



The Human Givens Approach: A Review of Independently Published Research and an Exploration of its Application in Supporting Whole School SEMH Practice Within A Secondary School

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Disclaimer: This work is my own and has not been previously submitted or been assessed for any other qualification

Overarching Abstract

The prevalence of Social, Emotional Mental Health (SEMH) difficulties both globally and in the UK is acknowledged to be a growing concern (Mental Health Foundation, 2016). Upward trends in SEMH difficulties experienced by the UK population are said to have been further impacted upon by the current Coronavirus pandemic and young people have been found to be at particular risk of increased levels of 'mental distress' as a result of the pandemic (Pierce et al., 2020). Furthermore, the Good Childhood Report 2020 (The Children's Society, 2020), has highlighted that children aged 10-15 in the UK are reporting declining rates of overall life satisfaction and happiness with their: appearance, friendships and school.

Schools have been described as having a 'central role' in supporting the mental health and wellbeing of Children and Young People (CYP), with the Department for Education stating that schools should have a consistent, whole school approach to mental health and wellbeing. Educational Psychologists (EPs) are professionals who work to support the mental health and wellbeing of CYP in a variety of ways. The Human Givens (HG) approach has been used as a basis for some EP therapeutic practice and is described as a holistic and practical approach that outlines what CYP, families and communities need to be 'emotionally healthy'.

The first part of this research systematically reviews existing independently published research in relation to the HG approach. It aims to explore potential outcomes of using a HG approach, to support those engaging in therapy/ intervention in relation to their SEMH. Six papers in total were selected for review and analysed using Thematic Synthesis. Four subgroups of direct benefits to individuals in engaging in HG therapy/ intervention were identified namely; 'Improved Wellbeing', 'Improved Coping Ability', 'Increased Connection to Others' and 'Receipt of Informed Support'. These subgroups consist of nine themes, which are outlined and explored in more detail. The Systematic Literature Review identified a gap within the current literature in relation to independently published research concerning the HG approach and highlighted recommendations for future research made within existing papers, to explore the possible application of the HG as a whole school approach (WSA) to SEMH.

The Empirical Project utilises Collaborative Inquiry (CI) as a method of working with a group of secondary school staff to develop a WSA to supporting SEMH, based on the HG approach. The process of CI is outlined alongside a description of how the HG approach was applied by participants in their school context, to develop a WSA to supporting SEMH. Abbreviated Grounded Theory was used to analyse the transcript of a focus group with participants reflecting on the HG approach and the process of CI. Elements of the HG approach that may support its use as the basis for a WSA to

SEMH are suggested as; 'HG as an accessible approach', 'HG providing a focus on needs (as opposed to behaviour)', 'HG as the basis for individualised action' and 'HG as providing a shared wellbeing language'. The Abbreviated Grounded Theory then outlines a framework for use when consulting with schools to develop a psychologically informed WSA to SEMH. This framework relates to both the psychological theory used to underpin the WSA and the process used by school to implement the WSA.

Rose: '...we're a school, we're children and human beings at the heart of what we do, yet somewhere along the way we've lost our way, in terms of what we do, why we're doing it...'

Dedication

For my lovely, 'silly old Grandad John', who saw me begin this journey, but sadly is not here to see me finish. This one is for you; I hope you would be proud.

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Firstly, I wish to thank my supervisor Wilma, for your support and understanding when things felt hard (both on and off the course!), alongside the D. App. Ed. Psy. Tutor Team as a whole. Thank you for provoking my thinking, providing guidance and constructive feedback and opening my mind to new ways of seeing the world.

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Finally, I would like to extend a special acknowledgement to my partner's mother Pauline, who has been on a journey of her own over the last 3 years, beating both Leukaemia and COVID-19! You are a wonder woman and have shown me what true strength, determination and resilience looks like, all whilst managing to keep a smile on your face and a dance in your step!

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Chapter 1: Examining outcomes in relation to the use of a Human Givens Approach to support SEMH/ Wellbeing: A Systematic Literature Review

Abstract:

The prevalence of Social, Emotional Mental Health (SEMH) difficulties both globally and in the UK is acknowledged to be a growing concern (Mental Health Foundation, 2016). Upward trends in SEMH difficulties experienced by the UK population are said to have been further impacted upon by the current Coronavirus pandemic and young people have been found to be at particular risk of increased levels of mental distress as a result of the pandemic (Pierce et al., 2020). Furthermore, the Good Childhood Report 2020 (The Children's Society, 2020), has highlighted that children aged 10-15 in the UK are reporting declining rates of overall life satisfaction and happiness with their: appearance, friendships and school.

Schools have been described as having a central role in supporting the SEMH of Children and Young People (CYP), with the Department for Education stating that schools should have a consistent, whole school approach to mental health and wellbeing (Department for Education, 2018a).

Educational Psychologists (EPs) are professionals who work to support the SEMH of CYP. The Human Givens Approach (HGA) has been identified as a holistic and practical approach that outlines what CYP, families and communities need to be emotionally healthy and is used by some EPs in practice (Law & Woods, 2019).

This paper systematically reviews existing independently published research in relation to the HGA. It aims to explore potential outcomes of using the HGA, to support those engaging in therapy/ intervention in relation to their SEMH. Six papers in total were selected for review and analysed using Thematic Synthesis. Four subgroups of direct benefits to individuals in engaging in HG therapy/ intervention were identified comprising; 'Improved Wellbeing', 'Improved Coping Ability', 'Increased Connection to Others' and 'Receipt of Informed Support'. These subgroups consist of nine themes, which are outlined and explored in more detail.

The Systematic Literature Review identified a gap within the current literature in relation to independently published research concerning the HG approach and highlighted recommendations for future research made within existing papers, to explore the possible application of the HG as a whole school approach (WSA) to SEMH/ wellbeing.

This Literature Review has been prepared for submission to the Journal of Psychology & Psychotherapy: Theory, Research and Practice.

1:1 Introduction

Context and Rationale for the Review

The prevalence of Social, Emotional Mental Health (SEMH) difficulties both globally and in the UK is acknowledged to be a growing concern (Mental Health Foundation, 2016). Trends within the UK mental health data, would suggest that a growing number of people each year are experiencing difficulties or illness in relation to their SEMH (NHS Digital, 2019). In 2019 The Samaritans reported a 10.9% increase in the rates of suicide amongst the UK population overall, this included an increase in suicide rates for young people aged 15-25 (The Samaritans, 2019). These upwards trends in SEMH difficulties are said to have been further impacted upon by the recent Coronavirus Pandemic. Pierce et al. (2020, p.889), have found that the Coronavirus pandemic appears to have caused an overall increase in the 'mental distress' of the UK population, with this increase being higher than may have been expected when looking at previous trajectories (based on data collected within this longitudinal study from 2014-2019). Groups found to be at particular risk of mental distress within this study included women and those who are younger in age (Pierce et al., 2020). When considering the SEMH of young people in more detail, The Good Childhood Report 2020 (The Children's Society, 2020) has highlighted that since 2013, children and young people (aged 10-15) in the UK are reporting declining rates of happiness with their: friendships, appearance, school and lives in general. Children within the UK also ranked the lowest for overall life satisfaction compared to 23 other countries surveyed (The Children's Society, 2020).

This Literature Synthesis focuses on emerging literature examining the use of the Human Givens Approach (HGA) in supporting SEMH needs. I have developed an interest in exploring this approach, due to its potential use in schools. Schools have been described as having a central role in supporting the SEMH of Children and Young People (CYP) (Department for Education, 2018a). They also have a statutory duty to be aware of how SEMH may impact upon pupils' behaviour in order to support them effectively (Department for Education, 2015). National statistics show that pupils identified as having Special Educational Needs (SEN) related to SEMH are at greater risk of exclusion than children identified as having other forms of SEN (Department for Education, 2018b). This may suggest that schools are having difficulty in adequately supporting these needs. Recent advice from the Department for Education, states that schools should have a consistent, whole school approach to Mental Health and Wellbeing (Department for Education, 2018a).

There are a number of conceptualisations of SEMH which I will now explore, before outlining the SEMH stance taken within the literature review.

Conceptualisations of SEMH

Conceptualisations of SEMH vary within the literature, with terms such as 'wellbeing', 'mental health', 'SEMH' and 'social and emotional wellbeing' used interchangeably (Veale, 2019, p.18). Within the most recent SEND Code of Practice (SEND COP) (2015, p.98), SEMH replaced the 'behaviour, emotional and social difficulty' category, as one of four main areas of need. The definition of SEMH provided within the SEND COP has been critiqued as unclear, which it is argued may cause difficulties in identifying SEMH needs and act as a potential barrier to effective multi-agency working. It is further argued this definition reflects deficit notions of SEMH, thus ignoring wider ecological factors (Norwich & Eaton, 2015).

Weare (2015, p.3), differentiates between 'social and emotional wellbeing' (proactive and universal support offered to all within a community) and 'mental health problems' (targeted support to meet the specific needs of individuals' informed by medical assessment). This is in line with ideas of a mental health continuum which positions wellbeing at one end and mental ill health at the other (Coleman, 2011). Universal ideas of wellbeing may help in destigmatising mental ill-health, promoting it as something important for all, similarly to physical health.

Westerhof and Keyes (2010, p.110) distinguish between mental health and mental illness in their 'two continua model', suggesting related but distinct concepts on separate continua. For them, mental health is 'more than the absence of mental illness (such as depression or anxiety)', and is a 'positive phenomenon'. The World Health Organisation (2014) states that mental health is:

'a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' (World Health Organisation, 2014).

This holistic definition (Veale, 2019) incorporates ideas of wellbeing similar to those of Weare.

Other conceptualisations of SEMH refer to a Bio-Psycho-Social Model of Mental Health, recognising the mutual influence of social, environmental and biological factors (Poulou, 2014). Carroll and Hurry (2018, p.311), argue this model recognises that positive influences in social contexts (e.g. families, schools, communities), can facilitate 'meaningful change' for CYP, whilst acknowledging their individual differences. Within the literature, this is linked to ecological perspectives assuming a transactional relationship between the individual and their environment (Bronfenbrenner, 1977; Poulou, 2014). The bio-psycho-social model has been identified as the approach to SEMH that is most supported in current literature (Carroll & Hurry, 2018). In my view, the Bio-Psycho-Social

model, broadens understandings of SEMH to include wider holistic factors, enabling professionals to resist within person deficit models.

Within the current literature review the term SEMH is intended to reflect ideas proposed by Westerhof and Keyes (2010), to encompass ideas of both wellbeing and mental health (as a universal and proactive concepts) and mental ill-health or mental illness (as being associated with medical diagnoses and requiring targeted intervention). Where referring to concepts of universal wellbeing and mental health I will use the term 'wellbeing', though I will refer to specific potentially diagnosed needs (e.g. anxiety or depression) using the term 'mental ill-health'. I also adopt the bio-psycho-social model, to acknowledge the role of the environment and wider holistic factors affecting individuals' SEMH (Carroll & Hurry, 2018; Poulou, 2014).

Human Givens (HG), is an approach to SEMH that has been used as the basis of SEMH support offered to CYP within schools (Law & Woods, 2019). I became interested in the Human Givens Approach (HGA) after observing its use by Educational Psychologists (EPs) working to support the SEMH of CYP. I will now outline this approach.

The Human Givens Approach

The HGA is a holistic and practical approach to understanding the emotional needs of CYP, families and communities (Yates & Atkinson, 2011). It incorporates key aspects and ideas common across different models of therapy currently used in practice (Griffin & Tyrrell, 2013). It proposes that all humans have ten innate emotional needs, and wellbeing is reached when these are met in balance (Griffin & Tyrrell, 2013). These Innate Needs are as outlined below (Yates & Atkinson, 2011, p.37) (Box 1).

Box 1: Human Givens Innate Emotional Needs (Griffin & Tyrell, 2013, p.97-98)

- **Security** – *Safe territory: an environment which enables us to lead our lives without experiencing excessive or undue fear and allows us to develop fully.*
- **Autonomy** – *Control over what happens around and to us. Exercising Volition gives us a form of feedback from the universe that we exist.*
- **Attention** - *Receiving it from others but also giving it: a form of essential nutrition that fuels the development of each individual, family and culture.*
- **Emotional connection to other people** – *Friendships, loving relationships, intimacy.*
- **Connection to the wider community (we are a group animal)** – *Being part of social groupings beyond our immediate family.*
- **Status** – *A sense that we are accepted by, and valued in, the various social groups we belong to.*
- **Privacy** – *Time and space enough to reflect on and consolidate our experiences.*
- **A sense of our own competence and achievements** – *which ensures we don't feel we are inadequate (and develop 'low self-esteem').*
- **Meaning** – *which comes from being stretched in what we do and how we think. Meaning makes suffering tolerable. It is through 'stretching' ourselves mentally or physically – by service to others, learning new skills or being connected to ideas or philosophies bigger than ourselves – that our lives feel purposeful and full of meaning.*

In addition, the HGA proposes humans have a set of Innate Resources which help us to meet our needs (Griffin & Tyrrell, 2013). These are considered by proponents of the HGA to have been 'refined over thousands of years... and can be considered as our internal guidance systems' (Griffin & Tyrrell, 2013, p.98) (See Box 2 for further description).

Box 2: Human Givens Resources (Griffin & Tyrell, 2015, p.99)

- **Long Term Memory** – *the ability to develop complex long term memory, which enables us to add to our innate knowledge and learn.*
- **Empathy/ Rapport** – *the ability to build rapport, empathise and connect with others.*
- **Imagination** – *which enables us to focus our attention away from our emotions and problem solve more creatively and objectively.*
- **A conscious, rational mind** – *that can check out emotions, question, analyse and plan (left hemisphere).*
- **The ability to know** - *to understand the world unconsciously through metaphorical pattern matching (right hemisphere).*
- **An 'Observing Self'** – *that part of us which can step back, be more objective and recognise itself as a unique centre of awareness separate from intellect, emotion and conditioning (frontal lobes).*
- **A 'Dreaming Brain'** – *that perceives the integrity of our genetic inheritance every night by metaphorically defusing emotionally arousing expectations not acted out the previous day.*

HG therapy and interventions involve identifying unmet needs and unutilised resources, to work towards developing them. The approach incorporates some ideas from neuropsychology, for example pattern matching, whereby individuals under stress make decisions based upon past experiences and unconsciously relate current situations to previous events or behaviour (Griffin & Tyrrell, 2013; Yates & Atkinson, 2011). Griffin and Tyrrell (2013), suggest the APET model, to represent the way the brain processes information (Table 1).

Table 1: The APET Model (Griffin & Tyrrell, 2013) as summarised in table form by (Yates & Atkinson, 2011, p.37) when working with CYP

	Description	Supportive Strategy
A (Activating Agent)	The stimulus that has caused the emotional arousal (e.g. shouting)	Changes to the environment (e.g. calm classroom)
P (Pattern Matching)	This relates to the brain relating incoming stimuli to previous patterns or events (e.g. domestic violence in the child's past)	Story work drawing on metaphors or guided imagery and visualisation may be used to change perceptions
E (Emotions)	Feelings associated with the above; for example, fear, anxiety or sadness	Relaxation Techniques
T (Thoughts)	These may arise from the emotions (e.g. 'Must get away') resulting in the child walking out of the classroom	Reframing, Practising new strategies (e.g. time out card)

When used as the basis of individual therapy, Griffin and Tyrrell (2013, p.275), suggest using the RIGAAR Model:

R – Rapport Building

I – Information Gathering (around when/ where/ with whom the problem began)

G – Goal Setting (to provide focus and the reviewing of outcomes)

A – Agreeing a Strategy (based on preferences of 'client')

A – Accessing Resources (identifying strengths and successes)

R – Rehearsal (putting strategies into action)

The HGA appears to be used by EPs as the basis for individual therapeutic work with CYP (Atkinson, Squires, Bragg, Wasilewski, & Muscutt, 2013; Law & Woods, 2019). However, an existing literature review by Corp, Tsaroucha, and Kingston (2008, p.44), found that the HGA evidence base is 'currently limited', with studies largely published by the HG Institute in the form of case studies and anecdotes. It is important to highlight, that when used as a therapeutic intervention, the HGA is not manualised, setting it apart from approaches such as Cognitive Behavioural Therapy (CBT). The professional delivering the intervention may therefore draw flexibly on other interventions when following the RIGAAR model. Whilst the HGA may have a limited evidence base, it has been argued

that professionals following the RIGAAR model, many of the techniques used by professionals such as mindfulness & CBT do, thus justifying its use (B. Andrews, 2009, as cited in; Yates & Atkinson, 2011).

The Research Question

Corp, Tsaroucha & Kingston's (2008) literature review is now 12 years old. The current review aims to draw upon more recent peer reviewed literature. The goal of this paper is therefore to systematically review this research to investigate what is known about the outcomes of using HGA in individual interventions to support SEMH. Subsequently, this review focuses on the following question:

'What are the outcomes for recipients of therapy or intervention based on the Human Givens Approach, in relation to their SEMH?'

The following section outlines the method used in this review, explaining the overall approach taken and the different stages of the review process.

1.2 Method

Systematic reviews are positioned on a continuum with aggregative approaches at one end and configurative approaches at the other (Gough, Oliver, & Thomas, 2012). Aggregative approaches are considered most appropriate when the review aims to test a theory or hypothesis and synthesise findings of similar studies. Configurative approaches are more suited to reviews aiming to explore or conceptualise an issue and can include a more diverse range of studies (Gough et al., 2012; Snilstveit, Oliver, & Vojtkova, 2012). The choice of synthesis method can also be dependent upon the time, resources and skills available to those conducting the review (Snilstveit et al., 2012).

This systematic literature review (SLR) aims to explore independently published research describing outcomes in relation to the HGA. The review includes diverse study types utilising a variety of research methods and outcome measures (Snilstveit et al., 2012). It therefore sits on the configurative end of the continuum.

By aiming to identify and explore the independent evidence base for the HGA, the review holds two main assumptions. Firstly, that the HGA is an objectively identifiable approach. Secondly, that by adopting the generic term 'outcomes' without specifying what these may be, the question assumes that the effectiveness of the HGA may be measured differently by each group of researchers. These assumptions reflect a critical realist (Bhaskar, 2008) epistemological stance with the review being conducted in line with this position.

The SLR follows the stages outlined by Petticrew and Roberts (2006, p.27), (Summarised in Table 2). The remainder of the methods section is structured in relation to these stages.

Table 2: Systematic Review Stages adapted from Petticrew and Roberts (2006, p.27)

Phase	Stage	Description
1. Searching	1	Clearly define the review question in consultation with anticipated users
	2	Determine the types of studies needed to answer the question
	3	Carry out a comprehensive literature search to locate these studies
	4	Screen the studies found using inclusion criteria to identify studies for in-depth review
2. Mapping	5	Describe the included studies to “map” the field, and critically appraise them for quality and relevance
3.Synthesis/ Findings	6	Synthesis studies’ findings
	7	Communicate outcomes of the review

1.2.1: Phase 1 -Searching

Stage 1 (defining the review question):

During stage one the review question was defined as described above, and arose from an existing literature review focusing on the evidence base for the HGA (Corp et al., 2008).

Stage 2 (determining the studies needed):

To determine the type of studies needed to answer the review question in stage two, I developed a set of inclusion criteria (Table 3).

Table 3: Inclusion Criteria for studies to be included in the Systematic Review

Inclusion Criteria	
Intervention	HGA as the main focus of the intervention used in the research study.
Age of population	Studies focusing on participants of any age were deemed acceptable, as the HGA is a universal approach. Also seen as relevant to the role of the EP, who works holistically with CYP (up to age of 25) and their supporting adults, such as parents/ carers and school staff.
Outcomes/ Measures	Outcomes of HGA for participants in terms of their SEMH Needs reported. This was not restricted to outcomes for those with a formal diagnosis of SEMH needs and included outcomes in relation to wellbeing in its more general (universal) sense.
Independently published	Studies published/ produced independently of the HG Institute were eligible, including those in peer reviewed journals and theses.
Empirical Research	Empirical research studies were included within the review.

I did not find it helpful to exclude studies based on the context in which they took place, due to the low number of independently published studies focusing on the HGA. I therefore included studies from a range of disciplines, to answer the review question. All papers reviewed reported on empirical research.

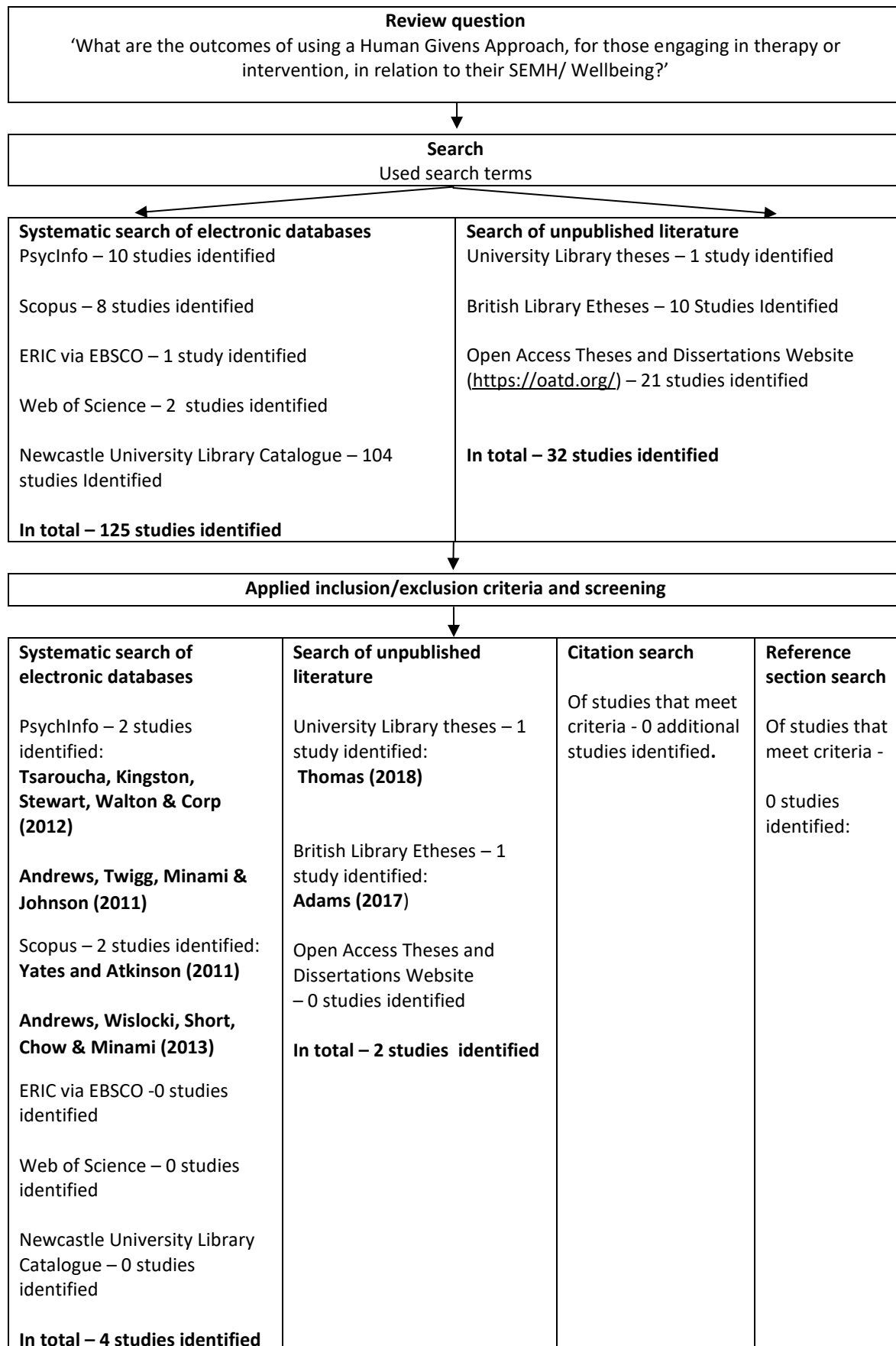
Stage 3 (completing a comprehensive literature search):

A comprehensive, systematic literature search was carried out (August 2018 - October 2018), to locate studies meeting the inclusion criteria. Searches were conducted in five electronic databases/search engines; PsycInfo, Scopus, ERIC via EBSCO, Web of Science and The Newcastle University Library Catalogue. This produced 125 results. I also included thesis databases as sources of independent, unpublished research. Newcastle University eTheses, The Open Access Theses and Dissertations website and The British Library eTheses collections were therefore searched. This produced 32 results.

Search terms used were based on my review question and the search terms used within the existing literature. Initial searches combining the term 'Human Givens' with any other search term, yielded very few results (often zero), and so I decided to search for "Human Givens" as a term in isolation. This led to a small increase in papers sourced. Corp, Tsaroucha and Kingston's (2008) review found a lack of independently published papers. I cross-checked my search with an academic interested in this area revealing no further papers.

Figure 1 below illustrates the search strategy and results yielded at each stage. The flow chart draws on MacFarlane (2017, unpublished).

Figure 1: Searching Process (basis of chart as created by MacFarlane (2017, unpublished).



Stage 4 (screening the studies):

157 papers were identified through initial searches outlined in Figure 1 (p.17). These papers were screened using the inclusion criteria, to determine their relevance to the review question. Titles were read alongside abstracts of the papers identified, to select studies for a more in-depth review. Those not reporting the use of the HGA were immediately discarded and duplicates removed. Further screening revealed an existing literature review (Corp et al., 2008) not deemed appropriate to include in the following mapping phase. Two identified papers Tsaroucha, Kingston, Stewart, and Walton (2012b), and Tsaroucha, Kingston, Stewart, and Walton (2012a), appeared to have used the same data set and the one most relevant to the review question was selected to take to the mapping phase. One eThesis identified (Yates, 2009), was determined to be the earlier version of a paper published in a peer reviewed journal (Yates & Atkinson, 2011), and therefore only the published version of this study was included.

Six papers were therefore taken to the mapping phase outlined below.

1.2.2: Phase 2 - Mapping the Research

The six remaining papers were then mapped (Table 4, p.20), allowing the most appropriate method of synthesising the papers to be determined.

The papers appear to come from two broadly different fields, with four papers based in a clinical setting and two in an educational setting. Participants in the clinical studies were those receiving medical treatment in relation to mental ill-health, and participants in the school-based studies were pupils (deemed to have low levels of wellbeing) or school staff. Participants ranged in age from 14 – 81 years. The number of participants included in the studies varied (between three and 1000+ participants).

The design of the studies, and forms of data collection varied. Four of the studies can be described as quantitative papers, focusing on outcomes in relation to participants' scores pre- and post-intervention on self-report measures such as the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM). I have chosen not to report these scores as I do not wish to reduce the experiences of participants within these studies to numerical data. Within these papers, it is interesting to note that participants' self-reported experience of HGA intervention is not often described.

One paper is qualitative, analysing semi-structured interviews with school staff, whereas the remaining paper utilises mixed methods. Both offer richer accounts from participants involved in

HGA intervention. Some of the papers identified focus on the effectiveness of HG interventions in comparison to others e.g. CBT, through the use of control groups.

In three studies HG therapy was identified as the primary basis of the intervention used, with outcomes attributed to its use. In one study HG was directly compared to a standard treatment group, another utilised HG as an approach to underpin consultation (rather than in direct therapeutic work with an individual), whereas another considered a specific element of HG therapy (the HG Rewind Technique).

Table 4: Map of the included studies by Context and Research Design

Study	Sample	Context	Purpose	Study Method	Intervention	Outcome Measures Used	Findings in brief
Andrews, Twigg, Minami, and Johnson (2011)	124 participants, mean age 44 (17-81 years range)	Primary Care, Clinical Setting	<p>To investigate the effectiveness of the HGA to the management of emotional distress in a primary care setting.</p> <p>To investigate whether or not the use of a shorter version (i.e., CORE-10) of a well-established psychometric instrument (i.e., Clinical Outcome in Routine Evaluation (CORE) CORE-outcome measure, CORE-OM) for sessional data collection is feasible for large-scale implementation of a practice research network (PRN).</p>	Repeated Measures (Pre-test/ Post-test)	Human Givens Therapy	CORE-OM and CORE-10	<p>Pre- to post-treatment changes measured with the CORE-OM and CORE10 suggested that the HG therapy was effective, with clients remaining in treatment to completion demonstrating the greatest benefit.</p> <p>The HGA appears to be an effective treatment.</p> <p>Early indications suggest that the HGA is an effective treatment for working with service users presenting with a variety of problems, and particularly anxiety and depression.</p>
Andrews, Wislocki, Short, Chow, and Minami (2013)	3885 participants, mean age 40.43 years	Primary Care, Clinical Setting	To replicate the Luton pilot study (Andrews et al.,2011), both by investigating treatment changes using the HGA via a practice research network (PRN) and by assessing the viability of replacing the 34-item Clinical Outcome in Routine Evaluation Outcome Measure (CORE-OM) with the ten-item version (CORE-10)	Repeated Measures (Pre-test/ Post-test)	Human Givens Therapy	CORE-OM and CORE-10	<p>Findings suggest that clients treated using the HGA experienced relief from psychological distress.</p> <p>This larger study, involving thousands of cases in a wide variety of settings, reinforces the findings from the previous pilot study as to the plausibility of the HGA in the relief of emotional distress.</p>

Study	Sample	Context	Purpose	Study Method	Intervention	Outcome Measures Used	Findings in brief
Tsaroucha et al. (2012a)	176 participants receiving treatment for depression, mean age 39.2 years (18-65 years range)	Primary Care, Clinical Setting	This paper aims to present the findings of research commissioned by a Primary Care Trust in the UK to assess the implementation of a new pilot Human Givens mental health service (HGS) within primary care.	Pragmatic Quasi Experimental design	HGA to therapy vs 'standard service' (e.g. counselling, medication etc.)	Hospital Anxiety and Depression Scale (HADS) and 3 wellbeing questionnaires: 'Satisfaction with Life Scale' (SWLS), 'the Emotional needs Audit' (ENA) and 'the CORE-OM'	<p>Emotional well-being significantly improved during the first four months following referral for both the HG and Control groups and this improvement was maintained up to and including one-year post referral. Compared to the Control group HG therapy was found to be of shorter duration, lasting one or two sessions compared to standard treatment which lasted on average four sessions.</p> <p>Apart from the psychological insight and emotional support, it is suggested that HG therapy might help the client to better function in society and maintain a sense of social integration. This has suggested benefits to other providers of social care.</p>
Yates and Atkinson (2011)	3 Young People reporting high anxiety or depression and/or low self-concept	Mainstream secondary school within the UK	To explore the use of techniques from HG therapy with adolescents from a mainstream high school reporting poor subjective well-being.	Exploratory Case Study design	Human Givens Therapy	Beck Youth Inventory II (BYI-II) Semi-Structured Interviews (with YP, Parents & Teachers)	<p>Positive outcomes were reported for all three young people during semi-structured interviews, providing tentative evidence that HG therapy might be useful to practitioners delivering therapeutic interventions in schools.</p> <p>Complete BYI-II scores were not available for all three participants.</p>

Study	Sample	Context	Purpose	Study Method	Intervention	Outcome Measures Used	Findings in brief
Adams (2017)	44 participants, mean age 37 (range 18-60 years)	Clinical Setting	<p>To evaluate the 'rewind technique' clinic, to provide managers and commissioners with information to ensure that good clinical standards of follow-up were being maintained.</p> <p>The aims of this evaluation were to identify:</p> <ol style="list-style-type: none"> 1. Service user pathways. 2. Severity of referrals (severity of PTSD symptoms, chronicity, co-morbidity, number of traumas). 3. Whether PTSD symptoms were reduced following the Rewind intervention. 4. Whether follow-up procedures were adequate in terms of service users receiving appropriate sign-posting for further treatment if needed. <p>Secondary aims included:</p> <ol style="list-style-type: none"> 5. Whether it was important for their care coordinator to attend the treatment. 6. Whether not having to talk about their trauma made treatment more accessible. 	Multi-methods design (triangulating data)	Rewind Technique (an aspect of Human Givens Therapy being examined more closely)	CORE-OM, CORE-10, ORS (Measuring satisfaction with life), SRS (Session Rating Scale), IES (Impact of Events Scale)	<p>HG therapy appears effective compared to benchmarks. Results comparable to CBT.</p> <p>Regarding the HG treatment in this study, there was a significant improvement from the first to last treatment session.</p>

Study	Sample	Context	Purpose	Study Method	Intervention	Outcome Measures Used	Findings in brief
			7. The service user's view of the Rewind Clinic and Rewind treatment				
K. Thomas (2018)	4 educators from a school and a senior EP	Primary School in the North East of England	Aiming to answer the question: 'In what ways can the Human Givens approach support educators in co-constructing new understandings of challenging behaviour?'	Single Subject Design Utilising Interpretative Phenomenological Analysis (IPA)	Collaborative Problem-Solving Session (utilising a HG emotional needs framework)	Semi Structured Interviews	HGA has several affordances in relation to co-constructing new understandings on challenging behaviour and responses to it. The approach facilitated a deeper level of reflection (on self, strategy and capabilities), enhanced connections (to the child and to colleagues), and enabled them to draw upon HG psychology to inform future actions (both individual and systemic).

Stage five involves the critical appraisal of papers as outlined below.

Quality Assessment

Gough (2007), highlights the need to judge the quality and relevance of the research evidence being considered, within the SLR process. However, Harden and Thomas (2005), note the difficulties in combining diverse study types in systematic reviews, as in this SLR.

There are many different methods to critically appraise the evidence of papers. I used The EPPI-Centre Weight of Evidence (WoE) tool described by Gough (2007), which emphasises relevance and question specific quality to determine WoE of any individual study included in a review. This enabled me to assess the selected papers in relation to their own research question, and that of the current review. I found this helpful, given the diverse range of the studies included in this SLR. Alongside the EPPI-Centre WoE tool (Gough, 2007), elements of the TAPUPAS framework (Pawson, Boaz, Grayson, Long, & Barnes, 2003) were also utilised in decision making. This allowed me to consider criteria in relation to ethics and legality, for example.

I made the WoE decisions as a sole researcher and recognise this involved subjective judgement. To ensure consistency and transparency in decision making, a set of criteria was applied to each paper (see Appendix 1 (p.99) for the 'Decision-Making Criteria Table', outlining the questions considered and the process followed for determining the WoE of each paper, and Appendix 2 (p.101) for an example of a completed table). Table 5 below provides a summary of WoE decisions.

Table 5: Weight of Evidence Summary Table

	WoE A: Soundness of the Study (in relation to its own question)	WoE B: Appropriateness of the study for answering this review question	WoE C: Relevance of the study for this review question	WoE D: Overall weight of evidence
Andrews et al. (2011)	Medium/ High	Medium	Medium/Low	Medium
Andrews et al. (2013)	Medium/ High	Medium	Medium	Medium
Tsaroucha et al. (2012a)	Medium	High	High	Medium/ High
Yates and Atkinson (2011)	Medium/ High	High	Medium	Medium/ High
Adams (2017)	High	Medium/ High	Medium	Medium/ High
K. Thomas (2018)	High	Medium	Medium/High	Medium/ High

The purpose of assessing the WoE at this stage was not to eliminate any studies, rather to allow me to examine the papers in more depth and consider how heavily I draw upon their findings when conducting the synthesis. All papers in the review were determined to have good WoE rating (scoring Medium or Medium/ High overall), and so I have confidence in synthesising these studies in order to address the review question.

1.2.3: Phase 3 – Synthesis/Findings

Synthesis

The process of synthesis as described by Heyvaert, Hannes, and Onghena (2016) involves: describing, summarising, evaluating and interpreting or integrating the primary level data presented within studies. Synthesis involves going beyond the direct content of the original studies, to create new understandings, explanations or hypotheses (J. Thomas & Harden, 2008).

The studies included in this review utilise a range of research methods. This can be considered problematic, with researchers suggesting this leads to theoretical and practical difficulties (J. Thomas et al., 2004; Voils, Sandelowski, Barroso, & Hasselblad, 2008). Methods for synthesising research findings involving both qualitative and quantitative data are also arguably less developed and currently emerging (Lucas, Baird, Arai, Law, & Roberts, 2007). However, there is an increasing recognition of the value of including different types of data in systematic reviews (J. Thomas et al., 2004). Mixed method reviews facilitate the meaningful integration of differing empirical evidence,

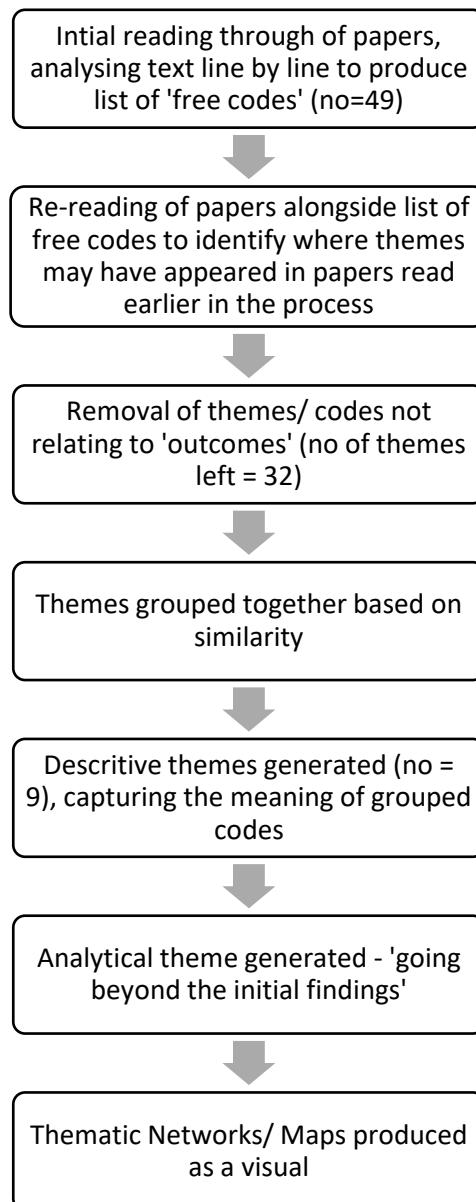
which may be helpful when looking at research focusing on a single intervention/ approach (Heyvaert et al., 2016), as in this review.

When synthesising the results of papers utilising different methods, many researchers choose to separate quantitative and qualitative papers, synthesising the results of each group separately, before then bringing these two syntheses together to address their research question (Rojas-García et al., 2018; J. Thomas et al., 2004; Voils et al., 2008, as examples). This was not feasible within the current review due to the limited number of papers available, with only one of the six papers being described as qualitative in nature. Lucas et al. (2007), suggest that utilising methods such as thematic synthesis, allows researchers to draw conclusions based on the common elements of otherwise diverse studies, avoiding the need to separate papers in this way. C. Ryan et al. (2018), describe thematic synthesis as an established method of identifying and developing themes within research data, noting that it has been associated with the synthesis of both qualitative and quantitative research outcomes, particularly where outcome variables and measurements vary. They also argue that thematic synthesis offers accessible outcomes and transparency in terms of process (C. Ryan et al., 2018).

Thematic synthesis is argued to be consistent with a critical realist position (Barnett-Page & Thomas, 2009), in line with the assumptions held in this SLR and was therefore chosen as the method of synthesis. I acknowledge that there were some difficulties in utilising this approach. A number of quantitative studies offered little interpretation of the numerical findings, and I therefore needed to develop an understanding of the different quantitative methods (e.g. CORE-OM) in order to be less reliant on the researcher's interpretations and synthesise them with the findings of other papers. Caution was needed to avoid interpreting any hypothesised outcomes within discussion sections of quantitative papers as though they were findings of the studies based on the data. Where this appeared to be the case they were not included in the synthesis. To ensure rigour the thematic synthesis process was repeated until a point of saturation.

Thematic synthesis involves identifying and describing common themes and patterns across data. The process of thematic synthesis outlined by J. Thomas and Harden (2008), involves 3 main steps: coding text and developing descriptive themes (steps 1 and 2), and generating analytical themes (step 3). During this process researchers should be careful when pooling findings across papers, to ensure that shortcomings of individual papers are not overlooked. It is therefore important to ensure differences or discrepancies between papers are included (Lucas et al., 2007, p.6). The way in which I followed the steps outlined by J. Thomas and Harden (2008), is shown in Figure 2, and then described.

Figure 2 : Flow chart of thematic synthesis of Systematic Literature Review papers



Steps 1 & 2: *Coding text and developing descriptive themes:*

Within these first stages papers included in the review are read and coded line by line in order to generate themes, (or codes). J. Thomas and Harden (2008), advise setting aside the review question during this process, to avoid imposing assumptions and allow the review to start with the studies themselves. I therefore focused on any part of the studies discussing direct findings (outcomes) of the studies without any other restrictions being placed on the themes generated. The findings of the studies were coded line by line, to create a bank of free themes listed as they arose, without a set hierarchy. Themes generated were applied to each paper in turn with any new arising themes added

to the list. Papers were re-read to check whether any of the newer themes generated applied to them, to ensure consistency and reliability in theming. This created 49 individual themes.

Any themes not directly related to outcomes of engaging in HGA were eliminated leaving 32 themes. These were grouped based on their similarity and merged into each other, to create new codes which captured the meaning of grouped initial codes. This left a total of nine codes, known as descriptive themes. Each descriptive theme needed contributory data from two or more of the studies to be included in the final synthesis. This was deemed appropriate due to the small number of studies included. See Table 6 (p.29) for an overview of these themes and the studies which contribute to them.

Step 3: Generating Analytical Themes:

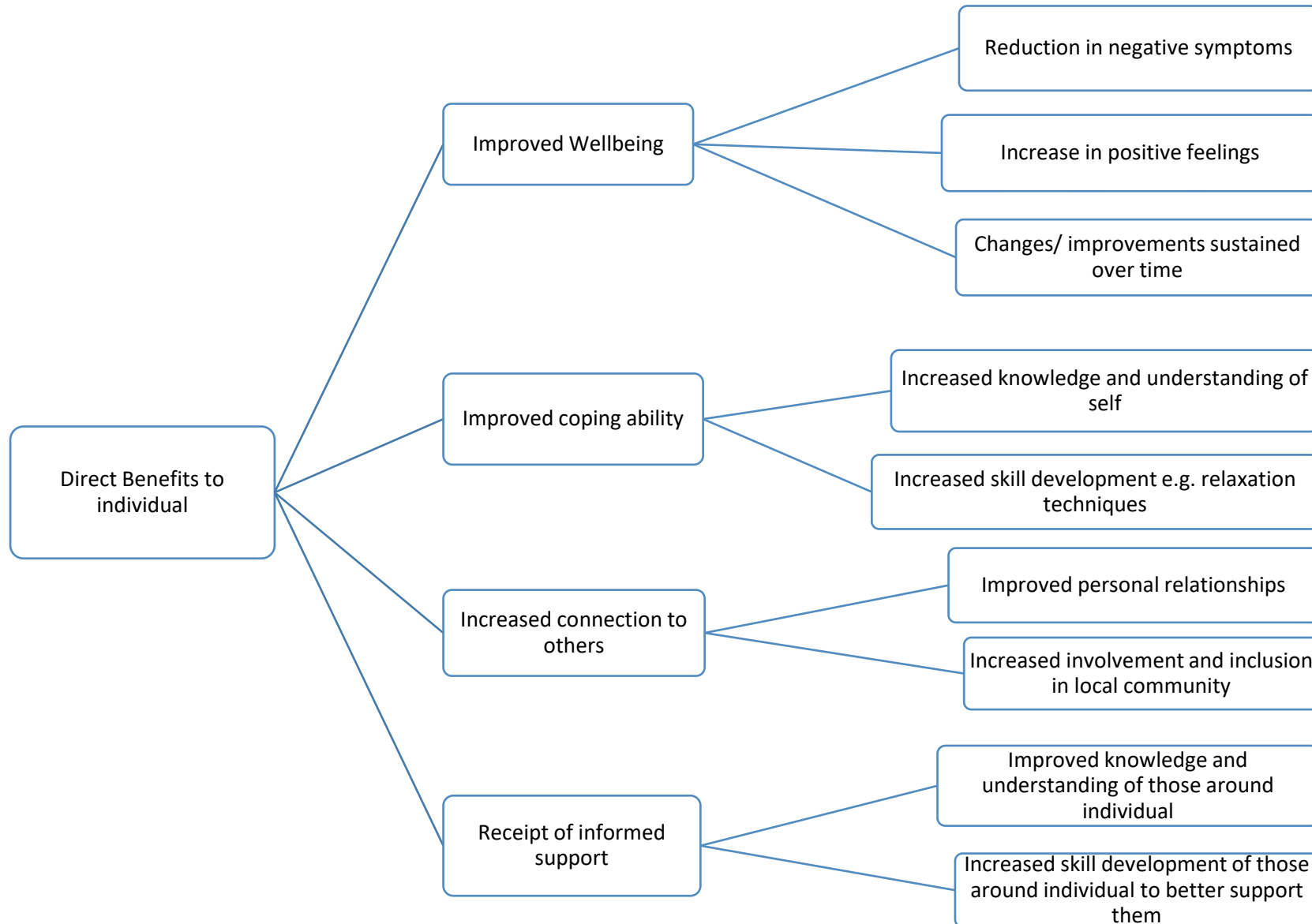
This stage involved 'going beyond' the initial findings of the primary studies to generate additional 'concepts, understandings and hypotheses' (J. Thomas & Harden, 2008, p.7). This involves the judgement and insights of the researcher, and so I acknowledge that others may have reached different themes or interpretations.

The descriptive themes, were organised into the analytical theme of 'direct outcomes'. This refers to outcomes in the literature determined to have a direct impact on the individual who had received HG therapy or intervention informed by HGA. Within this analytical theme of direct outcomes, descriptive themes were organised into subgroups: improved wellbeing, improved coping ability, increased connection to others and receipt of informed support. Figure 3 (p.30) illustrates how the descriptive themes have been organised into the subgroups and analytical theme. A more detailed explanation will be provided in the findings section.

Table 6: Descriptive Themes as Present Across Studies Reviewed

Descriptive Themes	Study						No. of studies contributing to theme
	Adams (2017)	Andrews, Twigg, Minami & Johnson (2011)	Andrews, Wislocki, Short, Chow & Minami (2013)	Thomas (2018)	Tsaroucha, Kingston, Stewart, Walton & Corp (2012)	Yates & Atkinson (2011)	
Reduction in negative feelings/ symptoms (for the individual)	X	X	X		X	X	5
Increase in positive feelings/ wellbeing (for the individual)	X				X	X	3
Outcomes/ effects being sustained overtime (long term impact)	X	X	X	X	X	X	6
Increase in Knowledge/ understanding for individual, due to engaging in HG therapy	X	X			X	X	4
Skill development of the individual, due to engaging in HG therapy					X	X	2
Increase in knowledge/ understanding of those around the individual who has received HG therapy				X		X	2
Skill development of those supporting the individual, who has received HG therapy				X		X	2
Improved relationships				X		X	2
Increased connection to/ participation in the community				X	X	X	3
No. of themes contributed to:	4	3	2	5	6	9	

Figure 3: Thematic Network of Subgroups and Descriptive Themes as organised into Analytical Theme 'Direct Benefits'



1.3 Findings of the Review

This section describes the themes arising from the Thematic Synthesis that describe the outcomes for recipients of interventions based on the HGA, in relation to their SEMH.

Direct benefits to the individual

Nine descriptive themes emerged that could be considered direct benefits to the recipient of HG therapy. These were organised as shown in Figure 3, and will now be described in turn.

Theme 1: Improved Wellbeing

This subgroup refers to direct improvements in the SEMH of the recipient of HG therapy or intervention, based on self-report measures such as the CORE-OM used within the studies. Three descriptive themes are encompassed within this subgroup.

- ***'Reduction in negative symptoms'***; this theme is present in five papers. Symptoms such as anxiety were reported to have reduced for individuals engaging in HG interventions within these studies. The single paper in which this theme did not arise (K. Thomas, 2018), differed from the other papers, in that it did not examine direct benefits for the individual in detail.
- ***'Increase in positive feelings'***; this theme is present in three papers. Positive feelings such as confidence and happiness, were self-reported to have increased for individuals engaging in HG interventions, within these studies. HGA is said to be based in Positive Psychology (Yates, 2011), which focuses on the development of valued ideals such as wellbeing, hope and happiness etc. rather than reducing pathological symptoms (Seligman & Csikszentmihalyi, 2014). This is evident within the HGA in the positively phrased innate needs, highlighting the need for emotional connection to others for example, rather than a reduction in loneliness. This may account for the reporting of positive feelings within the studies.
- ***'Changes/ improvements sustained over time'***; this theme was present in all six papers. Each paper commented on or specifically utilised methods, to determine whether changes reported by individuals who had engaged in HG therapy or intervention, had been sustained over time. This varied though in terms of length of time (between five years and three months) and in how intentional this was. For some studies measurement of change over time was an integral part of their method with outcome measures (e.g. CORE-OM) being repeated at a pre-determined time after the HG intervention had finished. For others this was an incidental discovery, highlighted during wider post research follow up conversations.

Theme 2: Improved Coping Ability

This subgroup refers to the ways in which individuals participating in HG therapy have increased ability to cope. Cope here refers to the ability to manage difficulties and look after oneself. Two descriptive themes are encompassed within this subgroup.

- ***'Increased knowledge and understanding of self'***; this theme is present in four studies. These studies highlight the role of psychoeducation in helping those engaging in HG therapy to better understand and become more aware of their own SEMH, thus enabling them to cope and address any difficulties more effectively. These findings are supported by research highlighting the correlation between psychoeducation and positive mental health outcomes, attributed to an individual's increasing ability to make informed decisions based on increased understanding (Mihalo, Strickler, Wall-Parker, & Valenti, 2019).
- ***'Increased skill development e.g. relaxation skills'***; this theme is present in two studies. The participants' development of skills in relation to managing symptoms and providing positive SEMH support, is explicitly mentioned within these studies. Increased skill development has been associated with an increase in feelings of self-efficacy, defined as an individual's belief in their ability to succeed (Bandura, 1999). The importance of self-efficacy in relation to health and psychological outcomes has been widely demonstrated within literature (Harris & Thoresen, 2006).

Theme 3: Increased Connection to Others

This subgroup refers to direct benefits for individuals who have participated in HG therapy or intervention in relation to their personal relationships and involvement with wider groups within their community. Two descriptive themes are encompassed within this subgroup.

- ***'Improved personal relationships'***; this theme is present in two studies in which individuals who had received HG therapy or intervention, were found to have benefitted from improved relationships with family members and school staff for example.
- ***'Increased involvement and inclusion in the local community'***; this theme is present in three studies. Individuals who have received HG therapy or intervention are described as then beginning to access school trips or social groups for example.

This subgroup relates to wider research highlighting the importance of relationships and social belonging in the development of positive wellbeing (Milton & Sims, 2016).

Theme 4: Receipt of Informed Support

This subgroup refers to direct benefits to the individual in relation to being supported by those who have learnt about and are applying the HGA to the therapy or intervention they are receiving. Two descriptive themes are encompassed within this subgroup.

1. ***'Improved knowledge and understanding of those around the individual'***; this theme is present in two papers. K. Thomas (2018), found school staff's increased knowledge of HG through its use in consultation enabled them to better support the YP in question, as they applied the approach after the meeting. Yates and Atkinson (2011), found those supporting CYP, e.g. parents and school staff, appeared to increase in their understanding of the individual as an indirect result of them engaging in HG therapy.
2. ***'Increased skill development of those around the individual in order to better support them'***; this theme is present in two papers. K. Thomas (2018), found school staff had developed new skills in relation to self-reflection, connecting with CYP and taking informed actions, as a result of engaging in HG based consultation with an EP. This can be said to directly benefit the CYP in question as these new skills are then applied to support the CYP with their SEMH. Yates and Atkinson (2011), found that CYP engaging in HG therapy, shared skills they had learnt with their parents, for example relaxation techniques and in some instances, parents became more able to support the CYP with their SEMH needs.

1.4 Conclusions and Implications

This section will consider the implications of the review findings for addressing the review question, examine limitations of this review and discuss implications for future research and EP practice.

Study Contributions and Quality Assessment

The study that contributed most to the synthesis was Yates and Atkinson (2011), which contributed to all nine themes. This paper was judged to have a medium/ high WoE overall though it was rated as high in relevance to the review question. This study offered most detail in terms of the application of the HGA as reflected within the findings.

The two papers with the lowest WoE rating, contributed the least to the final synthesis with Andrews et al. (2011), contributing to three themes and Andrews et al. (2013), contributing to two themes. Each of these papers received a medium WoE rating due to the limited relevance to the review question.

Answering the Research Question

Having considered the findings of papers included in this review, I will now discuss the extent to which the research question has been addressed by the synthesis.

The review suggested direct positive outcomes for individuals who have engaged in HG based therapy or intervention in relation to their SEMH. All studies included in the review reported positive outcomes in relation to the use of HGA in supporting SEMH. Given the limited number of studies in this review, a relatively wide variety of outcomes was noted; however many of the studies lacked detail in relation to the delivery of the HG intervention. The HGA differs from manualised approaches in that it adopts a tailored approach to each individual. It is therefore likely that individuals included within the studies, will have been working towards their own unique aims and outcomes. This may therefore account for the variety of direct outcomes found. Despite the variety in study design and outcomes, it has been possible to synthesise the findings into the categories and themes described. There appears to be some common outcomes for individuals engaging in HG based intervention or therapy, for example a reduction in negative feelings, sustained over time.

Four of the reviewed studies utilised the CORE-OM as a tool to measure the outcomes of engaging in HG informed intervention or therapy, in relation to the SEMH of participants. However, none of these studies reported in detail on the reliability or validity of this measurement tool and any associated implications for their reported findings. The use of the CORE-OM was briefly justified by some researchers (Adams, 2017; Andrews et al., 2013) who claimed that it is a measure which correlates with other commonly used SEMH measures and state it is routinely used within clinical practice/ by General Practitioners to identify and monitor the SEMH needs of patients. Within the four studies, any difference in CORE-OM scores were largely attributed to the HG intervention or therapy participants had engaged in and the potential impact of wider changes in participants environmental circumstances (e.g. family relationships, living situations etc.) that may have occurred during the course of their therapy, was not always acknowledged. However, two studies (Andrews et al., 2011; Andrews et al., 2013) did acknowledge limitations associated with not using a control group to compare results with when attributing findings to the HG intervention delivered. The caution needed when statistically analysing ordinal data collected when completing measures such as the CORE-OM (with participants selecting an answer from a likert scale where zero represented 'not at all' and four represented 'most of all the time') was also not explicitly discussed within the papers. Wider research examining the CORE-OM has highlighted the good levels reliability and validity of the tool when used in a wide range of practice settings (Evans et al., 2002) and its development over time (Barkham, Mellor-Clark, Connell, & Cahill, 2006). Research also suggests that appropriate statistical measures to utilise when analysing the results of the CORE-OM are the same

as those used within the four studies (Clark et al., 2009). Further studies considering utilising the CORE-OM should explicitly consider and reflect upon the reliability/ validity of this measure and clearly explain how this has impacted upon how they analyse and report any findings or conclusions.

There are further limitations in relation to the participants included within the studies. Participants were largely described as being from white, western backgrounds and were included in studies if they did not have needs in relation to communication skills, for example. In three studies, participants were included if they had presented to the doctor with symptoms of depression or anxiety. Any outcomes found within this review in relation to engaging in HG based therapy or intervention, therefore need to be viewed with caution and may not represent outcomes likely to be experienced by those from a wider demographic background. It could be argued that some studies within the review, hold a more medicalised view of SEMH with an emphasis on diagnosis and use of clinical samples. SEMH is arguably a wider concept and so outcomes in relation to using HG based interventions to support positive experiences of wellbeing more generally, may have been less well explored.

Furthermore, it is unclear whether there are certain parts of HG therapy or intervention that participants find the most useful. One study utilising a case study design gave a high level of detail when outlining what was involved in the HG therapy received by a young person (Yates & Atkinson, 2011, p.41-44). This included the teaching of positive self-talk, relaxation techniques, visualisation and the rewind technique, amongst other techniques. Similarly, Adams (2017, p.65) described the Rewind Technique in detail as the specific element of HG intervention being examined. However, three studies utilising larger samples of participants only gave general descriptions of what the HG intervention delivered could involve for different participants (Andrews et al., 2013, p.169 for example) and have not provided any detail about what HG intervention looked like or involved for the participants in their studies specifically. . As HG is not manualised it is therefore unclear which aspects of the approach have been used and it is unclear whether certain elements of the approach are of particular benefit to participants. It is therefore unclear whether there is a specific HG intervention, or whether the approach is rather a loose framework for working with individuals to support their SEMH, into which some professionals have integrated principles from better evidenced interventions such as CBT. The Rewind Technique is arguably one of the few elements of the HGA which can be measured, which may account for the motivation of researchers such as Adams (2017), who studied the Rewind Technique specifically. Replication of a number of the studies is also difficult due to limited information about the implementation of the HGA. However, it could also be argued that given the individualised nature of HG informed intervention/ therapy, it would be very difficult for researchers utilising larger number of participants to provide an in-depth description of the HG

therapy received by every participant. Alternatively, researchers may wish to describe the frequently occurring elements or therapeutic techniques that had been employed within the HG therapy/ intervention received by participants within their studies.

Five studies within the review have not explored the perspectives of individuals who have experienced HG interventions. In four studies the outcomes reported are based on participants completing self-report measures which utilise rating scales, rather than detailed accounts of their experiences. Including these perspectives may have resulted in a wider variety of outcomes being considered (Carr, 2013). It can also be argued that it is difficult to attribute any outcomes of engaging in therapy or intervention, solely to the approach used itself (Carr, 2013; Lambert & Ogles, 2014; Norcross & Lambert, 2011). There may be other external changes in relation to the individuals' environment or circumstances, which could account for or contribute towards more positive results on self-report measures completed, for example. Lambert and Ogles (2014), also argue it may be the quality of relationships between therapists and clients, or other aspects of therapeutic processes which facilitate positive change.

Limitations of the Systematic Review

A number of limitations of the current review are acknowledged. As discussed, the review has focused solely on studies which have been published independently of the HG institute. It is likely that a greater range of outcomes may have been found in the current review, if all available literature involving HGA had been consulted.

I also acknowledge potential limitations regarding the methodology used within the current SLR. I conducted the SLR as a single researcher and conclusions and outcomes identified may have been influenced unintentionally by my own views and biases (MacFarlane, 2017, unpublished). In order to account for this, I have endeavoured to provide a detailed audit trail, considered to be an indicator of good quality research (Parker, 2004). As a single researcher, I consulted a limited number of databases, in order to identify independently published research in relation to the HGA. I accept that there may be additional papers of which I am unaware of or have been unable to access due to restrictions placed on accessibility.

What next? Implications for Research and EP Practice

The current literature review has highlighted some positive outcomes for those engaging in HG interventions (e.g. rewind and consultation). This review sourced a small number of studies and identified a gap within the current literature regarding independently published research concerning HGA. There is a continued need to address this gap, given the current levels of interest in the HGA and its ongoing use within educational and clinical settings. This review has highlighted the potential

of gathering more detailed, personal accounts from individuals who have engaged in HG therapy or intervention. It will be important for future research to offer greater detail about how the HG intervention used has been carried out.

Two studies within the review considered the application of the HGA within different aspects of EP practice. Yates and Atkinson (2011), focused on the delivery of HG based therapeutic intervention with three CYP, whereas K. Thomas (2018), utilised the HGA as the basis for a consultation with school staff. In order to explore how EPs may apply the HGA to their role, more research is needed beyond therapeutic intervention. Yates and Atkinson (2011), found positive outcomes for CYP as a result of engaging in HG based therapy with an EP. They also highlighted potential limitations for EPs delivering individual therapeutic intervention such as HG in a school setting; these included funding, training, time and opportunity. Future recommendations for research within their paper included utilising HG as a whole school approach to SEMH. This is in line with advice from the Department for Education (Department for Education, 2018a), in relation to the development of whole school approaches to SEMH. It may be beneficial to explore how the HGA may be utilised as within a whole school approach to SEMH.

Chapter 2: Bridging Document

1. Overview

Within this Bridging Document, I shall explain the links between the Systematic Literature Review (SLR) and the Empirical Research. I will explain the rationale behind my research focus, outline the research purpose and my ontological/ epistemological and theoretical assumptions. I will then outline my approach to the collaborative nature of the research and how I have considered ethics and validity.

2. Rationale

2.1: Personal Rationale

My interest in how schools and educational psychologists (EPs) can work to support the Social, Emotional Mental Health (SEMH) of children and young people (CYP) arose from my background working as a Teaching Assistant. Whilst working in a secondary setting, I was surprised and concerned about the number of exclusions and managed moves CYP experienced. Discussions about these CYP often focused on unwanted behaviour (viewed as a choice), rather than their SEMH. As an Assistant and then Trainee EP I have become interested in how EP's may promote the SEMH of CYP within their systemic practice. Whilst on practice placement as a Trainee EP, I became aware of the Human Givens Approach (HGA) and how this was being used by an EP to support the SEMH of Syrian Refugee Families. The success of this project and the EPs enthusiasm when describing their systemic application of HGA to lead and develop this project, led me to develop an interest in this area.

2.2: Overall Rationale

I became aware of increasing numbers of Government documents highlighting the role of schools in supporting SEMH. The Department for Education has described schools as having a central role in offering SEMH support for CYP, and states all schools should have a consistent, whole school approach (WSA) to mental health and wellbeing (Department for Education, 2018a). The Government have produced the 'Transforming CYP's Mental Health Provision' Green Paper (Department of Health, 2017), outlining required SEMH provision including the appointment of a designated Mental Health Lead in every school and college. In addition, the Special Educational Needs and Disability (SEND) Code of Practice (Department for Education, 2015), has been updated to replace 'behaviour, emotional and social difficulty' with SEMH as one of the four main areas of need. However, there are also seemingly competing policies and guidance relating to behaviour management. The OFSTED School Inspection Handbook (OFSTED, 2019, p.52), highlights

requirements for schools to have 'clearly defined consequences' and 'high expectations' in relation to behaviour and conduct (para. 202).

Recently updated exclusions guidance for schools (Department for Education, 2017, p.6) aims to 'provide greater confidence to head teachers on their use of exclusion'. The British Psychological Society (BPS) has raised concerns about the potential negative impact of government policies focusing on exclusions, authoritarian approaches to behaviour management and the use of reasonable force to improve discipline (O'Hare, 2019). There is also arguably a continuing focus on the academisation of schools, with a recent 'rapid expansion' of academies in England (Keddie, 2016, p.170). Views on the academisation of schools are varied, though they have come to be associated with; a focus on academic results (Gorard, 2005) strict behaviour policies leading to increased exclusion rates (Wilson & Greaves, 2015), and a potential reduction in autonomy and decision-making abilities of school leaders (Salokangas & Ainscow, 2017; Tomlinson, 2017). These documents arguably reflect behaviourist approaches to understanding and managing behaviour, with little focus on understanding SEMH needs and CYP's presenting behaviours. This provides some rationale for the current research, involving working with a school to consider how they may begin to develop a WSA to SEMH. This research also highlights the potential of the role of EPs in supporting schools to develop SEMH provision as opposed to behaviourist policies.

During the process of writing this thesis the Coronavirus Pandemic reached the United Kingdom resulting in significant changes in the daily lives of all members of the population. The following lockdown enforced by the British Government saw the temporary closure of schools to all CYP with the exception of those classed as vulnerable or whose parents were determined to be key workers. Citizens were instructed to stay within their homes unless buying essential food items or exercising, and were not permitted to visit family or friends outside of their immediate household. It is acknowledged that this is likely to have had a negative effect on the SEMH of the population (Pierce et al., 2020), with many professionals (including EPs) considering how they may work with schools to consider the SEMH support they may provide to CYP and their families.

The Good Childhood Report (The Children's Society, 2020), considered the impact of the pandemic on the SEMH of CYP in particular. It highlighted that although the long-term impact of the pandemic on the SEMH of CYP may not become apparent for a number of years, a survey of CYP suggested that it was beginning to negatively impact upon the CYP's reported life satisfaction, happiness with friends and the amount of choice they have in their lives (p. 33). During the height of the pandemic, the role of schools was perceived as providing education remotely to all CYP as well as directly to the children of key workers. Teachers were also seen to take up general welfare tasks outside of their

usual role such as delivering free school meals/ food parcels to CYP and telephoning or visiting families classed as vulnerable to check on their safety and wellbeing. The reopening of schools has been perceived as enabling the economy to recover as parents return to the workforce and has highlighted the role of schools in supporting CYP to recover from the effects of lockdown both educationally and emotionally. It is arguably particularly important during the current time therefore to be focusing on ways in which the SEMH of CYP can be supported in schools, as well as their wider lives. This provides additional rationale for the empirical research.

As outlined above, my interest in the HGA has developed during my EP training. My reading highlighted that the vast majority of HG research is published by the HG Institute, with the existing literature review recommending the need for independently published research (Corp et al., 2008). The SLR reviewed independent papers focusing on the HGA, and highlighted the potential systemic application of the HGA to developing a WSA to SEMH. This provided further rationale for the empirical research.

3. Research Purpose

The purpose of my empirical research was to facilitate organisational change in the school system, focusing on developing an understanding of how the HGA might be applied as a WSA to SEMH. Action Research was therefore chosen as the most appropriate methodology, as a form of Collaborative Inquiry considered crucial to research where the purpose is organisational change (Cho & Trent, 2006). McNiff and Whitehead (2010, p.17) argue that Action Research concerns finding ways to improve practice, noting that one of the ways in which it broadly differs from more traditional research is that it is 'collaborative, and focuses on the co-creation of knowledge of practices'. It concerns doing research *with* rather than *on* people (Greenwood, 2018; Herr & Anderson, 2014), and involves engaging in cycles of reflection, planning and action (Greenwood, 2018; Simm & Ingram, 2008). Willig (2013), notes that Action Research is interested in bringing about positive change in an aspect of the daily lives of the participants. The nature and direction of any changes emerge and evolve throughout the project, rather than being predetermined by the researcher. This has implications for the stance of the researcher in relation to the participants within the research process.

Before considering methodology in more detail, I wish to outline the influence of my values and theoretical positioning in this research.

4.Values and Stance

4.1: Ontology/ Epistemological Positioning

I have approached this research from a critical realist position. Critical realism proposes that: there is an independent objective reality, which we conceptualise and come to understand through observable experiences and interactions with it (Danermark, Ekström, & Karlsson, 2019). Scott (2013), argues that for critical realists, attempts at explaining the world are viewed as fallible and open to critique or alternative explanations and understandings.

Within the current research, the recording of the application of the HGA during a process of collaborative inquiry and the recording and analysis of actions and focus group discussions, were viewed as providing one understanding of how SEMH could be supported within a whole school approach/ context. I acknowledge however that there may be alternative methods to developing this understanding and my interpretations are subjective.

The HGA was viewed as one interpretation or proposed understanding of SEMH. The way in which the HGA was interpreted, utilised and developed was non-prescriptive and open to group discussion and understandings. The HGA was viewed as a framework from which to develop a shared understanding of and approach to SEMH, via discussions and an initial cycle of collaborative action. I recognise that the way in which the HGA was understood and applied within this research is dependent upon numerous factors, including the views of individual participants, the school context and my involvement in the dual role of researcher and Trainee EP. Others may have interpreted and applied the HGA in different ways, coming to different understandings and actions.

The purpose of research undertaken from a critical realist position, is said to concern developing our understanding of the concepts of reality, and the relationship between these concepts and the real world (Danermark et al., 2019). However, my research aims to go beyond this, emphasising the importance of change and action within the research process. I am aware that Action Research projects such as this are often associated with Pragmatism (Greenfield, 2016). Pragmatism describes learning as occurring through action and ‘engagement with the world’, and rejects ideas of focusing research on a ‘mind independent reality or enduring truths’ (Burnham, 2013, p.28). From a Pragmatic perspective, Biesta (2014, p.42) argues that:

‘...knowledge concerns the relationship between (our) actions and (their) consequences, knowledge will only ever offer us possibilities but not certainty. The conclusions we draw on the basis of careful observation of what follows from how we act upon the world, show what has been possible in this particular transactional situation’

Within the current research, conclusions have been drawn based on the actions taken by participants, and what has been possible within their individual school context. This is reflective of a Pragmatic approach to research. It is interesting to note that Johnson and Duberley (2000), have developed Pragmatic Critical Realism, to draw together ideas from both Critical Realism and Pragmatism and overcome any epistemological limitations of adopting either approach in isolation.

The current research can also be said to draw upon a transformative worldview, concerning the links between action and social change (Mertens, 2010). Transformative research is linked to participatory forms of Action Research (Greenfield, 2016; Kemmis, McTaggart, & Nixon, 2013), and is said to employ cyclical models of action, involving community members for the duration of the research process, in a variety of roles (Mertens, 2010). Creswell and Poth (2016, p.25), argue that the primary aims of transformative research focus are on an 'action agenda for reform that may change the lives of the participants', and 'the institutions in which they live and work'. This is true of the current research, aiming to develop whole school practice to support the SEMH of those within the school community such as teachers and CYP. Transformative research is often associated with groups who are marginalised and oppressed based on 'gender, race and ethnicity, disability, socioeconomic status, age, religion, or sexual orientation' (Mertens, 2010, p.471). The current research does not claim to draw direct comparisons between the difficulties faced by marginalised groups, and participants within the current research, however those with SEMH needs are arguably becoming increasingly marginalised within the school context. This is highlighted by school exclusion statistics, highlighting those with SEMH needs as significantly more likely to receive a permanent or fixed term exclusion (Department for Education, 2018b). I argue that this also warrants transformation (Greenfield, 2016).

Moore (2005) argues that EPs have a professional duty to be aware of the ontological and epistemological basis of our practice as it has implications for our professional relationships and how we come to understand our practice. I wish to note that I am continuing to develop and reflect on my understanding of ontology/ epistemology and Critical Realism and recognise that this is an evolving journey, which will continue throughout my professional practice.

4.2: Theoretical Positioning

In addition to my ontological/ epistemological positioning, I wish to make clear how my theoretical positioning has influenced the current research project. This is outlined in Table 7.

Table 7: Outline of Theories Influencing Current Research Project

Theory/ Approach	Description	Application to the Current Research
<i>Positive Psychology</i>	Positive Psychology advocates for a focus on the development towards valued ideals such as wellbeing, contentment, hope, optimism and happiness. There is also a focus on developing positive individual traits such as perseverance and courage, (at an individual level), and citizenship, shared responsibility, tolerance and altruism for example at a group level (Seligman & Csikszentmihalyi, 2014). This stands in contrast to psychological approaches focusing on deficit or pathology, argued to be dominant within the discipline of psychology overall (Seligman & Csikszentmihalyi, 2014).	The HGA is said to be underpinned by Positive Psychology (Yates, 2011). Within the HGA there is a focus on the development of wellbeing, through examining our innate emotional needs phrased in a positive way (i.e. focusing on needs to be proactively developed e.g. connection to others, rather than factors to be reduced e.g. loneliness) and by highlighting positive human resources which can be utilised. This is arguably evidence of the influence of Positive Psychology during the approach’s development. The current research focusing on the application of the HGA to a WSA to SEMH is therefore fundamentally influenced by ideas of Positive Psychology. Within the research, the influence of Positive Psychology was clearly displayed within the Action Planning activity (Appendices 6 & 7), where participants proposed actions to facilitate staff members in meeting their innate needs (e.g. organising a staff What’s App group to promote connection).

<p><i>Solution Oriented</i></p>	<p>I acknowledge that Solution Oriented is not a distinct theory in itself (Greenfield, 2016), however I felt it important to acknowledge its influence on how I interacted and worked with participants. Solution Oriented approaches involve the acknowledgement of problems and difficulties, however the focus is largely placed on searching for solutions and ways forward, often summarised as keeping one foot in the pain and one in the possibility (Rees, 2016). Monsen and Frederickson (2016), argue that this focus on problem solving is central, and collaborative working allows for the joint generation of possible solutions with others in order to make a positive change/difference. Within Solution Oriented practice, participants are seen as possessing their own unique and valuable solutions to their problems, which facilitators may help them to recognise and voice (Rees, 2016).</p>	<p>The collaborative nature of the current research, has been influenced by Solution Oriented principles (Rees, 2016). Within the research, I held the view that participants had a greater understanding than myself of their own unique school context, the resources available and what may be possible in terms of action and change. I therefore viewed my role as facilitatory during action planning meetings for example, asking questions and providing a structure for participants to generate their own solutions and actions to develop SEMH practice (this is reflected on further in 'Methodology' section below). This reflects my approach to elements of my wider EP practice such as consultation.</p>
<p><i>Capital Theory</i></p>	<p>Capital Theory states that school schools require both intellectual and social capital to develop their practice and become effective organisations (Hargreaves, 2001). Intellectual capital refers to 'the sum of the knowledge and experience of the school's stakeholders that they could deploy to achieve the school's goals' and is said to be fostered by the creation of new knowledge and the capacity to transfer knowledge between</p>	<p>The process of Collaborative Inquiry within the current research involved a group of voluntary school staff coming together to form a working party, within which to share knowledge/ ideas and develop their SEMH practice.</p> <p>Within the current research the process of Collaborative Inquiry was seen to provide participants with the opportunity to</p>

	<p>situations and people (Hargreaves, 2001, p.490). Social Capital refers to relationships between staff focusing on ideas of trust, reciprocity and collaboration, where there are strong ties between staff members (Hargreaves, 2001). High levels of social capital are argued to increase a school's intellectual capital, with 'improving schools' seeking to increase their intellectual and social capital to achieve desired outcomes and implement effective strategies/ practice (Hargreaves, 2001, p.491).</p>	<p>develop both social and intellectual capital. Participants noted that working collaboratively together during the research enabled them to develop relationships with unfamiliar colleagues (increasing social capital) to share and develop their knowledge and SEMH practice (increasing intellectual capital).</p>
<p><i>Adult Learning Theory</i></p>	<ul style="list-style-type: none"> • Knowles, Holton, and Swanson (2005), argue that within adult learning there are six factors that should be considered: <ol style="list-style-type: none"> 1. Adult need to know why they are learning something 2. Self-Concept (I am responsible for my own learning and decisions) 3. The role of experiences (I have valuable experiences that need to be respected) 4. Readiness to learn (My circumstances are changing and therefore I need to learn this). 5. Orientation to learning (Learning will help me to cope with my current situation): 6. Motivation to learn (I am learning this because I want to). 	<ul style="list-style-type: none"> • The 6 factors as applied in the current research: <ol style="list-style-type: none"> 1. I made the rationale of the research clear to participants in terms of government guidance and the reason for the focus on the HGA. 2. Participation in the research was voluntary and participants developed and assigned their own actions 3. Participants were encouraged and given space to reflect on and share their own experiences within each session. 4. Participants were encouraged to consider and share their own rationale for participating in the research during the first session 5. Participants were encouraged to discuss and reflect on the current school context/ climate 6. Participation was voluntary and participants were encouraged to reflect on their motivation for joining the group

	<ul style="list-style-type: none"> • Taylor and Hamdy (2013), argue that along with these 6 principles, it is important to consider Kolb's (1984) Experiential Learning Model. They argue that professional development with adults should be designed to allow the cycle to be followed by learners, employing each of the four parts of the model (Taylor & Hamdy, 2013). • Taylor and Hamdy (2013, p.6), note that within adult learning 'the more diverse a learning group's membership is, the more likely the individuals within the group are to learn'. • Luft and Ingham (1955), developed Johari's window highlighting the importance of discussion during adult learning. Key to this model is the idea that all individuals have different knowledge and experiences, which they can share with others through discussions. It is through these discussions, that new information is learnt/ shared and new knowledge is created. 	<ul style="list-style-type: none"> • The Action Research design of the current research reflects this cyclical model of learning, with the research being viewed as reflecting the first cycle of Collaborative Inquiry (further discussion in Chapter 3). • A wide variety of school staff were informed about the project and invited to participate at a whole school staff inset day. Participants reflected a cross section of school staff (e.g. teaching assistants, teachers, pastoral staff etc.) • Group sessions involving a range of school staff, were designed to be conversational. A focus group discussion was also used within the final session in order for participants to reflect on the HGA and Collaborative Inquiry process. A focus group was used to enable participants to talk together about their experiences, building upon one another's ideas and understandings.
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5. Methodology: Action Research/ Collaborative Inquiry

The current research employs an Action Research design, called Collaborative Inquiry (rationale and description of this in Chapter 3). Ideas of participation were central to the research and initially I aimed to employ a Participatory Action Research (PAR) design. Within PAR, participants are 'positioned as architects of the research rather than objects of study' (Galletta & Torre, 2019, p.2), and are central in selecting the research topic, data collection and analysis, and make decisions about any actions that result from the research findings (Baum, MacDougall, & Smith, 2006). I quickly realised however, that this may not be possible within the constraints of a piece of doctoral research. I had been required to provide the University with a detailed project proposal before the research had begun, and had therefore selected a research focus before working with participants.

Further reading uncovered the Participatory Action Learning Action Research (PALAR) model (Zuber-Skerritt, 2015), said to encompass and extend principles of PAR. Again, I quickly realised that pragmatically, taking a PALAR approach would not be possible (for similar reasons as PAR). However, Zuber-Skerritt (2018, p.519) notes that PALAR is underpinned by guiding democratic principles called the Seven Cs, which I attempted to consider during the current research (see Table 8). Collaborative Inquiry was selected as an appropriate design for the current study, as participants are not required to actively plan/ develop the research but the core principles of collaboration and participation remain (Donohoo, 2013) (see Chapter 3 for further detail, p.58).

Table 8: Seven Cs of PALAR as considered within current research

Seven Cs as defined in Zuber-Skerritt (2018, p.519)	Questions to consider to critically reflect on the research process (as outlined in Wood (2019)	As considered within current CI
Communication: <i>‘cultivated initially through relationship, vision and team-building activities at the very start of a PALAR project or program, to ensure effective research-oriented exchange of ideas and team work throughout the project’</i>	How dialogical, how symmetrical and how inclusive is my communication?	Each of the four sessions with participants was set up in a way that provided some basic structure but allowed time and space for discussion and the sharing of ideas and understandings. Session 1 focused on the group spending time getting to know each other and sharing reasons for their interest and voluntary participation in the research. I participated in these conversations to explain my personal rationale and interest in the research project. Within the first session, the group also spent time to discuss and create a shared understanding/ conceptualisation of key terms within the research (SEMH and WSA) and their feelings in relation to their individual school context were also discussed.
Collaboration: <i>‘among all members of the group, generating team spirit, symmetrical communication and synergy’</i>	How collaborative is the process? What role do I and the participants play? Who holds the power at each stage?	Collaborative Inquiry was used as the basis of the current research. This was approached from a Solution Oriented (Rees, 2016) perspective as discussed. My position/ role within the research and in response to the participants is as discussed.
Commitment: <i>‘to the group, to completion of the project, and to positive, sustainable change and development throughout the project’</i>	How committed am I to the project, participants and the outcome?	McArdle (2008, p.602) developed the ‘getting in, getting on, getting out’ model for working with inquiry groups. My research diary was centred around this model in order to pay close attention to each stage of the research project. Time was spent

		during the 'getting in' stage to build relationships with participants and the school, focus was also given to sensitively handle the 'getting out' stage, to ensure that communication continued after the last research session. This continued communication helped me to provide guidance and reassurance (from a distance) where needed as the group moved into their second collaborative inquiry cycle.
Coaching: <i>'learning from one another in dialog, discussion, and by asking fresh questions that open new lines of inquiry (Action Learning)'</i>	How directive am I? How can I improve my mentoring/ facilitation skills?	The research diary kept, allowed me to reflect on my facilitative skills and draw upon wider aspects of EP practice that arguably involve facilitation such as consultation. As discussed, Solution Oriented principles underpinned my approach to the research, within which participants are facilitated to develop their own actions. During the research I regularly negotiated my role with participants, and they were able to influence the research process e.g. asking me to facilitate some more concrete action planning.
Critical Reflection: <i>'critical and self-critical attitude and reflection on action, which also entails being open to feedback from critical friends and to new or different perspectives (Action Research)'</i>	How do my feelings, thoughts, motives and values impact the research process?	Throughout the research process, I kept a research diary in order to record my thoughts and feelings. I also engaged in regular supervision with my university tutor, which often involved reflective discussions about my role/ position in the research, my rationale for the focus and design of the research and my ontological/ epistemological positioning. My ontological/ epistemological and theoretical positioning has been made clear within this bridging document. The research was designed to include a clear approach to collaborative action planning with participants. Action plans created were then reviewed with participants to enable critical reflection of progress.

		The research finished with a focus group of participants. Questions focused on critically reflecting on the HGA and the process of CI utilised within the current research.
Competence: <i>'in facilitating research activities, using effective processes and methods, with a vision of excellence leading to a high level of performance (Action Leadership)'</i>	As a facilitator of the process and as a researcher, what do I need to learn?	I regularly sought informal feedback from participants during/ at the end of sessions about their views on the progression of the research and my role in facilitating the process. I also consulted with Collaborative Inquiry literature to form the basis of my developing researcher role. Focus group discussions with participants highlighted that they viewed my role as primarily involving facilitation and asking helpful questions, and in providing a structure for them to implement the actions <i>they</i> have decided/ placed importance on, in line with Solution Oriented Principles discussed.
Compromise: <i>'listening to others' points of view and reaching mutual agreements'</i>	How willing am I to listen to other points of view and reach mutual agreement?	Throughout the research I maintained a level of genuine curiosity in where the participants would take the research and apply the HGA, through the use of facilitation and questioning. I maintained an awareness of my role as an insider/ outsider in this process (as discussed), viewing my role as a facilitator of the process.

Within collaborative and participatory Action Research it is important for researchers to demonstrate reflexivity (McNiff & Whitehead, 2010), involving the researcher reflecting upon how they are implicated within the research and its findings in a 'clear, honest and informative' way (Willig, 2013, p.25). Examples of how I have demonstrated reflexivity are evidenced throughout this bridging document, for example when outlining my personal rationale and ontological/epistemological positioning. During the research, I regularly completed a research diary to capture my thoughts, feelings and arising questions or concerns, this helped to ensure I remained reflexive.

I regularly reflected on my positioning as a researcher and acknowledged my position as an insider-outsider (Dwyer & Buckle, 2009; Kerstetter, 2012; Van der Riet, 2008). From the outset I positioned myself as a member of the group, participating in all activities and conversations during session one for example. I had also previously worked with the school in my capacity as a Trainee EP during casework, and so I had an existing relationship with them (lending itself to insider status). However, I was also aware of my outsider status, as a someone who is not based within the school on a daily basis and who has a different professional identity (as a Trainee EP). When acknowledging an outsider status, it is important to recognise its associations with power imbalances (where the outsider is viewed as holding increased power) (Dwyer & Buckle, 2009; Kerstetter, 2012). Researchers therefore have a responsibility to consider their positioning and how it may affect the research process and outcomes (Kerstetter, 2012). See Box 3 (p.52) for evidence of how I considered my insider-outsider position within the current research.

During the research I often reflected on my collaborative role. I worried about the extent to which I could be collaborative and participatory, without being too directive or influencing. This was often connected to my awareness of power imbalances discussed (Kerstetter, 2012), understanding that my thoughts or suggestions may be given more weight as Trainee EP outsider. It is argued that collaboration can take many forms (Muckenthaler, Tillmann, Weiß, & Kiel, 2020), but that it is not often defined within research (Vangrieken, Dochy, Raes, & Kyndt, 2015) However, Bevins and Price (2014, p.271), define collaboration as;

'...both a reciprocal and recursive venture where individuals work together to achieve a shared aim by sharing the learning experience, knowledge and expertise...collaboration is a process of reflection whereby participants are able to learn within a shared environment and to develop professionally'

This definition highlights the importance of the reciprocal nature of collaboration. Reflecting on this allowed me to feel more confident in my role within the group and respond to participants' questions about my view of the HGA for example, more genuinely. The definition also highlights the

sharing of experiences, knowledge and expertise amongst participants, in line with the Solution Oriented approach taken. I viewed my contribution as sharing my knowledge about the HGA and using my understanding of wider research (e.g. in relation to staff wellbeing) to provide staff with a rationale for their decision making. The diary entry below (Box 3) highlights my developing thinking in terms of collaboration during the research.

Box 3: Research Diary Entry (exemplifying reflexivity within the current research)

Diary Entry (17.09.19): Reflections of First Session with Group

This afternoon I met with the participants as a group for the first time. I am really pleased that they represent a cross section of school staff and are really keen and interested in the research. On reflection I am glad that I didn't plan too much for this first session and took time to focus on building relationships and getting to know the group. I am surprised that many of the staff did not know each other due to working in different school faculties which wasn't something I had considered. During the session I found myself worrying about how much I was facilitating the session and felt that I was leading the session more than I wanted to. I feel that this first session was important in establishing my positioning within the group as a professional 'outsider' who is holding the research process and who will share some knowledge (e.g. Human Givens Training in the next session), but who is also an 'insider' as someone who has worked in the school before and who has experience of working within their profession. I was also keen to construct the research process as a joint learning venture, within which I would also learn and develop my understanding/ knowledge with the participants. In order to do this, I participated in all of the activities, outlining my reasons for my interest in the research, and my hopes for the process. I also shared some background information about myself e.g. previous employment and the stage of my EP training. This wasn't something I had planned to share, but I felt that in order to be credible to the participants that this was important. For example, having worked in schools I can empathise with the pressures in terms of time, lack of resources and competing demands that they were discussing.

Group discussions quickly began to focus on staff wellbeing. This is something I anticipated before the session and I gave the staff time and space to discuss this as a group (maybe to the detriment of other activities!). However, in the moment I felt like it was important to give participants the 'safe space' to talk about it. I got the feeling that these were conversations that had perhaps not been explicitly had until now and the group became very animated during these discussions. This was interesting and I think I now need to go and read more of the literature into school staff wellbeing as this may become a focus for the group.

When reflecting on the session, some of the tensions I felt about my facilitative role and how much to participate and collaborate, are similar to those I have felt during consultation meetings with school staff. During consultation meetings I endeavour to be Solution Oriented within my practice (as I am within the current research), and feel uncomfortable when called upon to be more 'donating' in style than I would prefer. This is something I have reflected on and I am reminded of the consultation continuum (Lippitt & Lippitt, 1986) that I have previously looked at during practice placement portfolios, which suggests that as professionals we may need to adapt our consultation style (e.g. moving towards the directive end of the continuum) away from our preferred ways of working, based on the needs of the consultees. The emphasis is on being responsive in the moment to the needs of consultees in order to be supportive. My reading in relation to collaboration has also highlighted the idea of a 'collaboration continuum' (Vangrieken et al, 2015), which I will now go and look at in more detail before session 2.

6. Ethics and Validity

6.1: Ethics

The research received ethical approval from Newcastle University and was completed in accordance with BPS ethical guidelines (British Psychological Society, 2018). In addition, I recognise that practitioner research such as this requires additional and unique ethical issues to be considered (Groundwater-Smith & Mockler, 2007).

Groundwater-Smith and Mockler (2007, p.205), argue that ‘ethics is not merely a series of boxes to be ticked as a set of procedural conditions’, but should be embedded and considered throughout the research process. Table 9 outlines how I have considered both research ethics outlined by the BPS (British Psychological Society, 2018) and procedural ethics as outlined by Groundwater-Smith and Mockler (2007), throughout the research project.

Table 9: Ethical Principles Committed to Throughout the Research Project; adapted from BPS Code of Ethics (2018), and Groundwater-Smith and Mockler (2007)

Ethical Principle	How was it committed to within the Empirical Research?
<i>Informed Consent</i>	The research process was explained and discussed numerous times with potential and actual participants. Potential participants were given an information sheet and consent form (Appendix 4, p.105) following a verbal presentation about the project and what it would involve. Participants and I discussed the research process during the first session together, in order to provide an opportunity to ask questions. This is recognition of the complex and ongoing nature of consent, particularly within an evolving and collaborative project such as this one.
<i>Privacy and Confidentiality</i>	The names of participants and the research school have been anonymised within the research write up, in order to ensure they are not easily identifiable. Pseudonyms have been used within the research write up and all transcriptions and quotations used within the thesis have been anonymised. All recorded data gathered during the focus group discussion has been deleted from the Dictaphone it was recorded upon. The only copy that exists is on my password protected computer and will be deleted once this thesis has been submitted.
<i>Right to Withdraw</i>	Participants were reminded of their right to withdraw at any stage within the project. The project began with nine participants, however there was a core group of six participants who attended every session. The three remaining

	<p>participants were unable to attend all sessions due to external commitments. At no point were they excluded from the group based on this and it was made clear that they were able to re-join the group after missing a session if they would like to. They remained part of my correspondence with the group via emails and noted that they appreciated this understanding and flexibility.</p>
Debrief	<p>The final focus group session included a debrief with participants present. This was followed up by a debriefing email sent to all members of the group via the SENCO (also participant)</p>
Potential Harm	<p>Participants did not experience any physical harm during the research process. Participants chose to direct the focus of the research towards staff wellbeing, which I recognised may have prompted them to consider their own wellbeing as a part of this. I therefore felt it important that participants were given time within each session to discuss their own feelings and experiences in relation to this project and their developing understanding of their own SEMH. The SENCO further provided signposting information to external/ additional SEMH support.</p>
Trustworthiness and Transparency throughout the process	<p>The research process was discussed in detail with participants. They were involved in making changes to the research process e.g. splitting into two research groups and requesting an additional action planning meeting. I have endeavoured to make the research process and data analysis as transparent as possible (see Chapter 3, p.58).</p>
Transformative Potential	<p>The purpose of the research was to enable participants to make changes in relation to the SEMH practices within their school. Participants described changes in their understanding and confidence in supporting SEMH and described how they had acted to apply the HGA. The group discussed commitments in relation to continuing to develop this practice after the research had finished.</p> <p>See further discussion about transformation in relation to notions of validity below.</p>
Collaborative in Nature	<p>The research by design was participatory and collaborative in nature. See Section 5 (p.47) in relation to the collaborative approach to Action Research employed within the current research project.</p>
Justifiable to its Community of Practice	<p>Rationale for the current research has been made clear in relation to both government policy and HG literature. The collaborative and participatory nature</p>

	of the project has been justified in relation to facilitating change within school settings (see Chapter 3, p.58).
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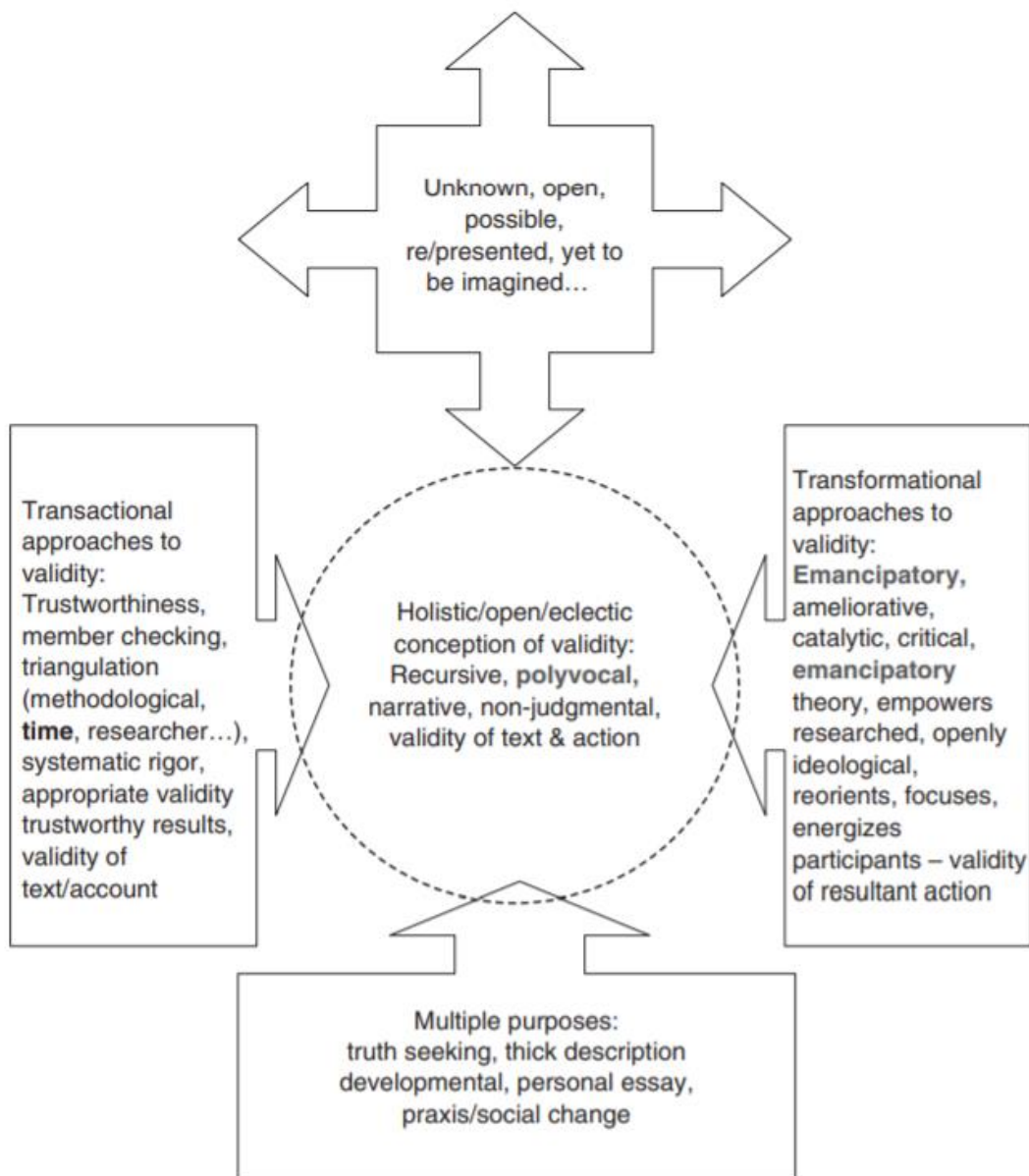
6.2: Validity

Traditional approaches to research validity are grounded in positivist ideas of truth seeking, with research being classed as valid if the account provided is seen to correspond closely to the phenomena it claims to represent (Hope & Waterman, 2003). Within this approach, researchers are encouraged to reflect on their ability to remain subjective and disengage from the research. Claims in relation to findings are seen to exist independently of the researcher, focusing on concepts such as generalisability, objectivity and replicability, as criteria for validity (Hope & Waterman, 2003).

Difficulties in applying traditional views of validity to qualitative research have been acknowledged (Onwuegbuzie & Leech, 2007). This has led to the development of alternative views of validity, more suited to qualitative research projects utilising Action Research designs such as the current research. Cho and Trent (2006, p.327), offer a process view of validity, moving away from ideas of applying criteria at set points within a research process, towards validity as a continual, 'ever-present' and recursive process of 'thinking out loud about researcher concerns, safeguards and contradictions'. Cho and Trent (2006), developed a framework for understanding validity within qualitative research (Figure 4, p.56), utilised within the current research.

Cho and Trent (2006), distinguish between transactional and transformational approaches to validity, and outline validity within research with different purposes. The current research takes a transformational approach and its purpose relates to ideas of praxis/ change as outlined by Cho and Trent (2006). Transformational validity is concerned with social change resulting from the research process and requires researchers to be self-reflective when working *with* participants. This is evident within the current research utilising collaborative inquiry as a method to work with participants to bring about change in relation in developing a WSA to SEMH. My continual self-reflection throughout the research process has been outlined (Table 8, p.48).

Figure 4: Framework for understanding validity in qualitative research (Cho & Trent, 2006)



Cho and Trent (2006) argue that within qualitative praxis/ social change research, it is important to consider the relationship between the researcher and participants, with collaborative relationships being viewed as enabling change. This involves the researcher considering issues of authority, power and privilege, considered within the current research as outlined in Table 8. Validity criteria within praxis/ social change research are outlined as; '(1) member checks as reflexive; (2) critical reflexivity of self; and (3) redefinition of the status quo' (Cho & Trent, 2006, p.332).

Reflexive member checks refer to the 'constant backwards and forwards confirmation' between the researcher and participants in relation to the constructs being developed, with the aim of better understanding and illuminating the lived experiences of participants (Cho & Trent, 2006, p.332).

Within the current research, all sessions with participants were dialogue based and time was set aside at the beginning of each session to reflect on participants' experiences of the research project. These conversations included aspects participants were enjoying but also difficulties they were encountering. In between formal sessions, communication with participants took place via email.

Critical reflexivity of self involves the researcher seeking to examine and express how their own subjectivity and understanding has been challenged and transformed as they collaborate and interact with participants. During the research process I kept a research diary, this allowed me to explicitly reflect on my own thoughts, feelings and developing understandings over the course of the research project. I also found supervision sessions with my university supervisor to be a valuable space to voice and reflect on my developing thoughts and understandings. With her support I was able to reflect on these thoughts further than I may have individually (See Table 8 for further information).

Redefinition of the status quo refers to the extent to which participants' perceptions of their experiences alter and that they are actively engaged in change focused behaviour (being critical of taken for granted assumptions and constructs). Within the current research participants expressed that they had developed understanding in relation to SEMH during focus group conversations and within a written activity (See Appendix 5, p.110). They also implemented actions to facilitate the development of staff wellbeing, which they commented had previously been overlooked.

Participants described that their increased recognition of the importance of staff wellbeing, was a shift in their conceptualisation and expectations of how they could work to support the wellbeing of students.

Chapter 3: Human Givens as a Whole School Approach to supporting SEMH: Collaborative Inquiry in a Secondary School

Abstract:

The Good Childhood Report 2020 (The Children's Society, 2020) has highlighted that since 2013, children and young people (aged 10-15) in the UK are reporting declining rates of happiness with their: friendships, appearance, school and lives in general. Furthermore, children within the UK ranked the lowest for overall life satisfaction compared to 23 other countries surveyed, with the further potential negative impact of the Coronavirus Pandemic on the Social, Emotional, Mental Health (SEMH) of children and young people being suggested (The Children's Society, 2020). This highlights the importance of focusing on supporting the Social, Emotional Mental Health (SEMH) of children and young people currently.

This Empirical Research Project utilises Collaborative Inquiry (CI) as a method of working with a voluntary group of secondary school staff to develop a whole school approach (WSA) to supporting SEMH, based on the Human Givens Approach (HGA). The process of CI is outlined alongside a description of how the HGA was applied by participants in their school context, to develop a WSA to supporting SEMH. A focus on staff wellbeing was viewed by participants as a foundational first step in developing a WSA to SEMH. Abbreviated Grounded Theory was used to analyse the transcript of a focus group with participants, reflecting on both the HGA and the process of CI. Elements of the HGA that may support its use as the basis for a WSA to SEMH are suggested as; 'Human Givens as an accessible approach', 'Human Givens providing a focus on needs (as opposed to behaviour)', 'Human Givens as the basis for individualised action' and 'Human Givens as providing a shared wellbeing language'. The Abbreviated Grounded Theory developed provides a framework to use when consulting with schools to develop a psychologically informed WSA to SEMH. This framework relates to both the psychological theory used to underpin the WSA and the process used by school to implement the WSA.

This Research Report has been prepared for submission to Pastoral Care in Education

3.1 Introduction

The research reported in this paper focuses on Social Emotional Mental Health (SEMH) within schools, and the application of the Human Givens Approach (HGA) to support school systems in developing this.

I will initially consider the role of the Educational Psychologist (EP) in supporting SEMH, before outlining how EP's may deliver this support to schools via therapeutic work with children and young people (CYP), or systemic working. I will then outline the HGA and consider what this may offer EPs working with school systems to support SEMH.

3.1.1 SEMH and EP practice

The role of EPs in supporting CYP with Special Educational Needs and Disabilities (SEND) including SEMH Needs, is recognised in policy and wider literature (Department for Education, 2015; Greig, MacKay, & Ginter, 2019; Morris & Atkinson, 2018; Pugh, 2010). There has been a particular emphasis in recent literature on ways EPs practice to support CYP with SEMH needs. Law and Woods (2018, p.1), conducted a Systematic Literature Review of EP practice in relation to 'managing behaviour difficulties' and highlighted that behaviour and wellbeing are seen as related needs under the SEMH category within the SEND Code of Practice (Department for Education, 2015). They found that EP work in this area represents the five functions of the EP role (consultation, assessment, intervention, research and training) across the three levels (individual, group and systemic) (Fallon, Woods, & Rooney, 2010; Scottish Executive Education Department, 2002). What is interesting is that EPs were found to apply a range of psychological approaches in delivering these roles and functions. The application of psychology to ensure positive outcomes in relation to CYP's learning and SEMH, is argued by some, to be the unique contribution EPs can make when working alongside others (Gaskell & Leadbetter, 2009; Lee & Woods, 2017).

Law and Woods (2019, p.111) argue that currently EP SEMH practice often involves 'responding reactively' during times of crisis, for example holding a consultation meeting with school staff to discuss how to support an individual CYP, after an incident has occurred. Other ways of working in relation to SEMH needs highlighted by Law and Woods (2019) included; consultation to identify and discuss wider factors impacting on CYP's behaviour, 'solution focused ways of working', and 'donating and applying psychological knowledge to support understanding and affect change' (Law & Woods, 2019, p.111). Whilst these were stated as ways in which EPs may work to support SEMH practice in school, limited practical examples to illustrate this work were provided, and so what this may look like in the daily practice of EPs remains unclear. This research also focused on the work of a single Educational Psychology Service (EPS) and so findings may not be representative of EP practice nationally.

One of the ways in which EPs may work to support SEMH needs, is via direct therapeutic work with CYP. This will now be examined in more detail.

3.1.2 Therapeutic Practice in EP work

The use of therapeutic work within EP practice is argued to have come in and out of prominence over the professions' history (MacKay, 2007), and reports on the amount of therapeutic practice EPs engage in vary (Greig et al., 2019; Law & Woods, 2019). One suggested reason for this variation over time is that shifts in practice reflect changes to the context of practice and the demands made upon EPs (Law & Woods, 2019). In recent years EPS's have begun to adopt traded models of service delivery, with Lee and Woods (2017) finding that EPs in traded services report new opportunities to widen their practice and develop core skills, which could include therapeutic work. However, it is unclear whether EPs within these services have the time, support or opportunities to utilise and develop these skills within their practice. Much of the literature examining EP therapeutic practice, highlights a variety of enablers and barriers to this way of working (Atkinson, Squires, Bragg, Muscutt, & Wasilewski, 2014; Atkinson et al., 2013; Hoyne & Cunningham, 2019). Atkinson et al. (2013), further highlight ethical and practical issues in schools buying in therapeutic work such as ensuring professional competency and ongoing supervision needed to ensure therapeutic work is delivered safely and effectively. Within the current context of traded services, Law and Woods (2019), argue individual EPS's appear to determine how much therapeutic work is delivered. However, it is unclear how such decisions are reached.

Atkinson et al. (2014, p.393), suggest that EPs often view their role as 'working through' others, supporting teaching staff to deliver SEMH interventions or to promote the SEMH needs of CYP (rather than via direct therapeutic intervention). This is due to school staff having established relationships and regular contact with the CYP they work with (Greig et al., 2019), making them better placed to offer this support to CYP consistently. Working in this way can be viewed as building staff skills and understanding in supporting SEMH, therefore building this capacity within the school system. Working systemically is often described as a way in which EPs can (and do) work proactively to support SEMH needs (Greig et al., 2019; Law & Woods, 2019). I will now briefly outline how EPs may work systemically with schools/ organisations.

3.1.3 Systemic EP Practice and Collaboration

EPs and systemic practice

EPs are recognised as having a systemic role in schools (Morgan, 2016), with 'systemic practice' being concerned with change (Pellegrini, 2009, p.274). Systemic change is considered a dynamic, cyclical process, that requires members of organisations to reflect on and consider their ways of working, before examining the impact of any changes on the organisation individuals within it

(Checkland, 2012; Morgan, 2016). Fox (2009) argues that the term 'systemic work' is often used ambiguously within EP practice, and that there is a need to be clear about what is meant when this term is used. He argues that there is an important distinction between systems work (based in ideas of Organisational Development) and systemic thinking within EP practice, that should be thought about more carefully. However, Fox (2009) also acknowledges that these concepts are interlinked, and I would argue difficult to separate clearly.

The development of systemic EP practice, is considered to draw on ecological thinking (Bronfenbrenner, 1977), and has arisen as a result of moving away from within child practices and focus (Kinsella & Senior, 2008). Ecological thinking broadly involves considering the wider holistic circumstances of CYP, in order to consider how this may be influencing their current experiences and circumstances. The focus therefore becomes working with members of staff within school systems, as opposed to individual CYP, as Hurford (1983) argues, to challenge the notion of problems being child-centred and to encourage change within the adults and environments around them. EP's have expressed a belief that systemic working reflects significant changes in patterns of service delivery and the development of 'new roles' away from direct work and assessment with individual children towards 'systemic interventions based on consultation, training, research and involvement in policy and organisational change' (Boyle & MacKay, 2007, p.21). This arguably positions the EP as an agent of systemic change (Boyle & MacKay, 2007), potentially appealing to EPs by reflecting a desire to work preventatively as opposed to reactively in response to individual casework (Noble & McGrath, 2008; Wilding & Griffey, 2015).

The importance of collaboration in systemic EP practice

Collaboration between school staff (Muckenthaler et al., 2020) and between EPs and school staff, has been recognised as important during EP work aiming to facilitate systemic change within schools (Bennett & Monsen, 2011; Forrest, Lowe, Potts, & Poyser, 2019; Norwich, Fujita, Adlam, Milton, & Edwards-Jones, 2018; Rowley, Rajbans, & Markland, 2020). Blanchard (2003), draws on a wide range of research findings to suggest that effective whole school change and improvement depends on a sense of collaboration between colleagues (amongst other factors). The importance of collaboration has also been highlighted in literature regarding systemic change processes, regarding issues of inclusion and wellbeing within schools (Ainscow, Booth, & Dyson, 2006; Ainscow & Sandill, 2010; Kinsella & Senior, 2008; Roffey, 2015; C. Smith & Cooke, 2000; D. Smith & Jenner, 1997). Fox (2009), argues that over time, EPs have attempted in different ways to promote systemic change within schools, via training and Action Research for example.

SEMH, Inclusion & Systemic Change

The important role of systemic change in promoting inclusion has also been noted by researchers (Ainscow et al., 2006; Ainscow & Sandill, 2010; Kinsella & Senior, 2008; Stobie, 2002). CYP identified as most likely to be at risk of exclusion (arguably a concept in opposition to inclusion) in England are those classed as having SEMH needs (Department for Education, 2018b). It may therefore be argued that it is important for EPs to consider how their systemic practice with schools can be utilised to promote inclusion of CYP with SEMH needs. Weare & Nind's (2011) literature review considers the place of universal systemic interventions in supporting the SEMH of CYP and there have been attempts to provide frameworks for schools to use in developing a whole school approach (WSA) to SEMH (Lavis & Robson, 2015; Weare, 2015). Roffey (2015), further highlights the importance of WSA to SEMH for all pupils and staff within schools, arguing that although EPs may not be able to change the wider socio-political climate affecting schools, they are able to have influence at the school level to promote wellbeing (Roffey, 2008, 2015). It is argued that EPs can be pro-active 'change agents' in schools, who may identify key staff members who care about issues of wellbeing and work with them to support good practice, motivate others and create collaborative action (Roffey, 2015, p.26) to support SEMH at a systemic level. This arguably helps to ensure that all CYP (not just those who are classed as having a specific need in relation to SEMH), are accessing an educational environment that supports their SEMH development alongside their learning. This potentially extends the impact of EP involvement to all CYP within school.

3.1.4 The Human Givens Approach (HGA)

Human Givens (HG) is a holistic and practical approach to SEMH which has sought to incorporate key aspects and ideas common across many different models of therapy currently being used in practice (Griffin & Tyrrell, 2013). It proposes that humans have nine innate emotional needs, and wellbeing is reached when these are met in a balanced way. As well as our innate needs, the HGA proposes that we have a set of Innate Resources which help us to get our needs met (Griffin & Tyrrell, 2013). HG is an example of an approach that EPs may draw upon within practice aiming to support the SEMH needs of CYP (Law & Woods, 2019).

Independently published research into HG (although limited) has shown that the HGA is often used as the basis for individual therapeutic intervention with adults (Andrews et al., 2011) and by professionals such as EPs with CYP (Yates & Atkinson, 2011). The HGA has also been used at a systemic level by EPs working to support SEMH needs within school, as the basis for consultations with school staff (K. Thomas, 2018). When presented alongside the research outlined thus far in relation to EPs and systemic working, a rationale for the current research focusing on the application

of the HGA to working collaboratively with a group of school staff to develop a whole school (systemic) approach to supporting SEMH, becomes clear.

3.1.5 Aims and Rationale of The Present Study

This study follows a literature review which highlighted that the HGA can be utilised by EPs to support those with SEMH needs. Yates and Atkinson (2011), suggest that the HGA may be applied as a whole systems approach to SEMH and that this offers a direction for future application beyond individual therapeutic intervention. When approaches such as HG nurture or attachment are applied as frameworks for whole school systems, there is a need to adopt exploratory and collaborative approaches, as there is limited evidence upon which to base the implementation process (McNicol & Reilly, 2018).

The current study seeks to answer the following research questions:

- *'How might the Human Givens Approach be applied as a Whole School Approach to supporting SEMH in a Secondary School?'*
- *'How might the Human Givens Approach help to promote change in relation to SEMH practice and understanding within a secondary school?'*

Based on the research outlined, in order to explore these questions a collaborative method of working with school staff was used.

3.2 Method

3.2.1 Recruitment of Participants

All secondary schools within a Local Authority (LA) in the North West of England were invited to take part in the project, via a presentation given at an initial Head Teacher briefing for all secondary schools within the LA (see Figure 5 (p.67) and Appendix 3 (p.103) for further description). The project was outlined as voluntary, involving a group of interested staff members coming together to develop a WSA to SEMH. Participants were informed that the project would include four sessions including; reflection on their current SEMH practice, training in HG, action planning/ reviewing (specific to their goals and setting), and a focus group. They were informed that between these sessions, there would be a period of *doing* to implement actions. Hillside High School* (*a pseudonym has been used) was selected, due to the ongoing interest of the Special Educational Needs and Disability Coordinator (SENDSCO), in taking part in the project. This interest also reflected that of the Head Teacher.

Ethical approval was provided by Newcastle University Ethics Committee in February 2019 (discussed further in Chapter 2, p.37). A Participant Information Sheet and Consent Form was developed (Appendix 4, p.105) and shared with all school staff during a presentation about the research at a whole school inset day. This helped to recruit voluntary participants and help to ensure informed consent. Voluntary group membership is noted to be important for authentic participation in collaborative projects such as these (Bray, 2002). My attendance at the inset day had been negotiated with the school SENDCO and Head Teacher via email. A wide variety of school staff were present including; teachers, pastoral staff and teaching assistants (however support staff such as lunchtime organisers, cleaning and administrative staff were not). In total nine school staff volunteered to take part in the project. Their roles within school composed; SENDCO, Teachers of Drama, English, Geography and Science, Cover Supervisor(s), Higher-level Teaching Assistant, Teaching Assistant and Lead Teacher of Citizenship. I considered it important for a member(s) of the schools Senior Leadership Team (SLT) to be part of the project, as they often have decision-making power within school, to implement actions and facilitate change (Ainscow & Sandill, 2010; Blanchard, 2003; Roffey, 2015). However, no members of SLT volunteered to take part, and although initially concerned about this, I began to reflect on potential difficulties having an SLT member may have created. Schools are increasingly described as 'performative cultures', within which staff are required to display their skills and competencies (Lofthouse & Thomas, 2017, p.54). The nature of the research topic is arguably sensitive and staff members may not have felt able to talk openly about their personal experiences or confidence in supporting SEMH, in the presence of a member of the SLT. This is reflected in research highlighting the role of trust in professional learning within schools (Gray, Kruse, & Tarter, 2016). Furthermore, Avis (2003, p.320), argues that projects based on team work, collective problem-solving and non-hierarchical relationships lend themselves to creative ways of working, drawing on contributors' skills.

3.2.2 Context of the Research

Hillside High School is a smaller than average secondary school, in a town in the North West of England. The school's OFSTED report states, that it has a higher than average proportion of students described as disadvantaged in terms of their Socio-Economic Status and a higher than average number of students who speak English as an Additional Language. It also states that the number of students within the school described as having SEND falls within the average range. In May 2019, the school received a Requires Improvement rating from OFSTED. The newly appointed SENDCO, was acknowledged by OFSTED as making some marked improvements in SEND provision. During the project, the school was in the process of joining a Multi Academy Trust (MAT). Staff members told

me that the academisation process and poor OFSTED report, had evoked feelings of; uncertainty, sadness and low morale amongst staff members, resulting in low motivation and low levels of staff retention. The SENDCO noted that this was one of the reasons for the interest in the project from the Head Teacher and herself, as they considered that the whole school community may benefit from focusing on SEMH.

3.2.3 Methodology: Collaborative Inquiry

Research undertaken with the aim of working collaboratively with school staff, has often utilised Action Research designs (Wessels & Wood, 2019). It has been suggested that this has benefits for school staff participating in the research, as they are likely to experience success, build confidence, feel empowered, to develop their skill sets and new joint understandings (Ainscow et al., 2006; Kinsella & Senior, 2008; Simm & Ingram, 2008). It is also argued that this supports change at both an individual and systemic level (Simm & Ingram, 2008), empowering schools to become 'learning organisations' who work to continually develop their practice by looking beyond their own organisations for ideas and support (Kinsella & Senior, 2008, p.660). Working collaboratively via Action Research projects is further argued to help to bridge the gap between research and practice and lead to greater understandings of how educational contexts can be developed (Ainscow et al., 2006). This reflects the aim of the current research, considering the practical application of the HGA within the practice of school staff, who are in the process of developing a Whole School Approach (WSA) to SEMH.

Collaborative Inquiry (CI) is a form of Action Research, where participants come together to examine their practice to develop their professional learning (Donohoo, 2013; Kasl & Yorks, 2002). It can be useful when working with teachers and other education professionals, to encourage reflection on and development of their practice (Butler & Schnellert, 2012; Walton, 2011). Kasl and Yorks (2002), contend that CI involves bringing together individuals of varied experience and expertise to engage in the exploration of compelling questions about their professional practice. It is context specific, examining issues relevant to particular schools and communities (Black, 2019). Collaborative relationships are key to this approach, and CI is a social process with potential to reduce feelings of isolation in teachers and transform school culture (Black, 2019; Bray, 2002).

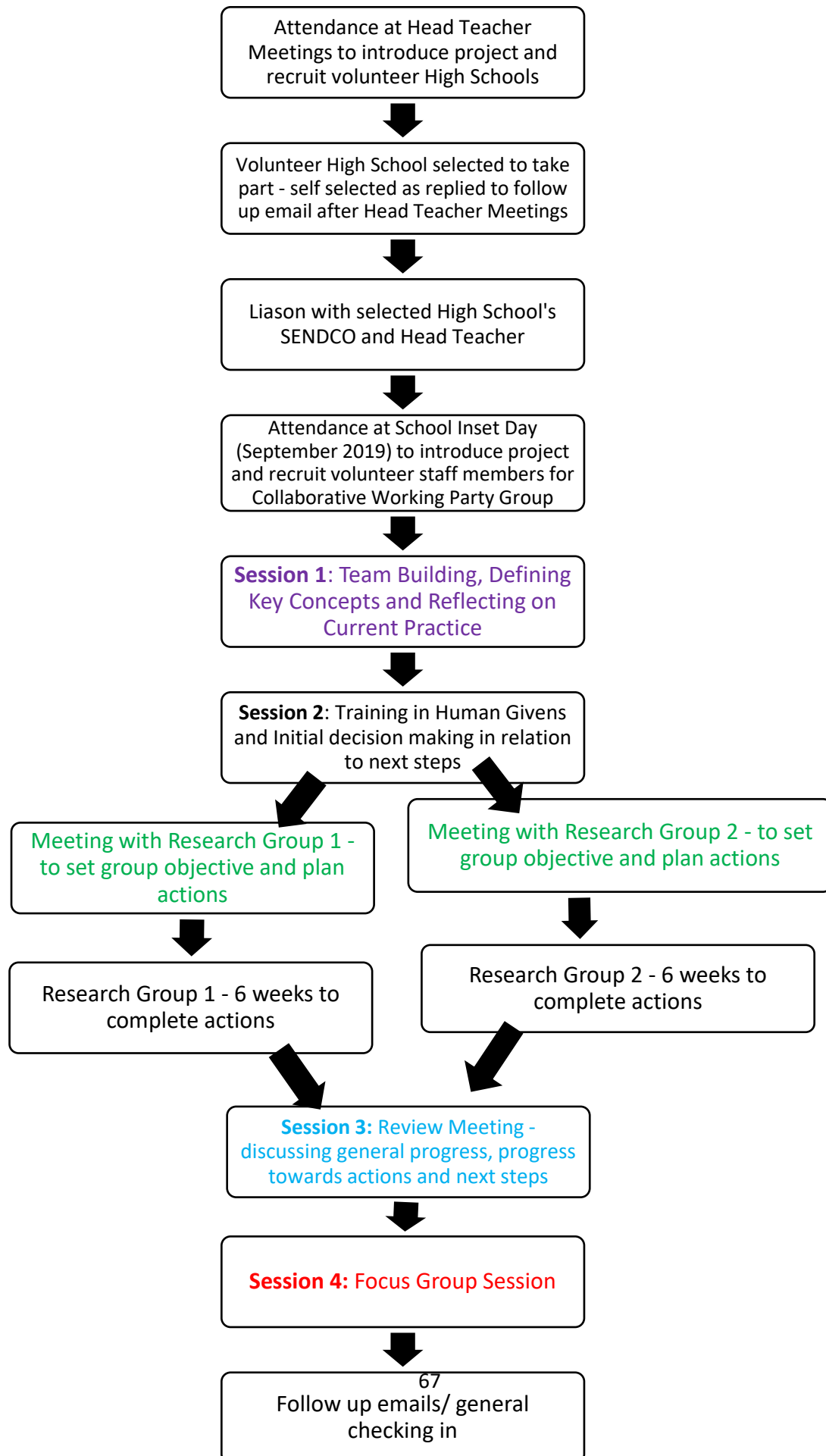
Unlike other forms of Action Research, within CI, participants focus less on research methodology (Donohoo, 2013). I took the view that given the time pressure on teachers, it was not appropriate to involve the participants in all aspects of the research process and decided that the important focus for participants should be on professional development and organisational change. Within this

project, CI involved working with a professionally diverse group of volunteer school staff, to explore how the principles of HG might be operationalised as a WSA to SEMH within their particular context. CI typically involves cycles of 'inquiry, reflection and action' (Black, 2019, p.2), loosely reflective of a plan, do, review, cycle commonly utilised within EP and teaching practice (Kolb, 1984).

3.2.4 Process of Collaborative Inquiry

The application of Collaborative Inquiry within the current research is outlined in Figure 5 below. Further description of each of these stages is supplied in Appendix 3 (p.103) and is structured in relation to the 'get in, get on, get out' CI model outlined by McArdle (2008, p.602) to describe the three key stages of working with inquiry groups, used to inform the research process.

Figure 5: Flow chart of the research process



During Session 2, after the HG training had been delivered, participants decided to begin with a focus on staff wellbeing, to start to develop a WSA to SEMH. Addressing staff wellbeing was unanimously viewed as foundational in staff then being able to support the SEMH of the wider school community e.g. students. In order to apply the HGA to staff wellbeing, participants decided to split into two groups, and assigned themselves to either one based on their own preference. Group one focused on how the HGA may support the wellbeing of individual staff members. Group two focused on considering what was currently in place within the school environment, that may provide opportunities for staff to meet their innate emotional needs as outlined by the HGA.

3.2.5 Data Gathering and Analysis

3.2.5.1 Data Gathering

To explore the research questions, several methods and techniques were utilised to gather information (or data), in collaboration with the participants. A summary of the data gathering exercises is outlined in Table 10. Differing colours used map onto the flow chart of the research process depicted in Figure 5, to illustrate where in the research process this information was gathered.

Table 10: Data Gathered during research

Stage in Process	Data Gathered	Gathered by/ from	Rationale
Session 1	Initial questions: Participants answered two open questions in relation to their current understanding of SEMH and their confidence in supporting SEMH within their current roles (see Appendix 5, p.110)	By: Researcher From: All nine participants	In order to gain an insight into participants' understanding/ knowledge of SEMH, and their initial feelings of confidence in relation to supporting SEMH needs at the start of the project (baseline), to be compared with participants' answers to the same questions at the end of the project (as an indicator of change)
Action Planning Session for each Research Group	Individual Group Objectives and evidence of actions set by each group, Rating Scales (numbers) indicating where each group feel they are currently in	By: Researcher From: Seven Participants	Action Plans created with the researcher, contribute to an understanding of <i>how</i> the participants had utilised and applied their understanding of the HGA in order to support SEMH within their school environment.

	<p>relation to their overall objective set, and where they expect/ would like to be by the end of the first cycle (see Appendix 6, p.111 for example)</p>		<p>The development of an objective for each group provided a common direction/ purpose for participants. The rating scales completed within this session provided a further baseline measure to be used to indicate participants' perceptions of change/ progress at the end of the project, when reviewed. This method of data collection was chosen as it reflects methods used by EPs within practice to evaluate progress/ change towards objectives set collaboratively with others during consultation meetings, such as Target Monitoring Evaluation (Lowther, 2013), for example (Dunsmuir, Brown, Iyadurai, & Monsen, 2009). This was a familiar way of working for myself as a novel researcher, and was consistent with the collaborative principles underpinning the research methodology.</p>
<p>Session 3 - Review Action Planning Session (Research Groups opted to join back together for this)</p>	<p>Description of actual <i>action</i> taken by participants when applying the HGA, Rating Scales (numbers) to show where participants feel that are currently in relation to the beginning of the cycle and where they hoped/ expected to be at the end of the cycle (see Appendix 7, p.113 for example)</p>	<p>By: Researcher From: Seven Participants</p>	<p>Reviewing progress towards actions helped to develop an understanding of how participants worked towards actions they had set, and any enablers/ barriers to this/ their progress. Reviewing the rating scales and progress towards the objectives set by each group gave an insight into the perceived level of change felt by participants at the end of the research project. This was reflected in movement on the rating scales.</p>
<p>Session 4</p>	<p>Repeated initial questions: Participants answered the same two open questions in relation</p>	<p>By: Researcher From: Five Participants</p>	<p>In order to look for any changes in relation to participants' understanding and confidence/ feelings in relation to supporting</p>

	to their current understanding of SEMH and confidence in supporting SEMH within their roles		SEMH within their practice, the questions from session one were repeated.
Session 4	Recorded Focus Group Discussion (later transcribed) (see Appendix 8, p.115 for a copy of questions asked).	By: Researcher From: Five Participants	To explore participants' reflections on both HG as a WSA to supporting SEMH, and the process of CI, a Focus Group discussion was held with available participants. The use of a Focus Group was determined to be appropriate within the current study, as it arguably reflects the collaborative nature of the research, within which participants have worked and reflected together throughout, and are often used within Collaborative Action Research projects of this kind (Kemmis et al., 2013). Questions used were open in nature in order to give participants the opportunity to provide detailed responses and build upon the thoughts of others, in order to provide a rich and detailed picture of their experiences during the research (Krueger & Casey, 2002).

3.2.5.2 Data Analysis of Focus Group Data

Grounded Theory

Grounded Theory was chosen as an appropriate method for data analysis, as it is congruent with collaborative methods of Action Research (such as CI). It is described as an iterative and dynamic process (Wright, 2015), involving cycles of data collection and analysis within which the researcher continually returns to earlier stages of the research (Hensel & Glinka, 2018). In this way it reflects the cyclical and inquiring nature of Action Research projects, such as the current CI. I am also aware of other collaborative Action Research projects with school staff/ educators, that have utilised Grounded Theory (Briggs, 2019; Wright, 2015). Grounded Theory was developed by Glaser and Strauss (1967), to provide a method that allowed an indicative approach to theory development, so that new theories and understandings could begin to emerge (Willig, 2013). This arguably fits the

purpose of Action Research (McNiff & Whitehead, 2010) and the current CI which aims to provide new knowledge and understandings, emerging from practice in relation to how the HGA may be applied as a WSA to SEMH.

The fundamental process of Grounded Theory has been described as;

'we gather data, compare them, remain open to all possible theoretical understandings of the data, and develop tentative interpretations about the data through our codes and nascent categories. Then we go back to the field and gather more data to check and refine our categories' (Charmaz & Henwood, 2008, p.241).

Several versions of Grounded Theory are utilised by researchers in practice (Willig, 2013). Within the current research a realist version of Grounded Theory was employed (Corbin & Strauss, 2008), in line with the critical realist position taken by the researcher (Bunt, 2018).

Starks and Brown Trinidad (2007), highlight the importance of coding within Grounded Theory, noting that ideally coding is completed several times throughout the research process, with the researcher sharing initial coding with participants to check their understanding and interpretations are accurate and to incorporate new information until a point of saturation is reached.

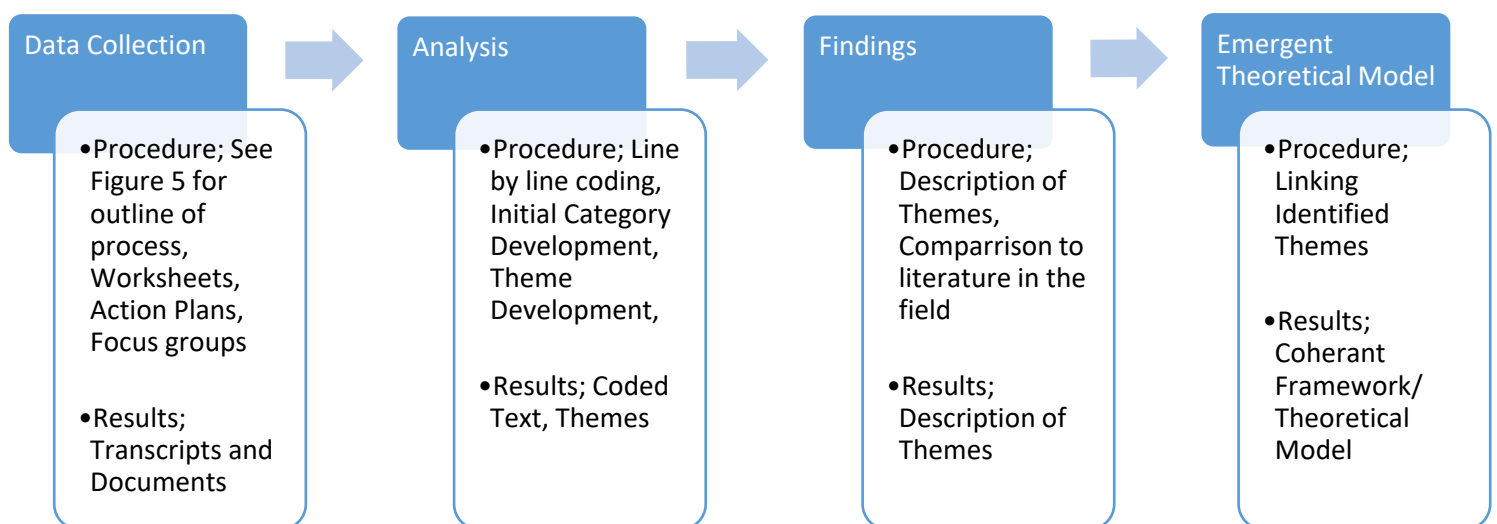
Within Grounded Theory, concepts are developed directly from the empirical data gathered, rather than from existing literature (Hallberg, 2010). The researcher aims to explain how participants have sought to deal with a specific situation/ area/ problem, and develop a novel explanatory theory or model of basic social processes in the environments they occur (Hallberg, 2010; Starks & Brown Trinidad, 2007). The aim of the current research goes beyond theory generation, and aims to make sense of data with others in order to consider implications for practice. However, I acknowledge that there were limits to this within the current CI. Due to time constraints associated with conducting a doctoral piece of research, an abbreviated version of Grounded Theory was utilised (Willig, 2013). Within Abbreviated Grounded Theory (AGT), analysis follows the principles of coding processes and constant comparative analysis; however the researcher is not able to gather additional data (outside of the original data set) to broaden and refine the analysis (Willig, 2013).

I view the AGT approach to data analysis, to be complimentary to the purpose of this CI research, aiming to explore changes in SEMH practice and understanding as a result of applying the HGA as a WSA to SEMH. AGT was utilised to analyse focus group data, to illuminate the learning which has taken place during the CI project and to explore changes in participants' SEMH understandings and practice as a result of working collaboratively to apply the HGA. This differs from other applications of Grounded Theory/ AGT, which may be concerned solely with theory generation.

During the analysis of the focus group data, I developed new understandings of the practice learnings in relation to SEMH that had occurred during the CI process, via the reading and re-reading of the focus group transcript and line by line coding. Willig (2013), suggests that line by line coding is necessary when AGT has been used, in order to compensate for any loss of breadth of findings that may have resulted from member checking and to ensure that analysis has depth. Due to time constraints I was unable to member check my interpretations of findings, I therefore considered it especially important to reflect upon the extent to which my interpretation of the data was influenced by my own 'preconceptions, preferences and beliefs' (Hensel & Glinka, 2018, p.31). I am aware that throughout the CI, my actions and decisions would have had an impact upon the research process, and in turn influenced and shaped the development of participants' practice and understandings of SEMH. This would arguably have an impact upon the focus group discussion, my subsequent analysis of transcripts and the AGT formulated (Hensel & Glinka, 2018).

The AGT steps taken by the researcher during analysis are outlined below (see Figure 6), however these are not intended to be prescriptive (Hensel & Glinka, 2018).

Figure 6: Flow chart of the Abbreviated Grounded Theory Process: adapted from Parks, Xu, Chu, and Lowry (2017, p.8)



3.3 Findings and Discussion

To consider the research questions, several sources of information have been incorporated into the following findings and discussion (See 'Data Gathering' section for overview and description).

To provide a clear and succinct overview of the research findings, findings presented will document primarily on the analysis of the focus group discussion. Additional data will be drawn upon and embedded throughout, to ground the focus group findings within the wider CI process and to add depth to the findings outlined. As discussed, Focus Group Data have been analysed using AGT, within which the transcript of the discussion was analysed line by line to generate themes and categories (see Appendices 9-11 (p.116-118), for samples of this).

I will begin by considering findings in relation to each research question in turn. I will use direct quotations from focus group participants to support my interpretations and will refer to existing research within my findings. I will then present an AGT resulting from the findings, to describe how learning and practice development may be utilised by other settings wishing to develop a WSA to SEMH.

A summary of the data drawn upon and focus group themes developed in relation to the Research Questions are outlined in Table 11. A map of themes for each research question is provided as they are discussed (see Figures 7 & 8, p.74 &80).

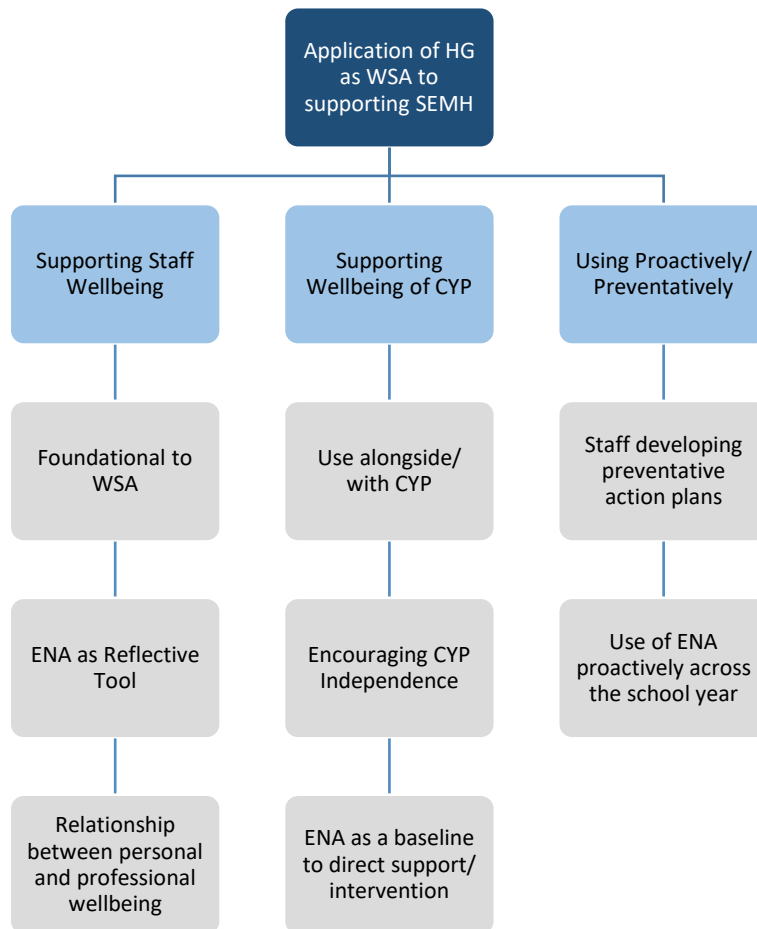
Table 11: Data for each Research Question

Research Question 1	Research Question 2
<ul style="list-style-type: none">• Action Planning Meeting notes/table• Focus Group Themes 1, 2 & 3	<ul style="list-style-type: none">• Focus Group Themes 4, 5, 6 & 7• Worksheets completed by participants in sessions 1 & 4

Five participants volunteered to take part in the Focus Group. Their names have been changed in order to preserve their anonymity. They are therefore referred to as; Daisy (SENDCO), Poppy (Higher Level Teaching Assistant), Ivy (Science Teacher), Lilly (Cover Supervisor) and Rose (Lead Teacher of Citizenship).

3.3.1 Findings and Discussion for Research Question 1 ‘How might the Human Givens Approach be applied as a WSA to supporting SEMH in a Secondary School?’

Figure 7: Map of Focus Group Themes for Research Question 1



3.3.1.1 Focus Group Themes

Theme 1: Supporting Staff Wellbeing

Within the CI, participants utilised the HGA to focus on its application in supporting staff wellbeing. This was the focus of participants’ actions within the first CI cycle, and was considered by them to be foundational in staff then being able to support the SEMH of the wider school community. The application of the HGA to support staff wellbeing was considered a significant step in developing a WSA to SEMH needs.:

Daisy: ‘We realised quite quickly, that...we needed to tackle the bigger picture and the foundation that we needed was the staff wellbeing and their understanding of this...how can we implement to the children when the staff didn’t have a clue, it wouldn’t be supported, it would just fall down... we had to create that real foundation’

This is supported by literature highlighting the critical importance of ‘teacher wellbeing’ in relation to ‘whole school wellbeing’ and in providing a ‘stable environment’ for students (Roffey, 2012, p.9). However, despite an expanding body of research highlighting the link between teacher and pupil wellbeing (Hanley, 2017; McCallum & Price, 2010; Roffey, 2012, 2015) participants expressed initial reservations regarding this focus:

Daisy: ‘I did feel at one point...should we be doing staff, should we not be looking at the pupils, and that was difficult for me, because I’m very much...pupil focused’.

Daisy: ‘we look after everybody else and as teachers that’s (sic) kind of comes with our nature doesn’t it...but we’ve put ourselves first, in a way of...helping the children afterwards...’

Daisy’s comments arguably reflect research, highlighting the teaching role as being relational and caring in essence (Acton & Glasgow, 2015; Clandinin et al., 2015; Graham & Truscott, 2019; McCallum & Price, 2010), with teachers entering the profession for selfless reasons, and viewing supporting students as central to their role (Clandinin et al., 2015; Graham & Truscott, 2019; Howes & Goodman-Delahunty, 2015). This may in part account for some initial reservations about the direction they had taken.

Participants reflected on how they and wider school staff had begun to use the HGA to support their own personal wellbeing:

Rose: It’s prompted me to speak out more and to recognise things...it’s made me pin myself down a bit to actually speak out and say no actually, that’s not right, that’s not me’

In relation to staff wellbeing, the application of the HGA focused on individuals using the Emotional Needs Audit (ENA) to reflect on their personal emotional needs. This was then viewed as the basis for taking individualised action and seeking support:

Rose: ‘It’s easy to identify, kind of what parts of the approach, that you could be missing and where your wellbeing and emotional needs are unmet, so then you’re able to act upon them...’

Lilly ‘I know (staff member) had a real reflective kind of home experience through this...she’s prioritised what’s important...as soon as she’s done that it’s like snowballed for her, and her wellbeing you can see has completely changed...because she has analysed, used this process and the ENA to analyse why she was feeling the way she was feeling...’

Participants appeared to distinguish between staff wellbeing at home (personal wellbeing) and at school (professional wellbeing), with the view that an increase in wellbeing in one area may impact upon wellbeing within the other:

Daisy (staff member) has really enjoyed doing this and has used it both at home with her children and with her personally and then tried to kind of bring it into school as well which is quite positive'

Liu, Song, and Miao (2018), highlight the importance of focusing on teachers' personal, emotional and mental health. It may be important to recognise staff wellbeing in a holistic manner, through the use of an approach such as HG, taking into account their personal circumstances when considering how to support their wellbeing within the school context.

Further data illustrating how participants practically applied the HGA to support and develop staff wellbeing within the first CI cycle, is provided by Action Planning Meeting notes. As outlined, participants separated into two teams to focus on different elements of staff wellbeing. Group one focused on developing ways in which individual staff members may be able to support their individual wellbeing. They appeared to recognise current low levels of staff wellbeing and noted their limited understanding of SEMH. Participants therefore delivered HG training to staff to develop their personal understanding of their own wellbeing, as a form of psychoeducation. They also introduced staff to the ENA, as a tool to reflect on their own wellbeing and provide direction for seeking support.

Group two focused on considering what was currently in place within the school environment, that may provide opportunities for staff to meet their emotional needs as outlined by the HGA. They recognised that there were few opportunities for staff to meet several of the needs as outlined by the HGA, within school. They therefore focused on creating opportunities for staff to attempt to meet these needs within the school environment. For example, participants organised a staff Christmas party to provide an opportunity to feel valued and connected to the wider school community. The actions taken by each group in order to apply the HGA are outlined in Table 12 (p.77)

Table 12: Actions taken by each group

Group 1 (Focus on supporting individual staff)	Group 2 (Focus on school environment)
<p>1.Human Givens Training Input for whole staff. Within this staff will complete an Emotional Needs Audit and set individual goals.</p>	<p>1.Reinstate the noticeboard in the staff room, to write positive comments about each other/ our work and as a method of communicating with each other (e.g. sharing news or upcoming events). (linked to HG need of 'connection to the (school) community')</p>
<p>2.Produce an information leaflet/ report which signposts staff to external agencies/ resources and gives them information about the Human Givens approach to refer to.</p>	<p>2.Set up a school social 'What's App' group, or other means of communication (linked to HG need of; 'emotional connection to others' e.g. friendships, 'attention' and 'Connection to wider (school) community')</p>
<p>3.Set up a group of staff mental health/ wellbeing ambassadors. This can include staff from outside of the research group. The group will ask staff about how they may like to be supported (individual, group etc). The group will set up a confidential email inbox.</p>	<p>3.Set up groups for staff to participate in. These may be hobby related e.g. running, yoga and dog walking. They may also be more celebratory e.g. the prom. (linked to HG needs of; 'emotional connection to others' e.g. friendships, 'Connection to wider (school) community', 'attention', 'meaning' e.g. learning a new skill and 'a sense of competence and achievement')</p>
<p>4.The Emotional Needs Audit to be used with individual staff members and within staff groups (when set up). This will help staff to identify which of their HG 'needs' they may wish to focus on. Group Sessions to be set up as a space where staff can problem solve together and support each other. This may include the use of techniques such as Solution Circles.</p>	<p>4. To organise a Christmas celebration for staff (linked to HG needs of; 'Connection to wider (school) community', and 'Status' e.g. feeling valued)</p>
	<p>5. To invite other staff members to join a staff wellbeing group/ committee (this may link with the other research group focusing on supporting individual staff wellbeing). (linked to HG need of; 'emotional connection to others' e.g. friendships, and 'Attention')</p>

Participants appeared to place equal importance on the role of both environment and individual responsibility in relation to SEMH of staff. This is reflected in research highlighting the effects of both individual and collective (environmental) factors on teacher wellbeing (Liu et al., 2018). Notes from the Action Planning Meetings are in Appendix 6 for reference and further detail.

Theme 2: Supporting Wellbeing of CYP

Participants outlined plans in relation to utilising the HGA to support students. They noted ways in which they are hoping to work alongside CYP to discuss their emotional needs using versions of the ENA they had adapted to be child friendly;

Daisy 'the audits for the pupils...we plan to make them child friendly...when children come to us and you say 'how are you feeling?' and they just say 'I don't know'...to actually go right well let's look at the Human Givens, let's look at the needs...and what we can do, and it's almost like a starting point'.

These discussions with CYP were envisioned to be used as the basis for planning next steps and support collaboratively. Participants discussed hopes that CYP may then become more independent in their ability to use the HGA to manage their own wellbeing individually, or with peer support:

Rose: 'then doing it (the ENA) could be paired, paired work with someone they trust, a friend, peer work or a grown up'

Participants placed importance on using the HGA to help CYP to develop skills in managing their wellbeing independently, acknowledged within the literature as an important part of a holistic educational experience (Graham & Truscott, 2019). Potential relational aspects of seeking wellbeing support were also highlighted by participants. This is supported by research outlining the importance of relationships for student wellbeing (Graham, Powell, & Truscott, 2016).

Participants outlined plans to use the ENA to assess student wellbeing (independently from the student). They suggested that this may provide them with a baseline measurement of the CYP's wellbeing and provide direction for any subsequent support implemented;

Daisy: 'I think they're definitely good to use as like a baseline and a tracker aren't they? Because then you can kind of put an intervention in'

Participants appeared to value adapting the ENA as a tool to be used to measure change in relation to CYP's wellbeing, as a result of an intervention they had implemented. This is arguably not the intended purpose of the ENA and numbers generated are ordinal. They are open to interpretation over time and so are subjective. The desire of the group to use the ENA in this way, may reflect the

current performative culture within education, in which teachers are increasingly asked to record and display their achievements (Lofthouse & Thomas, 2017). This is reflected in comments made by participants:

Daisy: 'it's kind of like schools are about results, and about an academic pressure...'

Theme 3: Using Proactively and Preventatively

Participants discussed how staff have used the HGA to proactively support their own wellbeing:

Daisy: '...especially me and I know a couple of other members of staff...when we've done the emotional needs audit we were able to look at that and...identify and be proactive as well to go actually, I know where or what need I'm missing here ...to put a plan into place'.

This involved using the ENA as the basis of creating individual action plans. The group discussed how other staff members have utilised the ENA to reflect on their wellbeing at different points in the school year.

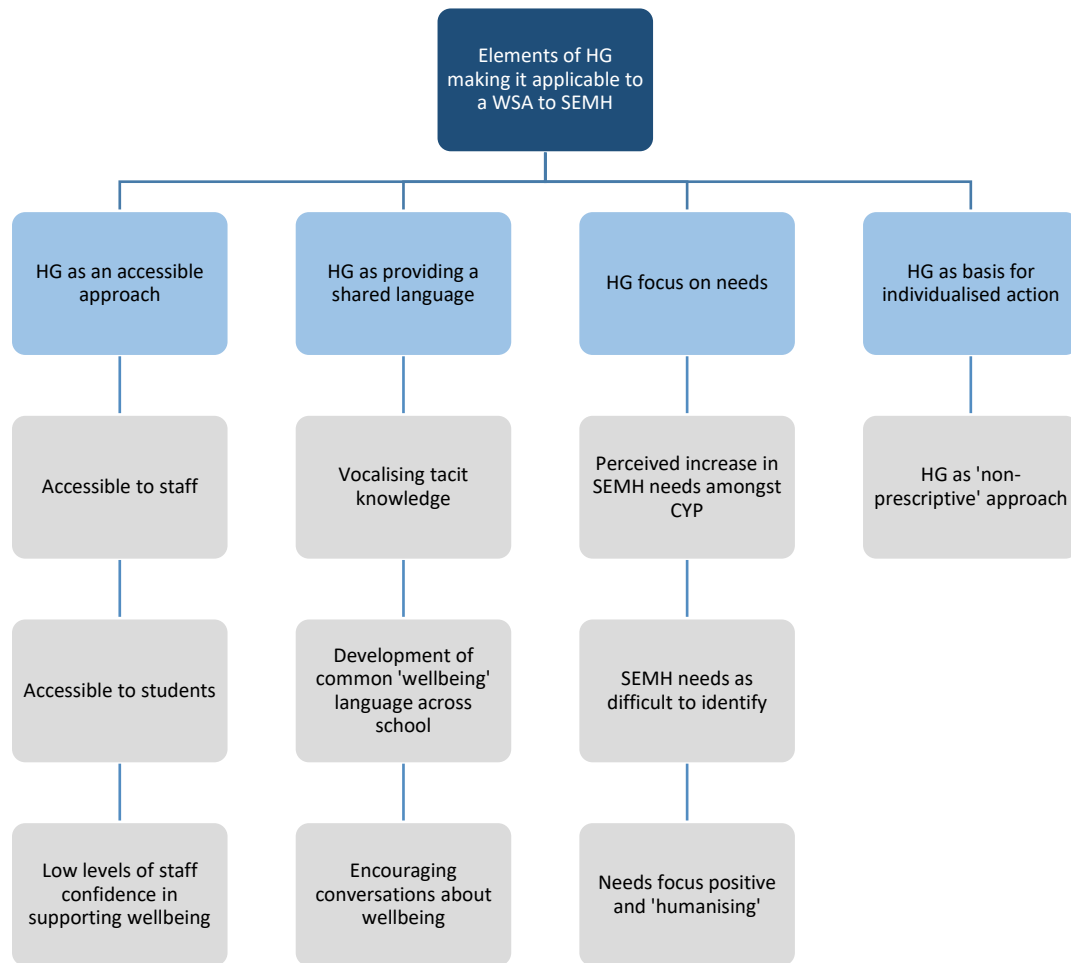
Poppy: 'It would be nice to track how you're doing at different times of the year'

Daisy: '...(staff member) used it at the start of the term and at the end of the term to compare different times of year'

Participants explained that doing this would allow staff to proactively plan ways to support their wellbeing when approaching these points in the year, in order to prevent and minimise negative effects on their wellbeing. Research has shown that proactive methods of managing wellbeing (e.g. mindfulness) are more effective in managing teacher wellbeing than reactive strategies (e.g. expressive suppression, Baron (2015)). It could therefore be argued that using the ENA/ HGA in this way will be potentially supportive of long-term staff wellbeing.

3.3.2 Findings and Discussion for Research Question 2 ‘How might the Human Givens Approach help to promote change in relation to SEMH practice and understanding within schools?’

Figure 8: Map of Focus Group Themes for Research Question 2



3.3.2.1 Focus Group Themes

Theme 4: HG as an Accessible Approach

HG was described by participants as accessible approach for staff to understand, which was considered to be important in relation to perceived time pressure within their current roles:

Daisy: 'I just it's very simple and quick to understand and I just think that's really important with the time restraints within teaching...'

Time pressure is acknowledged as a stressor for staff within schools, associated with poor wellbeing (Ekornes, 2017; Skaalvik & Skaalvik, 2017), and was regularly mentioned by participants. The perception of HG as a simple approach, may mean that it is viewed as manageable and attractive to

school staff who may not feel that they have the time or capacity to dedicate to learning about more complex approaches.

Participants also considered the accessibility of the HGA to be important when introducing it to students as part of a WSA to SEMH:

Daisy: 'I think for staff it's very simple to understand and I think for the children it's going to be really quick for them to think 'actually I'm understanding this' and I can manage that I can cope with it.'

Research has highlighted a movement towards schools being seen as central in providing education for CYP in relation to wellbeing (Coleman, 2011; Hanley, Winter, & Burrell, 2020). Adolescence has been viewed as a time when CYP may develop increasing difficulties in managing their wellbeing (Edwards et al., 2016), as they experience many physical, emotional and social changes (Coleman, 2011; Veale, 2019). It may be important for CYP to be provided with opportunities to learn about SEMH in a way that is accessible and manageable for them within secondary school environments. Participant comments suggest that HG may be an accessible approach to use as a basis for teaching CYP about SEMH.

Participants regularly commented on the absence of training in relation to SEMH, within current teacher training programmes. They associated this with perceived low confidence in supporting students' SEMH:

Lilly: '...well if it was part of your teacher training, then at least you would have a little bit of confidence...because you feel so bloody inadequate at the moment with these kids'

Research has also highlighted teachers limited knowledge and skills in supporting SEMH (Ekornes, 2015; Veale, 2019) and the negative impact this has on their confidence in this area of their work (Danby & Hamilton, 2016; Hanley et al., 2020). Ekornes (2015, 2017), suggests that the combination of limited training and high levels of pressure (e.g. lack of time, high sense of responsibility), can result in increased levels of stress, and teachers feeling ill-equipped and worried about making poor decisions that impact negatively upon student wellbeing. Further research suggests there may be a mismatch between teachers' skills and the activities they are asked to undertake in relation to SEMH (Hanley et al., 2020).

The perception of HG as an accessible approach may increase feelings of self-efficacy amongst staff (defined as an individual's belief in their ability to succeed/ accomplish a task,(Bandura, 1999)), potentially resulting in increased feelings of motivation to develop their practice within this area (Skaalvik & Skaalvik, 2016). Participants completed questionnaires in sessions 1 & 4 of the research

project, describing their current confidence in supporting SEMH within school. Four out of five participants described an increase in understanding and confidence at the end of the project:

Poppy: 'I feel a lot more confident and I feel I have a lot more knowledge of SEMH'

Increased feelings of knowledge or competence are also noted as an important within wider theories of change and motivation, such as Self Determination Theory (R. M. Ryan & Deci, 2000). This may suggest that learning about the HGA increased staff confidence in their SEMH understanding and in turn helped them to facilitate change.

Theme 5: HG as providing a shared language

Participants expressed a view that the HGA had created a shared language amongst staff, which they could use to talk about their wellbeing in a way that had previously been difficult:

Ivy: '...you're making it easier to talk about, because you can talk about your needs...by putting a name to it, you can then talk about it, and then talk about, well how are you actually going to then deal with that'

Participants' comments suggested that the HGA helped them to vocalise their existing tacit knowledge in relation to wellbeing:

Ivy: 'all you've done is put names to something we already kind of know, but didn't have names for...'

Rose: 'It makes it less woolly doesn't it...'

The HGA states it enables individuals to think more clearly (Griffin & Tyrrell, 2013), in relation to wellbeing. This is suggested in participants' comments about feeling some kind of innate familiarity with the basic ideas of HG. This may increase their confidence in applying it in their practice. Wright (2015), found that teachers who participated in collaborative-problem solving groups, were more likely to develop their practice, when their existing thought processes were added to rather than changed, and HG in this project seemed to add to rather than change teachers' thinking.

Participants noted that the simplicity of the language used within the HGA would allow them to create a common wellbeing language across school, between staff and pupils. They commented that this would help to facilitate conversations about wellbeing in school and build students' capacity to talk about their wellbeing:

Daisy: '...it's almost like a starting point...to almost open up conversations.'

Weare (2015), notes that universal approaches to wellbeing help to develop a school culture within which talking about feelings and emotions is common, and where it is viewed as acceptable to

discuss difficulties and ask for help. Furthermore, the whole school population is facilitated to support those with a higher level of SEMH need. HG is described as a universal approach to wellbeing (Griffin & Tyrrell, 2013), and was viewed by participants as encouraging emotional literacy within students:

Rose: '...it's encouraging emotional literacy in the children as well isn't it...'

Theme 6: Focus on Needs (as opposed to behaviour)

Participants frequently discussed a perceived increase in SEMH needs amongst CYP, which they attributed to a range of social and political factors:

Ivy: 'I just think it's more important than ever before, with the way schools are now, and the way funding is, the way child poverty...really struggling families...'

Reiss (2013) and Hanley et al. (2020), report that educational professionals feel a pressure to support the SEMH of CYP with fewer resources, limited political support, and other barriers to the development of SEMH provision in schools (Hanley et al., 2020; Tucker, 2015):

Ivy '...it's just pressure, constant pressure...and whether that is just the school, or whether that is, because health and social care as a structure has changed so much, that so much pressure is now being placed on us...our roles are completely changing now...'

Rose: '...it's a major shift...'

Ivy: '...but that's expected on top of everything else...'

Whilst there is a perception of an increase in SEMH needs, Edwards et al. (2016), advise caution as a variety of methods are used to measure SEMH over time, that are not always comparable.

Participants noted that SEMH needs can be difficult to identify, which impacts upon their ability to provide wellbeing support in a timely manner:

Poppy: '... if a pupil had a physical disability that you could kind of see...then they would be getting all the support that they need'

Daisy: 'It's kind of invisible kind of needs, isn't it, and that's where they can be easily missed and easily forgotten about can't they... unless, until they get so heightened where it might tip over into behavioural issues...'

Research suggests that there is an expectation for teaching staff to contribute to the early identification of student's needs (Mazzer & Rickwood, 2015). Participants expressed a desire to

support the wellbeing needs of pupils more proactively, and suggested that the HG needs framework, may provide a means and language for them to be able to do this, facilitating conversations about needs rather than behaviour:

Poppy: '... let's identify the core needs, before, so it doesn't become a really big issue'

Daisy: 'it takes away that kind of...the factor about what's happened and it's about the need isn't it, it not about, ohh well this has happened and so and so said this...'

Veale (2019), however noted that the link between wellbeing and behaviour is not always understood across school staff, and so this may need to be further embedded alongside HG as part of the development of a WSA to SEMH.

Needs as a focus within the HGA was viewed as humanising by participants, with the suggestion that this has been missing within some current school practices and approaches:

Rose: '...we're a school, we're children and human beings at the heart of what we do, yet somewhere along the way we've lost our way, in terms of what we do, why we're doing it. Erm... being more objects, rather than the human element...so I think it's got enormous potential!'

HG was perhaps seen by participants as facilitating a refocusing on students and staff as individual human beings. Hanley et al. (2020, p.2), describe ideas in relation to 'humanistic education', which advocates for learning environments that support the growth of the 'whole person'. Participants appeared to view their roles in this way:

Ivy: 'it's all about the whole person...we're, you know, making a young adult...'

The HGA arguably fits with this notion of education, focusing broadly on the emotional needs/wellbeing of individuals. Weare (2015), notes that WSA's that are positive and allow for a broad focus are more effective in supporting wellbeing than those which focus on mental ill health/problems. It could be argued that the focus on universal needs within the HGA, provides a framework to focus on elements that individuals can positively develop. Building connections rather than reducing loneliness is an example. This may suggest that HG is a potentially useful approach to utilise as the basis for a change in the direction of 'needs led' practice, as part of a WSA to SEMH.

Daisy: 'So it's using it (HG) in that positive way'

Theme 7: HG as the basis for individualised action

Participants commented on the non-prescriptive nature of HG. The needs framework was viewed as a set of guiding principles, used as the basis of a school action plan for change, taking into consideration the unique context/ circumstances of their school:

*Daisy: it wasn't just about...here we go we've got Human Givens and this is what we're doing...we've used Human Givens as the basis of...what **we** were then going to do, going well actually **we're** going to address friendships and connection...it allowed **us** to filter out and decide, and kind of tackle different elements of the school where **we** felt like there was a weakness'*

The non-prescriptive nature of the HGA, stands in contrast to manualised approaches. An example of a manualised approach is the CBT based intervention Super Skills for Life (Essau, Sasagawa, Jones, Fernandes, & Ollendick, 2019), designed to be delivered in school settings to help young people understand and manage their emotions. This could leave HG vulnerable when trying to evaluate its impact, as unless explicitly stated, the content of the HGA intervention is unclear. However, within the current research, participants considered the ability to tailor their utilisation of the HGA to their context, a strength. It may be that the non-prescriptive nature of the HGA may be less problematic when used as a set of guiding principles upon which an organisation (e.g. a school) bases their approach to supporting SEMH.

This is a tentative suggestion based on the experiences of these participants within a single school context. Other research has suggested a need to provide schools with high levels of guidance and practical advice in relation to SEMH practice (Hanley et al., 2020; Veale, 2019).

3.4 Conclusion

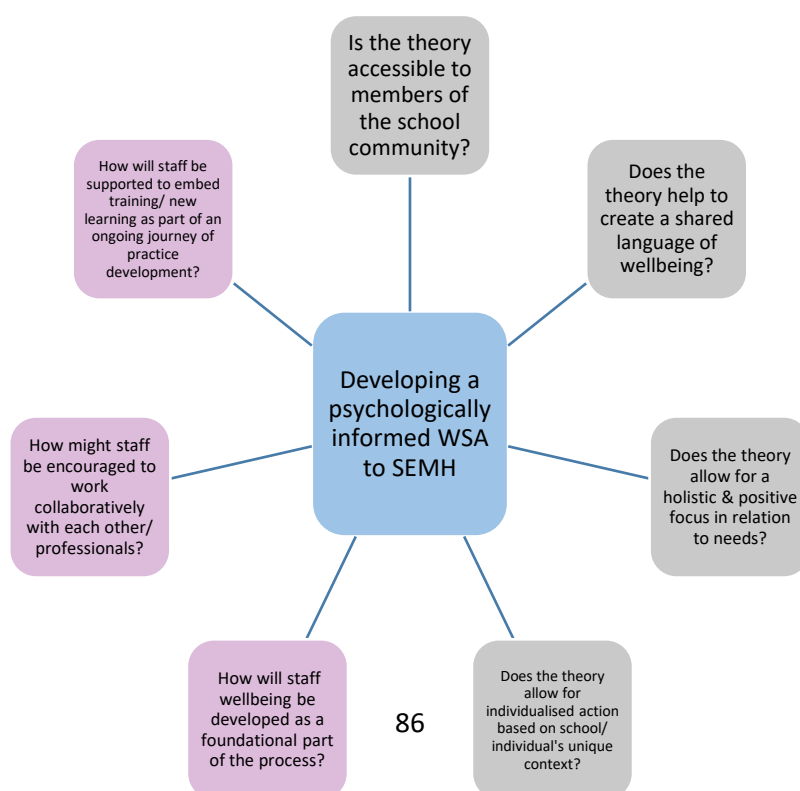
This research addressed the following questions: '*How might the Human Givens Approach be applied as a WSA to supporting SEMH in a Secondary School?*' and '*How might the Human Givens Approach help to promote change in relation to SEMH practice and understanding within schools?*'.

Participants within the current study applied the HGA in a number of ways to begin developing a WSA to SEMH. The application of HG in supporting staff wellbeing was seen as foundational to the development of a WSA. Participants therefore began to promote the wellbeing of staff in a number of ways during this initial cycle of CI. Participants described ways in which the HGA can be applied to supporting student wellbeing, and how it may be used to proactively/ preventatively support wellbeing, using tools such as the ENA.

Participants within the study identified elements of the HGA, considered helpful in promoting change in SEMH knowledge and practice across school. This enabled them to begin to develop a WSA to SEMH. The elements identified, drew on factors in relation to the individual school context, outlining elements they considered important including; the accessibility (or simplicity) of HG, HG as providing a shared language between staff/ students to discuss wellbeing, a positive focus on needs (as opposed to behaviour) and the non-prescriptive nature of HG allowing for individualised action planning.

The AGT (Figure 9) is designed as a framework for use when consulting with schools to develop a psychologically informed WSA to SEMH. This framework relates to both the psychological theory used to underpin the WSA and the process used by school to implement the WSA. This project drew upon HGA and used a CI approach, however other settings may wish to draw upon other approaches or utilise different processes to suit their individual contexts. The current research has highlighted elements of HGA that may be helpful in facilitating change in SEMH practice and understanding within this school setting. I am cautious however about advocating for HGA as a theory to inform whole school SEMH practice. During the research process my understanding of HGA developed and I have some reservations about aspects of the approach including the use of the APET model (See Chapter 1, p.8). Other psychological approaches, may lend themselves to the development of a WSA to SEMH in similar ways, such as the Five Ways of Wellbeing (Thompson & Aked, 2011), or PERMA model (Kern, Waters, Adler, & White, 2015; Seligman, 2012), however this would warrant further investigation.

Figure 9: Abbreviated Grounded Theory: Framework for Consultation



3.5 Limitations

I acknowledge the influence of my assumptions and experience in the interpretation of data and conclusions reached. Others consulting the same data, may offer alternative interpretations (Willig, 2013). I am also aware of the subjective nature of Grounded Theory as a method of analysis. Hensel and Glinka (2018, p.44), acknowledge that Grounded Theory is not 'perfect' or 'easy' and that the researcher often decides the information that is attended to, and that which is discarded.

Given that the purpose of the current research was to support organisational change, the collaborative approach to inquiry was important (Cho & Trent, 2006). Within this research, there were limits to the level of collaboration possible, partially due to the time frame of a piece of doctoral research. Wood and Zuber-Skerrit (2013, p.10), note the long length of time needed for 'deeply entrenched ideas about research and researchers and power relations between community participants and academics to be dislodged', arguably necessary for 'true' participation and collaboration during research projects of this type. Due to time constraints, one cycle of CI had taken place by the end of the research project. In order to draw conclusions about sustainability of learning and change generated during the CI process, it would have been optimal to complete more cycles with participants. As participants begin to make small changes within their practice this increases confidence, and make it 'more likely that people would do something different' (Simm & Ingram, 2008, p.48).

Despite only completing a single cycle of CI, there were several indications that the inquiry would continue beyond this, with the summary of the research presented representing one point in the inquiry's journey. During the focus group discussion, participants verbalised clear and practical plans regarding the continuation of the CI group (e.g. meeting half termly, with each group member taking a turn in chairing meetings). The participants had also engaged in and been committed to reviewing their action plan (during Session 3) and had made a clear action plan for the next CI cycle (see Appendix 7, p.113).

3.6 Implications for EP Practice and Further Research

The current research aimed to contribute to the limited number of independently published studies in relation to HGA. It followed recommendations made by Yates and Atkinson (2011), to explore how the HGA may be usefully applied as a whole systems approach to SEMH beyond individual therapeutic intervention. This study represents an initial exploration into how this particular secondary school applied the HGA to developing a WSA to SEMH within their context. Interestingly, in applying the HGA, participants focused on the Innate Needs element of the approach. This may be due to their increasing familiarity with the approach, however K. Thomas (2018) similarly found that

the HG emotional needs framework helped to foster inclusive school practices in relation to SEMH. Other researchers may wish to explore this further, and consider the potential systemic application of wider elements of the HGA to support SEMH within schools.

During the course of the research, my own understanding of the HGA has developed alongside the participants. I have been conscious of maintaining a level of criticality in relation to the HGA throughout this piece of research and feel that this has enabled me to reflect on its application as a WSA to SEMH within the current research project.

HG is an approach which I will continue to be interested in and utilise within my future EP practice. Many positive aspects of the approach were highlighted by participants and this empirical research has provided one example of how it may be applied systemically within a secondary school context to develop SEMH practice. However, I do not wish the empirical research to be viewed as strongly advocating for the application of the HGA to supporting SEMH, above all other approaches. As my knowledge of the HGA has developed, I have become more cautious about its use as the basis of therapeutic intervention. I have reservations about the use of the Rewind Technique used within HG therapy for example, which is proposed to be effective in treating phobias and the effects of traumatic experiences in a single session. I am more comfortable however with the application of the HGA as a general framework for understanding SEMH, that can be drawn upon to provide one way of explaining or interpreting the experiences of individuals.

Within my future EP practice, I envisage that I will draw upon the HGA as a general overarching theory/ framework during consultation meetings or to underpin whole school development in relation to SEMH, as in the current research. I am less certain that I will draw upon the HGA as the basis for individual therapeutic intervention with CYP. This reflects how I would recommend the use of the HGA to other professionals such as EPs.

The current research has implications for EP practice in relation to the professional development of school staff. Training is often seen as a way in which EPs work systemically, however findings within the current study would suggest that one off training sessions have little impact upon systemic change within school contexts, due to a number of factors such as limited time or support to embed new learning. Participants viewed my role as the researcher to be similar to how they may work with an EP.

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Appendices

Appendix 1 – Weight of Evidence Decision Making Table (used in determining Weight of Evidence for each study in review (developed from Gough 2007 & Pawson, 2003))

Weight of Evidence	TAPUPAS linked to	Criteria	Comments	Rating
WoE A	Transparency Accuracy Accessibility Specificity	High: - Clear rationale/ justification for the study, purpose of study is clear. - Explicit and detailed method and results section describing data collection and analysis – with justification for the use of methods and data analysis. - Interpretation clearly warranted from findings, findings supported by the data.		
		Medium: - Satisfactory methods and results section, describing data collection and analysis (e.g., procedures listed but not described fully/ in detail). - Some warrant for findings.		
		Low: - Findings do not appear warranted in relation to the data. - Method section unclear. - Criteria for high/medium not met.		
WoE B	Purposivity	High: - The Human Givens approach has been implemented and the outcomes described can be attributed to participants engaging in the Human Givens Approach. - The study uses an appropriate measure for outcomes in relation to SEMH that is reliable and valid. - The method of data analysis used is appropriate in answering the review question. - Any other measures used within the study are helpful in answering the review question.		
		Medium: - Partial information gathered about outcomes in relation to the use of the Human Givens Approach. - Outcomes described can be partially attributed to participants engaging in the Human Givens approach. - The measure for outcomes in relation to SEMH is somewhat reliable and valid.		

		Low: Criteria for High/ Medium is not met		
WoE C	Utility Propriety	High: -Identifying outcomes in relation to Human Givens and SEMH was the main/ primary focus of the study. -The study helps to provide relevant information in relation to the review question and identified 'gap' in the literature. -Ethical considerations have been highlighted and accounted for -There are no ethical or legal concerns in relation to how the study was conducted. -The research was undertaken in a context deemed appropriate to the review question (<i>Not applicable in current review</i>). -The research study used a sample of participants that is reflective of the sample being considered in this review (<i>Not applicable in current review</i>).		
		Medium: -Identifying outcomes in relation to Human Givens and SEMH was part of the focus of the study, but not the main purpose. -The Study helps to provide some information in relation to the review question and identified 'gap' in the literature. -Consideration of Ethical issues has been highlighted however these issues/ how they have been dealt with have not been made clear.		
		Low: Criteria for High/ Medium is not met		

WoE D: Overall Rating	
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Appendix 2: Example of completed Weight of Evidence Decision Making Table (for Andrews, Twigg, Minami & Johnson (2011))

Weight of Evidence	TAPUPAS linked to	Criteria	Comments	Rating
<p>WoE A <i>Trustworthiness/ soundness of the study in terms of its method, results and findings (methodological quality) in relation to its own research question</i></p>	<p>Transparency Accuracy Accessibility Specificity</p>	<p>High: - Clear rationale/ justification for the study, purpose of study is clear. - Explicit and detailed method and results section describing data collection and analysis – with justification for the use of methods and data analysis. - Interpretation clearly warranted from findings, findings supported by the data.</p> <p>Medium: - Satisfactory methods and results section, describing data collection and analysis (e.g., procedures listed but not described fully/ in detail). - Some warrant for findings.</p> <p>Low: - Findings do not appear warranted in relation to the data. - Method section unclear. - Criteria for high/medium not met.</p>	<p>-Purpose is made explicit -Rationale placed in the context of past HG literature (non-published independently in peer reviewed journals) -Method of utilising a PRN justified in relation to advice from Department of Health -Measurement outcome justified in relation to being useful to both service provide and service user, but also in terms of practicality – online and so practitioners across UK could enter information/ data easily, also quotes ‘reliability data’ -Lists techniques potentially used during HG therapy – noting the flexibility of the approach (is this as much detail as is possible given flexibility of HG approach?) – other methods/ procedures made clear – acknowledges that specifics about the therapy are not available and would be useful -data analysis – justification provided -Interpretation warranted – however little detail about ‘outcomes’</p>	<p>Medium/High</p>
<p>WoE B <i>Appropriateness of study design linked to this current Review Question</i></p>	<p>Purposivity</p>	<p>High: - The Human Givens approach has been implemented and the outcomes described can be attributed to participants engaging in the Human Givens Approach. - The study uses an appropriate measure for outcomes in relation to SEMH that is reliable and valid.</p>	<p>Use of a PRN – in order to develop evidence for the HG approach based in practice – using the same outcome measures with every service user at every session – following guidance from the Department of Health</p>	<p>Medium</p>

<i>(methodological relevance)</i>		<ul style="list-style-type: none"> - The method of data analysis used is appropriate in answering the review question. - Any other measures used within the study are helpful in answering the review question. 	<p>CORE OM – measuring ‘subjective wellbeing’ (used as more universal than ‘disorder specific’ measures) – looks at ‘symptoms, functioning and risk’ – used pre, post and follow up</p> <p>CORE 10 – used on a sessional basis – shorter version of CORE OM – less demand on client/ practitioner</p> <p>Acknowledges and accounts for some participants also being on medication as well as engaging in HG therapy</p>	
<p>WoE C <i>Appropriateness of focus of research in answering this current Review Question (topic relevance)</i></p>	<p>Utility Propriety</p>	<p>High:</p> <ul style="list-style-type: none"> -Identifying outcomes in relation to Human Givens and SEMH was the main/ primary focus of the study. -The study helps to provide relevant information in relation to the review question and identified ‘gap’ in the literature. -Ethical considerations have been highlighted and accounted for -There are no ethical or legal concerns in relation to how the study was conducted. -The research was undertaken in a context deemed appropriate to the review question (<i>Not applicable in current review</i>). -The research study used a sample of participants that is reflective of the sample being considered in this review (<i>Not applicable in current review</i>). <p>Medium:</p> <ul style="list-style-type: none"> -Identifying outcomes in relation to Human Givens and SEMH was part of the focus of the study, but not the main purpose. -The Study helps to provide some information in relation to the review question and identified ‘gap’ in the literature. -Consideration of Ethical issues has been highlighted however these issues/ how they have been dealt with have not been made clear. <p>Low:</p> <p>Criteria for High/ Medium is not met</p>	<p>Whilst looking at outcomes in relation to HG, study also focuses on the usefulness of two different ‘outcome measures’ (CORE-10 and CORE OM) and so finding focus on both of these things as well as the potential for a HG PRN in the future – pilot study – not as much focus on details about the outcomes for those who engaged in HG therapy – more just says that they ‘demonstrated reliable change and recovery’ – what does that mean?</p> <p>Doesn’t explicitly mention any potential ethical/ legal issues</p>	<p>Medium/Low</p>

Appendix 3: Description of the Research Process

Stage of Process	Action	Description
Getting In <i>Recruiting a school and establishing relationships</i> (June-September 2019)	Attendance at Head Teacher Meetings to introduce project and recruit volunteer High Schools	In order to recruit a volunteer high school to take part in the research project, I went to a meeting attended by all head teachers within the LA. At the meeting I gave a brief over view of the project, handed out participant information sheets and collected contact information from head teachers who expressed an interest in taking part in the project.
	Volunteer High School selected to take part.	Following the head teacher meeting, schools who had expressed an interest were contacted via email. They were provided with further information about the project and asked to confirm their interest. One school replied to this email and was therefore chosen to take part in the project.
	Liaison with selected High School's SENDCO and Head Teacher	Discussion via email with the school's head teacher and SENDCO to organise next steps (for after the 6 weeks summer holidays).
	Attendance at School Inset Day (September 2019) to introduce project and recruit volunteer staff members for Collaborative Working Party Group	I attended the schools staff inset day on their first day back after the summer holidays. This allowed me to present the research project to all school staff members in the form of a PowerPoint presentation. I gave out participant information sheets and consent forms and collected the contact information of staff members who were interested in taking part in the project. These were shared with the school SENDCO who followed up with these staff members and invited them to Session 1.
Getting On <i>Inquiring Collaboratively</i> (September – December 2019)	Session 1: Team Building, Defining Key Concepts and Reflecting on Current Practice	This involved; -General team building/ getting to know each other exercises. -An activity in which group members were asked to write a definition of SEMH/ Wellbeing based on their current understanding and outline how confident they currently feel to support SEMH/ Wellbeing within their role. This is to be used as a pre/post measure. -Group task in which a shared understanding of key terms ('SEMH/ Wellbeing' and 'Whole School Approach') was developed. -Group task in which members reflected on 'what is going well', 'what could be developed/ improved' and 'what do we need to find out' in relation to current SEMH practice in school. -Individual activity in which group members were asked to write down their hopes/ aims for the project, both individually/ for themselves and for the project/ group overall.
	Session 2: Training in Human Givens and Initial decision making in relation to next steps	This involved; -Group training in Human Givens (delivered by the researcher who had attended a 3-day training course in Human Givens). -An opportunity to reflect on the training/ ask questions. -Conversation regarding next steps for the group based on the training. In order to break down the concept of 'whole school', the group decided to focus on staff wellbeing as a starting point. They also chose to separate into two groups for the next stage of the project. Group 1 focusing on developing school staff members

		personal/ individual understanding of mental health and wellbeing in line with Human Givens. Group 2 focusing on developing things that could be put in place on a wider level in school to help meet staff emotional needs/ wellbeing/ givens. The groups would then come back together in Session 3 to review progress and plan the next steps for the project collectively.
	Separate meetings with Research Groups 1 & 2 - to set group objective and plan actions	Each group met with the researcher to develop an overall aim/ objective for their smaller group. Target Monitoring Evaluation (TME) was used as part of this in order to later measure progress (although it is acknowledged that this is subjective). Smaller specific actions were set in order to work towards the overall objective and assigned to group members within the smaller teams (see Appendix 6 for copy of each group's objective/actions/ TME scale).
	Research Groups 1 & 2 have 6 weeks to complete actions	Period of 'doing' in which group members had time to complete/ work towards the objective and actions set. The researcher remained available via email/ telephone in order to offer support/ answer questions and to offer more physical/ practical support if required.
	Session 3: Review Meeting - discussing general progress, progress towards actions and next steps	This involved: - Repetition of the pre and post activity from session 1 (a definition of SEMH and their confidence in supporting it). - Each group providing an update in relation to their progress towards the objective and actions set. - Considering each groups progress towards their overall objective and where they now feel they are on the TME scale. - Planning next steps for the group as a whole and how they may develop moving forwards. <i>Note:</i> This session was designed to feel celebratory in nature to lead into the 'getting out' phase of the research.
Getting Out	Session 4: Focus Group Session	Members of the group were invited to meet with the researcher for a 1-hour focus group session. This involved discussion about both Human Givens as an approach and the collaborative research process/ way of working adopted in the research.
<i>Gathering Data/ Reflecting on the process</i>	Follow up emails/ general checking in	In order to gradually reduce my involvement in the group. I remained in contact with them via email after session 4, offering general problem solving and the sharing of resources. This aided the group in continuing to meet after the project, as they moved into their second cycle independently.
(December 2019 – January 2020)	Data Analysis	During this time the focus group recording was transcribed and then analysed by the researcher.

Appendix 4: Participant Information Sheet and Consent Form



Research Project

Human Givens as a Whole School Approach to SEMH: Collaborative Inquiry in a Secondary School

Participant Information Sheet

Introduction:

I am Anna Serjeant, a Trainee Educational Psychologist from Newcastle University. As part of my doctoral research I am interested in exploring the usefulness of the Human Givens approach in schools. I'd like to find out how this approach might support educators in developing a whole school approach to Social Emotional Mental Health (SEMH).

Human Givens is a holistic and practical approach to help understand what CYP, families and communities need to be 'emotionally healthy' (Yates and Atkinson, 2011). As an approach, it has sought to incorporate key aspects and ideas common across many different models of therapy currently being used in practice. The Human Givens Approach identifies the following specific emotional needs as core drivers of our behaviours; Security, Autonomy, Attention, Intimacy, Community, Status, Achievement and Competence, Privacy, and Meaning and Purpose. These emotional needs are not hierarchical and may overlap or interconnect. The key is that we need them to be met in balance to keep us well. In order to meet our needs, we have an inbuilt set of human resources with which we can understand and interact with our environment. The Human Givens Approach identifies our key resources as; Empathy, Emotions and Instincts, Memory, Imagination, Intuition, Reason, Enhanced Awareness, and Dreaming. With these core 'givens' of human nature (our needs and resources) clearly understood, we can define the fundamental principles of human survival. If our needs are being met well and in balance, we will be thriving and in good emotional health. When our needs are not well met, we struggle with emotional difficulties and can suffer mental and physical illness. The way we use our innate resources to meet our needs determines our physical and emotional health: individually and also within our family, work, cultural and global contexts. Psychology underpinning the Human Givens approach is said to include Cognitive Therapy Principles, Person Centred Approaches and Positive Psychology, amongst others.

What is the purpose of the research?

Schools have been described as having a 'central role' in supporting the mental health and wellbeing of Children and Young People (CYP) (DfE, 2018). Schools also have a statutory duty

to be aware of how SEMH needs may impact upon pupil's behaviour in order to support them effectively (SEND COP, 2015). National Statistics show that pupils described as having Special Educational Needs (SEN) were 6-7 times more likely to receive a permanent or fixed term exclusion in the 2016/17 school year. Within this, CYP whose SEN related specifically to SEMH needs, were significantly more likely to receive permanent or fixed term exclusions than children with other SEN types (DFE, 2017). This is arguably significant when considering the potential impact on the later life chances of excluded CYP, for example when considering research showing that those CYP who have experienced exclusions from school are significantly more likely to enter the prison system. Supporting CYP with SEMH needs is currently an area priority for X Local Authority (LA). The LA are considering where they can work with their schools to support the wellbeing and SEMH of all pupils including those with SEN. Human Givens (Griffin & Tyrell, 2013) is an approach which has been previously used within the LA to support pupil's wellbeing. This has involved the Educational Psychology Services (EPS's) input in the form of therapeutic work with individual pupils. The research will attempt to explore how Human Givens may be utilised as Whole School Approach to support the wellbeing/ SEMH of pupils. This is in line with advice from the Department for Education, which states that schools should have a consistent, whole school approach to mental health and wellbeing (DfE, 2018). The research will also attempt to add to an emerging independent evidence base for the Human Givens Approach, building on the anecdotal evidence for its use with CYP.

The Research Question is: *In what ways could the Human Givens Approach be applied as a whole school approach to SEMH?*

I hope you feel that you will be able to support me in doing this piece of research.

What will this involve?

If you are willing to participate in this research then you will be asked to volunteer to join a working group of staff within your school. The group will be asked to attend the following meetings facilitated by the researcher:

1. An Initial Thinking and Reflecting Session (approximately 1.5 hours) – within this session, we will spend time getting to know each other as a group. We will consider the aims of the project and what we would like to get from taking part. We will also consider what we mean by the terms 'SEMH'/'Whole School Approach, and reflect on the schools current SEMH practice.
2. A Training and Action Planning Session (approximately 1.5 hours) – within this session the Human Givens approach will be introduced/ explained. We will reflect on the approach and begin to discuss/think about how principles of Human Givens may be implemented within your setting as the basis of a whole school approach to SEMH.

We will formulate an action plan for your school and set actions for group members to implement/ try over the following 6 weeks.

3. A Review Meeting (approximately 1 hour) – after group members have had some time to implement the action plan, they will be asked to attend a meeting to review actions/ progress and think about next steps.
4. Focus Group Meeting (approximately 1.5 hours) – this will be led by the researcher, with group members being asked to discuss Human Givens as a whole school approach to SEMH within their setting. This may include discussions about strengths and weaknesses of the approach and its implementation within their setting. The focus group meeting will involve audio recording which I will then later transcribe. Once analysis of the transcription has been completed, the audio recording will be destroyed. The identity of the school and individual volunteer participants will be removed from the transcripts.

The research process has been designed to reflect the way in which schools may currently work with EPs, utilising plan-do-review-learn cycles.

What happens to my information?

All information will remain entirely confidential and compliant with the Data Protection Act (1988). Once data has been collected, it will be stored on a password protected computer to ensure confidentiality. Any hard copy data will be protected by Newcastle University and stored securely. Only my research supervisor and I will have access to the data. I will respect the privacy of everyone taking part by ensuring that the data collected from the participants is appropriately anonymised and coded within the report. The only time this principle will not be followed is if a safeguarding concern is raised in which instance we would have to pass the information on to the relevant safeguarding contact. The written transcriptions and the final report will be fully anonymised.

What happens if I change my mind?

You are under no obligation to take part in this research. If you chose to participate you have the right to withdraw at any time. If any requests are made for data to be destroyed I will comply with the request and remove all data from the study. This option will be included on the debriefing sheet provided after the focus groups but will remain available up until 4 weeks after the focus group date.

Thank you for reading this information.

Further Information:

Please feel free to contact me if you have any further questions. My email address is a.serjeant2@newcastle.ac.uk. Alternatively, you can email Dr Wilma Barrow, Joint Programme Director of Educational Psychology at w.barrow@newcastle.ac.uk

If you require further information on the Human Givens approach, please visit:
www.hgi.org.uk/human-givens/introduction/what-are-human-givens



Participant Consent Form

Title of the Study: Human Givens as a Whole School Approach to SEMH: Collaborative Inquiry in a Secondary School

Researcher Contact Details: Anna Serjeant

Email: A.Serjeant2@newcastle.ac.uk

Please circle YES or NO as applicable.

1. I have read and understood the information leaflets provided.
YES / NO
2. I have had an opportunity to ask questions and been given satisfactory responses.
YES / NO
3. I am aware that I can withdraw from this study at any time, up until the formal report is completed.
YES / NO
4. I agree that what I say during the focus group can be recorded and later transcribed for the purposes of this study only.
YES / NO
5. I am aware that all data collected will be kept confidential and then destroyed once analysis is complete.
YES / NO
6. I am happy for the formal report of the research to be shared anonymously with members of X Local Authority, for example at a Secondary Partnership Meeting.
YES/NO
7. I am happy to take part in this research and give my informed consent.
YES / NO

Name: _____ Position: _____

Name of School: _____

Contact telephone number: _____ Email: _____

Signature: _____ Date: _____

Appendix 5: Questions Completed by Participants (in Sessions 1 and 4)

Session 1 Activity 1:

Name: _____

- ▶ What does the term Social Emotional Mental Health (SEMH)/ wellbeing mean to you?

- ▶ How confident do you feel currently in supporting SEMH/ wellbeing within your practice currently?

Appendix 6: Example Action Planning Meeting Table completed with participants (during the research process)

Date: 17.10.19

Group Focus: Staff members personal/ individual understanding of mental health and wellbeing

Group Members: Fern, Daisy, Poppy, & Rose

Groups Overall Aim/ Objective: For staff to have a better understanding/ awareness of their own wellbeing needs and how they might manage them.

Target Monitoring Evaluation:

1 2 (B) 3 4 5 (E) 6 7 8 9 10

Parameters of the Scale:

1 = *Staff have little to no understanding of mental health/ wellbeing and poor personal mental health.*

10 = *Staff have an excellent awareness and understanding of mental health/ wellbeing. They are able to support the mental health/ wellbeing of themselves and others.*

Descriptor of **(B)aseline** level at the time the outcome was set: **2-** *Staff wellbeing is overlooked, there can be a negative atmosphere at times, staff are experiencing stress due to their workload, staff absence can be high due to poor wellbeing, staff do not often feel like they have done a good job or are acknowledged for their achievements, staff self-esteem can be low, staff can feel isolated, staff are potentially fearful/ embarrassed about saying they are not coping or asking for help at the moment.*

Descriptor of **(E)xpected** level once the outcome has been achieved: **5 -** *Staff can identify where they are at in terms of their own wellbeing (using the Emotional Needs Audit), staff feel that they can be honest about what is impacting upon them, staff feel safe to offload and have a sense of confidentiality, staff have different ways to talk about how they are feeling (e.g. individual, group, buddy system, anonymously), staff have been signposted/ are aware of external agencies and organisations they can access/ talk to in order to support their wellbeing, there are mental health/ wellbeing ambassadors in school, staff have an understanding of the Human Givens Approach and can use the Emotional Needs Audit.*

Actions (things to do to reach the expected level):

Action	By Who?	By When?
1.Human Givens Training Input for whole staff. Within this staff will complete an Emotional Needs Audit and set individual goals.	Daisy, Poppy, Rose	After half term – 6 th November

2. Produce an information leaflet/ report which signposts staff to external agencies/ resources and gives them information about the Human Givens approach to refer to.	Fern & Poppy	Review Meeting – 4 th December
3. Set up a group of staff mental health/ wellbeing ambassadors. This can include staff from outside of the research group. The group will ask staff about how they may like to be supported (individual, group etc). The group will set up a confidential email inbox.	Rose, Daisy & Fern	6 th November to start, group to be established by next meeting (4 th December)
4. The Emotional Needs Audit to be used with individual staff members and within staff groups (if set up). This will help staff to identify which of their Human Givens ‘needs’ they should focus on. Group sessions to be a space where staff can problem solve together and support each other – this may include the use of techniques such as Solution Circles.	Rose, Daisy, Fern & Researcher	As Above

Review Date: 04.12.19

Appendix 7: Example Review Action Planning Meeting Table completed with participants (during the research process)

Review Action Planning Meeting Notes

Date: 04.12.19

Group Focus: Staff members personal/ individual understanding of mental health and wellbeing

Group Members: Fern, Daisy, Poppy & Rose

Groups Overall Aim/ Objective: For staff to have a better understanding/ awareness of their own wellbeing needs and how they might manage them.

Target Monitoring Evaluation:

1 2 (B) 3 4 (A) 5 (E) 6 7 8 9 10

Parameters of the Scale:

1 = *Staff have little to no understanding of mental health/ wellbeing and poor personal mental health.*

10 = *Staff have an excellent awareness and understanding of mental health/ wellbeing. They are able to support the mental health/ wellbeing of themselves and others.*

Descriptor of **(B)aseline** level at the time the outcome was set: **2-** *Staff wellbeing is overlooked, there can be a negative atmosphere at times, staff are experiencing stress due to their workload, staff absence can be high due to poor wellbeing, staff do not often feel like they have done a good job or are acknowledged for their achievements, staff self-esteem can be low, staff can feel isolated, staff are potentially fearful/ embarrassed about saying they are not coping or asking for help at the moment.*

Descriptor of **(E)xpected** level once the outcome has been achieved: **5** - *Staff can identify where they are at in terms of their own wellbeing (using the Emotional Needs Audit), staff feel that they can be honest about what is impacting upon them, staff feel safe to offload and have a sense of confidentiality, staff have different ways to talk about how they are feeling (e.g. individual, group, buddy system, anonymously), staff have been signposted/ are aware of external agencies and organisations they can access/ talk to in order to support their wellbeing, there are mental health/ wellbeing ambassadors in school, staff have an understanding of the Human Givens Approach and can use the Emotional Needs Audit.*

Descriptor of **(A)chieved** Level: **4** – *This was a bigger task than we thought/anticipated initially. We feel that staff who have taken part within the project are able to/ have been using the Emotional Needs Audit to think about their own wellbeing. They have used it as the basis for making changes in own life or thinking about what they can do for themselves. Staff within the project have also been talking with each other more about their wellbeing and how we are feeling. But we feel that these things haven't quite reached wider staff yet.*

We have given faculties training in the approach, so they have an increased understanding, but we haven't trained all staff yet. We have created the signposting information and shared it with staff via email, but emails can get lost so we want to put it on the school intranet. We haven't set up a staff buddy/ group system yet, but we are still really keen to do that. We set ourselves an ambitious target to do all that in six weeks!

New Actions Set (Note; this new action plan is shared with Group 2)

Action	By Who?	By When?
<p><i>Continued Action</i></p> <p>1. Set up a group of staff mental health/ wellbeing ambassadors. This can include staff from outside of the research group. The group will ask staff about how they may like to be supported (individual, group etc). The group will continue to use the confidential email inbox.</p>	Rose & Fern	Easter Half Term <i>(dependent upon ongoing changes within school)</i>
<p><i>Continued Action</i></p> <p>2. The Emotional Needs Audit to be used with individual staff members and within staff groups (if set up). This will help staff to identify which of their Human Givens 'needs' they should focus on. Group sessions to be a space where staff can problem solve together and support each other – this may include the use of techniques such as Solution Circles.</p>	Rose, Fern & Researcher	Easter Half Term <i>(dependent upon ongoing changes within school)</i>
<p>3. Human Givens Training to be delivered on the next school inset day to all school staff</p>	Rose & Researcher	Easter Half Term <i>(dependent upon ongoing changes within school)</i>
<p>4. Following the Human Givens Training, a further invite will be extended to all staff to be part of the Staff Wellbeing Committee and the current Human Givens/ SEMH working party formed as part of this research</p>	Rose, Poppy, Fern, Ivy & Holly	Easter Half Term <i>(dependent upon ongoing changes within school)</i>
<p>5. Signposting information for staff in relation to available external agencies that can support their wellbeing, to be placed on school intranet, along with information about the Human Givens Approach to refer to.</p>	Poppy & Fern	Easter Half Term <i>(dependent upon ongoing changes within school)</i>

Appendix 8: Focus Group Schedule/ Questions

Focus Group Schedule/ Questions

(Based on Kruger & Casey 2002)

Ground Rules

There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that I am just as interested in negative comments as positive comments, and at times the negative comments are the most helpful.

You've probably noticed the microphone. We're tape recording the session because I don't want to miss any of your comments. People often say very helpful things in these discussions and we can't write fast enough to get them all down. We will be on a first name basis, and I won't use any names in our reports to ensure confidentiality.

Are there any ground rules you would like us to have as a group during our focus group discussion today?

Questions:

Broad Area of focus – Reflections on Human Givens as an approach to supporting SEMH in schools:

- What do you think of Human Givens as an approach?
- What do you think of Human Givens as an approach to supporting SEMH in schools?
- A question about how Human Givens as an approach has impacted/ affected them personally or individually within their practice or personal life? 'Can we talk about your own personal thoughts/ feelings about the human givens approach and how it may/ may not have impacted upon you as an individual – can be in terms of your professional practice/ personal life?'

Broad Area of Focus – Reflections on collaborative Inquiry as a process:

- How has this process been in terms of the project/ way of working?
- How have you found the research process? / The process of Collaborative Inquiry?
- What has been good or bad about the process?
- What could we do to make this process better? If I were to do this again with other schools?
- Think back to when you first started this process – we talked about your hopes for the project and how confident you feel in supporting SEMH within your practice – how do you feel now? Have these hopes/ goals been met?

Summary/ Ending Questions

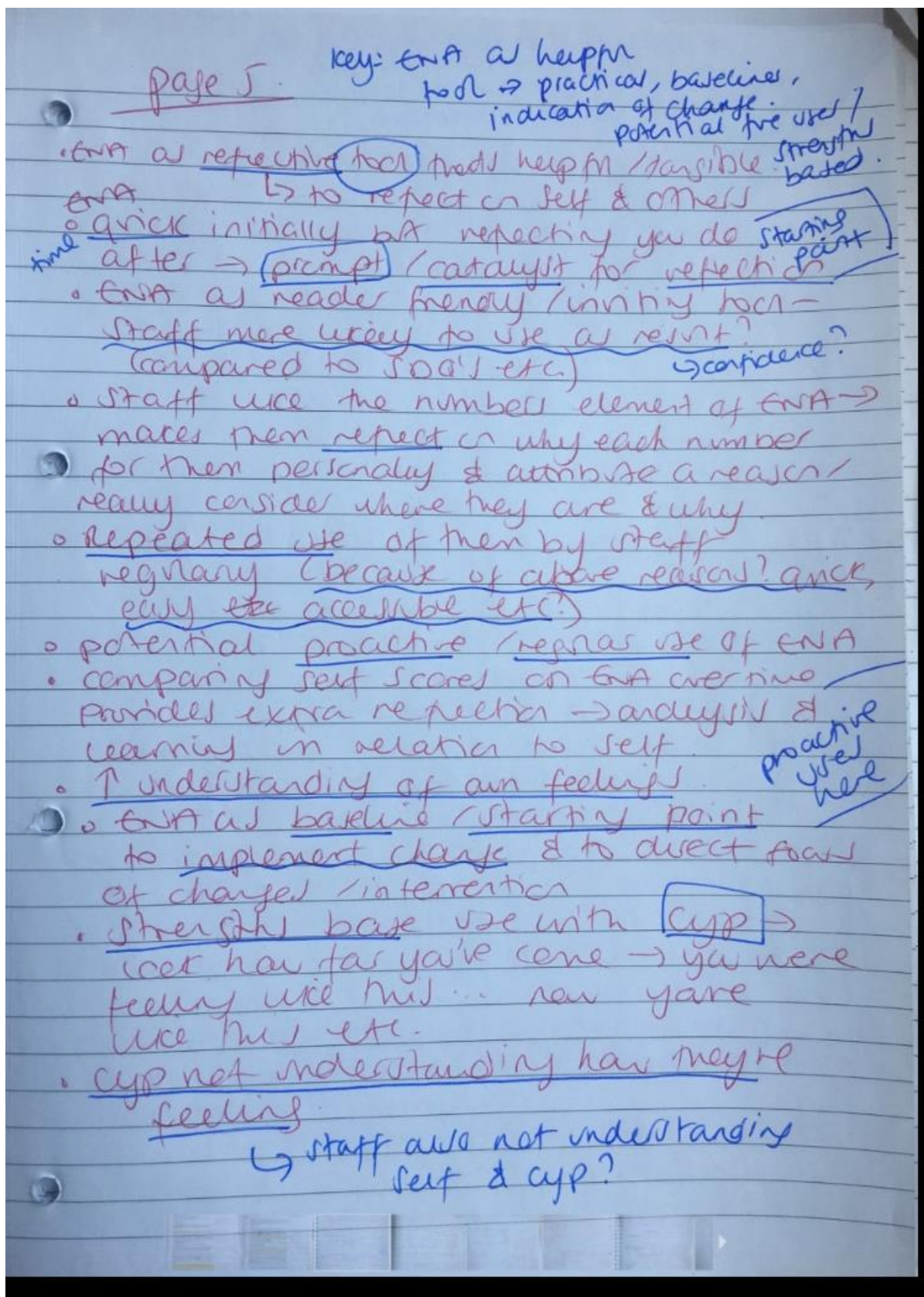
- If you were to summarise this process/ experience and the approach to another school or someone else – how would you describe it to them?
- Of all the things we have discussed today – what to you is the most important/ has been the most important?
- Have we missed anything? Anything anyone else would like to talk about that we haven't?

Appendix 9: Example Line by Line coding of Focus Group Transcript (photograph)

Line No. (person. Page. line)	Transcriptions	Notes/ Themes/ Comments
1.1.1	Right, okay so as a first starting point question, I thought we might have a	
1.1.2	brief chat about what you think of Human Givens, just as an approach. So	
1.1.3	generally, how have you found it, what have your thoughts been about the	
1.1.4	approach itself?	
6.1.5	Useful	
1.1.6	Yeah?	
6.1.7	Yeah, in terms of erm, focusing as in where you are now erm and breaking	Starting point to identify?
6.1.8	it, the way it's broken down. Just let me think of an example...	
2.1.9	...I think what [redacted] saying is useful, erm...but also, it's a very easy	v. easy approach
2.1.10	approach to kind of get your head around, it's very simple. Erm... and	achievable?
2.1.11	therefore as [redacted] was saying it's easy to identify, kind of what parts of the	starting point to identify?
2.1.12	approach, that you, you could be missing and where kind of your wellbeing	Uncover something you
2.1.13	and emotional needs are unmet, so then you're able to act upon them,	didn't already know
2.1.14	and I think that's... is that right [redacted]?	about self?
6.1.15	Yeah...you can identify where you are can't you and then look at where	starting point -> identify
6.1.16	you want to be and it it...in more...gives you more of a better idea of how	path / next step?
6.1.17	you can get there doesn't it?	
2.1.18	I think when we've, what we've sort of...especially me and I know a couple	conversations about
2.1.19	of other members of staff who I have spoken to, when we've done...when	wellbeing spaced up?
2.1.20	we've done the Emotional Needs Audit, we were able to look at that and	
2.1.21	then look at the training and...be, we were able to then identify and be	ENA - Baseline to
2.1.22	*proactive as well, to go actually, I know I know where or what need I'm	plan from identifying
2.1.23	missing here, so for me it was control because a lot of things were	gap / problem
2.1.24	happening that were out of my control at that particular point in my life,	
2.1.25	so I knew that I kind of had to put a plan into place and kind of started	Noticing emotion
2.1.26	writing things down and I started actually reacting to how I was feeling	proactivity *
2.1.27	instead of letting it all build up, but I think it was the Emotional Needs	
2.1.28	Audit that actually helped me identify that actually it's a control thing...cos	
2.1.29	I knew I was feeling *sniff* rubbish, and I knew I was feeling not myself	
2.1.30	and I was down, but I couldn't, I couldn't work out why...like lots of things	New understanding
2.1.31	were going on, and it was like prioritising things within your life isn't it and	prioritising.
2.1.32	actually going...right what what's going wrong and why am I feeling the	analysing / focus self
2.1.33	way I'm feeling, so I think for me, that was a real positive.	
0.1.34	*pause/ brief silence*	
1.1.35	...and that's quite a personal kind of response to the approach and how	personal impact for
1.1.36	it's..	staff & their wellbeing
5.1.37	...That's what I thought, that's very personal... *over the top of person 1	
1.1.38	...How it's kind of helped you quite personally...	
5.1.39	I'd agree, I think it's been good, and for you know, the bit that we've done	Recognising ones
5.1.40	through school, I feel like [redacted] been amazing, [redacted] always amazing,	strength & contribution
5.1.41	I don't know about old her over there (joking tone, pointing to [redacted]), but you	as staff group
5.1.42	know	
0.1.43	*laughter amongst group*	

Appendix 10: Example thoughts recorded during Line by Line coding (photograph)

Thoughts (in red) and Initial Theme Generation (in blue)



Appendix 11: Example of theme development and generation (photograph)

