by-Linear Association	8.452	1	.004		
N of Valid Cases	72				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.00.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	.345	.079	3.651	.000
	Gamma	.857	.142	3.651	.000
N of Valid Cases		72			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Appendix H: Example of how initial coding was conducted

Interview 2:

Interviewee is a Thrive practitioner who presently uses Thrive within their practice.

Interviewee has been a Thrive practitioner for 2 years who has access to the Thrive online assessment. Interviewee regularly attends Thrive CPD courses.

Interviewer: What is your understanding of the Thrive approach?

Interviewee: Thrive is an approach to support the social emotional development of children and young people. It's a model that has been developed that draws on a range of existing theory and research in Child Development and then it's all been brought together into a sequential model that they packaged up and called Thrive. It involves reporting people's understanding of child development. It's quite heavy in terms of training on brain development as well. There are six different building blocks that they believe that children go through and you can draw links from that to the research on the theory.

Interviewer: Am I right in saying that you think it's packaged together in a distinct way that makes it different from other approaches?

Interviewee: As far as I know that's it's defining feature, is that it's supposed to take on board the majority if not all of the up-to-date evidence that we have in terms of child development and theories.

Interviewer: So you think that Thrive brings in different theories such as child development research to back up the developmental strands that Thrive proposes?

Interviewee: Yes, so it doesn't really have its own theory, it's more that they're drawing from other theories, research and approaches and things. Then they use that model to support other people's understanding and they use that model in terms of assessing where children are in terms of the 6 building blocks with 'being' at the lowest and then interdependence is at the top for adolescents. So the Thrive assessment measures where children are in terms of their development.

Interviewer: So it's a measuring tool as well as bringing in different theories for understanding of child development?

Interviewee: Yes.

Interviewer: What do you think Thrive offers service users if you think it offers anything at all?

Interviewee: I think it offers a greater understanding of needs regardless on if you focus on there being the 6 kind of pillars or the six building blocks. The training itself I think is very thorough

and the majority of people that I know that have gone on it - certainly SENCOs that I am

working with have gone on it and other staff members - these people who have attended training

say that they seem to have a much more in-depth understanding and are much more reflective of

a child's needs and I think that's backed up with the research and tells of what I've read up on

Thrive. Thrive suggest that the approach tends to change attitudes.

Interviewer: Would you say that the training days themselves change attitudes or the actual use

of the Thrive approach?

Interviewee: Yes, the 10 day training course is what supports your understanding of the child's

needs. So when I'm going into a school and I'm talking about a child's needs then practitioners

within the school that have been Thrive trained, it's much easier to enabler dialogue to reframe a

child's needs based on Thrive. For me that's the biggest impact because that has a knock on effect

on how they react to how staff support a young person.

Interviewee: The other way I suppose it has an impact is that schools have developed the use of

Thrive for parents. So schools have been able to encourage parents to come in to learn more

about Thrive to support their understanding of their child's needs. I think Thrive proposes that

you are supposed to do an assessment and then the monitoring and things and you have your

targets in your action plans. I've not used it in a way that action plans prove to be effective

because I think it's quite difficult to match the actions to the…

Interviewer: Need?

Interviewee: No, you have two targets out of a list of things that you can try to do with a child. So if a child was 'being' that means your target might be to help them feel special. But some of the activities that are mapped onto that target could be things like face painting, baking together, blowing bubbles things like that so it's quite difficult to see how these strategies independently have an impact on changing how a child's feeling about themselves. But once you are aware of the theory and research and you've done the training you can see it's much more about building a relationship and having an understanding of the child and some quality time with the child which then ties in with some of the strategies that they use.

Interviewer: So it seems as though it's more the relationship that's built when using their strategies rather than the strategies themselves that helps bring about a change in a vulnerable child?

Interviewee: Yes, but its people that have done the training themselves that have the understanding that it's the relationship that's important. Those who have not done the training may not understand how to implement Thrive strategies and the reasons behind the strategies. For example, those who have not done the training may not understand why they should be doing face painting with children or why they should be smiling every day at a child who may come into the class. I think Thrive has a bigger impact on those who have been trained in Thrive

in terms of implementing the strategies. I think the research has shown that even if two people go on Thrive training from a school then go back into school and try to disseminate it, the effect of the Thrive approach is not as great.

Interviewer: Well that links into the next question actually, Ithink you're saying that Thrive is really effective when people are trained… What impact do you think that Thrive has on service users if any at all?

Interviewee: In some of the schools I've worked with in my experience I've seen Thrive used as an entry and exit criteria for an SEBD class. So in some cases some children have got into an SEBD or nurture class and they've done Thrive and they do Thrive activities and there Thrive practitioner runs with that. Then the Thrive practitioner reports whether a child is increasing or going up the Thrive developmental strands. However, I usually find that it is context specific so whilst they might be making gains in an individual session when you move to a group session they move backwards again so it's almost as if the relationship builds and they feel more secure but then as soon as they go back into a full group Thrive session when they've got to share attention they go back so it's not sustainable in some ways.

Interviewee: And another thing is that you often see different Thrive assessments for a nurture provision or an EBD provision with a small class, 2 LSAs, and one teacher. This assessment will differ from a Thrive that's done within a mainstream school where the child is in a class of 30. I

think this probably just shows how secure a child feels within different environments and the different relationships they have with their teachers. But it's difficult to say then that Thrive is impactful in a way because it's not having an impact across different contexts in the same way.

Interviewer: Is there a Thrive action plan that can be developed for a whole class?

Interviewee: There's different ones so if a school decided that they want a Thrive school and they want to do Thrive as a class then they do a Thrive assessment on all the children. Then they get an idea of where the class needs are and they do activities that are specific to where they are in terms of their six building blocks. But then you can do individual assessments with individual children within the class. You can also use a behaviour observation tool.

Interviewer: Have you seen a class move up the six building blocks when using the whole class approach in regards to Thrive?

Interviewee: No I haven't, I'm actually about to retest a whole class using the Thrive assessment but haven't done it yet but I don't know if it helps. Certainly the teachers are saying or reporting that it has had an impact but I don't know because I've not done it. But then it's difficult I suppose because it's all self-reported. I suppose a teacher filled in the questionnaire and then does activities and then fills it in again, I don't know if there is a bit of experimenter bias.

Interviewer: Ok do you think there are positive uses, if any in regards to Thrive?

Interviewee: Probably. I think it's one of the only tools that I think allows you to I suppose use it as an assessment tool in terms of research purposes in regards to Thrive online. I think you can use it in the early years. As far as I understand staff can use it for emotional measures. I think within the local authority it's the only assessment tool that is used in early years for emotional measures. I think a lot of the activities link themselves well to working with younger children in terms of Key Stage 1 and Key Stage 2.

Interviewer: Are you referring to activities such as face painting, things like that?

Interviewee: Yes, another positive use is the changing attitudes, reframing behaviours.

Interviewer: What would you say are the limitations of the thrive approach?

Interviewee: Probably that although it is drawn on theory and research the actual Thrive model I feel lacks research and rigor. I'm not 100% sure that there is any research in terms of factor analysis and how the different items in the questionnaire are loaded into the different columns. So for being, it's being special, feeling secure and having needs met, for example. I'm not quite sure how the three kind of factors relate to the being stage. I'm not sure how far I've came up with the six building blocks. They talk about if a child is older you can recycle blocks you can go backwards, I'm not 100% sure on the research on that. I don't doubt the research that they show in terms of the functions of the brain and the chemicals in the brain.

Interviewer: So are you saying that the theory in terms of the six building blocks makes sense but

you're not sure of the research that has gone into it to back that up?

Interviewee: There is some evidence in terms of the functions and chemicals of the brain because

of neuroimaging and when they're talking about Piaget and Kohlberg. These theories we do

understand that there is research out there to back up those views but when you bring it all

together and package it up I'm not sure that package itself is backed up by evidence.

Interviewee: I'm also not sure how the actions and targets go together. It's quite difficult for

schools to evidence what they're doing in Thrive sessions and how that's having an impact on

children's development. Things like the ELSA (Emotional Literacy Support Assistant)

programme for example, the ELSA would have a chat to the child the teacher or other people

who are close to the child to decide what to work on in terms of a target and then they would

think carefully about what activities could meet that target. Then the ELSA would evaluate how

it's going with the child on a scale to 1 to 10 or with happy or sad faces so that the child could

self-report how the sessions are having an impact on their own development. That doesn't really

happen to match with Thrive where it's much more about doing activities which I'm not quite

sure where the activities came from to facilitate change. I think that makes it difficult for schools

in an area where you have to show evidence based outcomes and a graduated response, I think

it's quite difficult. It's also quite difficult because in secondary schools although children might

be presenting with social emotional needs of a much younger child some of the activities are so

young it's difficult to engage the children. Particularly if there's any fears about what their peers

may think. So blowing bubbles or playing with puppets may not be suitable for children who are

of an older age. However these activities can be adjusted to support their needs, certainly the

range of activities that come out for that age group is less than the range of activities that come

out for a younger age group.

Interviewer: So if the secondary school child came out at a being stage in a thrive assessment and

there were different activities within that range, activities appear to be tailored to a younger age

group then an old age group?

Interviewee: Yes.

Interviewer: Is there anything else you'd like to add?

Interviewee: Another limitation is that another social emotional program such as ELSA is

supervised by an Educational Psychologist (EP). So ELSA's have twice termly supervision. I've

experienced that children who access ELSA often have complex needs that can overwhelm the

ELSA because of some of the key change issues. So the supervision is not just about CPD for

the ELSA it's also about safeguarding the ELSA and the child. What I find with Thrive is that

these workers are barely supervised becausethere supervision is not built into the Thrive

approach. There's only CPD. So you have to go to a CPD event every year which costs. You

have to pay for things like your questionnaires and assessments which has a cost incurred.

There's no supervision involved in Thrive. I know in some EPS' is in my experience, they

suggested that the EP can negotiate with the school to be able to provide some sort of

supervision in Thrive. But that type of supervision is not compulsory. Whereas with ELSA the

program insists that practitioners need to have that supervision in order to stay registered as an

official ELSA. You're in a situation where would schools really want to spend money on a

session dedicated to being supervised on Thrive?

Interviewer: So there's no one really checking in?

Interviewee: No, so the cases that Thrive practitioners take on or how it's been delivered, because

it's a computer generated action plan, the Thrive assessments that the teacher for example fill in

maybe hands it to the Thrive practitioner for the school, then the Thrive practitioner inputs that

into the computer generated assessment and the computer comes back with the action plan, then

the Thrive practitioner hands that back to the teacher. Often the teacher doesn't really understand

what it is there meant to be doing. From the school point of view they can't always fund the

Thrive practitioner to do weekly Thrive. So in this EPS I have to support teachers that go in

maybe once a term to go in and maybe do a Thrive assessment. We have a Thrive action plan

with activities and it never really gets done. Whereas it works with other behaviour support

teachers that have done Thrive assessment and then maybe go in every week or two days or 3

days and do Thrive activities with the child. But within the EP role we can't really measure if

Thrive is being implemented unless the school keeps records of when they're doing Thrive

activities and how they're doing it. Also it's difficult to evaluate the effectiveness of the

activities. Different people implement the strategies or activities differently.

Interviewer: I wonder if EPs could go in to consultations with the teacher and discuss action

plans?

Interviewee: If I'm doing a Thrive assessment then I would meet with the teacher, go over the

questionnaires used in the assessment. You would have your action plans that you're supposed

to meet with the teacher to collaboratively create targets. Depending if I have an idea of what

the targets are from the consultation and other EP work that I've been doing in regards to a

specific child to develop a picture, I may come up with the targets independently. But then

myself and a key member of staff who works closely with the child would have to have a

discussion around the targets in the action plan and then decide what has to be done next to

support the child. I tend to have that discussion usually with a SENCO or the teacher. But that

depends on whether the teacher is available to have this discussion in a busy school day.

Maybe you could have the whole class doing activities as well which I have done in some

classes. I'm yet to evaluate the progress that this class has made.

With other cases it's been used in an individual basis so the school might feel that the child may

need to be placed in another educational setting, so they may use Thrive as a way to gather

evidence for this.

Interviewer: I wonder if parents are involved with coming up with action plans in the Thrive

assessment?

Interviewee: I have not seen that. I've seen it more so in terms of giving the parents activities for

home. In the Thrive assessment itself you can give specific activities that Thrive classify as

activities for home and some for school. But resilient families, a service in the EPS that aims to

support the home system, has Thrive practitioners that can be sitting with parents who

collaboratively come up with action plans.

Appendix I: Example of how codes have been transformed into themes and subthemes.

Research question

What are EP's views regarding the positive uses of the Thrive approach?

Thrive practioners:-

Theme	Subtheme	Example interview extracts
Assessment	research Identify need Behavioural profile Enables dialogue	I suppose use it as an assessment tool in terms of research purposes in regards to Thrive online. (Interview 2, page 5) I think within the local authority its the only assessment tool that is used in early years for emotional measures. (Interview 2, page 5) I think when school staff are presented with challenging situations that put

		them under stress and pressure it's easier to reflect back and look for underlying reasons or needs that are causing behaviour is presented in challenging children. (Interview 4, page 20) If you don't know the child you can speculate on what kind of behaviour they're coming up with. As you're filling in the assessment you can almost anticipate the response that the key stakeholder is going to give because you've built up that profile. (Interview 5, page 26) I think Thrive provides a way to stray from that sort of talk and provides a framework where it's not about parents or key members of staff having a rant and vent about the last five years of a

		child's life. (Interview 5, page 25)

You may experience, especially within our role, that you are speaking about concerns for the majority of discussions with those who work closely with children. I think Thrive provides a way to stray from that sort of talk and provides a framework where it's not about parents or key members of staff having a rant and vent about the last five years of a child's life. (Interview 5, page 25)

So during a discussion I tend to say 'so hearing you say this about child I'm wondering if this means that and so forth?'. And then you can ask 'does your child generally respond in this sort of way?' in order to develop a picture. (Interview 5, page 26) |

Targeted intervention	Engaging activities for younger children	I think a lot of the activities link themselves well to working with younger children in terms of Key Stage 1 and Key Stage 2. (Interview 2, page 8) It's easier to explain why to use certain strategies when referring to the models in Thrive. (Interview 4, page 21)
SEMH understanding	Changing attitudes Inclusive of parents Shared language Understanding of CYP needs	Overtime as you work through the strands you feel as though you have an understanding of the young person. (Interview 5, page 26) another positive use is the changing attitudes, reframing behaviours. (Interview 2, page 8) We can help staff to put themselves in children's shoes, put themselves in childrens positions. This helps staff to

		think about how children may feel. (Interview 4, page 21) Involvement of parents is also a good thing. (Interview 4, page 21) It's useful as you go through the questions for you to elaborate when key stakeholders may not understand some of the language used pertaining SEMH. This allows for further discussion. (Interview 5, page 26) We can help staff to put themselves in children's shoes, put themselves in children's positions. (Interview 4, page 21)

Appendix J: Example of how codes were defined to aid analysis.

Defining of codes to aid qualitative analysis

Research question one:

What (if any) are the limitations in the Thrive approach?

THEME THREE:

Concrete examples of researchlimitationswithin the Thrive approach according to non-Thrive practitioners

A DEFINITION OF WHAT THE THEME CONCERNS:

Theme three concerns any references to a concrete example of research concerning limitations of the Thrive approach according to EP's views.

HOW WOULD ONE KNOW WHEN THE THEME OCCURS?

When this theme occurs there will be an example of a situation or a reference by the EP about how Thrive could be improved, changed and the difficulties they have seen regarding to how it is used. There will also be some reference to the concept of how the Thrive approach was constructed and its founding theories.

(So, in order for an extract to be themed here the extract must make reference to both of these elements.)

Qualification Exclusion

• Needs to specifically respond to the question, what are the limitations of the Thrive

approach : "Ihavefound this difficult", "Thrive could do this instead", "I think Thrive

need to; "I would like to see this". Must be able to hear or see the point they describe.

• Also must have some reference to Thrive itself;

"The Thrive approach has to", "This approach lends itself", "since

becoming a Thrive practitioner"

• Paraphrasing of what was experienced when using Thrive/ what Thrive

says you should do in practice/

what you would do…

• Exclusions of any reference to

feelings, thoughts, or changes in

personal attributes.

EXAMPLE OF INCLUSION:

"Within Thrive, every child is different and I worry that the categories are too broad but

seem to give the same strategies to each child and I don't think it is tailored to necessarily

suit each child." - (Interview 1, page 4)

EXAMPLE OF EXCLUSION:

"Surely I think that can't be right" (Interview 1, page 4).

Inter-rater reliability.

Research aim

The current research aims to uncover EP's perceptions of the limitations and positive

uses of the Thrive approach, the impact the Thrive approach makes and what it offers

service users.

Interview questions

What is your understanding of the Thrive approach?

Interview four: Researcher's themes

- Sequential model of child development

- First three strands focuses on development at an individual level, the latter 3
  strands focuses on development in a group context

- Changes attitudes toward SEMH

- An approach that helps CYP to build relationships

- An approach that helps CYP to explore the environment

- Grounded in the understanding of the Stress management system

- Grounded in the understanding of Cognitive and emotional regulation

- Targeted intervention

- Helps to identify need via assessment

Interview four: Independent Researcher's themes

- Reframes understanding of SEMH

- Grounded in the understanding of neurobiology

- Targeted strategies

- Provides a tool for behavioural observation via assessment

Interview six: Researcher's themes

- Child development model

- Draws on neurobiology research

- Targeted intervention

- Helps to identify need via assessment

Interview six: Independent Researcher's themes

- Grounded in the understanding of neurobiology

- Targeted strategies

- Provides a tool for behavioural observation via assessment

What does Thrive offer service users, if anything at all?

Interview four: Researcher's themes

- Offers an accessible package for schools to understand with underpinning theories

- VRF's are not unique to Thrive

- Schools like the assessment as it boosts their confidence regarding managing behaviour

- Provides emotional wellbeing measures

- Pre and post measures for research

Interview four: Independent Researcher's themes

- An attractive package for school to engage with underlying theories

- Schools like the assessment monitoring emotional wellbeing outcomes

Interview six: Researcher's themes

- Changes attitudes toward SEMH

- Parents might not have the knowledge to employ Thrive strategies

- Helps to monitor progress via assessment

Interview six: Researcher's themes

- Reframes understanding of SEMH

- Helps to identify 'what works' via assessment

Does Thrive have an impact on CYP's SEBD development?

Interview four: Researcher's themes

- Changes attitudes toward SEMH

- The interventions need to be explained to service users to have an impact

Interview four: Independent Researcher's themes

- Reframes understanding of SEMH

- The strategies need to be tailored to suit different contexts to have an impact

Interview six: Researcher's themes

- Changes attitudes toward SEMH

- Assessment questions enable dialogue

Interview six: Independent Researcher's themes

- Reframes understanding of SEMH

- Assessment questions promote reflective discussion

What are the positive uses of the Thrive approach?

Interview four: Researcher's themes

- Changes attitudes toward SEMH

- Inclusive of parents

- Targeted intervention

- Helps to identify need via assessment

Interview four: Independent Researcher's themes

- Reframes understanding of SEMH

- Engages parents in facilitating change

- Targeted strategies

- Provides a tool for behavioural observation via assessment

Interview six: Researcher's themes

- Changes attitudes toward SEMH

- An approach that helps CYP to build relationships

- Engaging strategies

- Assessment questions enable dialogue

Interview six: Independent Researcher's themes

- Reframes understanding of SEMH

- Assessment questions promote reflective discussion

What are the limitations of the Thrive approach?

Interview six: Researcher's themes

- The model of development suggests key issues are within child but the overall approach points to environmental factors.

- Strategies are not tailored to suit ages

- Hard for EP's to do the assessment alone as don't know child well enough

- No inter rater reliability when service users complete the assessment

- Validity is questionable regarding the links between the different theories that underpin the approach

- Biases in research conducted by Thrive to support the approach

- Very little evidence for hierarchy of development

- Hard to move up stages of development because of the percentage points

- There is limited factor analysis regarding the stages of development

- Expensive

- Alternative approaches are just as useful as Thrive

Interview six: Researcher's themes

- Conflict between within child and environmental factors

- Subjective interpretation of CYP's needs to complete assessment

- Limited evidence behind neurological theory

- No comparative norms in regards to ages and stages of development

- Not cost effective

Interview four: Researcher's themes

- Strategies are not tailored to suit individual needs

- Strategies are missing for some areas of need

- Time consuming to do a behavioural profile

- Language used in assessment is too complicated

- Questions are repetitive in some sections leading to misrepresentation of results

- The scoring is subjective

- Expensive

- CPD courses are too basic

- Have to do CPD to maintain licence

Interview four: Independent Researcher's themes

- Blanket set of strategies do not meet individual needs

- Reliability of scores is questionable in assessment

- Subjective interpretation of CYP's needs to complete assessment

- Not cost effective

Appendix K: Details of Electronic Literature Searches

Ex Libris searches included the terms listed ,no restriction was placed on field. The literature search wasconducted between September 2018 and April 2019. The figures below areapproximate as they were taken from recreated searches in April 2019. Given the highnumber of articles returned by these searches, titles and abstracts were read toidentify the most relevant articles.

Vulnerable pupils AND Social Emotional Behavioural development OR Social and Emotional Mental Health (Articles:- 372,851)	• of which published in peer reviewed journals AND in English (Articles:- 350,404)
whole school approach AND Social Emotional Behavioural developmentORSocial Emotional Mental Health ORcoping OR wellbeing (Articles:- 932,167*)*	• of which published in peer reviewed journals AND in English (Articles:- 839,586)
developmental approaches and interventions AND attachment theory OR early trauma OR neuroscience OR biological OR cognitive	• of which published in peer reviewed journals AND in English (Articles:- 7, 136,929)

behavioural OR humanistic OR psychodynamic (Articles :- 7,846,157*)	

Interview 1 – Non Thrive practitioner - female

Interviewer: What is your understanding of the Thrive approach?

Interviewee: A lot of my schools that I work with use the Thrive approach. Schools train a member of staff in Thrive and then that staff member shares their knowledge with the whole school. So in some schools they have one person who is trained in Thrive.

I've looked at the spectrum model and I've looked at the neuroscience behind Thrive. In my opinion a lot of the approach draws on some psychology. I question whether it's draws on enough psychology but it draws on some psychology to help staff understand social emotional and behavioural difficulties a bit more and the impact of Adverse Childhood Experiences.

In some local authorities I've seen the Thrive approach explained to teaching assistants without necessarily giving them the whole training on the Thrive approach. In these local authorities school staff tend to be trained in thrive and these staff would implement it in the school by explaining the approach to other staff who were not trained.

Interviewer: Have you seen any authority directly use Thrive with children and young people?

Interviewee: None of the Educational Psychologists (EPs) within the local authority use the Thrive strategies directly with individual children. It tends to be the LSA (Learning Support Assistant) that is trained in thrive and in some cases it is the SENCO (Special Educational needs Co - Ordinator) who is trained in Thrive that use the Thrive strategies directly with individual children. It often tends to be the LSA who's trained in Thrive that becomes the key worker. That often presents a power dynamic in making thrive a whole school approach as LSA's don't have the power to make it a whole school approach.

Interviewer: So thrive is used as another LSA intervention in your experience?

Interviewee: Yes. However the local authority have a behavioural outreach team that's for one of the special schools for SEMH. So there are members of staff from that service who come into schools to do a Thrive assessment and do some Thrive work specifically with children who have been identified with SEMH difficulties. That's another way I've seen it used within my experience.

Interviewer: So do members of the behavioural outreach team work with the school or do they work with parents as well?

Interviewee: They seem to just work with the child.

Interviewer: What do you think Thrive offers service users? You mentioned the outreach team working with children and you also mentioned school staff and how it's used within schools, what else do you think Thrive offers to service users?

Interviewee: A real positive I think is that Thrive raises the awareness of the impact of Adverse Childhood Experiences. Having an approach like that available and people thinking what is that and bringing the knowledge within Thrive to the forefront is good. A huge impact of the Thrive approach is when a Thrive assessment is conducted and people can understand that a child is much emotionally younger than their age. From my experience most children end up under the being stage in the Thrive assessment. Every SENCO and every LSA I've spoken to has said that every child has come out as 'being' which makes me question the validity of the assessment. On the other hand it can help to think of a child as 'being'. If I think of this child as a toddler I would approach the child in a different way. In this sense it can be helpful to increase the understanding of different children's needs.

Interviewer: So we can help School Staff reframe their perception of a child's behaviour?
Interviewee: Yes

Interviewer: So instead of school staff thinking there is a complex problem it could be that there are certain gaps in a child's development?
Interviewee: Yes. And the one thing I do like about the approach is it takes on the plasticity of the brain and the fact that it's not just that this child has had these experiences and let's disregard this child due to their environment during the upbringing. I think the optimistic side of it is a good thing.

Interviewer: Would you like to add anything else? So I think you said it's quite positive in regards to the plasticity in the brain, it prevents staff from disregarding children due to their Adverse Childhood Experiences and reframes staff views?
Interviewee: Yes, it gives strategies to use. I'm not sure if I'm convinced by the effectiveness of the strategies because I'm not convinced of the one size fits all approach that Thrive conveys. It seems like a one size fits all approach because many children seem to come out at the being stage in the Thrive assessment. So that worries me that if everyone's coming out at the being stage everyone is given the same blanket strategies and I think from my understanding of attachment especially with the progress that's being made in terms of attachment research and kind of moving more towards the dynamic model and looking at Crittendens work and children developing coping strategies based on their individual experience that doesn't really fit with giving a computed blanket set of strategies.

Interviewer: I can see your viewpoint. Giving a blanket set of strategies to fit a child rather than looking at the child individually and then tailoring strategies to that child can be seen as a blanket approach.
Interviewee: Yes, and I've seen as a local authority (LA) that the LA will provide interventions before allocating any funding. But I found that a lot of applications when they come through for funding say the pupil accesses Thrive but it's hard to tell what that means. It's quite broad to state that this child accesses Thrive to gain funding. I've looked at previous reports, children and schools would just write accesses Thrive once a week for a child. It's hard to gather what 'accesses Thrive' means, what that provision means, how it benefits that child, what is being

done specifically to help that child within the Thrive approach. In some cases I've seen 'accesses Thrive' means playing with slime for half an hour with a child. I don't know if it's necessarily a problem with Thrive and how it's being delivered within schools but I'm not sure how playing with slime is that beneficial to a child.

Interviewer: Have you seen a child move up the developmental strands in your experience?
Interviewee: Not personally. I've seen an impact on the teachers approach. I've seen teachers change their approach to certain children based on their understanding of Thrive. I haven't seen children move through developmental strands. This could be due to the nature of the EP role, we often pop in and out of schools and don't work with cases in an ongoing manner therefore it's hard to see a child's development over a long period of time in order to measure the success or the progress of a specific intervention from Thrive and how it has an impact on a child's ability to move up the developmental strands. As an EP it's hard to know if Thrive strategies have an impact in relation to the developmental strands. Also it's hard to know if Thrive specifically has a direct impact on a child's development especially if other interventions are being used alongside Thrive. Because of Thrives one size fits all intervention approach I often recommend other interventions alongside Thrive because of these reservations.

Interviewer: Does Thrive have an impact on children and young people with SEBD?
Interviewee: Thrive helps to build that relationship with an adult which has an impact on children and young people. Having that positive time with a key member of staff and experiencing happiness in that time is not harmful for children with SEBD. It may be helpful to have the demands reduced during that protected period of time with a key member of staff. Thrive has an impact in that sense in terms of fostering relationships for children and young people with SEBD and the key member of staff.

Interviewer: So it's beneficial in fostering relationships and providing that protected time in order to increase the sense of belonging in school for vulnerable children and young people?
Interviewee: A SENCO recently went on Thrive training and she told all the stuff that they needed to do. Acknowledge children as they walked around the school through small gestures such as giving them a thumbs up and I saw that that did have an impact on some young people because they felt noticed. They felt the sense of belonging in school. So I think there are possible impacts in that sense. The problem for me is that I've seen Thrive used so differently in different schools. No I'm not sure what the impact is because of the various ways I've seen it being used.

Interviewer: Anything else you would like to add?
Interviewee: No I don't think so.

Interviewer: So you mention that Thrive was used as a whole school approach to create positive change in regards to acknowledging children when walking around the school, have you noticed any changes with an individual child that has used Thrive?

Interviewee: When the whole school staff were specifically targeting one child, school staff used strategies such as smiling, noticing and gesturing with this child and positive changes occurred with this particular child's behaviour and engagement. Again this is an example of Thrive increasing the awareness and understanding of a child's needs through the approach. It's reframing a staff's thinking into thinking- 'yes this child has encountered previous experiences but we can do things to change this child's outcome'.

Interviewer: What do you think the positive uses of Thrive are? Maybe compared to other approaches or just as an approach itself?
Interviewee: I think the idea of a whole systemic school approach is great, the idea of getting a whole school involved is great, it's not just passing a responsibility to a member of staff, it's getting the whole school to change their approach in order to cater to a child's needs. Thrive appears to stray away from saying that a member of staff needs to fix a child rather it's saying that the whole school is here to support the child. Especially with some of these children who get very attached to one adult and it can be quite challenging for that adult to experience that child's level of dependency. It's positive that Thrive attempts to have a more whole school systemic approach. I think that's really good.

I think it's more nurture focused. It's much better than some of the behaviour management strategies that are sometimes put in place in schools. I think Thrive replaces strategies such as going into the inclusion room which is in my opinion the least inclusive room setting in schools. I think it's much better for children with SEBD to spend time accessing Thrive. I think having staff that have been trained in Thrive can be really helpful in schools. I quite like the approach where a member of school staff is trained in Thrive rather than something external being trained and coming into schools. It makes the Thrive approach more readily available if school staff are trained. As an EP I have been able to go to the school and work with the Thrive practitioner or school member of staff trained in Thrive and come up with some additional interventions that can be used alongside Thrive. This helps the school staff members trained in Thrive to expand on the interventions that they are using in their Thrive sessions with a child or young person.

Interviewer: So it's good to have a school staff member trained in Thrive so they can act as an active purveyor in terms of implementing the Thrive approach?
Interviewee: As an EP it is ideal to have a member of staff who has a certain knowledge of the theories represented in Thrive and then using that knowledge to gain a picture of a child's needs during consultations with that member of staff.

Interviewer: It helps to build capacity in a sense?
Interviewee: Yes

Interviewer: Ok, so what are the limitations of the Thrive approach within your experience or understanding? I think you mentioned the validity of the Thrive assessments?
Interviewee: Yes, the validity of the assessments, because from my experience each child has come out as being. Surely I think that can't be right. Within Thrive, every child is different and I

worry that the categories are too broad but seem to give the same strategies to each child and I don't think it is tailored to necessarily suit each child. That's probably my main concern.

Also I know that they say Thrive implement new psychology into their approach as new developments are made but the psychodynamic maturation model which is Crittenden's model of attachment doesn't seem to fit with the Thrive approach. I personally think that the psychodynamic maturation model is a really helpful way of looking at attachment because you understand each individual's behaviour in terms of the context and look at this behaviour as a coping strategy and how to get an individual to change their coping strategy in order to change that inappropriate behaviour in response to a given situation. I think the psychodynamic maturation model is a helpful way for staff to look at behaviours exhibited in children with SEBD. I think staff turn to Thrive instead of looking at a child's behaviour in as much detail as the psychodynamic maturation model. I worry that Thrive might be the easier alternative. It might be a great first step for children who are just bubbling but I think for the ones with the most significant attachment difficulties they might need a bit more than what Thrive offers.

Interviewer: So Thrive may not be suitable for complex cases with significant attachment difficulties?

Interviewee: I think a more personalised approach would be ideal. I don't think the Thrive approach leaves room for that personalised aspect. Thrive doesn't really allow for the flexibility to be personalised when supporting vulnerable children and young people. Some interventions can be seen to skill up a staff member in a certain area of psychology and then using those skills to help vulnerable children and young people in a way that suits the practitioner. Whereas Thrive has less of that flexibility. I guess you could say if it's school staff and teaching assistants using it, it could be better that Thrive have a more rigid model so at least they know what they're sticking to and it's more standardised. But I think with vulnerable children and young people, rigid models and standardised stuff doesn't really work.

There is some psychology behind Thrive. But I do worry about the lack of evidence base especially as schools use it so freely. I think my main concern is that schools think if a child has SEBD difficulties they tend to access Thrive and there's Thrive rooms in schools specifically set up to deliver Thrive strategies to the children. In my opinion, these Thrive rooms become a space in school where staff send the naughty children. And in my opinion that's not what Thrive rooms are supposed to be.

My main issues are to sum: I don't think that Thrive is being implemented as its intended. Also the issues around the flexibility and the categorisation of pupils, I don't think it is necessary helpful.

Interview 3 – Non Thrive Practitioner - female

Interviewer: What is your understanding of the Thrive approach?

Interviewee: The Thrive approach to me is a way of developing a child's stress management system so that they're able to independently be able to regulate their emotions, their trigger's and their behaviours. What the approach offers is training for professionals to be able to

support children in that journey and also monitor their progress over time. And hopefully taking it back to whatever level the child is working at and use the Thrive approach at a systemic level as well.

Interviewer: Is there quite a lot of CPD involved in the training?
Interviewee: Yes, I'd say so.

Interviewer: Ok, so just to clarify, understanding the Thrive approach is looking at children's stress levels to regulate their own emotions?
Interviewee: Yeah I think, instead of stress levels it's more looking at the stress management system to enable them to be emotionally resilient. So what can we do to help them? Providing children with those experiences of being independent. What can this adult do to support this child? So using the Thrive assessment questionnaire to find out what level that child is at to start with. It's about capacity-building, I think both for the child and for the people closest to the child.

Interviewer: What do you think Thrive offers service users? I know there can be quite a range of stakeholders involved and then the actual children themselves... Maybe there's a difference in what Thrive offers between the two or maybe it's the same thing that's being offered?
Interviewee: It possibly depends on who's using it. In my experience I used to be a Thrive practitioner as an assistant EP, there was a Thrive assessment that I could take into schools. I used it to reflect and reconstruct how professionals, teachers for example, might be viewing a child's difficulties. That proved to be successful in some cases. Although I'm not massively keen on the percentage on that child's development, I think having that window is helpful sometimes. So if a child is at 30% in being so right at the bottom, at age 14, you can say that I think that child should not be at that stage as that child has clearly got needs. But for some reason putting a number on it in terms of percentage inspires a change in views on a child's needs. I think the percentage changed how people closest to the child viewed these needs. they suddenly became much more..

Interviewer: on board?
Interviewee: Yeah and I think the teachers during the training, the teachers found it quite revolutionary in their practice I think and how they were viewing children, how they were monitoring, how they were approaching difficulties and how they shared it within the school. For the children I guess hopefully their needs were being met or at least, emotional developmental needs were being met at the level that they have according to their Thrive assessment. There was only one pupil that I worked with that I knew was aware of her assessment and she became aware of her difficulties through the Thrive assessment. She was able to talk about it and the support strategies that the action plans generated that people were using to help her through.

Interviewer: So for that pupil did that help her to reframe her own constructions of her own needs? Did that bring about change? How did she use that knowledge of her own emotional developmental level?

Interviewee: I don't know if she saw her actual assessment, she saw the action plan after it had been generated. So she knew what people were going to do to support her. So maybe that was a helpful thing for this pupil. She knew that if she had these difficulties, people will be using the strategies to help her. She knew that she had the strategies because she knew that it would be helpful for her.

Interviewer: So from the school's perspective in terms of reviewing the way that they view needs, the Thrive approach is good at this?
Interviewee: Yes, that's my construction.

Interviewer: Specifically, do you think Thrive supports children with social emotional behavioural difficulties?
Interviewee: Personally, I think it's that reframing because the program goes into so much detail of the neurological side of it, the social side of it, whilst you're doing assessment and reflections there is a lot of theory that goes into the approach beforehand. So the Thrive approach provides a lot of background. Yes, I think the approach is within child but I think the approach is like that for a reason. I like that because of things that are not within their control for a lot of the young people. Again, I think it's about reflecting and actually seeing that they're not naughty kids. These are children that could be experiencing severe needs that need to be met.

Interviewer: And the environment may be having an impact on the needs as well?
Interviewee: Yes, these children can only change if the system changes in order to understand their needs. I think the psychology and the evidence is out there anyway. But what Thrive done is it's brought it altogether and packaged it in a way that's user-friendly to school. If it wasn't so expensive it would be more useful. But once schools have access to Thrive and if they're using it properly that could be an empowering tool for them. I think when you can show what level a child is at via the assessments and percentages it is helpful. However, the assessments are quite subjective as it's based on different people's opinions. I often do one assessment for home and one for school depending on what the dynamics were in a case. But the Thrive assessment is a way of tracking overtime. But you can do that with various assessments. You should obviously monitor how things are going. So if Ofsted came in you could say we've done these interventions and we're moving forwards. So it's kind of justifying why you have to meet these early needs of the children which maybe you shouldn't have to do. But it's a way of showing evidence that a child is experiencing difficulties and what a school is doing to meet these needs.

Interviewer: I think you touched on using it with parents as well, have they given you any feedback on perhaps how they found it useful? You mention that school reframe their views on children. Have parents said similar, how have parents found it useful?
Interviewee: Yes, I had a couple cases where I used Thrive with the parents. It was quite awkward sometimes to use the Thrive assessment because thinking back to that child who was 14 years old and 33% at being. Her parents just saw her being at that low stage in her

development and parents question, what does that mean? Having the conversation around the child's level of development was quite awkward.

Interviewer: Is having the ages next to the strand quite awkward to report back to parents particularly when children present as very low on the strands at an older age?
Interviewee: So parents would ask me directly what does this mean, where would you expect a child of a certain age to typically be on the developmental strands. It was quite awkward to report the age that Thrive typically proposes a child to be at the being stage. For the being stage, Thrive proposes that a child is typically aged from the third trimester to six months. That was really hard to report back. But the child clearly had some significant needs and a very challenging complex home environment.

Interviewer: So it may help for parents to understand their child's needs based on the strands themselves?
Interviewee: Yes, but I think this information from the strand comes too late. I think maybe information from Thrive should come to parents' right at the beginning of a child's life. Therefore it can prevent a Thrive assessment being conducted in that child's future. It could help a child's needs to be met preventatively. The Thrive approach does seem quite reactive. It was helpful for those parents to know that we could do certain strategies via the action plan to meet the child's needs. But in my opinion the parent should have had this information from the beginning of their child's life.

Interviewer: That's interesting, what do you think the positive uses of the Thrive approach are? I think you touched on the research within Thrive that was used to develop its approach?
Interviewee: There is a neuropsychological side of it and linking it to the brain and that makes something that could be quite fluffy into something that is more scientific and this will change the physiological constructs of the person's brain. That's something good I think about the approach talking about synapses. It just makes the approach more scientific. Rather than just saying let's all just be nice to each other.

I think the assessments are quite crude as explained earlier, but they're not quite as crude as perhaps other assessments. It is more thorough but the assessments are quite time consuming. It offers a monitoring procedure as well. It does give off a catalogue of strategies that schools can you use and maybe EPs can use them. But I also feel that it's hard to stand in front of someone and say that this child has got this need and you need to use this long list of strategies. Because maybe those strategies won't work in an appropriate way for that child for whatever reason the person whose closer to that child is aware of. It may not be suitable for that child or that context that that child is in, home or school. It might be helpful for stakeholders to pick out strategies that they feel is most appropriate for the child. But the Thrive practitioner has the theory due to their training and understands why certain strategies have been picked out for that child. The Thrive practitioner may understand that you have to be flexible and innovative to work with a certain child in a certain system which is why the Thrive practitioner has picked out certain strategies for support. So maybe it is a bit restrictive in that sense in terms of understanding discrepancies between the Thrive practitioner and the people who may

not be Thrive trained but are closest to the child. Maybe it's beneficial for schools to liaise with the Thrive practitioner to gain that understanding because of the limited information they have on the reasons behind Thrive strategies. I'm not a Thrive practitioner anymore because I couldn't keep up my CPD. The CPD offers 5 or 6 cases each year which would have taken up all of my case work as a trainee EP.

Interviewer: Is it expensive to maintain CPD?

Interviewee: It is expensive to go on the CPD days and as a trainee EP I just can't keep that up although I'm sure I could have benefited from using the Thrive assessment with most of my cases this year. But it is too expensive to uphold the Thrive practitioner status as you have to maintain CPD in order to be called a Thrive practitioner.

Interviewer: Do you value the experience that you have in terms of accessing the Thrive training you acquired in the past?

Interviewee: Yeah I currently use the information from Thrive training, I really enjoyed that Thrive training. I had a fabulous leader in terms of the training instructor for Thrive. I'm using that information from Thrive which has changed my practice but now I'm thinking I could have got that information anyway. Maybe the Thrive training set me up in a certain way, do I now link my experiences as a trainee to Thrive because I received the training, or could I have accessed the information that Thrive produces through other means? I did enjoy the training and I was so gutted when it ended.

Interviewer: Does it go back to that packaging idea where they're taking elements from psychology and packaging it in a way that makes it more accessible to working with vulnerable children?

Interviewee: Yeah, so the vital relational functions that's emotion coaching but they've just labelled it as something else. I now go into school and I've been doing a lot of training on building emotional resilience and I have based some of it on Thrive. Being, Doing and Thinking is the triune brain theory but they just called it something else. I often talk about the brain stem, limbic system and neocortex as it is. To sum I often talk about the theories that Thrive talk about as the original theories themselves.

Interviewer: Did Thrive introduce you to the theories that you now have looked into and refer to when you're delivering training as they were originally theorised?

Interviewee: I think it's really fostered the interest that I have developed for theories that Thrive draws upon. I think my interest in that knowledge has developed because of the Thrive training. But now, I have decided to deepen my understanding and look into the psychology behind the theories that Thrive is based on. Especially as the Thrive packages itself are expensive and schools can't afford it. So I deliver my own training around the theories that Thrive draws on to make it more accessible to schools so that they don't have to pay those expensive costs to access the theories that Thrive offers. I have learnt some concepts from Thrive but I feel as though I could have learnt these concepts outside of the training. But the Thrive training do make the theories accessible.

Interviewer: We did touch on some limitations in your previous answer did you want to add any more limitations?

Interviewee: I think I have a moral issue with something that is clearly designed to help children who are struggling and the fact that Thrive make this approach so expensive that some children can't access it, I don't think that's right. I do understand that there needs to be some element of cost because of all the online things that Thrive does and what they're able to access but then at the same time don't we want all children to Thrive? Not just schools that can afford access to the Thrive approach. But maybe then that goes back to maybe they should have this approach as part of teacher training? It could be an element of teachers understanding what's happening to certain children and what it means to be emotionally resilient all the way through school. Some teachers may not know unless they have been on training that equips them with this knowledge like Thrive. I also think parents should know the knowledge that Thrive offers as well. Maybe what Thrive could do is to make Thrive preventative, so that all children can Thrive instead of looking at whether this child isn't thriving and then intervening.

Interviewer: Are there any limitations in regards to being a trainee and using Thrive? I think you touched on the effect that CPD is expensive and you can't afford to keep going on the courses as a trainee.

Interviewee: Yeah, it's the 5 or 6 cases as well. Here we have to do six cases as well using COMOIRA and I did 7 cases last year on the first year of placement so that would have been 6 or 7 cases for each year. Sometimes it's not appropriate to do a Thrive assessment. Also as a trainee who would be paying for it as the local authority paid for my training when I was an assistant psychologist. But if I was going to carry on to access the CPD in order to continue being a Thrive practitioner and to gain access to the online resources that Thrive provides it would have been my funding, or I would have had to ask the placement I was in to fund the CPD which again is very expensive. It's not feasible. I have shared Thrive with both of my placements. I have shared the concept of what it is. Especially up in the North of Wales where it's not as widely known. But I do know that the teachers that have accessed Thrive training have really valued it and in my experience people that I've spoken to have enjoyed the training. But maybe they've had the same training experience as me because it's people that I know.

Interviewer: You mentioned that you shared the Thrive approach with your EPS, did the EPS take the Thrive approach on board? How did they respond to thrive?

Interviewee: On my second day of placement they asked me to deliver Thrive training.

Interviewer: Wow! They're making the most out of your knowledge.

Interviewee: They asked me to do a presentation on Thrive in front of the whole EPS. But they do give you in terms of the Thrive training, an introduction package that you can share with people. So I already had the slides, I just altered them. Generally the EPS were receptive and interested in getting more information on Thrive. I learnt about Thrive through the awareness training days. Most of the queries that EPs brought up was the concept of putting a number or a percentage on a child's developmental level. That EPS is a traded service and they have so

many strategies involved so they already have a massive repertoire and will be using many theories over time. Teachers should be aware of the theories that go behind something like Thrive and having an understanding of where the children are and what their needs are and reframing how they think about how their children are presenting their needs and what they can do to support them. What they need to do to support them. I've got some moral dilemmas in mind in terms of systemic challenges.

Interviewer: Thank you for that is there anything else?
Interviewee: No

Thrive interview 4 Thrive practitioner for 1 year - female
Interviewer: What is your understanding of the Thrive approach?
Interviewee: My understanding is that people can go on a 10-day training course and you can do either adolescent or childhood specifically to focus on. I did the Childhood course. The course gives you an understanding of the sequential model used within the Thrive approach. For each of the training days you focus on one of the developmental strands. You look at general approaches that go with each strand and you look at the online tool during the training sessions. I find the approach really helpful when working with early years because it looks at how you build the stress management system. Working with the early years we see how the stress management system is developed in real time. Children should be at a level that is higher according to the developmental strands but we often find that the children come out at the being level. That is useful for us. My understanding of Thrive is that it's a targeted intervention. I use the online screening tool available in Thrive then afterwards I come out with an area of need depending on the area they fall under according to the strands. Then there's activities to try with the children.

Interviewer: So it's a useful framework to understand where a child's level is in terms of their development and then using the strategies that come with the strand that they are at?
Interviewee: Yeah, we use the Thrive approach with some LSA's. There are two analogies that I tend to use that stem from the Thrive approach. 1 is the building block analogy so if you're starting on a shaky foundation no matter what, no matter how many blocks you stack you are going to fall in terms of the amount of blocks. But I prefer this analogy. We all develop these developmental strands and a child's development is like Swiss cheese when we have some gaps and what practitioners attempt to do is to fill in those gaps. The Thrive approach emphasizes that being, thinking and doing are recycled later on in life. So if you have a not so solid being strand it's hard to develop properly. So the being strand is about having a secure trusting relationship with adults, from 0 to 6 months children tend to be building those relationships because it's a survival instinct. So being is about understanding yourself through a trusted relationship with an adult. And if you think about the end of power and identity stage it's about having relationships in the context of a group. And the doing stage is about being in a one-to-one parent-child relationship for example being able to explore and understand the environment.

Interviewer: So it's like Piaget, that idea of the little scientist exploring?

Interviewee: Yes and if you look at the school and structure strand it's about doing so within the context of a group. And the thinking stage is about cognitive regulation, thinking through problems and at the interdependence stage it's about doing so within the context of a group. So as you can see the 3 strands are recycled later on in life. So the latter three strands tend to recycle the earlier three strands within the context of a group. The earlier three strands focus on one to one relationships.

Interviewer: I thought that the six strands were all individual skills being learnt but actually the former strands are about one-to-one situations where as the latter strands are the earlier three strands but within the context of a group?

Interviewee: Yeah and the power and identity strand is all about distinguishing between fantasy and reality. But if you haven't got a secure base it's difficult to develop these skills. The Thrive approach referred to the triune brain theory although Thrive has packaged it up in a different way. So from 0 to 6 months children are starting to build physiological regulation. So if you're feeling really panicked and your hearts going the Thrive approach goes through a system that explains how people tend to calm themselves down. Say that the brain stem is linked to the developmental stage called being. From 6 to 18 months you're starting to learn that after you've had that steady regulation you know that someone will calm you and help you out, it's about extending that and asking others for help rather than just crying, it's about developing all of those social skills. The limbic system as the emotional part of the brain is developing with these skills. Thrive propose that the doing strand corresponds with this part of the brain. So that's about obtaining relational skills. That makes sense because that comes in line with the idea that at 6 months children are becoming more mobile.

Interviewer: Children often start talking cooing, babbling and gesturing at that age?

Interviewee: Yeah, the last bit of the brain is the neocortex thinking through a problem and as you can guess that is linked to the thinking strand. I talk to my setting stuff about the neocortex quite a lot and I say how children tend to use the neo cortex or how it is being developed specifically with early settings. I think in the training they use a passport scenario to explain difficulties children may face in regards to emotions. They say that you're in an airport and realise your passports gone, immediately you panic and your body's flooded with emotion. So first you have to calm yourself down which links to the limbic system and the being stage. Then the next part you would look for somebody else to sort the problem out for you. So I returned to my husband and tend to be like 'where have you put my passport? This was you what did you do with it, someone help me?' Or like when you are on your way home and you ring your mum because you feel like no one else can fix it for you. You can't think it through you just need someone else to do it for you. That's the emotional part of the brain that's the limbic system which links to the doing stage. Then the last part is the messages that we say to ourselves. We say its ok I know I left my passport on the nightstand it will it will take me 20 minutes to get to the passport and back to the airport. So we expect our children to come in at the neocortex stage. The thinking stage because the thinking stage encapsulates 18 months to 3 years. So when our children are dysregulated and school setting staff tend to go in with verbal reassurance by saying its ok, or we share with our friends or we don't hit. School setting staff often go in with too many words and often children are at the being stage. The neocortex brain

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is not developed yet. You know the seagull hand model it says that the top of the brain shuts down. It really helps the setting staff in early years when I explained this developmental delay through the use of the Thrive model and analogies. I can say based on observations that children are at the being stage and school setting staff assume that children at a higher stage and they're coming in at the thinking, their using strategies that may not be helpful at that child's developmental stage. The staff really found this useful. It makes sense to the staff when it is explained through Thrive models and analogies. So if children can't physically calm themselves down , if every time a child got stressed out they were thinking at the being stage using the brain stem they're not going to be able to tell you what's wrong and the child is not going to be able to think the problem through. So school setting staff may be going straight in to help children think through the problem but it could be that that child physically is very stressed out because they're at the being stage and they're using the brain stem. So depending on the behaviours that are seen or observed I don't always need to do a Thrive assessment to recognise patterns of behaviour based on using Thrive a lot.

Interviewer: So it seems like you find the models quite helpful in Thrive?
Interviewee: I think the staff I work with are starting to tune in to the models that I use. I tend to notice what happens when a child dysregulates depending on their stage in development. So if there at the being stage they may be inconsolable, tears, very wet face, snotty, arching their back looking very old, very young baby like behaviour, they can't be spoken to which makes it worse in terms of communicating. In these instances physical communication, physical reassurance such as rocking, cradling that kind of thing helps because the brainstem is part of the cerebellum and that is responsible for movement. When a baby cries you pick them up and rock them because you're stimulating the cerebellum this brain stem, that part of the brain. So movement helps to calm younger children or children who are working at the brain stem part of the brain. Those principles that you use to calm a baby down are the same principles that you use with children at the being stage, eye contact, rocking etc.

Interviewer: Did Thrive provide you with knowledge about the cerebellum or was that you looking more into the research around the brain stem?
Interviewee: That was part of the training from Thrive. I was aware of the cerebellum, and the oxytocin is released but this information was also given during the Thrive training sessions. So when you look away from a child their face tends to be dry but when you look back their face is wet from crying so that you can refer to as a thinking tantrum. So depending on what you see when you observe children in a setting you can gather what stage they are working out or what part of the brain they are using. There are some children who are in the middle or working at the doing stage using the limbic system. Sometimes they can figure out problems, sometimes they can't but they don't trust anybody and that's the doing stage. They don't understand that someone's there for you enough to respond to you so that you know that they will help. So they are able to calm themselves down but they just don't trust anyone can sort it out for them.

Interviewer: It sounds like if you bring that sort of model to Early Years school setting staff, it may be easier for them to understand why certain strategies tend to work with certain children.

Interviewee: Yeah, so children that are really avoidant of new things and messy play but generally seem ok, generally seem happy in themselves but as soon as you try to get them to do something they become avoidant or struggle. There's different things I've taken from Thrive that have been very helpful. But I really do not like the online questionnaire, the questions used within their questionnaire I struggle with. But there is lots of good information to take from Thrive.

Interviewer: So next question then what do you think Thrive offers service users? So I think you've touched on the fact that the model is quite easy to explain to service users?

Interviewee: Yeah it's quite accessible. I think the VRFs are a bit fluffy. I think all children should be attuned to and have their feelings validated and be contained and regulated. That's something I don't think is unique when it comes to the Thrive approach. I think everybody should be doing that sort of thing with every child. None of these really are unique to Thrive I just think they packaged it in an accessible manner. However, every strategy within our role that we suggest has come from another theory, because within our role if we think it's a good idea and suitable for a child we draw on different theories. I think Thrive have cleverly advertised and packaged theories together. Which is why I think they charge so much to be trained in it.

Interviewer: So you're saying it's good that Thrive have packaged it and advertised it so that it becomes accessible to service users?

Interviewee: Yeah, I know that the earlier setting stuff that I work with like the online questionnaires. But the setting staff often need a lot of support to go through the questionnaire that comes with the Thrive assessment. I don't think early years staff could do the questionnaires independently without a professional supporting them.

We've done a pilot preschool wellbeing project using Thrive and they really like the strategies that came from Thrive. We used Thrive in groups and looked at what certain groups came out in in terms of the strands. Then we administered strategies based on their needs.

Interviewer: Did that piloting scheme go well?

Interviewee: The piloting scheme went on for over a year. There were two intakes. The first intake came in September and they leave in August. And the second one they come in for January and they leave in December. So at the Beginning we did a Thrive assessment for the first intake and then we looked at their Foundation profile to see their academic progress over time. And now the data is being cleaned to see if Thrive had an impact on their academic progress. But in terms of their emotional development they did very well. I think in terms of shining a light on emotional wellbeing it was very helpful. There was a small effect on one of the settings, where say for an intake you only had 80% consent for the children it shouldn't really matter because all children should be accessing the same resources. In theory the sessions delivered for that setting should have had an impact on the group average because they all have access to the Thrive resources. But we found that shining the light on those 80% of children that did consent to access Thrive they did better than the 20 percent who did not consent to access Thrive. Even though they were in the same Thrive sessions accessing the

same activities and encouraged in the same way as the 80%, the 20% fared less than the 80%. The emotional wellbeing outcomes of the 80% were slightly higher than the 20%.

Interviewer: Have you seen children going up the developmental strands?
Interviewee: Yes.

Interviewer: Do you think the Thrive approach has an impact on SEBD children and young people? I think you've mentioned already that you have seen children go up the developmental strands, and I think in terms of emotional well-being in your pilot study you have seen children go up the developmental strands?
Interviewee: Yes but I think with these approaches I think we need to take outcomes with a pinch of salt. With these interventions it's not about the approach I would say it's more about who is delivering the approach. I think it's about how the practitioner, the staff setting or the parent is interpreting the intervention. Some of the strategies are a bit wooly. It's about how these interventions are framed and in which context they are being used in. I think the approach itself requires explanation to those who have not been trained in Thrive but are willing to use some of the strategies. I think if school setting staff and parents have not been trained in Thrive, they will need to understand why certain strategies could be put into place. It helps if certain things are explained in order to build an understanding of child development. I think if I just gave school setting staff an action plan it's not always clear in what way and how interventions should be administered.

Interviewer: So you would do a consultation to sort of run through what is expected in terms of delivering strategies presented in a Thrive action plan?
Interviewee: I would never give them a Thrive assessment questionnaire to complete by themselves independently. I know sometimes that can happen with other assessment tools from other standardised assessments. But I think to give school setting staff a questionnaire from the Thrive assessment independently leaves too much room for interpretation. Normally, I tend to do the assessment online and then it comes out with strategies that run alongside the developmental strand that a child will come out on. I tend to choose the strategies with a key member of staff who is close to the child. Therefore they feel part of the assessment process as we are doing the assessment online together. Therefore school staff can understand what is going on in terms of building an action plan for a child. I think with any intervention focused on emotional wellbeing you can see the same results but I think what's unique about Thrive is building that understanding and building that empathy in those who work with the child. Because school staff often go in at the thinking stage but when they understand about the strands and the different parts of the brain I often hear school stuff saying 'oh my gosh I do go in at the thinking stage most of the time using strategies that would help a thinking child rather than a being child.' Often children that I work with who have speech and language difficulties but staff make it even worse, going in at a thinking stage. I don't think many staff are comfortable with silence. But sometimes depending on a child's developmental level, silence can be very important. School staff understanding about different parts of the brain and different developmental strands, I think that's really important.

Interviewer: That's interesting so forth question then what do you think the positive uses are of the thrive approach?

Interviewee: I think school staff like something quantifiable. I think it's a positive and a negative having the expected age next to the developmental strands. I wouldn't like to share that with parents. But I think that's helpful for school setting staff when they are working with children with challenging behaviours. I think when school staff are presented with challenging situations that put them under stress and pressure it's easier to reflect back and look for underlying reasons or needs that are causing behaviour presented in challenging children. I think Thrive helps them to reflect in this way. I think often, school staff are trying to manage the behaviour and school staff often don't look at the underlying reasons behind behaviours. Honestly, it's not within the school staff role to look for these underlying reasons. Also it's having the confidence to do so I don't think school staff have that confidence because it's not within their remit.

We can help staff to put themselves in children's shoes, put themselves in childrens positions. This helps staff to think about how children may feel. School staff like the passport example. It helps us understand the physical feeling of being like 'oh my gosh I'm stuck in the physical and it's difficult to move on from that.' Sometimes school staff talk about children who tend to blow up over nothing. So we talked about the toxic stress and when you're trapped in that, I've spoken to them about the effects and how that builds up over time, small incidents may seem very small to a typical person but to children who are underdeveloped, if they are already very stressed a small thing can tip children over the edge. School staff members laugh at me sometimes cos I will suggest things like feather face painting or hand massage with lotion and school staff will say well he's biting everybody, why suggest these strategies? It's easier to explain why to use certain strategies when referring to the models in Thrive.

I like that the Thrive framework will talk about what healthy looks, like what interrupted looks like, what the parent role is and what the adult role looks like . Involvement of parents is also a good thing.

Interviewer: What are the possible limitations of the Thrive approach?

Interviewee: I don't think the strategies are specific enough for children. So for each strand there are three different learning targets, within those strands there's different questions presented in the assessment. But if you click certain areas of need within the online assessment there are no strategies that are associated with them. Sometimes I find that the same strategies are presented for various areas of need. Sometimes I'm looking for more strategies than what I am given. I think sometimes the strategies given are associated with areas of need according to Thrive. But I don't think sometimes that these strategies are suitable for certain children. I think within our role we need to look for the underlying messages that we see and decide what strategies may be suitable. Thrive may offer lotion hand prints as a strategy and a school setting member of staff may use this with a child but that child might be avoidant of messy play. That's not a helpful strategy. I think strategies need to be personalised to a child.

Within the assessment they have baseline assessments and they've got a separate assessment which is a behaviour profile. This separates behaviours into aggression, agitation, incapacitation, over adaptation and doing nothing. The practitioner ticks which behaviours are seen to get a profile of whether behaviours are aggressive etc. After you pick which behaviours you see you rate these behaviours on levels of concern. But after you've done this profile it then tells you which baseline assessment to do. In terms of time it would be more efficient to just do a baseline assessment. Then it gives you what levels a child is working on so you know what assessment tool to use. It is time consuming to do an assessment using the behaviour profile.

Another concern is that it is very expensive. Its 6- 8 pound per assessment. The CPD courses I found quite basic they weren't really helpful. You have to keep doing the CPD courses in order to maintain your Thrive practitioner licence. I think for EPs, the courses need to be more specialised.

One of the questions in the Thrive questionnaire is 'can this child contribute to and follow through a simple contract agreement?' For a 2-year-old that would mean if you do this - if you put your shoes on for example -then you can go outside. Nursery staff members may not be able to understand what that question means. When I go through the questionnaires with nursery members of staff, the nursery members will say to me 'so do you mean this?' and I think that's a problem in terms of reliable interpretation. Also I think some of the questions are repetitive. For example 'is confident and engaged with a trusted adult' then the next question is 'is confident and can join in with another adult they trust'. So in terms of reliability if they do well on those two questions they more than likely will come out stronger because it's the same question being asked twice and being given a 'yes they are capable of this' twice. Therefore the results are not very representative of everyone's concerns.

The last thing about the questionnaire is the scoring. They've got four categories that children can fall under 'rarely' 'emerging' 'developing' and 'secure'. Staff often ask what is rarely, what is secure? Secure to me means for the majority of the time a child does something. So for example I'm good at making toast but sometimes I burn my toast. But I would say I'm secure at making toast. Rarely is not never. I explained to school staff that one out of four is rarely, 2 out of 4 is emerging 3 out of 4 is developing and four out of four is secure in terms of the amount of times or how confident a child is at doing something in regards to the questions in the Thrive assessment. Rarely is doesn't really, emerging is does sometimes, developing is sometimes, more often than not is secure. When I do the questionnaire I do it with two members of staff. And often when I do it with two members of staff the members of staff will always have some conflict in coming up with a consensus on what a child falls under in terms of those categories - rarely to secure.

Interviewer: Have you ever done an assessment with parents?

Interviewee: I did it with maternal grandparents who are looking after a child because the mum had died. She died when the child was 3 or 4 months old. The parents were the carers so I did the assessment in their house.

Interview 5 Thrive practitioner for 3 years – female

Interviewer: What is your understanding of the Thrive approach?

Interviewee: I am a Thrive practitioner so I am trained in the Thrive approach. I received 10 sessions of Thrive training over a period of 6 months. I suppose the aim of the training is to prepare practitioners to work with emotional well-being and to work out where children and young people are at and to help colleagues and families who work with children understand the information given through the approach. It helps people who work closest to the child to pitch the interventions at a level that will promote success.

Interviewer: So am I right in saying that you think Thrive is a sort of tailored approach where you look at children's needs and then match the interventions to the children's level of need?

Interviewee: You've got to look at the assessment of a young person's needs based on discussions and specific questions with people who know the child really well. For example, a parent or a key member of staff in school. You're identifying which strand a young person comes out at in the Thrive assessment compared with their chronological age. We look at whether they have got gaps and areas that are not yet developed and then prioritising those where the person who works closest to them would like to start. Then the rest of the Thrive approach is the theoretical side of it where you've got the neurological background and the links through the brain and behaviour.

Interviewer: Attachment theory and Child Development I think it looks at?

Interviewee: Yes, specifically this local authority has used Thrive to support looked after children. If we worked with this population we think that we would be able to handle some of their emotions and provide interventions that will help to promote better outcomes for this population. So Thrive can be using in an advisory manner where we can give specific targeted interventions to work with these children. The funding in which I was Thrive trained within this local authority was through looked after children funding. So one reason why Thrive is used to support looked after children is because I became a Thrive practitioner due to the looked after children funding and another reason is because looked after children are very likely to experience interruptions within their emotional development.

Interviewer: What do you think Thrive offers service users?

Interviewee: I think Thrive helps people who work with young children to understand where these children are at without providing a within deficit model. It's not an emphasis on what's not working. You're able to focus on where a child has got to so far and what the next step should be. To me the Thrive approach is a no blame approach. It's not saying if somebody else has done this then a child may have been able to cope with this etc. The Thrive approach is quite factual it says this is where a child is at on this measure. I do appreciate that there are other

social emotional measures out there but what the Thrive approach does is offer a clear explanation of what these needs are to people who work with children who have these needs. It puts families, parents and carers in a great situation of knowledge about these needs. It also puts confidence in families and those who work closer to the children because the questions within the assessment, only these people will know the answers to.

Interviewer: So even when explaining the attachment theory that comes along with Thrive, parents are able to take away the information without blame?

Interviewee: So some of the foster carers know the stories that come with looked after children. As in where these children have been and how they have ended up in foster care. Thrive offers a detachment, as in a detachment from blame of what ever happened before has influenced where this child's at now.

Interviewer: So it's quite optimistic in that sense. Are you saying that Thrive offers an opportunity for change in the child's emotional development regardless of what has happened in that child's past?

Interviewee: Yes, it offers support for grandchildren who have now become parents because of parental circumstances where children have ended up in the care of the grandparents. You've got other families that we're looking into not just looked after and adopted. We're now looking at families who have children that may be at high risk of experiencing emotional difficulties or at risk of receiving a high level of services which may affect their long-term care needs. We did start looking at looked after children but now they're widening it out a bit because there are children who have similar needs outside of the looked after population.

Interviewer: I suppose there are children outside of the looked after population who experience difficulties in emotional development?

Interviewee: Yes yes, there are Children that are at a high level of risk who still live with their families but the risk is such that there is a high possibility that they will end up being placed in a care setting. Thrive can be used to support these children too.

Interviewer: So at the moment it's being used as an intervention tool in terms of children who are already looked after by the local authority. But the LA are looking to make Thrive a preventative approach, working with children who are at a high risk of entering the care setting before becoming looked after?

Interviewee: Yes, before this meeting I was working with a mum who has an adopted child who is 5 years old. The mum and dad have two biological children, one is older than the adopted child and one is younger than the adopted child. The adopted child is the middle child. In the context of the family she's doing well in other ways but in terms of her emotional development she's not at the stage that is desired or expected for her. The mum was having support from early help colleagues who work with families. Between ourselves and a joint approach in terms of multi-agency working, together we were able to equip parents with knowledge about what they could do to help their child develop, through the Thrive approach. With respect to her emotional development we use the Thrive approach to label how far the child's already come,

and these are the next steps to help her reach to the next level. Mum feels distressed because although the child has been in the family for a number of years she feels as though the child has not been able to emotionally cope and Mum blames herself for the child's emotional development. The Thrive approach helps to reframe that blame so that Mum does not feel wholly responsible for the child's gaps in emotional development. I think Thrive doesn't suggest that parent's make-up for what has happened to a child previously. I think Thrive promotes the thinking that parents are doing the best they can, looking at how far a child has come already, and providing strategies to continue that progress.

Interviewer: In terms of that child would there be next steps that the Thrive approach would suggest?
Interviewee: Yes.

Interviewer: Have you seen an improvement in regards to the strategies in children and young people?I think Thrive uses strategies such as face painting and creative ways in order to move a child along, have you ever witnessed any progress in regards to the strategies?
Interviewee: Yes, so this child today, we identified key areas of development and strategies alongside these gaps with Mum and the colleague from early help. Those two stakeholders are going to discuss and put some of those things into place. Then we will revisit and monitor how these things went once we have given some time for the strategies to work over a period. We will reassess where this child has got to in terms of the strands after this period of time. Then we will discuss what strategies have made a difference. What approaches have worked? Then we will find some other similar type approaches to add to what this mum can continue with.

Interviewer: So it's sort of trial and error, you try strategies that you think will work and then tweak and tailor and add to strategies to continue progress?
Interviewee: By identifying the areas that you are working on, what the Thrive programme does is generate a whole bunch of key areas that accompany the strand that a child is at, you learn to create strategies with a person who knows the child best. This creates a Thrive action plan with activities and next steps. The Thrive action plan is based on priorities for that child's development. Activities selected are also based on what everyone feels that they can work on. In this case we've got someone from early help who can work with Mum to ensure that she can do those activities and an EP will link with them to see how they are doing with these activities. Another example is one of my colleagues (EP) is working with looked after children as I do. She has seen a lot of different children and young people and assessed these children through the Thrive approach to show to school and the carers how those young people were progressing. These are often shown through percentages so you can, in my opinion, easily monitor progress. The percentages help you understand whether a child has moved onto the next strand. One case involved discussions with a young child's parents within the court arena, the court had said we want to know what the Thrive assessment is, what's being done with the young child, and the Thrive reports were able to show that the child had moved up about 3 or 4 strands. The Thrive approach demonstrated that the targeted activities in reference to strategies and objectives that people around the child had chosen, showed that the child was able to move up

the emotional developmental strands. The report showed that the child had moved very quickly in terms of her development due to the Thrive strategies.

Interviewer: Am I right in saying that the Thrive approach gives a shared language so people looking at the report know exactly what is being done to support progress?
Interviewee: Yes exactly that, that's how the targeted approach feels helpful.

Interviewer: Do you think there are positive uses of the Thrive approach? You've touched on the fact that it helps to reframe mindsets, the shared language used is helpful and it helps to remove the blame that parents may experience, is there anything else you would like to add?
Interviewee: I think it's a very positive approach. It allows the person who is closest to the child, so say the parent for example, to speak in detail about the child without just talking about all the negative things. You can ask for examples, so you may ask people if the child may appear dysregulated and what does that look like? But you're not really leading the conversation in consultation to a point of discussing concerns solely. Especially if you're not working in a solution focused way. You may experience, especially within our role that you are speaking about concerns for the majority of discussions with those who work closely with children. I think Thrive provides a way to stray from that sort of talk and provides a framework where it's not about parents or key members of staff having a rant and vent about the last five years of a child's life. Assessments provide a structure that prevents negative venting, I find that useful to create outcomes from the Thrive assessment.

Interviewer: Is it the assessment questions themselves that help to frame the discussions with key stakeholders in this light?
Interviewee: Yes, it's useful as you go through the questions for you to elaborate when key stakeholders may not understand some of the language used pertaining SEMH. This allows for further discussion. It's the same question used for all age ranges, young to older children. Further discussion helps to make the questions more suitable for different age ranges. For certain questions you can give examples of what certain questions may look like or present itself like in interactions. This gives people opportunities to provide more detailed information.

Interviewer: Again, its promoting shared language?
Interviewee: Yes, after you've done the approach for some time you can come up with general wonderings. So during a discussion I tend to say 'so hearing you say this about child I'm wondering if this means that and so forth?' And then you can ask 'does your child generally respond in this sort of way?' in order to develop a picture. Often the answer will be yes because the Thrive approach gives you a framework in which you can then predict behaviours based on past experiences with previous cases. If you don't know the child you can speculate on what kind of behaviour they're coming up with. As you're filling in the assessment you can almost anticipate the response that the key stakeholder is going to give because you've built up that profile. Some of the questions within the assessment are double checking questions or complementary questions so you already know that a child is quite gregarious and can go up to anybody. So when the question comes up with, for example, 'are they anxious, timid and

withdrawn?' you already know when it comes to a social situation they are probably not. Then you wait for a key stakeholder to say 'no', Thrive allows you to anticipate there answer.

Interviewer: So am I right in saying that the Thrive approach allows you to predict behaviour?

Interviewee: Yes, it's almost as if you can tell people what the child is like from what they're telling you.

Interviewer: Ok and that helps to create interventions as well?

Interviewee: Yes because of the structure of the Thrive approach, it makes it easier to do that. If a youngster does this and not that then the following question helps you to predict what the answer may be. Overtime as you work through the strands you feel as though you have an understanding of the young person. This is sort of backwards from the EP role because typically you have to go in and have multiple discussions with key stakeholders, but the Thrive approach gives you a chance to do a different piece of work I suppose.

Interviewer: What do you think are the possible limitations of the approach?

Interviewee: One of the things we found here is that the original group of people that are trained, have discussed after training that perhaps we would have got other staff or key stakeholders to be trained instead. I feel as though you need to have an extremely flexible role in order to use the approach so that it becomes universal in access as it is a much targeted approach. What we find at the moment is that we go to meetings and panels and someone will say there needs to be a Thrive assessment. What I find is you don't have as many people trained as Thrive practitioners who are available to do that piece of work. The colleagues who asked for the Thrive approach are normally not trained are not sure of what Thrive provides. Which is actually similar to other assessments that EPs become involved in.

There are issues around how the assessment operates because you have to be a licensed Thrive practitioner to keep up your practice, so you have to do CPD training. Without those aspects in place you're no longer allowed to operate as a Thrive practitioner using some of the three components. That's quite different to other approaches. But I suppose you have to balance that out with the benefits of the approach.

Another limitation is the effectiveness of the Thrive approach. There is not a lot of evidence out there that supports the effectiveness of the Thrive approach. I think when I first was introduced to the Thrive approach there was anecdotal evidence, in other local authorities that had used the approach, there was some evidence of increase in attainment. Which is I think one of the things that Thrive used in order to advertise their program. But at the same time there's no research out there that specifically indicates that this approach is credible in specific outcomes to validate what Thrive advertises. I've seen Thrive work well in cases such as the child I mentioned who was involved in court and cases that I have witnessed over time. I've experienced that children have become more successful and a whole range of things through the use of Thrive. This success has been reported by families and by school. Thrive has not been around for that long, I was trained two or three years ago. Initially you think maybe Thrive has not had the opportunity to look into doing a robust piece of research that would actually

backup what they advertise to everyone because Thrive themselves are very clear about what the benefits are about adopting the approach.

Interviewer: So I guess in terms of the informed reasoned action side of things, Thrive hasn't really given enough scientific research in order to inform others to use it but I think in terms of empirical evidence you're saying that Thrive has provided you with experiences of success when using this approach?

Interviewee: But then you think a lot of the approaches that we use may not have a robust scientific base either. Other approaches may not be validated but they're not giving clear expected outcomes.

Interviewer: Thank you

Interview 6 – Non Thrive practitioner - Male

Interviewer: What do you know about the Thrive approach?

Interviewee: Although I have maintained CPD, I attended the 10 day training course as offered to potential practitioners. In that time, they covered the background theory associated with Thrive. The course consists of psychological, psychoanalytical and psychodynamic theory that Thrive is based on. A lot of that theory is quite positive. A lot of well-known authors and experts within the field are included in the material offered during training. My understanding is that they use their research on child development and emotional development to create a hierarchy of development. This hierarchy is age and staged. Thrive have created a system where instead of having a line they have a tube of development and after each stage, you develop so much of the tube and not everybody's tube is perfect. Thrive is a foundation type of approach. Thrive helps school's assess children and then try and fill some of those gaps so the tower of development doesn't wobble. Thrive are quite keen to say that their approach is based on neurology.

Interviewer: Are you saying that Thrive look at the brain and how it works?

Interviewee: How it develops, right the way through before birth and up to 18 and how that affects emotional development. Thrive make a lot of jumps between the neurological theory and the effects of emotional development. The idea is once you've done a Thrive assessment it helps people to form an action plan within different settings at home or within the school to support that child. It is quite accessible for anyone. You can visually see progress by providing strategies that are specifically targeted to those areas of the tube or areas of development.

Interviewer: What do you think Thrive offers service users?

Interviewee: My experience of it is that it gives schools more confidence in terms of the targeted bit of the approach. The term social emotional behavioural difficulties is so broad I think schools are desperate to be a bit more targeted in their approach. It gives schools more confidence that they are at least doing something more specific to a need and some sort of hierarchy to certain skills.

Interviewer: So it's more targeted instead of looking at a general broad view of SEBD?

Interviewee: Yes, you can see once they have been given an action plan the majority of staff tend to use it. Some staff put it in their Individual Behaviour Plans (IBPs) or Individual Educational Plans (IEPs) or they use the action plans to create a program for that particular pupil. I think it gives staff a bit of confidence that they can evaluate progress. So staff can run Thrive online again. I think what it offers within that framework is a measure of this work.

Interviewer: So you can monitor progress?

Interviewee: Exactly, now I don't necessarily agree with how they are monitoring it and what they are assessing. But what it does do is give that school a chance to measure their methods of plan - do - review. Which I think sounds really simplistic but schools really struggle with it. Even though schools have SEBD systems such as IBP plans, schools really struggle to monitor assess and evaluate SEBD progress and outcomes. Schools really struggle with how to improve the development of SEBD outcomes.

Interviewer: Especially with the recent push on emotional well-being initiatives I suppose schools are really trying to adopt ways to improve social emotional and behavioural development?

Interviewee: Thrive is really good with the graphs so it can show you the first assessment, second assessment and then breaks it down. So even per item or per question you can see whether a pupil has done better sometime around an assessment. Or it can look at categorical or cluster development. For example, if we talk about 'being', feeling safe and secure is one of the categories. So in a second assessment you can look at whether a child has felt safer and secure on the second assessment compared to the first assessment. I suppose the benefit of that is if you're targeting that area, you can specifically see if the Thrive approach has made a difference.

Interviewer: And there's whole class strategies in there so you can look at the whole class and measure differences?

Interviewee: I will say that they do do that. They look more systemically and there's a family plan as well. Or home plan. But I think in my experience in terms of pre and post measures that is more for individual pupils.

Interviewer: Ok, so you've touched on working with families, have you ever worked with families in terms of using Thrive?

Interviewee: I've used family plans myself, our behaviour support service in this local authority use it with families as well. I think when using the Thrive approach it highly depends on the parent's knowledge as well in terms of what that action plan is getting at. Some of the strategies themselves might be face painting. On the course the trainers tell you about neurological processes and how physiological activities may be beneficial for early development. Of course some parents aren't really going to understand that. Some parents may feel that it's odd to be asked to do face painting with their child without background knowledge. It's lovely that Thrive

are trying to bring the family into it but I'm not sure how effective the plans are because of the disparity between the knowledge that the practitioners have and the knowledge that families have. Obviously when adopting the strategies it requires the knowledge, the skills and expertise that parents might not have or understand or be able to access.

Interviewer: So we've talked about schools and families, have you seen the individual themselves, the people themselves, experience progress when using Thrive strategies?
Interviewee: I think in terms of the action points within the action plan. For example, there was a young boy in year 1 who would wet himself when he was anxious. So we did the Thrive assessment in terms of a greater understanding of his social emotional development because the school did know much about him. They were targeting very much sort of pressure based activities and noise based activities which could come across as very unusual. But what Thrive did do is give us a basis for consultation, it allowed me as an EP to talk about the why of the behaviour rather than the frequency of it. The intervention was then more about talking about circumstance and context which stopped the wetting. But it wasn't the Thrive action plan that led to the wetting stopping. It was the questions within the Thrive assessment that Thrive asked that help to spur that conversation within the consultation. The questions helped me to facilitate reflection within the consultation.

Interviewer: So the Thrive assessment facilitates progress by helping to gain insight rather than the action plan?
Interviewee: The Thrive assessment questions overlapped with typical EP skills and approaches. I used the assessment dynamically. At the end of the consultation we still had the assessment scores and the action plan. But it turned out that the consultation strategies that came from the conversation around the assessment was most helpful.

Interviewer: So the Thrive language was sort of a mediating factor to bring about change within the consultation?
Interviewee: Yes, it provided some questions that created a framework that allows the class teacher to talk a bit more freely about aspects of the context that she was not considering previously. So for example being in busy social situations, having to listen to a lot of language, having to understand emotional vocabulary may have been causes to the wetting. But we found out that when the child was having demands placed on them, this led to the wetting. It was through a Thrive question that the source of why that behaviour e.g. wetting was happening. I'm yet to see a Thrive assessment lead to clear progress in certain areas.

Interviewer: So the assessment itself didn't help to promote change?
Interviewee: I don't think so, I think it promoted change through the process, having a different perspective of the child's emotional needs. The Thrive questions promote a scaffolding in which to have space and time to think differently.

Interviewer: So reframing views?

Interviewee: Yes definitely. The actual assessment and intervention process which is what Thrive is placed on is not as effective.

Interviewer: Do you think there are positive effects of the Thrive approach? I think you've touched on it in the fact that it helps to reframe views, and that it helps to gain insight and from there you can have a discussion on the next steps rather than the actual action plans themselves?

Interviewee: Yeah definitely and then just to talk about the data side of it. Schools collect a lot of data and sometimes it can be overwhelming but actually it's making schools look at wellbeing and measure wellbeing in a different way. Now you don't have to create a symptomology or expert thinking you can talk about the positives of the child's life as well and measure those things. Thrive helps to shift the focus of conversation and consultation and data so that it is meaningful to the school. It shows progress in a positive light. It helps schools to adopt a different way of doing things.

Interviewer: In terms of the strategies, in terms of face painting and so on do you think that's a positive use or I think you mentioned before that was quite far-fetched for people to understand?

Interviewee: It highly depends on the age range, they cover this in the practitioner training a bit flippantly. They say that you have to adapt the strategies for different ages. Because Thrive can be used throughout vast age ranges I do feel that the strategies are one size fits all. But positively a lot of the children find these strategies very engaging and very different. Thrive does help children to build a relationship with the key adult especially with the younger children where perhaps they may not have had that type of relationship within their upbringing. It encourages the practitioner staff members who are involved in Thrive to develop a different approach when working with children. The Thrive approach encourages staff to be more child centred and more caring.

Interviewer: Do you think there are possible limitations of Thrive?

Interviewee: I think the validity is questionable in terms of the jumps that Thrive makes in terms of the different theories that they base their approach on and the outcomes of that. The first thing is the hierarchy of development which has no validity. It's been under no real rigorous scientific testing. Even before that there's very little evidence of that particular hierarchy that Thrive base things on. I would say because of that what tends to happen in settings is within the assessment themselves the practitioner chooses which levels to start on so you don't start at the age and work backwards it's not standardized in that way. The practitioner makes the decision. So if you feel that a pupil in particular has been through a large number of aces or trauma you may start as being. But what you find is a lot of people stay there and don't move beyond it because the percentages are so low. The other thing is it's based on a percentage system so you have to reach a certain percentage before you moved on to the next strand. Which again there's no factor analysis based on that at the moment. It's very much a well packaged and very colourful system. There's very little substance behind it at the moment unfortunately. I think that can be misleading. I think people are saying within this local authority that they put the category 'being' as one of our local authority criteria's for SEBD provision. That

is slightly worrying as there's no evidence behind what that means for that individual or what the Thrive assessment is actually measuring.

Interviewer: Do the action plans that come out from the testing that you do, are they supposed to move children on to the next strand?
Interviewee: They're supposed to increase the percentage levels, the idea is the skills in 'being' so feeling safe and secure, if you feel safe and secure because of the activities associated e.g. face painting hand massage, because you found that physiological connection with someone you might feel more safe and secure in your learning. That's the theory. There's no evidence behind any of the actions either. So there's no evidence for the hierarchy and there is very little evidence for the actions that come out of that hierarchy. It's great that it provides a tool and structure for schools but it's not a particularly valid one.Which is slightly dangerous for us as EP practitioners. I'm not saying we need masses of randomised controlled trials.

Interviewer: I guess in terms of informed reasoned action it would be helpful to have research to back up what Thrive is proposing?
Interviewee: Yes, you've got to have some basis of what you're doing if you're going to create a system that is a hierarchy. And then you're putting people on that hierarchy. You can't be person-centred and then be within child.

Interviewer: So you're saying that Thrive is labelling children but then saying that there are certain things in that environment that may have also had an impact and should be changed?
Interviewee: Yes, they say environment should be changed in order to move the child up a developmental ladder but that ladder itself is not validated. I think because of that one size fits all approach you'll end up doing face painting with a 15 year old.

Interviewer: How would you tailor Thrive strategies to suit different children?
Interviewee: What is dangerous is the age and stage that Thrive are suggesting.Thrive are suggesting ages of each section of development which is loosely attached to research which is just about ok. The problem is then, that they have created no norms. Thrive have almost got half a standardized sample. If I do an assessment with a 15 year old, it's not saying to me that this is where they are in comparison to their peers which any developmental pathway in the way that Thrive have structured it should. That would be fine if Thrive hadn't aged and staged the developmental pathway. They started to categorise, label and group children and young people. Without really having any comparison and comparative norm for that. Thrive are basically saying that there's pupils at 'being' when they might not actually be there. Children may be somewhere else along the strands.

Something else I found is that if you get two people to do the assessment there's no inter - rater reliability. So it's really sensitive to who works with the child, the relationship they have with the child, how often they've met with them. So if I did the assessment as an EP I did try to get the teacher alongside me. A teaching assistant who's Thrive trained in the school, who doesn't

know the pupil, they've got to do the assessment without fully knowing the child. There's a lot lost in the subjective nature of the questions as well.

Interviewer: Then at home and at school the child may be displaying different behaviours but you're sending the same action plan home that was assessed based on knowledge gathered in school?

Interviewee: Exactly, they are the major concerns. They have an assessment tool that has not been validated. Assessment outcomes and hierarchy that has not been validated. There have been no norms that have been produced to support the assessment and hierarchy. The ages and stages are loosely based on research. Thrive talk a lot about the neurology of the neurological evidence that's coming out for brain development. And again Thrive loosely apply this theory to these stages. It's a theory so I'm not saying it's wrong because I don't know if it's wrong. But what I mean is there is no evidence to support the approach. I think as an EPS we've got to be really careful. I think the biggest downside of it is how expensive it is. From a practical perspective were asking schools to spend over 1000 pounds for a practitioner. Then Thrive charge you per assessment. Then you have to do CPD with Thrive you can't do it elsewhere. It's essentially more of a business model then it is a psychological intervention. It feels as though the Thrive approach is driven by profit rather than what's best for the child. I think that is always risky because then you will have biases within the evidence base. Thrive do their own research.

Interviewer: Are you saying that there appears to be limited Thrive research?

Interviewee: You can search through the Thrive database on the studies that they've done. The lady who trained me had a PhD. She was really interested in child development and was able to do the studies. Of course you're going to have a conscious bias in the studies. Essentially there is a massive conflict of interest. There hasn't been many objectives studies. It will be interesting to see what you think or say in your research. Until they start getting that evidence base I am cautious about using it. I stopped using attending CPD courses so I am not practicing Thrive anymore.

Interviewer: I think it's really important there what you say about in terms of informed reasoned action that as an EPS you send Thrive action plans out as recommendations but without the validity, the norm reference base and rigorous research to back up this approach.

Interviewee: I think Norm referencing is not as important because it's very difficult for assessments to say this is the skill you need in order to progress in areas of social emotional development. I think as an EP I use it quite dynamically as part of a process of conversation and consultation. That can be very positive. I don't think that was Thrives intentions of how practitioners should use Thrive. But I find it very useful in that sense. But it is very expensive to be using Thrive in that manner.

Interviewer: Are you saying that it is not cost effective to be trained in Thrive, particularly as an EP if you have acquired certain consultation skills that Thrive are re equipping you with in training?

Interviewee: I find other approaches just as useful as the Thrive approach. I think assessments are good to use dynamically in terms of prompting conversations with members of staff about certain needs. But I find that I do not need to continue to pay to be a Thrive practitioner when I can rely on cheaper and alternative methods, however the questions in the assessment are useful.