

# COMBINED SUMMARY REPORT

**Impact Evaluation of the Attachment Aware Schools**

**Pilot Project Phase 1**

**Stoke on Trent and Bath and North East Somerset Virtual Schools**



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# INTRODUCTION

This report provides an impact evaluation of the Attachment Aware Schools Project commissioned by Stoke on Trent and Bath and North East Somerset (B&NES) Virtual Schools in 2014-2015. Stoke and B&NES Virtual Schools worked in collaboration with Kate Cairns Associates (KCA) and Bath Spa University to undertake training for practitioners from numerous schools in their area. This training was commissioned in order to improve the educational outcomes and wellbeing of Looked After Children and other vulnerable children in need or at risk. Looked After Children are one of the lowest performing groups, in terms of educational outcomes, internationally (Sebba et al., 2015). The Project also addresses key government policy, which seeks to raise the attainment gap for disadvantaged pupils (DfE, 2014) and improve provision for children with SEN (DfE, 2013). It also reflects key findings from research reviews, which highlight the most effective intervention systems for children with additional needs. For example, the Project's actions correlate with many of the key messages within the recent report 'Narrowing the Gap' from the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO, 2010). The Project also resonates with the new SEN/D reforms (DfE, 2013) in addressing children with social, emotional and mental health difficulties (SEMH) and Ofsted's new Common Inspection Framework in relation to pupils' personal development, behaviour and welfare. The Department of Health (DoH) Report 'Future in mind' also identified as a key issue 'significant gaps in data, information and system levers' and the need to promote positive mental health and wellbeing for children and young people, including the mental health needs of children and young people from vulnerable backgrounds (DoH, 2015).

The Attachment Aware Schools project is premised on the basis that 'an attachment-informed approach for all professionals working with children, including those within the universal services, offers the best prospect for effective early intervention for children, whatever their age or family situation' (Furnivall, 2012). It provides a coherent and integrated theoretical framework, discourse and practice for all professionals who work with children and young people. Whole school practice and targeted interventions, informed by research on attachment needs and trauma, are increasingly being recognised as significant in helping to support children with SEMH difficulties (Parker et al., 2015; Furnivall, 2012; NICE, 2015). NICE (2015) has recently reported that:

Behaviours associated with attachment difficulties such as disruptive behaviour in the classroom and difficulties forming relationships with teachers or positive peers are commonly seen in schools. Some children may display clinginess to teachers, older children may have difficulties with boundaries. For teachers it is really important to be able to 'read' these behaviours and respond appropriately. It is a concern that the majority of teachers will not have covered such issues in their training.

A recent review has reported that teachers and school staff were identified by Looked After Children as the main determinants of educational progress (Sebba et al., 2015). Attachment issues and trauma affect children's relationships with peers, teachers and support staff (Pianta, 1992; Cozolino, 2013). Securely attached children are more likely to attain higher academic grades, have greater emotional regulation, social competence, willingness to take on challenges and have lower levels of ADHD and delinquency (Bergin & Bergin, 2009). It has been suggested that 'schools may be the optimum sites for buffering the impact of stress, building resilience and enhancing individual capacities for learning' (Nagel, 2009).

There has been increasing recognition of the need to address such issues on a national level from a range of major national organisations such as the Department for Education, and the National Institute for Health and Care Excellence (NICE) has called for education professionals to be trained in understanding attachment difficulties; how they can present, how these difficulties can affect learning and behaviour and how they can support children and young people with attachment difficulties (NICE, 2015).

The Project team considered that Attachment Aware Practitioners are needed because:

- the nature of a child's primary attachments (caregivers) lay the foundations for socio-emotional well-being and a child's capacity to learn
- educators, themselves can facilitate 'attachment-like' relationships with pupils (i.e., nurturing and responsive) and adopt attachment-based support strategies, particularly with challenging and vulnerable pupils, in order to enhance learning opportunities
- secure attachment relationships correlate strongly with higher academic attainment, better self-regulation, well-being and social competence

# PROJECT AIMS

- To improve learning outcomes and well-being for all children, whilst supporting the needs of children with unmet attachment needs and those who have experienced trauma and neglect
- To provide schools with attachment-based strategies to support children's wellbeing, behaviour and academic attainment
- To implement whole school approaches and facilitate more targeted interventions to meet a spectrum of need
- To help build the evidence base of how understanding of attachment theory and trauma can help to inform educational practice

# KEY PRINCIPLES UNDERLYING THE PROJECT

- To be child-centred and acknowledge children's different attachment styles and their implications
- To create nurturing relationships that improve children's learning and behaviour and satisfy children's innate need to have a secure 'sense of belonging' and feel safe
- To acknowledge adults' roles as secondary attachment figures that can help to reshape insecure attachment behaviours and support the development of more secure ones
- To create appropriate nurturing infrastructures for children with emotional and behavioural difficulties
- To utilise whole school strategies that avoid the dangers of stigmatising individuals, such as Looked After Children

# EXECUTIVE SUMMARY

1. In terms of the impact on the children regarding **academic attainment** there was a **significant improvement** between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) in reading, English, and maths achievement and a **significant decrease** in the number of pupils **not meeting expected achievement**, thus helping to **close the attainment gap**.
2. In terms of the impact on the children regarding the **behavioural** indices, there was a **significant decrease** between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) in **exclusions** (inside and outside of classroom).
3. In terms of the impact on the children regarding other behavioural indices, there was a **significant decrease** between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) in **sanctions** (lessons and incidents).
4. The Strengths and Difficulties Questionnaire (SDQ) which was used to assess strengths and difficulties experienced by a child, in particular, **hyperactivity and overall difficulties**, revealed a statistically **significant reduction in symptoms**.
5. Overall, 97% of professionals largely agreed that the Attachment Aware Schools training **impacted positively on their professional practice**, 96% largely agreed that training **impacted positively on adult self-regulation**, 99% largely agreed that training **impacted positively on child behaviour**.
6. 92% of professionals used Emotion Coaching reporting an **increase in confidence in discussing pupils' emotional wellbeing, self-control of their own emotions, and improved Emotion Coaching performance**.
7. The most frequent type of incident which prompted the use of Emotion Coaching was non-compliance, followed by aggressive behaviour, learning disruption and crying, and to a lesser extent withdrawn behaviour, physical abuse to pupils or staff and bullying. The vast majority of incidents took place in the classroom.
8. In relation to professional practice, **Emotion Coaching**: helped teachers **increase the use of positive vocabulary; improved relationships with children and young people enabling staff and pupils to work together more effectively; enabled pupils to think and calm down; gave staff greater understanding of the needs of the child 'in the moment' and improved the long term monitoring/checking of vulnerable pupils**.
9. In relation to adults' ability to self-regulate, **Emotion Coaching** helped adults to **maintain calm in the face of challenging situations, reduced adult stress and helped adults to accept pupils' emotional experiences without judgement or negative emotions**.
10. In relation to the behavioural impact on children, **Emotion Coaching** was identified as having **made a significant improvement in behaviour, having helped to promote empathy and having enabled children to lead problem solving and take responsibility for their behaviour**.

# THEORETICAL AND RESEARCH CONTEXT OF THE ATTACHMENT AWARE SCHOOLS PROJECT

The National Institute of Excellence (NICE, 2015) has recently reiterated the extensive, cross-cultural research which demonstrates how attachment is an important influence on 'school students' academic success and wellbeing at school'. Attachment theory is derived from the work of Bowlby (1988). At its core it refers to the instinctive need for humans to feel protected and safe which, in turn, allows them to explore their world more confidently. Bowlby's work and subsequent research shows how children develop either secure or insecure attachments with their main caregiver, as a result of the quality of their early experiences. Secure attachments develop from nurturing relationships and support mental processes that enable a child to regulate emotions, reduce fear, attune to others and have self-understanding and insight, empathy for others and appropriate moral reasoning (Sroufe & Siegel, 2011). Insecure attachments can develop if early interactions are more negative, insensitive, unresponsive, inappropriate and/or unpredictable and can have long-term deleterious consequences. If a child cannot rely on an adult to respond to their needs in times of stress, they are unable to learn how to self-soothe, manage their emotions or engage in reciprocal relationships later on (Sroufe & Siegel, 2011). They do not necessarily develop a view of themselves and others as trustworthy, safe, dependable and deserving of care (Bowlby, 1988).

A child's natural, initial dependence on others provides the experiences and skills to learn how to cope with frustrations, develop self-confidence and pro-social relationships with others and eventually, to act independently (self-regulate). External experience is absorbed and transformed into an internal mental state known as 'symbolic representation' which informs behavioural responses and has a recursive action. According to Bowlby (1988), early experiences are symbolically represented in the form of an internal working model. This internal working model appears to be, primarily, regulated by the brain and body's stress response system and the social engagement system, laying foundations for the executive function skills needed for learning (Porges, 2011; NSCDC, 2012).

Attachment theory has important implications for teachers as it highlights how children's receptivity to learning is affected by their early relationships and how close, positive relationships in school can foster more effective learning (Kennedy & Kennedy, 2004). Rose et al. (2012) suggest that educators need to understand the process of attachment for several reasons. Firstly, because the nature of a child's primary attachments (attachments to caregivers) lay the foundations for socio-emotional well-being and a child's capacity to learn. Secondly, educators themselves might establish an 'attachment-like' relationship with their pupils (i.e., nurturing and responsive), particularly with challenging and vulnerable pupils, in order to enhance learning opportunities. Thirdly, because secure attachment relationships correlate strongly with higher academic attainment, better self-regulation, well-being and social competence.

Since Pianta's (1992) pioneering work linking attachment theory to teacher-child relationships, research has inextricably linked attachment to school readiness and school success (Bergin & Bergin, 2009; Commodari, 2013; Geddes, 2006). Indeed, Riley considers that the application of attachment principles to the dyadic teacher-pupil relationship 'offers teachers new ways to inform and improve their practice', going on to advocate that 'the adult attachment model of reciprocal care-giving and care-seeking is a more appropriate lens through which to view the teacher-student relationship' (Riley, 2009). Riley (2009) and Kennedy and Kennedy (2004) all cite the evidence which shows how children will form 'bonds' with significant adults outside the family, such as teachers, who can become 'attachment figures' to pupils. Close and supportive relationships with teachers have demonstrated the potential to mitigate the risk of negative outcomes for children who may, otherwise, have difficulty succeeding in school (Driscoll & Pianta, 2010).

Indeed, Davis (2003) highlights various studies which have shown how the quality of teacher-child relationships shape classroom experiences and influence children's social and cognitive development and the literature on attachment is able to offer new insights into the nature of such relationships and their consequences on learning and behaviour (Verschueren & Koomen, 2012). For example, Bergin and Bergin (2009) point to the evidence of how pupils' attachment styles to caregivers can parallel the attachment relationship between teacher and child and how 'secure teacher-student relationships predict greater knowledge, higher test scores, greater academic motivation, and fewer retentions or special education referrals than insecure teacher-student relationships'. They suggest a need to acknowledge and forge 'attachment-like' relationships between pupil and educator, within the realms of professional boundaries.

Kennedy (2008) offers an interdisciplinary theoretical model for the role that teachers can play in helping to 'rehabilitate' pupils' internal working model with a subsequent impact on academic progress. She writes that teacher-pupil relationships may offer a context for insecurely attached children to 'repair' or ameliorate their internal working model through more positive relational experiences and highlights how internal working models can shift (despite operating as a prototype from early experiences) throughout the life span. Although more research is needed to ascertain the positive effect secure attachments between pupil and teacher might have, the evidence implies that schools might play a role in effecting constructive changes in attachment representation, with a subsequent impact on academic progress (Bergin & Bergin, 2009; Kennedy, 2008; Kennedy & Kennedy, 2004; Riley, 2009; Verschueren & Koomen, 2012).

Attachment theory has recently received support from neuroscientific research, particularly in the field of neurobiology. Several authors have linked the findings emerging from neuroscience (Balbernie, 2001; Cozolino, 2013; Kennedy, 2008; Schore, 2001; Siegel, 2012; Trevarthen, 2011). For example, Siegel (2012) demonstrates how warm, responsive relationships and interactions (attunement) help to create the cognitive-affective neural structures of the internal working model, creating the prototype for future relationships. Schore's (2001) work has shown how the early emotionally laden attachment communications that occur between infant and caregiver help to wire the maturing brain in areas essential for affect regulation.

Kennedy and Kennedy (2004) also draw attention to the evidence which suggests how teachers may misinterpret insecurely attached children's behaviour as uncooperative, aggressive, demanding, impulsive, withdrawn, reactive and/or unpredictable. These judgments of behavioural manifestations of underlying inner experiences and relationship history, affect teachers' attitudes and responses to behaviour. It is suggested that teachers need to understand the meaning behind such behavioural displays and the needs that are being expressed in such defensive behaviour (Kennedy, 2008). This is a necessity, given that it is estimated that at least one third of children have an insecure attachment with at least one caregiver, which in turn will affect their school performance and behaviour (Bergin & Bergin, 2009). O'Connor and Russell (2004) indicate that 98% of children they surveyed had experienced one or more trauma event and for one in four, this trauma resulted in behavioural and/or emotional disturbance. Clarke et al. (2002) and Moss and St-Laurent (2001) also indicate that as many as 80% of children diagnosed with ADHD may have attachment issues.

Mindful of the debates that currently contribute to educational neuroscience (Ansari et al., 2011; Howard Jones, 2014; Hruby, 2012), a key message about the neuroscience of attachment for education is how the brain's attachment system takes priority over the brain's exploratory system. Thus, feeling safe and secure is more important than learning (Sroufe & Siegel, 2011). By recognising the critical role of neuroplasticity (the process by which the brain's neuronal connections are continually shaped by experience), positive, attachment-like relationships such as those that can exist in school contexts, can also contribute to the reparation of impaired internal working models (Schore, 2003). Verschueren and Koomen (2012) add to the claim that relational-based teaching might play a moderating role in supporting 'at risk' children. Therefore, teachers can function as both a safe haven and a secure base from which a child can explore and learn. This suggests that, at the very least, 'attachment-like' or 'ad hoc' attachment relationships with pupils and the utilisation of attachment-based systems and strategies to foster such relationships, may be beneficial for all children, but particularly for those who may have insecure working models. Both Bergin and Bergin (2009) and Verschueren and Koomen (2012) do, however, offer a cautionary note that such secondary attachment relationships are not necessarily of the same ilk or as bonded, as those with primary caregivers. Hart's (2010) consideration of psychodynamic strategies based on attachment theory for supporting children's

behaviour draws attention to the importance of the relational model and relational actions that address the meaning of behaviour rather than merely the behaviour itself. There is a range of literature that now attests to the importance of stable, caring and trusting relationships which promote success at school and beyond (Kennedy, 2008). Such approaches are rooted in humanist ideology and notions of unconditional positive regard and the encouragement of critical thinking.

In England, there are a number of influential practice-based guides such as Cairns and Stanway (2004) and Bomber (2007), which offer an effective model, rooted in attachment practice. However, they tend to be evidence 'informed' rather than evidence based. This pilot project is an attempt to help to contribute to the evidence base for an Attachment Aware Schools model in the way that, for example, Geddes (2006) has done. This work has been endorsed by a recent report on the educational attainment of Looked After Children which suggests:

Initiatives to support pupils with social, emotional and mental health difficulties need to become more widely known and studied to address the educational problems we have highlighted including school exclusions (both external and internal in which young people may not be accessing high quality teaching) and school transfer. These initiatives include [...] 'attachment aware' schools and 'emotion coaching' for pupils (Rose et al., 2015). Young people attributed their educational progress to the characteristics, skills and commitment of individual teachers and carers (Sebba et al., 2015).

## OUTLINE OF TRAINING PROGRAMME

Attachment Aware Schools is a whole school programme that supports the emotional and social development of all children, in addition to targeted support for the most vulnerable learners. It offers practical, effective tools and techniques, underpinned by a programme of training and online training support. The core training incorporates an understanding and insight into attachment theory, the neuroscientific evidence (which appears to support the research on the attachment process) and an outline of the impact of trauma on the developing brain and subsequent behaviour. Links are made to the implications for school learning. Another important part of the training includes opportunities for online learning through KCA to extend and deepen understanding, which includes courses in Attachment and Brain Development and the whole school behavioural strategy, Emotion Coaching. Over a period of one year, participants adopt an action research approach to implementing AAS strategies and interventions into everyday practice, adapting them to their own contexts, which may include more targeted interventions such as Nurture Group provision and Theraplay. For the pilot project, additional input was given by the research team at network/booster meetings and training sessions to report progress, clarify application of the strategies/interventions, explore the complexities and challenges of adopting attachment-based strategies and provide general support to the action research. For the pilot projects, the action research incorporated the tracking of selected case study children deemed to be 'at risk' e.g. SEMH difficulties, Looked After and Pupil Premium pupils, as part of the process for ascertaining impact.

For the pilot projects, the training models differed slightly between the two authorities. In Stoke, a whole school training model operated where all staff from all 4 participating schools and specialist provision settings, were trained together. In B&NES, a cascade model operated where larger number of schools and specialist provision settings participated, but fewer staff attended the training (at least two staff members, one of which was a senior leader) – the training was then cascaded by the trained participants. In both models, the main intention was to implement whole school approaches where feasible, with some more targeted interventions. The programme draws upon a review of relevant literature, preliminary findings from a preliminary pilot study (Rose, 2015) and the contributions of the participating schools, as well as relevant literature in the field regarding whole school cultural change, such as Fullan (2005) and Coe (2013). It operates on principles of joined-up thinking and interagency collaboration, firmly endorsing the concept of 'the team around the child' and community-wide collaboration (Anning, 2006; Chivers & Trodd, 2011).

A key aspect of the Attachment Aware Schools model is the utilisation of Emotion Coaching as a useful tool, or approach, in supporting children's behaviour and well-being. This is based on the work of John Gottman and colleagues in the USA. It emphasises the importance of considering the emotions which underlie particular behaviours, 'in the moment', before dealing with limit setting and problem solving (Gottman et al., 1997). Emotion Coaching views all behaviour as a *form of communication* and makes an important distinction between children's behaviour and the feelings that *underlie* that behaviour. A key belief is that all emotions are acceptable, but not all behaviour. It is about helping children to understand their different emotions as they experience them, why they occur and how to handle them, leading to happier, more resilient and well-adjusted children.

Emotion Coaching resonates strongly with attachment-based strategies and has been correlated to secure attachment (Chen et al., 2011). The main research evidence base for Emotion Coaching comes from America and Australia. Randomised Control Trials in America have demonstrated that Emotion Coaching enables children to have fewer behavioural problems, achieve more academically in school, be more emotionally stable and resilient, be more popular and have fewer infectious illnesses (Gottman et al., 1997). Although research has not specifically focused on looked after or adopted children, Emotion Coaching has been used to support children with conduct behavioral difficulties (Havighurst et al. 2013; Katz & Windecker-Nelson, 2004), depression (Katz & Hunter, 2007) and those exposed to violent environments, including interparental violence, maltreatment and community violence (Katz et al., 2008; Cunningham et al., 2009). Emotion Coaching has also been used effectively to improve the psychological functioning of children who have experienced complex trauma (Murphy et al., forthcoming), as well as reduce the externalising behaviours of children with ASD (Wilson et al, 2013). It has also recently been identified as a protective factor for children with ODD (Dunsmore et al., 2012) and for children at risk (Ellis et al., 2014). Emotion Coaching instils the tools that will aid children's ability to self-regulate their emotions and behaviour (Shortt et al., 2010). Our findings from this work have been reported elsewhere (Gilbert et al., 2014; Rose et al., 2015; Rose et al., 2016; Gus et al., 2015) and our evidence appears to complement the work being undertaken in the USA (Gottman et al., 1997; Katz et al., 2012; Shortt et al., 2010) and Australia (Havighurst et al., 2012; Havighurst et al., 2010), which points to the efficacy of Emotion Coaching in supporting behaviour management across the age range.

Havighurst et al. (2009) have highlighted how Emotion Coaching can contribute to children's 'Internal Working Models'. Internal Working Models are created in the first few years of life via social interactions with caregivers and they guide children's thoughts, feelings and behaviour. Attachment research has shown how 'emotion-focused talk' by the adult can teach children to use appropriate strategies to cope with stress, literally helping to build the architecture of their brains (Bowlby, 1998; Schore, 1994). This links to the idea of reflective functioning as well as to the work of Vygotsky (1986) and his notion of an 'internal dialogue'. Emotion Coaching assists children to develop an internal dialogue about social and emotional experiences and aids them in regulating their emotions and social behaviour. It is, essentially, an empathic and dialogic process which enables children to feel appreciated; to explore their feelings and relationships; to reflect with others and to confront their anger, fear and anxiety, rather than projecting them through challenging behaviour (Matthews, 2006). The narrative provided by Emotion Coaching creates a communicative context for a child's emotional experiences to be explicitly and meaningfully processed within a relational dyad, and resonates with Siegel's work on interpersonal neurobiology (Siegel, 2012). It can operate as a stabilising factor to enable children to focus their energies on learning and to help them moderate the challenges of school.

## FINDINGS OF POSITIVE IMPACT

Overall, significant improvements in academic achievement (including reading, writing, maths and English); decreases in pupils not achieving expected levels; decreases in sanctions (lessons and incidents); decreases in exclusions (inside and outside of classroom) and improvements in behavioural difficulties (decreases in hyperactivity and overall difficulties) were observed between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) - see sections 1-2.

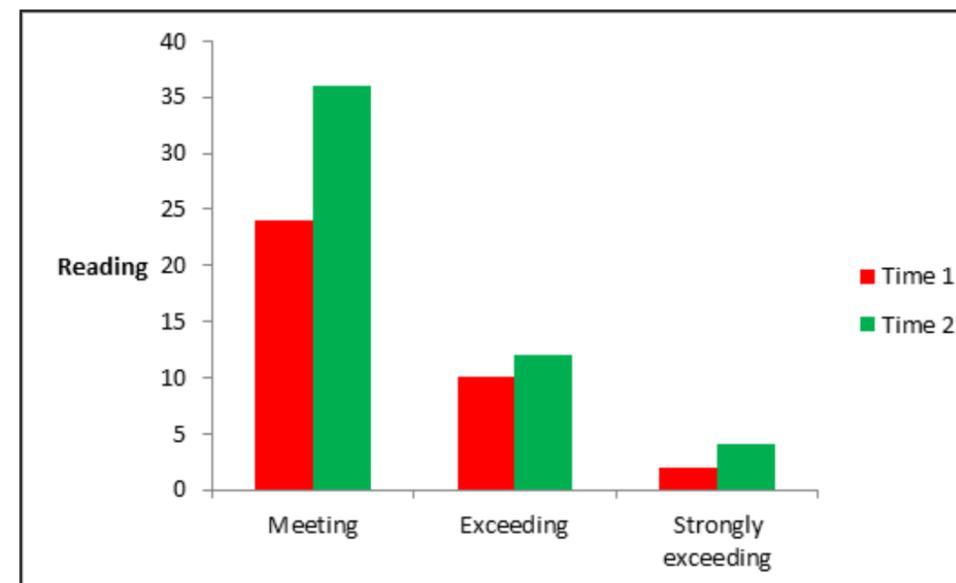
Moreover, at the end of the project, the vast majority (over 90%) of participating practitioners reported a positive impact on their professional practice, their self-regulation and on pupils' behaviour - see section 3. In Stoke, the utilisation of Emotion Coaching in practice was also measured, demonstrating how the use of Emotion Coaching improved staff confidence in discussing pupils' emotional well-being and their self-control in dealing with challenging behaviour. Data is also provided which indicates how well they performed as an Emotion Coach and overall, significant improvements in Emotion Coaching performance were observed between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) - see section 4. Two case studies are also provided to illustrate impact on particular children - see section 5.

### SECTION 1 - ACADEMIC ACHIEVEMENT

#### a) *Improvement in reading achievement*

There was a statistically significant overall increase in the number of pupils achieving reading expectations (meeting, exceeding, strongly exceeding) between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) where  $X^2 = 7.11$  (df = 1),  $p < 0.05$ .

FIGURE 1. Number of pupils meeting, exceeding and strongly exceeding expected reading achievement from Time 1 to Time 2.

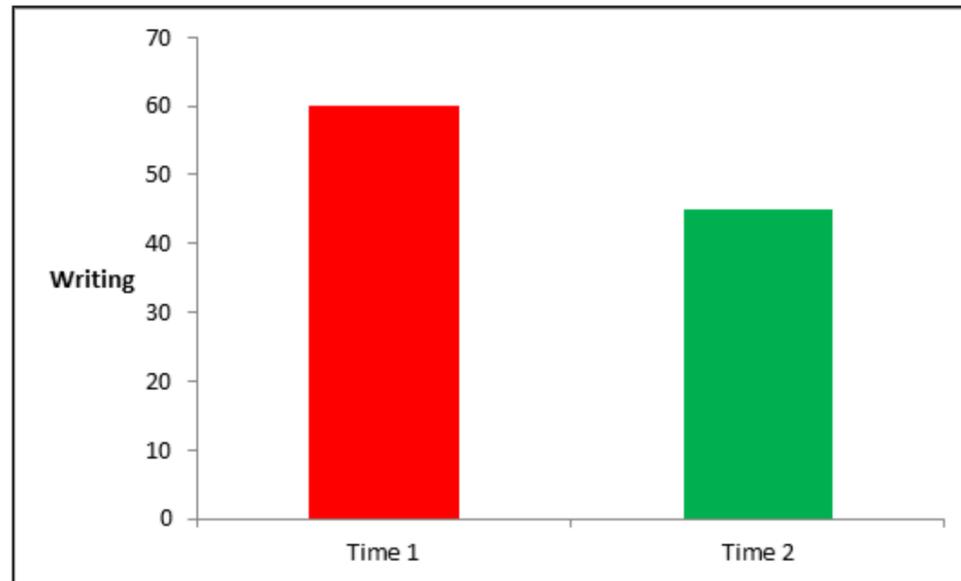


N = 94

**b) Improvement in writing achievement**

Overall, there was a significant decrease in the number of pupils not achieving expected achievement in writing from Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) where  $X^2 = 3.75$  (df = 1),  $p < 0.05$ .

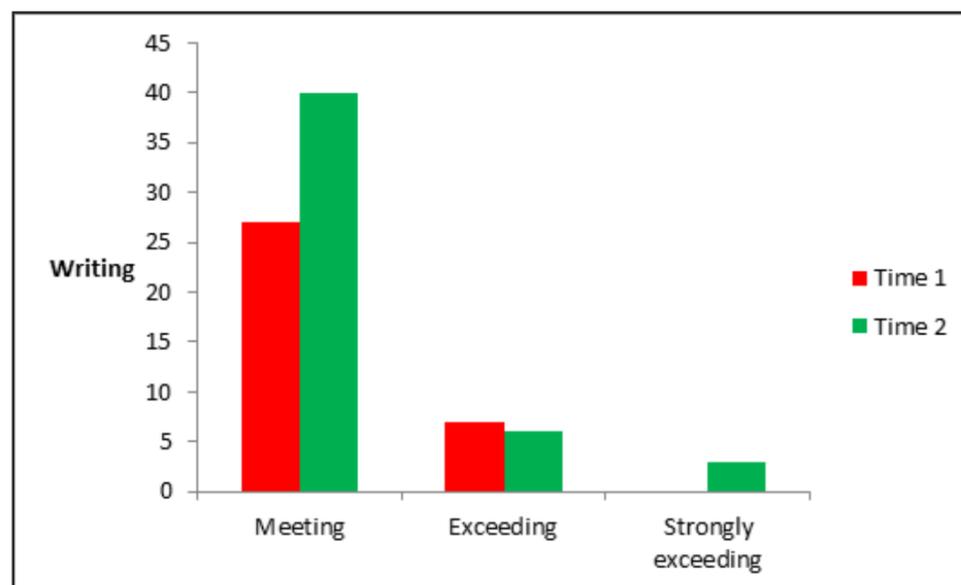
FIGURE 2. Number of pupils not achieving expected writing achievement from Time 1 to Time 2.



N = 94

There was a statistically significant increase in the number of pupils achieving expectations in writing (meeting, exceeding or strongly exceeding) between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) where  $X^2 = 3,75$  (df = 1),  $p < 0.05$ .

FIGURE 3. Number of pupils meeting, exceeding and strongly exceeding expected writing achievement from Time 1 to Time 2.

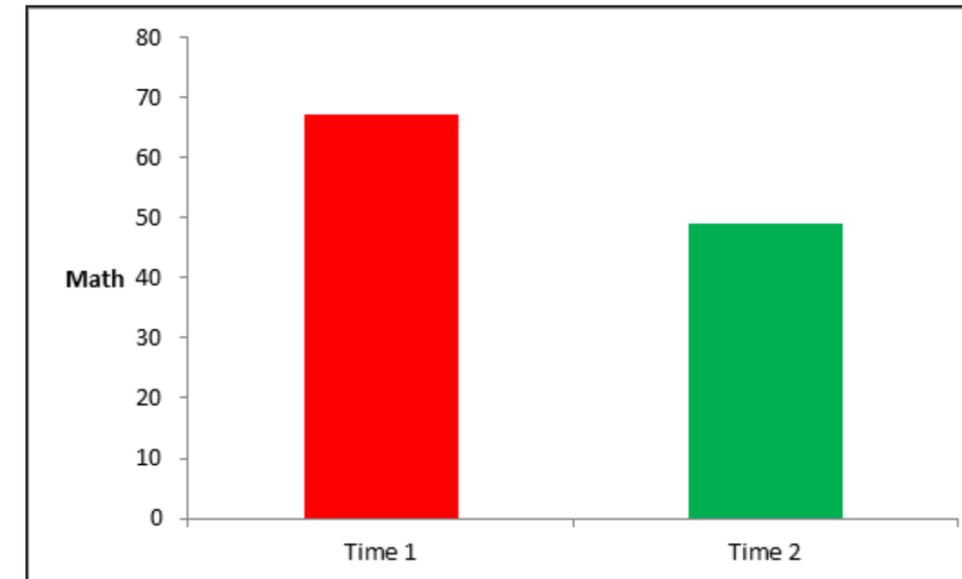


N = 94

**c) Improvement in maths achievement**

Overall, there was a significant decrease in the number of pupils not achieving expected achievement in maths between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) where  $X^2 = 4.83$  (df = 1),  $p < 0.05$ . At Time 1 there were 67 pupils not achieving expected achievement in maths and at Time 2 there were 49.

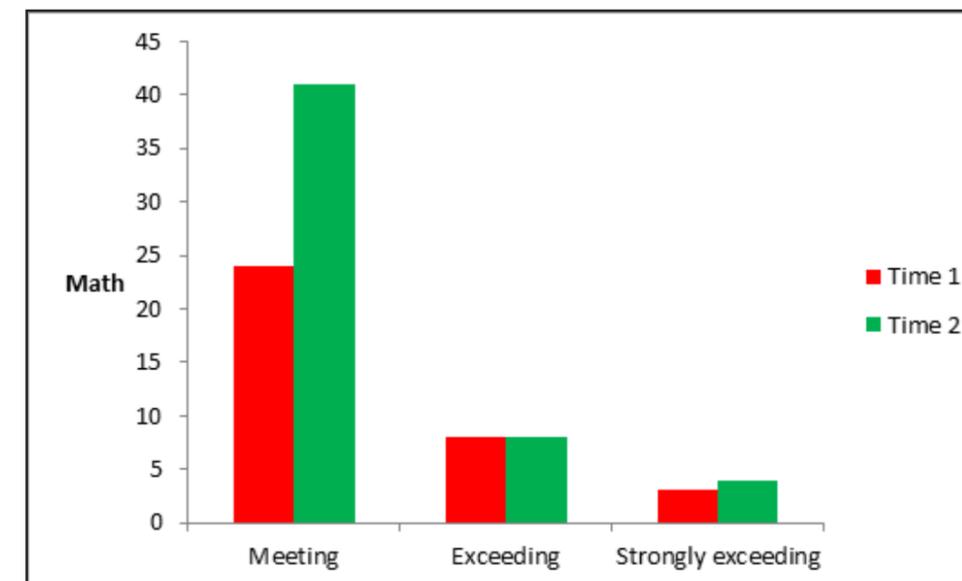
FIGURE 4. Number of pupils not meeting/not achieving expected maths achievement from Time 1 to Time 2.



N = 94

There was a statistically significant increase in the number of pupils meeting expected achievement in maths between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) where  $X^2 = 9.26$  (df = 1),  $p < 0.05$ . There were 24 pupils meeting expectation at Time 1 and 41 pupils at Time 2. There were 8 pupils exceeding expected achievement at Time 1 and 8 pupils at Time 2. There were 3 pupils strongly exceeding achievement at Time 1 and 4 pupils at Time 2.

FIGURE 5. Number of pupils meeting, exceeding and strongly exceeding expected maths achievement from Time 1 to Time 2.

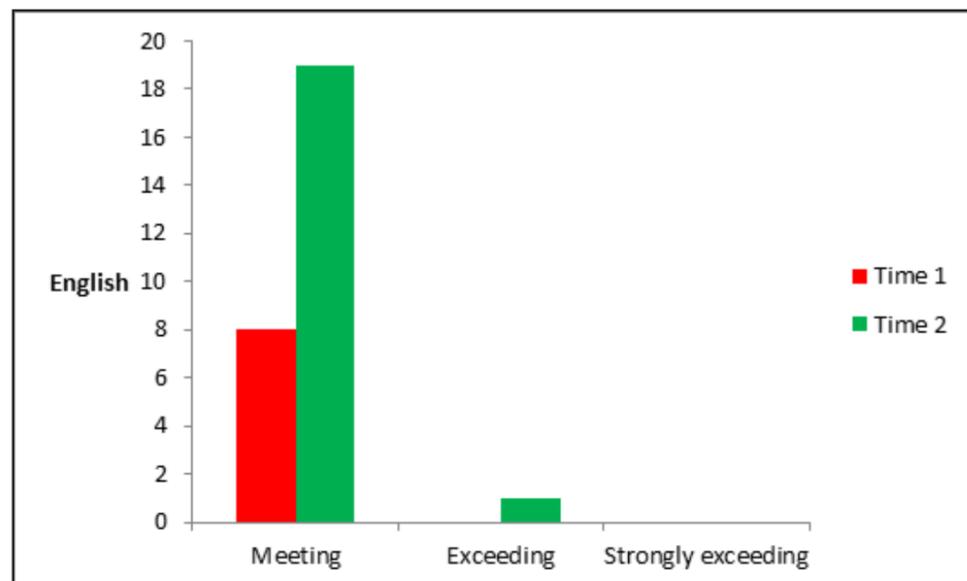


N = 94

d) *Improvement in English*

There was a statistically significant increase in the number of pupils achieving English expectations (meeting, exceeding, strongly exceeding) where  $\chi^2 = 18$  (df = 1),  $p < 0.05$ . There was an increase in the number of pupils achieving expected achievement in English between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015): in meeting expectation between Time 1 (n = 8) and Time 2 (n = 19) and in exceeding expectation between Time 1 (n = 0) and Time 2 (n = 1).

FIGURE 6. Number of pupils meeting, exceeding and strongly exceeding expected English achievement from Time 1 to Time 2.



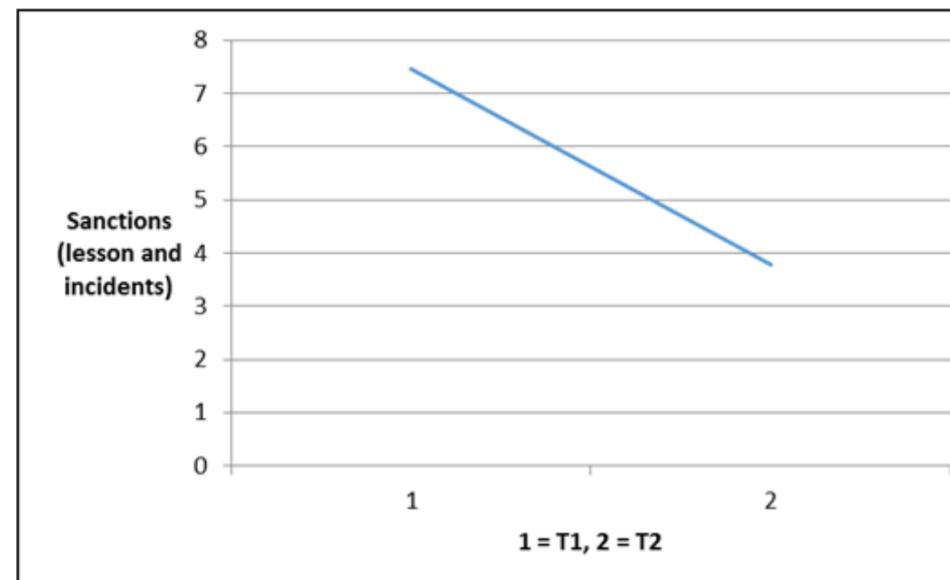
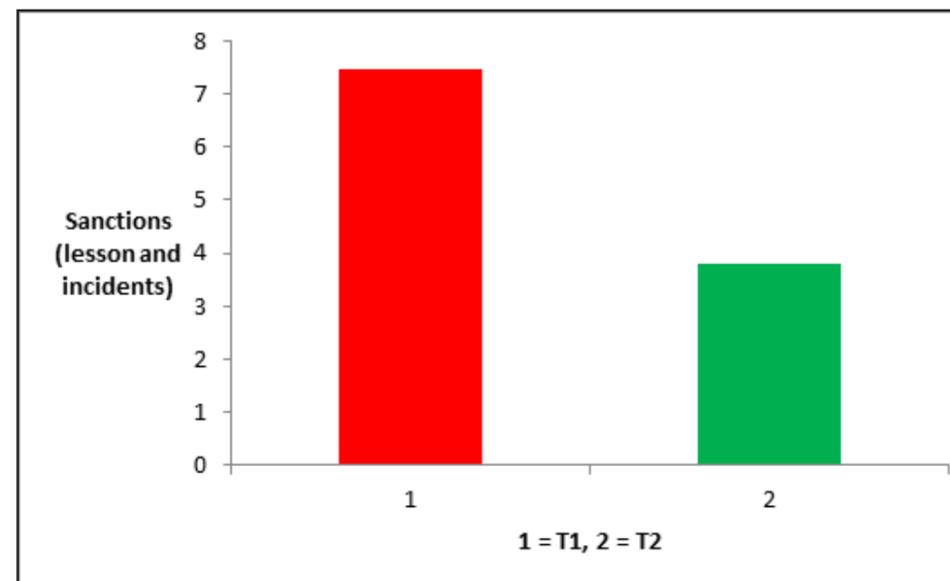
Note. N = 94

SECTION 2 - IMPROVEMENTS IN BEHAVIOUR

a) *Decrease in sanctions (lesson and incidents)*

Sanctions (lesson and incidents) were tracked at both Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) to explore differences. There was a significant decrease between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) in sanctions (lessons and incidents), where  $t = 7.46$  (df = 64),  $p < 0.001$ . At Time 1, the number of sanctions was 7.46 (SD = 1.33) and at Time 2, it was 3.78 (SD = 0.8).

FIGURE 7. Mean change in sanctions from Time 1 to Time 2.

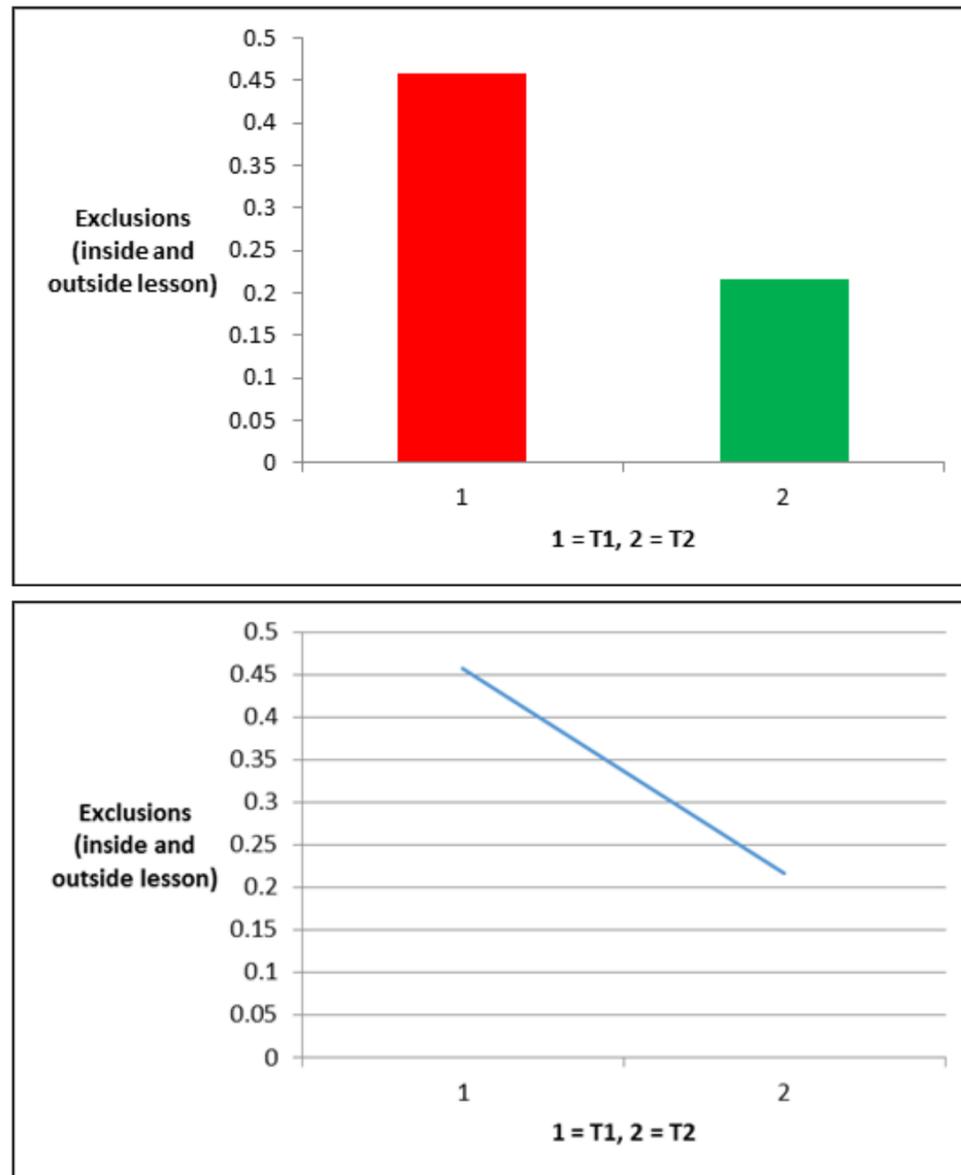


N = 65

**b) Decrease in exclusions (inside and outside of lessons)**

Exclusions (inside and outside of lessons) were tracked at both Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) to explore differences. There was a significant decrease between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) in exclusions (inside and outside of lessons), where  $t = 2.13$  ( $df = 82$ ),  $p < 0.05$ . At Time 1, the mean number of exclusions was 0.46 (SD = 0.11) and Time 2, it was 0.21 (SD = 0.06).

FIGURE 8. Mean change in exclusions from Time 1 to Time 2.



N = 83

**c) Improvements in Behavioural Difficulties**

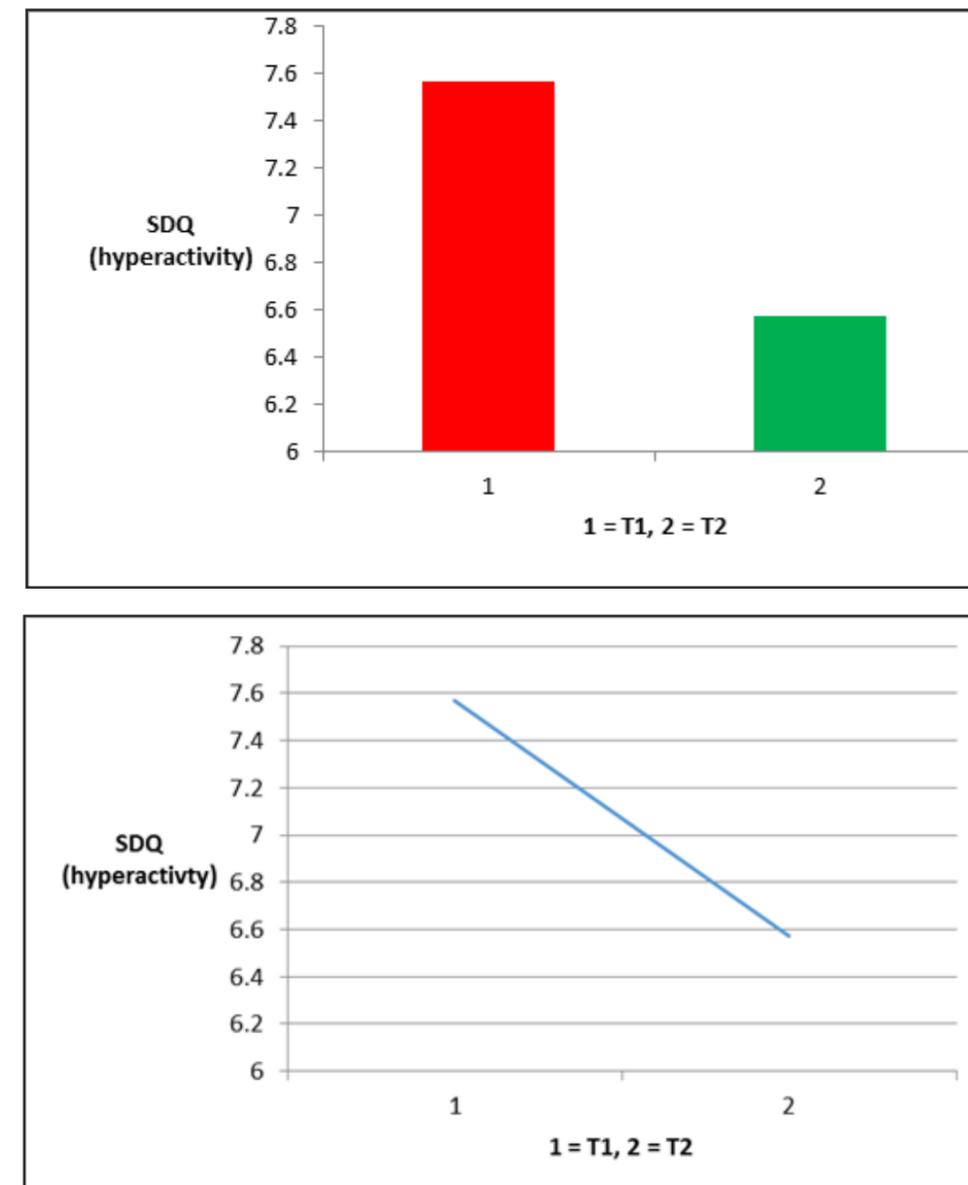
The Strengths and Difficulties Questionnaire was used to assess strengths and difficulties experienced by a child (Goodman, 1997). Norms from a teacher-rated British sample (N = 10298), ages 4-15, collected by the Office of National Statistics, reveal a mean score of 8.4 with a standard deviation of 5.8 (with a possible minimum score of 0 and possible maximum score of 40) (Meltzer et al., 2000).

Strengths and difficulties (including conduct, hyperactivity, peer problems, pro-social behaviour, conduct behaviour and overall difficulties), as assessed by the SDQ were tracked at both Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) to explore differences. Improvements in hyperactivity and overall difficulties were observed and are detailed below. Other differences failed to reach statistical significance.

**i) Decrease in hyperactivity**

There was a significant decrease in hyperactivity between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) as assessed by the SDQ, where  $t = 2.38$  ( $df = 13$ ),  $p < 0.05$ . At Time 1, the mean hyperactivity score was 7.57 (SD = 0.62) and at Time 2, it was 6.57 (SD = 0.7).

FIGURE 9. Mean change in hyperactivity (SDQ) from Time 1 to Time 2.

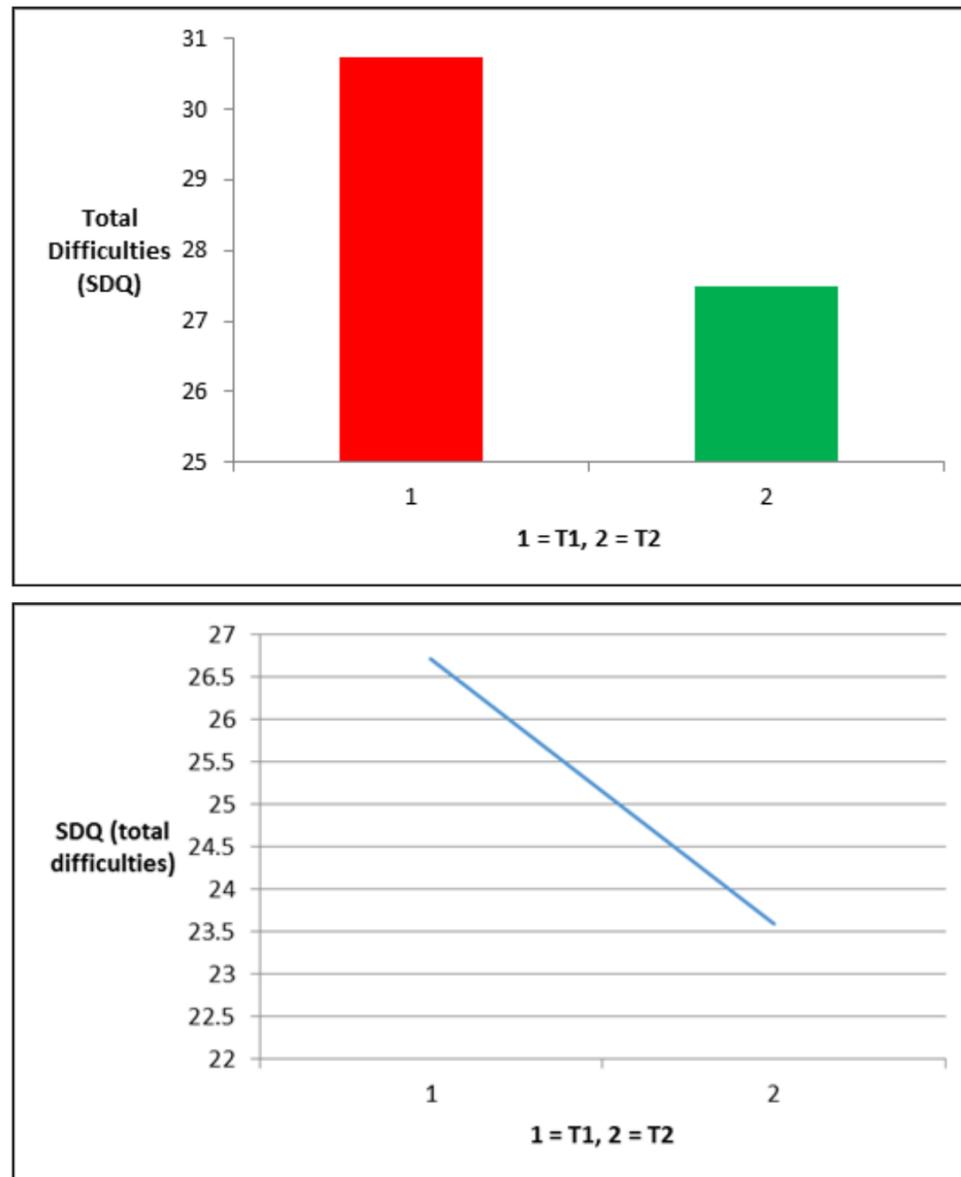


N = 14

ii) *Decrease in overall difficulties*

There was a significant decrease in overall difficulties between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015) as assessed by the SDQ, where  $t = 4.53$  ( $df = 87$ ),  $p < 0.001$ . At Time 1, the mean overall difficulty score at Time 1 was 26.70 ( $SD = 1.14$ ) and at Time 2, it was 23.59 ( $SD = 1.37$ ).

FIGURE 10. Mean change in overall difficulties (SDQ) from Time 1 to Time 2.



N = 88

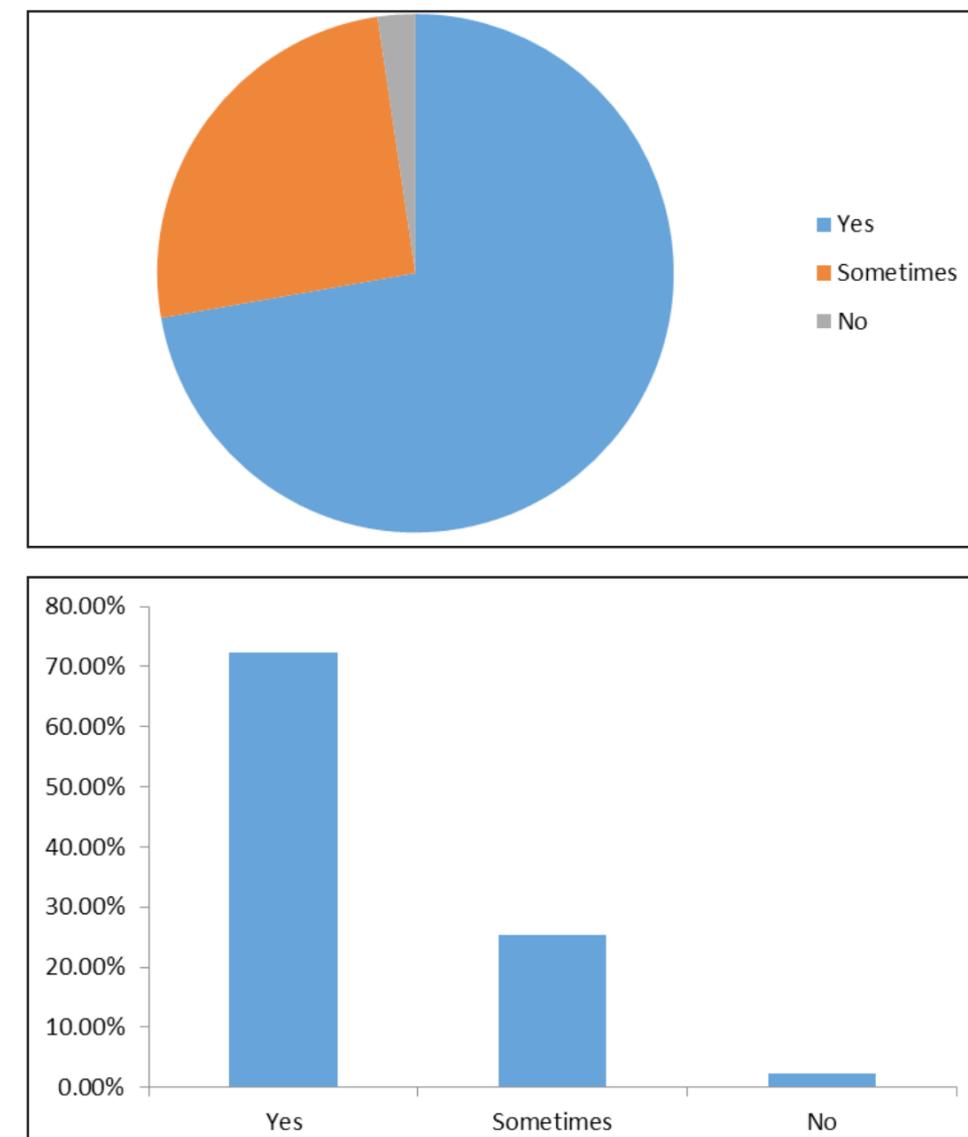
SECTION 3 - POSITIVE IMPACT ON PROFESSIONALS AND PRACTICE

Professionals self-reported via the Exit Questionnaires (post-training only) on the impact of the training on their practice. At the end of the programme, participants were asked to indicate whether they agreed ('yes'), disagreed ('no') or somewhat agreed ('sometimes') with statements, regarding the impact of their training. These questions were based on claims made by practitioners in the pre-pilot study in B&NES. The items generated related to impact on professional practice, adult self-regulation and behavioural impact on pupils. 107 participants responded to this questionnaire. In addition, the Exit Questionnaires invited participants to make free text responses to a series of questions designed to elicit their views on the impact of the training, such as 'Please explain how your practice has changed since doing the training' and 'Please explain why you think being an Attachment Aware School might be beneficial for pupils'. The questions also asked about any challenges or barriers, participants encountered in implementing attachment aware practices.

1. **Impact on Professional Practice**

In total, 72.24% indicated agreement ('yes'), 25% agreed, somewhat ('maybe') and 2% disagreed ('no') with statements regarding training impact on professional practice.

FIGURE 11. Percentage of responses 'yes', 'maybe' and 'no' to items on impact of training on professional practice.



N = 107

In addition, participants reported that the training had:

- improved consistency and whole school approaches by using shared strategies such as emotion coaching
- enabled staff to become more aware of pupils' emotions
- improved understanding of the reasons behind pupils' behaviour and their underlying needs
- provided staff with practical behavioural strategies to support pupils
- provided a clear structure for behaviour management

Illustrative quotes:

*'Enables a whole school, consistent approach which meets all children's needs'*

*'Gives staff a consistent approach to behaviour management. Helps de-escalate situations before a crisis occurs'*

*'Staff are able to help with pupil needs and support emotional well-being and learning'*

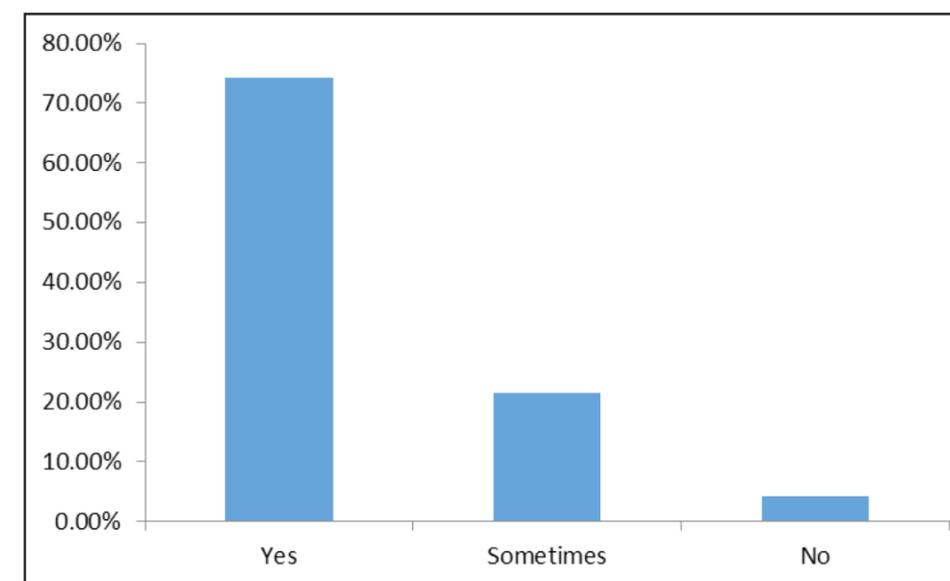
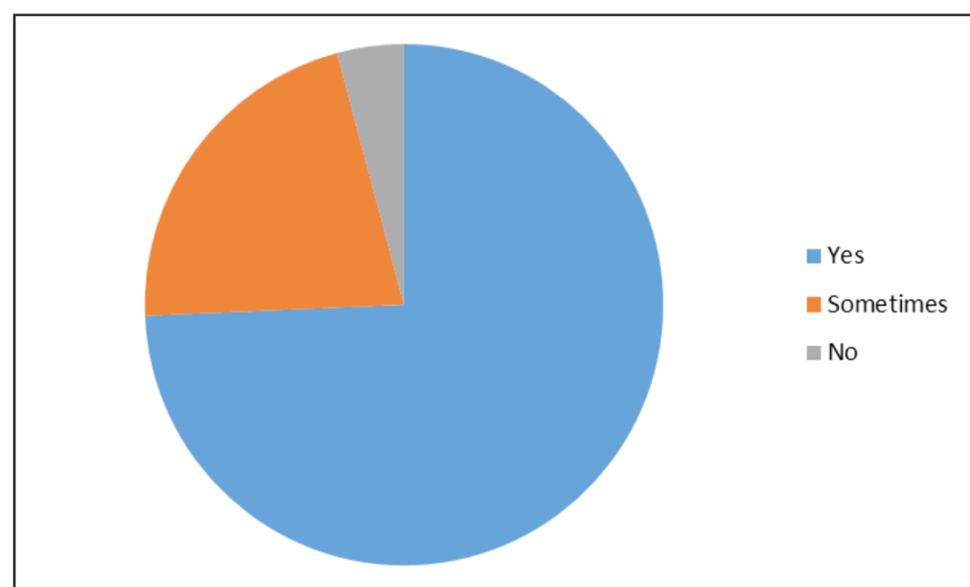
*'It helps to build trusting and strong relationships between pupils and adults'*

*'We are able to manage [behaviour] better without physical interventions'*

## 2. Impact on Adult Self-regulation

In total, 74.33% indicated agreement ('yes'), 21.51% agreed, somewhat ('maybe') and 4.17% disagreed ('no') with statements regarding training impact on adult self-regulation.

FIGURE 12. Percentage of responses 'yes', 'maybe' and 'no' to items on impact of training on adult self-regulation.



N = 107

In addition, participants reported that as a result of the training, staff:

- were better able to cope with challenging behaviours
- had increased empathy and understanding
- had more confidence in tackling difficult behaviours
- felt calmer and less stressed
- relationships improved with each other and with parents
- relationships improved with pupils

Illustrative quotes:

*'My practice has changed by being more patient and calm in certain situations'*

*'I feel more confident in dealing with challenging behaviour'*

*'I feel like I now look at behaviour differently and can respond in a different and better way'*

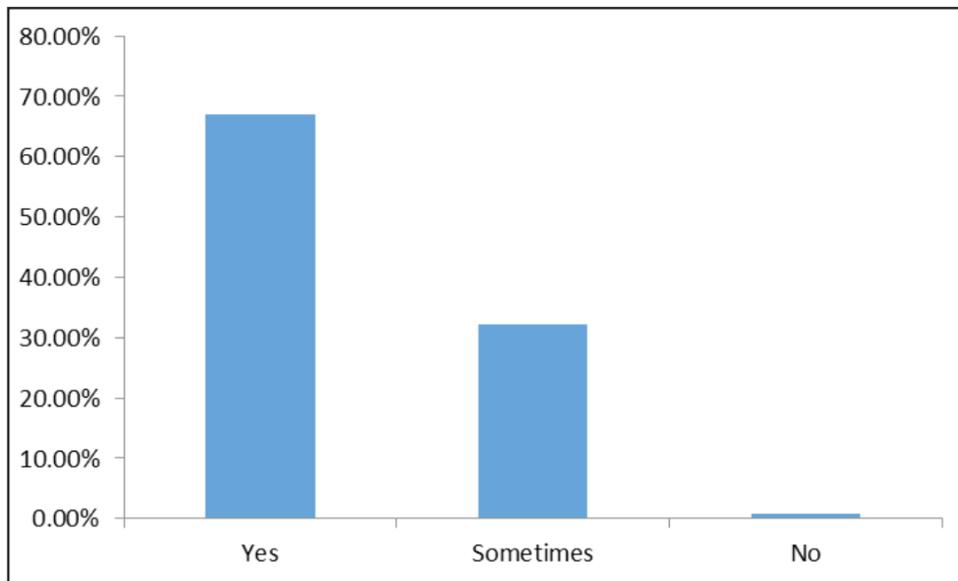
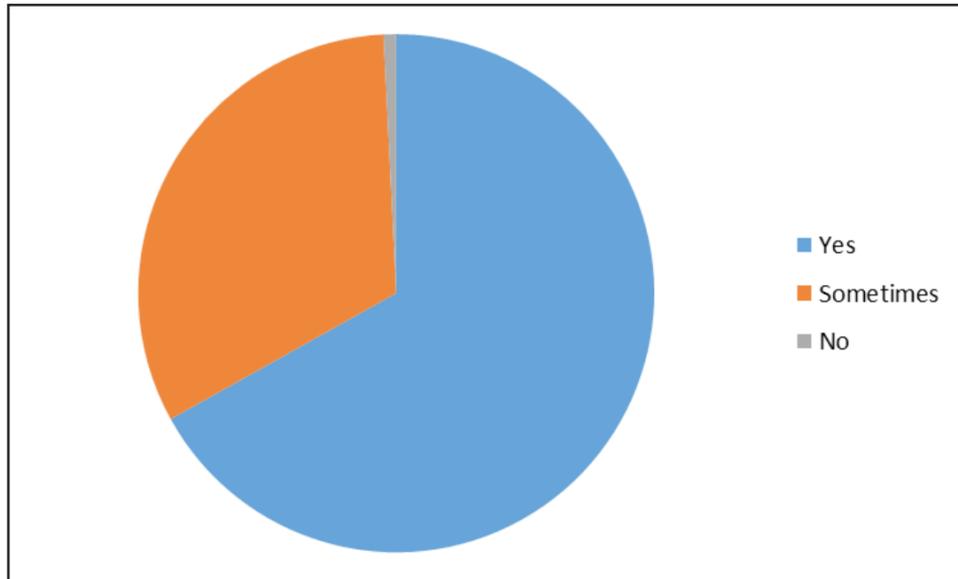
*'I am more empathic towards children rather than dismissive of their behaviour'*

*'Adults have better skills to support young people and children'*

### 3. Impact on Pupil Behaviour

In total, 66.93% indicated agreement ('yes'), 32.29% agreed, somewhat ('maybe') and 0.78% disagreed ('no') with statements regarding training impact on child behaviour.

FIGURE 13. Percentage of responses 'yes', 'maybe' and 'no' to items on impact of training on child behaviour.



N = 107

In addition, participants reported that as a result of the training, pupils:

- had a better understanding of their own emotions and increased empathy
- had an improved range of strategies to control their emotions and behaviours
- had an improved ability to problem solve
- had better relationships with staff
- improved their behaviour and took more responsibility for it

Illustrative quotes:

*'Pupils learn how to self-regulate and they are able to problem solve more independently in the future'*

*'It really helps them to calm and improve their behaviour'*

*'We've noticed it really reduces behavioural incidents'*

*'Allows pupils to understand their emotions, manage them, self regulate and learn'*

*'I feel that I can talk to my teacher, they listen and it stops the volcano in my tummy'*

**SECTION 4 – USE OF EMOTION COACHING STRATEGY**

Professionals in Stoke were asked to log Emotion Coaching activity, confidence in discussing pupils' emotional well-being and self-control in dealing with challenging behaviour. They were asked to provide further detail on settings in which Emotion Coaching was used, incident type, emotion coaching performance (how well they thought they performed as an Emotion Coach on a scale from 1-10) and the total number of resolved incidences. Overall, significant improvements in Emotion Coaching performance were observed between Time 1 (end of terms 1-2, 2014) and Time 2 (end of terms 3-5, 2015), as detailed below.

Professionals were asked to indicate whether or not they had made use of Emotion Coaching since their last log in. Of the 75 participants that responded, 69 (92%) said 'yes' they did make use of emotion coaching, whereas 6 indicated 'no', they did not make use of Emotion Coaching.

FIGURE 14. Number of professionals in Stoke that made use of Emotion Coaching

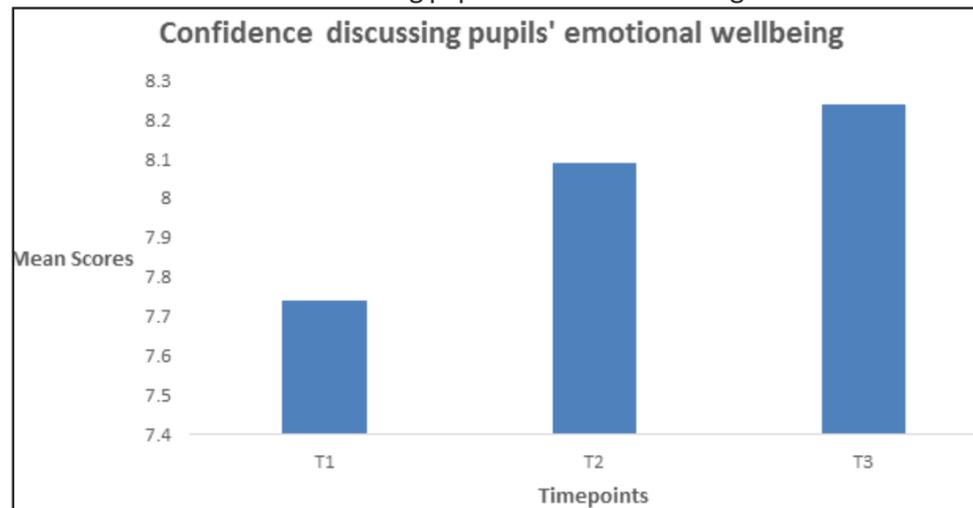


N = 75

**1. Improved professional confidence in discussing pupils' emotional wellbeing**

Professionals in Stoke were asked to indicate their level of confidence in discussing pupils' emotional wellbeing with them across three time points. There was evidence of an increase in confidence on a scale from 1-10 across the three time points, where the mean at T1 was 7.74, the mean at T2 was 8.09 and the mean at T3 was 8.24.

FIGURE 15. Confidence in discussing pupils' emotional wellbeing

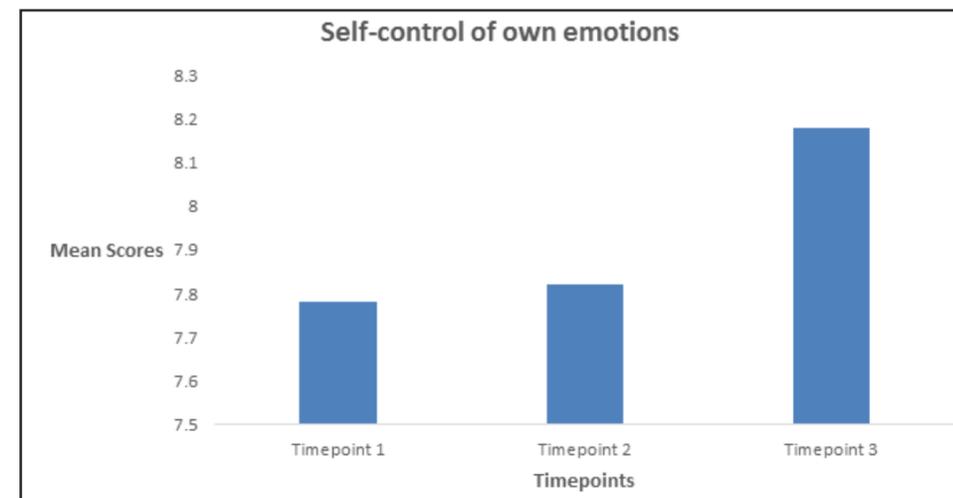


N = 75

**2. Improved professional self-control during incidents**

Professionals in Stoke were asked to indicate on a scale from 1-10 how much self-control they felt in respect of their own emotions when dealing with challenging behaviour across three time points. There was evidence of an increase in self-control over time, where the mean at Time 1 was 7.78, the mean at Time 2 was 7.82 and the mean at Time 3 was 8.18

FIGURE 16. Professional Self-Control

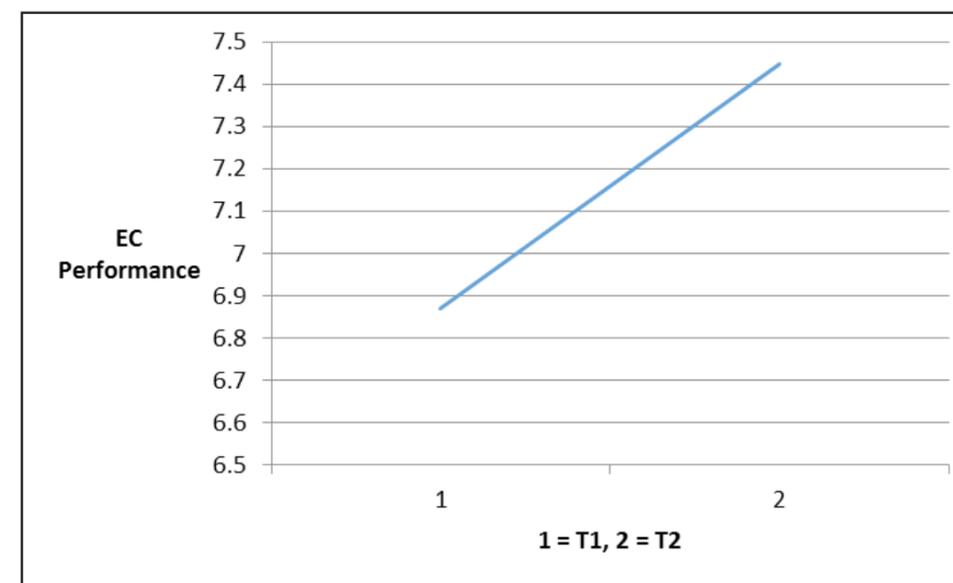


N = 75

**3. Improved Emotion Coaching performance**

Professionals were rated on a scale from 1-10 on their performance in Emotion Coaching both pre- and post-training to explore differences between the two time points. Of the 28 professionals who participated overall, there was an increase in mean Emotion Coaching performance from 6.87 (SD = 0.25), pre-training to 7.46 (SD = 0.29), post-training. A repeated measures t-test revealed that this difference was statistically significant where  $t = 1.89$  ( $df = 37$ ),  $p < 0.05$ .

FIGURE 17. Mean difference in pre- and post-training performance in Emotion Coaching



N = 38

## SECTION 5 – CASE STUDIES AND VIGNETTES

These case studies and vignettes have been written by practitioners who participated in the project and have not been subject to any analytical process. They are presented in their original form.

### CASE STUDY OF A PUPIL WITH SEN USING ATTACHMENT AWARE AND ATTACHMENT BASED PRACTICES

<b>Pupil X</b>	Year 5
<b>Date of placement on SEN record</b>	Reception Year
<b>Pen Portrait including area(s) of need/barriers to learning</b>	
<ul style="list-style-type: none"> <li>• X was identified when he started school as having significant emotional/behavioural needs</li> <li>• He was diagnosed as having ADHD in June 2014 and a Statement of SEN was agreed in July 2014</li> <li>• He has a history of being significantly overweight</li> <li>• Parent received support from Connecting Families in 2014 and a PSA, prior to that</li> <li>• An EP assessment in February 2014 identified many skills in the very low range of the Beck's Cognitive Profile with a likelihood of dyslexia</li> <li>• Speech &amp; Language Assessment in March 2014 identified significant difficulties with attention and listening, working memory and phonological awareness</li> <li>• All assessments identified extremely low self-esteem, a significant reluctance to take risks and put himself in a position where he thought he might 'fail', showing no persistence or independence</li> <li>• On transition to KS2 (September 2013) he struggled to cope with the academic demands of Year 3 Class - he refused to follow adult requests all of the time and would run out of class and around the school, also he frequently had verbally aggressive outbursts with all staff and hurt children as he moved around school</li> <li>• In Term 1 of Year 4 he could not manage to stay in class, other than for registration and avoided even supported learning tasks by running out of the room (there were 8 Serious Incidents in Term 1X)</li> <li>• In receipt of Pupil Premium</li> </ul>	
<b>External agencies who have been involved</b>	
<ul style="list-style-type: none"> <li>• Speech &amp; Language</li> <li>• Education Psychologist</li> <li>• Specialist Behaviour Support</li> <li>• Connecting Families</li> <li>• PSA</li> <li>• Paediatrician</li> <li>• Occupational Therapist</li> <li>• Sports Mentors x 2 weekly</li> </ul>	
<b>PROVISION OVER TIME / ARRANGEMENTS OVER TIME</b>	
Year 3	
<ul style="list-style-type: none"> <li>• Small group learning support with HLTA daily, every morning</li> </ul>	
Year 4 from Term 2	
<ul style="list-style-type: none"> <li>• Full time Key Adult, using attachment based strategies and activities (Louise Bomber) plus Now/Next, visual timetable</li> <li>• Weekly Speech and Language support - 'Attention Grabbers' programme from trained teaching assistant, individually, then in a small group</li> </ul>	

<ul style="list-style-type: none"> <li>• Very high levels of emotion coaching from Key Adult and Assistant Head, especially when dealing with dysregulated behaviour to help X by co-regulation, then help him to regulate his emotions</li> <li>• Development of a low stimulus 'safe space' for learning with X so that all his resources were accessible</li> <li>• Very high level of positive feedback on progress, recorded visually, shared with parent daily and 'heard' by X between adults as positive praise would cause him to dysregulate</li> <li>• High level of communication and relationship building with parent by Key Adult and Assistant Head Inclusion so that school had immediate support for Serious Incidents</li> </ul>
<b>How the skills of staff have been developed to address needs</b>
<b>Key Adult</b>
<ul style="list-style-type: none"> <li>• observed and then provided interventions based on attachment strategies to stabilise anxiety and then enable him to feel safe, secure and able to engage and take risks in learning tasks</li> <li>• consistently used strategies for supporting children on the Autism Spectrum to enable X to engage in adult led activities and follow routines</li> <li>• consistently used Emotion Coaching to scaffold emotional regulation when dealing with events that raise his anxiety levels</li> <li>• consistently used strategies given by S &amp; L Therapist to scaffold learning tasks e.g. using visual cues and frameworks</li> <li>• worked with Class Teacher to differentiate learning tasks to meet his learning and emotional needs</li> <li>• worked with Brighter Futures to gradually provide more challenging expectations and tasks</li> </ul>
<b>QUANTATIVE OUTCOMES FOR PUPIL</b>
<b>Progress Summary</b>
<ul style="list-style-type: none"> <li>• <b>Reading age increased from 4 years 8 months in December 2014 to 7 years 8 months in November 2015 – a 3 year increase in a single year</b></li> <li>• Now in class most days for teacher input and lessons in afternoon</li> <li>• Able to work independently on many tasks in daily small group learning support, with HLTA</li> <li>• Serious Incidents reduced from 9 in Term 1 2014 to none in Term 1 2015, parent not called to school at all</li> <li>• X can hear a positive comment shared between adults and smile</li> <li>• X has been able to take part in all out of school events safely, including the residential trip</li> </ul>
<b>QUALITATIVE OUTCOMES FOR PUPIL / SCHOOL</b>
<ul style="list-style-type: none"> <li>• Parent and X re positive about progress made and can hear what he is good at</li> <li>• X is part of the class and engaged in group and individual learning activities with sensitive support</li> <li>• X takes part in all social activities alongside his peers within the school with sensitive support</li> <li>• He has made significant progress since January 2015 particularly in reading</li> <li>• We are beginning to challenge him to increase his independence in learning tasks and social activities</li> <li>• Staff have gained skills and experience and observed how a child with significant needs can be supported to be included alongside his peers and make good progress</li> <li>• Staff can acknowledge how some children need low stimulus environments and highly differentiated tasks to engage in learning and meet learning objectives</li> <li>• School has evidence of how responding effectively to the emotional and behavioural needs of a child needs to happen, in order to enable the child to feel safe and secure and ready to engage and learn</li> </ul>

CASE STUDY OF USE OF EMOTION COACHING													
<b>Details of Emotion Coaching Champion</b>													
Organisation Type	Specialist provision SEBD / SEMH												
Role in Organisation	Asst. Headteacher												
<b>Details of child or Young person</b>													
Identifying mark (e.g. pseudonym)	A												
Age	14												
Gender	M												
<b>Background</b>													
Why you selected this child or young person to be your focus.  You might include quantitative data which illustrates your area(s) of concern.	<p>A has, historically, been very difficult to manage in school and behavioural responses have been extreme, frequent and bizarre (A would often lie on a corridor and push himself up and down as if he were a worm, completely ignoring any instructions; if challenged further, A would attempt to climb high after damaging property and would physically fight; wildly, if attempts were made to stop him).</p> <p>There seemed to be some understanding from staff that A was highly anxious when exhibiting such behaviours, but usual 'carrot and stick' behavioural management techniques have had no positive impact, and at times have exacerbated situations.</p> <p>A's Mum has diagnosed mental health issues.</p> <p>A can be violent at home towards Mum and siblings. A does not feel he fits in, in his own family.</p>												
SDQ Data (pre)	TOTAL	32	ES	8	CP	5	H	10	PP	9	Prosocial	0	
<b>Outcome</b>													
What was the outcome of the project for this case? i.e. How was anyone better off as a result?*	<p>A initially responded in a curious but suspicious manner to Emotion Coaching, but almost immediately seemed to respond more calmly to the empathic validation of his emotions. Acknowledging and labelling A's emotions seem to have an immediate calming effect and allowed dangerous and damaging behaviours to be questioned more safely and then modified.</p> <p>A finds it much easier to calm and to rectify situations when Emotion Coaching is used. Previously, A has almost never been able to stop once a situation starts to unravel, but Emotion Coaching has had a different effect.</p> <p>It is now possible to limit set safely, come to an agreement about restoration and discuss different outcomes when Emotion Coaching is used with A.</p> <p>A has been more involved with whole class activities, seems less apart, and has accessed 50% more lessons without incident.</p> <p>A's SDQ showed a reduction in difficulties and an increase in prosocial behaviour.</p>												
SDQ Data (post)	TOTAL	22	ES	8	CP	3	H	6	PP	5	Prosocial	2	

VIGNETTES OF USE OF EMOTION COACHING AND ATTACHMENT BASED STRATEGIES TO SUPPORT VULNERABLE PUPILS IN SCHOOLS
<p><b>Vignette 1</b></p> <p><b>Professional Role:</b> FPI worker      <b>Child/Young Person:</b> Boy, aged 7</p> <p><b>Background</b></p> <p>CH presenting challenging behaviour at school (suspected ADHD/Attachment disorder). Break down of relationship with parent and school. Mum felt that school did not understand her son and his needs and acted inappropriately towards the school. School felt that home life and parenting were the cause of behaviour at school.</p> <p><b>AAS Interventions</b></p> <p>Attachment Aware Schools and Emotion Coaching training delivered during summer holidays. The school also invited other agencies who work with C at the school to attend for a broader multi agency approach.</p> <p><b>Outcome</b></p> <p>School started back with new approach, proactively using strategies and advice from training e.g. emotion coaching. Three weeks into new term, a team around the child meeting was held. It was reported that both mum and school were seeing a different child.</p> <p>Mum said: "It's like a new school. My son is so much happier and he is much happier at home not to mention getting him to school. It used to be a nightmare".</p> <p>School said that he was at serious risk of permanent exclusion before the summer and now they have very few concerns.</p> <p>FPI work made much easier due to this multi-agency approach. And we have a much happier child, mother, school, and community.</p>
<p><b>Vignette 2</b></p> <p><b>Professional role:</b> Vice Principal, Special School      <b>Child/young person:</b> Male, aged 7</p> <p><b>Background:</b></p> <p>I selected this young person because he was at risk of permanent exclusion from the school. This was because of the impact of his 'meltdowns' on others around him. The young person became a LAC shortly before the AAS course started. His 'meltdowns' were frequent (several times in a school day) and severely upsetting for him and those around him including adults who were not able to comfort him. He would repeatedly hit and kick staff and throw items and break things. The meltdowns frequently lasted for over an hour.</p> <p><b>AAS Intervention:</b></p> <p>Emotion coaching approach applied consistently over time by staff.</p> <p><b>Outcome:</b></p> <p>This young person has much fewer incidences of 'meltdowns'. If a meltdown does occur which is rare; once a fortnight now, he can calm within 20 minutes and no longer hits, kicks and throws things. He sometimes threatens to do these things but responds well to the three part conversation. In the school setting everyone is better off because this young person has improved so much. It has impacted on his learning, peer relationships, staff wellbeing, leadership team input reduced. His SDQ score also showed an improvement in strengths (from 3 to 7) and a reduction in difficulties (from 29 to 12).</p>

### Vignette 3

**Professional role:** TA, Special School

**Child/young person:** Boy, aged 6

#### Background:

R is fostered and had a very tricky beginning. He has been diagnosed with FASD, PTSD, ADHD and Attachment difficulties. The playground is a big place filled with way too many opportunities for melt down. Mostly we do small world play in a quieter space with a few safe friends. R and friends are building a car and someone else jumps in the driver's seat. R has a meltdown and thumps his mate.

#### AAS Intervention:

I intervene and bring R to a bench. I use Emotion Coaching as a main strategy. I begin by simply saying, 'come and sit next to me for a few minutes please. I can see by your eyes that your feeling really cross right now.'

R agrees reluctantly and I sit him on bench, check in that the other child's ok and advise them to go back to main playground.

I give R some material to fiddle with as he's really cross that the game appears to be over and he was not the driver. He sits next to me and begins fiddling with material and I say I'm counting to 20 in my head and we can sit and chill for a bit. I breathe deeply and slowly knowing my calm presence is enough to regulate him - he knows he's accepted, cared for deeply by me, he knows the routine.

After a couple of minutes his shoulders drop, his body and face relaxes.

I test the water... 'So you got cross cause your friend got in the driver's seat.. that made you feel really angry?'

'Yes it's not fair I made the car, it's mine not his.'

I validate what he said: 'You felt like you'd built most of the car and so it was your right to be driver?'

'Yes'

R is calmer, he feels heard, he's explained the injustice. He seems more ready to problem solve.

'So can you think of another way you could have shared how you felt? What words could you have used instead of thumping your friend?'

'Um D this is my car and I'm the driver?'

'Great start - I'm wondering if D perhaps thought it was both your car as he built it too?'

'Well he could have sat next to me?'

'That's brilliant R. D would love to sit next to you on your adventure - perhaps you could take it in turns to drive so he got a turn too?'

'Hmm maybe...'

'I'm wondering where D is now? He seemed to be really upset - what part of his body do you think might be hurting from the thump?'

'His arm.'

'Hmmm - shall we go find him?'

'I'm not saying sorry...'

'You don't want to apologise. Shall we just go check he's ok?'

'OK'

When we got to his friend, without prompting R said: 'Alright D. Sorry I hit you.'

#### Outcome:

Using Emotion Coaching helps R to have time to calm down and with the help of an adult helping him to regulate by validating his emotions and giving him time to defuse his anger, he can revisit the event and mostly know a better way to handle things. He mostly apologises even when he says he won't.

### Vignette 4

**Professional role:** TA in a special school

**Child/young person:** Boy, aged 10

#### Background:

H has autism and possible attachment difficulties. He doesn't want to do numeracy and is reminded only a few more minutes (with the use of a sand timer) but today it's not happening and he tells me to 'f\*\*\* off' and runs out of class.

#### AAS Intervention:

Along the corridor he pulls over wheel chairs, walking frames and tried to pull hydrogen off the wall.

I calmly follow him up the corridor keeping a distance to give his anger space to disperse but for him to feel safe by my presence. I know this is him feeling unsafe. I have to listen to my instincts much more than my logic and look / listen for subtle changes in body language/breathing etc. I use Emotion Coaching as a primary strategy to support him.

After a minute I can sense a break in the storm and begin using soothing words: 'It's ok H I know that maths made you really angry and maybe you felt I didn't listen to you.'

'I hate maths' (shouts)

'I can hear that was tough for you, how about we go sit on our bean bags for a bit?'

'I don't wanna sit on a bean bag.'

'Ok you don't fancy the bean bag right now. Come on let's get ourselves out of this corridor and go chill for a bit and pop some bubble wrap and have a drink?'

'Ok.'

So we go to our chill out area sit on a bean bag and pop some bubble wrap; he sucks cold water hard through a curly straw triggering the early years soothing sucking reflex and his body begins to slump and his red face returns to beige.

'I'm not clearing up!'

'You sound like your cross thinking you have to clear up?'

'Yes you always make me clear up.'

Sounds like you don't like clearing up?'

'I hate it, it's not my job.'

'Hmmm ok.'

I sense he's still cross so it's just not time yet to begin repair. Repair has to come from them... They do have it. So I hand him a stress ball and we do some big breaths which he is sometimes resistant too initially as he sometimes doesn't want to calm down at my pace. Today he's vented a lot physically and was in hyperarousal for a longer time so he welcomes the comfort/routine of big breaths. I read him a book both snuggled on the bean bag - The Red Beast - one of his favourites. He's totally calm by now and hungry so I reach for my biscuit and banana stash and we eat together.

'So what happened? What was it about maths this morning?'

'I just didn't understand it and you weren't making any sense?'

'Ah..... Times tables can be tricky to teach and even harder to learn. I think I've got a better way for next time that involves jelly babies - and an iPad game - we'll have to wait till tomorrow for that though.'

'OK'

'So how do you think we could both have managed that situation better earlier so you don't tip over the wheel chairs? I mean it can't be nice for some of the kids to come out of class and find their chair broken hey - a bit like goldilocks and the three bears hey?'

'You should listen when I say I want to stop.'

'I think that a good point H, I should've noticed it was a bit too much. Can you remember last week when you struggled with your spelling and Mrs D said come on only 3 more.. It was then you got your certificate. You were so close to winning I wanted you to get your award as you'd worked so hard. Sometimes I do encourage you to reach out a little bit more. What words could you use to show me it's too much?'

'Miss this is too hard I don't want to do it anymore?'

'Good idea- and maybe you could ask for me to help? You see if it's still too hard it simply means I've not taught you the right way for you.'

'Ok I'll try.'

'Awesome. Let's jump up and go sort this corridor out; if you pick up the frames, I will help you by picking up the chairs.'

Sadly a teacher is out in the corridor who hasn't had Emotion Coaching training. In a very 'un-sad' cross voice she shares...

'H I'm really sad that you did this. All these children need their equipment. How would you like it if they came and broke your things? You've made me feel very sad indeed. I hope you're going to pick it all up and apologise.'

H is cross, humiliated and red in face. His shame and fear clear to see for those who understand. But this is masked by anger. The teacher only sees petulance. We are in the process of clearing up I explain and the teacher heads back to her room.

We head back to the chill out zone as H looks like he's about to erupt again and begin the coaching all over again...

**Outcome:**

Children like H needs lots of repeated experience like this to help them. All children seem to have a very strong instinctive justice system and it causes them to erupt at times. But given reflective non- judgmental space and using Emotion Coaching as a way of communicating with them, they can be helped to see their errors.

## METHODOLOGY

The methodology comprised a mixed method approach (Mertens, 2010), yielding both soft and hard data. Progress data on pupil academic achievement (including reading, writing, maths and English), exclusions (inside and outside of classroom) and improvements in SDQ were explored before the intervention at the end of terms 1-2 (Time 1) and after the intervention at the end of terms 3-5 (Time 2), with the aim to explore pre- and post-intervention differences. Purposive sampling was undertaken for pupils considered 'at risk' but no demographic data was collected. For categorical data (expected academic achievement levels), chi square was used to explore pre- and post- differences according to observed and expected frequencies (Ferguson & Takane, 1989), using Excel. For interval data (exclusions, sanctions, SDQ scores), t-tests were used to explore mean differences (Coolican, 2009), using Excel. All summary statistics and data visualisations were produced by Excel.

Both sets of qualitative data were analysed using a content analysis based on the sociological tradition (Tesch, 1990), where the researcher interpreted the participants' perceptions, feelings, behaviour and knowledge of Emotion Coaching, as represented by their written feedback. Constructivist grounded theory and data reduction method (Charmaz, 2006; Strauss and Corbin, 1990) was used and all codes identified reflected the requirement that they reflect what is being researched (they are valid), that there was no overlap (they are mutually exclusive) and that all data fitted into a category (codes were exhaustive) (Miles et al., 2014). In the 1<sup>st</sup> phase, open coding, all responses were read and assigned a colour-coded category. All statements were then organized under each category. In the 2<sup>nd</sup> phase, or axial coding, statements were reread to identify any further necessary statement allocation. During the 3<sup>rd</sup> phase, patterns and explanations were explored within the categories and codes were reordered under similar headings. This phase served as second order coding. Potential causal relationships between the codes were then identified and during phase 4, potential contradictory data and examples that illustrated the thematic coding were sought, through further scrutiny of the data. A final analysis was undertaken in order to ascertain correlation with themes identified in prior Attachment Aware School pilot studies in B&NES and pilot studies in Emotion Coaching (Rose et al., 2015).

Although some of the authors of this report were involved in part of the training programme for the project, all data was analysed by independent analysts, none of whom played any role in the training programme and interventions. Full limitations of the methodology are discussed in a forthcoming academic publication (Rose et al., forthcoming).

**Authors:**

Rebecca McGuire-Snieckus, PhD, Psychology Dept, Bath Spa University

Janet Rose, PhD, Centre for Research into Inclusion and Vulnerable Learners, Institute for Education, Bath Spa University

Felicia wood, MSc, Centre for Research into Inclusion and Vulnerable Learners, Institute for Education, Bath Spa University

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## FURTHER INFORMATION

If you are interested in finding out more about the project:  
[attachmentawareschools.co.uk](http://attachmentawareschools.co.uk)